

Encyclopedia of
HOMELESSNESS



VOLUME **2**

David Levinson Editor

Encyclopedia of
HOMELESSNESS

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HOMELESSNESS

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HOMELESSNESS

VOLUME 1

Editor
David Levinson
Berkshire Publishing Group

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- National Alliance to End
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- National Center on Family
 Homelessness

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| National Resource Center on Homelessness and Mental Illness | Public Opinion | Street Newspapers |
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| New York City | <i>See</i> Appendix 4: Documentary | Stressful Life Events |
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| Parenting | Safe Havens | Trauma and Victimization |
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Reader's Guide

This list is provided to assist readers in locating entries on related topics. It classifies entries into fourteen general categories: Causes; Cities; Demography and Characteristics; Health Issues; History; Housing; Legal Issues, Advocacy, and Policy; Lifestyle Issues; Organizations; Perceptions of Homelessness; Populations; Research; Service Systems and Settings; and World Perspectives and Issues. Some entry titles appear in more than one category.

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Causes of Homelessness: Overview
Deindustrialization
Deinstitutionalization
Gentrification
Housing and Homelessness in
 Developing Nations
Housing, Affordable
Liminality
Marginality
Social Welfare Policy and Income
 Maintenance
Stressful Life Events
Trauma and Victimization

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Boston
Bowery, The
Calcutta
Chicago Skid Row
Copenhagen
Dallas
Houston
London
Los Angeles
Minneapolis and St. Paul
Montreal
Mumbai (Bombay)
Nairobi
New York City
Paris
Philadelphia

St. Louis
Sydney
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 Commission on Homelessness and Poverty
 Association of Gospel Rescue Missions
 Corporation for Supportive Housing
 European Network for Housing Research
 FEANTSA
 Goodwill Industries International
 Homeless International
 International Network of Street Newspapers
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Introduction

There is nothing new about homelessness. There have been homeless people for some 10,000 years—from the time when humans built their first permanent homes in the first towns of the Fertile Crescent. The historical record, novels and poems, and sacred texts tell us the stories of beggars, wandering ascetics, penniless friars, displaced peasants, lost soldiers, street youths, vagrants, new arrivals in the city, and displaced workers.

Homelessness has changed over the years. In the United States, during the late nineteenth century, it was hoboes and tramps who drew the attention of the public, the police, and then the social reformers of the Progressive Era. From the 1920s through the Great Depression, attention shifted to the skid rows, home to transient workers and retired single men. The decline of skid rows in the 1970s was followed by a new era of homelessness with many formerly institutionalized people—who had untreated or poorly treated emotional disorders—winding up on the streets of America. In the 1980s, the nature of homelessness changed again. Growing economic inequality, racism, a permanent decrease in the number of well-paid unskilled jobs, and a lack of affordable housing combined to make several million people—many of them African-American women and their children—homeless on America's streets, in shelters, in motels, and in substandard and temporary apartments. This pattern continues in 2004.

Homelessness is not just a U.S. problem, although when viewed cross-culturally, it becomes a more complex issue. In many developed nations, homeless families, many of them immigrants, are the major issue. In the developing nations of Asia, Africa, and Latin America, the homeless are often women and their chil-

dren, youths, and migrants from rural areas who have come to cities looking for work and opportunity. The emergence of many cities in developing nations as major regional or global commercial centers has made the problem even worse, by increasing the appeal of cities as employment centers to the rural poor while at the same time providing less and less affordable housing and support services for immigrants.

The goal of the *Encyclopedia of Homelessness* is to summarize our knowledge of homelessness. This includes describing the patterns of homelessness in the past, focusing on the recent and current situation in the United States, and sampling homelessness around the world. Entries cover causes; history; legal issues, advocacy, and policy; legislation and programs; lifestyle and health problems; organizations; research; services and service settings; size and perceptions; subpopulations and lifestyles; and world issues and perspectives. Descriptive articles cover homelessness today in eight major American cities and more than thirty cities and nations around the world. These entries allow for quick and easy comparisons.

Homelessness is one of the least understood social issues. The public image of homelessness and public perceptions of the nature and causes of homelessness have little relation to the reality of the situation. Most Americans have little or no contact with homeless people. Encounters on the street are quick and awkward and immediately pushed out of one's consciousness. I vividly remember that when I was doing anthropological research posing as a panhandler near the Bowery in the early 1970s, passersby simply did not seem to know that I existed. In that guise, I had no place and

therefore no existence in their social and physical world. This avoidance of the homeless has made it easy for misconceptions to develop and persist—misconceptions that are routinely reinforced by the depictions of the homeless by the news media, on television, and in film.

Homelessness in the United States has changed dramatically since my research in 1971 on the transition of skid rows like the Bowery. This was a time when skid row was just about gone, and a few years before the homeless population went from being single, old men to younger men, the deinstitutionalized mentally ill, and the working poor who could not find affordable housing. Still, there are commonalities from the past to the present, including health problems, violence, inadequate housing, lack of jobs, difficulties with law enforcement, and a continuing avoidance of homeless people by most of American society. At the same time, as this encyclopedia shows, there are solutions and potential solutions at hand, and our understanding of homelessness in its various forms is more complete and more policy-directed than in the past.

Despite the changing nature of homelessness, when I tell people about this encyclopedia, they are usually surprised to hear that it is not mainly about drunken old men on the Bowery. They are even more surprised to hear that it contains much about families and children, African-American women in the United States and other Western nations, street children, and immigrant families in Asia, Africa, and Latin America. And, they think the homeless is an issue only in poor neighborhoods in large cities. Sure, they know about Construct, Inc., in our small town of Great Barrington, Massachusetts, and its annual Walk for the Homeless, but they never realized that their donations actually help provide food and shelter for homeless people in our affluent community. They are also unaware that the rapidly rising housing prices in response to the housing boom created by well-off second-home owners and retirees has produced an affordable housing crisis and more homelessness in the rural Berkshires of western Massachusetts.

A major purpose of this encyclopedia is to correct these false images and misconceptions and beliefs from the past by providing readers with a comprehen-

sive, accurate, and up-to-date description of homelessness in the twenty-first century.

AUDIENCE

As a topic of considerable current urgency, with a rich history and drawing the attention of experts from different disciplines and perspectives, the *Encyclopedia of Homelessness* meets the needs of a broad audience. This includes sociologists, anthropologists, economists, historians, and other social scientists; social policy analysts and planners who develop control and prevention programs; program administrators; physicians, social workers and lawyers who provide advocacy and services; journalists; and students in high school through graduate school in history, social studies, and the social sciences.

SCOPE AND BREADTH

Homelessness is a complex topic, and experts have yet to agree on a single definition or criterion to measure homelessness (see entry on Homelessness, Definitions and Estimates of). To some extent, this is because the nature and severity of homelessness as a social issue has changed over time, has varied over place, and has been studied or dealt with by different groups of experts. Homelessness has been a topic of interest for religious organizations, journalists, social reformers, public policy analysts, filmmakers, photographers, poets, novelists, songwriters, anthropologists, sociologists, psychologists, historians, geographers, physicians, government officials, law enforcements agents, attorneys, and social workers.

The contributors to this work come from many of these disciplines and several others, and they bring different perspectives to homelessness. These varying perspectives are apparent in many of the more focused entries, while a broader, interdisciplinary perspective defines the more general overview entries on topics such as prevention, health, and services.

The issue of homelessness cannot be addressed apart from the related issue of housing. This is true everywhere today, but especially so outside the United States where homelessness is often defined as a lack of housing or suitable housing. In the Western world, it is clear that

a lack of affordable housing is one the leading contributing causes to homelessness today, and solving homeless will require providing affordable housing for all.

Global coverage is a hallmark of Berkshire Publishing encyclopedias, and this one is no different. Two general overviews—Homelessness, International Perspectives on, and Housing and Homelessness in Developing Nations—address the major patterns and issues of homelessness. These are supplemented by several dozen focused entries on international organizations and homelessness in a sample of nations and cities. In addition, information on homelessness beyond the United States is provided in each of the five appendixes.

The entries cover the following eleven general topics.

Homelessness in the United States

These entries examine the nature of homelessness in the United States in the late twentieth and early twenty-first centuries. Covered are the number of homeless, characteristics of homeless populations, subgroups, lifestyles and lifestyle issues, and perceptions of the homeless.

Homelessness in U.S. History

These entries cover homelessness in the past including hobo, tramp, and skid row culture, with an emphasis on social history and within the context of key events and processes in American history.

Research on Homelessness

Studying homelessness is not easy, and multi-method approaches often produce more trustworthy and richer conclusions than do single-method approaches such as a questionnaire. These entries cover research strategies and methods used in studying homelessness. The strategies and methods are defined and described, and much space is given to their role and contribution to our understanding of homelessness.

Causes of Homelessness

These entries cover the factors and processes that are commonly cited as leading causes of homelessness.

The editors recognize that homelessness has multiple causes, which may vary over time, place, and form of homelessness. The entries define and describe causal factors or processes, review evidence relating them to homelessness, and discuss controversies and implications for preventing homelessness.

Health Issues

The homeless experience high levels of social, emotional, and physical problems. These entries define and describe these problems, discuss their effects on the homeless, and review the causes of the problems and efforts to eliminate or treat them.

Organizations

For many centuries, there have been organizations whose missions and activities have an impact on homelessness. The number of such organizations today, their missions, and the issues they address are broader than ever. More than a dozen organizations are covered here, with an emphasis on the issues they address and the services and programs they provide. Inclusion here is not meant to imply that these are the “most important” organizations. While we do include major organizations, the goal is also to include a sampling of organizations that deal with a wide range of issues.

Cities and Nations

These entries provide summaries of the nature of homelessness in a sample of nations and cities around the world. The entries define homelessness in the national or urban setting being discussed, describe the key features of the homeless population, review causes, and discuss prevention and service initiatives.

Services and Service Settings

These entries concern service approaches and programs designed to alleviate problems experienced by the homeless and to prevent homelessness. Different approaches and programs aimed at different populations (families, children, men, etc.) are covered, their rationales explained, and research on their effectiveness reviewed.

Housing

As discussed above, housing issues and homelessness are interrelated. These entries focus on housing and its relationship to homelessness, various types of housing and housing programs, and legal and economic issues that influence the interaction between housing and homelessness.

Legal Issues, Advocacy, and Policy

These entries concern policies and initiatives meant to prevent homelessness or to protect or improve the lives of the homeless. The entries define and describe the particular policies and initiatives, and trace their development. Key people and organizations are identified and discussed.

Legislation and Programs

Entries in this category concern the relationship between homelessness and the federal, state, or local governments. The entries cover particular laws and programs and trace their development. Key people and organizations are identified and their roles discussed.

ILLUSTRATIVE MATERIAL AND APPENDIXES

In addition to the entries, the encyclopedia contains sidebars of additional and primary source material, photos and illustrations, and five appendixes. The appendixes are particularly important because they provide additional information that makes this encyclopedia a rich resource on homelessness. In compiling the appendixes, we sought to add material that is not readily or meaningfully available elsewhere and to direct readers to other important resources. The appendixes are:

1. Bibliography of Autobiographical and Fictional Accounts of Homelessness
2. Filmography of American Narrative and Documentary Films about Homelessness
3. Directory of Street Newspapers
4. Documentary History of Homelessness
5. Master Bibliography of Publications on Homelessness

Finally, it needs be mentioned that several navigational aids are provided for users including blind entries, cross-references to entries, a list of entries, a reader's guide to the content, a list of contributors, and a detailed index in Volume II.

Acknowledgments

In some ways, this project was a natural for both Berkshire Publishing and Sage given my research on homelessness, Berkshire's interest in pressing global issues, and Sage's role as a leading publisher of books and journals in the social and policy sciences. I want to especially thank Sage VP Blaise Simqu for his strong backing for the project and Rolf Janke of Sage Reference for suggesting it and shepherding it through the acquisitions process.

As far as research and planning go, homelessness is a relatively small field of inquiry. Most people active in the field know each other's work, and most know and have worked with one another. There is much collaboration, mutual respect, and sharing of one's work. Given this culture of homelessness studies, it was easy to form an editorial board composed of nearly all the leading researchers in the field. Once we talked to a few potential editorial board members, they began talking to each other and then others and in some sense formed the board almost by themselves. The few who could not find time to serve on the editorial board did

make time to write an entry or two.

Once the editorial board was formed, the editors quickly and with much cooperation revised the preliminary entry list into the final one and recommended people (including themselves) to write the entries. As the project moved forward, they also helped revise and streamline the list. I also want to acknowledge the efforts of the contributors—several of whom were willing to write more than one article, some who also helped find other contributors, and some outside the United States who worked hard to make our coverage as global as possible.

In-house, George Woodward, the project's initial coordinator, played the lead role in getting the project moving. When he moved west, his place was filled ably by Marcy Ross, who took the project to completion and also managed the editorial process as she does for all our projects. Last, I need to thank our in-house photographer, Karen Christensen, who supplied photos taken in the United States, England, Italy, and Greece.

—*David Levinson*

About the Editors

GENERAL EDITOR

David Levinson, Ph.D., is a cultural anthropologist and president of the Berkshire Publishing Group. Prior to founding BPG in 1996 with Karen Christensen, he was at the Human Relations Area Files at Yale University. He has a B.A. in psychology (Montclair State University), an M.P.A. (Wagner School, New York University), and a Ph.D. in anthropology (SUNY/Buffalo). He conducted ethnographic research on the Bowery and in Newark, New Jersey, in 1971–1972 and 1984 and a survey of homelessness in U.S. cities in 1972. The results of this research were published in *Urban Anthropology* and the *International Journal of Social Psychiatry* and reported elsewhere. Other research has been on family relationships, the treatment of alcoholism, ethnic relations, and social theory. He is the author of *Family Violence in Cross-Cultural Perspective* (Sage 1989) and *Religion: A Cross-Cultural Dictionary* (1995) and the editor or coeditor of several major multi-volume academic encyclopedias, including the *Encyclopedia of Marriage and Family* (1995), *Encyclopedia of Crime and Punishment* (Sage 2002), and the *Encyclopedia of Community* (Sage 2003). His books and reference works have won numerous awards including *Choice* best academic and best reference, *Booklist* editor's choice, *Library Journal* best reference, and RUSA best reference.

EDITORIAL BOARD

Susan Barrow, Ph.D., is an anthropologist who works as a research scientist at the New York State Psychi-

atric Institute. She received her doctorate from Brandeis University and has spent the last twenty-five years researching the circumstances of homelessness in the urban United States. Her studies have combined survey techniques and other quantitative methods with ethnographic approaches to documenting both the experiences of people who are homeless and the shelters, outreach, social service, and mental health programs that they encounter. Her first research on homelessness focused on street outreach programs and other emerging models of service delivery developed in response to the homelessness crisis in New York City. Since then, she has conducted studies in shelters for unaccompanied men and women, drop-in centers, transitional housing sites, and an array of supported and supportive housing programs for formerly homeless adults in New York and several other U.S. cities. Her current work focuses on kin networks and parent-child separations in homeless families.

Ellen Bassuk, M.D., is cofounder and president of the National Center on Family Homelessness, a nonprofit organization that conducts research, policy analysis, program development and support, and public education on issues pertaining to homelessness and extreme poverty, and related social services. She received her degree in medicine from the Tufts Medical School. Her research interests and writings focus on the risks of family homelessness; the impact of homelessness on the mental and physical health of women and their children; the relationship among mental illness, substance abuse, family violence, and social support in poor families; and the impact of welfare reform on

low-income families. She served as director of Psychiatric Emergency Services at the Beth Israel Hospital, is a board-certified psychiatrist, and holds an academic appointment as Associate Professor of Psychiatry at Harvard Medical School. She has received many research grants, has served on national and regional health policy committees, and has held numerous consultancies. She is the former editor of the *American Journal of Orthopsychiatry*. She has received numerous awards and honors in recognition of her work, including the Outstanding Psychiatric Award from the Massachusetts Psychiatric Society, the Sanctity of Life Award from Brandeis University, and an honorary degree, Doctor of Public Service, from Northeastern University.

Jim Baumohl, Ph.D., is Professor of Social Work and Social Research at Bryn Mawr College in Bryn Mawr, Pennsylvania. He is also director of the Ph.D. program in the School of Social Work and Social Research. He earned undergraduate, M.S.W., and Ph.D. degrees from the University of California, Berkeley, and before turning to full-time academic employment in 1986, he held jobs as a street worker, a shelter director, a tenant organizer, and a wine merchant, among others. Prior to joining the Bryn Mawr faculty in 1990, he taught at McGill University in Montreal, Quebec. Since 1973, he has written extensively about homelessness, welfare policy, and the history of alcohol and drug treatment and control policy. He is the editor of *Homelessness in America* (1996), a benefit book for the National Coalition for the Homeless, and an editor of the interdisciplinary and international quarterly, *Contemporary Drug Problems*. He teaches courses on social welfare history and policy, social theory, addiction, and disability.

Martha Burt, Ph.D., is the director of the Social Services Research Program at the Urban Institute. She received her Ph.D. in sociology in 1972, from the University of Wisconsin–Madison. Since then she has been involved in research and evaluation pertaining to a wide variety of populations and issues. She recently completed her third book on homelessness, *Helping America's Homeless: Emergency Shelter or Affordable Housing?* (2001), based on analyses and interpretation

of the National Survey of Homeless Assistance Providers and Clients. She is also the author of the federal report of the same survey, *Homelessness Programs and the People They Serve* (1999). She has just finished a project for the Department of Housing and Urban Development, assessing continuums of care throughout the country (*Evaluating Continuums of Care for Homeless People*, 2002), and projects on the effects of health insurance on homeless people's receipt of health care and on the homeless service system in the District of Columbia. She is working on a project on the role of supportive services in maintaining chronically homeless people in housing. Her work on homelessness began in 1983 with an examination of the administrative structure of the first two waves of FEMA's Emergency Food and Shelter Program. In 1987, she directed the first national survey of homeless individuals. That study focused on soup kitchen and shelter users in cities with a population of more than 100,000 and is reported in *America's Homeless: Numbers, Characteristics, and the Programs That Serve Them* (1989). In 1992, she published *Over the Edge: The Growth of Homelessness in the 1980s*, which analyzes why homelessness became a major social problem in that decade. Also in 1992 (and again in 1994), she compiled *Practical Methods for Counting Homeless People: A Manual for State and Local Jurisdictions*, which has been widely disseminated and used. She has presented papers at a number of European conferences on homelessness, and continues to be involved in research and policy work on homelessness and residential instability.

Robert Drake, M.D., is the Andrew Thomson Jr. Professor of Psychiatry and Community and Family Medicine at Dartmouth Medical School and director of the New Hampshire–Dartmouth Psychiatric Research Center. He was educated at Princeton, Duke, and Harvard Universities. In addition to working actively as a clinician in community mental health centers for the past twenty years, he has been developing and evaluating innovative community programs for persons with severe mental disorders. He is well known for his work in co-occurring substance use disorder and severe mental illness. Some of his recent work has focused on vocational rehabilitation. He is the author of more than 200 publications, which cover diverse

aspects of adjustment and quality of life among persons with severe mental disorders and those in their support systems.

Irene Glasser, Ph.D., is a senior planning/research analyst with the Community Renewal Team, Inc., in Hartford, Connecticut, which is the oldest community action agency in continual existence in the United States. She received her Ph.D. in anthropology and her M.S.W. from the University of Connecticut. Her research specialties include homelessness, treatment outcome research for the addictions, cross-national comparisons of urban poverty, the history of single-room occupancy hotels, and mothers in prison. She was a professor in anthropology at Eastern Connecticut State University, where she directed the Canadian Studies Program. She completed the Research Fellowship at the Center for Alcohol and Addiction Studies at Brown University and is now a training faculty for the Center. She has published widely on topics of urban poverty and homelessness. In all of her work, she integrates qualitative and quantitative methods of research, placing the data in the broadest historical, social, and cultural context.

Kim Hopper, Ph.D., is a medical anthropologist who works as a research scientist at the Nathan S. Kline Institute for Psychiatric Research, where he codirects the Center for the Study of Issues in Public Mental Health. He is also Associate Professor at the Mailman School of Public Health, Columbia University. Since 1979, he has done ethnographic and historical research on psychiatric care and on homelessness, chiefly in New York City. Active in homeless advocacy efforts since 1980, he is a cofounder of both the National Coalition for the Homeless and the New York Coalition for the Homeless. He is the author of *Reckoning With Homelessness* (2003), as well as the coeditor of the upcoming *Recovery from Schizophrenia: An International Perspective*.

Paul Koegel, Ph.D., is a medical and urban anthropologist who serves as associate director of RAND Health, a \$45 million program of health services research at the RAND Corporation. His research has focused primarily on the adaptation of marginal populations to contemporary urban settings and how the

systems of care that are mandated to assist them either facilitate or hinder that adaptation. Throughout his twenty-five-year research career, he has addressed questions related to these issues with regard to several populations, including adults with mental retardation, homeless individuals, adults with serious mental illness, and substance abusers. He has done so using multiple methods, including the qualitative methods associated with anthropology, epidemiological methods, evaluation techniques, and health services methods and perspectives. His intimate knowledge of and experience with each of these paradigms has enabled him to effectively triangulate multiple methods in his research and has made him an attractive collaborator for quantitatively oriented investigators eager to blend qualitative methods into their research efforts. His work on homelessness, mental illness, and substance abuse has involved international collaborations.

Kenneth L. Kusmer, Ph.D., is Professor of History at Temple University, where he teaches American social history, African-American history, and recent American history. A graduate of Oberlin College, he received an M.A. from Kent State University, where he studied with August Meier, and a Ph.D. in history from the University of Chicago, where he studied with Neil Harris, John Hope Franklin, and John Coatsworth. He is the author of *A Ghetto Takes Shape: Black Cleveland, 1870–1930* (1978), and *Down and Out, On the Road: The Homeless in American History* (2001), the first scholarly history of homelessness (and the response to the homeless) that covers the entire span of American history from the colonial period to the present. He also edited *Black Communities and Urban Development in America, 1720–1990* (1991). He has published more than twenty-five scholarly articles and fifty book reviews on a wide range of topics in American social, ethnic, and African-American history, and has lectured extensively throughout the United States and Western Europe. He has taught at Temple University since 1976 and has also been a visiting professor at the University of Pennsylvania. In 1987–1988, he held the Bancroft Chair in American History at the University of Goettingen, Germany, and, during the spring semester, 2001, he was Senior Fulbright Lecturer at the University of Genoa, Italy.

Gretchen Noll is deputy director of programs at the National Network for Youth and oversees the day-to-day operations of the Network's HIV prevention portfolio. As deputy director of one of the nation's leading HIV prevention initiatives for youth in high-risk situations, she has designed and implemented many capacity-building projects for youth workers, teachers, health department personnel, and community leaders. She often consults for foundations, national organizations, government, and community-based organizations on a broad range of issues, including adolescent sexual health, youth development, the specialized needs of runaway and homeless youth and sexual minority youth, service standards, and the professional development of youth workers. She has broad experience in working with community-based agencies to plan programs and develop policy and has worked with runaway and homeless youth service providers, domestic violence professionals, and educators.

Debra J. Rog, Ph.D., is a Senior Research Associate with Vanderbilt University's Institute for Public Policy Studies and has been the director of the Washington office of the Center for Mental Health Policy since 1990. She received her Ph.D. in social psychology from Vanderbilt University and has more than 20 years of experience designing and implementing evaluation and applied research studies in a range of settings involving issues of mental health, poverty, homelessness, and housing and services for vulnerable populations. Just prior to joining VIPPS, she served as the associate director in the NIMH Office of Programs for the Homeless Mentally Ill on a three-year Special Expert appointment, where she developed the first research and multi-site evaluation initiatives for pro-

grams serving homeless persons with severe mental illness funded under the Stewart B. McKinney Act. Currently, she is the principal investigator of a Coordinating Center for the Center for Mental Services' Housing Initiative for Persons with Serious Mental Illness; a Coordinating Center for the Centers for Mental Health Services; Substance Abuse Treatment's Homeless Families Initiative; and two foundation-funded, cross-site evaluations of local collaboratives focused on violence prevention. She has been coeditor of the *Applied Social Research Methods Series* since 1980, a series that has produced over fifty volumes on both quantitative and qualitative research topics. She is also the coeditor of the *Handbook of Applied Social Research Methods* (1997) and a coauthor of *Applied Research Design* (1993).

Marybeth Shinn, Ph.D., is Professor of Psychology at New York University. She was president of the Society for Community Research and Action in 1990–1991, and received that organization's Award for Distinguished Contributions to Theory and Research in 1996. She and her colleagues have conducted numerous studies of homelessness in New York, including both surveys and evaluations of intervention programs. Other research interests include welfare reform, community contexts of human welfare, social policy, and social intervention. She has authored numerous articles on these topics, which have appeared in such journals as the *American Journal of Public Health*, the *Annual Review of Psychology*, and the *Handbook of Community Psychology*. In addition, she has served as associate editor for the *American Journal of Community Psychology* (1986–1988, 1993–1997).

A

▣ ABEYANCE THEORY

Since the sixteenth century—roughly the end of feudalism and emergence of capitalism in Europe—modern societies have had to deal with the problem of people whose basic needs are met neither by market forces (employment) nor by kinship (informal support). In the late nineteenth and early twentieth centuries, taking care of abandoned mothers and assisting returning soldiers became the founding tasks of the welfare state. But social alternatives were invented to accommodate excess populations well before then. *Abeyance*, a term borrowed from historical sociology, refers to solutions to this long-standing problem of a mismatch between productive positions available in a society and numbers of potential claimants of those positions.

The alternatives devised to absorb surplus people and neutralize the potential mischief of idle hands were varied. They included state-sponsored projects (frontier settlements, public works, compulsory education), breakaway religious orders (the Franciscans, wandering clerics, the Beguines), and countercultural movements (alternative communities). All of these provided sustenance and industry—that is, they furnished the functional equivalents of work—and, if necessary, lodging. And they did so for people

who would otherwise have posed a substantial burden to kin or may have threatened social order.

As social inventions, abeyance mechanisms are full-service operations. They address not only where people will spend the night, but also what they will do when the sun comes up. Shelter is only part of the equation. To be part of abeyance is to be subject to the social contract of general reciprocity and the social control of organized work, including performing jobs that require no special talent. During the Great Depression, this could mean building roads, cutting trails, or doing construction. More recently, “workfare” programs, making no pretense of training participants for gainful employment elsewhere, have put public assistance recipients to work picking up litter or filing paperwork. But the “make work” practice is an old one. In the Middle Ages, monks could be hired to perform surrogate penances for busy sinners who could afford their catered services.

Public shelter, however, falls short of such provisions. Specifically, overnight lodging fails to meet the usual requirement of surrogate labor, while performing the “integration and surveillance” role that theorists usually expect of abeyance mechanisms. Such lodging fulfill the warehouse function but fail to put their charges to productive work. At best, then, shelters are partial abeyance mechanisms and

for that reason are subject to distinctive problems of demoralization.

ABEYANCE AND THE PROBLEM OF HOMELESSNESS

An abeyance perspective serves to reframe the problem of homelessness. History suggests that short of mass incarceration or a police state, means (formal or informal) will invariably be found to support redundant populations without overt repression. Whether this will mean a haphazard mix of market and state forces (as was true in traditional skid rows), recourse to religious agencies (charitable missions with an avowed interest in moral reformation), or formal bureaucracies of relief will depend on a host of local and temporal contingencies. The durable question is how people with insufficient resources to purchase housing on the market, who are unable or disinclined to turn to friends or family, will be accommodated—and under what circumstances the terms of their accommodation will include public shelter. This question and its answer not only resituate shelter as part of larger social mechanisms but also may throw into relief historical developments whose “reabsorptive” capacity preempted homelessness and made shelters unnecessary. Two examples are illustrative.

Historically, the last two prolonged periods of redundancy and homelessness this country experienced, the Progressive Era (1890–1915) and the Great Depression (1929–1941), were solved by the domestic mobilization for world war. Mass homelessness resurfaced in the wake of demobilization after World War I and likely would have done so again in the late 1940s but for Congressional passage of the G.I. Bill. Photos from the latter period show armories being put to use as the functional equivalent of dormitories for ex-service men—not layabouts in warehouse shelters—who were now newly enrolled students or freshly hired workers. And land giveaways and other concessions have long been used by governments to stave off the potential trouble posed by returning soldiers, such as those who made up the core of the “tramp problem” in the 1870s.

The second example is cross-cultural in nature. Because abeyance mechanisms must be assessed in relation to local economies and social formations, similar cultural practices should not be mistaken for solutions to similar problems. Throughout Latin America, illegal “land invasions” in rural areas and, more recently, takeovers of abandoned urban properties are providing housing for a low-waged proletariat. Although technically illegal, these takeovers function as informal, state-sanctioned abeyance mechanisms by increasing the “social wage.” In the United States, where the economics of both wage-labor and state subsidies differ markedly, their counterparts—rough-hewn shanty settlements found in some cities—provide shelter for the street-dwelling homeless, not the working poor. At the same time, turning a blind official eye to housing codes may count as abeyance in intent. Locally, lax enforcement of occupancy standards, even in public housing, betray official understanding that what the market fails to ensure by the usual rules may need to be supplied by bending them. Culture also plays a role in shaping how abeyance mechanisms operate. Closely documented studies of the practice of “doubling up” (living with family or friends) in U.S. cities show that both its meaning and utility vary markedly across ethnic groups in housing-strapped areas.

RETHINKING HOMELESSNESS

Reframing homelessness as part of the standing problem of redundant people lacking sufficient resources (money or kin) to manage subsistence on their own also invites us to rethink the social response to homelessness. It may make better sense to consider “regular access to a conventional dwelling” (sociologist Peter Rossi’s formula for what homeless people lack) as something more akin to work than residence. Homelessness could then be analyzed in ways analogous to those used by economists in measuring “regular access to a conventional job.” Just as the official “unemployment” rate is understood to be but a weak index of the true extent of joblessness, so are “literal” homeless rates (people on the street or in shelters) poor indicators of genuine residential instability. Students of homelessness

must learn to take account of the “absorptive” capacities of institutions not designed for the homeless and of informal practices (such as doubling up) in the same way that labor economists have learned to examine alternative “employments” in military service, prisons, hospitals, and the informal economy. This will also mean tracking the institutional hybrids other than shelters—functional equivalents of yesterday’s almshouses, bridewells, asylums, workhouses, city homes, and police stations—that are pressed into service to lodge the otherwise homeless poor.

—Kim Hopper and Jim Baumohl

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☐ AFRICA

See Egypt; Homelessness, International Perspectives on; Housing and Homelessness in Developing Nations; Nairobi; Nigeria; South Africa; Zimbabwe

☐ AFRICAN-AMERICANS

The old stereotype of a homeless person in America was a solitary middle-aged white male alcoholic. Although this may have described a majority of homeless people before the 1980s, the current homeless population in the United States is younger, includes a large number of families composed mostly

of women and their children, is much poorer, and is much more ethnically diverse. African-Americans are overrepresented in all subgroups of homeless people, including adults, families, and adolescents.

Those who identify themselves as African-Americans represent 12 percent of the U.S. population and 50 percent of the U.S. homeless population. In some U.S. cities, African-Americans make up an even larger proportion of the homeless population. For example, in Buffalo, New York, African-Americans constitute 68 percent of homeless adults and in Detroit, Michigan, African-Americans make up 85 percent of the homeless population. African-Americans appear to be most heavily overrepresented among homeless adults and families.

EXPLAINING THE OVERREPRESENTATION

The surge of homelessness that began in the 1980s has been attributed to an increase in the number of poor people, a lack of affordable housing, and the loss of well-paying unskilled jobs. Additional historic and structural factors include racism, discrimination, and a lack of access to higher education. Research suggests that African-Americans are more likely to become homeless as a result of external factors like chronic and pervasive poverty than European-Americans, who are more likely to experience homelessness due to internal factors like mental illness, family dysfunction, and substance abuse.

Poverty

Homelessness can be seen as the by-product of a rise in the number of people experiencing poverty and an increase in the disparity between the rich and the poor. In fact, many scholars view homelessness simply as an extreme form of poverty. Research suggests that the current homeless population is suffering from more extreme poverty than the homeless population before the 1980s, whose income was three times higher than the income of the current homeless. Some studies have found that the problems of homeless people differ only slightly from the problems of the very poor. For example, some have found that rates of mental illness are much higher in both homeless and



A mother and her child get ready to leave their temporary apartment in New York City at 6:30 a.m. for work and school.

Source: Mark Peterson/Corbis; used with permission.

matched housed poor individuals (similar to the homeless in terms of age, gender, ethnicity, and/or neighborhood income). Because of the overrepresentation of African-Americans among poor persons in the United States, poverty can be viewed as an important cause of the overrepresentation of African-Americans among the homeless. Roughly 25 percent of African-Americans in the United States live in poverty. In addition, whereas 20 percent of U.S. children live below the poverty line, 50 percent of ethnic minority children live below the poverty line.

Factors that might be driving the increase in the number of poor persons, as well as the increase in the number of poor African-Americans, include welfare reform, gentrification, and a lack of well-paying unskilled jobs. In recent years, “welfare reform” has resulted in a reduction in the services provided to those who are poor. African-Americans appear to be faring worse than other ethnic groups on many factors directly related to poverty, including education, unemployment rates, and the availability of transferable job skills.

Change in Economic Structure

The change in the economic structure of America worsened the already grave situation of America’s

poor. The move from factory jobs to service-oriented jobs has decreased the availability of employment for workers who do not have transferable job skills (skills acquired during life activities that are transferable and applicable to other occupations) and who may be less educated. Historically, African-Americans have disproportionately relied on blue-collar manufacturing positions. This can be seen in the auto industry in Detroit, where many African-Americans have traditionally been employed. In addition, entry-level jobs are moving away from the inner city, where many African-Americans reside, and into the mostly European-American suburbs, making it difficult for African-Americans to obtain and maintain employment.

Affordable Housing

Homelessness is directly related to the availability of low-rent housing. Whereas the need for affordable housing has increased, the availability of low-rent housing and government-subsidized housing has decreased. This lack of affordable housing, especially in some of the major U.S. cities where there are high concentrations of African-Americans, has also been suggested as an explanation for the overrepresentation of African-Americans in the homeless population. The process of gentrification, in which low-income neighborhoods are reclaimed by developers, has also resulted in higher housing costs in many urban areas. Urban renewal programs have occurred in cities where African-Americans are highly concentrated, including Chicago, Illinois, Washington, D.C., and Los Angeles, California.

Discrimination and Racism

Several factors directly related to the minority status of African-Americans in the United States also contribute to homelessness. Discrimination in the workplace makes it more difficult to obtain well-paying jobs and often leads to the acceptance of lower wages for the same work. For example, African-Americans with some college education have a higher rate of unemployment than European-Americans with less than a high school diploma. In addi-

tion, there is a clear difference in the types of jobs African-Americans are likely to hold. African-Americans are overrepresented in low-paying service jobs and underrepresented in higher-paying professional and managerial positions.

Discrimination in housing practices makes it difficult for African-Americans to find affordable housing. Many landlords are more inclined to rent to European-Americans than to African-Americans, and sellers and mortgage companies are less likely to provide loans or sell homes to African-Americans. These discriminatory practices, especially common in neighborhoods where European-Americans predominate, can result from blatant racism but can also reflect more subtle forms of prejudice. These factors contribute to African-Americans accepting less satisfactory terms when choosing to rent or buy a home and make them more likely to live in segregated inner-city neighborhoods where economic growth is declining and where there are often poor-quality school districts and more violence. Discrimination in the labor and housing markets puts African-Americans in a perilous situation. Such discrimination requires them to possess superior academic credentials and experience in order to achieve parity with European-Americans.

DIFFERENCES BETWEEN AFRICAN-AMERICAN AND EUROPEAN-AMERICAN HOMELESS POPULATIONS

Some researchers have suggested that the factors that contribute to poverty and homelessness are different for African-Americans than for European-Americans, but few studies have attempted to document the differences. However, understanding the different paths to homelessness could help guide policy initiatives.

Demographic Differences

Some studies have found distinct differences between homeless individuals who are African-American and those who are European-American. In a 1994 study comparing European-American and non-European-American (mostly African-American)

homeless adults, European-American participants were older and more likely to be married than their African-American counterparts (North and Smith, 1994). Homeless women were more likely to be members of an ethnic minority, especially African-American. This was especially so for homeless women with children. European-Americans were more likely to be divorced or widowed. In addition, African-American women were more likely to be mothers and more likely to have children under fifteen years old in their physical custody than European-American women.

Economic Differences

African-American and European-American homeless people have different employment and financial experiences, too. Homeless African-American men are more likely to be employed than European-American homeless men, although they report having lower incomes from their employment. European-American men are more likely to have quit their jobs and more likely to list psychiatric problems as having contributed to their unemployment. In addition, it appears that the time gap between an individual's last steady job and the onset of a spell of homelessness is longer for African-Americans than for European-Americans. This suggests that African-Americans are able to avoid homelessness for a longer time on little or no income.

African-American homeless women depend more on welfare benefits than European-American homeless women do. African-American homeless women often cite poverty as the reason for their homelessness, while European-American homeless women are more likely to cite a traumatic event such as domestic violence or mental illness as the cause. A study of homeless African-American women with families found that more than half of these women were receiving public assistance and almost a fifth were employed. This research suggests that although African-American homeless women may be receiving monetary help through employment or public assistance, this monetary help is not sufficient to provide shelter for these women and their children.

HISTORY OF HOMELESSNESS

There appears to be a difference in the duration and frequency of incidence of homelessness between European-Americans and African-Americans. European-Americans who are homeless report more episodes of homelessness than do African-Americans. European-American homeless women also report more time being homeless and more time living on the streets than do African-American homeless women. Homelessness for African-Americans seems to be episodic, while for European-Americans, homelessness may represent more complex personal and social problems.

Familial Factors

African-American homeless adults are more likely than their European-American counterparts to report having stayed most of the past year with their families. A European-American homeless individual is more likely to report having been physically abused as a child, and a European-American woman is more likely to report having been sexually abused. In a study of homeless adolescents, European-American adolescents reported coming from families that were more dysfunctional than those of their African-American peers. European-American adolescents were also more likely to have experienced a family characterized by verbal and physical aggression, conflict, and a lack of cohesion. It appears that the African-American homeless may have more contact with their families than the European-American homeless do and may have come from more functional families.

Psychological Difficulties and Treatment

Research also suggests that ethnic differences exist in mental health and substance abuse problems among homeless individuals. European-American homeless individuals are more likely to report a history of psychological difficulties and to report that these difficulties contributed to their homelessness. Looking at a lifetime prevalence of substance abuse disorders, one study found that European-American homeless men

report higher rates of both alcohol and drug abuse problems than their African-American counterparts.

Studies have also found that European-American homeless women exhibit higher rates of psychological disorders than African-American homeless women. Additionally, African-American women report less use of both inpatient and outpatient care; unlike European-American women, they also report that they wanted but were unable to obtain psychological care.

PUBLIC POLICY

Public policy and economic changes that affect the poor and those living in the inner city disproportionately affect African-Americans because they are more likely to be poor and more likely to live in the inner city. The causes of homelessness are different for African-Americans than for European-Americans. Family dysfunction, physical and sexual abuse, and mental illness appear to be the most important causes of European-American homelessness. Factors related to poverty and discrimination appear to explain the overrepresentation of African-Americans among the homeless. An awareness of these differences can help guide public policy initiatives that aim to reduce the disparity between African-American and European-American rates of homelessness.

—Sawssan R. Ahmed and Paul A. Toro

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☐ ALCOHOL AND DRUGS

Our understanding of the creation of homelessness is grounded in the ecological model, which views homelessness as a result of the interplay between personal factors, such as alcohol abuse, drug abuse, and/or mental illness, and structural factors, such as the scarcity of affordable housing, economic restructuring to a low-wage service economy, and the reduction in financial assistance. The ecological model integrates issues of individual vulnerabilities within the broadest cultural and societal landscapes. It recognizes that important housing niches in U.S. cities have been eliminated, and that those who are most vulnerable, including those with alcohol and

drug abuse problems, are pushed into homelessness. The ecological model avoids the victim-blaming trap of viewing people's alcohol and/or drug abuse as causing their homelessness.

While the relationship between alcohol/drug abuse and homelessness is best understood in a larger context, so strong is the link historically between alcoholism and homelessness that in some parts the two words are one and the same. For example, in Finland, until recently, the word for “homeless” and “alcoholic” was *puliukko*, which is derived from the words *ukko* (old man) and *puli* (varnish or lacquer, used as a particularly cheap and dangerous source of alcohol) (Glasser, 1994). In Quebec, Canada, one of the words for homeless was *robineux*, which is a French adaptation of the English word “rubbing” (as in rubbing alcohol, again a cheap and dangerous source of alcohol) (Glasser, Fournier, and Costopoulos, 1999).

HOMELESS, SKID ROW, AND ALCOHOL

The classic case of homelessness is the solitary drinking man. He was viewed either with fear and revulsion (his lack of connection to kith and kin appeared to be linked to a lack of both control and a sense of responsibility), or he was viewed more positively as the romantic “traveling man” of Depression-era fame, who had given up his attachment to the material world of schedules and obligations (Glasser, 1994). Historically, homeless men were often assumed to be inhabitants of the skid rows of U.S. cities, neighborhoods that contained cheap lodging for transients and the marginally employed. The term comes from “skid road,” a road along which logs were skidded, probably in Seattle, Washington, where cheap rooms were available to lumberjacks in the early twentieth century (Cohen and Sokolovsky, 1989). Much of the single-room occupancy (SRO) housing in skid rows was torn down in the urban renewal programs of the 1960s and 1970s and in the process of gentrification of the 1980s and 1990s.

In 1970, utilizing participant observation and methods from linguistic anthropology, James Spradley documented the broad array of adaptive strategies used by men on the streets of skid row in

Seattle, Washington. He also sought to figure out why men who spent time in the “drunk tank” of the local jails immediately returned to drinking upon their release. Spradley followed the life of skid row resident William R. Tanner, a literate man of forty-nine who was arrested for public drunkenness nine times in the course of the year and served nearly 200 days in jail on drunk charges. At the end of one of his drunk-tank sojourns, Tanner wrote a letter to Spradley, which gave him insight into the futility of the drunk tank as a cure for alcoholism as well as the title of his book, *You Owe Yourself a Drunk*. (Mr. Tanner said that after thirty days in jail, “you owe yourself a drunk.”)

It is ironic that after tearing down much of the cheap housing that previously sheltered single drinking men, we now view having access to an inexpensive room with a key in a convenient location and in the company of other single men as ideal. In fact, it is the goal to which many of the most innovative supportive housing programs for the homeless now aspire. This also means that an important strategy to prevent more homelessness is to stop the demolition (or change of use) of the few remaining single-room occupancy hotels. There are some good examples of success, such as the Times Square Hotel in New York City, in which a community organization, in this case, Common Ground, was able to renovate an SRO and now offers inexpensive and accessible housing with additional supportive services for single homeless men.

PREVALENCE OF ALCOHOL AND DRUG ABUSE AMONG HOMELESS INDIVIDUALS

There is substantial evidence that alcohol and drug abuse are the most pervasive health problems of the homeless in the United States. For example, the rate of alcohol abuse has been estimated to be 58 to 68 percent for homeless men, 30 percent for homeless single women, and 10 percent for mothers in homeless families (Fischer and Breakey, 1991). Alcohol abuse rates among the homeless tend to vary by ethnicity, with the prevalence for whites (57.1 percent) being significantly higher than for nonwhites (34.2 percent) (Robertson, Koegel, and Ferguson, 1989).

An Urban Institute (1999) study of 4,207 randomly selected clients of homeless-serving agencies found the rate of reported alcohol abuse to be 38 percent within the past month, 46 percent within the past year, and 62 percent within an individual’s lifetime. The lifetime reported use of drugs was 58 percent and the lifetime reported existence of mental health problems was 57 percent, with 86 percent reporting having had one of these problems during their lifetime. These rates contrast with the total U.S. population rates of 15 percent lifetime risk for alcohol dependence and the 5 percent current alcohol dependence when the DSM-IV criteria are applied (*Diagnostic and Statistical Manual of Mental Disorders*, 2000). There is an estimated lifetime heroin use of 1 percent and a lifetime cocaine use of 10 percent within the general U.S. population (*Diagnostic and Statistical Manual of Mental Disorders*, 2000).

In a study of the relationship between homelessness and alcohol and drug abuse, Johnson and Freels (1997) interviewed 303 homeless people and people at risk of becoming homeless (those living in single-room occupancy hotels) in order to disentangle the relationship between substance abuse and homelessness. They concluded that a multidirectional model is the most appropriate. Substance abuse and homelessness were posited as risk factors for one another. They found that drug use was associated with first episodes of homelessness and suggest that drugs are displacing alcohol as an important precursor to homelessness.

PATHS TO HOMELESSNESS

The relationship of alcohol and drug use to homelessness is reciprocal, in that it is very difficult for individuals with limited financial resources to remain in housing when much of their money is spent on substances, and it is difficult for individuals to focus on treatment for alcohol and drug abuse when their basic survival needs for shelter, food, and warmth are only precariously met. Once people begin to live on the street, they often spend much of their time in agencies such as shelters, soup kitchens, and day centers meeting their survival needs for food and shelter. These agencies attract large numbers of

homeless individuals who abuse alcohol and drugs and could therefore serve as effective links to treatment for those clients whose lives on the street have become intolerable to them (see Glasser, 1988 and Fournier et al., 1993 on the culture of soup kitchens and day centers); unfortunately, however, they typically have limited budgets and are understaffed to treat these problems among their “guests” (the term that is often employed by soup kitchen staff). Not only are substance abuse treatment opportunities inadequate for the homeless, the homeless milieu may facilitate continued alcohol and drug consumption. For example, once on the street, drinking may provide a sense of camaraderie for individuals who have left many of their previous family and work place relationships (Spradley, 1970). In this sense, alcohol use may be seen as an adaptation to life on the streets.

THE TREATMENT OF ALCOHOL- AND DRUG-RELATED PROBLEMS IN HOMELESS PERSONS

A recent review of the literature on substance abuse treatments sponsored by the National Health Care for the Homeless Council concluded that homeless individuals pose a number of challenges to the treatment community (Zerger, 2002). The first challenge is the difficulty of engaging the homeless in treatment, given the extent of their social isolation, distrust of authorities, and immobility. A second challenge is the difficulty of retaining clients in substance abuse treatment programs; drop-out rates of two-thirds or more are common. Although there is a move toward brief interventions in the substance abuse treatment field, brief interventions have not yet been tested on the homeless.

There is an irony in the world of the services for the extremely poor in North America. On the one hand, “low-demand” (no-questions-asked) services for the poor and homeless delivered in places such as shelters, soup kitchens, and day centers attract high numbers of people, yet have few professional staff. On the other hand, treatment programs that require people to leave the homeless milieu, even programs designed specifically for the homeless, have large attrition rates before and during treatment. For exam-



The traditional image of a homeless person was a drunken man living on skid row in a major city. This photo from c. 1950 shows a drunken man on the sidewalk of the Chicago skid row.

Source: Hulton-Deutsch/Corbis; used with permission.

ple, in a study that assessed the feasibility of using the therapeutic community and community residences for the homeless mentally ill chemical abuser, there was a 58 percent attrition of previously screened and interested shelter residents before entering the treatment center. Although 23 percent of the attrition rate was due to clients being rejected from programs, most of the attrition was due to clients not showing up (Nuttbrock et al., 1998). The challenge, then, is to design programs that begin the treatment process in the settings in which the homeless already live or spend much of their time. A treatment, however, should be offered in such a way that those who do *not* desire it will not be deterred from entering the shelter, soup kitchen, or day center and inadvertently driven back to the street.

The major treatment modalities that have been tried with homeless individuals with alcohol and drug abuse, as described in the literature, are Outreach/



A "Healing Place" for Recovery

Louisville, Ky. (ANS)—Seven years ago, Andrew DeGrella lived on the streets of Louisville. He was 32, homeless, and addicted to alcohol and drugs. "I did what I had to do to take care of myself," DeGrella said. "I was stealing, robbing people, whatever I needed to do. Then I got a couple of felony drug charges and went to jail first, then the penitentiary."

When DeGrella came up for parole a year later, he had nowhere to go.

His family, from whom he had long been estranged, wanted nothing to do with him, even though his body was now physically free of the addictions.

But while in jail, DeGrella had heard about a long-term mutual self-help recovery program structured to help homeless people beat their addictions, the reason most of them had become homeless in the first place.

"About 80 percent of homeless people are addicted to drugs and/or alcohol," said Chris Fajardo, director of programs at the project called the Healing Place. "Most are in the middle to late stages of addictions and most have many other issues that need attention. Those issues aren't the cause of the addiction, they are the results."

Such issues range from health problems caused by years of drug abuse to the inability to hold a job to estrangement from friends and relatives.

The Healing Place is not a treatment center, but a peer-directed long-term recovery program. With a 62 percent success rate, it is now being duplicated across the country.

The U.S. Health Resources and Services Administration recognized the Healing Place in its 1998 Models That Work campaign, which identifies organizations across the country that have developed innovative programs for improving the delivery of primary health care services to vulnerable and underserved populations.

Since it began in 1993, 318 men and 22 women have completed the recovery program.

The center was founded by the Jefferson County Medical Society, which wanted to find a way to bring health care

services to those who needed them most and yet were least likely to have the money to pay for them: the homeless.

Most homeless shelters simply provide short-term emergency shelter and immediate medical care without addressing the reasons its occupants have become homeless.

In its original life, for 20 years the Healing Place was such a shelter called the Morgan Center, founded and operated by a Catholic priest, Father John Morgan.

Fajardo said Morgan recognized that most of his occupants had substance abuse issues that had never been addressed, so he approached the Jefferson County Medical Society's Outreach Program.

The Society responded by deciding to donate a portion of its monthly dues to help fund the shelter. The recovery program itself, however, was developed by Fajardo and Healing Place executive director Jay P. Davidson.

"It's not meant to replace treatment centers or other programs that are already out there," Fajardo said. "It's meant to complement them. It's for those who need additional help."

Fajardo said a key component of the center's recovery program is Alcoholics Anonymous' 12-step program and Recovery Dynamics, developed by the Kelly Foundation of Little Rock, Ark.

Phase 1 of the program focuses on helping the client overcome the addiction and the psychological triggers that cause him or her to start using again.

Phase 2 focuses on dealing with issues that may be causes of the addiction or that have been neglected as a result of the addiction, such as employment, sexual abuse, social skills, education, vocational training, housing and health care issues.

Mike Townsend, director of the Division of Substance Abuse, Kentucky Department of Mental Health and Mental Retardation Services, said the Healing Place fills a vital niche.

"Traditional treatment centers keep someone there for 15 to 20 days," Townsend said. "After that period of time, these people are expected to follow through with a doctor's recom-

Source: "Healing Place' Gives Late-Stage Addicts and Alcoholics Time to Recover," American News Service, September 9, 1999.

Engagement, Intensive Case Management, Post-Detoxification Shelter Stabilization, and Therapeutic Communities in Shelters. *Outreach* is a first step to making contact with people living out-of-doors and in shelters, and participating in day programs and soup kitchens. The outreach worker, who may be on foot or travel in a van, offers an individual social contact, food, referrals, and advocacy. The Park Homeless

Outreach Project in New York City was one interesting example of outreach work, and it was subsequently evaluated (Ukeles Associates, 1995). During this project, teams of workers became acquainted with the homeless men and women who occupied three Manhattan parks, one of which also contained Gracie Mansion, the mayor's official residence. During the two years of the project, the outreach teams had con-

mended outpatient follow-up. They're expected to turn their life around after a lifelong process of getting to this point.

"For you and me, adhering to these recommendations wouldn't be a problem, because we have a home, car, family, job and a support network. We would easily be able to follow through on that outpatient program. For these people, it's next to impossible."

DeGrella said he was such a person when he first came to the Healing Place. "Here I was, a person with no skills to live in functional society clean and sober," he said. "I hadn't held a job in seven or eight years. I didn't know how to communicate with people clean and sober. I had the best intentions in the world to stay clean and sober, but had not developed the tools to do that."

After about 30 days at the Healing Place, he began drinking and using drugs again. "I fell back into my old ways. They put me back in detox and asked me if I wanted to try again. I said yes. This time I went about forty or fifty days and I drank again. It was the only thing I really knew how to do."

Then, DeGrella said the 12-step program took hold and "my obsession to use and drink was miraculously lifted from me. To this day, it's gone," he said. "I could have never done it by myself. I have never wanted to drink or use since. And I now have the skills I need to take care of myself physically, spiritually and emotionally."

After his sobriety date of Oct. 6, 1993, he stayed on at the Healing Place for an additional nine months. Then he was ready to move on.

DeGrella now owns a successful cleaning business and employs some clients of the Healing Place. Ironically, his primary clients are bars and taverns.

He recently added another entrepreneurial venture to his business: real estate. He bought a large house with several bedrooms to rent to other men as soon as they are ready to move out of the Healing Place.

"It's just my way of giving back to the program that helped me so much," he said. "I want to be part of that solution."

tact with 283 different individuals, and they connected 89 of them to services including detoxification, alcohol and drug treatment, entitlement programs, and temporary shelters.

In 1990, the National Institutes of Health National Institute of Alcohol Abuse and Alcoholism (NIAAA), in consultation with the National Institute of Drug Abuse (NIDA), funded fourteen demonstra-

tion projects for alcohol and drug abuse treatment for the homeless. Thirteen of the projects provided *case management* services in order to meet the primary goals, which were to reduce the consumption of alcohol and other drugs, to increase the participants' level of residential stability, and to enhance their economic and/or employment status (Perl and Jacobs, 1992). The case management model can be viewed as particularly useful for people who live in shelters and on the streets, where services are fragmented and individuals have to be continually on the move. In particular, substance abuse treatment and psychological help must be combined with helping clients meet their survival needs for food, stable housing, and employment and/or receipt of financial benefits (Stahler, 1995).

Another approach has attempted to bring the treatment of substance abuse to the homeless milieu. Portions of shelters have been transformed into *post-detoxification stabilization* programs in Boston (Argerious and McCarty, 1993). In this way, even homeless individuals who have not yet found stable housing are able to maintain abstinence even when returning to a shelter. A similar program, the *therapeutic community (TC)*, a well-established alcohol and drug treatment approach with non-homeless people, has been modified to meet the needs of homeless individuals who abuse alcohol and drugs and who are also mentally ill (Sacks and De Leon, 1997). These modifications include more individualized, more flexible, and less intense treatments than are found in standard TC programs.

The general conclusions drawn about treatment efficacy derived from a review of ten NIAAA- and NIDA-funded treatment outcome studies of homeless individuals with alcohol and drug abuse (Stahler, 1995) were as follows:

- substance abuse treatment must go hand in hand with addressing the tangible needs of housing, income support, and employment;
- drop-out rates are very high for all treatments for the homeless, and so there is a need for flexible, "low-demand" interventions;
- clients in both treatment and control groups improved, in part because the control groups received nearly the same quantity of services as

the treatment group and because many of the clients recruited had “hit bottom” and were already on the road up;

- even treatment outcomes that were positive seemed to diminish over time, suggesting the need for extended aftercare; and
- some clients (such as those with less criminal involvement) did have comparatively more positive outcomes, suggesting the importance of a more precise matching of clients with treatments.

A problem with many of the interventions shown to be effective under study conditions is that it is often difficult to deliver adequate treatment outside of research conditions. The typical low ratio of staff to clients in shelters and the need to prioritize the most pressing needs of “guests” contribute to this difficulty.

In the search for low-demand, flexible, and ongoing treatment, we have considered an adaptation of motivation interviewing (Miller and Rollnick, 2002). Motivational interviewing can be adapted to address an individual’s most pressing problems, including housing and physical health as well as alcohol and drug abuse. If proven to be efficacious, motivational interviewing has an advantage in that it can be taught to the shelter, soup kitchen, and day center workers who are already situated within the homeless milieu. It would mean that in order to begin to work on their recovery, individuals would not need to leave the familiarity of their environment. It would also mean that if people did not have appropriate housing to go to after formal treatment and had to return to a shelter, there would be staff who were trained to continue to work with them in the homeless milieu. Finally, it would shift some of the responsibility for changing a homeless client’s situation from the staff to the client. This shift, when combined with smaller goals of increased motivation, may decrease staff burnout and attrition and offer more hope to those who work with homeless clients.

SCREENING FOR ALCOHOL- AND DRUG-RELATED PROBLEMS

Testing is being done on a new screening measure, the AUDIT-12, that will enable shelter and day center staff to rapidly identify individuals at high risk for alcohol-

and drug-related problems and refer them to treatment (Campbell, Barrett, Cisler, Solliday-McRoy, and Melchert, 2001). The AUDIT-12 consists of five questions regarding alcohol and/or drug involvement, three questions regarding dependency, and four questions regarding harm. In their study of 771 homeless men in Milwaukee, Wisconsin, Campbell and his team found that 74 percent received scores on the AUDIT that indicated a possible problem with drugs and/or alcohol. The AUDIT-12 is currently being tested in Hartford, Connecticut, and in Rhode Island.

IMPLICATIONS

Alcohol and drug use and abuse are important factors in the lives of homeless individuals even when they are not sufficient causes for an individual’s homelessness. On the other hand, as we have seen, treatment opportunities are few for homeless individuals. Given the co-occurrence of substance abuse and homelessness, the theoretical reciprocal causality of substance abuse and homelessness, and the costs to homeless individuals as well as society, it appears appropriate to increase efforts to provide substance abuse interventions to the homeless in a manner tailored to the homeless milieu. Shelters, soup kitchens, and day centers are ideal places in which to begin a process of engagement with homeless individuals who may want to address their alcohol- and drug-related problems.

—Irene Glasser and William Zywiak

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☐ ALMSHOUSES

See Poorhouses; Workhouses

☐ AMERICAN BAR ASSOCIATION COMMISSION ON HOMELESSNESS AND POVERTY

The board of governors of the American Bar Association (ABA) created the Commission on Homelessness and Poverty in 1991. The Commission consists of one full-time ABA staff attorney and thirteen volunteer members appointed by the ABA president, and is charged with the following tasks: (1) Educating members of the bar and the public about legal and other problems of poor and homeless people and ways in which lawyers can assist in solving or ameliorating them; (2) training lawyers in areas needed to provide pro bono legal assistance to homeless and near homeless people; (3) working with all ABA entities on issues arising in their jurisdiction that affect poor and homeless people; and (4) engaging in further activities that are necessary to fulfill these responsibilities, including working with

state and federal executive branches and legislative bodies concerning matters relating to the poor and homeless.

The Commission grew from the ABA Representation of the Homeless Project, a program created by the Section of Individual Rights and Responsibilities after the ABA first adopted a policy on homelessness in 1986. That 1986 resolution expressed the ABA's support of legislation and programs that protect the rights of homeless people; it also created housing and other programs to aid homeless people in their battle for self-sufficiency and urged pro bono legal representation of homeless clients. To implement this resolution, the Representation of the Homeless Project provided technical assistance to the ABA's pro bono homeless programs, worked to educate the profession about homelessness and the needs of homeless people, and drafted policy for the ABA House of Delegates (the ABA's legislative body).

Building on the work of the Project, the ABA created the Commission on Homelessness and Poverty to demonstrate its commitment to addressing the legal needs of homeless and impoverished people. The Commission provides policy-based advocacy on behalf of homeless and impoverished people. Through the ABA Governmental Affairs Office, it lobbies Congress to develop and fund programs that will address the causes of homelessness and poverty in the United States, and to enact laws that will protect and provide for those in desperate need of assistance. The ABA presently has policies on many issues relating to homeless and impoverished people: affordable housing, public housing, public benefits, funding for service programs, voting rights for homeless people, the "digital divide," legal services, health care, and predatory lending, among others.

The Commission seeks to educate the bar and the public about homelessness and poverty and the ways in which the legal community and advocates can assist those in need. To achieve this goal, it drafts publications and conducts training sessions across the country to equip the legal community to advocate on behalf of homeless and impoverished people. It also coordinates with national, state, and local advocates and organizations to facilitate the exchange of information and resources.

One recent publication, *The Homeless Court Program: Taking the Court to the Streets*, examines San Diego's Homeless Court, a special voluntary court session convened on a monthly basis at a homeless shelter. The philosophy behind this unique and successful program, begun in the late 1980s, is rehabilitative rather than punitive—no one is taken into custody. The key players involved in the program realize that outstanding criminal warrants often preclude homeless people from accessing vital services such as employment and housing assistance, public benefits, and treatment for mental health or substance abuse problems. As such, the court seeks to address the legal problems of the homeless participants as well as linking them with appropriate services and treatment programs.

Educating Children Without Housing: A Primer on Legal Requirements and Implementation Strategies for Educators, Advocates and Policy Makers provides innovative strategies for ensuring the educational rights of homeless children and youth, as required by the McKinney-Vento Homeless Assistance Act. Published jointly with the Steering Committee on the Unmet Legal Needs of Children, the book also provides a directory of state coordinators for the education of homeless children and youth, as well as a list of homeless advocacy organizations around the country.

Representing the Poor and Homeless: Innovations in Advocacy is a compilation of articles written by law professors and advocates addressing both the causes of and solutions to homelessness. Its topics include the lawyer's role in ending homelessness, developing and locating affordable housing, addressing mental illness and substance abuse, microenterprise development, and promoting economic self-sufficiency. The book also includes directories of publications and a list of websites addressing homelessness and poverty.

NIMBY: A Primer for Lawyers and Advocates discusses the potential roadblocks that may arise when establishing a facility such as a shelter or soup kitchen in a residential area. The book addresses the issues and reaction within communities, tips on how to work with the community, the zoning process, and an overview of legal tools to combat NIMBY ("not

in my backyard”) attitudes and exclusionary zoning ordinances.

The Commission also administers the John J. Curtin, Jr. Justice Fund Legal Internship Program. Named for the ABA’s president in 1990–1991, the program awards stipends to law students who spend the summer months working for a bar association or legal services program designed to prevent homelessness or assist homeless or indigent clients or their advocates. The program provides much-needed legal assistance to organizations serving the underrepresented and gives students direct experience in a public interest forum. Through this, it aims both to help homeless clients and to encourage legal careers that further the goals of social justice.

Further information can be found at www.abanet.org/homeless, the website of the American Bar Association Commission on Homelessness.

—Amy E. Horton-Newell

▣ ASIA

See Australia; Calcutta; Homelessness, International Perspectives on; Housing and Homelessness in Developing Nations; India; Indonesia; Japan; Mumbai (Bombay); Sydney; Tokyo

▣ ASSERTIVE COMMUNITY TREATMENT (ACT)

The Assertive Community Treatment (ACT) model of assisting people with severe mental illness was developed in the late 1970s by Leonard Stein and Mary Ann Test and their colleagues at the Mendota Mental Health Institute in Madison, Wisconsin. ACT was originally designed to prevent relapse and to foster successful adaptation to community living following discharge from the hospital. But since the 1990s, the model has been increasingly used to stabilize and improve the quality of life of mentally ill homeless clients such as those living in shelters, on the streets, or in parks or abandoned buildings.

A nonresidential program often with an open-ended time frame, ACT is delivered by interdisciplinary teams composed of ten to fifteen members. ACT staff may work with a client for several hours in a given day assisting with wide-ranging tasks: resolving an interpersonal crisis, searching for an apartment, shopping or cleaning house, maintaining employment, or obtaining health care services. In principle, ACT teams provide all services directly, but in practice they often make referrals to other agencies and providers, especially for services that address the diverse needs of homeless people. Staff members share responsibility for their clients and typically meet daily to review the status of their entire caseload and to plan that day’s activities.

EVALUATING ACT AND ITS VARIATIONS

ACT is probably the most extensively evaluated intervention in the field of community mental health. Beginning with Stein and Test’s experimental evaluation, studies have consistently shown that clients treated in ACT spend fewer days in psychiatric inpatient units than those who receive standard outpatient care, and that they are frequently more satisfied with their care. Some studies have also documented reduced symptoms, improved social functioning, and higher employment rates with ACT, but these benefits have been less consistently observed. ACT has also been the subject of several cost-effectiveness studies. Most of these have shown that the high cost of ACT services can be offset by reduced hospital utilization.

In recent years, Robert Drake and his colleagues at the Dartmouth-New Hampshire Psychiatric Research Center have further shown that if ACT teams include specialists in substance abuse treatment, outcomes can be improved for clients dually diagnosed with both psychiatric and addictive disorders. With the addition of employment specialists, a far higher percentage of clients can participate in competitive employment. As the ACT model has come into widespread use, variations have also emerged. Researchers have devised ways to measure specific programs’ fidelity to ACT’s operating principles, and there is some evidence that programs that do conform achieve sharper reductions in hospital

use. Some experts believe that the benefits of ACT can be achieved only through strict adherence to these principles—especially low caseloads, sharing of clients by the entire team, treatment in community settings, and a long-term commitment to care. But others suggest that adherence can be relaxed to meet local circumstances without loss of effectiveness. Moreover, the boundary between ACT and other intensive or clinical case management approaches is not easy to define.

Applications of ACT for Homeless Clients

Using controlled trials, researchers have assessed various combinations of case management and housing assistance for homeless persons with severe mental illness. But only two studies have formally compared ACT with standard treatment for these groups.

ACT versus Broker Case Management: The St. Louis Study (Morse et al.). As a control group, the first published study used a broker case management intervention—a model that emphasizes linking clients to service providers. Against this model, two types of ACT program were compared: standard ACT and one with additional specially trained community workers. Clinically, the ACT clients in this St. Louis study had reduced symptoms and were more satisfied with their services than were the controls, although there were no differences in housing outcomes. A cost-effectiveness analysis showed that although the direct costs for both ACT models exceeded \$9,000 per client over the eighteen-month study period, they were both also associated with substantially reduced inpatient costs. When all health care costs were considered, costs were lowest for the ACT program with community workers (\$39,913 per client), highest for standard ACT (\$49,510), and in the middle for brokered case management (\$45,076). These results replicate findings in other seriously mentally ill populations, showing that ACT's high costs can be at least partly offset by reduced hospital use.

ACT versus Standard Care: The Baltimore Study (Lehman et al.). A second study found that ACT

clients experienced greater improvements in symptoms, life satisfaction, and general health than controls, and had more days in stable housing when they received standard community services. It reported similarly high costs for ACT services (\$8,244 per client per year) but also much lower psychiatric inpatient costs for ACT clients (\$31,427 versus \$55,946 for controls). As a result, total annual health care costs were about \$16,000 lower for ACT than for controls (\$50,748 versus \$66,479). As in the St. Louis study, significant benefits for ACT emerged in several domains. Moreover, because of reduced inpatient service use, total costs were similar to those of controls. These data suggest that ACT may be preferable to standard care since it is both more effective and, due to reduced inpatient care, costs the same or less.

But to calculate the total cost impact of an intervention, one must consider previous levels of service use and expenses among study participants. There is much room for savings with high-cost clients, but little to save with low-cost clients. Patients in both the St. Louis and Baltimore studies had already incurred especially high inpatient costs.

To correct this skewed picture, ACT costs were also compared with those of two more typical, lower-budget programs: the Health Care for Homeless Veterans (HCHV) program run by the Department of Veteran Affairs (VA), and the Center for Mental Health Services' ACCESS program. Twelve-month cost data for both programs, adjusted for inflation, placed average annual inpatient costs at only \$7,905 for HCHV and \$8,346 for ACCESS, less than one-third of those in the St. Louis and Baltimore studies. Only the highest-need patients—those in the top tenth, measured by expense—approached those spending levels: \$32,605 in HCHV and \$25,010 in ACCESS. Thus, in these two more representative programs, inpatient costs approached those of the St. Louis and Baltimore studies for only one-tenth of the clientele—suggesting that ACT is likely to achieve cost-neutrality for only a small segment of this population, although it may achieve beneficial clinical and housing outcomes for all segments.

MODIFIED ACT PROGRAMS

Many other programs have explored the value of intensive case management models similar to ACT, sometimes explicitly linked with residential treatment or supported housing services. In a recent literature review, Morse (1999) discussed ten experimental studies of case management programs that served homeless persons with mental illness. All were either ACT programs (including the St. Louis and Baltimore studies noted above) or variants of ACT. Seven of ten studies showed fewer homeless days for those assigned to case management, while two showed significant reduction in symptoms when compared to control groups.

Outreach-Oriented Modifications

In one modified ACT approach, staff members focus on outreach and engagement with alienated homeless people who may be unwilling to seek conventional assistance. One experimental study evaluated the New York “Choices” program, which included four services: outreach and engagement, a low-demand drop-in center for daytime use, a ten-bed respite housing unit, and community-based rehabilitation. Over a two-year follow-up period, Choices clients had much greater access to basic resources such as food and shelter than did their controls. They also enjoyed improved psychiatric symptoms, higher quality of life, and a 54 percent reduction in nights sleeping on the street—almost twice the 28 percent reduction among controls.

Nonexperimental data from the Center for Mental Health Services’ eighteen-site ACCESS program provide a fuller perspective on the outreach process. During its first three years, ACCESS contacted a total of 11,857 clients through outreach. Those contacted in street settings were typically the sickest and most vulnerable, but only 34 percent of them initially expressed interest in services, and only 19 percent eventually entered case management—as opposed to the 46 percent overall enrollment rate. Once enrolled, however, all clients showed fairly equal improvements in both clinical and housing domains.

Housing-Oriented Modifications

Another modified ACT approach combines intensive case management with direct housing subsidies. In the early 1990s, researchers attempted to untangle the effects of this double-stranded approach using a two-by-two study design, crossing rent subsidies with intensive case management. Indeed, the study found that subsidy recipients were more likely to be independently housed after eighteen months. But intensive case management was not associated with greater improvement than standard case management in any outcome domain. However, the findings were ambiguous for two reasons. Receipt of housing subsidies did not reduce nights of homelessness during the eighteen-month study period. Moreover, the intensive case management intervention—as actually delivered—was very similar to the standard care intervention. Thus, in spite of its intuitive appeal, it remained unclear whether linking housing subsidies directly with clinical services offers an advantage over clinical services alone.

In 1992, the Department of Housing and Urban Development joined with the VA to establish the HUD-VA Supported Housing (HUD-VASH) Program, now operating at thirty-five sites across the country. These programs combine HUD Section 8 rent subsidy vouchers with case management supervised by VA staff at a 20 to 1 ratio with clients. In an experimental evaluation at four sites, participants were randomly assigned to three groups. The first group received full HUD-VASH benefits: vouchers and intensive case management. The second received case management only, without special access to vouchers, and the third received standard VA care. Over a three-year follow-up period, HUD-VASH veterans had 16 percent more nights housed (in an apartment, room or house) than the second group and 25 percent more than the third group. (The second and third groups differed by just 7 percent on this score.) The HUD-VASH group also experienced 35 and 36 percent fewer nights homeless than each of the control groups, excluding days spent in an institution such as a hospital or jail. But the study found no significant differences between treatment groups on any measures of psychiatric or substance abuse status.

Both of these studies suggest that housing subsidies may be more important than case management in helping homeless people with mental illness to exit from homelessness—although it is also possible that the case management would have been more effective if it had adhered more closely to the ACT model.

Time-Limited ACT-like Programs

The Critical Time Intervention (CTI) approach is in many ways similar to ACT, with the major difference that it is time-limited. CTI was specifically designed in the early 1990s to help homeless mentally ill clients in a shelter-based New York day program make the transition into mainstream housing and health care services—which is, in fact, the ultimate goal of any such service program. It consists of three phases: During the accommodation phase (the first three months), CTI workers conduct home visits and link clients with providers. Next, in the tryout phase (months four through seven), clients begin to use mainstream services, while in the termination phase (months eight and nine) they further develop their resourcefulness. Over an eighteen-month follow-up period, CTI clients spent an average of thirty nights homeless compared to ninety nights for the control group (5.5 versus 16.6 percent). They also showed sharper reduction in negative psychiatric symptoms. These data suggest that, contrary to one of the basic principles of ACT, gains may be consolidated and maintained even when ACT-like services are delivered for a limited period of time.

Similarly, an eighteen-month follow-up assessment of ACCESS clients found that they can be selectively discharged or transferred from ACT to other services without compromising their progress in the mental health, substance abuse, housing, or employment arenas. In that study, 8.7 percent of the clients had participated in ACCESS for less than three months; 40.6 percent for three to ten months; 15.3% for eleven to thirteen months; and 35.3% for fourteen months or more. Mental health, substance abuse, and housing outcomes did not significantly differ between clients who had been discharged from care management at the time of follow-up as

compared to those who had not yet been discharged. In fact, those who had been discharged had worked significantly *more* days than those who had not, and reported significantly less outpatient health service use.

GREATER BENEFITS, HIGHER COST

ACT has been shown in many studies to be a cost-effective approach to the treatment of non-homeless high service users with severe mental illness. This model also appears to be cost-effective when offered to homeless people with severe mental illness who already make extensive use of inpatient care—although that fraction of the homeless population is relatively small. Variations of ACT emphasizing outreach, linkage with housing subsidies, and time-limited interventions suggest that ACT and its variants can yield benefits for the wider population of homeless people with severe mental illness, but may be associated with increased costs.

—Robert A. Rosenheck

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▣ ASSOCIATION OF GOSPEL RESCUE MISSIONS

Founded in 1913, the Association of Gospel Rescue Missions (AGRM)—formerly known as the International Union of Gospel Missions—is a nonprofit organization whose member missions work to provide emergency shelter, food, youth and family services, and education and job training programs. In addition, the AGRM operates rehabilitation programs for drug addicts and alcoholics, and assistance to the elderly poor and at-risk youth. The sixth largest nonprofit organization in the United States, the AGRM has a network of 294 rescue missions, which provide approximately 30 million meals and 12 million nights of lodging to needy and homeless people every year. The AGRM has more than 9,000 full-time employees and 300,000 volunteers and has over 300 affiliates in the United States, Canada, India, Australia, South America, and Africa.

As part of its mission, the AGRM takes on five major responsibilities: (1) Creating new rescue ministries; (2) promoting and emphasizing prayer and spiritual values and growth; (3) providing local ministries with education, training, consultation, conferences, conventions, and networking; (4) stressing to the church and community the importance and value of their rescue efforts; and (5) and operating over 114 Alcoholics Victorious groups, as well as Rescue College.

The AGRM and other member missions consider themselves to be an “arm of the Church,” in that they work to meet the spiritual, emotional, and physical needs of people who are unable to be reached by the traditional church.

PROGRAMS

The AGRM has developed three major programs that help accomplish these goals by offering services to both those in need and those willing to help.



The Bowery Mission, founded in 1879, shown here in 2003.

Source: Karen Christensen; used with permission.

- *Job Placement Program.* The AGRM website provides a resume file for potential employees, and full-time employment opportunities with member rescue missions are posted each month both on the website and in the AGRM newsletter.
- *Alcoholics Victorious.* Founded in 1948, Alcoholics Victorious provides a support group medium for recovering alcoholics who profess a deep religious faith. Group members gather at meetings to share feelings, experiences, and goals with one another. Also included in the process of recovery are the Alcoholics Victorious Creed and the group's Twelve Steps toward recovery.
- *Rescue College.* Rescue College is an Internet-based distance-learning program that prepares men and women for an administrative career with rescue missions and other church-related organizations. The programs offered allow students to acquire either a Certificate in Rescue Ministry or a Bachelor in Rescue Ministry, which is equivalent to a four-year degree awarded at other accredited colleges and universities in the United States.

The newest project added to the AGRM's repertoire is the Program Outcomes Assessment Project, which was initiated to measure the outcomes and effectiveness of the association's various programs. This evaluation is done for two reasons—to upgrade and modify programs by identifying what does and does not work, and to use in fund-raising, public relations, and promotional efforts. Outcome indicators are used to measure the effectiveness of the associa-

tion's programs, and they serve as guidelines for whether or not an individual has successfully "graduated" from the AGRM's rehabilitation programs. The Mission Program outcomes one year after leaving the program state that in order to be considered "successfully graduated" an individual must be (1) gainfully employed or actively involved in continuing education, (2) free of primary life-controlling issues identified during the mission program, (3) in stabilized housing, (4) maintaining healthy relationships, (5) achieving financial stability, (6) content with quality of life, and (7) involved in a local church.

The Association of Gospel Rescue Missions is responsible for aiding millions of homeless people and others in need every year. In 2001 alone, the association graduated more than 12,000 homeless men and women into productive living, distributed more than 24 million pieces of clothing, and provided some 210,000 families with 735,000 items of furniture—along with offering millions of meals and nights of lodging. The AGRM welcomes both individual and organizational memberships, and those interested can learn more about the membership process at www.agrm.org.

—Emily A. Colangelo

☐ ASSOCIATIONS AND ORGANIZATIONS

See American Bar Association Commission on Homelessness and Poverty; Association of Gospel Rescue Missions; Corporation for Supportive Housing; European Network for Housing Research; FEANTSA; Goodwill Industries International; Homeless Assistance Services and Networks; Homeless International; "Housing First" Approach; International Network of Street Newspapers; International Union of Tenants; National Alliance to End Homelessness; National Center on Family Homelessness; National Coalition for the Homeless; National Resource Center on Homelessness and Mental Illness; Salvation Army; UN-HABITAT; Urban Institute; Wilder Research Center

▣ AUSTRALIA

As generally understood in the Australian context, the term *homeless* can refer not only to those who lack “a roof over the head” but also to anyone who is inappropriately housed—or as one definition has it, “who does not have access to safe, secure and adequate housing” (Productivity Commission 2003, 71). Such inadequate housing includes not only emergency accommodation but also any housing that threatens one’s economic or social support structure, compromises one’s health or security, or is of unsecured tenure, with eviction an ever-present possibility. For example, an elderly non-English speaking migrant housed in an exclusively English speaking group home.

THE EXTENT OF HOMELESSNESS

Measuring the extent of homelessness in Australia is difficult, as many of the unhoused are transient and therefore hard to locate and count. Moreover, because there is no generally agreed-on methodology for assessing homelessness, estimates can vary widely. Still, useful approximations have been made based on data from two sources: the Australian Bureau of Statistics (ABS) and the Supported Accommodation Assistance Program (SAAP).

The SAAP is a joint program of the Commonwealth of Australia and its individual states and territories. Aimed at assisting people who are homeless or in danger of becoming so, it is the main government-funded program targeted to this area. Funding from the SAAP enables over 1,200 nongovernmental, community, and local government organizations to provide accommodation and other services to those in need. Data on its operations (Australian Institute of Health and Welfare 2002) show that in 2001–2002, an estimated 95,600 people received SAAP assistance in one form or another.

The ABS conducts periodic counts of Australia’s population every four years. One study (Chamberlain 1999) used a “point in time” analysis and found that on ABS census night in 1996, there were an estimated 105,304 homeless people across Australia. Of this total, about 46 percent were staying with friends

or relatives, 22 percent were in boarding houses, almost 20 percent were sleeping out or in improvised housing, and about 12 percent were in emergency accommodation provided under the auspices of the SAAP.

How are Australia’s homeless distributed by age and gender? SAAP data also show that of the people seeking SAAP assistance in 2001–2002, one-third were lone males aged 25 and over. One-fifth were females with children. Lone females aged 25 and over comprised 15 percent. Lone individuals under 25 were split almost evenly between males, at 13 percent, and females, at 12 percent. Couples with children account for 3 percent, whereas couples with no children are 2.6 percent. Lone males with children make up 1 percent and the ‘other’ category is 0.9 percent of the total. (Some figures have been rounded, which accounts for the missing 7 percent.)

PREVENTION AND OTHER ASSISTANCE PROGRAMS

Governments at all levels (i.e., commonwealth, state, and local) in Australia fund and support several other programs aimed at alleviating or preventing homelessness. Complementing the SAAP, the Crisis Accommodation Program (CAP) provides capital funds to either government agencies or non-government bodies for the purchase of housing and shelter for people who are homeless. The Emergency Relief Program (ERP) funds various community and welfare organizations so that they can monetarily assist families and individuals in short-term financial crisis. These groups also provide substantial resources of their own for a wide range of programs and practical assistance designed to help people who are homeless or likely to become so.

Two other programs, the Commonwealth-State Housing Agreement (CSHA) and Commonwealth Rent Assistance (CRA), provide housing assistance. The CSHA is mainly concerned with providing public housing assistance, and the CRA helps renters in the private rental market through the provision of funds for rent assistance. The Commonwealth also provides a limited number of tax incentives to encourage homebuying, either for occupancy or as



Selection from Australia's *Working towards a National Homelessness Strategy*

It is not acceptable for people in Australia to be homeless. Myths that link homelessness to personal flaws or bad choices must be dispelled. Homelessness is caused by structural factors such as poverty, an inadequate supply of affordable housing and unemployment. Personal factors such as poor health and disability will increase an individual's vulnerability to homelessness insofar as they reduce their access to income, housing and employment.

People may experience family, community or social isolation as a consequence of, or a precursor to, homelessness. In addition, people who are homeless are more likely to misuse substances and have contact with the criminal justice system. Some population groups are more at risk of homelessness than others because they experience more poverty, more unemployment and more restricted access to affordable housing.

The only way to reduce homelessness is by tackling the structural factors that produce it. This will require a concerted national effort. It is with this in mind that the Commonwealth has committed itself to developing a National Homelessness Strategy focusing specifically on

1. prevention,
2. early intervention,
3. working together,
4. and crisis transition and support.

Source: *Working towards a National Homelessness Strategy*. (2001). Commonwealth Advisory Committee on Homelessness Consultation Paper. Commonwealth of Australia. Retrieved November 14, 2003, from <http://www.housingjustice.org.au>

rental investment properties. For example, one's principal place of residence is exempt from capital gains tax when a property is sold, thus providing an effective tax break for owner occupiers (not the landlord).

The Commonwealth government also provides a range of social security benefits—for example, disability, unemployment, and the Youth Allowance, which is generally paid to full-time students aged between 18 to 24 years and to young people aged under 21 who are looking for employment opportunities. It also provides health and other welfare benefits that in many cases help prevent homelessness.

So do other policies and programs, such as those aimed at reducing drug abuse and crime and improving family relationships. On both the state and local levels, governments run a range of homeless-specific programs; they also provide financial and other assistance to community and charitable groups working in this area.

Youth homelessness has been specifically targeted through the Commonwealth's Reconnect program. Aiming to forestall homelessness, it emphasizes early intervention strategies and encourages vulnerable young people to "reconnect" with family, education, and training.

TOWARD A NATIONAL HOMELESSNESS STRATEGY

With Australia's homelessness prevention programs spread across three levels of government, there are frequent service duplications, gaps, and debates over funding and cost shifting. In May 2000, the Commonwealth government announced its plan to develop a National Homelessness Strategy—an effort to correct the ad hoc and fragmented nature of these programs, for which Australia's federal system of government is itself partly to blame. A key aim of the strategy is to develop a national framework that will enable a more holistic, systemic approach to resolving homelessness. The strategy has focused primarily on prevention, early intervention, and crisis transition and support.

Much still needs to be done. Many people remain on long waiting lists for access to public housing. Many who are eligible for SAAP services find their needs unmet. And the private rental market seems unable to provide affordable housing to many families and individuals on low incomes or welfare support. But the National Homelessness Strategy, if fully implemented and properly resourced, may well be a key factor in helping to reduce future instances of homelessness in Australia.

—Greg McIntosh

See also Sydney

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☐ AUTOBIOGRAPHY AND MEMOIR, CONTEMPORARY HOMELESS

The emergence of the “new homeless” in the United States in the early 1980s inspired a series of homeless-authored books in the 1990s—autobiographies and memoirs that are reminiscent of Jack London’s *The Road* (1907) and Tom Kromer’s *Waiting for Nothing* (1935). Like their predecessors, contemporary homeless writers are usually male, and their narratives are often episodic urban stories without significant plot development or closure. The male emphasis does not adequately reflect the diversity of the contemporary homeless population, and the few autobiographies by homeless women are usually collaborative efforts, strongly indicative of community ties. Homeless writers usually empha-

size class over race, gender, and sexual orientation. Empowerment plays a significant role in the subjectivity of homeless writers, and displacement often replaces the traditional emphasis on genealogy and nation. Rather than chronicling a list of achievements, or emphasizing their relationship to family or their position within a particular ancestral line, or exploring their citizenship in a particular city or even America itself, homeless authors usually limit their narrative to the experience of homelessness, their survival strategies, and people encountered in their daily experience.

AUTOBIOGRAPHY AS EMPOWERMENT

Some of these works also belong to other subgenres of American memoir, including the conversion narrative, the testimonial, and the travel narrative. Autobiography provides a voice for an underrepresented and disenfranchised segment of the population, offering “a way of testifying to oppression and empowering the subject through their cultural inscription and recognition” (Anderson 2001, 104). Writing is an overtly social and political act for homeless authors, and the process of creating the text can be as important as the content. In *Grand Central Winter*, Lee Stringer describes his first accidental attempts at prose as a revelation: “Pretty soon I forget all about hustling and getting a hit. I’m scribbling like a maniac; heart pumping, adrenaline rushing, hands trembling” (Stringer 1998, 15). *Grand Central Winter*—like the autobiographies of Joe Homeless, Lars Eighner, Bobby Burns, Timothy E. Donohue, and the women of *I Have Arrived Before My Words*—was written while the author was homeless. Writing gave Stringer a renewed sense of purpose after more than a decade of addiction and street life, and his documentation of it was the very means by which he made the transition to permanent housing.

The act of writing the “unhoused self” also seeks to normalize the homeless experience. Unlike sensational biographies and media articles, the autobiographies serve as an antidote to dominant cultural images of the homeless as “other,” images that tend to cast the homeless “in the mold of the grotesque” (Hopper 1993, 108). While the writers chronicle the pivotal



Excerpts from Four Autobiographical Stories of Homelessness

From Travels with Lizbeth

Day after day I could aspire, within reason, to nothing more than survival. Although planets wandered among the stars and the moon waxed and waned, the identical naked barrenness of existence was exposed to me, day in and day out. I do not think I could write a narrative that would quite capture the unrelenting ennui of homelessness, but if I were to write it, no one could bear to read it. I spare myself as much as the reader in not attempting to recall so many empty hours. Every life has trivial occurrences, pointless episodes, and unresolved mysteries, but a homeless life has these and virtually nothing else.

Source: Eighner, Lars. (1993). *Travels with Lizbeth: Three years on the road and on the streets* (p. ix). New York: Fawcett Columbine.

From Living at the Edge of the World

When I came to I was lying on the ground, my pants were down around my ankles, the guy was gone. I tried to sit up but it hurt and my neck was so painful I could hardly move my head. There were little bloody cuts around my thighs. Maybe from his hands, his nails digging into me.

Getting up was hard because I was so trembly and my legs were tangled in my pants. When I did manage to stand and get my clothes back on they were all wet. I think I must have peed in them. They felt cold and clammy.

I couldn't go to the cops. They'd have to take me into custody because being down in the tunnels is criminal trespassing, plus legally I was a runaway. I wasn't going to spend another three days eating bologna sandwiches in Central Booking.

Source: Tina S. & Bolnick, Jamie Pastor. (2000). *Living at the edge of the world: A teenager's survival in the tunnels of Grand Central Station* (p. 84). New York: St. Martin's Press.

From I Have Arrived before My Words

I would like to help others by letting them know that, if they are still alive today and have been through pain, they are blessed. Because they have a mission in life to find happiness and peace. To find a God of their understanding and go out and enjoy their life and to take one day at a time because can't nothing change what has happened in the past. The present can be so fulfilling as it has been for me.

Also, I have written my story for my children so that they may understand why I let my family raise them. So that they wouldn't be lonely growing up. So that they can see what kind of life I had and to make their lives better.

Source: Pugh, Deborah, & Tietjen, Jeanie. (1997). *I have arrived before my words: Autobiographical writings of homeless women* (p. 49). Alexandria, VA: Charles River Press.

From Grand Central Winter

I start off writing about a friend of mine. Just describing his cluttered apartment. How I kind of like the clutter. How it gives the place a lived-in look. How you can just about read his life by looking around

Pretty soon I forget all about hustling and getting a hit. I'm scribbling like a maniac; heart pumping, adrenaline rushing, hands trembling. I'm so excited I almost crap on myself.

It's just like I'm taking a hit.

Before I know it, I have a whole story.

Source: Stringer, Lee. (1998). *Grand Central winter: Stories from the street* (p. 15). New York: Seven Stories Press.

events in their lives, they also reveal the banalities of daily living. Joe Homeless writes, "The time of day and day of the week were really irrelevant to me, because each day was just like every other. I spent them all looking out the window, sitting on a piece of foam rubber by the radiator" (Homeless 1994, 97). Lars Eighner concurs: "I do not think I could write a narrative that would quite capture the ennui of homelessness, but if I were to write it, no one could bear to read it" (Eighner 1993, xi).

TESTIMONY

Autobiographies of homelessness often testify to the discrimination their authors face, and to the hardships and adventures of a transient life. They tell of police sweeps, abuses by doctors, shelter life, sleeping rough, trauma, addiction, and the indifference of the public. Despite this, most male writers resist the suggestion that they are writing on behalf of others; they often set themselves apart from the greater homeless community. Lars Eighner, for example, does not characterize himself as an advocate: "I do not pretend to speak for the homeless" (Eighner 1993, x). Many authors forgo both an overview of homelessness and a chronological life history, concentrating exclusively on the individual experience of displacement. Nevertheless, they may feel a tremendous

tension between their individual testimony and their obligation to serve as a witness for the rest of the homeless population. A notable exception is David Wojnarowicz's *The Waterfront Journals*, an obliquely autobiographical work of fiction. It is difficult to determine which of Wojnarowicz's monologues represent the author's experience as a homeless youth, and which are the stories of the people he met on the street.

HOMELESS WOMEN AND AUTOBIOGRAPHY

A number of biographers and ethnographers have focused on homeless women, most notably Jonathan Kozol in *Rachel and Her Children* (1988) and Elliott Liebow in *Tell Them Who I Am* (1993). The women's autobiographies that do exist are often collaborative efforts. They emphasize community and transformation, and they usually explore family relationships more deeply than male-authored narratives do. *Living at the Edge of the World*, an autobiography cowritten by Tina S. and Jamie Pastor Bolnick recounts Tina's life in the tunnels of Grand Central Station as a teenager and her descent into crack addiction. Tina's search for companionship initially attracts her to the homeless community: "Here, for the first time, I felt like I fit in" (S. and Bolnick, 2000, 24). Four years later—after being raped, incarcerated, and losing her friend to suicide—she finds a network of supportive adults who help her overcome her addiction and move into permanent housing. Tina's story is a testament to the power of these relationships.

Similarly, *I Have Arrived Before My Words* is a collaborative project that grew out of a writing workshop for homeless and incarcerated women. The workshop was initiated and led by Deborah Pugh and Jeanie Tietjen in Washington, D.C., as part of a WriterCorps arts outreach project, a collaboration between AmeriCorps and the National Endowment for the Arts. The five writers reflect upon their family histories and the factors that contributed to their displacement. They are empowered by the act of writing, and some hope to educate others. Dionne wants to write "a story so inspiring, so important to

turn peoples' lives around" (Pugh and Tietjen, 1997, 132) and Gayle wants "to help others by letting them know that, if they are still alive today and have been through pain, they are blessed" (Pugh and Tietjen 1997, 49). A number of biographers and ethnographers have focused on homeless women, most notably Jonathan Kozol in *Rachel and Her Children* (1988) and Elliott Liebow in *Tell Them Who I Am* (1993), but autobiographies by homeless women remain scarce.

RESEARCH DIRECTIONS

There are no significant academic studies of contemporary autobiographies and memoirs of homelessness, although they are commonly reviewed in popular media. The implications of these narratives for historical record and the study of autobiography have not been fully explored. The importance of the texts—as a voice for homeless individuals, as expressions of empowerment, and as testimonies about the homeless experience—should not be overlooked.

—Amanda F. Grzyb

See also Appendix 1: Bibliography of Autobiographical and Fictional Accounts of Homelessness

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B

▣ BANGLADESH

In a nation as socially and economically stratified as Bangladesh, homelessness has serious physical, social, and economic repercussions. The systemic issues that cause homelessness in Bangladesh stem from its large, overcrowded population, pervasive poverty, rapid urbanization, and vulnerability to natural disasters. The 2001 census counted the national population at 129.24 million. In a country of 147,570 square kilometers, this yields a population density of 876 persons per square kilometer—among the highest in the world (Bangladesh Bureau of Statistics [BBS], 2001). According to *Human Development Report 2002*, Bangladesh ranks 145th among 174 countries on the human development index, or HDI. This measure of human misery is based on per capita income, literacy rate, and longevity. Due to rapid urbanization, the capital city of Dhaka has been forecast to become the world's sixth-largest megacity in 2010, with a projected 18.4 million inhabitants (United Nations 2001, 11). A dismal nationwide shelter deficit has also greatly contributed to homelessness. This shortage was estimated in 1991 at about 3.1 million units, with about two-thirds of the deficit in rural areas and one-third in cities.

DEFINITION OF HOMELESSNESS

Homeless people in Bangladesh are often referred to as the “floating population” or “rootless people”; in

urban areas, they are also called “pavement dwellers.” Central to the official census definition of this floating population (in both urban and rural areas) is its rootlessness—a state that includes the vagrant, the displaced, the landless, and people exposed to the risk of total economic deprivation. The Bangladesh Bureau of Statistics (1999, 4) defined rootless people as those in any of several circumstances. First, the term encompasses landless people whose losses even include their traditional family homesteads (ancestral home) through such processes as the gradual subdivision of meager land among large family members. Second are the landless who have lost their land and homestead for political, economic, or social reasons. In the third category are abandoned women, the population affected by river erosion, and people flooded from their homes, as well as the population driven out of their own homestead areas by an unscrupulous land-grabbing “mafia.” As for urban areas, the *Census of Slum Areas and Floating Population 1997* offered this definition: “Floating population are the mobile and vagrant category of rootless people who have no permanent dwelling units . . . [who] are found on the census night . . . in the rail station, launch *ghat* (terminal), bus station, *hat-bazaar* (market places), *mazar* (shrine), staircase of public/government buildings, open space, etc.” (BBS, 1999, 4).

In all its various rural and urban manifestations, homelessness in Bangladesh generally means human loss in three areas (Ghafur, 2002a): “rooflessness,” or

loss of shelter against the elements of nature; “rootlessness,” or loss of the identity, privacy, comfort, and protection enjoyed by housed people; and “resourcelessness,” the erosion of one’s endowment base—the resources needed to sustain life on a daily basis. Resources include a small kitchen garden in which to grow vegetables, a small pond/courtyard that is used to raise poultry and livestock, and alternative spaces that are used for home-based income generation.

RURAL HOMELESSNESS

About 76 percent of Bangladesh’s population lives in rural areas, including both the landless and the rootless. Anyone who owns less than half an acre of cultivable land is considered functionally landless in Bangladesh. When poor people lack access to homestead land, two types of rural homelessness result (Rahman, 1993). “Squatter homeless” people occupy rural public land to which they have no legal right of occupancy, often building a flimsy shelter there. “Dependent homeless” people, on the other hand, take shelter on a landlord’s property, or perhaps live in a corner of the landlord’s own house. They are thus dependent on the charity and goodwill of solvent landlords, who in return usually demand hard labor in their domestic or agricultural work.

Rural homeless households—those with no homestead or cultivable land—are estimated at about 5 percent of all the nation’s households. Poverty among the rural landless is pervasive; an estimated 66 percent of 1,013,037 landless rural households are chronically poor. Not only do their sheer numbers constitute a serious problem, these rural homeless affect the urban picture as well. A large number of this category will eventually migrate to major cities, especially Dhaka, in search of income, and will add to the existing urban homelessness there.

URBAN HOMELESSNESS

Two basic types of homelessness can be observed in major cities in Bangladesh (Ghafur, 2002b). “Extreme homelessness,” the most visible, is based

on the narrow physical criteria of rooflessness; it refers to situations where people live in streets or other public spaces without a permanent residence or shelter of their own. They are often called “pavement dwellers,” “street dwellers,” or “destitute”; all these terms imply floating status for day-to-day survival. The *Census of Slum Areas and Floating Population 1997* (BBS, 1999) estimated Dhaka’s “extreme homeless” at 14,999; another 32,078 were counted in 118 other cities and towns collectively. That this estimate is very conservative is revealed by an ARISE study that found 445,226 street children in the six largest cities in Bangladesh (DSS, 2001)—75 percent of these in Dhaka alone.

“Passive homelessness,” the second type, refers to those who may technically have a roof over their heads, yet suffer the loss of identity, privacy, and comfort that adequate shelter provides. Squatters living illegally in public or private land are a prime example. In several recent studies, squatters in Dhaka have been found to vary between 10 and 24 percent of the total city population. Other notable groups in this category are abandoned children and orphans, brothel-based sex workers, trafficked women and children, and housemaids and servants charged with child care in wealthy households. Passive homelessness is not a fixed state; an act of eviction by the state or a vested interest group, for example, can easily demote people from the passive to the extreme category. Under favorable conditions, created mainly by supports from nongovernmental organizations, people can also expect to rise out of this type of homelessness.

OVERCOMING HOMOGENEOUS REPRESENTATION

Access to a home offers its dwellers a setting for daily household production, family life, and social identity. Living under male-dominated gender relations, Bangladesh’s poor women do not inherit paternal properties that are usually allocated to male siblings in accordance with social and religious norms. Moreover, women get a smaller share of their husband’s property after they become widows. In addition, poor women are often divorced or

abandoned by their husbands during economic hardship. People become homeless for a variety of reasons—poverty, patriarchy, or natural and human-made disasters—and their stories and circumstances may vary widely. Yet those who are housed tend to perceive the homeless as a homogeneous group. Bangladesh’s censuses, policy documents, research reports, and media tend to treat homeless people as a faceless group of “others,” without making any helpful distinctions as to age, gender, or type—extreme or passive, for example. The typecasting of homeless people as “victims of their own fate” abandons them as footloose pariahs in a context where housing deficits are huge, and their chance of gaining access to meager resources remains remote.

Homeless people vary in their degrees of rooflessness, rootlessness, and resourcelessness; they differ in their access to the means of shelter, social identity, and daily subsistence. To become more effective, Bangladesh’s current and future policies and actions to eradicate homelessness should overcome this tendency toward homogenous representation.

—*Shayer Ghafur*

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▣ BOMBAY

See Mumbai

▣ BOSTON

Boston has a long-standing tradition of providing emergency services for homeless persons. In operation for more than thirty years, Pine Street Inn is the oldest and largest shelter for adults in New England, while Rosie’s Place (opened in 1974) was the first shelter in America dedicated to serving homeless women. Only two mayors have served in City Hall during the twenty-year period of 1984–2004, Raymond Flynn and Thomas Menino. Under both administrations, the City of Boston has maintained a commitment that no homeless individual or family will be left “without a bed, without a meal, without medical care, without opportunity and hope.” To meet the annual increase in demand for shelter each winter, temporary overflow shelters have been created and additional beds have been funded in permanent shelters.

SIZE AND SCOPE OF HOMELESSNESS

No research methodology has been able to accurately enumerate the homeless population. Estimating the size of this population in the United States and in any particular city has been a contentious problem, hampered by the geographic and temporal transience of homeless persons, as well as daunting logistical difficulties with sampling techniques. Nationally, numbers have ranged from 250,000 to 3 million homeless (Burt and Cohen 1989; Kuhn and

Culhane 1998) on any specific night; some estimate that 13.5 million Americans have experienced “literal” homelessness at some period in their lifetimes (Hoombs and Snyder 1982; Link et al. 1994).

The City of Boston believes that accurate numbers are critical to a comprehensive approach to ending homelessness. Services can be better coordinated, and homeless persons can be moved beyond shelter when providers and policymakers have an integrated approach that includes street outreach, emergency shelter with food and clothing, accessible health care, transitional programs for those suffering from mental health and substance abuse issues, and most importantly, the creation and maintenance of affordable and safe housing.

While there are no comprehensive, exact numbers for the number of homeless persons in Boston during the entire year, the city’s Emergency Shelter Commission conducts an annual single night census on the second Monday of December. The census began modestly in 1983, with a street count conducted by six volunteers over a two-week period. The census has grown considerably and now utilizes more than 250 volunteers, under the direction of the mayor, who gather at City Hall at 9:00 p.m. and then scour the city until 2:00 a.m. on a single night.

This annual census has served as a useful barometer for noting trends in Boston’s homeless population and helping to guide both city and state policymakers. Boston’s homeless population has grown by over 40 percent in the past decade, with a single night count increasing from 4,441 in 1992 to 6,210 in 2002. The number of homeless children showed the most dramatic growth, increasing over 70 percent in ten years, from 800 to 1,367. The number of women grew by almost 60 percent during the decade, from 989 in 1992 to 1,572 in 2002. While the number has risen only 25 percent in the past decade, homeless men remain the largest subgroup of Boston’s homeless population. The 3,271 homeless men in the 2002 census comprised 53 percent of the total homeless population (Emergency Shelter Commission 2002).

The homeless census on December 9, 2002, conducted on a chilly and windy night with a tempera-

ture of 19° F, counted 6,210 homeless men, women, and children in Boston. This represented an increase of 3.4 percent from the total of 6,001 in 2001. The number of families in shelters, motels, and domestic violence and transitional programs was 2,328, an increase of 8.3 percent from 2,149 the previous year. Women represented the fastest growing segment of the homeless population, increasing 10 percent from 1,427 in 2001 to 1,572 in 2002 (Emergency Shelter Commission 2002).

A single night census is a “point in time” methodology and has several limitations. In particular, the number of people who are literally homeless in Boston during a year remains unknown. In addition, this strategy is unable to provide information about the city’s “hidden homeless,” those who are living in poverty and struggling to survive by living doubled up with family or friends.

As a complement to the single night census, the citywide Boston Health Care for the Homeless Program (BHCHP) reviewed the demographics and health care utilization patterns of the 6,311 unduplicated homeless persons who received direct health care services during the calendar year 2000. BHCHP provides health care services but does not see all homeless persons in the metropolitan area. The number of persons who experience literal homelessness during the course of a year is certainly much larger than 6,311, and the best available estimates suggest that the number of persons in Boston who suffer homelessness at some time during the year is between 12,000 and 15,000.

BHCHP had over 36,000 encounters with these 6,311 unduplicated individuals during the year. The information gleaned from these encounters helps us understand the demographics of homelessness in Boston. More men than women were served (4,269 men and 2,042 women), consistent with the demographics of the homeless populations of most cities. The age range of the BHCHP population is broad, and included over 300 children under the age of 13 and over 200 persons age 65 or older. Six hundred and twenty-eight adolescents and young adults received care, while the largest age groups included 3,231 persons from age 25 to 44 and 1,915 individuals from age 45 to 64. The demographics of the

homeless population served by BHCHP reflect the population of the City of Boston as a whole, as seen in the following table:

Table 1. Ethnicity of Homeless Population Served by BHCHP

| <i>Ethnicity</i> | <i>No. Patients</i> |
|-------------------------|---------------------|
| Unknown | 737 |
| Asian | 58 |
| Black, born in U.S. | 1,735 |
| Black, not born in U.S. | 242 |
| Hispanic | 1,043 |
| Native American Indian | 37 |
| Other | 133 |
| Pacific Islander | 3 |
| White, not Hispanic | 2,323 |
| Total | 6,311 |

Multidisciplinary teams of doctors, nurse practitioners/physician assistants, nurses, and mental health clinicians form the critical core of the BHCHP service delivery model. These teams are firmly embedded in the mainstream of Boston's medical community and conduct primary care clinics at academic medical centers. The teams venture to over seventy community and outreach sites in the metropolitan Boston area to provide direct care services, including adult and family shelters, soup kitchens and day centers, homes for victims of domestic violence, motels and hotels, detoxification units, and methadone clinics. A racetrack team serves migrant and homeless workers who live in the barns and labor on the backstretch of two thoroughbred race-tracks. A street team joins the local shelter teams, using an overnight rescue van to deliver primary and episodic care to Boston's "rough sleepers" who eschew shelters.

SERVICE DELIVERY

The Boston Public Health Commission's Homeless Services Bureau provides a continuum of services that include shelter, health care, job training, transitional housing, substance abuse counseling, and education. The nonprofit Friends of Boston's Homeless

works in partnership with the Homeless Services Bureau on a variety of programs. The Friends of Boston's Homeless services range from Project Soar, which provides supportive, transitional housing, to Project Lighthouse, an adult education and literacy program. Serving Ourselves, another Friends program, offers work experience, employment training, and job placement. The Farm at Long Island Shelter—a four-acre organic farm on Long Island in Boston Harbor—provides work experience and training in food production and culinary arts.

As noted above, medical, psychiatric, dental, and nursing care, in addition to case management and benefits assistance, are the services offered by the Boston Health Care for the Homeless Program. The program operates the Barbara McInnis House—a ninety-bed facility offering short-term medical and nursing care for homeless persons who would otherwise require costly acute care hospitalizations or endure high risk in the shelters or on the streets of Boston.

Community organizations serving specific populations include the Committee to End Elder Homelessness, which provides housing placement and support for homeless elders, and Bridge Over Troubled Waters, an agency that offers counseling, medical care, career development, and transitional living programs for runaway and homeless youth. The Paul Sullivan Housing Trust—the housing arm of the Pine Street Inn—has developed more than 300 housing units for the chronically homeless.

OVERVIEW

The 2002 annual census in Boston offered an interesting glimpse into the remarkable and often hidden burden of acute and chronic illness among the homeless population. This population lives in abject and persistent poverty, which is a powerful social determinant of poor health. As the 2002 report showed, on the night of the census, 23 individuals were in emergency departments, 184 in acute or chronic care hospitals, 292 in detoxification units, and 325 in mental health facilities. In a real sense, homelessness is a public health emergency, and the costs of homelessness to our society are indeed staggering.

—James J. O'Connell and Stacy E. Swain

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▣ BOWERY, THE

The Bowery is a major street that runs south to north for about a mile from Chatham Square to Copper Square in lower Manhattan. The major cross streets from south to north are Canal, Delancey, and Houston. One of the oldest in the nation, it is the street most associated in the public mind with homelessness, and from the late 1870s into the 1970s, it was “home” to many of the homeless in New York City. The Bowery as a skid row in the twentieth century included not just the street itself but also several side



The garden on the corner of Bowery and East Houston Street in New York City, October 2003.

Source: Karen Christensen; used with permission.

streets to the east and west, which at times housed institutions and organizations that served the homeless, such as the men's and women's municipal shelters. The Bowery's importance in the history of homelessness goes beyond its role as a major skid row. It has been a major venue for a considerable amount of research on the homelessness dating from the late 1800s and continuing into the 1990s.

HISTORY OF THE BOWERY

The Bowery (the name is derived from the Dutch word *bouwerij* meaning “farm”) began as Bowery Lane, the major road out of New Amsterdam after the Dutch founded their New World colony and, beginning in 1626, granted large plots of land adjacent to the road to wealthy landowners to induce them to settle in New Amsterdam. The largest plot went to Petrus (Peter) Stuyvesant in 1651. His farm colony became known as Bowery or Stuyvesant Village. When the English displaced the Dutch and established New York in 1664, they maintained the farms and in 1673 renamed Bowery Lane the Boston Post Road, noting its role as part of the route from New York to Boston. But the name Bowery stuck, and it has been called that ever since. It remained a mainly country lane of houses, farms, and small shops for nearly 100 years. In the 1760s, the road began to attract a rougher crowd and was the site of foot racing and horse racing, dog fighting, and cock fighting.

The first major transformation began in the 1750s and continued into the next century as the large estates bordering the Bowery were subdivided and sold off, with houses and shops replacing farms. The Bowery became a major retail street, and by the early 1800s, the southern end became part of the immigrant slum centered in the Five Points. In 1826, the Bowery Theater (the largest in the nation at the time) opened, followed later by the Park and Chatham Theaters. The Bowery population shifted from the wealthy to the middle class to workers and poor European immigrants over the century and, by the 1850s, was associated in the public imagination with a working-class lifestyle and nativism, especially in regard to conflicts with recent arrivals from



Unexpected Attention for the Bowery

As the excerpt below demonstrates, urban gardening in New York City takes place in the most unlikely of spots:

Fed up with government inaction, in 1973 an impassioned artist named Liz Christy and a band of like-minded activists called the Green Guerillas began taking over abandoned lots of Manhattan's Lower East Side. Armed with bolt-cutters and pickaxes, they conceived of themselves as strike force to liberate the crumbling landscape around them. They founded their first garden on the corner of Bowery and Houston, where a few months earlier a couple of bums had been found frozen to death in a cardboard box. "You could not have picked a more unlikely place to start a garden," recalls Bull Brunson, an early Guerilla. "At the time, there were still all these men lined up along the Bowery drinking wine and panhandling. To put a garden there—in what was probably the ultimate slime spot in the city—that was unheard of." It was also, in the eyes of many bureaucrats, illegal. Although the Guerillas initially got permission to clean the lots, the City

later accused them of trespassing and threatened to boot them off the land. But after a media blitz, when Christy and her compadres brought in TV cameras to show how they transformed the lot—creating soil with nothing but sifted rubble and compost—the City backed down and offered them a lease in 1974.

The Liz Christy Bowery-Houston Community Garden, as it later became known, was a lightning rod for do-it-yourself greening, inspiring passersby to create similar plots in their own neighborhoods. The Guerillas held training sessions and set up a phone line so people could call to find out where to get free plants and trees. They also lobbed "seed Green-Aids"—balloons or Christmas tree ornaments stuffed with peat moss, fertilizer, and wildflower seeds—into fenced-off lots and along highways and street meridians across the five boroughs.

Source: "Modern Research Tools Help African Americans Trace Their Roots." American News Service, August 19, 1999.

Ireland. The Bowery Boys and Gals, Mose (an urban Paul Bunyan), and gangs such as Bowery Boys and Atlantic Guards drew attention to the Bowery and beyond.

The emergence of the Bowery as a working-class enclave was accompanied by the demise of the Bowery as an up-market residential, shopping, and entertainment district. As the city expanded north, it took its wealthier residents and businesses with it. By the 1860s, the Bowery was New York's primary locale for down-market entertainment—saloons, beer gardens, amusement halls, dime museums, street vendors, and oyster houses. Its location near the harbor made it a regular stop for many sailors. By the 1880s, it had become a tourist attraction, with "uptowners" and out-of-towners eager for a look at McGuirk's Suicide Hall, Steve Brodie's saloon, fake opium dens, and political boss "Big" Tim Sullivan.

The Bowery emerged as a home for the homeless in the 1870s, as many of the post-Civil War homeless in the city found their way to the low-cost housing on the Bowery. In 1873, the YMCA opened a branch on the Bowery, the first lodging houses

opened the following year, and the Bowery Mission opened in 1879. In 1878, elevated railroad tracks were erected over the sidewalks, making the street unattractive for pedestrians. In 1890, the Salvation Army opened four facilities, and by 1900, there were 100 lodging houses lining the street. The living facilities were soon neighbors to labor halls, secondhand stores, cheap restaurants, pawnshops, brothels, and saloons. In 1916, the Third Street El (elevated railroad tracks) was built over the street itself, blocking out sunlight (until removed in the early 1960s). The population was composed almost entirely of men, including those who lived there year-round, day laborers, hoboes, and tramps. The Bowery existed in the center, of but was not really part of, the crowded tenement communities of Chinatown to the south, Little Italy to the west, and New Israel to the east.

POPULATION GROWTH AND DECLINE

For the first fifty years of the twentieth century, the Bowery was a major skid row; perhaps smaller than those in Chicago, St. Louis, and San Francisco, but



The Bowery on a Sunday morning in October 2003 shows little sign of the skid row culture that defined the street for much of the twentieth century.

Source: Karen Christensen; used with permission.

better known to the public. The lodging houses, restaurants, bars, work halls, barber colleges, and secondhand clothing stores served the poor who lived there year-round and the seasonal residents. The population increased in winter and during hard economic times. Bowery institutions such as Tomato Mary's bar, Uncle Sam's Lodging House, and the *Hobo News* were known to traveling people across the nation.

Several surveys give a fair sense of the growth and decline of the Bowery's population during its skid row period:

| | |
|--------------|------------|
| 1890s–9,000 | 1966–5,406 |
| 1907–25,000 | 1971–3,000 |
| 1914–25,000+ | 1979–2,000 |
| 1930–75,000 | 1983–3,500 |
| 1949–13,675 | 1987–1,000 |
| 1964–7,611 | |

As these figures show, the Bowery, like other skid rows across the nation, began to disappear after World War II when economic expansion, social welfare programs, and veterans' benefits reduced the number of homeless. The population was not only fewer in number but also older and getting older still and less transient. Those who left in the summer for seasonal work often went to the Catskills to work at the summer resorts. In the 1960s, the population changed further with an increase in the number of

homeless African-American men and in the number of drug addicts. By the early 1970s, long-time residents were complaining that the Bowery was now too violent and unsafe.

As the population decreased, so too did the number of skid row establishments. The *Hobo News* went under in 1948 and was replaced by the short-lived *Bowery News*. All the barber colleges were gone by the early 1970s, as were most of the clothing stores and cheap restaurants. In 1973, there were 20 lodging houses and 16 bars; in 1983, 15 and 5; and in 1988, 9 and 2. By the 1990s, most signs of skid row life were gone, with the Bowery below Delancey Street being absorbed into Chinatown and the stretch north of Delancey becoming home to numerous lighting fixture stores and wholesale restaurant equipment outlets. New York still had a homeless population that numbered in the tens of thousands, but few were on the Bowery.

THE BOWERY TODAY

Nonetheless, remnants of the old Bowery remain. Several lodging houses had been converted to tourist hotels. The Pioneer, which claims to be the oldest hotel in the city, now operates as a low-budget tourist hotel. The Whitehouse, on the upper Bowery, builds on the Bowery name to attract a new clientele; according to its website (www.whitehousehotelofny.com): "Located on New York's famous Bowery, the Whitehouse was a well known 'Lodging House' providing housing accommodations to New York's working class close to 100 years ago. Today, the unique charm of the Whitehouse has been preserved to capture the 'feel' of yesteryear, but the property has been upgraded for the modern-day traveler." And the Bowery maintains its presence as an entertainment street with the Amato Opera Company, Bowery Ballroom, and the Bowery Lane Theatre.

—David Levinson

See also New York City; Skid Row Culture and History

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▣ BRAZIL

To understand homelessness in Brazil, one must consider some of the systemic forces behind the nation's wide social disparities. Grinding poverty and misery coexist with great industrial wealth; 20 percent of the population is extremely poor, while 1 percent is extremely wealthy. Millions of people live in unbearable conditions in cities, in high-risk areas on riverbanks, in slums, or in *favelas*—makeshift settlements on urban outskirts. Thousands of abandoned children live on the streets, public health and education provisions are grossly inadequate, and landless peasants suffer frequent violence. Homelessness is just one aspect of this broad context of poverty.

During the last twenty years, poverty levels have exploded along with the urban population. Thus, the homeless have become a dramatic feature of the Brazilian urban landscape. In major cities such as São Paulo, Belo Horizonte, Porto Alegre, Rio de Janeiro, Brasília, and Salvador, their numbers are increasing, and so is their visibility; cardboard houses, blue plastic tents, and other improvised dwellings are often found in public spaces.

The rise of homelessness in Brazil is due to a multiplicity of factors. One of the fundamental elements is the low economic growth, which has brought about a growing unemployment rate. For some, a criminal record is an ever-present obstacle to a stable job. Homelessness also results from internal migra-

tion as people move from rural areas to the main Brazilian metropolis. Family disruption and substance abuse are often linked with these factors. When such trends are compounded by personal crises, the chronically poor are often forced to move their lives to the streets. This has become their only means to material survival.

SURVIVAL STRATEGIES ON BRAZILIAN STREETS

On the streets of Brazilian cities, the homeless have developed a variety of ways to resist helplessness and attend to basic human needs. One of the most pressing daily problems, of course, is to find a place to stay, to create a makeshift habitat or sleeping arrangement that provides some sense of personal space and physical protection. The results of this creative practice are fully apparent on Brazilian streets.

Also apparent are their income-generating strategies. These vary from city to city, but the homeless recycler is a familiar figure in the urban Brazilian landscape. Rescuing discarded materials and products, the homeless recycler navigates the city daily, often pulling a wooden wagon or other cart through dense traffic, sometimes under difficult tropical weather conditions. It is very hard work. Many follow set routines and routes as they sort items and load their wagons. Their routes always lead eventually to a recycle center or cooperative. Here, the recyclers disassemble products to extract components for resale; materials are reintegrated into the productive cycle. The cooperative is a collective project managed and organized by the recyclers themselves, many of whom are no longer homeless. In fact, the cooperative represents an impressive movement of social solidarity. Throughout Brazil, there is an informal economy built on the reuse of waste, with a variety of recycling strategies used by homeless people to help generate some income.

Other survival strategies pursued by the Brazilian homeless including panhandling in public spaces, peddling small goods at street corners, loading trucks, serving as nonofficial security guards for parked cars, and many other informal, very low-paying odd jobs.



A Street Child in Porto Alegre, Brazil

The life of a street child in Brazil is poignantly and painfully portrayed in this excerpt from Ideas Forum, a UNICEF publication.

As I crossed the main central city intersection, I noticed a crumpled and ragged figure crouching on the curb on the opposite corner. He was rubbing his eyes and spitting into the gutter. Filthy and alone, he was a candidate for abandonment to be sure!

He appeared to be about 7 years old (he was actually 11), and as I approached him, he stood up and came to see me with the sad countenance and outstretched palm of the trained street kid who learns to inspire pity if his begging is to be successful. He limped and stooped slightly to add legitimacy to his performance. Instead of paying off the boy and my conscience, I spoke a few words to him and settled on the curb myself. After carefully assessing me, he joined me.

I guess I had heard his story of Bogota, San Jose, Managua, Mexico and Lima a thousand times before—moved from the country to the city, father left, mother took up with one and then another stepfather, the latter of whom had beaten the living daylight out of him, no food at home, seven brothers and sisters (he was the oldest boy), a final fight in the slum shack of a home, tears, kicking, blood . . . and he was out! But what was little Luis Carlos doing in downtown Porto Alegre!

"I had no place to go once I left the vila [neighborhood]. Nobody gives a damn there about the son of a whore who's been booted out of the home. There are lots of us. The only person I still have in the world is my father; he'd never turn me away; he's a good guy and he works down

here somewhere in one of the plants or on the docks or something."

"But your father left you and your family. How long ago was that?" I countered.

"Oh, Paizinho took off about five years ago, but he had to then. He couldn't get work and we kids were driving him crazy. But he's been back to visit us, and he's told us to look him up if ever any one of us boys gets into trouble."

Good Lord, I thought, what had I come upon—the classic collage of every little kid's life I'd ever known. I suggested we continue our talk as we moved towards a food vendor who was still open near the central park, and I asked myself why Luis Carlos had not been invited to our banquet: there had been far too much food there. Like a piranha he devoured something that resembled a cheese sandwich and a chunk of tough beef, talking all the time—about how he's gone to school but had dropped out of grade one after the third trying in order to work and look after his little brothers and sisters, how he'd been beaten up and had his quota stolen several times by the older kids of his vila, and how his mother needed an operation and was always crying, how he slept on the floor, how the roof leaked, how the house stank, etc., etc. On and on he plunged into the dark past of his 11 years on an unfriendly planet, not resentful of what life had done to him, just wishing things had been and would be better. He was going to find his father, and that would cure everything. He would never go back home to the vila—never.

Source: Tacon, Peter. (1984). "I know my father's here somewhere." *Ideas Forum* 18, 5. UNICEF.

HOMELESSNESS: SCOPE, RESEARCH, AND ACTIVISM

Homelessness issues have not received systematic attention in Brazil, despite efforts by some politicians, scholars, and activists. A fairly accurate homeless census is critically important for any nation's policymakers and homeless service planners, but Brazil lacks such nationwide data. According to the Brazilian Institute for Geography and Statistics (IBGE), the nation's entire population was counted at 169,799,170 in the year 2000. Approximately 34 percent lived below the poverty line, defined as income of less than ninety-eight *reais* a month

(about US\$33), according to the National Household Sample Survey (1999) and the Ministry of Social Security and Assistance (2002).

Political and religious activism on behalf of homeless people is increasing all over the country. In the absence of a national strategy, this activism has become a key factor in changing the level of public consciousness related to the homeless in Brazil. Activists confront the anti-homeless policies and attitudes around the nation, and provide information to help generate at least a minimum of planning and services to address the needs of the homeless population.

With the growing number of homeless people,

government agencies have embraced joint initiatives with universities, businesses, non-governmental agencies, and churches. Among these partnerships is the Solidarity Community Programme, which develops literacy, job training, and health programs that attempt to break the vicious cycle of poverty and homelessness.

—*Maria Cecília Loschiavo dos Santos*

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A homeless Brazilian teenager and her child in Recife, Brazil, in 1992.

Source: Bill Gentile/Corbis; used with permission.

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▣ CALCUTTA

The “homeless” of Calcutta do not necessarily think of themselves as literally homeless; their habitat is a place of belonging on a particular city street or a colony of neighbors where being poor does not necessarily mean being without a home. Given the estimate that nearly half of the population would be considered “homeless”—because they sleep on the streets or in makeshift shelters—perhaps homelessness needs to be nuanced and redefined as virtual.

CITY OF CONTRASTS

Calcutta, the capital city of West Bengal, India, is located on the east delta bank of the Hooghly River, a branch of the Ganges. The former capital of British India (1772–1912), Calcutta has the nation’s largest metropolitan area, but retains its international reputation as the “problem city of the world” (Moorhouse 1974)—a microcosm of India and the Third World.

Calcutta has a growing population of over 14 million. Approximately a million of these sleep on the streets. As many as 5 million residents live in makeshift cardboard or bamboo-thatched habitats. Another 5 million are considered “slum dwellers.” The remaining 3 million live relatively well in homes and apartments in Calcutta.

Paradoxically, Calcutta was once the richest and

most important cities in India. A city of palaces, an intellectual, cultural, and commercial capital, Calcutta is a monument to the faded glory of the Raj, British India. From 1599, when the British established “a quiet trade” with India through the East India Company, Calcutta was considered an imperial city of the British empire. In 1912, Calcutta ceased to be the country’s capital, though British fortunes could still be made for another two or three decades of political and economic domination. Even today, Calcutta has a prosperous side. Most people work to make a living. Universities educate the young. Businesses succeed. Culture inspires. Five-star hotels and restaurants exist for tourists. Calcutta has many foreign banks, several chambers of commerce, and a stock exchange. The city serves as the major educational and cultural center of India, catering to a growing cosmopolitan population.

CITY OF REFUSE

More than most urban centers, however, Calcutta has an acute housing shortage. In addition to densely populated public and private housing units, there are hundreds of *bustees*, or slums, where about one-third of the city’s population lives. (*Bustees* are officially defined as “a collection of huts standing on a plot of land of at least one-sixth of an acre GAIA” [n.d.]). The majority of these huts are



Homeless people asleep in the streets of Calcutta c. 1950.

Source: Steve Prezent/Corbis; used with permission.

tiny, flimsy, unventilated, unfinished, single-story rooms with few sanitary facilities and little open space. In part, because of *bustees*, ecological congestion and air and water pollution remain a medical and environmental crisis in the city.

The weather in Calcutta exacerbates the poverty and disease. Though it is warm enough for the masses to sleep on the streets in winter without freezing to death, exposure to disease and unsanitary conditions continue to put millions at medical risk. The summer monsoon season lasts four months and creates a unique challenge: Huge shafts of water threaten to flood the homeless from the streets. As Geoffrey Moorhouse describes it: “Calcutta before the monsoon means being soaked with sweat after walking a slow fifty yards; it means not having an inch of dry skin except in air-conditioning.” When the monsoon breaks in June, there is a torrent of water and fierce thunder. “The streets are awash, the motor traffic is stalled, the trams can no longer move and only the rickshaw-pullers keep going

through the floods, up to their knees and axles in water” (Moorhouse 1974, 25). As the storms rage and the river floods, the city becomes a breeding ground for malaria and other diseases that thrive on moisture.

Begging is a way of life in Calcutta. Streams of open-handed and crying children greet visitors at Dum Dum International Airport. At a hotel, an old man with a wooden leg and downcast eyes and an outstretched bowl may approach the newly arrived. A seemingly starving young woman may thrust her crying child into a visitor’s face. There are beggars who are horribly mutilated, and those who are professional and cunning, in this “city of refuse.”

CITY OF JOY

Calcutta is not only a “city of refuse” but also, simultaneously, a “city of joy.” Everywhere on the streets of the city, there is shocking poverty—and the

extraordinary compassion of those who seek to relieve human suffering. Thousands of destitute people, many on the threshold of death, can be found near the train stations and under Howrah Bridge. “Being unwanted,” said Mother Teresa, “is the greatest disease of all. This is the poverty we find around us here. The hunger is not so much for bread and rice, but to be loved, to be someone” (cited in Christensen 1988, 36). Yet, as a visitor literally steps over and round the masses in the daytime, dodging the shabby rickshaws and careless taxis that pollute the streets, amid the exotic smells and arid fumes that permeate the city, there is another reality present: what Mother Teresa and her sisters called the “city of joy.” Inside the cardboard boxes and thatched huts, there are loving families who struggle together to make life meaningful, who conduct their business on the pavement, where they play and quarrel, cook and bath, shave and get their hair cut by neighbors and in the company of friends.

Hundreds of hospitals, private clinics, and free dis-

pensaries serve the Calcutta region. Additionally, the Roman Catholic Order of the Missionaries of Charity, founded by Mother Teresa (recipient of the Nobel Peace Prize of 1979) in 1948, works on the streets and cares for those Jesus called “the least of these” (Matthew 25:40), namely: “the poor, the lame, the maimed, the blind” (Luke 14:21). Many who are diseased and neglected, rejected and unable to care for themselves, or simply discarded or abandoned are often rescued by a member of the order and taken to a place of refuge. Since 1948, Nirmal Hriday, alongside Kali’s Temple at Kalighat, has been such a place, and now is one of several dozen homes for the dying, for lepers, or for abandoned infants. A sign at the entrance to Kalighat reads: “The greatest aim in human life is to die in peace with God.” What the Missionaries of Charity try to do is simply to offer loving attention, nurturing a dying victim back to health, or helping him or her die with dignity. “We let the one who has lived like an animal die like an angel,” Mother Teresa often explained (1983, 5). (For her devotion to the “poorest of the poor,” Pope John Paul II beatified Mother Teresa on 19 October 2003, paving the way toward sainthood for her.)

At Howrah House, where sick and abandoned babies are cared for, volunteers hold and feed infants their breakfast of chopped-up eggs, change diapers, and walk children around the room to help them regain their strength. Despite their bloated stomachs, balding heads, and open sores from malnutrition, the children are visibly responsive to human touch. Most will recover and be adopted.

The Roman Catholic Order of the Missionaries of Charity and their international network of volunteers are the most visible among those humanitarians who care for Calcutta’s destitute. Most hospitals and social institutions, already overwhelmed, do not admit those Mother Teresa called “the poorest of the poor.” Even so, the Missionaries of Charity are a controversial social service agency because of their devout religious convictions, their objection to becoming a professional medical service provider with modern equipment, and their mercy and relief rather than public policy and community developmental approach to Calcutta’s systemic social ills (Hitchens 1995, 38).

VIRTUAL HOMELESSNESS AND A VIRTUAL FUTURE.

Both individual compassion and corporate community development are needed in Calcutta to revitalize the city where millions are virtually homeless. Other cities in India—Mumbai (Bombay), Chennai (Madras), Bangalore, and New Delhi—have been modernized and are going “global.” Calcutta, for various reasons, retains both its reputation and reality as India’s nightmare city. One new global experience is the presence of a cybercafe in the immediate neighborhood where Mother Teresa’s work began. Perhaps the global future of Calcutta has been entrusted to the young entrepreneurs in the neighborhood who know how to connect their impoverished urban ghetto to international culture, commerce, and virtual reality. Indeed, as globalization continues to impact the most impoverished neighborhoods of the City of Joy, the youth of these communities find themselves connected by the Internet to peers and mentors around the world with whom they have more in common than with their own indigenous culture.

—Michael J. Christensen

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▣ CANADA

With a population of 30 million, Canada has 11 million households, most of which now live in urban areas: With the growth in the country’s urban population, driven in good part by both internal and exter-



A protestor is carried off by police at a demonstration against homelessness in Ottawa on 12 November 1999.

Source: Reuters NewMedia Inc./Corbis; used with permission.

nal immigration, Canadians have increasingly needed to confront their perceptions of homelessness and the country's social policies toward it. It is now accepted in principle by all levels of government and the nonprofit sector that the definition of homelessness should include those individuals and families who are "sleeping rough" (outside) or frequenting emergency shelters, who are doubled up with friends and relatives, or who are precariously housed, subject to eviction, and thus at risk of becoming absolutely homeless. Nonetheless, public agencies, shelter providers, and nonprofit and volunteer organizations differ substantially on what constitutes an appropriate response to the homeless situation.

THE FACE OF HOMELESSNESS

The face of homelessness has been changing across Canada, where people without shelter have gravitated to the cities. Many of the native-born homeless are Aboriginals, indigenous people who have moved from reserves into cities to secure shelter and social services; they are overrepresented by a factor of ten in Canada's homeless population. The largest municipalities, Montreal, Vancouver, and Toronto, receive well over half of all immigrants. As a result, half of the urban population in the largest cities is foreign-

born (Statistics Canada, 2001). In Toronto, the Mayor's Homelessness Action Task Force found that about 15 percent of people in the hostel system are immigrants or refugees (Golden et al., 1999, 19).

Most new arrivals to Canada who experience housing difficulties find support within their own ethnic affinity groups, rather than with drop-ins, hostels, and social housing organizations. The latter have been slowly adapting to the need for more culturally sensitive services. For those in need of social housing, the waiting lists are so long—often seven years or more for individuals and families—that many applicants either move to another jurisdiction or opt for illegal basement apartments or "couch-surfing." As the demand for housing has increased with the rising tide of immigrants and urban dwellers, there has been a commensurate increase in the cost of rentals. Between 1995 and 2000 in Toronto, average wages rose by 9 percent while rents increased by 29 percent.

The idea of a richly diverse multicultural society holds out the promise of inclusion and equity, but the reality for many new arrivals is lack of respect, low wages, poor working conditions, and exclusion. The housing situation for households living marginally is characterized by a growing trend of evictions, landlord discrimination, overcrowding, and increasing evidence of an invisible homeless population that suffers from ill health, lack of access to services, and social isolation.

In Toronto, whose trends are representative of large Canadian cities, 60,000 households are on the waiting list for social housing, shelter use doubled during the 1990s, and each year more than 32,000 people resort to shelters. Most are single adults over 24, but 20 percent are young people, ages 15 to 24. The number of children in the hostel system more than tripled in the past decade, to a total of 6,000. Some are handed over to child welfare agencies by parents who cannot manage to keep the family housed together (City of Toronto, 2001). These numbers do not include all those who are doubled up, living on the edge of homelessness, or living in substandard units, or who refuse to patronize shelters because of health or safety concerns, even during the coldest weather (Golden et al., 1999).

The fastest-growing groups among homeless people are families. They now account for over 40 percent of shelter bed use, with stays averaging from one to two months, after which most move into social housing or transitional units. The average length of stay in shelters has increased because of the scarcity of affordable housing and job opportunities.

For single individuals, shelter stays are shorter, since most are forced to move on by shelter operators. The great majority of single shelter users are on a merry-go-round, moving from one shelter to another. Rates of recidivism for single individuals are very high (Daly and Ward, 2003).

RESPONSES BY GOVERNMENTS AND NONPROFITS

A distinguishing characteristic of Canada's political system is the degree to which each province, to a considerable extent, controls its own purse strings. Housing is financed principally by the federal government, but provincial authorities have some discretion in determining how those funds, as well as additional resources provided by provincial and municipal agencies, will be used. Thus cities are dependent on the largesse of both the federal and provincial governments. Unlike the United States, where property taxes represent just 21 percent of revenue, Canada's municipalities depend on property taxes for half of total revenues. Likewise, per capita municipal expenditure in Canada is less than one-half the average of that spent by U.S. cities (Federation of Canadian Municipalities, 2001). Thus, despite the fact that urban centers house a majority of the Canadian population, the fiscal limitations under which cities and towns operate severely limit their ability to finance homeless and low-income housing support.

During the 1990s, a recession in Canada was followed in mid-decade by substantial government cuts in social housing, welfare, and income security benefits, even though Canada's economy remained strong. Major structural changes were made in the allocation of public resources, with the responsibility for financing social services, housing, and public transit downloaded from provinces to municipalities.

At the same time, poverty was increasing from 15.3 percent of the population in 1990 to 16.2 percent in 1999. As real incomes declined and federal program spending fell nearly 30 percent during the decade—to 11.6 percent of gross domestic product in 2002—the costs of housing, health care, public transportation, and day care for low-income households grew. By 2002, only about 1 percent of the federal budget was allocated for social housing, an amount that represented 5 percent of total housing stock (Canadian Council on Social Development, 2002).

In response to growing political disquiet over these changes, the federal government announced an initiative at the end of 2001 to provide \$680 million over five years for the provision of affordable housing, conditional on provincial matching funds. The federal budget made public in early 2003 provided additional funds for affordable housing, for a housing renovation program, and for the existing Supporting Community Partnerships Initiative to address homelessness. Provincial responses to these programs have varied. Some have responded with new initiatives, recognizing that new housing programs aimed at low-income households are less costly than the annual per capita cost of homeless shelters. Nonetheless, many housing activists remain skeptical, fearing that like so many earlier federal programs these initiatives will not actually reach the truly needy, that is, the poorer half of the renter population. The Province of Quebec (*Société d'habitation du Québec*) made major commitments: It matched the federal funds with \$140 million from the province and \$57 million from municipalities. Quebec also reserved 5,000 units for nonprofit and residential developers who target their projects to low- and moderate-income households. Most of the other provinces, with the exception of Ontario, the country's wealthiest jurisdiction, will be matching the federal contribution (*Housing Again Bulletin*, 2003). British Columbia, for example, committed to 1,764 units of nonprofit housing (with continuing operating subsidies for thirty-five years) for low-income households, homeless people, and those with mental and physical disabilities. Provincial housing authorities took these steps after concluding that the annual cost of emergency shelters—\$30,000–\$40,000

per person—significantly exceeded the costs of housing plus services for people in supportive housing—\$22,000–\$28,000 per year. (BC Housing, 2001).

While the federal government was essentially opting out of social housing in the mid-1990s, demand was increasing. Most of this demand was met and continues to be met not by permanent accommodations, but by emergency shelters, consisting of cots in large hostels or mats on the floors of dormitory-type settings. Those who cannot gain admittance or who are afraid to use emergency shelters sleep outside until the weather forces them to patronize “out of the cold” programs such as church basements used as drop-ins. The acute shortage of affordable housing means that people are staying longer in the shelter system because they have few alternatives.

One partial but notable exception has been the city of Montreal. Although one in four tenant households there still pays 50% or more of their incomes on rent (Schetagne, 2000), the city has achieved some success in providing affordable housing due in good part to a sympathetic provincial government and land costs that are lower than in Vancouver or Toronto. Moreover, nonprofit organizations and church-based housing groups in Quebec play very active roles and have raised the level of awareness concerning housing and homelessness issues throughout the province. Partnerships between government and private organizations have provided a substantial amount of secure, affordable housing for families, seniors, and special needs groups, who pay 25 percent of income for rent. However, these programs have not yet addressed the crucial element of funding for support services. In most Canadian cities, housing demand outstrips affordable supply and there is increased reliance on emergency shelters and such supplements as food banks and clothing/furniture depots. Recently, city authorities and nonprofit providers have increasingly encountered virulent opposition from neighborhood groups in areas near the downtown cores, who argue that hostels are unfairly concentrated in their sections of the city. In early 2003, Canada’s largest and most ethnically diverse city, Toronto, enacted a by-law that mandates the equitable distribution of shelters and drop-in centers in all wards of the municipality. The question

remains, however, whether such facilities can be built in the face of “not-in-my-backyard” (NIMBY) opposition. One approach to overcoming NIMBY opposition is to locate affordable housing, such as single-occupancy residences (efficiency apartments), in commercial areas that are in close proximity to services but are not adjacent to established residential neighborhoods (Franck and Ahrentzen, 1994, 309). This strategy has been employed successfully on a number of projects in Vancouver (e.g., Portland, Sunrise, and Washington Hotels, as well as a former squat) and in Ottawa and Montreal (acquisition and renovation of rooming houses). The limitation of all of these laws and programs, however, is that they fail to address the underlying need for a long-term housing solution.

For volunteer and nonprofit groups, federal and provincial budget cuts have limited their abilities to fill the void created by the weakening of the public sector’s interventions. Many organizations now spend scarce resources competing with similar organizations for a relatively small pot of federal and provincial funds. At the same time, private sector developers have shown very little interest in building low-income housing.

LESSONS LEARNED

Studies published in the 1990s and early 2000s have yielded a number of important lessons on dealing with homelessness in Canada:

Access to affordable, appropriate, permanent housing is the most important factor in reducing the level of homelessness (Shinn, Baumohl and Hopper 2001; Mansur et al. 2002).

Stable housing is the most important factor in improving quality of life for those who have been homeless; however, further material and non-material supports are required to avoid a return to homelessness (Wolf 2001).

Expanding the supply of emergency shelters does not solve homelessness.

The evidence indicates that longer-term housing and support programs have much higher rates of success than short-term, crisis response.

The seeds of homelessness often are sown in child-

hood (Sullivan 2000); children who grew up in homeless households now constitute a second or third generation of people without adequate accommodation; homelessness, as a state of being, is becoming normalized (Sullivan 2000).

Relationship breakdowns are a key factor in homelessness; prevention of breakdowns, therefore, is important in reducing vulnerability to homelessness.

Escaping violent abuse is a frequent path to homelessness for women; therefore, it is essential to bring the supply of housing for women in these situations in line with demand (Sev'er 2002).

Assertive community outreach has proven to be cost-effective and essential in addressing the needs of those who are socially isolated. It consists of providing care for immediate needs, building trust with people who have lost faith in the social support delivery system, and connecting clients to services (Tommasello 1999).

Since mental illness and addictions are common among shelter users, training in these areas for shelter staff is essential in responding appropriately to the particular needs raised by these issues (Vamvakas and Rowe 2001).

Harm reduction approaches have proven to be effective for many homeless people with substance abuse problems.

Facilities that support community-oriented homeless programs enjoy stronger community agency relationships (McGuire et al. 2002).

Maximum involvement by users in homelessness programs increases effectiveness. Programs enjoy greater success when they emphasize democratic principles and self-determination.

A sense of self-worth and motivation to leave homelessness can be increased markedly when homeless people are treated with dignity by service providers (Miller and Keys 2001).

Programs focusing on competency in carrying out life tasks and engendering a belief in having the ability to direct one's future have been highly successful in ending homelessness among families (Gold and Hauser 1998).

SEEKING A WAY FORWARD

For most of the past decade, Canada's economy has been the most robust among G7 nations, with the federal budget in balance or a state of surplus. How-

ever, income gaps between rich and poor have widened considerably during this period. While public programs provide homeowners with considerable support, renters continue to be largely ignored by both the government and private sector developers. Wages have not kept pace with rental increases, exacerbating the difficulties low-income individuals and families face. Despite the fact that the great majority of Canadians are urban dwellers, the federal government has no agency that deals exclusively with urban issues. Its housing portfolio is handled by a minor ministry, and the great majority of taxes collected in the cities are not returned to meet urban needs. This lack of interest stands in contrast with the fact that, as local politicians and bankers are fond of observing, Canada's major urban centers are the engines that drive the nation's economy. Homelessness, along with declining urban infrastructure and a dwindling supply of affordable housing, has become a visible reminder of the challenges that Canada faces if it is to address the needs of its urban centers.

—Gerald Daly

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▣ CASE MANAGEMENT

Since the 1980s, the case management approach has gained acceptance throughout the United States as a strategy for assisting homeless people. Service providers and researchers alike have recommended the development of such approaches, and the U.S. Congress has encouraged states to do so through legislative initiatives and appropriations. Today, case management is a key ingredient in local, state, and federal efforts to provide homeless people with needed services and resources.

Why is the case management strategy so widely advocated? In part, it reflects a trend within the entire field of health and human services during the late twentieth century—a trend that encourages a comprehensive view of each client, or case. In this model, a designated case manager first assesses a client's needs, then works to coordinate and optimize the client's services over time. But as Morse (1999, p. 7-2) has noted, there are also “several interrelated, key assumptions about the problems, causes, and solutions of homelessness” that make the case management approach especially suitable in this arena. These premises are based on several observations. First, homeless people often have serious and multiple unmet service needs. Second, the existing service system is typically fragmented, composed of various disconnected organizations. Third, clients often encounter barriers to needed services and resources. And fourth, case managers are needed to ensure access to these services in a coordinated and efficient manner.

Together, these observations point to problems in the way existing service systems are organized and operate. Indeed, some researchers and policymakers believe that case management can also serve to improve the service systems themselves. That remains debatable, but case managers certainly do, as Hopper and colleagues (1989) put it, perform

service-system “microsurgery” on behalf of specific clients. A case manager may, for example, successfully intervene with public housing officials to keep a Section 8 voucher open for a client who has been temporarily hospitalized for psychiatric problems, and therefore unable to meet a deadline for moving into a new apartment.

WHAT IS CASE MANAGEMENT?

Despite its widespread use, there is often confusion and sometimes controversy about the definition and nature of case management. One federally commissioned paper on the topic deemed it “a much discussed but poorly defined concept” (National Resource Center on Homelessness and Mental Illness, 1990, p. 1). Similarly, some practitioners view the term as an imprecise catchall phrase for a variety of service activities. Since the early 1990s, however, more attention has been paid to defining the concept. In a 1991 paper, Willenbring and colleagues identified six defining primary service functions of case management programs:

1. Engage in outreach, identifying and enrolling clients for service.
2. Assess each client’s individual strengths, weaknesses, and needs.
3. Develop an individualized and comprehensive service plan for each client.
4. Link, refer, or transfer clients to needed services, resources, and support systems.
5. Monitor the client’s progress and ongoing needs.
6. Advocate on behalf of clients to ensure that they receive equitable and appropriate services.

They also identified several other functions offered by many, but not all, such programs:

7. Providing direct clinical services, rather than merely referring and linking clients to other service providers.
8. Providing crisis intervention assistance.
9. System advocating for system change, such as more favorable housing policies for homeless.
10. Developing needed resources such as housing or employment resources.

SERVICE CHARACTERISTICS AND VARIABLES

Despite common functions, case management programs vary considerably in operation, as documented by Willenbring and colleagues and by Morse. These programs can be characterized in terms of seven variables describing the process of service delivery.

Duration. Case management programs vary from very brief, time-limited assistance to ongoing and open-ended services.

Intensity. Programs vary widely, some providing daily assistance, others contacting clients monthly or even less frequently. Moreover, some programs have client-to-staff ratios as low as 10 to 1, while in others each staff person may serve fifty or more clients.

Focus. Programs may target a specific area of service, such as assisting individuals with housing, or they may assist with a broad, comprehensive set of needs.

Availability. Some offer services by appointment only during normal day hours; others offer extended evening and weekend hours, and even twenty-four-hour assistance as needed for crises or urgent situations.

Location. Some services are provided only in office settings, while others serve clients almost exclusively in the community on an outreach basis.

Providers. Programs vary in their staffing patterns, including paraprofessionals, professionals, or a mix of the two. Staff members may all be similarly trained—in social work, for example—or they may represent multiple disciplines.

Team. In some programs, each staff person has an individual caseload of clients; other programs take an interdisciplinary team approach with shared caseloads.

APPROACHES AND MODELS OF CASE MANAGEMENT

It is not surprising, therefore, that case management models for homeless populations vary widely as

well, both in theory and practice. The research literature focuses mostly on programs for homeless people with mental health disorders, but it also considers subgroups such as single mothers and children, people with substance abuse disorders, and youths, although theory remains less developed in these areas.

Because many homeless people are wary of service providers—often as a result of illness, past traumas, or other negative experiences—the first tasks for almost any case manager are to develop trust and to nurture a positive, working relationship. A number of techniques have been developed to help in the engagement process. For example, Morse and colleagues (1996) recommended that mental health professionals build rapport with homeless clients by striking up nonthreatening conversations; by providing resources for basic needs, such as food and clothing; and by providing transportation assistance. Beyond this first step, however, programs generally follow one of several models.

Broker case management offers little if any direct clinical service to clients; the emphasis instead is on assisting homeless clients primarily through assessment, service planning, and referral and linkage to other service providers. Staff may also monitor client progress on an ongoing basis. Caseloads can be relatively high, with a single staff person assigned fifty or more clients at one time.

Intensive case management approaches, among the most widely used, have been provided to various subgroups including people with mental illness or substance abuse disorders, mothers with dependent children, and youths. In general, they are characterized by assertive and persistent outreach efforts, smaller caseloads, and active assistance and advocacy to help clients obtain a range of needed resources.

Assertive Community Treatment (ACT) is another popular approach for homeless people with severe mental illnesses. Although advocates of ACT generally avoid the label “case management,” in actual practice ACT staff do often provide case management as well as mental health treatment and other services. A transdisciplinary team, including such

specialists as nurses and psychiatrists, works together with a shared caseload, offering direct treatment, support, and intense levels of client contact. The model was originally developed in the early 1970s to help non-homeless people with mental illness adjust to living in the community after hospital discharge. It has been adapted for people who are both homeless and mentally ill, now placing more emphasis on outreach and engagement strategies and on assisting clients with housing and other needs.

Critical Time Intervention (CTI), another intensive model, limits case management services to a relatively brief period, for example, nine months. It is usually focused on helping mentally ill homeless clients during the “critical,” or transitional, phase of moving from a shelter to housing in the community. Interventions provide practical as well as emotional support to clients during the transition, and also strengthen the links with other support systems and service providers who will continue to work with the person afterward.

Other models, less commonly provided to homeless populations, include *clinical case management*, which combines therapy with guidance and attention to psychosocial needs. In *social network case management*, interventions are designed not only to offer direct support when needed, but to help the person develop and mobilize support from families and friends. The *strengths model* emphasizes a client’s strong points rather than problems. Staff members are often paraprofessionals who focus on changing the environment to meet the client’s needs and goals. Widely used with non-homeless people with severe mental illness, this model has been applied more recently to serving homeless people. Another new approach is that of *consumer case management*. Under this model, consumers—individuals who have severe mental health disorders themselves and who may have also been formerly homeless—are hired as staff to provide case management to people who are currently homeless.

In addition to these specific programs, many other service providers provide some case management functions to homeless clients. Nurses, sub-

stance counselors, and even shelter staff, for example, often handle at least some of these functions, such as referral assistance for housing, in addition to their primary professional activities.

MEASURING EFFECTIVENESS

A small but growing body of research indicates that at least certain case management approaches are effective in helping homeless people improve their lives. A recent review of the research literature (Morse, 1999) documented ten scientific or experimental studies on the subject. Experimental research, which uses scientific methods (such as random assignment of clients to treatment programs), provides the clearest results. Most of these studies have found positive results for case management clients. The most common—and important—finding was that case management helps people exit homelessness and secure stable housing.

The effectiveness of ACT is notable in these experimental study results: The vast majority found that ACT clients experience better outcomes than those in more usual community services such as broker case management programs. In addition to helping to end homelessness, some ACT programs have proven effective in other areas, such as reducing clients' psychiatric symptoms.

Fewer studies have been conducted on other approaches. Still, the available literature, consisting of a few experimental studies and some less rigorous evaluation studies, yields some supportive evidence for the intensive case management approach. The results may be modest or equivocal, but they tend to suggest that such programs do help people gain housing. Other surveys indicate that the CTI approach is effective in helping people make the transition into stable housing.

As for the cost-effectiveness of case management services, the one study on this topic found that ACT was more cost-effective (as well as more effective) than the broker case management model for homeless people with severe mental illness.

Finally, it is worth noting that standard programs such as broker case management were generally found to be less effective than ACT or some other

intensive strategies. This does not necessarily mean that basic case management activities—such as referral and monitoring—have no value to homeless clients, but only that they are comparatively less effective than some other models.

The literature also contains one negative finding that may place the benefits of case management in a broader context: One study has suggested that for helping homeless people find and retain housing, Section 8 housing certificates are more effective than case management.

FUTURE DIRECTIONS

To date, most of the research assessing case management for severely mentally ill homeless people has found that ACT, and to a lesser degree intensive case management and CTI, are most effective. More work needs to be done to develop and evaluate case management models for other prevalent homeless subgroups, such as those with substance abuse disorders, families, youths, and people with both severe mental illness and co-occurring substance abuse disorders.

Another future topic relates to case management and public policy. It is clear that certain models are effective for ending homelessness, at least for some groups. However, the number of homeless people who need these services far outstrips those now being served. A continuing challenge remains: how to develop needed services in order to help large numbers of people end homelessness and become housed.

—Gary Morse

See also Assertive Community Treatment (ACT)

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☐ CAUSES OF HOMELESSNESS: OVERVIEW

Like the villages in the following tale, America's first response to homelessness was to mobilize and confront the threat by targeting the immediate needs of the homeless:

Early one morning, in a village located on the banks of a river, a woman walked to the river's edge and discovered, much to her horror, that the river was filled with baskets rushing downstream and that each basket held a baby. Aware of the danger the babies faced, she quickly ran back and mobilized the village's inhabitants. Everyone rushed to the river and began fishing

as many babies out as they could. Many more slipped by than they were able to save, but they toiled on anyway, so consumed by their task that it never occurred to them to send someone upstream in order to find out how the babies were getting into the river in the first place.

—Anonymous

We responded to the crisis with shelters and soup kitchens, spearheaded by private charitable organizations but frequently supported by public-sector dollars. We were like the villagers in the introductory tale, although our efforts were aimed not at fishing babies out of the water but at keeping them afloat. After a time, these efforts were accompanied by more tangible efforts to bring people to dry land. Outreach and case management programs were designed to reduce barriers to health and social services, for instance. Transitional housing programs were developed to teach skills and provide support to people as they moved into their own apartments. Such efforts became increasingly sophisticated, reflecting a growing sensitivity to the continuum of care required to stabilize homeless people.

America's walk to the river's edge began in the early 1980s, when people of the United States awoke to find that masses of homeless people had appeared in their midst, seemingly overnight. Homelessness was not a new phenomenon, of course. Periods of pervasive homelessness had checkered our nation's history, most recently in a post-World War II population consisting largely of single, older, white males who inhabited the skid row neighborhoods of our largest cities, where they drew upon a network of private sector resources, including missions, cubicle flophouses, and single-room occupancy (SRO) hotels. However, the new homelessness that we awoke to was a different, far more jarring phenomenon. Whereas homeless individuals during that prior period had remained safely ghettoized in the isolated urban niches ceded to them, these new homeless people were everywhere, occupying spaces throughout the city, spilling into the suburbs, and appearing even in rural areas. Moreover, they looked different from the homeless

people we had become accustomed to. They were younger, more ethnically diverse, and more likely to include parents with dependent children. Even worse, whereas the vast majority of "homeless" individuals of decades past had been *housed*, albeit marginally, this new population was *literally* homeless, bedding down in large congregate shelters or on the streets and in other locations not meant for sleeping. More visible and far greater in number, they invaded our public consciousness and daily existences in a way that had not occurred since the Great Depression.

Yet, homelessness remained, perhaps even worsened. Although able to point to real success stories, service providers haven't stemmed the tide of homelessness for reasons that go beyond the fact that their programs are underfunded and unable to meet demand. Many of the people who graduate from their programs become homeless again. Even more disturbingly, a seemingly inexhaustible supply of new faces joins the homeless ranks. Meanwhile, early optimism on the part of the public that a solution to this distressing social problem was at hand has given way to increasingly sharp frustration over the extent to which homelessness impinges on everyday life and a growing backlash against homeless people themselves.

Given the contemporary response to contemporary homelessness, it is hard to shake the feeling that our current quandary is not all that different from the one in which our allegorical villagers found themselves. Like the villagers, we have been toiling laboriously but ineffectively to end homelessness at least in part because our preoccupation with fishing people out of a bad situation has distracted us from the more fundamental issue of how they got there in the first place. Unless we understand and address the causes of homelessness, people will continue to fall into homelessness at a faster rate than we can pull them out.

Understanding the causes of homelessness, however, is not easy, in part because the factors that explain contemporary homelessness are so complex and intertwined, but also because the concept of "cause" itself, as researchers Wright, Rubin, and Devine point out, is so ambiguous. Wright and his

colleagues present the hypothetical case of a man named Bill:

Bill is a high school dropout. Because of Bill's inadequate education, he has never held a steady job; rather, he has spent his adult lifetime doing various odd jobs, picking up temporary or seasonal work when available, hustling at other times. Because of his irregular and discontinuous employment history, Bill's routine weekly income is meager, and because his income is minimal, he is unable to afford his own apartment and lives instead with his older sister. Now, Bill drinks more than he should (this for a dozen different reasons) and because he drinks more than he should, he is frequently abusive and hard to get along with. Bill's sister is usually pretty tolerant in such matters, but because she has been having some problems at work, she comes home one Friday in a foul, ungenerous mood only to find Bill passed out on the couch. She decides that Bill's dependency and alcoholism are more than she can continue to take, and . . . Bill is asked to leave. Bill spends Saturday looking for an apartment that he can afford, but because his income is so low and because there are very few units available to someone with Bill's income, he finds nothing and heads to the local shelter for homeless people instead, whereupon Bill effectively becomes a homeless person. (Wright, Rubin, and Devine 1998, 8)

Why is Bill homeless? Wright and colleagues point out that one can generate countless sentences that begin with "Bill is homeless because . . ." and that each would be true. Bill is homeless because he drinks too much. Bill is homeless because there are so few apartments available to people with his income. Bill is homeless because there are fewer stable jobs for people with poor educations. Bill is homeless because Moreover, we can see how pairing the question, "Why is Bill homeless?" with the question, "Why are there so many people who find themselves in situations similar to Bill's?" might take us in entirely new, equally relevant directions.

Talking about causes is difficult because "cause" can refer to many things—distal (more distant, though no less important) versus proximal (more immediate) conditions, for instance, or predisposing factors versus precipitating adverse events, or individual cases versus aggregate trends. In talking

about causes, in other words, people can easily talk past each other by grabbing onto different pieces of the truth. This reality at least partially explains the sterile debate regarding the causes of homelessness that dominated much of the 1980s as people tried to come to terms with why homelessness was so evident. On one side of this debate were those people who attributed homelessness to the personal limitations of homeless people, particularly mental illness and substance abuse. Pitted against those people were those people who argued that pervasive homelessness is essentially a function of structural factors, particularly the failure of the housing market to meet the demands of a poverty population that had swelled due to a complex set of interrelated factors. Each group of people stridently rejected the claims of the other. The structuralists dismissed explanations of homelessness that cited high rates of serious mental illness and substance abuse as myths designed to medicalize a fundamentally social/economic problem. Those people espousing an individual limitations perspective, on the other hand, turned to the obvious presence of psychotic and substance-abusing homeless adults as proof that the structuralists were attempting to "normalize" homeless people as part of a bid to advance a policy agenda that had more to do with eliminating poverty than helping those who were literally homeless.

In fact, neither perspective was able to independently accommodate a growing body of evidence. Narrowly defined structuralist arguments could not satisfactorily explain the high rates of mental disorder, substance abuse, and personal problems increasingly documented among the homeless in carefully designed studies. By the same token, people who argued that individual limitations cause homelessness turned a blind eye toward a well-developed body of scholarship suggesting a close historical relationship between homelessness and broader economic conditions and ignored the changing social contexts in which poor people—including poor, non-institutionalized mentally ill and substance-abusing adults—live their lives. Moreover, these people could not explain the distinctive demographics of contemporary homelessness, which did not resemble the demographics of the broader group of

those troubled by mental health and substance abuse problems but instead the demographics of those groups at greatest disadvantage in our socioeconomic system. Although acknowledging the influences of structural events such as deinstitutionalization (without necessarily recognizing their structural character), such people continued to frame their explanations of homelessness largely in terms of the limitations of *people*. They ignored one of history's clear lessons: that the lives of all people, disabled or not, are embedded in circumstances shaped as much by structural factors as personal and biographical ones and that in a permissive environment full of cheap flophouses and undemanding work, even outcasts largely remain housed.

Perhaps the biggest mistake that adherents of each of these perspectives made was thinking they were addressing the same question. In reality, they were addressing two related but different questions. The structuralists were answering the questions, "Why does pervasive homelessness exist now, and even further, why is it currently manifesting itself as 'homelessness'?" Adherents of the individual limitations argument, despite their protestations that they were dealing with the fundamental causes of homelessness, were actually answering the question, "Who is at greatest risk for homelessness?" or, put slightly differently, "Who is most vulnerable to becoming homeless?" Identifying these two perspectives as addressing different questions makes it easier to see how they may not be mutually exclusive and how they might be reconciled to tell a fuller story.

In place of these opposing perspectives has emerged a widely held, more integrative framework—a structural explanation of homelessness that gives the individual limitations argument its due. Within this framework, the answer to the questions of why homelessness exists now and why it manifests itself as homelessness draws on the structural context in which contemporary homelessness emerged. This context was defined by a complex set of interwoven demographic, social, economic, and policy trends that increasingly left poor people—particularly the impaired among them—facing a growing set of pressures that included a dearth of affordable housing, a disappearance of the housing on

which the most unstable had relied, and a diminished ability to support themselves either through entitlements or conventional or makeshift labor. Households and individuals barely making do increasingly found themselves under financial and interpersonal stresses that made a bad situation worse, culminating, by the early 1980s, in the pervasive homelessness that now seems to be an enduring part of our social lives.

Who actually becomes homeless in such a structural environment is not random, of course. Given that by the early 1980s, low-cost housing had become a scarce resource, it stands to reason that the first group to fall off the housing ladder would disproportionately include those people least able to compete for housing, especially those vulnerable individuals who had traditionally relied on a type of housing that was at extremely high risk of demolition and conversion. Viewed in this context, it is not surprising to find high numbers of people with mental illness and substance abuse among contemporary homeless populations—not just any mentally ill and substance-abusing individuals, it should be noted, but rather disproportionate numbers of those who came from backgrounds of poverty and/or who had diminished support resources to fall back on. For the same reason, it is hardly surprising to find high numbers of individuals with other sorts of personal vulnerabilities and problems among the homeless. This is not to say that mental illness, substance abuse, and other individual limitations in and of themselves *cause* homelessness, as witnessed in the fact that such individuals had remained housed in prior periods when low-cost housing and day labor suited to their occasionally chaotic lives were widely available. It is to say, rather, that such factors impaired the ability of people to compete with less vulnerable individuals for the scarce resource that affordable housing had become and thus left them at much greater risk for homelessness. People with problems are disproportionately numerous among the homeless, it becomes clear, because in a housing arena characterized by fierce competition, they are more vulnerable and, as a result, less likely to prevail.

We should spell out these structural trends and personal vulnerabilities in greater detail. First, let's

look at the salient factors that have created and defined the context in which pervasive homelessness has emerged and is sustained.

THE STRUCTURAL CONTEXT

Those researchers who have examined the structural underpinnings of homelessness have concentrated primarily on two sets of factors and their ultimate collision: a growing pool of vulnerable poor people and a concomitant decline in the availability of low-cost housing. As poverty rates fluctuated between the early 1970s and the late 1980s, the absolute number of poor individuals grew substantially, and their poverty deepened. Several factors contributed to these developments. For one, this period coincided exactly with a potent demographic trend—the coming of age of those people born during the “baby boom,” the post-World War II birth explosion that lasted through 1964. Unfortunately, this boom coincided with a marked transformation and a restructuring of global and local economies that severely restricted opportunities for the growing numbers of unskilled laborers preparing to enter the workforce. Referred to, in its different aspects, as “globalization,” “post-Fordism,” and “deindustrialization,” these changes involved a shift from a predominance of relatively high-paying manufacturing jobs to lower-paying, often part-time, service jobs that lacked the same level of benefits and security and to a general slowing of wage growth rates.

Ultimately, these trends created a growing pool of young workers, particularly ill-educated individuals of minority status, who were either marginally employed or chronically unemployed. Simultaneously, a series of policy changes with regard to federal entitlements steadily eroded the real dollar value of both Social Security and Aid to Families with Dependent Children (AFDC) payments and, through tightened eligibility criteria, reduced the number of people who were able to rely on the government for support. Finally, changes in policies regarding the management of two economically and socially marginal populations—deinstitutionalization in the case of the severely mentally ill and decriminalization in the case of chronic public inebriates—meant that

new groups of previously institutionalized people were swelling the ranks of the very poor. Because these latter people primarily relied on zones of tolerance characterized by SRO housing and intermittent day labor—zones of tolerance that were rapidly disappearing in response to pressures related, respectively, to gentrification and immigration—they were at particularly high risk. Gone were the safety valves that allowed this population to adapt to life on the margins, without an alternative set of mechanisms to take their place.

At the same time that the absolute number of poor people was growing, the nation’s supply of low-cost rental housing was shrinking for a variety of complex reasons and was thus increasingly unable to meet burgeoning demand. This occurred not only in the stock of multi-room units typically inhabited by poor families but also and even more precipitously in the stock of SRO hotels that served as the housing of last resort for single people—including the severely mentally ill and down-and-out substance abusers—on society’s margins. Thus, whereas in 1970 a substantial surplus of housing units affordable to households in the bottom quartile of income was available, by 1989, there was a deficit of 5 million units—2.8 million units for 7.8 million bottom-quartile renter households. In response, poor households began to spend more of their income on rent and to double up (move in with family or friends), leaving them more and more vulnerable to economic crisis and domestic stress and increasingly less able to support unproductive household members. The result was pervasive homelessness.

Although researchers have mobilized an enormous amount of convincing evidence to document these structural trends, researchers have had difficulty “proving” the structural argument by relating these trends directly (i.e., through mathematical modeling) to variation in homelessness over time and over region, despite necessarily crude attempts to do so. This is mostly due to the fact that precise and reliable estimates of the outcome variable—numbers of homeless people in a representative set of places at different time points—simply do not exist. Although advances in the science of enumerating homeless populations may allow more reliable estimates in the

future and thus more precise modeling efforts, the absence of such data for the critical time period spanning the late 1970s to mid-1980s means that the data on observed trends and the persuasiveness of the structural argument must remain the basis on which the structural perspective's merit rests.

INDIVIDUAL VULNERABILITIES

Who is most vulnerable to homelessness in this context defined by housing scarcity? Efforts to identify the individual-level factors that place people at risk for homelessness have focused primarily on discrete and readily identifiable disorders, particularly severe mental illness and substance abuse. Such disorders *are* disproportionately present among the homeless, although perhaps not to the extent that a number of early, methodologically flawed studies first suggested. More rigorous studies have indicated that as many as one-fifth to one-quarter of the homeless have experienced severe and extremely disabling mental illnesses such as schizophrenia and the major affective disorders (clinical depression or bipolar disorder) at some point in their lives and that one-half have experienced either alcohol- or drug-use disorders. Current prevalence rates (symptoms present within a recent time frame) are substantially lower but are still disproportionately high relative to domiciled comparison groups.

As high as they are, these numbers almost certainly overestimate the prevalence of alcohol, drug, and serious mental disorders among the total population of persons who experience homelessness for a number of reasons. First, most estimates are derived from cross-sectional samples of homeless adults—that is, from samples drawn at one point in time. Such samples tend to overrepresent the chronically homeless and to underrepresent the much larger group of individuals who are homeless for much shorter periods of time. To the extent that these latter individuals are less likely to suffer from these disorders, rates of disorder among the population of different people who have experienced homelessness within longer spans of time—a year, for instance—will be lower. Second, most estimates are derived from studies consisting largely of unattached home-

less adults (i.e., those who are unmarried and without children in their care). Although this group still predominates among the homeless, to the extent that these studies underrepresent adults in homeless families—whose mental health and substance abuse profiles are far less severe—they overrepresent the prevalence of these disorders among the total homeless population. Third, these estimates are based on the prevalence of disorders among homeless *adults*. If the children currently in the care of these adults—a large number in many cities—were added to the denominator, rates would change substantially.

Even so, mental illness and substance abuse, alone or together, are undoubtedly much more common among homeless adults than domiciled adults, suggesting that these disorders do indeed contribute to vulnerability to homelessness. However, not every severely mentally ill or substance-abusing adult becomes homeless. Nor are those people who do become homeless representative of the larger population of severely mentally ill and substance-abusing adults who remain housed, as we would expect if only mental illness and substance abuse were operating. In fact, severely mentally ill and substance-abusing adults who eventually experience homelessness instead more closely resemble the profile of homeless adults who are *not* mentally ill or substance abusing. Certainly this is true demographically. Like their non-disabled homeless counterparts, they are disproportionately African-American and poor. However, other factors—factors related to biography and situational circumstances—are also at work here, sometimes singly, often in complex combinations. Some of these factors may be as, or even more, important in understanding who is vulnerable to homelessness in an environment characterized by housing scarcity.

One such set of factors pertains to the childhood experiences of homeless adults. The picture that emerges when one delves more deeply into the backgrounds of homeless adults—particularly single homeless adults—is that homeless people are no strangers to poverty, housing instability, or the host of personal problems that disproportionately besets them as adults. As children, they disproportionately experienced significant disruptions in their residen-

tial stability, for example. In Los Angeles, fully two-fifths of a probability sample of homeless adults—the Course of Homelessness baseline sample (Sullivan, Burnam, Koegel, and Hollenberg 2000)—experienced housing problems while living with their families between the ages of six and eighteen (this at a time when the low-income housing market was far more forgiving). They doubled up with other households because of difficulty paying their rent, experienced evictions, and (in much smaller numbers) experienced literal homelessness with their families before such a phenomenon became common.

The backgrounds of homeless adults also suggest serious disruptions in family stability. Surprising numbers experienced out-of-home placement as children (in foster care, juvenile hall, orphanages, and treatment facilities); estimates cluster around 20 percent but reach as high as 40 percent in some reports. These extraordinarily high rates may be tied to other indicators that suggest early family disruption in the lives of homeless adults as well—high rates of mental health, substance abuse, and physical health problems among their parents and/or other adult members of their households; physical or sexual abuse in the household; and jail time among adult household members. This is not to say, of course, that every homeless individual comes from a background in which each set of problems—residential instability, out-of-home placement, and family trouble—was apparent. However, the vast majority of the Course of Homelessness baseline sample had experienced at least one of these problems as children, and many had experienced more. Such problems, not surprisingly, are often bundled together. These childhood experiences, in turn, may be related to the longstanding observation that many homeless individuals either do not have the family and friendship ties that people rely on to buffer them from the consequences of hard times or have ties to people who are similarly stretched and are thus in no position to provide substantial support.

More immediate situational factors appear to increase an individual's vulnerability to homelessness as well. The impact of such factors was apparent in the Course of Homelessness study, which

included detailed questions on events that occurred in the year before the members first became homeless. Some of these events had clear structural or policy connections. In the year before becoming homeless, for instance, half of the individuals in this sample experienced a drop in income, either because they lost a job or lost the benefits on which they had been relying. Moreover, approximately one-third experienced a major increase in expenses during that period, such as rent or health care. Other events spoke more pointedly to changing interpersonal relationships. More than two-fifths reported that they had become separated or divorced or that they had experienced a break in a relationship with someone with whom they had been close. Somewhat more than one-third had faced a situation in which someone on whom they had depended for housing, food, or money was no longer willing or able to help them. (Although not asked about in this study, an association between being pregnant or giving birth within the last year and homelessness was found in a study of homeless versus housed families on public assistance in New York City.) Still other events spoke more directly to individual disorders and their impacts. Almost half of these adults admitted that they were frequently using alcohol and drugs during the year prior to first becoming homeless. One-quarter had spent time in a hospital, jail or prison, group care, or treatment facility during that year. One-fifth acknowledged that they had experienced serious physical or mental health problems during that period. Nearly 90 percent of the sample reported at least one of these various experiences, but multiple experiences were the rule. On average, sample members reported three such experiences.

In the absence of good comparative data on people who are “vulnerable” but for the time being housed, it is impossible to say with certainty whether and how these situational precipitants—or indeed the other background factors that may make them more likely to occur—combine to put people over the edge. Identifying the real basis for vulnerability is not always straightforward. Homeless families, to take one example, have certain characteristics that would intuitively appear to confer risk—such families are almost uniformly female-headed, single-

parent households, for instance—but the fact that their housed poor counterparts are equally likely to be headed by single mothers suggests otherwise. More complex statistical analyses of who ends up in family shelters in New York City, in fact, show that factors such as race, pregnancy or recent birth of a child, childhood poverty and childhood disruptions, domestic violence, and particularly *housing* conditions (that is, whether one is in one's own apartment, whether it is subsidized, and how crowded it is) are primary, not factors related to education, work history, or disorder. Similarly, multivariate analyses (i.e., analyses that examine the impact of variables while controlling for the impact of other variables) of data on homeless and vulnerable meal program users in Chicago suggest that social institutional factors such as whether people are receiving income maintenance grants when domiciled, whether they are living with others, and how high their rent is explain who is homeless—not factors related to disability. Careful comparative studies such as these add to our knowledge of the factors that actually confer vulnerability. More work along these lines is needed. Also needed are empirical studies that pinpoint the precise mechanisms through which earlier antecedents translate into later vulnerability.

When we look more deeply into the backgrounds of homeless adults—particularly single homeless adults—we see multiple events and conditions emerging at different points in their life span that potentially increase their risk for homelessness. Conceptual models designed to explain who is at highest risk for homelessness and the data on which they are based increasingly take into account these myriad factors, including those factors related to demography, diagnosis, life experiences, and current circumstances, and highlight the complex ways in which these factors are interrelated. These models emphasize that single pathways to homelessness, in which a solitary source of vulnerability acts in isolation from others to leave one at risk for homelessness, are comparatively rare. Far more frequently, characteristics, life experiences, and their consequences interact to create a particular trajectory. The cumulative burden of these problems and experiences leaves certain individuals at particularly high risk.

Structure plays a role here as well because structure creates and perpetuates vulnerability—it both directly and indirectly fosters the conditions and events that leave some people at greater risk for homelessness at the same time as it establishes the context in which pervasive homelessness is inevitable. As researchers Koegel, Burnam, and Baumohl noted, risk factors “are almost invariably bundled; very rarely does one alone cause homelessness. And the chances that one will acquire such bundles are not evenly distributed at the outset of the game. Nor do they even out over time” (Koegel, Burnam, and Baumohl 1996, 33).

AN INTEGRATED PERSPECTIVE

To explain the presence and face of homelessness, then, one must consider two sets of factors: structural factors, which set the context for pervasive homelessness; and individual vulnerabilities, which earmark those people at highest risk for homelessness within tight housing and job markets. With regard to structural factors, a complex set of changes in the housing market, in income distribution, in social policy regarding marginal populations, and in the availability of urban zones of tolerance all coalesced to set the stage for homelessness. In the case of individual vulnerabilities, a bundled set of risk factors emerging at critical points during an individual's life span compounds itself to create the kinds of problems that leave a given person less able to compete for scarce social and economic resources and thus at elevated risk for homelessness in a structural context that makes homelessness inevitable.

—Paul Koegel

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▣ CHICAGO SKID ROW

When nineteenth-century Seattle lumberman Henry Yesler skidded logs to his waterfront sawmill, he rolled them down an inclined street lined with lodging houses, taverns, restaurants, brothels, pawnshops, and other stores. This original “Skid Road” later gave rise to the pejorative slang term “skid row,” referring to any place in a U.S. city where drunkenness and social pathology were said to concentrate. One current dictionary definition: “a district of cheap saloons and flophouses frequented by vagrants and alcoholics.”

This stereotype exaggerates one dimension of residential life among single working men while obscuring other important features that made these communities viable resources for the single working poor between 1870 and 1930. America's skid row lodging house districts emerged in the industrial cities that also served as railway hubs. New York, Philadelphia, Detroit, Minneapolis, Salt Lake City, San Francisco, and Seattle all harbored diverse lodging house districts. The largest and most prosperous developed in Chicago. There, at the peak of its rail activity, 2,840 miles of steam railway switched and sorted freight cars linking the city to 44,000 shipping

points in forty-four states. Alice Solenberger estimated that as many as 50,000 men inhabited Chicago's lodging house district in 1911. The men lived in thousands of hotel dwellings arrayed along three streets: Madison to the west, Clark to the north, and State to the south.

THE TRANSIENT POOR

The urban homeless exhibited a social order that valued independence and personal freedom, tolerating a wide range of social behavior. Inhabiting the lodging house districts were three types of transient workers, commonly known as hobo, tramps, and bums. Hoboes worked steadily at a variety of jobs that took them to destinations across the inner frontiers of an urbanizing nation. They built infrastructure, mines, and factories. The hobo lexicon described "gandy dancers" who laid railroad ties, "muckers" who labored on construction sites, and "splinter bellies," or bridge workers. "You are as you work" was the hobo's motto. Their labor was frequently seasonal so they traveled to cities to bed down for the winter months. Few hoboes married, and cities offered the opportunity for sociability without the domesticity of family life.

Tramps were travelers who did not share the hobo work ethic, earning derogatory labels such as "jungle buzzard" (a beggar for food at hobo camps), "road egg" (a thief who stole from hoboes on the road), and "fuzzy tail" (a smart-aleck wise guy). Those transients who settled down and found occasional work in the local "slave markets" (labor exchanges) were known as bums. The bums worked as construction laborers, handbill distributors, or other unskilled temporary jobs.

THE "MAIN STEM"

In the early decades of the twentieth century, housing speculators, developers, and religious philan-



Residents of Chicago's skid row or "Main Stem" c. 1950.

Source: Hulton-Deutsch/Corbis; used with permission.

thropies such as the Salvation Army built residential hotels to shelter the burgeoning ranks of the working poor near the rail terminals of rapidly industrializing cities. Other rooming houses catered to skilled clerical and service workers, many of them female. Few of these were located near lodging houses on skid row; instead they clustered closer to the office and commercial activities at the city center. Skid row lodging houses welcomed migratory workers and local day laborers who needed cheap quarters. These lodgers settled for a single sleeping room—unlike today's renters who expect a place for sleeping, eating, food preparation, bathing, and other daily activities. The transients met their other needs through nearby shops and services that catered to the working poor.

Skid row housing offered a range of inexpensive shelter. The cheapest provided dormitory-style accommodations: makeshift quarters in obsolete warehouses, religious missions, or in some cases municipally run lodging houses. These commercial flophouses cost a nickel or less per night at the turn of the century. The best of these offered three tiers of bunk beds, their frames webbed with wide leather

straps as a sleeping surface. The worst offered space on a floor. Philanthropic and municipal shelters might provide a free night's sleep, but there was a catch. Missions required attendance at a religious service, while municipal lodging houses imposed a work requirement such as splitting wood.

Cubicle hotels offered the next step up in housing quality. These multistory buildings might contain as many as 400 cubicles for residents. The interior walls did not extend floor to ceiling, but left space for air to circulate. Chicken wire nailed across the top of the units prevented tenants from climbing over. A single hanging bulb shed light on little more than bed, chair, and stand. Such cubicles provided the bulk of housing on skid row. Tenants paid just enough for personal privacy and security in the "cages," but not enough to escape the noise and stench of a shared atmosphere. As many as forty tenants might share the same toilet and bath.

At the top of the lodging house hierarchy were the working men's hotels, which provided rooms with a window and attached bath. The most luxurious included daily cleaning and linen service. In 1921, such a hotel might charge as much as seventy-five cents a night, while a flophouse might cost a dime.

The residents of skid row called their neighborhood the "main stem"—referring to the primary street leading from the rail depot to their clusters of lodging houses with storefronts sandwiched among them. Employment agencies, eateries, saloons, and many other enterprises provided plenty of commercial services for the thousands coming and going along the densely packed residential corridors. Nels Anderson's map of two blocks along Chicago's main stem in 1921 depicts the activity on Madison between Des Plaines and Jeffries. Seven hotels provided rooms for more than 2,000 residents, most in three huge cubicle-style buildings. This extremely high density channeled the small earnings of the poor tenants into a purchasing stream that supported eight restaurants, six saloons, five clothing shops, four barber colleges, two fortune-tellers, two gambling joints, a cigar store, and a drugstore. The entire district stretched for fifteen blocks from Canal Street to Ogden Avenue.

THE COMMUNITY OF HOBOHEMIA

Social life in the lodging house districts was part of a larger trend that saw increasing numbers of single people moving to the city from small towns and farms. Skid row offered a residential infrastructure for the diverse assortment of single men who congregated there to meet their basic needs and find companionship and support. The hobo's freedom and independence could flourish in part because he relied upon a fraternity of mutual give and take. The lone traveler was as likely to find work through the tip of a fellow traveler as he was through the "slave master" of a labor exchange. None ate "mulligan stew" who had not contributed ingredients. The warnings, gifts, and stories exchanged among comrades built the solidarity that each used to maintain a proud independence. The lodging house held a peculiar social appeal, as Nels Anderson described:

To the homeless man it is home, for there, no matter how sorry his lot, he can find those who will understand. The veteran of the road finds other veterans; the old man finds the aged; the chronic grouch finds friends' fellowship; the radical, the optimist, the crook, the inebriate, all find others here to tune in with them. The wanderer finds friends here or enemies, but, and that is at once a characteristic and pathetic feature of Hobohemia, they are friends or enemies only for the day. They meet and pass on. (Anderson 1998, 33)

THE DEMISE OF SKID ROW

The economic hardships of the Great Depression expanded the demand for cheap shelter and increased housing pressures in many skid row districts. Edwin Sutherland and Harvey Locke studied the impact of the Depression in Chicago, where twenty municipal shelters built between 1931 and 1935 housed an additional 20,000 homeless each year. The federal government authorized and funded many of these shelters for the temporarily unemployed. But the new residents differed from the long-term hoboes, tramps, and bums for whom the district had served as an urban community. The professional staff treated the newly homeless as morally superior to the diminishing ranks of transient poor. When prosperity returned after World War II and the need

for shelters collapsed, the skid row stigma remained. Land values in aging downtowns plummeted with the rapid suburbanization of U.S. cities, fueled by new modes of industrial production, improved wages, new highways, and federal home ownership policies.

The transient labor pool diminished drastically after 1930. The poor men inhabiting the skid rows of the 1950s and 1960s included elderly hoboes and tramps whose traveling days were finished, as well as an increasing share of people suffering from mental and physical disabilities and alcohol addiction. In Chicago, the skid row population had dwindled to less than 12,000 by 1958. New York City's Bowery housed fewer than 8,000 in 1964. Vacancy rates in the aging hotels soared. Owners deferred maintenance and repairs. Municipal officials scrimped on improvements to sidewalks and streets. Building inspectors enforced codes more vigorously. Police increased arrests for drunkenness and vagrancy. Newspapers ran lurid stories of skid row deviance and despair. Yet despite all these pressures, the lodging houses continued to make money. The poor tenants stayed because they had nowhere else to live.

When federal dollars for urban renewal became available, big-city mayors made plans to demolish obsolete buildings, hoping to attract new commercial and residential development. Many of them targeted dilapidated residential districts with low-income residents. Skid row districts proved especially attractive for renewal since they were centrally located and harbored populations with little political power. Studies documenting the disaffiliation and alcoholism of skid row tenants provided powerful rationales for demolition. As early as 1964, the commissioner of the Urban Renewal Administration of Housing and Home Finance could report the successful demolition of 129,000 buildings in more than 1,300 renewal projects nationwide. But the wave of demolition had yet to peak. Along Chicago's West Madison Street, more than 10,000 units were demolished between 1960 and 1980, wiping out more than 90 percent of the remaining hotel rooms. The juggernaut of renewal flattened hotels from San Francisco to New York City, eliminating skid rows across the entire United States.

THE LESSON FROM SKID ROW

Skid row neighborhoods harbored a diverse assortment of inexpensive, high-density, single-room hotels clustered near the center of the city. This concentration enabled the single poor to use the physical and social resources of the district to find a job, a place to sleep, food, clothing, and companionship without relying exclusively on public or private philanthropy. Homeless Americans in the twenty-first century are entitled to a much wider array of public services and shelters than were their skid row predecessors. But most enjoy less social flexibility and companionship. Today's homeless must learn to navigate their service providers' continuum of care to achieve independence—and they often do so without benefit of a diverse residential community. But nonprofit groups in some American cities have launched community-building initiatives to construct and rehabilitate buildings for single-room occupancy (SRO) and tie them to local networks of social and economic support. These organizations include the SRO Housing Corporation in Los Angeles, the Burnside Consortium in Portland, Oregon, and the Lakefront SRO in Chicago. Such groups are developing models for housing that will adapt the economic advantages of the old skid row to the social realities of the present. Their efforts are modest, but promising.

—Charles Hoch

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☐ CHILD CARE

Children and families make up the fastest growing segment of the homeless population in the United States. While many Americans tend to picture the homeless as armies of men and women pushing shopping carts through city streets and sleeping in subway tunnels, in cast-off boxes, and on heating grates, the new face of homelessness more accurately includes an increasing number of children and their families. Provision of child care and early education for these youngsters will be necessary to ensure that the homeless children of today do not become the homeless adult population of tomorrow.

THE SCOPE OF CHILDHOOD HOMELESSNESS

Homeless families are defined here as those with no permanent place to live; instead, they may live in shelters or other transitional programs, in motels or welfare hotels, in campgrounds or cars, or doubled up with relatives or friends. This definition is not limited to those dependent on government support. There are approximately one million children in the United States who are homeless each night (Helburn and Howes 1996, 5). In Massachusetts, according to Department of Transitional Assistance statistics, as of March 2003 there were 1,700 families homeless each night in congregate shelters, scattered site shelters, and motels—this represents 60 percent of all the homeless in the state. More than half of the children of these families were under school age. These families tend to lead nomadic lives that take them from one homeless venue to another. A 1997 study indi-

cated that homeless children have an average of 2.8 such temporary addresses each year, a rate sixteen times greater than the relocation rate of an average American family (Bartlett 1997, 122). Homelessness is often compounded by other family problems. Not only the lack of affordable housing, but other issues such as substance abuse, mental health problems, and domestic violence are often related to homelessness in the United States. These factors can be found in combination, doubling or tripling the potential for a slide into homelessness and increasing the negative effects on children.

THE IMPACT OF HOMELESSNESS ON CHILDREN

Compared with their housed counterparts, homeless children experience more developmental delays, emotional problems such as anxiety and depression, and behavioral problems, as well as a myriad of school-related troubles. All children require stability and consistency, individual attention, appropriate stimulation, protection from harm, and structure and routine in order to grow and develop normally. These conditions also allow a child to develop resiliency and gain appropriate skills for later success. All of these desirables are compromised by homelessness.

Living in automobiles, in welfare motels or hotels, or in shelters or transitional housing can create in children certain behaviors that are a response to their environment. Infants growing up in these circumstances can display slower motor development because they are not allowed the time or space to learn to grasp and crawl. Shelter rules may hinder a toddler's freedom to run, hop, and climb. Homeless infants cry more than their housed peers, and are less apt to receive the proper amount of stimulation and attention. Given the stressed nature of their parents' lives, these children often have scarce adult interaction, which in turn limits their sensory development. Lacking a consistent environment, homeless children may have difficulty focusing and paying attention. They also may be slower to develop language skills, and the inability to come up with words might result in negative behavior, such as biting instead of saying the word "mine." Lack of routine may make

the primary caregiver seem unreliable, creating a mistrust that can lead to later emotional problems.

Homelessness Plus

Added to the negative impact of homelessness on children's growth and development are the other common factors of parental substance abuse, mental health issues, and domestic violence. For some youngsters, all three are a part of their childhood.

In a family where substance abuse occurs, young children may not receive the attention they require and therefore may be at risk for neglect and for attachment difficulties. Older children may become "parentified," taking on parental roles for younger siblings and thereby losing out on the benefits of play—which would help develop their own skills and readiness for school.

As for parental mental health issues, depression in particular can hinder a mother's ability to interact with her child in a positive manner. Often this depression can be linked to experiencing and/or witnessing violence and living in poverty. Whether in therapy or on medication, depressed mothers benefit from three interventions: programs that nurture the mother; guidance on how to enhance parent-child interaction; and help in strengthening the caregiving environment, including finding options for good child care (Gowen and Nebrig 2002, 239–244).

Each year, between 3 and 4 million children from ages three to seventeen are at risk of witnessing violence in their homes. Karen Miller (1996) writes of the impact violence can have on children; it can strip them of the feeling of safety they require in order to develop. The child in a household where there is domestic violence may feel that the world is a truly unsafe place. Psychologically the child may have to choose between remaining helpless and emulating the violent parent—a serious problem particularly for young boys. Domestic or even community violence can cause children to "tune out" their surroundings, which undermines their ability to learn.

Homelessness in itself is difficult for children. Adding any of the above to the mix—substance abuse, parental mental health issues, domestic vio-

lence—increases the likelihood of even more negative consequences. Compared to their housed peers, homeless children are both more likely to experience mental health problems and less likely to receive the attention they need to resolve them. A 1999 study by the National Center for Family Homelessness (formerly the Better Homes Fund) reports that more than 20 percent of homeless children three to six years of age have emotional problems that warrant professional care.

EARLY EDUCATION AND CHILD CARE: WHY AND HOW

"Children in high-quality early childhood education programs are more likely to be emotionally secure and self-confident, proficient in language use, able to regulate impulsive and aggressive inclinations, and advanced in cognitive development" (Helburn and Howes 1996, 62). Homeless children, like their housed counterparts, are increasingly likely to find themselves in child care programs—especially when their mothers join the work force or enter school or professional programs to acquire skills that will improve the family's prospects. Studies have documented the elements that make such programs successful for all children: small group size, trained and supervised staff in a high teacher-to-child ratio, and a curriculum that addresses the particular needs of the population it serves (Gomby et al. 1995, 16).

It remains the task of the parent to secure an optimal child care situation. Ideally, the parent locates and inspects the potential site, interviews the caregiver, and pays the provider directly from wages earned. Figures gathered by the Children's Defense Fund show that the cost of a year of center-based child care varies widely by region: from \$3,900 in Conway/Springdale, Arkansas, to about \$13,000 in Boston (Phillips and Adams 2001, 45). Unfortunately, all of the circumstances cited above—lack of permanent housing, parental substance abuse or mental health problems, domestic violence—can impair access to child care.

As for the programs themselves, the issue of homelessness must be considered and a curriculum developed that will benefit this population.

A Curriculum That Makes a Difference

An effective curriculum for homeless children addresses the particular nature of their difficulties, given their unstable living environment. The suggestions below have been developed in a child care setting specifically serving the needs of homeless children living in shelter. Such a curriculum might be organized by age group around four basic developmental areas: motor, sensory, language and cognitive, and social-emotional.

Infants (birth to 15 months)

Motor Development. Some infants have had little chance to practice motor activities, perhaps because of too much time spent in car seats or strollers. These babies benefit from a curriculum that makes the floor a clean, safe space and brings child care workers to floor level, encouraging the infant to roll over and sit, and later to crawl and walk. Parents, too, should be encouraged to do “floor time” with babies. Caregivers should provide crawling room and furniture so infants can practice pulling themselves upright. They should give infants objects to hold such as rattles, stuffed animals, bottles, or cups; provide containers and simple toys for “dump and fill” activities; introduce opportunities to pretend; play imitating games; and introduce board books, letting the infant hold them and turn the pages.

Sensory Development. Stressed parents may neglect to provide the sensory stimulation necessary for growth. Their infants, in turn, may find touch or sounds intrusive and may cry frequently or be “fussy.” To address these needs, caregivers should hold and carry the infants frequently, pointing out objects and scenes and talking constantly about what they are seeing. They should make frequent eye contact with the infant when talking; sing to the child; provide colors and patterns for the infant to look at; and offer a wide range of toys and books for the infant to handle. Recognizing that infants also learn by putting things in the mouth, caregivers should make sure that the environment is safe and offer food of various tastes and textures.

Language and Cognitive Development. Infants in stressed homeless families may be slower to develop

language than their housed peers and may progress more slowly from sounds to words to simple sentences. Because of the number of transitions homeless children often face, infants may have trouble focusing on and attending to new people or activities. A curriculum to address these issues would ensure that child care providers are “talking their way through the day,” and, given the many transitions and strangers these children face, would establish a consistent and stable routine with one full-time caregiver rather than several part-timers. Caregivers should imitate the sounds the infant makes and urge the infant to imitate back the same sound; offer pop-up toys that can help teach cause and effect; read simple books frequently; teach songs and repeat favorite ones over and over again; create “go and find” games with toys; play peek-a-boo or simple hiding games; point out similarities in toys—color, shape, texture; count or sing the alphabet; and help the infant learn to anticipate activities by announcing them earlier in the day.

Social-Emotional Development. Parents who are stressed may not interact with their infants as they would otherwise. With their needs unmet, these infants may have learned to distrust their world. Homeless infants may become less interested in people, may smile less, make less eye contact, and generally be less responsive. A curriculum to address these issues would include plenty of reassuring words that soothe; a high caregiver-to-child ratio so that infants may be held often; conversation by caregivers about feelings; prompt response to infants’ needs; and helping older infants develop autonomy—for example by encouraging use of cups or spoons at snack time.

Toddlers (15 months to 2.9 years)

Motor Development. Toddlers living in shelters and welfare hotels may suffer from cramped space and rules that prohibit them from running, climbing, and handling objects. Stressed parents may not fully engage, and may tend to view the normal activity of a toddler as too loud, too active, and too messy. Toddlers require a curriculum that provides for the development of both gross and fine motor skills. This includes space for climbing, running, and jump-

ing; music and movement activities; use of objects such as balls, push toys, and baskets that require lifting and carrying; and “dump and fill” activities with all sorts of containers. Simple puzzles, stacking toys, blocks, finger paints, play dough, and big crayons and paper are also helpful.

Sensory Development. Toddlers’ natural curiosity about sights, smells, and sounds around them may be harder to satisfy in a shelter setting that is characterized by multiple families living in close proximity. Or they may suffer from overstimulation, which can cause them to “tune out.” In either case, caregivers can help compensate by responding to what toddlers are noticing. Toddlers need opportunities to use both an “outdoor voice” and an “indoor voice”; to echo sounds heard in the environment (trucks, fire engines, ambulances); they also enjoy rhyming games, especially those using their names. Caregivers should provide a sand or water table for experiencing various textures, and help toddlers explore flavors by varying snacks and talking about how food tastes, smells, and looks.

Language and Cognitive Development. Growing up in the stressful environment of a shelter, toddlers may experience delays both in acquiring language and extending their attention span. Child care providers should recognize that toddlers love to talk about what they are doing and should be encouraged to describe their actions, their feelings, and the objects they are handling. In addition, toddlers should be encouraged to speak in complete sentences; the caregiver can add adjectives so that sentence length gradually increases. Picture books are critical at this age; caregivers should allow time to look at pictures and comment on each one.

Social-Emotional Development. Homeless toddlers may be slow to trust people in their environment—for example, to know that hunger will be met with food and that individuals who leave them will eventually come back. This lack of trust will delay the toddler’s growth toward independence and may hinder curiosity. Their language delays may cause behavioral problems; a toddler might substitute hitting or biting for expressing anger in words. The homeless toddler may appear sad and may have difficulty with toilet training and with learning to share.

Good child care providers can overcome these problems by creating independent activities for toddlers; celebrating accomplishments; modeling how to express feelings with words and offering books that do the same; making sure that toddlers are praised for sharing; and using a positive vocabulary (“walking feet” instead of “no running”; “inside voice” instead of “no shouting”).

Preschoolers (2.9 to 6 years)

Motor Development. If a homeless preschooler has had limited access to large play spaces, motor skills may be underdeveloped. Some children may also show a disinclination to draw, paint, or work on puzzles. A good setting for these children would offer opportunities for active songs that include gross motor activity, and outdoor space where they can run, climb, swing, and slide. Fine motor skills can be developed with an ample supply of simple puzzles, play dough, finger paints, sidewalk chalk, and large crayons. A water play area equipped with food coloring and items such as droppers, cups, spoons, and ice cubes will encourage fine motor skills. So will building blocks, small cars and trucks, and activities that mimic daily life, such as shopping for groceries, setting the table, and cooking.

Sensory Development. Homeless preschoolers may have experienced many transitions in their short lives and be ultra-sensitive to stimulation. Some environments may have been unpredictable, noisy, or unresponsive to their needs. At the same time, lack of appropriate stimulation can lead to diminished interest in the environment just when this interest should be expanding. A preschool curriculum that addresses these needs would include games that focus on spotting slight differences between things, perhaps beginning with colors and then progressing to numbers and letters. Rhyming games, name games, and listening games can improve the preschooler’s auditory awareness; use of a “mystery box” with a variety of objects can help children differentiate through touch; and a variety of foods increases awareness of smells, tastes, and textures.

Language and Cognitive Development. Homeless preschoolers may be delayed in both receptive language (understanding what is said) and expres-

sive language (verbalizing thoughts and feelings). Attention spans may be short, and preschoolers may need help to organize their thoughts. Strategies that are particularly helpful with this population include role-playing and dramatic play opportunities; using literature as a basis for arts and crafts projects; using puppets to tell stories or share feelings. Photos can be used to demonstrate a process from start to finish, such as daily cleanup or cooking a meal. They can also be used for name games and for identifying classmates when attendance is taken.

Social-Emotional Development. Children without homes may feel self-conscious about being homeless. With the “magical thinking” characteristic of this age, preschoolers may believe that they are responsible for living in a shelter, or for the violence that might have landed the family there. Preschoolers—even at this very young age—may already be serving as parents to younger siblings and may not feel entitled to play themselves. Child care programs can enhance their social and emotional growth by including in their curriculum songs that model safe ways to express feelings like anger or sadness; establishing clear and stable routines; ensuring an adult-child ratio that allows plenty of individual attention; planning activities at which the preschooler can be successful; establishing clear and consistent limits for behavior; using books, puppets, or storytelling to talk about solving conflicts and airing feelings; providing dress-up clothes that allow the preschooler to take on other roles; and maintaining an awareness that some activities and some stories may affect homeless and housed children differently.

WHERE TO GO FROM HERE

Ideally, to lessen the problems that homeless children face, the answer is to end homelessness and all the additional challenges—substance abuse, mental health issues, domestic violence—that both increase the potential for homelessness and exacerbate its consequences. In the interim, it is important to identify the steps that will help ensure that homeless children receive an early childhood education that

specifically addresses the problems they face. Karen Miller writes,

The child care program can be an enormous positive influence in the life of a family. The child may have his first opportunity to play, paint, dig, have friends and feel safe. The parent may feel supported for the first time and, consequently, feel optimistic about the future. (Miller 1996, 267)

Thoughtfully designed child care specifically created for homeless children can play a part in breaking the cycle of homelessness.

—Nancy Owens Hess

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▣ CHILD SUPPORT

In the United States, two types of child support are available to children. The first (the focus of this entry) is private child support, which is largely regulated by state law. The second is the public assistance or “welfare” system that provides cash support to children in poverty who live apart from a biological parent, usually their father. During the past thirty years, the federal government has taken several steps to strengthen the private child support system, particularly with respect to the treatment of children living in poverty. At the same time, the value of public assistance for children in poverty has dropped by nearly one-third. Overall, these changes have privatized the costs of supporting children and shifted some of the costs of raising children from mothers to fathers.

WHAT IS PRIVATE CHILD SUPPORT?

The vast majority of the nation’s 23 million children who live with one parent live with their single, divorced, or never-married mothers. This is true even though state law is now gender neutral regarding custody arrangements. These mothers are eligible to apply for and receive child support on behalf of that child from the noncustodial biological parent. Even if the custodial parent (almost always the mother) has sufficient funds to support a child, the noncustodial biological parent still must provide financial support. If a child’s parents were not married at the time the child was born, however, legal paternity must first be established before an application for child support can be made against the alleged father. If the father denies paternity, a court may order a

DNA test to determine whether or not he is the biological father.

Once a child support order is issued by a court, a child is entitled to receive a set amount of money, paid bimonthly or once a month. For low-income mothers and their dependent children, child support is an important source of income. For women receiving child support, it adds an average of \$2,000 a year to their family’s budget, increasing their total income by 26 percent. In addition, child support reduces the total number of children in poverty by half a million and lessens income inequality among children who are eligible for it. For example, the poverty rate for families who receive all the child support they are owed is 15.2 percent, compared with the 35.7 percent poverty rate for families that do not receive any of the child support they are due.

CHILD SUPPORT AND THE LAW

In the United States, child support policy is a province of state law, so child support systems vary dramatically from state to state. Courts are the main decision makers in these systems. Although state law establishes the duty of noncustodial parents to financially support their children, judges have the authority to decide whether to grant a support order, and if so, for how much. Judges also often decide what sanctions will be taken if the father fails to meet his support obligation. In some jurisdictions, little is done about nonpaying fathers: The burden of collecting overdue support falls to the custodial mother, who must hire an attorney and take the father to court.

This case-by-case handling of child support orders results in a system that works very differently for poor/low-income families and children and their high-income counterparts. Low-income and poor fathers pay a higher percentage of their incomes than high-income fathers. Studies indicate that low-income fathers are likely to be ordered to pay amounts that exceed those set out in guidelines than middle- and high-income fathers. This happens in part because courts sometimes base child support orders on imputed income rather than actual income, assuming that any father could have earnings equal to full-time work at the minimum wage. If a father

cannot attain this level of earnings, his child support order will be a very high percentage of his actual income. Fathers with very low incomes will thus have orders that amount to a very high percentage of their income. In addition to these high support orders, fathers of children receiving public assistance may be ordered to pay back all of the money the state has paid to their children in Medicaid and public assistance. The overall effect of these child support guidelines is regressive: Fathers in the lowest income group pay a much higher percentage of their income (when they pay at all) than fathers in the highest income category—28 percent versus 10 percent.

CHILD SUPPORT REFORMS

Some of these inequities have been addressed by Congress, which passed several major pieces of legislation, beginning in the 1970s, designed to (1) establish the legal obligation of noncustodial parents to pay child support, (2) increase the level of the child support orders, and (3) more effectively enforce support obligations.

Legal Obligation to Pay

In the 1970s, most divorced mothers already had a child support order, so the child support reforms undertaken beginning in the late 1970s were not aimed at divorced men. Instead, laws passed in this area focused on obtaining child support from men who have fathered children outside of traditional marriage. For these men, paternity must be established before a child support order can be issued by the court. Before the 1980s, paternity establishment in most states was a difficult and costly judicial procedure in which the rights of the accused were relatively well protected. Most courts admitted blood tests as evidence in paternity establishment cases only if they excluded the putative father. This changed with passage of the 1988 Family Support Act (FSA), which required all states to use blood tests and genetic tests without the need for a court order. The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRAWORA) goes much further by requiring states to give administra-

tive agencies authority to order blood tests and genetic tests without a court order. The law also requires states to have available in hospitals and birth records agencies a paternity acknowledgment form. Signing it is voluntary, but when signed, it becomes a legal finding of paternity after sixty days. In 1980, paternity was established in only 22 percent of non-marital births. By 1996, the percentage had reached 57 percent. Not surprisingly, the proportion of never-married mothers with a support order has increased from 8 percent in 1979 to 23 percent in 1991. In view of PRAWORA, the percentage is almost certainly higher today.

Increasing Support Payments

Before the 1980s, child support orders were set on a case-by-case basis, and fathers in poverty were treated more harshly than their well-to-do counterparts. The old system also produced unacceptably low child support orders that failed to keep up with inflation. The 1984 Child Support Amendments requires states to adopt numerical guidelines for determining child support obligations that courts could use. The 1988 Family Support Act (FSA) requires states to make these guidelines the presumptive order. Judges who depart from the guidelines are required to provide a written justification.

Enforcing Payment Obligations

To help ensure that noncustodial parents pay what they owe, Congress passed the nation's first federal child support legislation in 1974—the addition of Part D to Title IV (IVD) of the Social Security Act. This act established the Child Support Enforcement (CSE) program, created the federal Office of Child Support Enforcement (OCSE), required all states to establish comparable state offices, and authorized federal funding for three-quarters of the states' expenditures on child support enforcement. Ten years later, Congress passed the 1984 Child Support Amendments, which require states to enact laws to require employers to withhold child support obligations of delinquent parents. The 1988 FSA goes further by requiring automatic withholding of child support obligations from

the outset for all child support cases, beginning in 1994. Many states, however, failed to implement withholding for non-IVD cases because they neither had nor wanted to develop the bureaucratic capacity to administer universal withholding of payments. The 1996 PRAWORA requires all states to develop the bureaucratic capacity to monitor child support payments and to administer wage withholding of support payments from delinquent parents' wages.

EFFECTS OF CHILD SUPPORT REFORMS

What impact have these changes in child support policy had on women and children? While there has been an increase in child support orders among women in poverty receiving public assistance, from 8 percent in 1979 to 23 percent in 1991, the proportion of eligible families with a child support order remained at about 60 percent, which is where it was in the late 1970s. This is because divorce cases, which generate most child support orders, now make up a smaller share of the child support caseload, whereas cases due to non-marital births, which have a low, albeit growing, proportion of child support orders, make up a larger share of the caseload.

Data on child support receipts of single mothers from 1979 to 1999 indicate virtually no improvement in the receipt rate for all mothers: It rose from 30 percent to 31 percent. On the other hand, the increase in child support payments from the fathers of children in poverty and receiving public assistance doubled, from 8 percent to 16 percent. Likewise, the federal Office of Child Support Enforcement (OCSE) reported that the proportion of single mothers in poverty receiving public assistance and a child support payment nearly doubled between 1978 and 1998, from 13 percent to 25 percent. Thus, efforts to strengthen child support enforcement have not increased payment from all fathers but have increased support payments from fathers whose children live in poverty and are receiving public assistance.

Stronger enforcement of child support orders has increased the incomes of single mothers. One study found that the increases in child support payments between 1978 and 1998 increased the incomes of single mothers by 16 percent and the incomes of single

mothers with a high school degree or less by 21 percent. On the other hand, even perfect enforcement would leave one-third to one-half of single mothers poor and insecure. This is true for several reasons. First, support orders rarely keep pace with inflation or with increases in the living standards of noncustodial fathers. Custodial mothers and children receive too little financial support by almost any standard. Second, many fathers with support orders live in poverty: 30 percent of noncustodial fathers earn less than \$14,000. Of all mothers who receive child support payments, mothers in poverty receiving public assistance obtain less support than others. Among mothers receiving public assistance who were supposed to receive child support payments, only 5 percent obtain their full award, while about 40 percent do not collect anything. Thus, the women who most need child support income are least likely to receive it.

Third, many women in poverty do not and will likely never have a child support order. This is true for several reasons. One is fear of violence. Some mothers, particularly those who experienced violence at the hands of their male partners or husbands during their marriage or relationship, will not apply for child support because they fear their ex-partners will be violent toward them if they do. A recent study found that 30 percent of all women stated that they were fearful during their negotiations for child support, with few race and class differences among them. These women's fears caused some of them to reduce their requests for child support. There is a statistically significant relationship between feeling fearful during negotiations for child support and receipt of child support. Only 6 percent of the women who reported being fearful received regular child support, in contrast to 34 percent of those who did not report fear during negotiations for child support.

Some mothers do not have support orders because they do not want to reveal the identity of their child's father. The 1996 PRAWORA stipulates that any mother applying for public assistance must reveal the identity of her child's father. Since the purpose of paternity establishment is to assign child support obligations to biological fathers, the second condition is that mothers who need public assistance must cooperate in establishing, modifying, and enforcing

the support orders for their children. The PRA-WORA requires states to reduce a family's public assistance grant by at least 25 percent when a mother fails to comply with these rules; it also permits states to deny the family's grant altogether. Women may fear that revealing their child's father may result in abuse for themselves or their children. They may not want to seek child support because they have chosen to parent alone or with another man or woman. They may know their child's father is impoverished and may fear exposing him to harsh penalties when he cannot pay what a court stipulates.

Finally, women's vulnerability to poverty and homelessness is increasingly viewed as resulting from an unfair division of resources that leaves mothers and children with too little and absent fathers with more than their appropriate share. When parents separate, the average dollar income of the noncustodial parent, usually the father, is generally much higher than the income of the custodial parent. In this view, child support payments can help, but they rarely equalize the loss of income from the family's splitting. With no child support payments at all, the husband's living standard would rise to 2.33 times the poverty level, while the mother and children fall to 60 percent of the poverty line.

SUCCESSFUL REFORM?

Since the mid-1970s, homelessness has increased faster among single-mother families than among any other group. Their children now account for nearly 40 percent of the homeless population in the United States. One of the reasons for this is that noncustodial parents, mostly fathers, do not pay the child support they owe. If only 80 percent of the child support owed were collected, child poverty in the United States would be reduced by almost half. However, child support reforms of the past thirty years have focused on collecting support from unwed fathers whose children receive public assistance. It is likely that these children will continue to receive little or no child support because their fathers are, on average, more disadvantaged than the parents of children who already receive child support.

—Susan L. Thomas

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☐ CHILDREN

See Child Care; Child Support; Children, Education of; Children, Impact of Homelessness on; Families; Foster Care; Parenting; Youth, Homeless

☐ CHILDREN, EDUCATION OF

An estimated one million children in the United States experience homelessness in a given year.

Children who are homeless confront abject poverty and experience a constellation of risks that have a devastating impact on their well-being. Research studies have linked homelessness among children to hunger and poor nutrition, health problems, psychological problems, developmental delays, and academic underachievement. Such factors often converge in the educational problems confronting young people who are homeless. In addressing these issues, the federal Education for Homeless Children and Youth program was designed both to alleviate those obstacles and to enhance these students' ability to achieve academic success. However, ongoing challenges to service delivery remain.

EDUCATIONAL PROBLEMS CONFRONTING HOMELESS CHILDREN

School is especially important for homeless children because it is one of the few factors in their lives that provide stability, structure, and accomplishment during a time of great upheaval. When families lose their housing, they are often forced to move from one temporary placement to another. When children simultaneously lose both their home and school, they are doubly unanchored. They lose their neighborhood friends and have to make new ones. At the same time, they must get used to a new school, new teacher, and schoolwork that is often discontinuous with their previous curriculum. The instability associated with homelessness makes regular school attendance and success a daunting challenge for these children. Research studies investigating these impacts show that homeless children have poorer rates of school attendance, lower scores on standardized achievement tests, and higher rates of grade retention than their permanently housed peers.

THE EDUCATION FOR HOMELESS CHILDREN AND YOUTH PROGRAM

When the United States Congress passed the first comprehensive legislation to aid the homeless, it acknowledged the threat of homelessness to school success. The 1987 Stewart B. McKinney Homeless Assistance Act, and its subsequent amendments,

authorized a range of programs and benefits to provide urgently needed relief to the nation's unhoused and poor. It spoke to the educational needs of children and youth who are homeless by providing formula grants for states to carry out the Education for Homeless Children and Youth program, or EHCY (Subtitle VII-B). It also provided grants to local education agencies to help homeless young people enroll in, attend, and succeed in school. In 2001, the McKinney Act was reauthorized as part of the "No Child Left Behind" Act; it was also renamed the McKinney-Vento Homeless Assistance Act.

In reauthorizing the Act in 2001, Congress reaffirmed these intentions by substantially strengthening the EHCY program. Changes were based on proven practices contributed by educators from across the country, aimed at improving stability, access, and support. The program mandates that homeless children and youth have equal access to the same free and appropriate public education as their permanently housed peers, including preschool. It requires all state and local education agencies to review and revise any laws, regulations, practices, and policies that may act as a barrier to the enrollment, attendance, or academic success of homeless students. It requires states to ensure that local educational agencies do not create a separate education system for children and youth who are homeless. It mandates equal access to educational programs and services. It also specifies that homeless children and youth be provided with the opportunity to meet state and local academic achievement standards and be included in state- and district-wide assessments and accountability systems. One section of the "Statement of Policy" mandated by Congress calls for the removal of identified obstacles to school enrollment, attendance, and success, noting practical issues such as transportation, guardianship, and immunization requirements.

Obstacles to Enrollment and Regular School Attendance

The EHCY program addresses the need for policies and procedures to identify children and youth who are homeless. Each state education agency is

required to have a State Coordinator of Education of Homeless Children and Youth to identify all such young people in their state, assess their educational needs, facilitate cooperation between state and local education agencies, and collaborate with other education, child development, and preschool programs, as well as other service providers, to ensure comprehensive services. Each school district must also designate a liaison to ensure that its homeless students are identified (by school personnel and through coordination with agencies and other agencies) and enrolled in school. The liaison must also ensure that they receive educational services for which they are eligible, including Head Start and other preschool programs, and family literacy programs such as Even Start. The liaison also ensures referrals to health, mental health, dental, and other appropriate services.

The EHCY program also mandates that parents of homeless children be informed of their children's rights under the McKinney-Vento Act. Posters must be displayed in places where homeless families might congregate, such as emergency shelters and soup kitchens. One key issue pertains to school selection. Children have the right to stay in their current schools to the extent feasible, unless they or their parents choose otherwise. They also have the right to attend any school that housed students in the same geographic area are eligible to attend. If there is a dispute, the district must enroll the child in the school of his or her choice, pending resolution.

For children transferring into local schools, the program mandates timely enrollment: Children have the right to enroll immediately, even if they lack required documents such as school records, medical records, or even proof of residency within the school district. For children who are staying in their school of origin, the EHCY program mandates districts to provide transportation, if required.

Obstacles to School Success

The state coordinator must provide technical assistance, in coordination with local liaisons, to all local education agencies to ensure compliance with a number of requirements: school choice, feasibility

determination, enrollment and disputes over enrollment, records, comparable services, coordination, local liaison duties, review and revision of policies, and the prohibition on segregation from students who are housed. States are also required to award competitive subgrants to local education agencies, based on need and application quality. Not surprisingly, research has found that school districts that had received McKinney-Vento subgrants provided a broader range of educational and recreational services than districts that were not awarded federal funds. Funding from Title I provisions and community organizations also enhanced services by school districts.

The Segregation Issue

The concept of separate schools for homeless students is one of the most controversial topics in the education of students who are homeless. States are prohibited from segregating homeless students in separate schools, or even in separate programs or settings within schools, except for short periods of time. Subtitle VII-B maintains, "Homelessness alone should not be sufficient reason to separate students from the mainstream school environment." However, states that were operating special schools for the homeless prior to the 2001 reauthorization—such as Arizona—were grandfathered under the new law and may continue to do so.

ONGOING CHALLENGES TO SERVICE DELIVERY

As a result of the McKinney-Vento Education for Homeless Children and Youth program, school access has significantly improved for these young people. Even so, obstacles continue to prevent them from achieving regular attendance and academic success. The U.S. Department of Education issued a report in 2002 on state and local efforts to serve the educational needs of homeless children and youth and overcome barriers that affect their enrollment, attendance, and school success. Titled *Reducing Barriers for Homeless Children and Youth for Access and Achievement*, the report noted that "transporta-

tion remains the most prominent enrollment barrier for homeless children and youth” (Vol. 1, p. 18). It also reported that “homeless students’ frequent moves from school to school were their most significant barrier to academic success” (Executive Summary, p. 4). Other major barriers to school success included the lack of awareness and sensitivity among school administrators and teachers to the specific educational needs of homeless children, and children’s lack of an appropriate study area in which to complete school assignments. Moreover, when state coordinators were asked to what extent eligible students had difficulty accessing educational services, more than half identified specific programs and services as particularly problematic for homeless children. The programs that were difficult for homeless students to access included special education, Head Start and other publicly funded preschool programs, “gifted and talented” programs, Even Start

and other family literacy programs, and programs for English language learners. Finally, despite the 1994 McKinney requirement that states remove preschool enrollment barriers for homeless children, only 15 percent of homeless preschoolers were enrolled in such programs in 2002. According to the United States Department of Education, “preschool age homeless children are greatly underserved by homeless education programs” (Volume 2, p.1).

THE FUTURE

Schools and communities have a vital role to play in meeting the educational needs of unhoused children and in mitigating the potentially harmful effects of homelessness. Children and youth who are homeless require educational stability and the opportunity to maintain regular and consistent attendance in school,



The McKinney-Vento Homeless Assistance Act, Subtitle VII-B

Subtitle B: Education for Homeless Children and Youths

Sec. 721. Statement of Policy

The following is the policy of the Congress:

1. Each State educational agency shall ensure that each child of a homeless individual and each homeless youth has equal access to the same free, appropriate public education including a public preschool education, as provided to other children and youth.
2. In any State that has a compulsory residency requirement as a component of the State’s compulsory school attendance laws or other laws, regulations, practices, or policies that may act as a barrier to the enrollment, attendance, or success in school of homeless children and homeless youth, the State will review and undertake steps to revise such laws, regulations, practices, or policies to ensure that homeless children and youths are afforded the same free, appropriate public education as provided to other children and youths.
3. Homelessness alone is not sufficient reason to separate students from the mainstream school environment.
4. Homeless children and youths should have access to the education and other services that such children and youths need to ensure that such children and youths have an opportunity to meet the same challenging State student academic achievement standards to which all students are held.

Source: Text of the McKinney-Vento Legislation. (2001). Retrieved November 18, 2003, from <http://www.serve.org/nche/downloads/Reauthorizationtext.pdf>

so that they acquire the skills necessary to escape poverty and lead productive, healthy lives as adults. Because their educational needs and problems are many and the solutions are complex, no agency or school can solve these problems alone. These needs can be best met through support, coordination, and collaboration among the various local agencies that work with homeless families, as well as communication with agencies at the state level. A coordinated model of service delivery would enhance the provision of programs and services to homeless children and their families.

At the very least, the mandates set forth in the McKinney-Vento Act should be enforced to promote continuity of educational services. School personnel must provide outreach services to locate and identify homeless children and thus minimize the disruption to their education. Parents should be informed of

their children's rights, particularly with regard to remaining in their current schools. Homeless children should not have the additional instability of a mid-year school shift. Instead, the goal should be for them to remain in their original schools, with familiar teachers, curricula, and peers. For children who continue to attend their original schools, transportation problems should be expeditiously resolved, attendance should be monitored, and follow-up services should be provided if attendance is not satisfactory. For children who transfer to new schools, appropriate placement must be made quickly and every effort made to ensure that students receive services comparable to those given to permanently housed students. There must be effective procedures for transferring student records. Special attention must be paid to bilingual students and those who need special education services.

Ultimately, however, broader issues must be addressed. The United States must develop a coherent and comprehensive national family policy with a strong concern for the social problems confronting children in poverty. There must be a more serious and sustained investment in children by the federal government helping order to secure promising futures for them. The federal government must recognize that programs to reduce or eliminate poverty would, in the long term, cost society less than the persistence of current levels of poverty and its consequences.

Whatever vulnerabilities to homelessness may exist, an abundance of research continues to indicate that homelessness is associated with deficiencies in six areas: the availability of affordable permanent housing, the opportunity to earn an adequate income, education to prepare people to be productive, safe communities, a supportive and stable childhood environment, and accessible health and mental health services. Policies must be developed to meet the needs of families as a whole and, at the same time, the needs of children within them. In view of the continuing crisis in the nation's housing system, and the great suffering that vulnerable children who lack permanent housing continue to endure each night, there is an urgent need for action.

—Yvonne Rafferty

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▣ CHILDREN, IMPACT OF HOMELESSNESS ON

In most American cities, homeless children are situated in a family shelter or transitional housing, although a minority can be found sleeping with other family members in such places as campgrounds or cars. According to a 1989 Government Accounting Office report, on any given night, upwards of 200,000 children are homeless—not counting unaccompanied homeless adolescents. In the course of a year, roughly one million U.S. children will experience an episode of homelessness.

A “first generation” of research on homeless children, mostly conducted during the 1980s, identified problems that children were experiencing while homeless and raised concerns over their unmet needs. A second generation of research, funded by the federal government during the 1990s, attempted to more accurately pinpoint the effects of homelessness, per se, on children.

While shelter life can be deeply troubling, it is but one of many stressors experienced by children living in poverty. In most cases, living in a shelter is only moderately stressful for youngsters compared to an event such as being exposed to violence, which can have a pronounced negative effect on children's mental health. Although homelessness is unlikely to

have a long-term effect on children's cognitive or motor development (as found by Cynthia Garcia Coll and colleagues), it can certainly have an impact on their mental health. According to John Buckner and colleagues, living in a shelter appears to cause children psychological distress such as anxiety and depression, especially for those who are of school age. Children age six and older are usually more affected than younger children, due to greater awareness of their living circumstances and because of the possible shame they may feel about it. Homelessness is likely to affect children's academic performance to the extent that it impedes their school attendance, among other factors. This may vary from city to city, depending on the level of intervention in place to ensure that homeless children regularly attend school.

As Linda Weinreb and colleagues have found, the congregate nature of family shelters makes homeless children more likely to contract communicable illnesses such as colds, ear infections, and diarrhea. Chronic illnesses such as asthma are also more prevalent among them. According to Buckner and Bassuk (1997), their rate of severe mental illness is no higher than that of low-income housed children. However, low-income and homeless children as a group show elevated rates compared to children in the general population. Moreover, they are unlikely to be receiving the mental health treatment they need.

There is some evidence that a "dose-response" relationship exists between length of time in shelter and level of distress (Buckner et al., 1999). In other words, in children who remain homeless for some time, symptoms appear to gradually increase, then level off after a few months. It is unclear at this time what specific aspects of shelter experience are stressful for children. Shelters vary widely in their quality and size, factors that likely influence the degree of stress incurred.

The majority of homeless children are with a single parent, typically the mother, although two parent families are somewhat common in certain areas of the country, particularly the Southwest. The parents' mental health and stressors can also affect their children, especially younger ones. Parenting is made more stressful by shelter rules and the watchful eyes of others. A reciprocal interplay between the mental



A child in New York City in February 2002 waiting for a bus to take him and his family to a shelter.

Source: Mark Peterson/Corbis; used with permission.

health status of a mother and that of her children can often be observed among homeless families: A mother's psychological distress can affect her children's well-being and the behavior and distress of her children can, in turn, affect her own coping abilities.

GUIDANCE FOR FUTURE RESEARCH

Research conducted to date on homeless children has illuminated a fair amount of knowledge on current needs and the impact of shelter life. Future research should be guided by relevant policy and programmatic questions aimed at drawing clear conclusions on how to better help homeless children. The value of conducting more refined observational research

without clear practical benefits is questionable. Researchers have not systematically examined what happens to children who are separated from their families as a result of a homeless episode (K. Cowal et al., 2002). Prior studies of such families have not included the separated youths, largely due to the complicated logistics that would be involved.

Future studies might also focus on better understanding which factors influence the experience of homelessness for children, including type of shelter, length of time homeless, parents' mental health, and so on. Such research could try to identify the most at-risk subgroups of homeless children, those who might be targeted for mental health interventions. Interventions that address the needs of homeless children are sorely needed, and should continue after children become re-housed, since these relationships take time to build. These interventions should be grounded in empirical research and undergo rigorous evaluation to ensure they have beneficial effects.

Further complicating the picture, homelessness can be a mixed or, in some ways, positive experience for families. While living in a shelter is often the result of a family life crisis, it is not always a negative event. In some instances, time in a shelter can help some families develop needed relationships with service providers, offer a respite from domestic violence and residential instability, and facilitate efforts to secure permanent housing and benefits. Shelters can provide a useful setting for intensive, time-limited services to families in crisis. But these potential benefits notwithstanding, shelter life is usually stressful and unpleasant for families. Societal efforts at reducing family homelessness would certainly include increasing the affordable housing supply. Other solutions might address broader issues faced by low-income families: increasing the wages of low-income workers, providing decent child care as well as transportation alternatives for parents who work, and reducing community and family violence.

—John C. Buckner

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☐ CINEMA

See Appendix 2: Filmography of American Narrative and Documentary Films on Homelessness; Images of Homelessness in Contemporary Documentary Film; Images of Homelessness in Narrative Film, History of

☐ CONTINUUM OF CARE

The “continuum of care” concept came to national attention early in the Clinton administration, when the Department of Housing and Urban Develop-

ment (HUD) published *Priority Home! The Federal Plan to Break the Cycle of Homelessness*. The concept encompasses two quite different meanings, one related to service availability, and the other related to pathways that homeless people may take through a service network.

With respect to service availability, a continuum of care (hereafter “CoC”) is a system of services within a community that contains all the major elements for averting and ending homelessness. These elements include prevention, outreach and drop-in programs, emergency shelter, transitional housing, permanent supportive housing for people with disabilities, and affordable housing without supports. The CoC concept also calls for a system that is community-wide—that is, not just within one or two agencies—and brings all the elements together, working in a coordinated fashion to assure that people get the services and supports they need, either to avoid homelessness or to leave it permanently.

With respect to service pathways, a continuum of care is sometimes interpreted to mean that individual homeless people are expected to traverse *all* the components in a linear fashion, progressing from emergency to transitional shelter and then either to regular or supported housing situations. In the original formulation of the idea, everyone would begin with an assessment stage, but few systems ever did this. In reality, the service pathway is a fairly common meaning of the continuum concept if one counts systems that place almost all homeless people into emergency shelter first, before making opportunities available for transitional and permanent housing, with or without supports.

This entry focuses primarily on the “service availability” meaning of CoC, its components, and its recent changes, including those due to federal funding policies. As to the “service pathways” aspect, several new approaches are also addressed here—among them the “housing first,” which offers the primary alternative model to an individual’s stepwise progression through the components of a given CoC system.

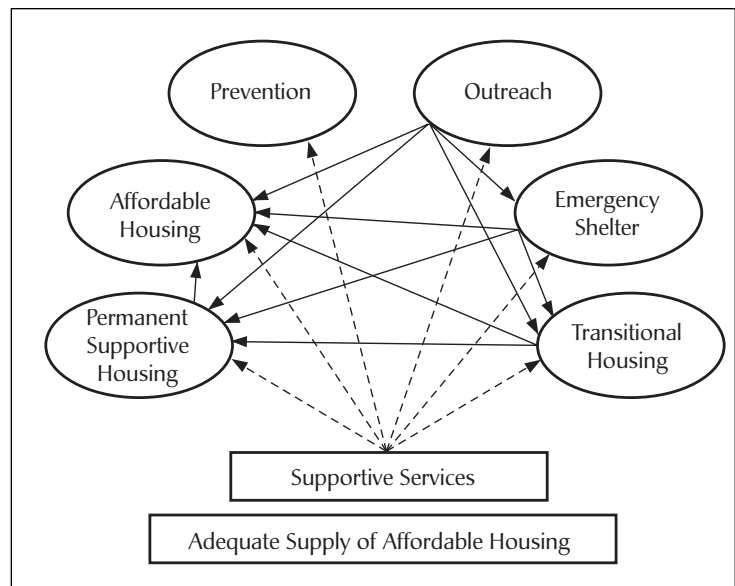


Figure 1. Model of a Continuum of Care

COMPONENTS OF A CONTINUUM OF CARE

What constitutes a service network in a given community? Figure 1 illustrates the typical components and the links between them. The solid arrows in Figure 1 indicate pathways along which people may move from one component to another. The dotted arrows from “supportive services” to each component indicate that all components may include supportive services of many varieties. The bar at the bottom, “adequate supply of affordable housing,” is included to signify that the success of each CoC component in preventing or ending homelessness depends on being able to locate housing in the community that is affordable for people who are homeless or at risk for homelessness.

Prevention

Homelessness prevention for families and individuals at imminent risk should be an integral part of any CoC, but relatively few communities devote significant resources to prevention. Mainstream agencies dealing with alcohol, drug, and mental health problems and foster care, as well as prisons and jails—critical components in effective prevention of

homelessness—vary in regard to discharge planning efforts and coordination. Without provision of housing resources and the supportive services to keep people in housing once they are discharged, these agencies often become feeders for homeless programs rather than serving as a line of defense against homelessness for their clients.

Outreach

Outreach and engagement strategies are critical for reaching the hardest-to-serve homeless people and bringing them into the homeless assistance system. Outreach focuses on finding homeless people who might not use services, due to lack of awareness or active avoidance, and who would otherwise be ignored or underserved. Outreach programs often serve persons with mental health and/or substance abuse issues who may be highly vulnerable and often cannot meet the requirements of traditional service providers—or bring themselves to trust them.

Outreach efforts focus on establishing rapport, developing trust, caring for immediate needs, providing linkages to services and resources, and helping people get connected to mainstream services and, ultimately, to the community. Some outreach programs are designed to find individuals and link them to other providers, while outreach workers in other programs serve as clients' case managers during their participation in various programs and services.

Emergency Shelter

For many people, emergency shelters are the point of entry into a homeless assistance system. Most are congregate buildings, but some may offer hotel or motel vouchers and short-stay apartments. Emergency shelters generally have an official length of stay ranging from one to ninety days; however, many chronically homeless people manage to live in them for years. Communities typically dedicate separate shelters to singles and families, or to single men and women with or without children, unless the community is very small. In addition, some communities have specialized shelters for veterans, vic-

tims of domestic abuse, teen parents, chronic substance abusers, or runaway youth.

Transitional Housing

A part of many communities' response to homelessness, transitional housing provides time-limited placement (usually for up to twenty-four months) for persons who are believed to need help resolving some issues before they will be able to maintain themselves in permanent housing. Transitional housing facilities differ from permanent supportive housing (the next CoC component) in their time-limited nature—people must move on to other housing within twenty-four months. They differ from regular affordable housing in the community because they offer supportive services connected to residence. Within these settings, residents have access to intensive services, often provided on-site or through community partners. These range from alcohol and drug abuse treatment to financial counseling and employment services. As residents become stabilized, providers are expected to help them find permanent housing.

The role of transitional housing in CoCs has evolved, with some communities having second thoughts about its importance as well as about which types of clients might profit from it. These communities are trying to reduce their reliance on transitional housing facilities for many homeless households, particularly families. Instead, programs place families in housing units where they will be able to stay indefinitely, and to which they hold the lease. The programs offer transitional supportive services as needed until families are stabilized and able to maintain housing on their own. Yet other communities continue to develop and provide transitional housing facilities and view them as a key component in their CoC.

Permanent Supportive Housing

Permanent supportive housing (PSH) combines housing assistance and supportive services for homeless persons with disabilities, primarily serving individuals (and increasingly their families) who

have serious mental illnesses, chronic substance abuse problems, physical disabilities, AIDS and related diseases, and combinations thereof. Permanent supportive housing programs use many housing configurations, including scattered-site apartments, dedicated buildings (in which every unit is a PSH unit), and mixed-use buildings (in which as many as 75 to 80 percent of the units are not occupied by formerly homeless people). Supportive services are also provided on-site or through partnering agencies, depending on individual and community needs.

Affordable Housing

Housing without services (that is, “regular” housing) that is affordable to poor people is the key to ending homelessness for most of those who pass through homeless assistance networks. Until recently, very few communities tried to systematically increase the supply of affordable housing. But as more communities acknowledge a crisis in housing affordability, more are using rent subsidies, tax credits, housing trust funds, targeted tax levies, and other mechanisms to expand the supply.

EXPANSION OF HOMELESS ASSISTANCE NETWORKS

CoCs for homeless people in communities across the United States have developed substantially since the mid-1990s, thanks to expanded federal funding for homeless assistance programs and to HUD’s requirement that to secure these funds, communities must organize themselves to provide coherent systems of care.

In 1987, Congress passed the first federal law specifically addressing homelessness, the Stewart B. McKinney Homeless Assistance Act of 1987, later named the McKinney-Vento Homeless Assistance Act. McKinney-Vento has been a major federal avenue for supporting the development of homeless assistance systems. Its funding levels since the mid-1990s have been slightly more than \$1 billion a year.

Two McKinney-Vento programs focus on emergency services. The Emergency Shelter Grant Program’s funding is one staple; these monies also sup-

port homelessness prevention activities, to some extent. Emergency Food and Shelter Program (EFSP) funds may also be used for these purposes, as well as for emergency feeding programs. The EFSP (which began in 1983 as a one-time emergency measure and was extended six times before the McKinney Act made it a permanent program) became the mainstay of homeless assistance through most of the 1980s.

By 1987, when the McKinney Act was passed, provider experience with homeless individuals and families had shown that for some homeless people, short-term emergency shelter was not enough to end their homelessness. Based on this experience, Congress included additional program types in the original McKinney Act, and McKinney-Vento added still more program types. The intention was to offer a federal incentive for local communities to develop comprehensive homeless assistance systems. Some of these new program types focused on people with disabilities, improving their access to both transitional and permanent supportive housing through the Supported Housing Program. To increase the permanent supportive housing supply for this population, Congress added the Shelter Plus Care funds program. In addition, several provisions were created for using Section 8 Moderate Rehabilitation grants to increase the supply of single-room occupancy units and give homeless individuals priority for them.

Also part of the initial premise was that once federally financed programs had proved their merit locally, local governments and other funding organizations would step up and assume responsibility for their survival. However, most programs begun with these federal funds continue to rely on them, thus creating tensions between the need to continue funding for existing programs and the desire to develop new programs and approaches.

For the first six or seven years of federal funding for homeless assistance programs, HUD did not impose any requirements for systematic planning and comprehensiveness at the local level. Funds for HUD’s transitional and permanent supportive housing programs are distributed through national competitions. Initially, individual programs applied to these national competitions. Most communities

could not be described as having “a system,” and providers developed programs for which they saw a need and could find money, without regard to the larger pattern of services in the community.

Just as there was no comprehensive planning or intentional structure to the array of homeless assistance programs and services before the mid-1980s, initial uses of funds under McKinney and later McKinney-Vento increased capacity but were not structured to “complete” a service system. Nor were they structured to assure that homeless people received all the care they needed that the system had to offer.

In contrast, since 1996 HUD has used a competitive application process for the supportive housing programs authorized by McKinney-Vento to promote the development of CoCs. By requiring communities to come together to submit a single comprehensive application, HUD has stimulated many to move toward greater structure and a more strategic vision of their programs and services for homeless people. This increased system structure and rationality is expected to improve services for homeless people and to increase the chances that their needs will be met.

SERVICE PATHWAYS

Homeless people in most communities still enter the assistance system through emergency shelters. Then, if they cannot return to independent living in a short while, they may go on to transitional housing and perhaps ultimately to permanent supportive housing. But in recent years, some communities have developed several alternative pathways. Two of these are oriented toward families, two toward chronically homeless single adults.

Options for Families

The first alternative for families separates transitional *services* from transitional *facilities*. This approach is used for families who are capable of returning to independent living. Families needing more help after leaving emergency shelter are placed directly into housing units where they can continue to live after

services end. This is coupled with receipt of transitional services as long as necessary (up to two years) to help them stabilize their situation.

The second option, for parents with long histories of homelessness and failure to retain housing without supportive services, is permanent supportive housing for families. In both alternatives, the families bypass residence in a transitional housing facility.

Options for Singles

For chronically homeless single adults, the goal of the new alternatives is to avoid even emergency shelter. Again two alternatives exist, both of which make few or no demands on their residents for service participation or “improvement”—a principle known as “low/no demand.” “Safe havens” are one example; these residences take people directly from the streets. Residents are not expected to remain in these safe havens indefinitely. Most safe havens have an official two-year time limit, but most will allow a resident to stay longer if necessary. “Housing first” approaches move people directly from the streets into permanent supportive housing units that are expected to be their permanent home. Tenants may, but do not have, to use a variety of supportive services. Recognizing the needs of these hard-to-serve homeless subgroups, some communities around the country are developing one or both, while other communities and provider groups remain skeptical.

“Low/No Demand” Options

Controversy surrounds shelter and housing programs that place few or no demands on their clients: to undertake certain activities, to change their behavior, or even to make “progress” at all. These programs do not lack supportive services—indeed, many are quite service-intensive—but they are merely offered, not required. Most often the need for such programs is discussed in terms of system entry. It is indeed an issue at that point, but in fact, such programs are evolving along the entire CoC, including the permanent supportive housing component.

The basic idea of a low/no demand facility is that offering a place for extremely vulnerable peo-



Integrating Group Homes into Neighborhoods

PORTLAND, Ore. (ANS)—Social service providers increasingly are recognizing the benefits of integrating homeless women and children, psychiatric patients and youthful offenders into residential communities.

Locating support networks close to or where the people who need them live makes sense, agencies say. Transportation is no longer an issue and help is close at hand in a crisis.

But established neighborhoods are often wary of low-income or challenging newcomers. So, looking for ways to ease the tensions and avert problems the arrival of these “group homes” often engender, a pilot program in Portland used mediators to get neighbors, developers and facility residents talking about their worries.

Because of client confidentiality considerations, agencies often cannot provide people with much information about a given facility. But when they can, the Siting Dispute Resolution Program appears to offer a chance for understanding.

The eight-month pilot project that ended in September brought neighbors, developers, social service workers and residents of proposed facilities together to hash out worries and ease fears. Often, non-binding “good neighbor agreements” were written up that outlined everyone’s responsibilities and how the groups would work together.

“Siting is a huge issue,” said Judith Mowry, who helped mediate the eight test cases. “We have a community struggling with complex issues, like How much citizen involvement do people have? How do we provide services to folks that need assistance? How do we deal with adjudicated youth and psychiatric facilities? How do we deal with serious felons who are living in residential neighborhoods?”

“This is the first project we’ve seen in the country that tries to bring in collaborative processes to address these challenges,” she said.

Mediators say the first step in resolving a dispute is giving participants the tools for dialogue. There is a longing and a need in many communities to talk about policy and how to share the load of these facilities but little understanding of how to begin, they say. “We’re not skilled innately in dealing with the collaborative process,” Mowry explained. Helping neighbors design and facilitate public meetings and making them work are some of the skills mediators say they can teach people facing difficult changes.

For example, Portland mediators worked hard to hammer out an agreement between developers of a proposed low-income housing project and residents of Portland’s Boise

neighborhood. Upset with how similar facilities nearby were being managed, neighbors in the low-income community were at odds with the idea of another one.

“During many hours and weeks of work, we identified the concerns and developed common areas of agreement,” said Barbara Hunt, who coordinated the resolution program for the city. “We then came up with a workable neighborhood agreement that talks about how the facility would be managed, and how they would work together.”

In the Concordia neighborhood, mediators brought developers planning to build a drug store together with neighbors who wanted a grocery store. By teaching the neighborhood association how to leverage the builder’s interest in retail development with their own, the neighborhood got an agreement for a small grocery adjacent to the drug store.

Critical to this kind of success is getting people together before building plans are finalized and permits secured, Hart said. Often, neighbors are notified when the planning process has already begun. Change at that point is costly and difficult.

“Having a conversation early means the antagonism goes way down,” Hart continued. “People’s fears are addressed and reduced, and the stereotypes are able to be put aside because they’re dealing with real people.”

Of course, not every case has a picture perfect ending. Mediators were brought in at the late stages of a conflict between neighbors and a local convalescent care facility that wanted to expand. They worked with developers, the facility and the neighbors and came up with a revised plan that moved parking to the back of the building, modified the front of the facility and those units that offended neighbors.

Nevertheless, the groups could not agree on the size of the facility. The city ultimately gave the developers the okay for the size they wanted. Hart still sees the benefit of having gotten everyone together.

“They didn’t get 100 percent but [they got] the opportunity for tinkering that wouldn’t have happened otherwise,” she pointed out. “And that’s part of the goal. Maybe people won’t always agree, but if they truly understand the point at which they agree—that’s what we’re looking for.”

Affiliated with the city’s Office of Neighborhood Involvement, the siting program has received permanent funding. The office has also been selected by the non-profit group Partners for Democratic Change to receive additional training and assistance in collaborative problem solving.

ple to come in off the street is better for them, and better for the community, than leaving them on the street. In parallel with traditional shelters, this set of services works to assist chronically homeless persons with mental illness and/or substance abuse problems who might otherwise be excluded or hard to place.

For such programs, the problems of attracting and retaining chronically homeless people often vary with different subgroups. Substance abusers may be willing to enter facilities, but not if they have to be clean and sober, and not if the staff are going to try to make them do things they do not want to do. The challenge is to keep them in the program and reduce harm to self and others. Persons with major mental illnesses are much harder to attract into facilities, and considerable outreach contact may be required to win their trust. But once they accept services, they tend to retain their housing. These new low/no demand programs are often designed specifically to serve people with both problems, who are used to being rejected everywhere.

A key element of many low/no demand programs is their willingness to tolerate continued use of alcohol and drugs. Virtually all of these programs forbid substance use on the premises, and some also in the immediate vicinity of the facility, in the interest of community relations. Still, tenants are not required to be clean and sober.

Many communities and providers resist the general low/no demand approach on the grounds that people will do better if programs have expectations for their behavior, and that required participation in services is a means of helping homeless people “to help themselves.” Others, following classic assumptions about substance abuse recovery, insist on requiring complete sobriety. Providers within the same community may also be split in their willingness to offer no-demand accommodations. But in the debate among providers of low/no demand shelter, those housing mentally ill people seem less involved than those working with substance abusers. The nature of mental illness, and the difficulties of attracting and winning the trust of people suffering from it, call for a different type of overture than is the case with substance abusers. The need is to make the

service attractive and nonthreatening, and to build trust gradually through very gentle approaches.

“Housing First”

“Housing first” approaches take the idea of low/no demand beyond the system entry level and place disabled chronically homeless people directly into permanent supportive housing units. Federal demonstration projects in the early 1990s showed that people with major mental illnesses could be moved directly from chronic street homelessness into permanent supportive housing, with excellent retention rates (upward of 85 percent at eighteen months). Among street homeless people, interest in moving into these units is usually very high, and once they are in, most stay. This approach bypasses the concepts of transition, preparation, and readiness. As with safe havens, “housing first” programs make many supportive services available, but do not require participation. Over the long run, most residents participate voluntarily in services—often motivated by issues that might threaten their housing stability.

Low/no demand programs play a key role in the provision of homeless services for some communities, and will probably play an even greater part in the future. These alternative approaches complement outreach and emergency shelter efforts, providing a haven for the hardest-to-serve, chronically homeless people whose needs may not be addressed by other CoC components.

IMPLICATIONS

Public policy decisions to promote a full range of homeless assistance approaches within communities have stimulated significant growth in CoCs. Linking federal funding with planning and coordination has boosted collaboration at the community level. Each component of a CoC is necessary for some homeless people. The challenges are to let people use the components they need without pushing them through components they resist, and to keep developing approaches that work for the hardest-to-serve homeless people as well as those who need only a short stay in emergency shelter to get back on their feet.

—*Martha R. Burt*

See also Case Management; Corporation for Supportive Housing; Housing, Transitional; “Housing First” Approach; Prevention of Homelessness: Overview; Service Integration

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☐ COPENHAGEN

Copenhagen Metropolitan Area is, with a population of approximately 1.2 million, the largest urban area in Denmark. The city of Copenhagen is also the capital. The metropolitan area consists of three large administrative units: The Municipality of Copenhagen, the Municipality of Frederiksberg, and the

Regional County of Copenhagen. The homeless people are by and large concentrated in the Municipality of Copenhagen.

SHELTER-BASED COUNTS

Many estimates of Copenhagen’s homeless population have been made, but none have been based on quantitative research methods. Rather, they have been based on social workers’ general impressions or on rough calculations by researchers. Thus, no accurate count of the homeless in Copenhagen—nor in Denmark as a whole—exists. However, in the late 1990s, a national register of shelter users was developed; it has tracked such data since 2000. Still, there is no scientifically based information on, for example, the numbers of people “sleeping rough” (i.e., sleeping outside) or living doubled up.

It is known that women comprise 36 percent of shelter clients, but only 25 percent of the nationwide homeless population generally. As for the facilities themselves, almost all Copenhagen shelters provide single-occupancy rooms, spartanly furnished, with a lockable door—not the dormitory-style accommodations seen in many other countries. In a few shelters, one also might find double-occupancy rooms. Shelters are open to tenants twenty-four hours a day.

EXITS FROM HOMELESSNESS

Drawing upon information from various shelter registers, a follow-up study of people who had used Copenhagen shelters in 1988–1989 (Stax 1999) compared the shelter users’ initial situations in regard to such factors as employment and income to their situations eight years later. The study found that women who had used shelters were twenty-four times more likely to have died in the eight-year period, adjusted for age, than women in Denmark as a whole. The rate for homeless males was fourteen times higher. Stax also showed that most of the deaths were linked to use of drugs. Eight years after having experienced homelessness, few people had returned to an ordinary life of employment and self-reliance. Only one in five of those alive were unemployed for less than half a year in 1996—that is,

Table 1. Shelter Space and Usage and Number of Beds in Special Housing in Copenhagen Metropolitan Area, 2001

| | <i>Total population</i> | <i>Shelter beds</i> | <i>Beds per 10,000 inhabitants</i> | <i>Total enrollments</i> | <i>Total clients enrolled</i> | <i>Clients per 10,000 inhabitants</i> | <i>Beds in special housing</i> |
|--|-------------------------|---------------------|------------------------------------|--------------------------|-------------------------------|---------------------------------------|--------------------------------|
| Municipality of Copenhagen | 499,148 | 589 | 12 | 2,217 | 1,725 | 35 | 217 |
| Municipality of Frederiksberg | 91,076 | 32 | 4 | 243 | 155 | 17 | N.A. |
| Regional Council of Greater Copenhagen | 615,115 | 79 | 1 | 691 | 329 | 5 | N.A. |

Source: Den Sociale Ankestyrelse, 2002; Lisberg, 2000.

about eight years after they stayed at a shelter—while 90 percent had received some kind of transfer payments during 1996. With regard to housing, between half and three-quarters were living in an ordinary flat eight years after they had stayed at a shelter. Finally, the study showed a high correlation between the use of drugs and duration of homelessness (see also Stax 2003).

Two primary measures are aimed at rehousing Copenhagen's homeless people—those with problems that make reintegration difficult, and those without such problems. For the former, “special housing for special people” offers housing arrangements targeted toward specific groups who might otherwise tend to stay continuously in shelters, such as heavy alcohol users with a psychiatric diagnosis. This strategy has been used relatively frequently in the Municipality of Copenhagen; Table 1 shows 217 places in such housing arrangements in Copenhagen. In Copenhagen, close to half the clients spend more than 120 days per year at these institutions, compared to one-third of clients nationwide. Special housing approaches are tailored for specific groups; for example, at one of the larger shelters for substance users in Copenhagen, one floor has been converted into special housing for those substance users not thought capable of skipping their drugs (primarily composed of heroine users). These tenants are not urged to look for alternative and permanent housing. Instead, it is acknowledged that they may live their entire lives here, outside the ordinary

housing market. And they can do so with no sanctions imposed due to their intake of illegal substances (Stax 2001). Another project, also located in a converted part of a shelter, targets heavy alcohol users.

The general aim of these arrangements is to allow certain groups of homeless people to live without being forced to continuously search for alternative housing. Indeed, special housing is more focused on providing room for people with their social deviance—mental health issues, heroin addiction, or a heavy alcohol use—than on reintegrating them, at least at first. Moreover, if eventual reintegration is to occur, it is seen as more likely to grow from a foundation of acceptance, rather than stigmatization.

For homeless people not considered deviant, many municipalities aim for reintegration into the ordinary housing stock. Although public authorities are not legally obligated to provide permanent housing, some municipalities have chosen to do so in practice. Very little information is available on this practice nationwide, but a recent study has focused on the practice in the Municipality of Copenhagen (Anker et al. 2002; Christensen and Stax 2002). To obtain a permanent dwelling through the Municipality of Copenhagen, an applicant must be incapable of solving his or her own housing difficulties, and must also have some problems in addition to lack of housing—mental health issues, drug problems, or trouble keeping a job. On the other hand,

their problem must not be so severe that the client is seen as incapable of sustaining an independent life in ordinary housing. Furthermore, the applicant has to wait; in Copenhagen, the waiting period is about one year. It has been shown that 26 percent of the 1,171 assigned dwellings in the Municipality of Copenhagen in 2001 were assigned to people staying in shelters, and 5 percent to people temporarily accommodated by the municipality in hotels (Christensen and Stax 2002). In 2001, about 30 percent of the clients leaving shelters were moving into municipally assigned dwellings. The study also showed that the criteria for obtaining such dwellings had been tightened due to a decrease in the housing stock that the Municipality of Copenhagen can assign to.

—Tobias Børner Stax

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▣ CORPORATION FOR SUPPORTIVE HOUSING

The mission of the Corporation for Supportive Housing (CSH), according to its own statement, is “to help communities create permanent housing with services to prevent and end homelessness.” Since 1991, CSH has been working to prevent and end homelessness across the United States. Through technical assistance, grant-making and lending, advocacy, research, and other activities, CSH has been developing supportive housing and services to prevent and end homelessness for the several hundred thousand families and individuals who are at risk or become and remain homeless for long periods of time. As of the end of 2002, CSH’s technical assistance, grant-making and lending, and direct community support had helped create almost 10,000 supportive housing units, with another 7,000 units in CSH’s development pipeline.

THE SUPPORTIVE HOUSING CONCEPT

Supportive housing is a successful, cost-effective combination of affordable housing with support services that help people live more stable, independent, and productive lives. Supportive housing works well for people who face the most complex challenges—individuals and families who are not only homeless, but who also have very low incomes and serious, persistent issues that may include substance use, mental illness, and HIV/AIDS.

One of supportive housing’s most important features is that it is *permanent* housing. People who live in supportive housing sign leases and pay rent, just like their neighbors. Unlike shelters, which work well for emergencies and short-term situations, supportive housing aims to provide long-term housing solutions.

By providing tenants with stable housing—along with accessible and voluntary mental health, substance addiction, employment and other support services—supportive housing helps people find strength, dignity, and community. Formerly homeless tenants have testified to the success of supportive housing. As one supportive housing tenant summed

it up as she accepted the first CSH Julie Sandorf award, “I’ve never won anything in my life before. No, wait, I did. I won my life back.”

Research sponsored by CSH and others has backed up these anecdotes. Studies have shown that supportive housing reduces tenants’ use of expensive, emergency health services; helps tenants find employment and reduces their dependence on entitlements; and provides needed stability for the treatment of mental illness.

For example, an evaluation of California’s Health, Housing and Integrated Services initiative (Proscio 2000) found that once participants had lived in supportive housing for a year, their use of the costliest health and mental health systems decreased significantly. In examining tenants’ records one year prior to move-in and one year after, the study found a 57 percent reduction in emergency room visits; a 58 percent drop in the number of inpatient days; and a 100 percent decrease in the usage of public residential mental health program facilities.

CSH and its partner organizations have also proven that ending long-term homelessness is as fiscally responsible as it is humane. A University of Pennsylvania analysis of supportive housing for mentally ill homeless individuals in New York City (Culhane et al. 2002) that CSH helped to facilitate concluded that supportive and transitional housing created an average annual public savings of \$16,282 by reducing the use of public services: 72 percent of savings resulted from a decline in the use of public health services; 23 percent from a decline in shelter use; and 5 percent from reduced incarceration of the homeless mentally ill. Researchers found that it costs essentially the same amount of money to house someone in stable, supportive housing as it does to keep that person homeless and stuck in the revolving door of high-cost crisis care and emergency housing.

CSH’S FIRST DECADE— AND THE WORK AHEAD

CSH was the first and remains the only national intermediary organization dedicated to building the supportive housing industry as the means of ending long-term homelessness in the United States. In

1991, CSH began building a network of nonprofit partners, governmental agencies, and private funders across the country. As of 2003, CSH program offices were located in California, Illinois, Michigan, Minnesota, New Jersey, New York, Ohio, and southern New England.

CSH’s work is being guided by the *Compact to End Long-Term Homelessness*, a document unveiled in November 2002. The *Compact* was crafted by a coalition of supportive housing providers and advocates, and is being signed by organizations, individuals, and communities across the United States. It commits its endorsers to working to create and sustain at least 150,000 units of permanent supportive housing by 2012.

This campaign is part of a broader national movement to end homelessness. CSH specializes in supportive housing, which is one vital piece of the solution to homelessness in this country. But CSH and its partners emphasize that supportive housing should not be created at the expense of other necessary interventions; it can succeed only as part of a well-funded continuum of care that prevents homelessness, offers shelter and emergency care to everyone in need, and provides affordable housing to all.

For more on CSH, supportive housing, and the *Compact to End Long-Term Homelessness*, visit <http://www.csh.org>.

—Carla Javits

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▣ COST-EFFECTIVENESS ANALYSIS

Most social program decision makers are interested in more than just whether homelessness programs work; they are also interested in whether such pro-

grams are cost-effective: Are they economical in terms of benefits produced by the money spent? Yet, few studies have addressed cost-effectiveness (C-E). Cost-effectiveness studies of homeless programs are difficult to conduct. Because interventions (efforts) to help the homeless generally involve more than one type of service, calculating the value of services offered is complicated and time-consuming. Moreover, compared to most medical and psychiatric conditions, homelessness—and efforts that reduce homelessness—can have a huge ripple effect on services outside the effort and costs to the community well beyond the immediate situation. The researcher must try to anticipate what secondary effects, such as reductions in police and jail costs and reductions in the need for foster care, will need to be measured.

STUDY DESIGN

In any study, researchers are faced with a choice between conducting a true experiment (e.g., assigning homeless people to intervention A or B at random) and studying by using a naturalistic design. For example, a recent study by social psychologist Dennis Culhane and his colleagues (2002) evaluated the New York/New York cooperative program for homeless people. Instead of considering a particular comparison group, these researchers identified matched cases from non-research (program) data sets showing service utilization. This is a creative way to develop cost data without a real (single) comparison group; the matched people were different for each administrative data set. Unfortunately, despite the matching procedure, one cannot be confident that the groups are similar with regard to such factors as readiness to change behavior.

PERSPECTIVE

Perspective is a central concept to the researcher conducting C-E studies. Whose costs (and whose benefits) need to be analyzed? Examples of perspectives that a study could employ include those of an agency, of the state, of the affected individual, of the family, and of society. Many economists believe that all C-E

studies should, at a minimum, specify which perspective is being used in the analysis, and unless there is a compelling reason not to do so, C-E analyses should present societal costs. Societal costs include use of any resource (i.e., anything of value), regardless of who pays for those resources. In a complete social cost analysis, the time value of a family member who has been burdened is as relevant as the time value of the case manager, who is paid with public funds. Because information about cost shifting (moving the burden of care from one party to another) is also useful for decision makers, the best C-E studies include analyses from multiple perspectives. Because of practical concerns, however, some studies are limited in the perspective taken and include only treatment costs (costs to treatment agencies affected).

Usually the bias created by limiting the perspective in homelessness C-E studies will favor Type II errors: failure to detect a difference in C-E, even though a difference does exist. For example, a C-E study by public health psychiatrist Anthony Lehman and colleagues (1999) compared treatment conducted by a community-based multidisciplinary team called assertive community treatment (ACT) for homeless persons to treatment as usual but limited the cost analysis to treatment costs. Although ACT, the experimental intervention, was more effective in reducing residential instability, the C-E results were not significant. From the standpoint of the treatment system, the ACT intervention was not significantly more cost-effective than treatment as usual. However, from the standpoint of society, the intervention well may be more cost-effective than treatment as usual. The comparison group experienced more homeless days, and in general, homelessness is associated with a variety of costs, such as shelter use, crime, and “social justice costs” (the general citizenry’s sense that something is wrong). However, these costs—particularly the cost of social justice—are difficult to measure.

CALCULATING COSTS

To calculate costs, the researcher must measure units of utilization (e.g., of health services) or events (e.g.,

arrests) for each individual in the study and multiply these units by the cost per unit. Costs per unit are best estimated from actual expenditures rather than from budgets and from the costs of delivering the service rather than from fees. However, it is usually impractical to obtain actual costs for every type of service used in homelessness interventions because so many agencies are involved. Most C-E researchers therefore try to most carefully calculate unit costs of the services that will dominate the cost pie chart because they are frequently used and/or expensive. Common practice is to use fees for services that are infrequently used or inexpensive (such as emergency room fees).

Analyses also should be conducted during a period of time that accurately represents typical expenditures for similar programs. If a program usually operates with a staff-to-client ratio of 1:15, but during one six-month period a staff member was on extended leave, and the ratio changed, that period of time should not be used to calculate unit costs. Psychologist Barbara Dickey and colleagues (1997) conducted a C-E study of an intervention, called the "Evolving Consumer Household," in which formerly homeless persons sharing housing increasingly are responsible for their own care until they achieve independence. For this study, tracking of expenditures began before the program was mature and caused the unit costs to be unreasonably high. The authors point out that the C-E ratio is therefore not representative of the resource use that would normally face the agency.

In calculating the costs of a resource, such as homeless shelter services, the cost that will best capture the value of a resource is the opportunity cost—the value of the resource in the best alternative use. A homeless shelter that belongs to a charitable organization may be rented at a rate below market value and would thus not reflect the value of the shelter if it were to be used for other purposes. Also, the food offered at shelters is often donated, and staff resources may be supplemented by volunteer labor. When calculating the costs of shelters, it is appropriate to calculate the opportunity costs of these resources rather than the amounts paid.

To date, no homelessness C-E study has attempted

to calculate the full social costs associated with homelessness. Many studies have documented the medical and social conditions connected with homelessness, and these studies provide evidence of the high costs associated with homelessness. Medical conditions that are associated with homelessness include hypothermia, vascular and skin disorders, and other problems of the legs and feet, as well as conditions that result from injuries. Homeless children exhibit low birth weight, infant mortality, malnutrition, under- or non-immunization, and elevated lead levels. All of these conditions imply future costs that have not been a part of homelessness C-E studies. (Indeed, studies have not considered the long-time horizons, i.e., period of collection of data on costs, that would be needed for such analyses.) Homelessness also causes emotional problems resulting from stigma and low self-esteem related to street and shelter living. Homeless people are more likely to be victims of crime and less likely to obtain employment. In children, homelessness is related to developmental delays, learning problems, and increased living apart from parents. Because of the future social and psychiatric problems of these children, the cost of homelessness of children and their parents is likely to be extremely high. In addition, citizens experience distress about the homelessness of their fellow citizens, which represents another social justice cost. These costs might be measured through studies of the population's willingness to pay for additional programs to reduce homelessness, but so far, researchers have not included this type of cost in C-E equations.

ANALYTIC APPROACH, SIGNIFICANCE TESTING, AND INTERPRETATION OF RESULTS

C-E studies also are difficult to conduct and to interpret because the analyses are problematic. In C-E studies, nontraditional analyses must be conducted because the distribution of costs is seldom shaped like a normal bell-shaped curve, and average costs do not reflect typical costs. Under these circumstances, the statistics most often used to test group differences can be misleading. Sometimes the researcher can use logarithms to make the cost dis-

tribution more normal distribution, and then parametric tests (tests of statistical significance based on the assumption of normal distribution) can be applied. Another approach is to use nonparametric tests. For example, the Mann-Whitney U test looks at differences between median costs, which have intuitive appeal because the value is more representative of the overall sample.

No matter which technique is used to analyze costs, because of the irregular shape of the cost distribution, the sample size needs to be large in order to detect significant differences (therefore lacking statistical “power”). Few of the C-E studies published have enough statistical power (the ability to find differences when they exist), so the most common finding of these studies is that there are no group differences in costs. However, actual costs should be inspected to make sure that the no-difference finding is not simply related to lack of power. For example, economist Nancy Wolff and her colleagues (1997) concluded that ACT, with better outcomes but not significantly different costs, was more cost-effective than brokered case management, where case managers link clients to treatment through referrals. However, upon inspection of the actual costs, groups did appear different, and the failure to reach statistical significance may have resulted from low power; when the distribution is not normal, it is more difficult to conclude that differences are unrelated to chance.

One approach to C-E analysis is to construct what are called “incremental C-E ratios” (ICERs) by dividing the difference in cost (treatment minus comparison) by the difference in effectiveness (treatment minus comparison). However, because of the variability in costs noted earlier, using a single value to represent the C-E ratio can be misleading since it fails to characterize the broad distribution of possible outcomes that are likely to occur across individuals. Thus, investigators often construct confidence intervals around the point estimates of the ICER. That is, they provide plus or minus values that show the

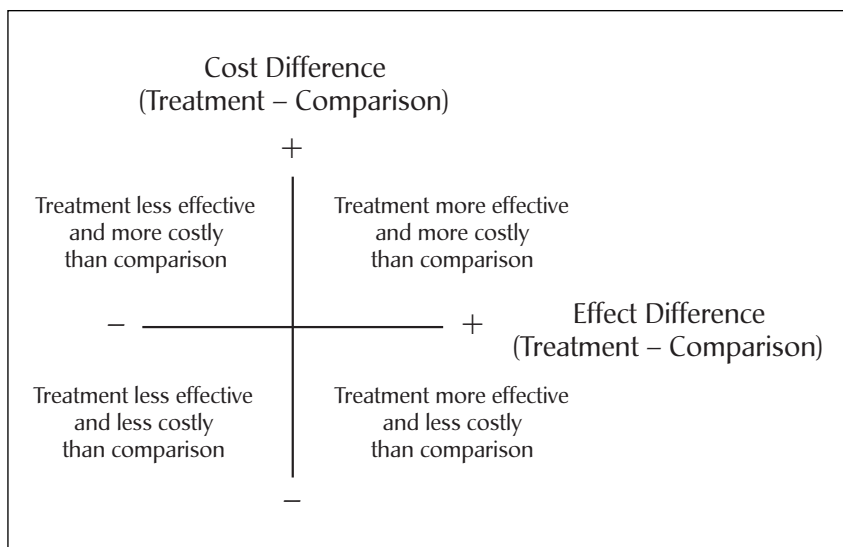


Figure 1. Cost-Effectiveness Plane. Source: Black 1990, 212-214.

range of possible outcomes with a particular percentage level of confidence. This approach was applied by psychiatrist and researcher Robert Rosenheck and colleagues (2003) to examine the incremental cost-effectiveness of supportive housing for homeless veterans over case management and standard care from multiple perspectives. These investigators found that those veterans receiving supportive housing had significantly more nights housed but that they consumed about \$45 more of societal resources per additional day of housing. However, the confidence interval around the point estimate of \$45 ranged from -\$19 to \$108. Because the confidence interval includes the value of \$0, these groups did not incur significantly different costs.

Another method of examining the ranges of costs is to create sampling distributions for costs and effectiveness measures to show the precision of estimates as well as their means. For example, a special technique called bootstrapping, which involves drawing multiple samples from the same group of numbers to create a larger hypothetical sample based on the actual data, uses every study participant’s data to create an empirical sampling distribution of the test statistic and plot these estimates on a C-E plane. (See Figure 1.) For each estimate, the difference in effectiveness (treatment minus comparison) is plotted on the x-axis, and the corresponding difference in cost

(treatment minus comparison) is plotted on the y-axis. The resulting cluster of points displays the sampling distribution of the ICER. The lower righthand quadrant contains ICERs where the treatment is less costly and more effective than the comparison, whereas the upper righthand quadrant contains estimates where the treatment is both more effective and costly. Both of the lefthand quadrants indicate that the treatment is less effective (with the upper lefthand quadrant indicating that the treatment is more costly and the lower lefthand quadrant indicating that the treatment is less costly).

In many homelessness C-E studies, more effective treatments were also more costly. However, payers may be willing to increase spending to improve the probability that a treatment improves outcome. One can construct vectors (lines specified by magnitude and direction, e.g., $y = mx$ or a line defined by a formula following $y = mx$) on the C-E plane that correspond to different ceiling ratios (the maximum amount someone is willing to pay for one unit of improvement) for a payer's willingness to pay. For example, if a payer is unwilling to spend anything, the vector of the ceiling ratio would follow the equation $y = 0x$. If a payer is willing to spend \$1,000 for each unit of improvement, the vector of the ceiling ratio would follow the equation $y = 1000x$ and so on. In this case, the probability that the treatment is more cost-effective is represented by the percentage of bootstrap replications falling below the constructed vector (which includes all of the points in the lower righthand quadrant plus the points in the upper righthand quadrant that fall below the vector).

The value of the ceiling ratios corresponding to what a payer is willing to pay will differ across payers. The information from the C-E plane can be used to create a C-E acceptability curve. The x-axis of the C-E curve represents the value of the ceiling ratios, which is equal to the ceiling ratios in the C-E plane. The y-axis represents the cumulative probability that the treatment is cost-effective and is calculated as the percentage of bootstrap replications that falls below the vector that corresponds to each value of the ceiling ratio on the x-axis. Given what a payer considers an appropriate incremental expenditure to achieve a given outcome, the C-E curve shows the likelihood

that the intervention will, on average, reach that threshold.

Another approach to C-E analysis is to calculate the statistical frontier in the willingness-to-pay/net-health-benefit (NHB) plane. With this approach, the treatment expected to provide the greater NHB for a given willingness to pay is established and plotted as the frontier. The health gain expected from a particular treatment is compared to the health gain that a decision maker stipulates to justify its cost. For both treatments, the NHB is plotted as a function of a decision maker's willingness to pay (x-axis)—the statistical frontier, the locus of points representing the maximum NHB between the alternative treatments. In this way, decision makers can see which treatment is preferable given their particular resources by locating the amount they are willing to pay on the x-axis and determining which treatment, at that value, yields the greatest net health benefit. One treatment may be preferable when a decision maker has fewer monetary resources for the intervention, whereas a different treatment may be preferable when more resources are available. This approach has been applied successfully by economist Kristine Jones and colleagues (2003) to study the effects of a critical time intervention (CTI) (brief case management to support homeless people in transition) to enhance continuity of care for persons shifting from shelter to community living. Specifically, these authors were able to demonstrate that CTI was more cost-effective than usual care when a payer's willingness to pay exceeded \$152 per night not homeless.

Based on the small number of C-E studies, it appears that most interventions are effective in reducing homelessness. Within the limited scope of costs studied and time frames considered, the costs of most interventions do not appear to be completely offset by savings. However, because decision makers may be willing to accept a modest amount of additional costs for assisting homeless people, they might consider these programs to be cost-effective. Furthermore, if it were possible to include more information about savings accrued through reducing homelessness—such as savings in conditions associated with homelessness, future savings related to the

effects of homelessness, and the savings related to social justice—then the costs of many more interventions would be completely offset by savings.

—Linda Frisman, Nancy Covell,
and Robin Hoberg

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CRIMINAL ACTIVITY AND POLICING

Society historically has associated criminal activity with homelessness. As early as the late nineteenth and early twentieth centuries, observers such as Jack London and Nels Anderson provided vivid accounts of the lawlessness of hoboes, tramps, and bums. The numerous arrests of chronically alcoholic men living on American skid rows made criminal activity a major characteristic of homelessness until the decriminalization of public drunkenness. As substantial numbers of apparently mentally ill people began to spread throughout U.S. cities during the late 1970s, researchers’ interest in criminal activity was displaced by investigations of deinstitutionalization as the primary cause of homelessness. During the past decade, researchers have become more interested in examining criminal activity among homeless populations as reports have emerged about substan-

tial and possibly increasing proportions of jail inmates with histories of homelessness and mental illness. Criminalization of mental illness due to deinstitutionalization and criminalization of homelessness due to gentrification aroused interest in examining the implications of shifting the responsibility for these two overlapping populations from the mental health and social services systems to the criminal justice system.

SOURCES OF INFORMATION

Although criminal activity per se has not been the major focus of most contemporary research on homeless people, information can be gleaned from many of the encyclopedic surveys of the homeless population conducted since 1980. Information on numbers and characteristics of arrests and incarceration is elicited directly from interviews or review of records, and indirect indicators of criminal activities can be found in descriptions of other aspects of the homeless lifestyle. For example, measures of employment may include information on illegal income procurement such as panhandling, prostitution, drug dealing, and the like. However, differences in definitions of both *homelessness* and *criminal activity* impede comparing rates or generalizing findings from studies. For example, studies employing broad descriptors, such as “trouble with the law,” fail to distinguish between arrest and conviction or between jailing and imprisonment, and the fact that such studies do not use standard offense categories makes it difficult for one to assess the character or magnitude of criminal activity in the homeless population.

Information about the nature of criminal activity engaged in by homeless people can reduce NIMBY (not in my back yard) barriers to services for homeless people by demonstrating to concerned people in the area that homeless people are not generally violent or dangerous. Researchers need information on arrest patterns correlated with personal and health characteristics to assess whether homelessness is being criminalized, particularly among specific subgroups of the homeless population, such as persons with mental illnesses. Examination of patterns of

criminal activity and incarceration can identify gaps in service systems and determine the extent to which the responsibility for providing health, mental health, and other essential services is being shifted to the criminal justice system.

RATES OF ARRESTS AND INCARCERATION

Homeless persons are substantially more likely to be arrested and incarcerated than are persons in the general population, even when compared with low-income persons. One-fifth to two-thirds of the homeless persons questioned in studies conducted since 1980 reported having been arrested or incarcerated. Studies using comparison groups show striking differences. For example, nearly three-fifths of homeless men in Baltimore reported having been arrested, compared with about one-quarter of housed men. Recidivism is also high among homeless adults. For example, homeless shelter residents with arrest histories in Detroit averaged 5.3 prior arrests, and more than one-half of a Los Angeles homeless sample reported adult arrests, with nearly two-thirds having had multiple arrests.

Although rates of arrests and incarceration are frequently reported, we have little information on characteristics of criminal activity or its distribution in the homeless population. The ratio of jail incarceration to prison incarceration gives a good indicator of the seriousness of offenses committed. Homeless persons report being jailed more frequently than being imprisoned. For example, homeless people in Baltimore were about twice as likely to have been in jails as in prisons, suggesting that either they were not convicted of a crime or they were convicted of a misdemeanor or other offense punishable by a sentence of up to one year. The pattern of criminal activity of 125 residents of a temporary shelter in Detroit was described as primarily nonviolent crimes against property resulting in brief jail sentences. Although most offenses reported by homeless persons are relatively trivial offenses against property and the public order, evidence indicates that homeless people also commit serious crimes often associated with psychotic symptoms or intoxication.

RELATIONSHIP TO HOMELESSNESS

The chronology of homelessness relative to arrests is not clear. The majority of studies examining criminal activity are cross-sectional rather than longitudinal (involving the repeated observation of a set of subjects over time) and typically ask questions—such as whether a person has been arrested “as an adult,” “during your lifetime,” “recently,” “in the past year,” and so forth—that do not allow researchers to date arrests relative to homelessness. High rates of homeless people surveyed report having been arrested within a year prior to being interviewed. Furthermore, higher rates of arrests among the subgroup identified as chronically homeless provide evidence that the risk of arrest increases with the length of homelessness.

Criminal activity varies across homeless subgroups. Homeless men are more likely than homeless women to engage in criminal activity. However, when compared with their counterparts in the general population, women have a greater rate disparity by homelessness than do men. High rates of arrest and illegal activities are reported by both younger and older homeless persons but for different reasons. Largely ineligible for income support and other social services available to adults, homeless youth engage in numerous illegal activities to survive on the streets, reporting activities such as “survival sex” (prostitution) and drug dealing more frequently than do homeless adults. For example, in 1999, J. M. Greene and her colleagues reported that more than one-quarter of a national survey of street youth had engaged in survival sex. High rates of arrests of older people may reflect longer periods of homelessness that result in greater exposure to police attention. However, the arrests of some homeless people reflect a pattern established early in life, with substantial proportions reporting juvenile arrests and detention.

Both homeless men and homeless women with adverse early life experiences, mental illnesses, or addiction disorders are found in greater numbers among the subgroup of homeless persons with arrest histories. Adverse life experiences during childhood that are associated with adult criminal histories reported by homeless people include family dysfunction, such as parental death, parental mental ill-

ness, and parental substance abuse; foster care placement; physical and sexual abuse; and delinquent behavior, such as running away, being expelled from school, using alcohol and drugs, fighting, and being arrested and detained as a juvenile. In 2000, R. A. Desai and her colleagues reported findings from a study of a large sample of homeless people with serious mental illness demonstrating that early antisocial behavior predicted recent arrests.

MENTAL ILLNESS AND CRIMINAL ACTIVITY

Homeless persons with mental illness and addictive disorders have higher rates of contact with the justice system, as reflected in their being picked up by the police, arrested, and incarcerated, mainly in jails. “Like the old asylums, the jail increasingly functions as the one place in town where troubled persons can be deposited by law enforcement officers and not be turned away. As a result, the jail is, perhaps, our most enduring asylum” (Briar 1983, 388). Because of the overlap in populations, much of the debate concerning whether mentally ill persons are more violent than persons in the general population also applies to homeless persons. However, homeless people exhibiting symptoms of mental illness that appear frightening or threatening are considerably more likely to be reported to the police and to be arrested than are housed persons with mental illnesses who seldom attract public attention. In addition, antisocial behavior associated with personality disorders found at higher rates in homeless populations might contribute to greater incidents of arrests.

Despite widespread decriminalization of public drunkenness, alcohol abuse remains the greatest risk factor for arrest among the homeless population.

Alcoholics and drug abusers . . . are probably the least likely of any group in the homeless population to elicit public sympathy . . . not only are some communities losing patience with the plight of the homeless in general, they are even more frustrated when it comes to tolerating the problem behaviors associated with homeless substance abuser. (Garrett 1992, 353)

Illicit drug use also increases risk of arrest and incarceration among homeless people. Few major

drug dealers become homeless, but minor drug dealing is reported by homeless people. Criminal activity is associated with substance abuse in three ways. First, homeless substance abusers are less likely to be employed and must engage in illegal endeavors to obtain income to buy alcohol and drugs for consumption. Second, intoxicated persons have reduced inhibitions and may more easily engage in behavior that is illegal or that escalates into a crime, such as assaults. Third, certain aspects of consumption are illegal, such as using illicit drugs or drinking in public spaces.

CRIMINAL ACTIVITY AS A COPING STRATEGY

Unemployment, low educational levels, and scant work histories are prevalent among the homeless population, and participation in entitlement programs is low relative to need, particularly after changes to welfare policies resulting from passage of the Personal Responsibility and Work Opportunity and Reconciliation Act in 1996. Thus, criminal activity may provide needed income. Panhandling may be the most common form of illegal income procurement, but other forms are also common, such as shoplifting and other petty theft and nonpayment of restaurant tabs and taxi fares. Other illegal activities present considerable risks to homeless people beyond potential arrest and incarceration. Arson can be an unintended consequence of basic life-sustaining activities when fires built for heating or cooking in vacant buildings consume property and cause injuries and deaths. Volitional activities such as engaging in survival sex and selling illicit drugs place participants at risk for sexually transmitted diseases (STDs) and exposure to violence. Evidence from a number of cities suggests that prostitution among homeless persons is most prevalent among youth and substance abusers, compounding the risk to these subgroups for STDs, particularly HIV.

CRIMINAL ACTIVITY AS A HELP-SEEKING MECHANISM

Some homeless people appear to use arrest as a survival strategy, maneuvering the police into placing

them in the relative safety of a jail. This behavior may be reinforced by pervasive police beliefs in the benefits of “three hots and a cot” (hot meals and a bed), especially for debilitated chronic street dwellers, or those in need of detoxification. For example, one homeless man in Baltimore reported that much of his extensive criminal history accrued from intentional arrests to gain temporary respite from the streets. He started by setting fires, then soon turned to setting off false alarms to ensure arrest without putting others at risk. Other homeless people report strategies such as throwing bricks through shop windows to catch the attention of the police.

When skid rows existed in most large American cities, jails were described as revolving doors for chronic inebriates who were regularly thrown into jail “drunk tanks” to be “dried out” or detoxified. Today, jails and prisons represent the only institutions where health care is mandated. For some homeless people, incarceration provides their only source of treatment for health, mental health, and substance abuse problems. In addition, incarceration offers relief from victimization that is a consequence of street life. However, despite some beneficial consequences, incarceration is a poor substitute for adequate services and housing for this population. The quality of assessment and treatment in jails and prisons is variable, and there is seldom continuity of care following incarceration. To address the lack of continuity of care, there is a growing interest in developing reentry programs to link homeless people with mental illnesses and substance abuse problems to community services. Ideally, persons in need of reentry services will be identified early with planning for linkages to appropriate services in the community made during their incarceration to prevent subsequent homelessness and exacerbation of problems.

CRIMINALIZATION OF HOMELESSNESS

Following the contention by advocates and researchers that mental illness has been criminalized, there is growing speculation among advocates that homelessness itself is also being criminalized. Researchers have used two criteria to determine whether homelessness per se is being criminalized.

The first criterion considers whether communities enact legislation prohibiting people from engaging in basic life-sustaining activities in public. For example, activities frequently prohibited in public include camping or sleeping, bathing, urinating, defecating, and the like. The second criterion relates to selective enforcement of generally applicable laws. For example, a well-dressed person waiting on a sidewalk is typically less likely to be charged with loitering than is a shabbily dressed or malodorous person engaging in the same behavior. Beginning in 1991, the National Law Center on Homelessness and Poverty and the National Coalition for the Homeless began documenting the trend toward criminalizing homelessness in a series of reports. For the report issued in 2003, information was gathered from a number of cities indicating the extent to which communities enact legislation limiting the use of public space. All of the cities surveyed reported some form of restriction on use of public space despite insufficient numbers of homeless shelters to accommodate the local needs. Banned activities included bathing in public waters, creating odor, sleeping or camping in public places, living in a vehicle, maintaining junk/storage of property, loitering, failing to disperse, begging, washing automobile windows for money, and performing on the street.

Enforcement of these laws has resulted in “sweeps” to remove homeless people from city centers, often in response to pressure from businesses or in anticipation of events expected to draw large crowds. During these sweeps, police check identities of persons suspected of being homeless, search for outstanding warrants, and either move the homeless people away or arrest them. Homeless people caught in these sweeps may be forced to abandon makeshift living quarters and encampments, losing personal property, including difficult-to-replace identification. Homeless people forced to disperse from city centers lose proximity to health and social services typically located there. Although communities justify such policies as necessary to protect the public health and safety, advocates for homeless people contend that such policies criminalize inherently noncriminal behavior and challenge these policies as violations of civil rights of homeless people.

POLICING

For a number of reasons, police officers probably have the highest rate of contact with homeless people of all public service providers. Citizens expect police to respond to all problems and not merely when crimes are being committed. Thus, in the absence of other solutions, police are frequently called upon by business proprietors as well as by ordinary citizens to deal with homeless persons who appear disheveled, intoxicated, confused, injured, or display symptoms of mental illness. In addition, police encounter homeless people on the street during their rounds as well as under directives from community officials to “clean up” specific areas of cities. Lastly, homeless people themselves frequently turn to police officers for assistance, asking to be taken to a shelter or hospital.

POLICE AS HELPERS

Although the law enforcement agencies (the police and jails) appear to be among the most important providers of services to the homeless population, provision of these services is not always seen by police as falling in their bailiwick. For example, the public inebriate formerly consumed a disproportionate amount of time from the law enforcement system, and currently police are frequently first responders to problems related to homeless people. Police routinely are asked by the public, as well as by homeless people themselves, to transport homeless people to shelters, hospitals, and other programs, and jails and precinct houses are routinely thrown open to homeless people in extreme weather conditions. Many individual police officers befriend the homeless people they encounter on their rounds, bestowing myriad small acts of kindness.

However, these encounters can be time-consuming and may be viewed by police as taking time from their “proper” duties. Police officers report that when they have attempted to have homeless mentally ill persons hospitalized (sometimes requiring both the officer and the homeless individual to wait hours in an emergency room for psychiatric evaluations), the persons fail to meet criteria for involuntary commitment and are released back to the street. Repeated

too often, this discouraging experience makes police more likely to resort to arrest rather than less drastic and more appropriate dispositions that are viewed as wasting time and effort.

POLICE HARASSMENT

Advocates as well as homeless people themselves report incidents of police harassment of homeless people ranging from minor annoyances, like waking them up and moving them on, to more serious incidents, such as confiscation of belongings and destruction of camps. Police have been accused and sometimes charged with using excessive force during arrests and other encounters with homeless people, particularly those with mental illnesses. Among the incidents of violence perpetrated against homeless people and labeled as hate crimes by the National Coalition for the Homeless were two cases where police used excessive use of force, including one in Florida where a mentally ill homeless man brandishing a putty knife was shot despite pleas of acquaintances that he was mentally ill and harmless. Reports of police harassment ranged from 1 to 41 percent in studies conducted during the 1980s.

As a result of such experiences bolstered by street lore, many homeless people regard police as enemies rather than champions and avoid contact as much as possible. Homeless crime victims frequently do not report crimes to the police. Studies conducted during the 1980s determined that 16 to 60 percent of crimes against the homeless sought police intervention, with reporting more likely for serious or violent crimes. Nearly half of the homeless in a Los Angeles study said they went out of their way to avoid the police. Consequently, the homeless adopt “street smart” strategies for self-protection, including such things as avoidance of unsafe places, avoidance of people, the companionship of a trusted person or group, being secretive about sleeping spots, becoming hypervigilant to the approach of others, sleeping during the day, keeping a dog, and carrying a weapon. Women are particularly vulnerable to attack and frequently report developing adaptive strategies, including reclusiveness, wearing multiple layers of clothing, and being

malodorous or otherwise offensive, to prevent being victimized.

TRAINING

The relationship between homeless people and the police becomes volatile as police are required to balance multiple and often conflicting demands from various interest groups within communities in addition to their law enforcement role. For example, businesses and homeowners exert pressure on police to maintain established social boundaries by moving homeless people away from shopping and residential areas. Police may be called upon to act as social workers or therapists to homeless persons needing services after hours or to fill gaps in the service system. In these non-crime situations, police must exercise a great amount of discretion without clear mandates or established protocols.

Although communities rely heavily upon police to respond to non-criminal problems and emergencies, police officers generally value these activities less than crime fighting. Despite devoting the majority of police time to peacekeeping and order maintenance, police in most communities do not receive specific training to discharge these types of responsibilities, particularly with problematic subpopulations such as homeless people and persons who have mental illnesses. In recognition of this lack, *The Police in America*, a textbook widely used in courses in law enforcement undergraduate programs, was expanded in the 2002 edition to include strategies for responding to special populations including homeless people, people with mental illnesses, and juveniles. In addition, there is a growing trend for communities to provide training in techniques of community policing and problem-oriented policing. Using these strategies, police become problem solvers, and individual officers are given latitude to devise community-specific or problem-specific solutions rather than relying solely on arrest and prosecutions.

MODEL PROGRAMS

Communities are recognizing the need to address the movement of homeless people, many of whom have

mental illness and co-occurring substance abuse problems, through the criminal justice system, especially police and jails. Arrest records and other legal problems, such as outstanding warrants, present nearly insurmountable barriers to receipt of needed services, especially public housing, and exclude individuals from benefits and entitlements, such as Medicaid. Because of the overlap between the populations and similarity of problems, programs to alleviate legal problems among mentally ill persons may serve as effective models for the people who are homeless. Examples include programs to provide special training and support to police officers to promote more appropriate disposition of encounters, jail diversion and pretrial release programs, reentry programs, and special homeless courts.

A number of promising programs are being implemented. For example, Philadelphia has written a police protocol for interacting with homeless persons, developed as part of a larger community collaboration between community leaders and homeless advocates, including an outreach hotline and increases to the numbers of shelter beds. Fort Lauderdale has developed a Homeless Outreach Program, which includes a training program called "Homelessness 101" that instructs police officers on how to be more sensitive to the needs of homeless people and trains police to provide aid and referrals rather than rely on arrests. The proactive approach teams police with formerly homeless consumers. New Orleans has established a homeless assistance unit that pairs social workers with police to direct homeless people to appropriate services rather than arrest them. San Diego has established a Homeless Court Program, which operates a courtroom in shelters, and the city also offers services as part of the annual Stand Down for homeless veterans (a yearly intervention "event" that introduces service providers to this population). This program is organized according to rehabilitative rather than punitive principles and offers alternative sentencing to resolve offenses and clear up outstanding warrants.

Although these programs appear to offer great promise in resolving some of the issues related to criminalization of homelessness, it is not clear which programs or elements of programs will prove

to be the most successful. It appears that having community-wide coalitions facilitates addressing systemic issues and provides support for police to exercise a broader range of dispositions beyond arrests and incarcerations. In addition, a number of studies have shown that access to appropriate services, including supportive housing, reduces criminal activity among homeless persons as measured by arrests and incarcerations. However, advocates have pointed to pitfalls in implementing programs designed to be beneficial to homeless people. For example, sentencing homeless people to public service or fines in lieu of jail time in special homeless courts may be unduly burdensome, and sentencing persons with mental or addictive disorders to attend treatment programs can be viewed as coercive rather than humanitarian.

IMPLICATIONS

Reports of homeless people with histories of incarceration indicate that criminal activity is a prominent characteristic of homeless people. However, little is known about the nature of their criminal behavior. The role of criminal activity in homelessness can be interpreted in four ways. First, for a small proportion, homelessness may be a natural part of the life cycle of career criminals, reflecting alternately waxing and waning fortunes. Furthermore, for some individuals, particularly those with antisocial personality and drug disorders, histories of arrest and incarceration may be a function of chronic deviant behavior. Chronic criminal behavior of this type probably will be relatively unaffected by services aimed at ameliorating homelessness since homelessness per se is a by-product, not the root cause.

Second, for many homeless people, criminal activity may be one of the few means available to augment meager resources to meet subsistence needs. Homeless persons have difficulty in obtaining gainful employment, with those who report current employment commonly only able to obtain part-time, temporary work, casual labor, and "jobs" such as selling blood or participating as paid research subjects. Despite high rates of unemployment, substantial proportions are not enrolled in public support programs.

Thus, many resort to such criminal endeavors as petty theft, shoplifting, small-scale drug dealing, nonpayment of cab fares and restaurant tabs, and prostitution. Criminal activity of this kind reflects necessity and might be substantially reduced by improving the flow of eligible homeless people into mainstream health and social services including housing.

Third, behavior that is functionally adaptive in the homeless ecology may lead to arrest. Skills that enhance the survival prospects of homeless persons on the streets—such as breaking into an abandoned building or parked vehicle for shelter, trespassing, or sleeping on benches in violation of park laws—are often illegal or readily criminalized. The extreme case of functional criminal behavior occurs when homeless people manipulate police into arresting them in order to obtain temporary asylum in jail. It is mainly this pattern of behavior that advocates contend leads to the criminalization of homelessness itself.

Fourth, arrests may result from diminished mental capacity. Homeless people who exhibit poor judgment or bizarre behavior may be sent to correctional institutions rather than placed in appropriate social services and treatment. Psychotic behavior—sometimes violent—or the disorientation associated with intoxication, mental illness, and mental retardation may capture the attention of the police. Contentions that mental illness has been criminalized in the post-deinstitutionalization era apply to persons having mental illnesses who are homeless as well.

Consideration of these issues may lead to innovations in provision of services to homeless individuals and prevention of entrenchment into chronic homelessness. For example, homeless people frequently cite criminal behavior as a pathway into homelessness. Re-entry programs may prevent persons being released from correctional institutions directly to the streets with few resources to re-assimilate into society. Prevention of criminal activity in this population is vital given that criminal records present barriers to gaining housing and needed benefits, perpetuating both the cycle of crime and the homeless condition. While it is critical to provide training to enable police to resolve problems between citizens and homeless

people with resorting to unnecessary arrests and incarcerations, researchers and advocates agree that elimination of the bulk of criminal activity among homeless persons requires increasing access to safe and affordable housing with appropriate services.

—Pamela J. Fischer

See also Deinstitutionalization; Homeless Court Program; Homeless Organizing; Mental Illness and Health; National Coalition for the Homeless; Panhandling; Prostitution; Skid Row Culture and History; Street Youth and Violence; Survival Strategies; Vagrancy; Work on the Streets

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CUBA

At beginning of the twenty-first century, Cuba is one of the few remaining communist-socialist societies in the world. Notably, it exhibits neither the extremes

of destitution and poverty known in many developing countries, nor the street homelessness seen in some wealthy nations. Nevertheless, Cuba's housing problems are severe, though they may not be immediately obvious to the casual observer.

DEVELOPMENTS AFTER THE 1959 REVOLUTION

The Cuban revolution of 1959, led by Fidel Castro, ousted the previous U.S.-dominated regime, and was subsequently declared a socialist revolution, with Castro remaining as President up to the time of writing (2003). In the ensuing program of social change, housing received a relatively high priority. Early in the 1960s, legislation was passed to provide security of tenure, to reduce rents, and to transform many tenants into owners. These reforms were quickly followed by mass-scale building programs to relieve the worst of the prerevolutionary slum conditions. The state took the lead in policy and implementation. However, much of the construction was undertaken on a state-supported “self-help” basis through the “microbrigade” system, which relied on workers given leave from their usual occupations to contribute labor to the construction projects.

Cuban housing law, consolidated in 1984 and 1988, provided for the transfer of existing and newly built dwellings to their occupants, at a subsidized price through cheap state loans. Today, 85 percent of Cuba's dwellings are owner occupied. The general right of individuals to a dwelling is enshrined in law, and vacant dwellings are allocated according to factors of need and merit, not economic capacity. As a consequence of these policies, Cubans tend to have a high level of security in their housing—and they pay relatively little for it.

The Cuban revolution also sought to promote equal development geographically across the island. As of 1999, 2 million of the nation's 11 million people live in Havana, making the capital significantly larger than even the second city, Santiago de Cuba, with 440,000 inhabitants. But development has been promoted primarily in areas other than Havana; arguably, this policy has contributed to the long-term decline of the historic buildings of the capital.

HOUSING AND HOMELESSNESS IN CONTEMPORARY CUBA

Since 1990, Cuba has been in a “special period” of austerity measures in response to a severe and enduring economic crisis. This was precipitated by the loss of economic and political support from the former communist countries of Eastern Europe, and exacerbated by the tightening of America’s economic blockade of the island.

While an overall national housing deficit is acknowledged, homelessness is not considered to be a significant problem. In 2001, the Cuban government estimated the island’s total housing stock at 3 million dwellings with a nationwide average of 3.7 inhabitants per dwelling (Instituto Nacional de la Vivienda [INV] 2001). As in 1999, 55 percent of all dwellings across the island were considered to be in good condition, 28 percent in average condition, and only 17 percent were classified as poor (INV 2000, 2001). An estimated 95 percent had a piped water supply and an electricity supply (INV 2001). But population growth, combined with the added pressure of internal migration to Havana, means that the city faces an absolute shortage of housing and severe overcrowding. Newly forming households, or those moving for work-related reasons, tend to share quarters with immediate or more extended family, often for long periods of time. Cuba’s apparently strong family culture, which tolerates a high level of sharing and crowding, appears to be an important factor in averting absolute homelessness. Nevertheless, these conditions place immense pressures on relationships and family life.

In the older parts of Havana, extreme structural deterioration adds to the city’s contemporary housing problems. In the historic center of Old Havana, many old buildings have been repaired or restored. However, adjacent neighborhoods have severe housing problems, without the benefit of any of the resources that the historic district attracts. In the most extreme cases, buildings can collapse, resulting in the deaths of inhabitants. Still, occupants of life-threatening buildings are rarely referred to as homeless.

Debating Homelessness in Cuba

Policies pursued between 1960 and 1990 appear to have succeeded in providing basic, adequate housing for the majority of the population. But since 1990, housing has suffered the impact of severe economic austerity, as have other sectors of the economy and welfare provision. Older households appear to retain many of the early benefits of the revolution, while housing options for newly forming households seem to be extremely limited. Moreover, individual households have very limited economic resources with which to maintain their homes. State-led housing programs are currently small in scale and often dependent on funding from overseas nongovernmental organizations.

Although Cuba has avoided the extremes of destitution known in many of the world’s developing countries—and the street homelessness of wealthier nations—its housing problems are severe. Quite possibly, its “people without homes” may simply remain hidden in overcrowded and/or structurally dangerous housing conditions.

Cuban authorities have reasonably sound information on the scale and nature of their housing problems. Indeed, most housing research and policy debate seems focused on properties, rather than people. There seems to be a relative lack of research and debate on the nature of home and homelessness for Cuban citizens, as compared to a wealth of technical information on the size and condition of the housing stock. More explicit consideration of what constitutes adequate housing—and homelessness—could help to more accurately reflect the reality of the lived experience of Cuban people.

—Isobel Anderson

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D

DALLAS

Homelessness is a serious and visible problem in the central city of Dallas. According to the 1999 Single Point Homeless Count, conducted by the City of Dallas, about 3,100 homeless persons reside on the city's streets. And because Dallas shelters report serving as many as 6,000 clients during a year, the actual number of homeless is probably much higher than the census tally.

Dallas's homeless population is concentrated in the southern half of the central business district (DCBD), mainly because most of the shelters and service providers are located in this part of town. It has been suggested that the visible presence of a large homeless population in the southern sector of the DCBD has been a factor in retarding commercial and residential redevelopment compared to the northern half of the DCBD.

HOW DALLAS DEALS WITH THE HOMELESS

The City of Dallas, along with a slew of voluntary, charitable and faith-based organizations, has been extraordinarily diligent in recognizing the needs of the city's homeless. More than forty-five agencies—in addition to various departments of the City of Dallas, Dallas County, and the state of Texas—are cur-

rently providing a wide range of housing, food, medical and employment services to these individuals. Dallas's delivery system can be best described as "fragmented" in that homeless persons must visit a number of different sites in order to avail themselves of the full range of services.

The "official" homeless programs administered by the City of Dallas are managed by the Department of Environmental and Health Services (DEHS). In fiscal 1999–2000, the department reportedly spent \$4,329,913 on eight different programs funded primarily by HUD. Less than 7 percent of this total—\$301,907—came from own source revenues. The vast majority of expenditures were allocated to shelters, health care, and day resources.

DEHS expenditures, however, represent only a portion of city outlays related to homeless individuals and families. Homeless persons also use a number of services provided by voluntary and faith-based institutions as well as by Dallas County. For example, most homeless persons and families receive medical care from Parkland Hospital, a county facility. They also impose "costs" on the city and county to the extent they use police time, stay in local jails, appear in court, or become patients in a detoxification center. The Central Citizens Association has estimated that the total public and private costs of providing services to Dallas' nearly 4,000 homeless persons is more than \$20 million annually.

CENTRAL BUSINESS DISTRICT PROPERTY VALUATION COMPARISON: NORTH VERSUS SOUTH

Any visitor to downtown Dallas is struck by the disparities in development between the northern and southern halves of the central business district (DCBD). The northern half is dominated by relatively new high-rise office buildings while the southern half is characterized by older low-rise structures and vacant land. Though some redevelopment is occurring in the southern sector, the pace of growth has been extremely slow. The visible concentration of Dallas' homeless population may be one impediment to the commercial revival of the southern sector.

Comparative Property Valuations

In 2000, real property valuations in the northern half of the DCBD averaged \$93.32 per square foot of building space while properties in the southern sector were valued at an average of \$63.54. Furthermore, this gap in property valuations has been growing since 1995.

In addition, planning and urban renewal efforts have not been particularly successful in reversing a long-term trend of slower development in the southern half of downtown. Building space densities are much higher in the northern sector compared to the southern part of the DCBD. Development in the northern sector, as measured by land-to-building space ratios, is between three and four times as dense as the southern sector—even allowing for the preponderance of public buildings in the southern half, and accounting for low building-to-land-area uses such as the convention center. This suggests even greater disparities in taxable property valuations between the sectors.

Tax Revenue Losses from Lagging Development in the Southern DCBD

There are three major consequences for properties (and owners) in the southern sector not fully enjoying the resurgence in market demand being experienced by the northern half of the DCBD. First, there

is less justification for encouraging new development in vacant land areas. Second, lower market performance of southern sector properties inhibits property owners' interest in investing in significant renovation of older properties. Perhaps most important at a time of increasing demands on public services, the southern sector's comparatively poor performance means lower revenues for local taxing entities.

Based on 2000 tax rates and total average real and business personal property valuations, the City of Dallas, Dallas County, and the Dallas Independent School District are losing at least \$4.1 million per year due to valuation disparities from a lack of development in the southern sector. In other words, if existing southern sector properties were valued by the marketplace as highly as properties in the northern sector on a per-square-foot basis, the City of Dallas would add a little over \$1 million per year to its revenues. Similarly, the Dallas Independent School District, struggling to afford major upgrades in facilities, equipment, and teaching personnel at its most distressed schools, would realize over \$2.3 million in new revenues each year.

IMPLICATIONS

The northern and southern halves of the Dallas central business district present a stark contrast. Whereas the northern sector will soon be built out with commercial, residential, and entertainment venues, the southern sector is languishing with comparatively little development activity and depressed property values. Without question, the concentration of homeless persons is contributing to the slow pace of redevelopment in the southern sector. And despite more than \$20 million spent annually on programs for the homeless, their numbers have not declined.

If these individuals and families could be served from a central location near the DCBD, commercial and residential development in the southern sector would likely accelerate dramatically, with attendant economic and fiscal benefits to local taxing jurisdictions. Indeed, the new economic activity and tax revenue resulting from revival of the southern sector would actually enable the City of Dallas to broaden

its programs targeted to the homeless. At the same time, the experience of other cities suggests that providing services to the homeless at a centralized location helps to avoid duplication, hold down costs, and enhance the quality of life for these individuals and families.

—Bernard L. Weinstein and Terry L. Clower

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DEINDUSTRIALIZATION

Deindustrialization refers to the structural processes of industrial decline through disinvestment, relocation, or both. It results from corporate decisions to reduce costs and enhance profits by relocating manufacturing facilities to cheaper labor markets elsewhere or simply shutting down in the face of lower-priced goods from abroad. Increased worker productivity can also cause deindustrialization. Industrial decline may be followed by an increase in

the service sector, which then provides jobs for some displaced industrial workers, but these are often lower-paying, impermanent, or dead-end jobs. Deindustrialization causes major problems, especially for industrial workers who lose relatively well-paid and secure jobs. It also impacts their families, their neighborhoods, and the small businesses and institutions that depend upon them and their communities. It can produce extreme poverty and homelessness. The term was first used by the Nazis during the World War II period to describe their policy of stripping conquered regions of industrial activities. In the 1970s, scholars in Great Britain adopted it to describe industrial decline there.

In the early 1980s, American economists Barry Bluestone and Bennett Harrison wrote a seminal study of deindustrialization in the United States, at a time when manufacturing's share of employment fell significantly. They date the process from the economic slowdown of the 1970s, when domestic industries appeared unable to compete in the international market; corporate leaders "systematically disinvested in the nation's basic productive capacity" (Bluestone and Harrison 1982, 6). Some corporations acquired other companies rather than reinvest in their own industry (for example, U.S. Steel acquired the Marathon Oil Company); others, like General Electric, shipped production overseas at the expense of domestic workers. During the 1970s, between 32 and 38 million jobs disappeared as a result of this disinvestment. Besides the loss of their well-paid industrial jobs, the newly unemployed experienced sustained and significant income loss and underemployment, loss of family wealth, and an increased likelihood of physical and mental health problems.

Blue- and white-collar workers alike suffered from deindustrialization. Those most likely to experience longer and more sustained unemployment were women and African-Americans and other minority workers. These patterns resulted from longstanding corporate and union discrimination and from a seniority system that caused workers with the shortest job tenure to be laid off first. Bluestone and Harrison, however, do not link deindustrialization to the period's growing homelessness.

PRE-1945 DEINDUSTRIALIZATION

While economists and sociologists have largely focused on deindustrialization as a post-World War II phenomenon, historians have demonstrated the concept's relevance for the decline of pre-machine handicraft industries. Recent studies have, for example, traced the deindustrialization of the woolen industries of late thirteenth- and fourteenth-century Flanders, seventeenth-century northern Italy, and the mid-nineteenth-century Languedoc region of France. Major parts of Italy and France were not industrialized or centers of woolen production; hence reference to specific region is important. These studies reveal that the industrial decline, as painful as it was for each region, was not complete; some parts of the industry remained competitive in the larger world markets. These findings hold relevance for the later U.S. experience where some segments of declining industries persisted. In all these dislocations, as historian Christopher Johnson concluded, "those who paid [the price for these changes] were the ordinary workers" (Johnson 2002, 27). Another classic case of deindustrialization is the decline in the cotton industry in Massachusetts after World War I, when the number of wage earners dropped by nearly 40 percent. Historians and others have also documented deindustrialization in the coal industry of the U.S. Appalachian region as well as in Belgium, France, India, Scotland, South Africa, and Wales; they also reported industrial decline in other industries in India and South Africa.

A BROADER THEORY OF DEINDUSTRIALIZATION

Since the work of Bluestone and Harrison, the deindustrialization thesis has been broadened and refined. Despite historians' work, some U.S. economists consider the process as old as capitalism, but most focus on recent manifestations in the United States in the post-World War II period. From 1967 to 2001, manufacturing jobs declined nationally by 9 percent; in the industrial Midwest and Northeast, job loss exceeded 40 percent while poorer-paying service employment grew rapidly. In contrast to

Bluestone and Harrison, later studies found that males were more directly affected by deindustrialization than women, but minority men were more likely to experience more and longer periods of underemployment or unemployment than white men. This job and income instability produced additional problems; the unemployed confronted a range of social consequences including higher divorce rates, mental health problems, substance abuse, and criminality. These social problems clearly had repercussions for women and children as well. Their communities, which experienced a sharp decline in tax receipts, struggled to provide the necessary social services.

Deindustrialization in Detroit: 1945-1980

While all U. S. regions experienced some deindustrialization and its related consequences, the industrial Midwest experienced the greatest job losses, dislocations, and industrial decline. Thomas Sugrue's 1996 study, *The Origins of the Urban Crisis*, reveals the extent to which Detroit's industrial employment declined in the post-World War II period. While automation played a role in this decline, clearly disinvestment, plant closings, and relocations (to Detroit suburbs and elsewhere in the United States and abroad) played major roles in the growing unemployment. Total manufacturing employment plummeted by over half from 1947 to 1977. Joblessness for all Detroit adult males grew from 7.5 percent in 1950 to 11.7 percent in 1980; African-American men, however, experienced much greater unemployment—from 11.8 to 22.5 percent. Even more striking is the fact that while 45 percent of the total work-age male population was unemployed or not in the labor force in 1980, for African-American Detroiters it was 56 percent.

Black Detroiters faced growing unemployment at the same time that southern African-Americans continued to migrate there in search of work; both groups confronted a dramatically shrinking labor market. Although all unemployed workers experienced great difficulties, Sugrue concluded that the "combination of discrimination and deindustrialization weighed most heavily on . . . young African

American men” (Sugrue 1996, 147). As early as the end of the 1950s, black workers, unable to find work, grew increasingly demoralized and angry; these frustrations fed the city’s brutal rebellion, the riot of 1967.

Midwest Deindustrialization: The 1980s

In the period after 1980, industrial decline remained more prominent in the Midwest than in the rest of the nation. Between 1979 and 1986, manufacturing jobs nationally declined 10 percent; in the Midwest they declined by over 17 percent. From 1972 to 1986, Illinois and Ohio lost 28 and 18 percent of their manufacturing employment, respectively, but ten states and the District of Columbia also suffered double-digit percentage losses. These included states in practically every region of the country: West Virginia (29 percent), Pennsylvania (27 percent), New York (22 percent), Indiana, Maryland, and New Jersey (15 percent each), Montana (14 percent), and Hawaii (11 percent). In their study of deindustrialization in the Midwest, Ann Markusen and Virginia Carlson concluded, “Some of this job loss has been the result of automation and outsourcing, but a good share was due to plant closings and disinvestment” (Markusen and Carlson 1989, 29).

CHALLENGES TO THE ECONOMIC THEORY OF DEINDUSTRIALIZATION

It is important to note that the deindustrialization thesis has been questioned by some scholars almost from its inception. Some economists, focusing on the recent U.S. experience, argued that deindustrialization was a cyclical recessionary period; recovery would bring industrial growth and reemployment. The recent econometric analysis of Robert Rowthorn and Ramana Ramaswamy found, however, that manufacturing’s percentage of employment in the most advanced countries fell from 28 percent in 1970 to 18 percent in 1994. They saw deindustrialization as the product of “successful economic development” instead of the result of decline (Rowthorn and Ramaswamy 1997, 7). They concluded that it was increased worker productivity, which made it possi-

ble for fewer workers to produce the same amount of goods, that accounted for nearly two-thirds of the job loss rather than global competition. However, neither of these theories speaks to the problems of the long-term unemployed and the homelessness produced by the deindustrialization process.

Deindustrialization (Macro) and Homelessness (Micro) Studies

Whatever their discipline, scholars who focus primarily on macro-level structural changes seldom consider the micro-level enough to tease out how homelessness might result from deindustrialization. In contrast, studies of homelessness tend to focus on the micro-level of analysis, that is, on an individual’s reasons for being homeless. They often ignore the structural conditions that cause poor people to become homeless. Increasingly, however, studies of homelessness have begun to link macro-level economic restructuring to the growth of the homeless population since 1975.

The Limits of Individual Disability as a Cause of Homelessness

Traditionally, students of homelessness theorized that individual deficits or disabilities such as substance abuse or mental illness led to homelessness; *A Nation in Denial* by Alice Baum and Donald Burnes represents an application of this theory. However, even though these are important causes of homelessness, the theory does not convincingly account for the sudden increase in both the numbers and the kinds of homeless people that emerged in 1975. Although enumerations or estimates of homeless populations are fraught with methodological and other problems, as are definitions of homelessness, both anecdotal and statistical evidence confirm the fact that there has been a significant increase in the number of homeless people in American cities. The first federal census of homeless people in 1984 reported that from 250,000 to 350,000 people were homeless on a given night; by 2000, an Urban Institute study estimated the number at 460,000.

Questioning the individual deficits theory as an

explanation for the rapid growth in homelessness, sociologist Martha Burt concluded that the proportion of mentally ill and some substance abusers remained constant in the overall population. Other scholars, like psychiatrist H. Richard Lamb, linked the increased numbers of homeless people to the deinstitutionalization of mental hospitals, a process that began in the mid-1950s, with most patients discharged during the 1960s. The time gap between their release from mental institutions to their appearance in the homeless population beginning in the late 1970s indicated that they did not become homeless immediately. Ironically, homelessness could cause disabilities as well as the other way around. As sociologist Karin Ringheim suggested, “[For] a substantial proportion of homeless the trauma of homelessness itself precipitated mental illness” (Ringheim 1990, 25).

THE NEW HOMELESS POPULATION

Beginning in the 1970s, the demographics of homelessness began to change dramatically. The typical homeless people of the 1950s and 1960s were relatively homogeneous: elderly single white males who lived on an urban skid row. The new homeless people were strikingly heterogeneous: There were more women, families, and younger men (who were disproportionately minority). These demographics described those most affected by deindustrialization.

Deindustrialization as a Structural Cause of Homelessness

The confluence of the rise in the number of homeless people with the growing unemployment resulting from deindustrialization and of the similarities in the demographics of the new homeless and the industrially unemployed led some scholars to theorize that the new homelessness resulted from several structural changes. They saw deindustrialization as one of several causes of the post-1975 explosion of homelessness.

Studies that analyze structural causes are complex. Anthropologist Kim Hopper and urban planner Jill Hamberg argue that a “perfect storm” of dein-

dustrialization, economic downturn, sharp reductions in affordable housing, and steep cuts in public programs for the poor came together beginning in the late 1970s and accelerated rapidly in the 1980s, causing a rapid rise in the number of poor and homeless people. Between 1978 and 1983, the number of Americans living below the poverty line increased more than 40 percent; at the same time, the federal government reduced benefits for the poor, including welfare, energy assistance, and food stamps, by over 16 percent. Redevelopment, abandonment, displacement, and gentrification sharply reduced the number of affordable housing units; between 1970 and 1982, nearly one-half of single-room occupancy units (SROs) disappeared, while housing vacancy rates declined and rental prices increased significantly. These elements continued through the 1990s and accelerated from 2000 to mid-2003; they impacted on former residents of mental hospitals, substance abusers, and the newly unemployed and their families.

These structural studies tease out the various elements, personal and structural, that lead to homelessness. One study estimated that between 20 and 25 percent of homeless people “have at some time experienced severe . . . mental illness,” and that half of all homeless people may have had substance abuse disorders (Koegel, Burnam, and Baumohl 1996, 31). Yet their analysis of Los Angeles’s homeless people found that half of the interviewees had experienced a job loss or reduction of public benefits in the year before first becoming homeless, and that others had confronted significant increases in expenses or undergone divorce or separation traumas. Another study reported that most “homeless people . . . readily identify the lack of housing and . . . money . . . as the source of their troubles” (Wright, Rubin, and Devine 1998, 28).

In a study of New York City homelessness, researchers held that the homeless “represent the most marginalized persons from a community that is getting poorer” rather than being typical members of their respective communities (Hopper, Susser, and Conover 1985, 204). The young homeless men in their sample reported some erosion from their parents’ generation, especially in education. For most of

them, their last job was in service or sales, and few had had access to higher-paying industrial work. Most showed “no evidence of serious psychiatric disorder (or drug/alcohol) problems” (Hopper, Susser, and Conover 1985, 209). Finally, while earlier studies portrayed homeless people as deficient or impaired, this study found them trying to control their lives by utilizing several survival strategies, including the use of homeless shelters.

Statistical Studies Supporting Deindustrialization as a Cause

Several quantitative studies have sought to determine what factors are most associated with increased homelessness; these tended to support broader multicausal models. Martha Burt’s analyses of data for 182 cities “consistently point[ed] to the effects of local economic structure and the relationship between manufacturing and service jobs, homeless rates and increases in those rates over the decade of the 1980s” (Burt 1992, 222). She found that homelessness was associated with increased unemployment, single parenthood, reduced public benefits, and high housing and living costs.

GLOBAL DEINDUSTRIALIZATION AND PUBLIC POLICY

Deindustrialization’s impact on the unemployed and the homeless varied significantly among advanced countries. Where governments played a major role in providing mitigating programs, as in Germany’s industrial Ruhr Valley, most workers maintained employment and moved successfully to white-collar work. In contrast, the U.S. government reduced existing programs and failed to respond effectively, which resulted in significant harm to unemployed individuals, their families, and their larger communities.

Deindustrialization resulted from disinvestment, plant relocation, and improved worker productivity. It led to long-term unemployment, especially for young minority males, and to poverty for women and children. Since 1975, deindustrialization has combined with a decline in affordable housing and public benefits to produce a rapid increase in the number

of poor people. From this heterogeneous group, increasing numbers of the most marginal, including substance abusers and the mentally ill, have become homeless.

—James Borchert

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DEINSTITUTIONALIZATION

Deinstitutionalization is an awkward and often misunderstood term. Simply stated, it refers to a policy intended to reduce a society's reliance on large residential facilities that congregate people for care and control under sequestered conditions, frequently against their will and often in centralized public accommodations. Under deinstitutionalization, welfare and control aspects of social regulation are carried out on a smaller scale, largely under voluntary circumstances, in close (or closer) proximity to a person's home—and more often under the auspices of nongovernmental organizations. Although the process of deinstitutionalization has been most often associated with the management of persons with severe mental illness since the mid-1960s, in the United States the process descended from changes in the child welfare and criminal justice systems of many states beginning early in the twentieth century (for example, the shift from orphanages, often called "industrial homes," to family foster care or the use of probation and parole as an alternative to incarceration). Indeed, during the past few decades, deinstitutionalization has been seen to one degree or another in the management of lawbreakers, people with alcohol and other drug problems, and those with developmental disabilities and severe musculoskeletal impairments—that is, all groups historically subject to institutional concentration.

INSTITUTIONAL CARE AS HOUSING POLICY

Deinstitutionalization has been a long-evolving reaction to the dominant institutional solution for a variety of problems. Institutional care and control were appealing for a variety of reasons, but none was more important than the institution's ability to provide an alternative to a conventional home for those people who had no kin, were extremely burdensome to their families (often because of their disruptive behavior), or whose legal and social transgressions were deemed to warrant isolation in the service of social order. Many famous U.S. citizens were "institutionalized" in private or public facilities: As a boy, baseball great Babe Ruth spent several years before World War I in a Baltimore industrial home that was run by the Catholic church, because his parents couldn't afford to raise him; during the 1960s, saxophone masters Art Pepper and Frank Morgan, both heroin addicts, played in the same jazz band at San Quentin State Prison near San Francisco, and bebop genius (and polypharmacist) Charlie Parker wrote the famous song "Relaxin' at Camarillo" in reference to his sojourn of several months at a state mental hospital in southern California in 1947.

Most institutions were intended to be transitional settings. They were to subject their residents to a disciplined and beneficial regime of living that would prepare them to resume a place in the noninstitutional world. As it happened, however, a large percentage of institutional residents stayed for a long time or returned repeatedly when their lives outside unraveled. Young men and women grew up in orphanages because their families could never manage to support them or had brutalized them; adults with severe mental illness languished for years in mental hospitals for lack of another receptive home; alcoholics, addicts, and criminals returned repeatedly to hospitals and prisons when their "community adjustment" soured. Institutions of all sorts grew well beyond the population size for which they had been designed. Many, most notably mental hospitals and the "poorhouses" or "county farms" that evolved into public old-age homes, became internally differentiated to separate "chronic" from "acute" cases or,

in less clinical language, those with some hope of getting out and those who would never leave. Inevitably, the “hopeful cases” got the most attention, and the others, the “custodial cases,” were left to spin out their lives in sordid conditions of neglect. The term *back ward*, used to describe those institutional regions inhabited by the hopeless cases, derives from the location of these areas in the rear parts of buildings hidden from public view.

DISMANTLING THE INSTITUTIONAL SOLUTION

The institutional solution for impairment and waywardness often was degrading, ineffective, expensive—and impervious to meaningful reform. To be sure, mental hospitals, prisons (modern Western prisons, at least), and other institutions did not set out to brutalize and incapacitate at huge public and private cost. In the end, however, many of them did just this (and still do), and their scale, complexity, and resistance to outside interference created formidable barriers to generations of those who would change them. Deinstitutionalization was intended not merely to change but also to dismantle.

Regardless of the population concerned, deinstitutionalization originated from considerations of standards of human liberty and dignity and the creation of cost-effective mechanisms of care and control. However, the historical processes of deinstitutionalization have varied considerably depending on the population at issue. The extraordinary growth of the U.S. prison population since the late 1980s, due in large measure to the long-term incarceration of federal drug offenders under strict minimum sentencing provisions, reminds us that deinstitutionalization occurs under specific historical and political circumstances and that it may proceed quickly on one front while being stalled or reversed on another.

Conceptually, though, the dismantling of the institutional solution has some basic component processes. First, institutional residents must be transferred to other sites of care and control; second, routes into institutions must be changed so that those people who leave are not just replaced by new inmates; and third, the regulatory functions of the

institution must be reproduced in noninstitutional settings. As a practical matter, these processes should be undertaken in just the opposite order in which they are listed. It makes little sense to depopulate an institution by transferring residents and preventing the admission of new ones if sufficient and appropriate noninstitutional settings are not in place beforehand.

However, policymaking is not always logical or sufficiently forward-looking. Thus, the controversy about deinstitutionalization mainly concerns this last component of the process. Indeed, some analysts distinguish between institutional depopulation and “community care” rather than invoke the term *deinstitutionalization* to cover both. Such a distinction emphasizes that although community care might have a logical connection to institutional depopulation, its achievement is neither a political nor a technical given. A government can depopulate institutions quite successfully without providing the resources required if alternative settings are to provide adequate care and control for the same populations. (Early critiques of deinstitutionalization in the mental health field stressed that the new “community-based” programs were serving a relatively healthy population that was categorically distinct from its institutional counterpart.) Further, programs may not be able technically to translate all of the institution’s regulatory functions (notably, secure detention) or its substitute livelihoods to other settings. The state mental hospital census in the United States has declined from its zenith of 559,000 in 1955 to less than 75,000 today, but few would argue that community care is without significant problems.

In theory, the widespread development of “supportive” and “substitutive” services facilitates the dismantling of the institutional solution. Supportive services are intended to maintain people in their own homes with restrictions on their activities only as necessary for their safety or the safety of others. In mental health policy and mental health law parlance, this is known as the principle of “housing in the least restrictive environment.” Substitutive services involve the provision of alternative, supervised environments, with limitations consistent with safety but designed to help someone live the most independent life of which

he or she is capable. In their most complete expressions, substitutive services comprise alternative homes that may be permanent or transitional.

A number of factors have contributed to the erosion of political support for deinstitutionalization in the United States. The most important of these factors have been the necessary scale and thus the cost of community care in an era when the huge baby boom generation (those people born between 1946 and 1964) has reached maturity; the persisting shortage of low-income housing that could provide sites of supportive services; and the general reduction in social welfare benefits and services, particularly by state and local governments. One result has been what is sometimes called “transinstitutionalization,” or the transfer of institutionalized persons from one large, congregate institution to another of only somewhat lesser scale and restriction. The most frequently cited example of transinstitutionalization is the transfer of elderly state hospital patients to large nursing homes that began during the 1960s and 1970s. However, during the 1980s and 1990s, the reappearance of mammoth homeless shelters not seen since the Great Depression (1929–1941) raised a similar issue.

HOMELESSNESS AND DEINSTITUTIONALIZATION

The high prevalence of serious mental disorders among homeless shelter residents often is used as evidence that homelessness is a direct outcome of deinstitutionalization, that homelessness results from the dismantling of institutional solutions in the absence of effective community care. During earlier eras, so the reasoning goes, today’s sheltered mentally ill, including many of those people with concurrent substance use disorders, would have been in state hospitals. In fact, although more permissive civil commitment laws and a much greater institutional capacity significantly prevented homelessness in the past, they did not eliminate it. The grasp of the asylum was never sure, and—the gradual accumulation of “chronic” cases notwithstanding—most institutional sojourns were short. The term *revolving door*, which has been in use for about fifty years to describe the rapid cycling of people in and out of

institutions, is the successor metaphor to *rounder*, a late nineteenth-century term applied to those people who moved frequently in and out of jails, hospitals, and other similar facilities, making what is sometimes called the “institutional circuit.”

Viewed this way, the relationship between homelessness and deinstitutionalization alerts us to the fact that homelessness is a failure of “abeyance mechanisms” more generally. (Abeyance mechanisms are social arrangements that provide niches for surplus people.) As well, it makes clear that homelessness represents failures in interrelated policy domains, especially those of income maintenance and housing policies, from which deinstitutionalization and the problems of community care cannot be separated.

The presence in shelters of substantial numbers of persons with mental illness provides a good illustration of this interrelatedness. The vast majority of persons with mental illness do not become homeless. However, the intersection of mental illness and abject poverty often results in homelessness. Although landlords sometimes shun prospective tenants because their symptoms are obvious and difficult to cope with, homeless people with mental illness end up in shelters mainly for the same reason as their healthy peers: In the absence of work or a significant work history, no income maintenance program provides a cash benefit large enough to allow them to purchase housing in a seller’s market. This problem has become more acute since the early 1970s and has been worsened by the stagnant inflation-adjusted value of welfare benefits especially and by the destruction or “conversion to higher use” of the single-room occupancy hotels and other forms of cheap group quarters that once housed the denizens of U.S. skid rows. Indeed, due to the availability of cheap flophouses, the members of that population (no strangers to crime, substance use, and psychiatric problems) rarely were homeless as we most commonly use the term today.

THE FUTURE CONNECTION

As noted, deinstitutionalization has proceeded unevenly across the various domains of social care

and social control, and we have no reason to think that this will change. To the extent that their members are not perceived to be dangerous, groups with a claim on public sympathy—for example, abused and neglected children, the ill or poor elderly, and the mentally ill or physically impaired—almost certainly will continue to be shielded from a policy of systematic (re)institutionalization. With resentment of minimum sentencing laws growing rapidly among federal judges and with community treatment and criminal justice diversion measures gaining favor in many states, a high percentage of nonviolent drug offenders soon may be steered away from institutionalization. At the same time, though, a large population of long-term inmates of the baby boom generation soon will begin to emerge from U.S. prisons without much in the way of “human capital”—the skills and formal and informal knowledge required for economic survival. Under current circumstances, they are likely candidates for shelter residence.

Whether the supportive and substitutive functions of community care can adequately settle the members of this and other groups depends at least as much on the future of economic and housing policy as it does on innovations in therapy and social rehabilitation. The latter are important, particularly in connection with managing persistent and severe mental illness and substance use without the secure detention afforded by institutional regimes—but without income and housing for those affected, deinstitutionalization will contribute to growing shelter populations.

—Jim Baumohl

See also Abeyance Theory; Mental Health System; Mental Illness and Health; Social Welfare Policy and Income Maintenance

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☐ DENMARK

In the early 1980s, if asked about homelessness in Denmark, most Danes would probably have shaken their heads, looked a little amazed, and told the questioner to head abroad to find such social problems. Today, the question calls for a different response: Homelessness has become a social problem that is discussed and acted upon by the nation’s politicians, journalists, researchers, students, and social workers.

WHO ARE THE HOMELESS?

It has been argued that the Scandinavian welfare model (see, for example, Esping-Andersen, 1990) prevents widespread poverty relatively well, especially when compared to the models of the United States or the United Kingdom, for example. Denmark provides a wide span of social measures—such as rent subsidies, welfare payments, old age and early retirement pensions—at a comparatively high standard. It offers these benefits to all citizens, regardless of where they reside or their degree of contact with the labor market, and it administers them not by the principles of the insurance industry but simply on the basis of legal residency in Denmark. With this model, the state has been able to limit the problems of poverty and homelessness; indeed, homelessness caused by inability to pay rent is almost nonexistent.

However, still some people are considered homeless. But it is a situation understood to be correlated more with social deviation than with housing policy, market forces, or poverty: The homeless population is understood to consist of people with a variety of

personal problems in addition to having no permanent dwelling—such as excessive use of illegal drugs (see Stax, 2003) or alcohol, mental illness (see Brandt, 1992), or a combination of these and other problems (Järvinen, 1993; Koch-Nielsen & Stax, 1999; Stax, 1999). It is these personal troubles, perhaps compounded by housing issues, that are found to cause homelessness.

ORGANIZING AND COUNTING THE HOMELESS

But while the housing situation has not been found to be of central importance in understanding the causes of homelessness in Danish research, it has played a significant role in categorizing the people considered homeless. Stax (2001) presented a typology of homelessness based on where they sleep, which, he argued, underlies the current Danish understanding of the phenomenon. He distinguished between people living on the streets, in shelters for those without a permanent place to stay, doubled up with friends or family, and in “special housing” arrangements—that is, those targeted toward people considered in need of permanent housing but not able to live in an ordinary, independent dwelling.

Notably, shelter standards in Denmark are high. Almost all shelters provide a single-occupancy room, spartanly furnished, with a lockable door, rather than the large-scale dormitories known in other countries. (In a few shelters, almost all located in Copenhagen, one might still find some double-occupancy rooms.) Moreover, shelters are open to tenants twenty-four hours a day.

Estimates of the homeless population have thus far been based on counts of shelter clients, since no scientifically based information on other groups is available—for example, people “sleeping rough” (i.e., sleeping outside) or living doubled up with others. Within the shelter population, however, some data have been gleaned since the late 1990s, when a national register with information on users of shelters was established.

The number of clients using the facilities that year was equivalent to 15 per 10,000 Danes. Drawing information from the register, one finds that one-

Table 1. Homeless Facility Use in Denmark, 2001

| | |
|--|--------|
| Number of institutions | 67 |
| Number of beds | 2,854 |
| Number of registered clients | 8,341 |
| Number of enrollments | 20,514 |
| Average days per enrollment | 49 |
| Average length of stay per client, in days | 121 |
| Number of clients staying one whole year | 1,111 |

Source: Den Sociale Ankestyrelse, 2002b.

third of the clients spent over four months at a facility that year. During the same period, these one-third of the clients accounted for 70 percent of the overnight stays. Furthermore, out of the 20,514 enrollments, 75 percent were clients who had already used a similar institution that same calendar year (Den Sociale Ankestyrelse, 2002b).

SERVICE MEASURES FOR THE HOMELESS

This high number of long-term and repeat users has spurred a new initiative known as “special housing for special people.” It offers housing arrangements tailored to specific types of people, particularly those continually moving in and out of shelters or staying for long periods. These facilities provide alternative and more permanent accommodation for the “highest-demand” third of the shelter population—those who draw most heavily on the shelters’ resources. The aim is to enable the shelters to focus more upon the clients in acute and time-sensitive need of shelter. Such “special housing” varies widely; it might be, for example, ten freestanding dwellings in an urban setting with no restrictions on intake of alcohol or loudness in effect. It might be living units modified from the staircase of a housing complex, perhaps with a common area for watching television and dining, targeted to people preferring not to live alone in ordinary flats. Or it might be a shared flat or villa where tenants have private rooms but share kitchen, bath, and living room with four or five other people. Special housing measures are so recently initiated that no precise counts or in-depth evaluations of them are available.

There also exists a possibility for providing ordinary housing to homeless people who are considered capable of sustaining a life—perhaps with social support—in an ordinary neighborhood without burdening other people too much. Providing ordinary flats is a possibility that the municipalities can choose to include in their social policy. Municipalities are not obliged to provide permanent housing, but they have the right to assign tenants to up to every fourth vacant apartment in low-cost permanent housing, in these cases overruling the ordinary waiting lists for these dwellings. Seventy percent of Danish municipalities, including those of all larger cities, exercise this right to provide permanent housing (Anker et al., 2002). Very little is known about the actual practice of assigning tenants and how it influences homelessness nationwide, but Denmark's 2001 facility registers show that in 905 cases, a person left a homeless institution for an assigned dwelling. Assuming that a client would seldom obtain more than one assigned dwelling in a given year, this amounts to about 10 percent of those enrolled at shelters that year.

—Tobias Børner Stax

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▣ DISORDERS AND HEALTH PROBLEMS: OVERVIEW

The relationship of social disparities and health is a long-standing area of concern in public health policy and practice. Early interest in social disparities in health occurred in the late 1960s, when the war on poverty and the civil rights movement heightened public awareness of broad disparities. Poor populations were reported to suffer disproportionately from higher mortality rates, a higher incidence of major diseases, and a lower availability and utilization of medical services. More than three decades later, major disparities persist in “the burden of death and illness experienced by low-income groups as compared with the nation as a whole” (National Center for Health Statistics 1998, 23).

The individual risk of illness cannot be considered in isolation from the disease risk of the population to which a person belongs. It has long been recognized that social and environmental forces and a strong governmental health infrastructure capable of influencing these forces are critical in ensuring a community's health. Lower socioeconomic (SES) groups have lagged in health largely because the gains in social and environmental conditions enjoyed by higher SES groups have not been widely distributed. Areas populated by low-income groups tend to be

fraught with air, water, and soil pollutants, poor access to supermarkets and healthy food choices, poor working conditions, crowded and substandard housing, unsafe settings that do not support physical activity, and other similar deficits. Indeed, lower SES groups are at “risk of risks” (Link and Phelan 1995, 80–94). The greatest impacts in improving population health and reducing health disparities will not be made by modifying one or a few risk factors, but will be the consequences of gradual developmental changes in areas populated by lower SES groups.

Homeless persons, as a group, are exposed to the highest levels of virtually all social and environmental risk factors for health, and as a result pose serious public health concern. Even relatively short bouts of homelessness expose individuals to severe deprivations (for example, hunger and a lack of adequate hygiene) and victimization (for example, physical assault, robbery, or rape). Homeless children, growing up in shelters and without a stable home, often have unmet emotional, social, and educational needs. Many health problems, such as the high rates of infection that result from overcrowded living arrangements in shelters, hypothermia from exposure to cold, and poor nutrition due to limited access to food and cooking facilities, are a direct result of the homeless experience.

Further, in the context of the pressing demands for day-to-day survival, the use of health care may become a lower priority, which commonly exacerbates even minor illnesses and makes treatment more difficult. While there are many commonalities among subgroups of the homeless population in terms of their health, mental health, and use of services, there are unique features that characterize homeless adult individuals, adult family members, children, and youth. The following provides an overview of the health issues that face each homeless subgroup.

HOMELESS ADULT INDIVIDUALS

Homeless adults are subject to the same risk factors for physical illness as the general population, but they may be exposed to excessive *levels* of such risk, and they also experience some risk factors that are

unique to the homeless condition. Risk factors include the excessive use of alcohol, illegal drugs, and cigarettes; sleeping in an upright position (resulting in venous disease); extensive walking in poorly fitting shoes; and inadequate nutrition.

Health Status

About 37 percent of homeless adults report having poor health compared to 21 percent of lower SES adults and 4 percent of higher SES adults. The most common self-reported medical conditions among homeless adults include joint problems, respiratory infections, high blood pressure, and problems walking. Contagious diseases, such as tuberculosis and HIV, are also more common among the homeless than the general population. The prevalence of tuberculosis infection among homeless adults ranges from 32 to 43 percent. These TB prevalence rates are three to six times greater than among the general population. The high rate of tuberculosis has been found to be related to the duration of homelessness, living in crowded shelters or single-room occupancy hotels, injection drug use, and increasing age. Tuberculosis may be more difficult to treat among the homeless because of the difficulty of screening and maintaining tuberculosis treatment for this population, and because many have multidrug-resistant organisms.

The prevalence of HIV infection among the homeless is also higher than in the housed population. Studies reveal an HIV infection rate of 9 percent among San Francisco’s homeless adults. Among 649 women in the same study, HIV sero-prevalence was 6.3 percent. Risk factors for HIV infection included being black, injection drug use, and chronic homelessness. Rates of HIV infection nationally are estimated to be between 0.3 percent and 0.4 percent.

Mortality

A growing number of studies have documented the powerful and persistent association between a person’s socioeconomic status and mortality. Lower SES persons live six to nine years less than higher SES persons. The mortality rate among homeless adults is even greater. Among homeless adults, the age-

adjusted number of years of potential life lost before the age of seventy-five years is twenty-eight. Mortality rates for homeless adults are highest among white men (8.9 deaths per 1,000 person-years of observation), followed by nonwhite men (7.1), then nonwhite women (6.7) and white women (5.4). The three leading age-adjusted causes of death for homeless persons are injury (for instance, homicide, suicide, or unintentional poisonings), heart disease, and liver disease.

While the prevalence of infectious diseases among homeless people is commonly emphasized in reports, the excess in mortality observed among homeless adults results primarily from noninfectious causes. Injuries, poisoning, and liver disease—each of which may be associated with substance abuse—play a large part in causing death among the homeless. While substance abuse increases the risk of death, homeless people who do not use substances also experience much higher mortality rates than the general population. Finally, chronic homelessness is also associated with higher rates of mortality. Factors that increase mortality among the homeless—for instance, injury and long-term homelessness—support an emerging population health perspective that confirms the importance of context. The cumulative effect of homelessness points to unequal exposure to social, psychological, and ecological conditions that affect both mortality and health.

Lifestyle Practices

Smoking is the leading cause of preventable deaths and disease in the United States. Smoking leads to an increased risk of heart disease, lung disease, emphysema, and other respiratory diseases. Current smoking among homeless adults (between 69 and 78 percent) is more than double that of lower SES groups and more than three times the rate observed in the general population, placing homeless adults at the highest risk of the serious health implications of smoking.

Despite variations in estimates, most studies of homeless adults describe high rates of alcohol and drug use. Heavy alcohol and drug use may result in numerous health problems such as liver disease, poor pregnancy outcomes, and physical injury. The prevalence of heavy alcohol use among homeless adults is

more than twice (42 percent) that of lower SES men and about seven times (29 percent) that of lower SES women. Rates of illicit drug use are also high among homeless adults (they are estimated to be between 25 percent to 50 percent). Reflecting gender-associated findings in the general population, the prevalence rates for both alcohol and drug problems are higher among homeless men than homeless women.

The prevalence of obesity, which places adults at increased risk for hypertension, heart disease, diabetes, and some cancers, is 39 percent for homeless adults, almost three times the rate of the general population. Low rates of physical activity are significantly more common among homeless adults, with 47 percent reporting limited physical activity compared to only 15 percent of the general population. The risk of heart disease, diabetes, hypertension, and colon cancer is higher among those with sedentary lifestyles.

Mental Health

Rates of serious mental disorders are disproportionately high among the homeless, with almost 60 percent of homeless adults experiencing a lifetime disorder, a rate that is four times that observed in the general population. Rates of a recent psychiatric problem are also very high: 39 percent of homeless adults report having had mental health problems in the past month. Lifetime major depression (20 percent) and recent major depression (15 percent) are the most prevalent problems. More than half of homeless adults who suffer from a chronic mental health disorder experience comorbid substance abuse dependence problems as well. Rates of mental disorders are not higher for women than they are for men, with the exception of lifetime depression and serious mental disorder without co-occurring substance dependence.

Women's Health

Homeless women have serious gynecological and obstetrical health concerns, but they lack women's health services. Almost half (48 percent) report a history of sexually transmitted diseases or pelvic inflammatory disease. Non-use of contraception is high. About half of homeless women forty years old

or older had not received a clinical breast exam in the past year, and 53 percent of homeless women forty years old or older had not received a mammogram in the past year. In addition, 46 percent of homeless women had not received a Pap smear in the past year, compared to fewer than 23 percent of women in the general population. This is alarming given that 23 percent of homeless family-planning-clinic users had an abnormal Pap smear.

Pregnancy and recent births are risk factors for becoming homeless. Homeless women have a lifetime average of 3.4 pregnancies. Among the 28 percent who reported being pregnant in the past year, 73 percent said that the pregnancy was unintended. In addition, homeless women are more likely to receive inadequate prenatal care than poor but housed women (39 percent versus 15 percent). It follows that homeless women are more likely than the general population of women to have poor birth outcomes; 16.8 percent of women report low-birthweight babies (less than 2,500g) (national average: 7.4 percent); 18.5 percent report giving birth pre-term (before thirty-seven weeks) (national average: 11 percent). However, homeless women's rates of infant mortality are the same as those of housed women.

Trauma and Victimization

Physical traumatic disorders, including injuries such as burns and lacerations, and violent victimization occur at high rates among homeless adults. Rates of sexual assault among homeless persons are considerably higher than those observed in the general population. As many as one-third to two-thirds of homeless adults have been a victim of crime. The reasons for homeless adults' higher risk of traumatic life events include the lack of a safe and protective home, increased vulnerability from mental health or drug-related problems or medical illness, and living in unfamiliar environments.

Health Care Access and Utilization

Seventy-five percent of homeless adults reported receiving some form of health care in the past year. However, 25 percent of homeless adults reported

that they needed to see a doctor in the past year but were unable to do so. In addition, the majority of homeless persons seek care at places that do not provide the continuous quality care that can address their multifaceted and complex health problems. Of those homeless persons who sought care in the past year, 32 percent reported receiving medical care at a hospital emergency room, 27 percent at a hospital outpatient clinic, 21 percent at a community health clinic, 20 percent at hospitals as inpatients, and 19 percent at private doctors' offices. High rates of emergency room use among homeless adults represented the substitution of emergency room care for outpatient primary care. More than half lacked a regular source of care, and having such a source is strongly associated with access to health services and the use of preventive health services.

One in four homeless adults is hospitalized during the course of a typical year. About 75 percent of hospitalized homeless adults are hospitalized for conditions that are often preventable (for instance, substance abuse, mental illness, trauma, respiratory disorders, skin disorders, and infectious diseases), a rate that is fifteen times that observed in the general population. Following hospital discharge, almost half (40 percent) of homeless adults are readmitted to a hospital within fourteen months, usually with the same diagnosis as on the initial hospitalization. The finding that most of homeless inpatients could have been treated less expensively in an outpatient setting highlights the difficulty in sustaining treatment intensity for homeless persons outside of a hospital.

Despite higher rates of medical hospitalization and higher rates of disease, homeless adults are in fact less likely than other sectors of the population to use medical ambulatory services. It is not uncommon for homeless adults to delay seeking medical attention at a time when more severe stages of illness could be prevented. Homeless adults, given their increased need for care, may benefit from improvements to and increased availability of primary and preventive care.

Gradients of Health

An accumulating body of research has shown that unsheltered homeless adults and homeless adults

with longer lengths of homelessness have poorer physical health than their sheltered or recently homeless counterparts. Compared to those in shelters, unsheltered homeless adults are more likely to use illegal drugs or alcohol, to have been victimized, and to have experienced an accident or injury. An emerging literature on homeless women has shown similar results, with those who are unsheltered more likely to report fair or poor health, to be engaged in risky sex, and to have higher rates of victimization, poor mental health, and alcohol and non-injection drug use than sheltered women. Finally, the fact that adults experiencing extended homelessness are twice as likely to die as those with shorter episodes highlights the cumulative impact of the homeless condition—the unequal exposure to adverse conditions and the unequal access to health care.

HOMELESS ADULT FAMILY MEMBERS

The majority of homeless families are headed by females in their late twenties with an average of two to three children. The health and mental health profile of homeless adult family members, while overlapping with that of adult individuals, also differs. Unlike solitary adults, homeless families are more likely to have opportunities for shelter and are less likely to be living on the streets with little protection from the elements.

Health

One in four homeless mothers report their health to be fair or poor. Just under half suffer from a chronic illness, with rates of asthma, anemia, and ulcers more than four times higher than the rates in a general population sample of comparably aged women. Similar to adult individuals, common acute illnesses include upper respiratory infections, skin problems, and dental and trauma-related problems. When compared to a general population, homeless mothers experience lower levels of physical and social functioning, limitations in completing role responsibilities due to physical or mental health, and higher rates of bodily pain. Health limitations may be explained by the high levels of acute and chronic ill-

ness, environmental stressors, and high rates of childhood and adulthood victimization reported by homeless mothers.

Lifestyle Practices

Three-quarters of homeless mothers report either smoking, using intravenous drugs, a lifetime prevalence of alcohol or drug abuse or dependency, or obesity. More than half of homeless mothers smoke cigarettes, a rate that is considerably higher than that observed in a general population of women.

Homeless mothers, like homeless individual women, are at high risk for contracting sexually transmitted diseases, including HIV. Homeless mothers are twice as likely as low-income housed mothers to have had multiple sexual partners during the past six months; they report twice as many lifetime sexual partners and are more likely to report a younger age of first sexual contact. Homeless mothers who have experienced victimization in childhood or adulthood are at substantially higher risk for HIV.

Trauma, Mental Health, and Substance Abuse

Ninety percent of homeless mothers report severe physical or sexual abuse during childhood or adulthood. Two out of three homeless mothers report childhood physical abuse and almost half report that they had been sexually molested as a child. For most homeless mothers, violence continued into adulthood with just under two-thirds of homeless mothers reporting severe violence by an adult partner. Victimization experiences may significantly compromise a woman's physical and mental health and are associated with many short- and long-term health and mental health consequences.

Experiences of childhood or adult abuse may also result in long-lasting mental health problems, fear and lack of trust, difficulty forming and sustaining supportive relationships, parenting challenges, and substance abuse. Lifetime rates of psychiatric disorders are disproportionately represented among homeless mothers compared to the general population and are a likely consequence of the high rates of victimization. Seventy percent of homeless mothers

have at least one lifetime psychiatric disorder, with depression, posttraumatic stress disorder, and substance abuse most common. One in three homeless mothers has lifetime posttraumatic stress disorder, a rate that is three times higher than the rates found in general population studies. Forty percent of homeless mothers have a lifetime prevalence of substance abuse or dependence.

HOMELESS CHILDREN

When compared to mothers of low-income children who are housed, mothers of homeless children are more than two times as likely to report their children as being in fair or poor health; they also report more acute and chronic illness.

Health

High rates of asthma, recurrent ear infections, and gastrointestinal disturbances are reported more commonly among homeless children than among low-income children who are housed. Homeless children are also twice as likely to have been hospitalized during the prior year, a fact that may reflect higher levels of illness or barriers to accessing services.

Factors that may contribute to the adverse impact that homelessness has on children's health include the instability and frequent moves that often precede the homeless episode, environmental and maternal factors, and specific conditions of shelter life. Sheltered mothers may have fewer resources to cope with a child's illness. A mother's emotional distress or diminished availability during the acute homeless period may lead to physical symptoms in a child who needs emotional attention. Also, shelters are often crowded and provide shared food preparation facilities, increasing the likelihood of transmitting infection. Sometimes the exigencies of shelter life and competing demands for survival make a timely use of health care difficult, leading to increased illness severity.

Nutrition and Hunger

Homeless children are at risk for poor nutrition and hunger. Some studies have reported homeless chil-

dren to be at high risk for iron-deficiency anemia, delayed growth, and obesity. Homeless families may not have access to supermarkets and healthy foods. Some shelters may not be able to provide a diet that is balanced and appropriate for children at different developmental stages. Poor nutrition and hunger can compromise a child's growth, contribute to higher rates of illness, and are associated with poorer academic achievement. Children who are hungry are also more likely to experience mental health problems such as anxiety or depression.

Development, Behavior and Emotional Health, and Learning

Many homeless children have experienced a range of stressful life events in addition to homelessness and frequently come to a shelter demonstrating developmental, emotional, and behavioral problems. Stressors include residential instability, with homeless children having moved an average of three times in the year prior to their homelessness. Other stressors include being witness to violence, frequent school moves, and high levels of maternal distress. One in five homeless children have been placed in foster care in the past.

Coping with the homeless episode is often difficult for children. Shelters may be crowded and lack privacy. Children commonly share a room with parents and siblings and are subject to many rules. For some children, the homeless episode may lead to depression or withdrawn behavior, while for others it may lead to acting out and aggressive behavior. It is not uncommon for homeless toddlers and preschoolers to regress in developmental milestones, for example, to lose recently acquired language. Some of these behaviors may be an attempt to express their stress or to gain attention from parents who may be preoccupied with daily demands and distressed themselves.

Homeless children experience delays in development and demonstrate emotional and behavioral health problems. While homeless infants appear to be on track with developmental milestones, research demonstrates that their development slows as they get older. This delay in achieving critical cognitive, social, and language milestones, which begins to

appear at approximately eighteen months of age, probably results from the accumulation of multiple stressors over time. Among homeless older children, one in five preschoolers and at least one in three school-aged children manifest emotional or behavioral problems severe enough to warrant professional care. One-third of homeless school-aged children have a current mental health disorder that impairs their functioning. These rates are twice that found in a general population of children. Common disorders include depression, anxiety, and disruptive or aggressive behavior. Despite these high rates of mental health problems, fewer than a third of children with a disorder receive mental health treatment.

Homeless children are also at risk for poor academic achievement, repeated grades, and absenteeism. According to some reports, three out of four homeless children perform below grade level in reading and one in two homeless children perform below grade level in math. As many as 20 percent of homeless children do not attend school at all. Many homeless children have moved frequently before the homeless episode, resulting in numerous school changes, disruption of learning and teacher and peer supports, and potential delays in transfer of school records. Once in school, homeless children often have unmet learning needs, with as many as three-quarters of those meeting the criteria for special education evaluation failing to receive these essential and legally required services and appropriate class placements.

Health Care Access and Utilization

Both homeless mothers and children have higher rates of emergency department use when compared to their housed counterparts. Rates of hospitalization are four times greater among homeless mothers than in the general population of comparably aged women, suggesting gaps in the receipt of primary care services.

Homeless mothers frequently have delays in receiving essential preventive services, including screening for tuberculosis, cervical cancer, and sexually transmitted diseases, and dental care. Homeless children commonly fail to receive essential preventive care including immunizations, periodic health examinations, screening for lead poisoning or ane-

mia, and dental care. A significant subgroup of homeless children do not have a regular health care provider or source of medical care. In the context of daily demands, preventive health care needs may go unmet. Delays in receiving critical preventive services may lead to more illness among homeless children and result in exacerbations of common medical problems that may be easily treated if recognized early. Delays in immunizations may interfere with timely school enrollment. While ending the homeless episode may be the most important preventive health measure to accomplish, health promotion and preventive screening measures can significantly improve the health and well-being of homeless mothers and their children.

HOMELESS YOUTH

National estimates of the number of homeless and runaway youths are close to one million. Reasons vary as to the cause of homelessness and include running away from dysfunctional families, being pushed out of these families, or exiting from involvement in the social service network (for instance, “aging out,” foster home failure, or an unsatisfactory institutional placement by the welfare system). Estimates report that one-third of runaway youths have been physically and sexually abused as children. Whatever the reasons, these youths infrequently utilize the shelter system; instead, they attempt to survive on the street. This puts them at risk for victimization and trauma, and introduces numerous physical and mental health challenges.

Homeless youths are on the streets with minimal social and economic resources during a critical developmental stage. Adolescence is characterized as a time for establishing a stable identity, refining a self-image, and developing sexually and socially. When homeless, accomplishing these tasks is made far more difficult given the exigencies of street life and a paucity of supports.

Vulnerabilities and Risk Behavior

Homeless youths generally rely on themselves or peers for survival. In order to support themselves,

homeless youths must often participate in illicit activities and risky behaviors, such as panhandling, theft, drug dealing, and exchanging sex for food, shelter, or money. They are frequently victims of violent crime including assault, robbery, and rape. Survival sex is itself a form of repetitive victimization. These activities may cascade into numerous physical and mental health problems.

Experiences of trauma and the lack of a safe environment during adolescence contribute to the mental health, substance abuse, and risk behavior profile manifested by homeless youths. Mental health problems, particularly depression, suicidal symptoms, and anxiety are commonly reported among homeless youths. As many as one-third of youths report a previous suicide attempt. Homeless boys are more likely to engage in antisocial behavior than homeless girls. Some antisocial behaviors, such as stealing money or food to avoid hunger, are, in many instances, required for survival.

High rates of substance abuse are also common among homeless youths, as high as 84 percent according to some reports. Commonly used substances include alcohol, marijuana, crack cocaine, and intravenous drugs. Drug use may be a method of self-medicating a depression as well as of dulling the fear of the dangers on the street. Trading in drugs may also be a means of survival for some street youths. Whether receiving free drugs for sex or exchanging sex for drugs because of an addiction, the resulting risky behaviors expose adolescents to sexually transmitted diseases, including HIV, and to unplanned pregnancies.

Health

The medical needs of homeless youths commonly include exposure-related problems and malnutrition. Poor hygiene, scabies, skin infections, hepatitis, and acute fractures and other traumatic injuries are frequently reported. As discussed above, the rates of sexually transmitted diseases are considerably higher than rates observed among comparably aged housed youths. Lifetime pregnancy rates for homeless youths range from 33 percent to 50 percent in sheltered and

non-sheltered youths, respectively, compared to less than 10 percent for non-homeless youths. The pregnant homeless adolescent is at high risk for complications during pregnancy. Poor nutrition, risk exposure, and limited access to or utilization of prenatal care services increase the potential for adverse birth outcomes among homeless pregnant youths.

Health Care Access and Utilization

Numerous barriers lead to a limited use of traditional health care and mental health services by homeless youths. Homeless youths tend to distrust adults and institutions and have concerns regarding confidentiality of personal information. This distrust may be rooted in the history of abuse and neglect in their families of origin or in their unsatisfactory placements in foster care or institutions by the social service network. Lack of insurance poses another significant barrier to their use of health care services. Many youths believe that without money or insurance they cannot receive care, which results in delays in seeking needed medical attention. Limited knowledge of available services may also result in emergency department use, and as with homeless adults, may limit a homeless youth's access to continuous health care that meets preventive as well as urgent health needs.

Successful approaches to the provision of health care to homeless youths combine outreach and drop-in type services with nonjudgmental and confidential caregiving practices.

OUTLOOK FOR THE FUTURE

Homeless populations must struggle not only with the health consequences of being poor, but also with the added burden of residential instability and life on the streets. Structural changes that eliminate homelessness by developing increased affordable housing and opportunities to earn a living wage will ultimately be necessary to improve the health and well-being of the homeless. Reducing persistent health disparities among the poor and the homeless requires a broad strategy that can address the social

and environmental conditions that result in adverse health outcomes.

—Linda Weinreb, Lillian Gelberg,
Lisa Arangua, and Mary Sullivan

See also Alcohol and Drugs; Continuum of Care; Health Care; HIV and AIDS; Mental Health System; Mental Illness and Health

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□ EGYPT

Homelessness is less visible in Egypt than it is in many countries. However, indicators are readily apparent throughout Egyptian society, as serious housing shortages, overcrowded urban areas, and poverty have resulted in the creation of squatter settlements. In addition, Egypt has witnessed an increasing number of children who work or live on the streets.

As in other developing countries, poverty is a pervasive problem in Egypt. In recent years, it has increased in prevalence and intensity, as the gap between the rich and the poor has widened. Unemployment and inflation have also increased. Estimates indicate that between 32 and 40 percent of the country's population live at or below the poverty line; indeed, it is often hard to distinguish homelessness from extreme poverty.

STREET CHILDREN

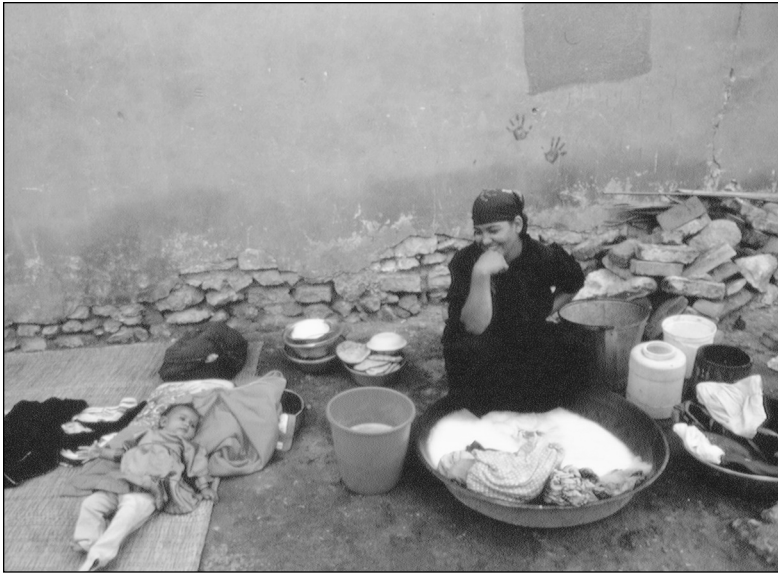
Although homelessness is not viewed as a major public concern in Egypt, street children are now recognized as a social problem requiring urgent governmental attention. The phenomenon of large numbers of children who live or work on the nation's urban streets, often in groups, is considered a relatively new problem. Studies have attributed its rising preva-

lence to rapid urbanization, deteriorating economic conditions, declining social programs, and weakening family ties (see Bibars 1998; Human Rights Watch 2003).

It is unclear how many street children there really are. Surveys have found that they range between nine and eighteen years, with the majority around thirteen. Most are members of the local urban poor. However, some are older children who have migrated from rural areas in the hope of finding employment, often having left families facing extreme poverty.

Many street children do not attend school, do not receive health care, and are unprotected by adults. The trajectory that leads children from poor families to resort to the streets typically involves poverty, dysfunctional families, child abandonment, and physical and sexual abuse. Some of these children live on the streets to escape violence at home. Others are abandoned by their families who cannot afford to support them or are unable to do so because of death, imprisonment, or illness. Some resort to begging and pick-pocketing because these are the only sources of income for their destitute families. To survive, many of these children eventually engage in other petty crime, which often leads them to jail or juvenile correctional facilities.

In 2001, there were more than 11,000 arrests of street children. Under current Egyptian law, they are



Homeless people in Cairo's City of the Dead.

Source: Johannes Armineh/Corbis Sygma; used with permission.

considered “children at high risk” and therefore can be arrested and placed in correctional institutions. While in police custody, street children are given the same treatment as juvenile delinquents and children who have committed more serious crimes. They are often physically abused by supervisors and older children, do not receive adequate services, and sometimes end up being trained to become professional criminals by other children. Human rights groups have documented widespread abuse and exploitation of these children once they are detained or placed under institutionalized care.

Traditionally, care for street children has been provided by religious institutions in the form of charity. These children are often viewed by average citizens as “troublemakers” and criminals. Although Egyptian law makes a distinction between street children (who are considered vagrants) and juvenile delinquents, the distinction breaks down once they enter the legal system. There are few governmental programs designed to deal with street children, and those staffing such programs often lack the necessary skills to address these children’s social and psychological needs.

In part as a result of publicity generated in recent years by nongovernmental organizations and human

rights groups, Egypt’s municipal governments have begun to improve their treatment of street children and to develop programs to help them. Governmental as well as nongovernmental organizations are beginning to seek ways to return these children to their families or find them alternative housing until they reach adulthood.

URBAN HOUSING SHORTAGES

In 2000, the population of Egypt reached 68 million, with an annual growth rate of 1.72 percent. The majority of Egypt’s population lives on 5 percent of the country’s land, and fully one-quarter live in the capital city of Cairo (Cairo is the most populated city in the Middle East and Africa). Large-scale

migrations from rural areas in recent decades have transformed all of Egypt’s cities, resulting in massive housing shortages in Cairo and other urban centers.

The Egyptian government has attempted to respond to these shortages with government-subsidized housing. However, such programs have not been adequate to meet the population’s needs. Not only has the demand for housing far outstripped what the government programs have been able to supply, but even this limited housing has been slow to appear and is often located in remote towns, where there is little work.

PRECARIOUS HOUSING SITUATIONS

As public, private, and cooperative housing efforts have proven insufficient, the number of slums and squatter settlements has increased dramatically. Squatter settlements, which involve the illegal occupation of mainly publicly owned land, have grown in both inner-city and rural areas. Such settlements now represent 20 percent of the total population in Cairo, 11 percent in Alexandria, 18 percent in Ismailia, 25 percent in Suez, and 12 percent in Port Said. Construction in these settlements is typically of poor quality and is unregulated by building enforcement

agencies. Inhabitants receive minimal or no services, including water, electricity, and basic sanitation, and they are especially vulnerable when natural disasters such as earthquakes or flooding occur. Such conditions are not just a concern for settlement residents—they serve as a reservoir for disease and other health dangers whose effects could be widespread.

—*Sawssan R. Ahmed, Mona Amer,
and Paul A. Toro*

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ENCAMPMENTS, URBAN

The past fifteen years have seen a rapid growth in the number of homeless men, women, and children living in street camps. Although shelters and emergency services are available, most are filled early in the day or have restrictions, both formal and informal, that limit access to their programs. As a result, shelters and other homeless services programs are unable to meet the complex needs of the broader homeless population. For example, many restrict services to adults, or to men or women, and others do not accept people with health problems such as HIV, mental illness, or drug or alcohol addiction. Thus, semipermanent encampments of homeless people have emerged in

many urban settings. These encampments are generally collections of makeshift dwellings constructed of cardboard boxes, scrap wood, plastic sheeting, and other discarded materials. While some encampments are assembled in public places such as on sidewalks or in vacant lots, others are more concealed from public view, springing up along riverbanks and train tracks, under freeway overpasses or bridges, and in alleys or in shrubbery along open highways, freeway on-ramps, and access roads. This entry focuses on encampments in Los Angeles (Cousineau 1997, 2001), the location of the most recent and comprehensive research on the topic.

Researchers studied the physical conditions in the camps and the health status of encampment residents, including substance use and abuse and substance abuse treatment and their access to and use of health care services, including tuberculosis and HIV screening services. The study area was limited to the central Los Angeles area, which includes the financial district, skid row, and the areas surrounding the immediate downtown area: Chinatown, South Park, MacArthur Park, and the industrial areas on the east, among them. Residents of these encampments were interviewed by one of fourteen formerly homeless people who are currently employed as peer counselors in organizations serving the homeless.

Although more than 100 sites were mapped, 54 sites were selected in the target area for site visits and resident interviews. Interviews were conducted with 134 residents of 42 camps, with only two people refusing to be interviewed. The camps ranged in size from one to twenty people and had an average of five occupants. The majority were men; children were seen in only one camp. Two-thirds of the respondents were men. Two people described themselves as transgendered. More than 94 percent of respondents were under the age of 65, with 42 percent between the ages of 30 and 39. More than 50 percent of the respondents were African-American, 34 percent were Hispanic, and 7 percent were Caucasian. Two of the respondents were Asians. Fewer than 20 percent of the men (and none of the women) were veterans, and more than 65 percent were born in the United States; 20 percent, in Los Angeles.

Encampment residents may differ somewhat from

homeless people living in the heart of downtown skid row. For example, 21 percent of the respondents in earlier studies in skid row were Latino, compared with about 33 percent of encampment respondents. Downtown and shelter residents overall tend to be slightly younger compared with encampment residents, and nearly two-thirds were single compared with a little more than half of the encampment residents.

Approximately 65 percent of the respondents had been homeless for at least one year, and 20 percent had been homeless for over five years. The majority of respondents had spent at least one night in an average of three places within the previous year (range of one to ten places). Almost half reported having lived in another camp, but many had spent at least one night in an abandoned building, a mission or shelter, a cold-weather or wet-weather shelter, a hospital, a drug or alcohol program, a room either rented by the respondent or paid for with a government voucher, or with friends or relatives. Thirty-three percent of the respondents reported having lived in the camp for at least one year and 5 percent more than five years.

WHY WON'T ENCAMPMENT RESIDENTS GO TO A SHELTER OR MISSION?

Only 41 percent of the respondents reported having ever lived in a shelter or mission, and 34 percent had spent time in a shelter or mission within the previous year. When asked why they weren't staying in a shelter at present, the majority indicated that they did not like the rules, including religious requirements (34 percent), that they could not afford it (22 percent), that they feared crime or violence in the shelters (15 percent), that the shelters were too crowded (14 percent), or that they were turned away from a shelter (10 percent). Investigators assessed the conditions of the encampment and their potential as threats to health because of such factors as poor sanitation, proximity to on-ramps, and exposure to toxic substances.

Living conditions in the camps are health threatening. Researchers visiting the camps observed the ways people lived and conditions in the camp, including those that might be health threatening. In

several encampments, couches, barbecue grills, beds, chairs, and other furniture were observed. Also present were dogs and cats; in one case, chickens, presumably used for food, were kept. In six camps, residents were seen sleeping or sitting amidst piles of garbage and trash. Residents in these and other camps reported that rodents and insects were a problem, and some had obtained rat poison, which they spread on the ground near where they slept at night. Clean water was seldom available. These conditions made it difficult to maintain cleanliness and personal hygiene. Residents in eight camps retrieved water from nearby businesses, while others extracted water that is not potable from the Los Angeles River, which collects the water from street drains. For toileting, people reported that they used portable toilets found at construction sites (7 percent) or missions (7 percent), although most respondents reported exclusively or sometimes using the river, bushes and shrubbery, the street or sidewalk, or some other outdoor location.

Health status and access to health and screening services. Nearly 38 percent of the respondents reported their health as being either poor or fair. More than 30 percent reported having health problems that required ongoing medical attention, including life-threatening, chronic health conditions, without receiving the appropriate medical care. These conditions include heart disease, diabetes, and hypertension. In spite of the low health status of the respondents, encampment residents experienced several formidable barriers to obtaining health care services. Seventy-five percent of the respondents had no health coverage; only one person was covered by Medi-Cal. Although nearly 50 percent had visited a doctor or clinic sometime in the previous six months, 41 percent reported that there was a time when they felt they needed to go to the doctor but did not go. Financial access barriers—no money or insurance—were cited by half as reasons for not going, but other access barriers were reported, including lack of transportation, concern about long waits, and not knowing where to go for health care. Access to dental care was even more limited, with about 12 percent having visited a dentist in the previous six months and 61 percent reporting that they felt like they needed to see a

dentist right away. However, access to screening services for HIV and tuberculosis was better than expected. Nearly a third of the respondents said they had received a TB test and a third an HIV test within the previous twelve months. Los Angeles and several other urban areas have seen an increase in the number of funded outreach programs specifically supporting HIV and tuberculosis screening, which may account for this finding. Still, 35 percent had never had an HIV test, and 16 percent had never had a TB test.

THE OUTLOOK

The health of residents is jeopardized by the living conditions found in downtown encampments. Residents cook and eat in places where food cannot be stored properly and where dishes cannot be washed with hot water. The proximity of garbage, animals, vermin, and human excrement to cooking areas expose residents to infectious diseases, particularly hepatitis, shigella, and salmonella. Lack of proper hygiene can also lead to dental decay and skin problems such as lice, scabies, and impetigo. Many encampments are adjacent to freeways, and residents constantly breathe toxic exhaust fumes and risk being hit by moving vehicles as they move in and out of encampments.

Plans to dismantle and outlaw encampments and force people to go to shelters or government camps will at best have only a short-term effect in reducing the number of urban encampments. Many encampment residents will not go to shelters or downtown missions because they fear violence or dislike the rules and regulations. If forced to go there, many would eventually return to an urban encampment.

There have been several financial crises that have threatened the health care safety net in Los Angeles. These crises have led to proposals and in some cases decisions to reduce support for public health and hospital programs and will eliminate or seriously cut back on the major source of care on which many

Table 1. Length of Time Respondents Have Been Homeless and Have Been Living in the Present Encampment (N = 134)

| | <i>Homeless</i> | | <i>Encampment</i> | |
|-------------------|-----------------|----------------|-------------------|----------------|
| | <i>Number</i> | <i>Percent</i> | <i>Number</i> | <i>Percent</i> |
| Less than 1 month | 1 | 1% | 3 | 2% |
| 1 to 6 months | 19 | 14% | 61 | 46% |
| 7 to 12 months | 9 | 8% | 23 | 17% |
| 1 to 2 years | 30 | 22% | 20 | 15% |
| 2 to 5 years | 31 | 23% | 12 | 9% |
| More than 5 years | 27 | 20% | 7 | 5% |
| Didn't know | 7 | 5% | NA | NA |
| No answer | 10 | 8% | 8 | 6% |

** Defined as where the person had their own place where they paid rent and could receive mail.

homeless people depend. More protected, however, are federally funded programs such as the Ryan White CARE Act programs for HIV prevention and treatment, the federally sponsored Health Care for the Homeless Program, and CDC-sponsored tuberculosis programs that have supported health-related outreach to homeless people, including many living in encampments. Many encampment residents had contact with these programs, and many had obtained services as a result.

Activities designed to reduce the number of encampments must include efforts to address substance abuse in this population. Homeless people require programs with more tolerant and flexible approaches to treatment that emphasize social support and housing and case management and minimize requirements to achieve and maintain sobriety within time frames designed for more stable populations. Although encampment conditions are health threatening, the conditions are not unlike those found in many low-rent, slumlord-owned apartments and hotels in large cities. Programs that engage residents of homeless encampment through creative outreach and effective case management should be supported. These efforts will encourage camp residents to choose alternatives to encampments while providing them with services that promote and protect their health and welfare and put them on a road to self-sufficiency, employment, and stable housing.

—Michael R. Cousineau

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▣ EPIDEMIOLOGY

Over the years, Americans have expressed considerable interest in and concern about the extent of alcohol, drug, and mental health problems among homeless persons. In recent decades, the nature of these problems has changed, as a function of both demographic and social policy changes, especially in the realms of mental health and housing. During the mid-twentieth century, the homeless population was more homogenous than it is today and was typified by men living in inner cities, many of them alcohol abusers. But beginning in the late 1960s and early 1970s, the homeless population became more diverse. A number of factors contributed to this trend, including the broad-scale release of patients from state mental hospitals, a demographic shift toward younger homeless individuals, the destruction of cheap housing in the inner cities, increased use of illicit drugs, and reduced federal spending for new housing construction, restoration, and rental assistance.

Today, in the United States and elsewhere, it is useful to distinguish three important subgroups among homeless persons: single adults, families (that is, one or more parents with children in tow), and unaccompanied adolescents. Different types of shelters have been created in most U. S. cities to house these subgroups, provide them with better protection and care, and more effectively respond to their somewhat different needs.

While rates of mental illness and substance abuse are higher in all three of these homeless subpopulations than for their domiciled peers, there are salient differences among these subgroups in terms of the type, severity, and origins of their psychiatric conditions. By understanding these differences in home-

less subgroups, it is possible to tailor service programs to best respond to their needs.

PSYCHIATRIC EPIDEMIOLOGY

Epidemiological research typically begins with a descriptive phase in which the incidence and/or prevalence of one or more diagnosable conditions is ascertained in a defined population. The term *prevalence* refers to the proportion of a population possessing a certain characteristic or condition over a specified period of time. *Incidence* refers to the proportion of people who *develop* the condition in a defined time interval. Expressed as a formula, incidence times duration equals prevalence, generally speaking. For instance, a condition that has both a high rate of incidence and a long duration leads to a highly prevalent condition in the population. Reducing either factor will lower the prevalence.

The vast majority of psychiatric epidemiological research on homeless populations has been descriptive in nature, documenting the prevalence of various mental illnesses and substance abuse disorders. To the extent that these studies have enrolled representative samples of homeless persons in a particular area, they shed light on the types of problems homeless persons experience. Such research helps us better understand the characteristics of a population and how to best meet their treatment needs.

Mental Illness Variables

The term *mental illness* covers a number of specific conditions, which can be diagnosed by trained clinicians. While the full spectrum of mental disorders is quite varied, some disorders principally affect one's thought processes, as in the case of schizophrenia. Others reflect disorders of mood or affect, such as major depression. Mental illnesses can vary in their severity as well as degree of impairment or disruption they cause to a person's daily life. They can also differ in terms of chronicity. For example, schizophrenia is both a very disabling and chronic condition, whereas depression can vary in the extent of psychosocial impairment it can cause and tends to be more episodic. The term *severe mental illness* refers

to both disorders of thought and mood that typically cause extensive impairment in level of functioning for those who experience them.

SINGLE ADULTS

A number of studies in various regions of the United States and in other countries have documented that the prevalence of severe mental illnesses, as well as alcohol and other drug abuse, is much higher among the homeless than among the general population. In the United States, the most sophisticated and largest-scale epidemiological research on this issue took place in the mid-1980s. One such study was conducted by Paul Koegel and colleagues (1988), who interviewed single homeless adults in Los Angeles to learn about their past mental health and substance use difficulties. They found that, over the prior six months, 16 percent had experienced an episode of major depression, 12 percent were diagnosed with schizophrenia, 27 percent had an alcohol abuse or dependence disorder, and 10 percent had abused an illicit drug, some addictively. The researchers then compared their results to those of another study—one sampling the *general* adult Los Angeles population using an identical interview. They found the homeless were thirty-eight times more likely to have schizophrenia, five times more liable to have a major depression, and three times more prone to have abused alcohol. The researchers found similar rate gaps in terms of the lifetime prevalence of these three conditions. (As a point of comparison, less than 1 percent of the general population would currently be diagnosed with schizophrenia, 2 to 3 percent with major depression.)

Another comprehensive psychiatric epidemiological survey of homeless single adults was conducted by William Breakey, Pamela Fischer, and colleagues (1989) in Baltimore. They too found elevated rates of various psychiatric conditions among their homeless sample. For instance, the then-current prevalence rate of schizophrenia was 14 percent, major depression 13 percent, alcohol abuse or dependence 54 percent, and illicit drug abuse 20 percent. Many such adults suffer from both a severe mental illness and a substance abuse disorder. In the Baltimore study,

such comorbid conditions were found in about 31 percent of the total sample; the Los Angeles homeless group's rate of comorbidity was 12 percent.

Outside the United States, researchers have also found high rates of alcohol, drug, and mental disorders among homeless single adults. For example, Helen Herrman and her colleagues conducted a descriptive investigation of homeless persons in Melbourne, Australia and found that 12 percent were suffering from schizophrenia, 7 percent from major depression, 22 percent from alcohol dependence, and 10 percent from illicit drug dependence. A study in Madrid by Claudia Vazquez and colleagues determined that half the sample had a substance-related disorder at some point in their lives and 35 percent a mental disorder. The findings of these two investigations, and those from such other cities as Paris, Belfast, and Juiz de Fora, Brazil, have many more similarities to studies conducted in the United States than differences.

In general, homeless single adult populations are noteworthy for their relatively high rates of psychotic disorders such as schizophrenia—particularly among women—as well as high rates of alcohol and drug dependence, particularly among men.

FAMILIES

The vast majority of homeless families in the United States are headed by single mothers. Although two-parent families and families headed by single fathers can be found, the epidemiological research on adults in these households has focused exclusively on mothers. The most comprehensive study to date was conducted by Ellen Bassuk and colleagues (1998) in Worcester, Massachusetts. The researchers interviewed mothers living in shelters with their children. They then compared them to two other groups: low-income single mothers who had never been homeless and women of similar age in the general population who participated in the National Comorbidity Survey—a large-scale epidemiological study. Compared to domiciled low-income mothers, the homeless mothers looked remarkably similar in terms of lifetime and one-month prevalence rates of mental health and substance abuse disorders. Approximately

two-thirds of both the homeless and poor housed women had had a psychiatric condition in their lifetimes. All the women were especially likely to have experienced major depression, posttraumatic stress disorder (PTSD), or an addiction to alcohol or other drugs. When compared to women in the general population, homeless mothers (and low-income women more broadly) had much higher rates of all three conditions. For instance, 45 percent had experienced major depression at some point in their lives, versus 20 percent of women in the general population. About 10 percent (versus 6 percent) had been depressed in the past month. Thirty-six percent had suffered from PTSD, 17 percent in the past month alone; these rates are about triple the rates of their domiciled peers. Lastly, 41 percent (versus 20 percent) had experienced at least one form of alcohol or drug dependence in their lifetimes.

Homeless mothers are noteworthy for their high prevalence of mood and anxiety disorders (such as depression and PTSD), but also for very *low* rates of psychotic disorders (such as schizophrenia) when compared with their homeless *solitary* counterparts. In the Worcester study, only 3 percent of mothers had experienced a psychotic condition in her lifetime (usually not schizophrenia), a rate much more comparable to the general population's rate than to that of homeless solitary women. (It should be noted that some in the latter group are, in fact, mothers but have had their children taken away from them and placed with relatives or in foster care due to their psychiatric condition.)

For homeless mothers, it is quite likely that these elevated rates of mood, anxiety, and substance use disorders are primarily due to past experiences of violent victimization, both in childhood and adulthood. In the Worcester study, Bassuk and her colleagues found that 67 percent had been physically abused in childhood; 43 percent had been sexually abused. Twenty percent had been placed in foster care as children. As adults, 63 percent had experienced severe physical violence at the hands of an intimate male partner. Cumulatively, 92 percent of homeless mothers had been physically or sexually assaulted at some point in their lives. The psychological sequelae of violent victimization often

includes the very conditions that are common among homeless mothers: PTSD and other anxiety disorders, major depression, and substance abuse.

Homeless and low-income housed children in the Worcester study showed nearly identical rates of mental disorders. Approximately 32 percent of both groups were diagnosed as having either a conduct, mood, or anxiety disorder in the previous six months. This rate is two-thirds higher than the prevalence rate of 19 percent among their domiciled peers.

UNACCOMPANIED ADOLESCENTS

While some homeless adolescents live with relatives in family shelters, a growing number of them now live on the streets or in shelters designated for runaway youths. This problem is especially acute in many Latin American countries and in several European and Asian ones, although it is also significant in the United States. Some youth leave their homes because of abuse or extreme domestic turmoil. In the United States, some homeless youths, especially those in their late teens and early twenties, have "graduated" from the foster care system with no relatives or family they can rely on for assistance and with limited skills that would enable them to work and live independently. Life on the streets is especially hard for this subgroup, and they are at high risk of being sexually exploited. Numerous descriptive studies involving relatively small sample sizes have reported high rates of suicide attempts, alcohol and other drug abuse and dependence, major depression, and PTSD. However, schizophrenia has not been found to be especially elevated in this group, possibly because its onset is typically a bit later: in the early twenties for men and late twenties for women.

THE ROLE OF MENTAL HEALTH AND SUBSTANCE USE DISORDERS IN THE ETIOLOGY OF HOMELESSNESS

The findings of psychiatric epidemiological research involving homeless populations have at times been met with skepticism. They have also been misconstrued in terms of their implications for addressing the systemic causes of homelessness. Indeed, the

question is controversial: How do we appropriately view the complex relationship between homelessness and mental illness?

When homelessness first emerged as a major social problem in the United States during the late 1970s and early 1980s, the finding of high prevalence rates of psychiatric disturbance, especially among single adults, seemed unsurprising to many, but was nonetheless controversial. Advocates for the homeless were primarily concerned with solving the homelessness crisis. Appropriately, they saw its chief causes as the affordable housing shortage brought on by cuts in government funding, as well as the destruction of single-room occupancy (SRO) hotels in inner cities. To them, raising the issue of severe mental illness and substance abuse in homeless persons only detracted from public sympathy for their plight. Alternatively, clinicians and researchers who were concerned that the acute needs of homeless persons be met believed it morally necessary to point out the extent and severity of these psychiatric conditions. The issue stirred disagreement and debate, especially when some politicians and social commentators—to account for the increasing visibility of homeless persons on the streets and in shelters—inaccurately portrayed the findings of psychiatric epidemiological research. Over time, these differing points of view have begun to converge, as people have grown more sophisticated in perceiving the links between homelessness, mental illness, and substance abuse.

While these issues are indeed related, the relation is not causal. Homelessness is not a cause of severe mental illness, nor can mental health and substance abuse disorders be accurately viewed as fundamental causes of homelessness. To better understand the nuances, it is useful to separate the question of *who* is most at risk to experience homelessness from the issue of *why* homelessness exists as a major social problem in the first place. Various writers have referred to the game of musical chairs as an analogy to clarify this “who versus why” distinction.

The game of musical chairs is premised on the creation of a structural problem, namely a shortage of chairs given the number of people competing for them. Similarly, members of a population experience homelessness when the housing supply (particularly

housing affordable to persons with low to moderate incomes) is not sufficient to meet demand. While many factors affect both housing supply and demand, in a nutshell, the extent of homelessness is a direct function of this structural imbalance. Why is there homelessness? For the same reason people are left standing in the game of musical chairs after the music stops: There is a structural imbalance between supply and demand.

Of course, in the game, the suspense lies not in *whether* someone will be left standing when the music stops, but specifically *who* will fail to find a seat. Similarly, homelessness is no surprise when there is an inadequate supply of housing. What is less apparent is *who* is most vulnerable to losing in this competitive struggle. What constitutes this vulnerability? Factors such as a severe mental health or substance abuse disorder, or even having sole responsibility for the care of dependent children, can render some individuals less able to effectively compete for housing. The same factors, of course, can interfere with finding or maintaining employment—usually a prerequisite for housing. In sum, given a structural imbalance between housing supply and demand, it is not a question of whether some people will be rendered homeless, but rather who they will be. Homelessness occurs not on account of personal characteristics, but rather because there is not enough housing. Epidemiological research helps to answer the question of who is likely to be homeless, but does not address why homelessness is occurring in the first place.

METHODOLOGICAL CONSIDERATIONS

Estimates of the prevalence of mental health and substance abuse disorders can vary widely from study to study. One reason for this variation is straightforward: namely, that there are real differences in the populations being investigated. But sometimes disparities emerge because of dissimilar methodologies. Several variables commonly lead to these problems.

What definitions are used for alcohol, drug, and mental disorders? Descriptive epidemiological research is usually premised on clear-cut definitions of the conditions under investigation. Typically, these

characteristics are measured in a categorical manner, rather than on a continuous scale. People either meet the criteria for a condition or they do not. These “case definitions” are usually derived from classification systems that establish such criteria, such as the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders*. But different systems have been created, and studies that do not use the same one can produce discrepant findings reflecting different operational definitions. Likewise, since classification systems evolve over time, studies that use different versions of the same system may employ slightly different definitions of particular conditions.

What retrospective time period is employed? Use of dissimilar time frames for tracking a psychiatric disorder will also produce inconsistencies. For example, a study that assesses whether a condition has been experienced during the past year will likely find a higher prevalence rate than one whose time frame refers to the past month.

What type of psychiatric assessment tool is used, and what kind of interviewer conducts the assessment? These choices can also influence a study’s findings. Some instruments are highly structured and allow for no alternative questioning. Others are only semi-structured and permit the interviewer—usually a trained clinician—to probe for clarity by asking follow-up questions to determine whether the criteria have been met for a particular diagnostic element. A trained clinician using a semi-structured format can draw upon clinical experience and judgment, and will usually generate a more valid assessment than a lay interviewer using a structured instrument. Yet hiring trained clinicians can be expensive, especially in larger investigations. Moreover, such professionals may be in short supply.

How do investigators sample or enroll homeless persons for an epidemiological investigation? An important methodological goal is to select participants who truly represent the broader population under study. Representative sampling of homeless persons in a delineated area can be very challenging, as such individuals often move from place to place, can be difficult to find, may be mistrustful of investigators when answering questions, or may decline

to participate entirely. Many sampling variables can shape findings; for example, a bias can result if individuals are sampled from shelters without consideration for how long they have resided there. Although longer-term residents have a better chance of participating, they may be systematically different—for example, more psychopathological—than their shorter-term peers.

Finally, how “homelessness” is itself defined will influence who is enrolled in a study and the findings that emerge. For example, one study might include only those living in shelter or on the streets, whereas another might broaden the definition to include persons who are in jail or doubled up with family or friends.

THE FUTURE

In summary, the extent and nature of alcohol, drug, and mental health issues among homeless persons have been and are likely to remain important topics of research. Such information furthers our understanding of how to best meet the needs of those single adults, families, and adolescents who find themselves without homes. However, psychiatric epidemiological research on homeless populations does not cast light on the structural causes of homelessness. In the long term, the incidence of homelessness in a population can only be reduced by increasing the supply of affordable housing. Nonetheless, in the short run, it is important to understand the characteristics and needs of persons who are homeless so that effective programs can be developed to increase their residential stability and improve their quality of life. Psychiatric epidemiological research has an important place in this endeavor.

—John C. Buckner

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▣ ETHNOGRAPHY

Private Lives/Public Spaces, the groundbreaking study that was published in 1981 and heralded the emergence of contemporary homelessness, was not one of the many quantitative surveys of homeless populations that began appearing in rapid succession during the mid-1980s. Rather, it was an ethnographic account—a rich, compelling, qualitative record of what two investigators, Ellen Baxter and Kim Hopper, had learned about homelessness and homeless people by spending three years observing and talking with them as they eked out their precarious existences. Baxter and Hopper's work was compelling because of the real, immediate sense it provided of who homeless people were, where they had come from, the very difficult circumstances they faced, and how they felt about and dealt with those circumstances. This was not a distilled set of percentages and numbers that somehow lost sight of the individuals behind them. This was the human drama itself, portrayed in a way that allowed one to grasp the world from a homeless person's perspective.

In turning to ethnography as a way of documenting the phenomenon of contemporary homelessness, Baxter and Hopper were actually drawing upon a long tradition of using intensive qualitative methods to under-

stand homelessness. As far back as the early 1920s, for example, sociologists such as Nels Anderson were closely examining the world of the hobo as part of a newly emerging school of urban ethnographic research emanating out of the University of Chicago. Similarly, as part of the broad scholarly interest in skid rows and public inebriates that occurred toward the middle of the twentieth century, scholars such as Jacqueline Wiseman, a sociologist, and James Spradley, an anthropologist, used ethnographic methods to shed light on the subtle relationships between homeless alcoholics and the institutions meant to control and/or provide services to them.

This tradition continues today. Although a spate of largely quantitative studies followed Baxter and Hopper's qualitative wake-up call, additional ethnographic efforts soon began surfacing in at least a dozen cities across the United States. Some of these efforts—such as David Snow and Leon Anderson's work in Austin, Texas, Rob Rosenthal's work in Santa Barbara, California, Jackson Underwood's work in Los Angeles, and Gwendolyn Dordick's work in New York—zeroed in on the lives of homeless people in street and shelter settings, painting detailed portraits of how they meet their material and social needs. Other efforts, such as Elliot Liebow's sensitive portrayal of homeless women, focused on identifiable subpopulations among the broader homeless population. Still other efforts, exemplified by the work of researchers such as Michael Rowe and Rae Bridgman, explored the intersection between homeless people and the programs and service providers attempting to meet their needs. Together, these efforts have played a pivotal role in expanding our understanding of contemporary homelessness and contemporary homeless people.

WHAT IS ETHNOGRAPHY?

Ethnography emerged as an approach to understanding human behavior as anthropologists sought to understand faraway cultures about which they knew virtually nothing. Anthropologists such as W. H. R. Rivers and Bronislaw Malinowski increasingly realized that making sense of very different people in foreign settings required *going* to them and *staying*

with them. Almost independently, early twentieth-century U.S. sociologists interested in obtaining detailed, qualitative understandings of people living in their midst—but often outside the mainstream—were reaching a similar conclusion. Both groups of researchers learned the value of living among the people they were studying for extended periods of time, asking questions, observing and participating in their daily lives, documenting all of this on an ongoing basis, and ultimately analyzing this rich set of textual data to understand how the pieces fit together.

For anthropologists and sociologists alike, this set of activities culminates in an ethnography—a rich, holistic, description of a different way of life. As such, ethnography is both process and product. As a process, it involves encountering alien worlds and trying to make sense of them, as anthropologist Michael Agar has said. In this sense, ethnography is something that one does. As a product, it is the written account that artfully weaves together the cultural understandings that the ethnographic process has yielded—it is something that one produces.

In practice, ethnography is an end to which many methods might be applied. Depending on his or her specific interests, an ethnographer might engage in archival/historical research, map the layout of a particular physical space, conduct a census, chart genealogical and other network relationships, measure economic productivity, administer psychological tests, conduct formal observations, take life histories—the list is endless. However, two features distinguish ethnography from alternative strategies for understanding people and are essential to any ethnographic effort. These features can be used, in a sense, as yardsticks against which to measure the extent to which studies claiming to be ethnographic are actually justified in doing so.

The first of these features is a reliance on participant observation, a method so intimately associated with ethnography that the two terms are often used interchangeably. The use of participant observation as a backdrop against which all other methods are applied is fundamental to ethnography and is virtually a precondition to producing the kind of “thick description” that is ethnography’s signature

characteristic. Participant observation involves immersing oneself in the lives of a particular people over long periods of time through a process referred to as “fieldwork.” This means living among the people or spending long periods of time with them; learning their language; participating in their daily routine and extraordinary activities; observing their behavior; asking them questions; using everyday conversation as an interview technique; watching them behave across the many contexts in which they live their day-to-day lives; listening to what they say during natural interactions; recording and interpreting their behavior; and ultimately formulating an understanding of their culture. Participant observers become involved because involvement is necessary to achieve an understanding of the psychological realities of culture and because involvement translates into levels of rapport and trust that reduce reactivity and open the door to information that might otherwise be withheld. However, participant observers also remain detached, in part because they want to retain their objectivity but also because one can never be an absolute part of a culture that isn’t one’s own. In essence, they walk the line between being insider and outsider, struggling all the while to arrive at holistic cultural understandings. In the end, these understandings are deeper, more valid, and more nuanced because the data supporting them have been carefully contextualized, emerge over long periods of time, come from multiple perspectives, and consist not only of what people say but also observations of what they do.

A second feature that is relatively unique to ethnography is its concern with what anthropologists refer to as an “emic” perspective, or an “insider’s” point of view. The ethnographic approach relies on far more than an outside observer’s descriptions and observations. At its core, ethnography is an attempt to understand the *meaning* that behavior and social life hold for the people in question—how *they* see the world and make sense of it. In this sense, ethnography is the godchild of the German sociologist Max Weber and others who recognized that people are unique as objects of study because they *think* and *feel* and because what they think and feel affects how

and why they behave as they do. In keeping with this, anthropologist Clifford Geertz has pointed out that because “man is an animal suspended in webs of significance which he himself has spun” (Geertz 1973, 5), science must at least in part be an interpretive one in search of meaning. Chasing after “meaning” by watching and listening to people over long periods of time and searching for evidence of how they construct their worlds are an essential part of the ethnographic domain.

Ethnography, then, is the documentation of a way of life that emerges from long-term participant observation (and other methods, but always participant observation) and that highlights the meaning that social life holds for the individuals in question—that is, that seeks to understand their values, beliefs, and the implicit assumptions that make up their worldview. One-hour qualitative interviews conducted with a group of individuals on a single occasion may reveal important insights that could not have been obtained by quantitative surveys, but it would be wrong to call such research “ethnographic.” How much participant observation is necessary in order to say a piece of work is ethnographic? What level of the actor’s perspective must one penetrate before one can say “meaning” has been obtained? These are really unanswerable questions. However, the degree to which participant observation has been engaged in and the extent to which an emic perspective has been pursued provide us with a relevant yardstick against which the use of the term *ethnographic* can be measured. One should take more seriously a study that logged one thousand hours in the field over the course of a year than one that logged twenty hours during a six-week period, although important insights can emerge even from the latter. One should take more seriously a study that reveals how the social and psychological realities of a group of people affect the group’s choices and behaviors in complex ways than a study that states the obvious or doesn’t really attend to the issue at all. In the end, it is difficult to imagine that someone who has pursued knowledge over long periods of time, focusing on beliefs and values as well as behaviors and context, won’t produce a richer, more detailed, more explanatory account.

Ultimately, that is the final arbiter of what a successful ethnography is.

APPLYING AN ETHNOGRAPHIC PERSPECTIVE TO THE STUDY OF HOMELESSNESS

As mentioned earlier, the 1980s were dominated by cross-sectional surveys of homeless populations in virtually every major city across the United States. These studies collectively provided a quantitative snapshot of contemporary homelessness that guided important insights into relevant demographic and diagnostic characteristics of the homeless population and that began pointing to salient aspects of the problem and how to solve it. However, they did not tell the full story. Indeed, they often unintentionally distorted the story. Interestingly, the gaps they left were, in many cases, precisely the issues that an ethnographic approach is best able to address.

Ethnographic work, for instance, has been instrumental in enhancing our understanding of homelessness and homeless people by providing rich, qualitative descriptions of how homeless people live day to day. Ethnographic accounts provide vibrant portraits of how those experiencing homelessness juggle the scarce resources available to them to meet their subsistence needs, how they take advantage of formal and informal economies to generate income, how they interact with both homeless and non-homeless social network members, how they experience the service providers and settings that are often at the heart of their survival, how they interpret the events that have led to their current circumstances, and how they sustain a positive identity in the face of constant assaults to their sense of self-worth.

These accounts, at a minimum, document the experiences behind the percentages that emerge from quantitative surveys of the homeless—the *what*, *how*, and *why* that explain the numbers. Surveys, for instance, inevitably report low rates of stable wage employment and underutilization of public benefits for which homeless people may be eligible. A book such as *Down on Their Luck*, David Snow and Leon Anderson’s ethnography of homeless street people in Austin, Texas, provides the story behind those num-

bers. Snow and Anderson explored the work histories of the homeless people they came to know over time, compared them to the available employment opportunities in Austin, described the way in which a homeless lifestyle impeded the ability of people to pursue the few available jobs for which they could compete, documented the bureaucratic nightmare that the process of applying for benefits tended to be, and provided detailed descriptions of the “shadow work” to which homeless people turned because these more conventional pathways were closed to them. Their account highlighted the fact that numbers suggesting low participation in formal wage labor notwithstanding, homeless people—even the homeless people they typed as “outsiders” (i.e., people who had been on the street for a long time and had accommodated themselves to street life)—displayed a strong orientation toward work and in fact worked hard on a daily basis. By necessity, however, their work was typically part of an informal economy that surveys did not always sufficiently acknowledge, explore, or understand.

Ethnographic description has also expanded our understandings of the social lives of homeless people. Countless surveys, for instance, have documented quantitatively the fact that homeless people are often unable to count on family members for support, an observation that has led to the conclusion that homeless people lack the social ties that serve as a buffer against the experience of homelessness. An ethnographic account such as Elliot Liebow’s *Tell Them Who I Am*, an intimate look into the lives of homeless women in Washington, DC, puts flesh on these quantitative bones. Liebow’s rich depictions of the family relationships of homeless women certainly included those who were without family and reconciled to that fact, providing insight into the experience of being “familyless.” However, Liebow also described many women who had regular and intense contact with their families. His sensitive portrayal of these relationships showed how easily they were strained by a myriad of factors—a lack of resources, imbalances of power, bad circumstances, and many others. As such, his work contributed to a richer understanding of how people in touch with family members could still find themselves on the

street. His poignant descriptions of the extent to which these women were emotionally tied to their children—even children who were no longer in their care—made it clear that homeless people often experience a sense of emotional connectedness to others that is impossible to glean from quantitative accounts.

A real contrast emerges between the depictions in the survey literature of a homeless population with few viable ties to friends and the ethnographic accounts of the ways in which homeless people create and rely on a complex, intricate set of relationships that helps them sustain and enjoy themselves. Jackson Underwood’s depiction of the interdependent lives of a group of individuals living under a freeway bridge in Los Angeles is a striking portrait of sociability, as are Gwen Dordick’s renditions of homeless life across a variety of settings—a large, bustling urban transportation station, an improvised shantytown, an enormous public shelter, and a smaller private shelter. Indeed, Dordick concluded that the homeless people with whom she spent time would be lost without their companions and that the complexity of those relationships notwithstanding, homelessness “transforms personal relationships into the principal currency of survival” (Dordick 1997, 194). Other ethnographic accounts, particularly in New York, make it clear that for many homeless individuals, such personal relationships include ties to non-homeless family and friends and that these relationships are activated and deactivated in complicated and strategic ways.

These examples show how vivid descriptions and documentation of the lives of homeless people have allowed an important ethnographic corrective, replacing quantitative depictions that catalog pathology and dysfunction with a more balanced rendering that includes compelling examples of strength, innovation, integration, and resiliency. However, the ethnographic corrective arises not only from the process of documenting and describing. It also arises from “contextualizing.”

One of the primary strengths of the ethnographic approach stems from its insistence on examining a phenomenon in context, the assumption being that only by looking at a phenomenon in relationship to

its surroundings can it be truly understood. “Context,” on the one hand, refers to the big picture—what Kim Hopper refers to as “framework.” Thus, his ethnographic *Reckoning with Homelessness* includes a historical account of how New York City has dealt with its marginal poor; a depiction of the neighborhoods in which homeless populations of the past resided; a discussion of relevant developments in labor markets, housing stock, and policies affecting the care and containment of those people on the margins; and an examination of relatively recent changes in the configuration of the African-American family. Hopper reminds us that these factors have shaped how and why homelessness exists and that together they form a critical backdrop against which the behavior of homeless people must be considered if it is to be understood and interpreted correctly.

Context is also “setting”—the immediate physical and social environments in which homeless people live their lives. These environments exert a similarly profound influence on the behavior of homeless people. The ethnographic descriptions of shelters offered by Dordick and by Hopper, for instance—descriptions that are filled with images of violence, degradation, and abuse of power—allow a very different interpretation of the decision that many homeless people make to forsake a guaranteed shelter bed for what would otherwise seem like a harsher life on the street. The carefully contextualized interactions between shelter staff and homeless women that Elliot Liebow so skillfully documented similarly make it clear that what might otherwise be dismissed as an inclination toward violence on the part of homeless women was actually a product of a complex interactive dance between “the servers and the served.” In this dance, palpable fear on the part of shelter providers that their charges will be violent induced an arbitrary display of power that often provoked the very reaction it was meant to forestall.

Attention to context/setting can sometimes provide an alternative explanation of the results of the psychological and functioning scales relied on in surveys. For instance, anthropologists who have incorporated ethnographic work into evaluations of homeless people and programs have pointed out how poor performance by homeless people on scales meant to

capture their ability regarding everyday tasks—evidence interpreted as suggesting inadequate money management skills—could take on a different light when these people were observed making decisions in the everyday contexts of their lives. Ongoing fieldwork among homeless people has suggested a functional approach to money management in which spending down large sums is a necessary response to the requirements of entitlement programs, celebrations are a way of encouraging reciprocal debts that hedge against future risk, and cash or other surplus is quickly consumed to mitigate vulnerability to having it stolen. Again, attention to context allows a more nuanced understanding.

Ethnographic accounts have contributed to our understanding of homelessness in a myriad of additional ways. For instance, the methods used by ethnographers, in contrast to those researchers conducting surveys, have made it possible to gain insights into homeless subpopulations that quantitative surveys tend to exclude. Many of the seriously mentally ill homeless adults included in Paul Koegel’s ethnographic work, to take one example, were either far too leery of strangers or too unable to communicate to be included in surveys. A combination of time, patience, observation, and relationship building, however, made it possible to learn a lot about these people, ultimately yielding important understandings of how they manage that often included real surprises. Likewise, ethnographers have been able to study homeless individuals in unique settings in which survey methodologists would have had trouble either gaining access, such as transit tunnels, or identifying their targets without the requisite degree of ethnographic investment, such as municipal airports or transportation depots. In many instances, ethnographers have paved the way for those researchers trying to count or survey, providing the lay of the land and the understandings of the targeted populations that are a necessary foundation to such efforts. The ethnographic work coordinated by Matt Salo to support the inclusion of as many homeless people as possible in the 1990 U.S. census—and to evaluate the efforts to enumerate homeless people—is a case in point. Ethnographers have also successfully studied issues that might otherwise have

been overlooked. Rob Rosenthal's emphasis on resistance and collective political activity on the part of homeless people, documented in his ethnography of homelessness in Santa Barbara, California (*Homeless in Paradise*), is one such example.

Yet another way in which ethnography has made substantial contributions has less to do with describing homelessness itself and more to do with shedding light on efforts to address the needs of homeless people. Ethnographers have played a key role in evaluations of innovative programs by helping to "open up the black box"—by documenting, in other words, what actually occurs in these programs and how they are experienced by those who participate in them. Several large evaluations of service demonstrations funded by the U.S. National Institute of Mental Health and the National Institute of Alcohol Abuse and Alcoholism, for instance, included ethnographic components that explored such diverse issues as the implicit principles embedded in treatment, discrepant ways in which recipients and providers define success, factors that promote or inhibit the ability of people to achieve desired outcomes, issues related to the provision of meaningful choices during street outreach, and the dynamics of an empowerment ethic in consumer-run households of seriously mentally ill homeless adults.

Along these lines, researchers Darin Weinberg and Paul Koegel used an ethnographic approach to document how a social model treatment program for adults with dual diagnoses of serious mental illness and substance abuse was playing out "on the ground." Their analysis identified key elements that would not have appeared in a manual characterizing the program's approach but that explained how therapeutic practice actually occurred. As part of this analysis, these researchers also described several impediments to recovery that homeless people taking part in this program faced. These impediments included the challenge of trying to reconcile attitudes, skills, and behaviors that had served them well in the homeless environments from which they had come with what was expected of them as program participants; the tension between pursuing a program of recovery and simultaneously meeting basic survival needs; and the devastating disap-

pointment that often followed recognition that treatment would not necessarily eradicate all of the long-standing problems that had complicated their lives. These findings became the basis for a targeted set of recommendations on how the intervention could be modified to mitigate the impact of these impediments.

NEXT STEPS

Ethnographers, then, have contributed extensively to our understanding of contemporary homelessness by documenting the experiences of homeless people across multiple settings—including both community and program settings—and by helping us piece together a more valid and complete sense of this population. Although ethnographers can take pride in the value of these contributions, it would be a mistake to conclude that the job is complete. Kim Hopper, a constant and careful observer of homelessness over the last three decades, observes "that ethnographic work is essentially unfinished if it pulls up short at description and commentary" (Hopper 2003, 205). Not everyone will subscribe to Hopper's notion that witnessing must be the prelude to engagement and action, although his argument is both passionate and persuasive. However, it is difficult to ignore his admonishment that ethnographers must move upward and outward from a familiar and comfortable focus on the traditional habitats of the homeless—that they must take on the more pressing, difficult challenge of linking "framework" and "fieldwork" by applying ethnographic tools to the conditions that produce, sustain, and combat homelessness. This means turning their attention from a focus on street people to such issues as the pressures impinging on precariously poised households, the nature and impact of changing urban landscapes, the contours of neighborhood opposition to ameliorative programs, the processes that move proven intervention strategies to broadly implemented policies, and so forth. Broadening the scope of their inquiry in these ways will allow ethnographers to continue expanding our understandings of homelessness and will enhance their role in shaping effective solutions.

—Paul Koegel

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▣ EUROPEAN NETWORK FOR HOUSING RESEARCH

The European Network for Housing Research (ENHR) is an organization comprising social science professionals who work together to target and research issues of housing and urban development in Europe. The ENHR’s quarterly newsletter and secretariat are based out of the Institute for Housing and Urban Research in Gävle, Sweden. Established in 1988, the ENHR has a membership of some 1,000 individuals and almost 100 institutions representing every country in Europe. A democratically elected board known as the Coordination Committee runs the organization, and this committee is responsible for arranging and organizing the ENHR’s biyearly conferences. The main goal of the ENHR is to support research on housing and urban issues and to promote contacts and communication between researchers and professionals in the housing field.

In congruence with these main goals, the ENHR is responsible for sponsoring a General Assembly every two years, publishing a newsletter four times a year, providing a framework and guidelines for approximately twenty working groups, encouraging smaller conferences and seminars every year, and maintaining a group of PhD students as housing researchers.

WORKING GROUPS AND CONFERENCES

Working groups exist to perform extensive research on specific topics related to housing issues, such as

homelessness, rural housing, housing finance, or housing for elderly adults. Members of working groups generally come from a variety of locations throughout Europe and represent a wide range of disciplines. Working groups either schedule meetings on a regular basis or simply meet at conferences. The ENHR sponsors periodic conferences, each with a specific theme such as “Methodologies in Housing Research” or “Housing: Regeneration and Growth.”

ENHR MEMBERSHIP AND MEMBER BENEFITS

ENHR offers two types of membership: individual and institutional. An individual membership allows one to work closely with other researchers in a working group, be directly involved in the ENHR’s international conferences where researchers present the

latest information on housing and urban issues, receive the ENHR newsletter four times a year, participate in the election of members to the Coordination Committee, and place a vote in the General Assembly held every two years.

An institutional membership allows a member organization to publish news about its activities in the ENHR newsletter, come in contact with research institutions and other organizations in Europe, start and facilitate cooperative projects, and have access to the addresses of the every organization with an ENHR membership to make publicizing conferences and other research events easier and more efficient.

Applications for both individual and institutional memberships, along with contact information, are available for download on the ENHR website at www.enhr.ibf.uu.se.

—*Emily A. Colangelo*

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▣ FAIR HOUSING LAWS

Since the 1980s in the United States, as a continuum of care has developed to respond to the day-to-day needs of individuals and families who are homeless, very little attention has been paid to the civil rights issues involving shelter, housing, and service providers and the rights of homeless people themselves. Often, the law has the effect of protecting entrenched interests, thereby magnifying the advantage of those who have accumulated wealth or power. But civil rights laws, which are designed to provide equal opportunity and to prohibit discrimination by public and private entities, have had a great leveling effect. More vigorous enforcement of fair housing laws could both expand the supply of housing for homeless people and dramatically reshape the way such housing is operated.

POVERTY AND DISABILITY CONTRIBUTE TO HOMELESSNESS

While many social problems may be entangled in the issue of homelessness, one of the most critical problems is the nation's general scarcity of affordable housing. Whether a person's homelessness is described as situational or chronic, poverty has likely been a major ingredient in losing one's permanent housing. Rental housing in many cities is entirely out

of reach for individuals and families who rely on welfare, disability, or veterans' benefits to survive. Starting in the 1970s, as the federal government reduced its financial support for subsidized housing and as redevelopment claimed previously affordable housing in the private sector, more and more people with mental and physical disabilities and addiction disorders fell into homelessness. By 1992, a federal task force on homelessness estimated that at least one-third of homeless people had severe disabilities.

WHAT KIND OF HOUSING AND SERVICES DO HOMELESS INDIVIDUALS AND FAMILIES NEED?

Because of the failure (or inability) of the mainstream rental housing market to accommodate homeless individuals and families, many social service agencies have entered the housing business, becoming landlords. Their choice of housing models has profound implications for providers and homeless people under the Fair Housing Act. To the extent that a larger institutional model is chosen, it is more difficult to argue that such housing belongs in residential neighborhoods. To the extent that shelter, transitional, and supportive housing congregate people on the basis of homelessness or disability status, the housing becomes identifiable as a place for people with social problems. On the other hand, approaches

that emphasize smaller programs and scattered-site housing that mixes homeless and disabled people with mainstream residents are less likely to engender community opposition and more likely to help clients achieve reintegration into the community.

When homelessness came to public consciousness in the 1980s, it was thought to be a state of temporary dislocation, and the public policy response clearly accepted that premise. By the early 1990s, it was clear that, for many people, homelessness was not just structural or situational, but might continue for months or years. The “continuum of care” approach promoted the development of a wide array of housing models and services to help people who had hit bottom to reconnect with housing and employment. Often this approach has required people to move from one place of residence to another, eventually graduating back to independent housing if they can convince their caseworkers that they are responsible enough to do so.

Since the 1980s, in an effort to respond to growing homelessness, federal, state, and local governments have spent billions of dollars annually to provide shelter, transitional housing, and supportive services. In a collective hurry to respond to the crisis, the private and public sectors devised and established shelter and housing programs that bore little resemblance to mainstream housing. Out of a conviction that homelessness was caused by factors other than the mere lack of affordable housing, these programs were meant to get at the roots of homelessness. These models tended to identify social and moral deficits among shelter residents and program participants—such as lack of parenting or budgeting skills, poor decision making, addiction, and disability—and define new paths for them to reclaim their lives.

By the end of the twentieth century another model had emerged, organized under the banner of supportive housing. This model assumes that homeless people need and want supportive services, and so provides permanent housing with non-mandatory services. As practiced by the Corporation for Supportive Housing, this model requires that homeless people be treated as tenants, with their own individual leases and keys to their units. Some providers have gone even further in an attempt to reach the hardest-to-serve homeless peo-

ple. Employing a “housing first” philosophy, Pathways to Housing and others seek to cure the problem of homelessness immediately by providing permanent housing with no requirements whatsoever to participate in treatment or services.

THE SCOPE OF FAIR HOUSING LAWS

Originally passed in 1968, the federal Fair Housing Act (FHA) is the nation’s primary law ensuring equal housing opportunity. On its face, it protects against housing discrimination on the basis of race, color, religion, national origin, gender, disability, and familial status (the presence of one or more children under the age of eighteen in the household). While the law does not mention homelessness or poverty, it has become clear that many homeless people will benefit from their membership in one of the seven protected classes enumerated by the law: race, color, religion, sex, familial status, national origin, or disability. Some cities and states prohibit discrimination based on source of income, meaning that people whose income derives from welfare, disability, veterans’ or other benefits cannot be denied housing.

The federal Americans with Disabilities Act of 1990 (ADA) requires that people with disabilities be served “in the most integrated setting appropriate” to [their] needs. The Supreme Court of the United States has recognized that the ADA imposes an affirmative obligation on city and state disability and homelessness agencies to provide housing and services in a setting in which people with disabilities have the maximum opportunity to interact with people who do not have disabilities. Because large numbers of homeless people qualify for disability status under federal law, the FHA and the ADA have become powerful tools for ensuring greater housing and community-based service opportunities.

For purposes of this discussion, the FHA contains two important provisions. The first prohibits discrimination on the basis of membership in any protected class. The second requires landlords, realtors, city officials, and anyone affecting the housing market to make reasonable accommodations—or changes in rules, policies, practices, and services when such accommodations are necessary—to

ensure that people with disabilities have an equal opportunity to use and enjoy housing. Combined, these provisions of the FHA offer strong protection for shelter and housing providers who face opposition from community members and elected officials. They also suggest that housing and service providers serving homeless individuals and families are required to respect their residents' civil rights and to provide a higher degree of flexibility in the application of program rules and policies.

The right of disabled persons that is protected under the FHA is the right to live in the residence of their choice in the community, according to *Marbrunak, Inc. v. City of Stow, Ohio*. It is not the province of zoning officials or neighbors to choose the neighborhoods in which people with disabilities, including homeless people, will live. In 1988, Congress made clear its intention that the prohibition against discrimination against those with handicaps should also apply to zoning decisions and practices. The Act is intended to prohibit the application of special requirements through land-use regulations, restrictive covenants, and conditional or special use permits that have the effect of limiting the ability of such individuals to live in the residence of their choice in the community (House Report No. 100-711, n. 18, at 24).

USING FAIR HOUSING LAWS TO OVERCOME ZONING AND LAND-USE BARRIERS

While there is still significant resistance in many communities to the presence of shelters and transitional and supportive housing, the FHA has given homeless people and their service providers powerful tools to overcome such resistance. Beyond granting specific protections from discrimination, the FHA (and lawsuits brought pursuant to it) has also fostered a broad national debate about the inclusion of people who are homeless. Despite its "two steps forward, one step backward" quality, this debate has demonstrated that federal laws can have an important impact on public attitudes. In many ways, the FHA embodies a level of tolerance and inclusion that is not yet embraced by the general public.

Prior to 1988, when the FHA was amended to include disability as a protected class, many communities developed zoning and land-use policies with the explicit purpose of excluding or limiting shelters, transitional housing, and other congregate living arrangements for homeless people. The unsurprising result has been that such housing, when it was permitted, was disproportionately located in commercial and industrial areas, which were not conducive to reintegration into the community. The persistent problem of NIMBYism ("Not In My Back Yard") has further reduced the number of units of housing available to homeless people, particularly when they have disabilities.

Despite the recent public commitment by coalitions of government and nonprofit agencies to end chronic homelessness by 2010, many major cities still employ zoning restrictions that make placement of shelter, transitional, and supportive housing very difficult. In attempts to regulate the makeup of their neighborhoods, many localities have enacted spacing ordinances—requirements that transitional or supportive housing units not be located within a specified distance of one another. These requirements impose significant restrictions on providers because they place absolute limits on the number of units in the whole community.

The FHA can serve as a valuable weapon to combat these spacing restrictions because it requires communities to make reasonable accommodations to allow people with disabilities access to housing similar to the access enjoyed by people without disabilities. This requires that communities change, waive, or make exceptions to their zoning rules (*United States v. City of Philadelphia*). Under this test, if the waiver of a spacing requirement would not impose an undue financial or administrative burden on the defendant, and would not undermine the basic purpose that the requirement seeks to achieve, then the waiver is reasonable and is therefore mandated by the FHA.

OTHER LAND-USE RESTRICTIONS WITH DISCRIMINATORY IMPACTS

Many localities have enacted occupancy rules that prohibit certain unrelated people from living together

in the same dwelling. On their face, such rules may appear neutral. But if they have the effect of limiting the housing opportunities of people with disabilities, such rules are unlawful. Such rules might be valid when applied to college students, for example, but not when they have the effect of excluding people with disabilities.

Local governments must not require such special or conditional use permits unless they are also required of other dwellings of similar size, such as those occupied by families. The general rule of nondiscrimination applies: If a family of six may occupy a particular dwelling without a special use permit, then a shelter, or transitional or supportive housing, for six people with disabilities must not be required to obtain one either. On the other hand, if a special use permit is required for apartment construction in a particular zone, the fact that people who would live in the apartment have disabilities would not exempt them (or the builder) from the requirement.

The enforcement of restrictive covenants that preclude occupancy of a dwelling by people with disabilities is specifically identified in the regulations as a discriminatory housing practice; indeed, even representing a covenant in such a way is regarded as discriminatory. Courts have uniformly invalidated such covenants, whether they seek to exclude people with disabilities directly, or to exclude them by characterizing group homes as business enterprises.

FAIR HOUSING LAWS HAVE EXPANDED HOUSING OPPORTUNITIES

Housing and service providers serving homeless people have made profitable use of the courts to overcome discriminatory zoning and land-use barriers. In a 1990 case in Providence, Rhode Island, a nonprofit advocacy group challenged the city's decision to move a homeless shelter—a move the group considered racially motivated. Refusing to dismiss the lawsuit, a federal trial court found there was sufficient evidence of a potentially racially discriminatory impact to allow the case to proceed.

In the early 1990s, Project HOME faced intense political and community opposition to its single-room occupancy (SRO) project on Fairmount Avenue

in Philadelphia. Its proposed residents would be formerly homeless people with mental illnesses and addiction histories. To block the project, the city refused to issue a permit, claiming that the rear-yard setback was insufficient and refusing to consider a very large side yard as fulfilling the requirement. The U.S. Department of Justice sued on behalf of Project HOME and required the city to issue the permit.

Two years later, another legal challenge was filed against the city of Caldwell, Idaho, which had restricted occupancy of a shelter to fifteen residents and required an annual review of a special use permit. Because three-quarters of its residents had mental and physical disabilities, and because stability in residence was determined critical to their well-being, the shelter operator challenged the city's restrictions in federal court. Finding that the city had failed to make accommodations that were necessary to ensure equal housing opportunity for shelter residents with disabilities, the federal court of appeals found the city in violation of the Fair Housing Act, increased the shelter's occupancy to twenty-five residents, and eliminated the annual review provision in the conditional special use permit.

Finally, in 2003, a federal trial court in Washington, D.C., upheld a claim that the city government had discriminated against the nonprofit Community Housing Trust and five formerly homeless men with mental illnesses who resided in a small group home known as Zeke's House. Although the local zoning ordinance permitted Zeke's House as a matter of right, the city's Department of Consumer and Regulatory Affairs (DCRA) declared the home an illegal boarding house and imposed fines of \$100 per day. Noting that DCRA's action was motivated in part by the strong opposition of a vocal minority of neighbors, the court found DCRA liable for disability discrimination. Zeke's House remained open during the litigation, despite the deleterious effect of DCRA's actions on its ability to secure charitable contributions.

FAIR HOUSING LAWS GUARANTEE FAIR TREATMENT FOR RESIDENTS

Just as the fair housing laws protect shelter and service providers from discrimination by city officials

and neighbors, they also require providers to respect the civil rights of their clients and residents. That the FHA covers temporary abodes was established in the mid-1970s in an influential case in Virginia. There, the court had to determine whether the U.S. Department of Justice could, under the FHA, sue a home for abused and neglected children for its racially exclusive policies. The court reasoned that the FHA's definition of "dwelling" covered any building or portion thereof designed for occupancy, and that where residents had no other place to live, even temporary quarters would qualify under the FHA. In 1995, then, it was a short step for a federal court in Chicago to declare explicitly that the FHA covered homeless shelters as well.

Building on that decision, courts in New York (*Metalsky v. Mercy Haven, Inc.* 1992), Massachusetts (*Carr v. Friends of the Homeless* 1990; *Serzeze v. Y.W.C.A. of Western Mass.*, 1991), and several other states have held that transitional housing providers may not simply eject tenants at will, but must adhere to a fair eviction process governed by an impartial decision maker. Subsequently, the federal government has required these same safeguards in a number of programs serving homeless people (Code of Federal Regulations: 24: Sections 582.320, 583.300(i), 574.310[e][2]), including Shelter + Care, the Emergency Shelter Grant Program, and Housing Opportunities for Persons with HIV/AIDS (HOPWA).

EXEMPLARY MODELS COMBINE FORWARD THINKING WITH ADHERENCE TO FAIR HOUSING LAWS

Research indicates that residents of supportive housing experience stability in housing, greater satisfaction, and dramatic reductions in hospital days (Culhane et al. 2002). Greater respect for residents' rights and choice in housing are also positively correlated with happiness and life satisfaction ratings and, ultimately, with community success (Schutt and Goldfinger 1996). Some research even suggests that of all criteria considered, client preference may best predict success in different housing options. Reliance on congregate models has led to poor-quality housing in many states (Tsemberis and Eisenberg 2000).

Research also shows that housing programs serving homeless people with very severe psychiatric disabilities (and, in many instances, co-occurring substance abuse problems) can be successfully placed in independent housing that complies with the FHA and ADA, and whose outcomes are significantly better than those of the older models focusing on treatment compliance. Pathways to Housing has demonstrated that such outcomes are possible, even for people coming in directly off the street, and even in a hyperinflated market like New York City. The key has been the provision of comprehensive but entirely voluntary mental health, addiction, and other services. Pathways allows clients to determine the type and intensity of services, or to refuse them entirely.

A study published in 2000 reveals that after five years, Pathways' clients are between two and four times more likely to have been continuously housed than clients in New York's traditional linear residential treatment programs. Most importantly, for the homeless clients in these programs, living in apartments of their own with assistance from a supportive and available clinical staff teaches them the skills and provides them with the necessary support to continue to live successfully in the community (Tsemberis and Eisenberg 2000, 492). A number of other communities have developed similar outreach services and housing programs that have proven effective with treatment-resistant or hard-to-serve clients, and have implemented them with virtually no coercion. In 2000, the Connecticut legislature authorized and funded the Pilot Peer Engagement Specialist Program, which employs people with psychiatric disabilities to conduct outreach to consumers who have not been engaged with the community mental health system. Similarly, since 2000, under the rubric of "AB 34" programs, the California Department of Mental Health has funded innovative outreach and engagement practices that have shown significant promise.

LAW AND SOCIAL CHANGE

In many instances, only when the full force and effect of the law have been brought to bear have homeless people actually been able to enjoy the

rights granted to them by the FHA. But lawsuits are expensive and time-consuming; sometimes the mere prospect of having to litigate the legality of a zoning ordinance is enough to scare away a housing or service provider. As important as court decisions are to the development and protection of fair housing rights for people who are homeless, the FHA cannot become a more progressive force for social change if it is confined to the courtrooms. The creation of statutory rights is a necessary, but not a sufficient, condition for the realization of greater housing choice. To be effective, the principles of the FHA must infuse the entire housing community.

The barriers to more universal respect for the fair housing rights of homeless people are familiar: lack of knowledge about the existing protections of the law, a perception that the law is too complicated, the dearth of lawyers fully conversant with the intersection of housing and civil rights laws, and resistance by landlords and municipal officials.

The passage of the FHA and related civil rights laws has clearly changed the advocacy focus from supplication to legal entitlement. The litigation, community education, and consciousness raising that have taken place in the years since the FHA was enacted have built a sturdy foundation of housing rights for homeless people. But the progressive aims of the law can only fully be realized when all parties affected by it integrate it into their operations and expectations. The next challenge for all stakeholders is to preserve the vitality of the law, and to ensure that its protections do not become empty promises.

—Michael Allen

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FAMILIES

Families, usually defined as one or more adults accompanied by one or more children under eighteen, constitute an important subset of homeless peo-

ple. The reasons for homelessness and the resources available to prevent or end it are different for families than for single adults or unaccompanied adolescents. On the other hand, distinctions between homeless families and homeless individuals also reflect the passage of time and the actions of service systems. Thus, in understanding homeless families, it is important to understand their characteristics as well as the systems that shape them.

EXTENT OF FAMILY HOMELESSNESS

One way to estimate the extent of family homelessness is to determine the percentage of homeless people who are members of homeless families. The 2002 U.S. Conference of Mayors report on homelessness in twenty-five large cities concluded that 41 percent of those who were homeless on any given night were members of homeless families. But because the report relied largely on counting people in shelters and because families are more likely than single individuals to seek shelter, this proportion was probably an overestimate. The Urban Institute's National Survey of Homeless Assistance Providers and Clients (NSHAPC), which included a broader and more representative sample of clients of sixteen types of homeless assistance programs in seventy-six geographical areas, provides better data. It found that 34 percent of homeless service users in 1996 were members of homeless families: 23 percent were children and 11 percent were their parents. This survey also noted that families remained homeless for shorter periods and were less likely to have several episodes of homelessness than single adults. Because the turnover of families was more rapid than the turnover of single adults, it was therefore only logical that the proportion of families who were homeless over the course of the year would be larger than the proportion of people who were homeless on any given night. The sample did not include families or individuals who did not access services and were more likely to be chronically homeless.

Another way of measuring the extent of family homelessness is to determine the proportion of poor families who become homeless. Psychologist Dennis Culhane and his colleagues investigated this in

Philadelphia and New York in the late 1980s and early 1990s by examining shelter records. They found that 10.5 percent of poor families and 13.6 percent of poor children had stayed in shelters during a three-year period in Philadelphia; in New York the percentages were 15.5 percent of poor families and 15.9 percent of poor children over five years. Sociologist Bruce Link and his colleagues, using data from a national telephone survey, found that 7.4 percent of adults in households with phones had been homeless (sleeping in places such as shelters, abandoned buildings, and bus and train stations) over their lifetimes. The comparable figure for those who had ever received public assistance was 19.8 percent. If the definition of homelessness was expanded to include doubling up, 31.2 percent of people who received public assistance had been homeless. Thus it is clear that homelessness is a common experience for poor families.

FAMILY SEPARATION

Numbers based on people who are sheltered along with their families underestimate the extent to which individual family members experience homelessness. The NSHAPC reported that 60 percent of all homeless women in 1996 had children below age eighteen, but only 65 percent of those women lived with at least one child; 41 percent of all homeless men had minor children, but only 7 percent lived with a child. These numbers are consistent with other studies. The extent to which separations are caused by service systems is unknown. According to the 2002 U.S. Conference of Mayors report, in 40 percent of cities in 2002, families sometimes had to break up to be sheltered, primarily because many family shelters excluded fathers and teenage boys.

Several studies have also found that mothers in family shelters have children living elsewhere. Psychologist Kirsten Cowal and her colleagues in New York found that five years after entering a shelter, 44 percent of a representative sample of mothers had become separated from one or more of their children (compared to 8 percent of poor mothers in housed families). A majority of the separated children lived with relatives, although a substantial minority were

in foster care. Among both homeless families and the housed comparison group, three factors predicted separations: maternal drug dependence, domestic violence, and institutionalization, most often for substance abuse treatment. But at any level of risk, homeless families were far more likely to become separated from children than housed families, so that a homeless mother with no risk factors was as likely as a housed family with both drug dependence and domestic violence to become separated from a child. Because of family separations, what we know about homeless families pertains only to families who manage to maintain themselves as family units.

CHARACTERISTICS OF HOMELESS FAMILIES

Homeless families are very poor. Families with more resources might become homeless briefly, as a result of a fire or other disaster, but are likely to be quickly rehoused. Thus it makes sense to compare families who are homeless to single homeless individuals and to poor families who remain housed. For the first comparison, the NSHAPC is the best source. There are a number of studies that compare homeless families to families receiving public assistance or living in poor neighborhoods. In many respects, homeless families are more similar to other poor families than to homeless single adults.

Demographic Characteristics

Compared to homeless single adults, adults in homeless families are more likely to be female (23 percent versus 84 percent, according to the NSHAPC). They are also substantially younger, typically averaging between twenty-five and thirty, than homeless single adults and adults in other poor families. Adults in homeless families, which have an average of two children, are more likely than homeless single adults to be married (23 percent vs. 7 percent, according to the NSHAPC). Poor families generally are likely to be headed by women, but the relative number of homeless and poor families that are headed by married couples depends greatly on whether the homeless families are recruited from shelters that exclude men.

Homeless families are more likely than poor families generally, and substantially more likely than the general population, to be members of minority groups, especially African-American. This is also true of homeless single adults. For example, according to the NSHAPC, 62 percent of families and 59 percent of single adults, compared with 24 percent of the general population, were members of a minority group.

Adults in homeless families and other poor families have low levels of educational attainment and minimal work histories, but typically do not differ from each other. High school graduation rates for mothers in homeless families range from 35 percent to 58 percent. The graduation rates for these women are lower than for homeless single adults (47 percent versus 63 percent according to the NSHAPC). Incomes are slightly higher in homeless families than for homeless single adults, because families have greater access to means-tested benefit programs such as welfare and more help from relatives and friends. Nonetheless, the median income for a homeless family in 1996, according to the NSHAPC, was only \$418 per month, or 41 percent of the poverty line for a family of three.

Stresses in the Lives of Homeless Parents

Homeless parents are severely stressed. Psychiatrist Ellen Bassuk and her colleagues in the Worcester Family Research Project (WFRP) found that homeless mothers faced multiple stressful events in three main areas: interpersonal, child-related, and medical and emotional. In the WFRP, a case-control longitudinal study conducted from 1992 to 1996, more than two-thirds of both homeless and housed mothers described severe interpersonal conflicts with significant others, including abusive relationships (see next section). As parents living in extreme poverty, their ability to take care of their children while working was frequently compromised by the lack of child-care vouchers, child support, jobs that paid livable wages, and flexible job hours. As described above, many parents were also coping with the out-of-home placement of a child. Pregnancy or the recent birth of a child placed poor women at higher risk for becom-

ing homeless. Further complicating their situation was that many homeless children had high rates of medical hospitalization as well as significant emotional and medical problems.

Trauma, Mental Health, and Substance Abuse Problems

One of the major stresses in the lives of homeless mothers and mothers in other poor families is interpersonal and random violence. Many suffer from traumatic childhood experiences, such as physical and sexual abuse, and therefore may not be able to establish secure relationships during critical developmental years. This may explain why some of these women have difficulty forming and maintaining supportive relationships as adults. In the Worcester study, only 8.4 percent of homeless mothers and 18.2 percent of housed mothers had *not* experienced at least one form of severe violence during their lifetime. A majority of both groups had been severely physically assaulted as children and more than 40 percent had been sexually molested at least one time before adulthood. As adults, nearly two-thirds of the entire sample had been severely assaulted by an intimate partner. Although largely unrecognized, many of the mental health and medical needs of poor women are directly associated with violence and trauma.

In the Worcester study (but not in the New York study described below), interpersonal violence, especially during childhood, was closely associated with a woman's ability to remain rehoused after an episode of homelessness. Mothers who had been homeless more than once had had higher rates of childhood sexual abuse and random violence than those who had been homeless only once. First-time homeless mothers who were in violent domestic relationships when they were rehoused were more likely to become homeless again.

Not surprisingly, given their experience of extreme poverty, multiple stresses, and severe violence, poor women, including homeless women, suffer from an array of emotional problems. The lifetime rates of mental health problems among homeless mothers, such as major depression, anxiety dis-

orders, and posttraumatic stress disorder (PTSD), are similar to the rates of other poor mothers, but considerably higher than rates in the general female population, as reported in the National Comorbidity Survey. Compared to the general population, very poor homeless and housed mothers had twice the rate of depression, twice the rate of PTSD, and twice the rate of substance abuse. Psychotic disorders, such as schizophrenia, were *not* more common among homeless mothers than among the general population. Compared to poor housed mothers, significantly more homeless mothers had been hospitalized for emotional or substance use problems.

The proportion of adults in homeless families who suffer from mental health, alcohol, or drug problems depends on how these problems are defined and the period over which problems are assessed. For example, the NSHAPC counted people who attend Alcoholics Anonymous (or met a variety of other criteria) as having a current alcohol problem, whether or not they had had a drink recently. Thus, 18 percent of adults in homeless families were classified as having an alcohol problem in the past month whereas only 11 percent reported having drunk alcohol three times within any week in the past month. Using careful diagnostic interviews, Bassuk and her colleagues found that 2.7 percent of homeless mothers met diagnostic criteria for alcohol abuse or dependence in the past month. These rates may be underestimated given that shelters excluded active substance users. Figures for the current drug problems of poor and homeless women (20 percent of adults in families based on an expansive definition in the NSHAPC; 3.6 percent based on diagnostic interviews in the Worcester study) are equally disparate. Lifetime rates of substance use problems in both groups were far higher in both studies—with 41 percent of homeless mothers and 34.7 percent of poor housed mothers in Worcester reporting alcohol- or drug dependence. Whatever the definition or period used, studies consistently find that mothers in homeless families have fewer substance problems than single homeless adults (who are mostly male), but more than mothers in poor families and more than women in the general population.

The NSHAPC found comparable levels of mental

health problems among homeless families and homeless single adults, although the single adults were more likely to have been hospitalized. However, this study did not distinguish among different types of mental health problems, or between problems that are more prevalent for women and for men. Homeless single men and women are more likely than mothers in homeless families to have schizophrenia.

Taking alcohol, drug, and mental health problems together, the National Survey found that 49 percent of adults in homeless families had had some problem in the current month compared to 69 percent of homeless single adults. In the Worcester study, using tighter definitions, 35 percent of homeless mothers, compared to 33 percent of housed low-income mothers, had had current problems. Again, although the specific numbers depend on definitions, the finding that mothers in homeless families are more like other poor mothers than like homeless single adults is consistent with other studies.

Medical Problems

Homeless mothers have many acute and chronic medical problems—far more than the general population of women aged twenty-five to thirty-four. In the Worcester study, homeless mothers had significantly higher rates of asthma, anemia, chronic bronchitis, and ulcers.

Characteristics of Children in Homeless Families

Children in homeless families are very different from unaccompanied homeless adolescents. Their parents are young and so are they, with 42 percent in the National Survey below school age. The most lasting legacy of homelessness for many children may be separation from their families, as described above. In the New York study, less than a quarter of separated children had been returned to their families five years after the family first entered a shelter. Children who remain in homeless families may have fewer problems than those who leave.

Psychologist Ann Masten has described a “continuum of risk” in which homeless children are

worse off than other poor children (although often not significantly so), and poor children are worse off than middle-class children, along a variety of dimensions. Compared to other poor children, children in shelters may experience more health problems. They report somewhat more psychological distress (although typically not higher rates of diagnosable mental disorders). Despite federal legislation (the McKinney Act) that entitles homeless children to remain in their previous schools, many change schools frequently as their families move around and in and out of shelters. They are frequently absent and often need to repeat a grade.

CAUSES OF FAMILY HOMELESSNESS

Experts generally agree that the structural causes of homelessness are poverty and a lack of affordable housing, with individual vulnerabilities playing an important role in determining which poor people are unable to secure or maintain access to housing. Families compete in the same housing market as single individuals, although they typically require at least a two-bedroom unit. The Department of Housing and Urban Development (HUD) has traditionally maintained that housing is affordable if it costs no more than 30 percent of income. The National Low Income Housing Coalition found that, by this standard, a minimum-wage worker would have needed to work from 66 hours per week (in Puerto Rico) to 146 hours per week (in New Jersey) to afford the fair-market rent (as calculated by HUD) for a two-bedroom apartment in 2002. HUD reported that 33 percent of families with incomes below half of the median income in their area had worse-case housing needs in 1997—that is, they were renters without subsidies who paid more than half their income for housing and utilities or lived in severely substandard housing.

The importance of housing in understanding which families become homeless is demonstrated in a New York City study by Psychologist Marybeth Shinn and her colleagues in which families requesting shelter were compared to families from the public assistance caseload. None of the families had been homeless previously, so characteristics that



A group of homeless children who live in a slum in the Milpillas dump in Miacatlan, Morelos, Mexico. During the day, the children are taken to an orphanage to attend school, shower, and eat, and are then returned to the dump in the evening to be with their parents.

Source: Lynsey Addario/Corbis; used with permission.

might be the consequences of shelter stays could not be confused with characteristics that might cause them. Mothers in the families requesting shelter were younger than those in housed families, more likely to be African-American, and much more likely to be pregnant or have a newborn, factors that may have affected both housing needs and the ability to generate income. They were also far more likely to be doubled up, to have moved recently, and to live in overcrowded dwellings, and far less likely to have housing subsidies. Together, these housing and demographic factors accurately predicted 65 percent of families who would become homeless (but the same factors wrongly predicted that 10 percent of housed families would be homeless). Other factors that together improved prediction to 66 percent were marriage (heads of homeless families were *more* likely to be married), growing up in a family on welfare, experiencing domestic violence, and early childhood abuse or separation from the family of origin. Factors that did not add any predictive power included education, work history, prior teen pregnancy, mental illness, substance abuse, health problems, history of incarceration, and social networks.

Five years later, only one factor made an important contribution to understanding which formerly homeless families would be stably housed in their own apartments for at least a year without a move.

This was whether or not the family had received some form of subsidized housing. Among families that did, 80 percent met this definition of stability, the identical proportion as for public assistance recipients generally. Among those who did not, only 18 percent were stable. Unlike the findings in Worcester, neither early childhood experiences of abuse or out-of-home placement, adult experiences of domestic violence, nor any other factors that influenced seeking shelter affected later stability. Of all other factors measured, only age additionally contributed to stability, and the effect was quite small. Families in this study received no special services.

Psychologist Debra Rog and her colleagues, in a six-city study conducted in the early 1990s, found that 86 percent of families with multiple problems who had been provided with both Section 8 certificates (which subsidize housing) and services were still in the same Section 8 housing after eighteen months. No differences were found across cities or service models. These studies suggest the centrality of housing resources to ending family homelessness.

Some observers, such as sociologist Christopher Jencks, have argued that declines in marriage rates are a central cause of family homelessness. Single parenthood may well contribute to poverty, and hence to making housing less affordable. But once families are poor, marriage or cohabitation does not seem to protect them against homelessness. Studies that find higher rates of single parenthood among homeless families than among other poor families tend to have been conducted in shelter systems that sometimes exclude men.

SOLUTIONS TO FAMILY HOMELESSNESS

Solutions to family homelessness can be divided into efforts at preventing and ending homelessness, making homelessness less disruptive to children and families, and improving the quality of life for families who become homeless. With respect to preventing and ending homelessness, research suggests that creating more affordable housing is critical. This can be done with direct housing subsidies and subsidies or tax breaks for the development of affordable

housing, or with efforts to raise wage rates and benefits from government transfer programs at the bottom of the income distribution. Both strategies are important. Because in some cities homeless families come disproportionately from specific neighborhoods (not simply poor neighborhoods), and because homelessness is associated with life stage (youth, having a new child), it may be worth targeting prevention efforts to young families in high-risk neighborhoods. Greater efforts to eliminate persistent discrimination in housing might lower rates of homelessness for African-American families.

To make homelessness less disruptive to families, temporary shelter should be a right. The U.S. Conference of Mayors reported in 2002 that 60 percent of cities in their survey sometimes turned families away for lack of space. Families, especially families with young children or members who are sick, should not be required to leave shelters during the day, as they were in 32 percent of cities. Providers should try to house entire families together and to avoid arbitrary limits on the length of stay. To avoid disruptions in schooling and social networks, temporary shelters should be located near the neighborhood of origin, the neighborhood in which families will be rehoused, or both.

Shelters are difficult places in which to rear children. Shelter rules frequently usurp parental authority, and establishing routines for meals or homework can be difficult in crowded and shared facilities. To minimize the disruptions associated with shelters, families should be moved to permanent housing as quickly as possible. Social service personnel should consider the long-term interests of children as well as their immediate circumstances in determining whether they need to be removed from a family, and they should make provisions for reuniting families. For example, separated mothers should be given priority access to apartments large enough to accommodate all their children if reunification is desired.

Many services may be important to a family's quality of life, including health services, help with employment, quality child care and after-school programs, and counseling for mental health problems. Substance abuse programs should accommodate children, so that mothers do not have to choose

between getting treatment and keeping their children. An important question is whether services should be based in shelters and transitional housing programs, or whether they should be sited in poor communities, where they would be more widely available. Shelters and housing programs might then link homeless families with community-based services that offer more continuity. Some evidence suggesting the value of community-based services comes from a study in New York, which has excellent health services in shelters. Nevertheless, five years after entering shelters, formerly homeless families in New York were less likely than other poor families to have a regular source of medical care. A small number of families may need ongoing supportive housing where services are more intensive and coordinated.

Many of these services have the primary purpose of undoing the damage caused by homelessness. If homelessness can be prevented, by raising the incomes of poor families and providing more affordable housing, other specialized services will be less necessary. Thus, prevention should be the primary goal.

—Marybeth Shinn and Ellen Bassuk

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▣ FAMILY SEPARATIONS AND REUNIFICATIONS

Wars and natural disasters that uproot and displace whole communities produce both homelessness and family dispersal. But in twentieth-century urban America, losses of home and family usually occur under the more insidiously destructive conditions of poverty, discrimination, and disability. Understanding the varied processes linking homelessness to the rupture of family ties in these contexts must be part of any effort to avert both kinds of losses and the suffering they entail.

Homelessness in the United States changed markedly in the last half of the twentieth century. In the decades after 1950, urban skid rows were populated by men whose lack of family and other intimate ties, limited participation in the labor market, and residence in nonconventional “flophouse” or single-room occupancy dwellings, bespoke a disaffiliation from mainstream life and institutions. Indeed, contemporaneous notions of homelessness assumed such a disengagement. Though skid row residents were poor, their poverty was usually described as a by-product of the disaffiliation that infused their personalities and lifestyles. By the

1980s, however, the global deployment of capital to low-wage regions of the world, and its effects on the industrial economies of U.S. cities, had pushed many more persons into poverty. With both affordable housing and entitlement benefit dollars shrinking rapidly, urban poverty generated a growing population of homeless or marginally sheltered individuals. Meanwhile, related changes increased that population’s diversity: shifts in the gender and race structure of the labor force, immigration patterns, and family organization. Those on the streets or seeking shelter included rising numbers of women and people of color, as well as individuals with psychiatric problems and drug addiction. The most striking change was the growth of family homelessness, as exemplified in New York City, where the number of sheltered families—usually single mothers and their children—increased by a factor of 160: from 30 in 1969 to 5,000 in 1985. These new demographics challenged prior understandings of homelessness as an outgrowth of disaffiliation, even as they reflected the new hardships faced by poor families.

TYPES OF FAMILY SEPARATION

Family disruptions are implicated in several recent and current manifestations of homelessness: homeless youth, homeless adults who themselves were in out-of-home care as children, and homeless parents whose children live with others. Disrupted families and residential instability often precede homelessness for both youth and adults. Researchers estimate that in any given year, more than a million twelve- to seventeen-year-olds experience homelessness on their own. Family conflict is the primary reason, though neglect and abuse are also common precipitants. By most accounts, these young people come from less impoverished backgrounds than do homeless adults. Over half—57 percent in one study of federally funded youth shelters—return home eventually, though this is not an option for significant subgroups such as those who “age out” of foster care or state youth care institutions. Youth homelessness increases the risk for mental disorders, and for both divorce and arrest later in life, though only those with a long his-

tory of residential instability and foster care are at special risk of becoming homeless as adults.

Childhood family disruptions, particularly foster care placements, are also precursors of homelessness for up to a quarter of homeless adults. It is unclear what factors this reflects: damaged family networks that otherwise buffer hard times, foster children's increased vulnerability to emotional or behavioral problems that interfere with social functioning, foster settings that provide inadequate preparation for independent living, or other factors.

For homeless adults, high rates of family separation during childhood are paralleled by high rates of separation from their own children. Surveys of homeless populations routinely find that more than half are parents, though most are homeless alone. Homeless women are especially likely to be parents: More than 70 percent were mothers in studies in Chicago, Baltimore, New York, St. Louis, and Alameda County, California, and most research on homeless parents has focused on women. Mothers are more likely than fathers to be accompanied by some or all of their children, but separations are nonetheless frequent. In local surveys of homeless women, between 20 and 58 percent of mothers were separated from all of their children. If the mother had mental illness, the rate was higher: 73 percent, according to one national study. And in studies of homeless mothers accompanied by children, between 18 and 44 percent report that some of their children live elsewhere.

REASONS FOR PARENT-CHILD SEPARATION

Some of the processes leading to separations of homeless parents and children have been well documented: certain social service policies, shelter admission rules, child welfare agency practices, stresses of shelter life, surveillance of homeless families, and parental efforts to spare their children the experience of homelessness. Other factors, such as mental illness, substance abuse problems, and domestic violence, have been inferred from their high prevalence among separated mothers. But the mechanisms that link these processes to separations, in varying ways under varying conditions, are not

well understood. And since few studies have compared homeless mothers' separation experiences with those of other poor mothers, it has been hard to determine what role homelessness itself plays in dismantling families.

On the agency level, several social and child welfare policies encourage family dispersal: Eligibility criteria for entitlement benefits favor single-parent families, and shelters themselves often exclude larger families, older children, adult and adolescent males, or families that cannot prove biological or marriage relationships. Although child welfare systems rarely remove children from families solely because of homelessness, many features of shelter life increase the risk of child placement elsewhere. Crowded and inadequate facilities increase stress, shelter rules and practices can undermine parental authority and parenting practices, and staff surveillance and the stigma of homelessness influence how mothers' parenting behaviors are assessed by the agencies that serve and observe them.

Some mothers who become homeless choose to place children with relatives or friends to avoid school disruption or exposure to negative shelter environments. While African-American and Latino families have historically used extended-kin networks to share resources, provide for children, and reaffirm family ties, many homeless families have already strained these resources through doubled-up living arrangements and other support needs before "officially" becoming homeless, and many homeless families lack access to such support. Moreover, regardless of who initiates such placements, their voluntary nature must be understood against a background of options constrained by poverty and homelessness.

Personal problems may also contribute to separations. Unaccompanied homeless mothers have higher rates of mental illness and substance abuse than mothers accompanied by children, and researchers have inferred that these problems may account for the children's absence. There is evidence that drug abuse increases the risk of separation, though in one study institutional drug treatment increased the risk of separation even more than drug dependence itself. The role of mental illness is less



Homeless families waiting to board a bus at the Emergency Assistance Unit in the Bronx, New York, to take them to an overnight shelter in January 2002.

Source: Mark Peterson/Corbis; used with permission.

clear. Major depression has been associated with parenting deficits in non-homeless populations and is highly prevalent among mothers in homeless families. But research has not confirmed its link to homeless mothers' separations from their children. Moreover, research on homeless mothers with serious mental illness indicates that psychotic behavior, specifically, is a feature of those separated from their children, suggesting that "serious mental illness" may be too broad a category to be useful in identifying parents at risk for separation.

Homeless women experience high rates of domestic violence. Across several studies, between one-third and two-thirds reported violence on the part of a male partner. Domestic violence has also been shown to increase the risk of family separation, though there are contradictory findings on its frequency among homeless mothers versus other poor mothers. Inconsistent measures of domestic violence create further problems in clarifying both the mechanisms that might link it to family separation and the nature of its risk for children. Additional research is needed on this subject.

While studies have found it hard to determine what role homelessness itself plays in separating par-

ents and children, research comparing homeless with other poor families found that homelessness had almost twice the impact of other risk factors for separation. It is not clear whether the same factors affect separations for unaccompanied homeless mothers, since no studies have compared this group to similar mothers who are housed. Moreover, no controlled studies of homeless family separations have included both accompanied and unaccompanied parents. In fact, research on the timing and circumstances of separations raises the possibility that the terms *accompanied* and *unac-*

companied denote overlapping rather than distinct groups that include some of the same mothers at different points in a process of family dispersal that ultimately leaves some homeless alone.

TIMING AND CIRCUMSTANCES OF SEPARATION

Over the course of their homelessness, mothers' decisions about their children may be increasingly preempted by others. In one study, mothers themselves chose whether and how to separate the family before, or, as it became homeless, often sending children to live with relatives. But during shelter stays, separations were more likely to be imposed by the child welfare system or family court, which more often sent children to foster care. Fathers, children, and other relatives played a greater role in later separations, when children often went to live with the relative most involved in the decision. For some mothers, a diminished role in decisions about their children culminates in eventual separation from all of them. A significant minority of unaccompanied homeless mothers—proportions range from 20 to 31 percent—were previously homeless *with* children.

One study found that such separated mothers were more likely to have recurrent homelessness, suggesting that once underway, losses of home and family are mutually reinforcing.

While separations from children do not bode well for homeless mothers, little is known about the characteristics or experiences of separated children. Most stay with relatives in either informal placements or kinship foster care, though as many as one-quarter may be in non-kin foster arrangements. Studies show that homelessness negatively affects children's short-term school achievement and some mental health measures, but once housed, they recoup these losses over time. There is virtually no information, however, on how separated children fare over time, as compared to children who remain in homeless families.

ONGOING PARENTAL INVOLVEMENT AND PROSPECTS FOR REUNIFICATION

Many homeless mothers stay in regular contact with absent children and actively work toward reunification. An early New York City study reported that almost two-thirds of unaccompanied mothers had cared for their children in the past two years, were maintaining contact with them, and planned to rejoin them. However, homelessness can make these complex and exhausting endeavors, especially for parents with substance abuse and mental health problems. When homeless parents are separated from children, they often lose the financial entitlements and housing eligibility that would be needed to restore their families. Moreover, contact is complicated by distance, shelter rules—about phone calls, visits, curfews, and required activities, for example—and the demands of treatment programs. When children stay with far-away relatives, mothers may be unable to pay for long-distance calls or visits. Even local visits may require expensive travel, and contact may be inhibited by poor relationships with caregivers, court-mandated schedules or supervision of visits, or foster care policies that reward agencies for arranging adoptions but not for reuniting families. And when visiting schedules or family court appearances conflict with other appointments arranged by shelter staff, mothers must choose which demands to satisfy.

Visits themselves can also be emotionally challenging, as mothers and children readjust to each other; children may have clinging, withdrawn, or “acting-out” responses to separation. Mothers with several children must juggle visits around the schedules of multiple caregivers and schools while also complying with treatment programs or required housing searches. Failures to make planned visits not only damage fragile mother-child relationships but can become part of the “case” for termination of parental rights.

In the case of court-ordered separations, reunification plans specify what homeless parents must do to regain custody. In addition to visiting children, parents are routinely required to find appropriate housing, attend parenting classes, and successfully complete job training and treatment programs. For accompanied mothers in shelters, arranging child care while pursuing these tasks is difficult. In treatment programs or shelters for single adults, staff may be unaware or unwilling to accommodate mothers' parenting needs and goals, and may limit their help with housing to semi-independent or single-room settings that preclude children either as residents or visitors. Moreover, treatment program timetables are increasingly at odds with federal time limits for parents to complete reunification plans or lose their parental rights.

Given these hurdles, it is not surprising that reunification is rare. In a study of family shelter users and other poor mothers in New York City, only 23 percent of separated children were living with their mothers five years later. In research on unaccompanied homeless mothers with mental illness, only 17 percent were reunited with children after one year. Improvements in housing status, reduced psychotic symptoms and drug use, and improved relationships with service providers predicted reunification for this group, but it is unclear how these findings might apply to other separated homeless families.

UNANSWERED QUESTIONS AND FUTURE CHALLENGES

Evidence to date shows that children with out-of-home placements are at risk of becoming homeless

adults, while homelessness itself further undermines the integrity of poor families and increases the likelihood of parent-child separations. Among homeless adults, various personal circumstances—substance dependence, domestic violence, institutional treatment—are implicated in separations, and homeless mothers with severe mental illness may also be at higher risk. Moreover, once separated, homeless mothers have increased risk of recurring homelessness, so that losses of home and children reinforce each other.

Many questions remain. Mothers report their own anger, sadness, and guilt about separations, but we know little about how separated children fare, although their “best interests” are regularly invoked. We also know little about how separation affects the extended-kin networks that often take children in, though homelessness and separation have widespread ramifications within extended families and need to be understood from multiple perspectives.

Another omission from the literature is the issue of race. Studies have repeatedly documented that African-Americans are overrepresented in both homeless and foster care populations, but the processes involved remain inadequately investigated. There is persuasive evidence that racial disparities emerge from decision making about assessment, placement, and service at every stage of the foster care process, but this understanding has yet to be incorporated into research into the links between foster care, homelessness, family separation, and service system responses.

Preventing homelessness would go a long way toward preventing the devastation of families that occurs in its wake. But resolving families’ homelessness does not by itself repair families once they are dismantled. Many homeless mothers go to great lengths to maintain contact and actively seek reunification, but even when re-housed, only a minority rejoin separated children. Apart from research showing that reunifications for homeless mothers with mental illness occur when housing, symptoms, and treatment stabilize, we know little about what promotes reunification for other homeless families, or how reunified families fare over time.

Finally, efforts to end homelessness and reunite families must contend with growing poverty in the early twenty-first century, time limits on welfare benefits, and short federally imposed timetables for terminating rights of separated parents. These policies and processes will affect not only parents’ ability to exit from homelessness but also the extended-family networks that often care for separated children, perhaps impelling further displacement. Future research must address the individual characteristics and experiences implicated in separations of homeless families; document the policies and processes, both local and large-scale, that foster dispersal of homeless families; and consider interventions that will change systems as well as people.

—Susan M. Barrow

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FEANTSA

FEANTSA (www.feantsa.org), the European Federation of National Organisations Working with the Homeless, was established in 1989 as a European nongovernmental organization (in French, FEANTSA

stands for la Fédération Européenne d'Associations Nationales Travaillant avec les Sans-Abri).

The more than ninety member organizations of FEANTSA come from twenty-three European countries, including all fifteen member states of the European Union (EU). FEANTSA members represent a substantial part of the organized homeless sector in the fifteen EU countries, with membership expanding to additional organizations in countries seeking accession to the EU. Members are nongovernmental organizations (NGOs) that provide a wide range of services to homeless people including accommodation and social support. Most of the members of FEANTSA are national or regional umbrella organizations of service providers. They often work in close cooperation with public authorities, social housing providers, and other relevant actors.

FEANTSA is the only major European network that focuses exclusively on homelessness at the European level. FEANTSA receives financial support from the European Commission for the implementation of its activities. FEANTSA works closely with the EU institutions, and has consultative status at the Council of Europe and at the United Nations.

STRUCTURE

FEANTSA is democratically structured to involve member organizations in as many aspects of its work as possible. The guiding bodies of FEANTSA are the general assembly (which involves all member organizations), an administrative council (consisting of one representative for each EU member state), and an executive committee (comprising up to 7 members drawn from the administrative council). FEANTSA also has a small office based in Brussels that is responsible for the day-to-day operations of the network.

INFLUENCING POLICY

FEANTSA engages in constant dialogue with the European institutions and national and regional governments to promote the development and implementation of effective measures to fight homelessness. It also works to make European, national, and regional decision makers aware of the urgent need to

develop proactive policies aimed at effectively preventing homelessness. FEANTSA raises public awareness about the complexity of homelessness and the multidimensional nature of the problems faced by homeless people.

TRANSNATIONAL EXCHANGES

FEANTSA promotes and facilitates the exchange of information, experience, and best practice among its member organizations. This exchange gives members access to effective and innovative approaches to the problem of homelessness. To this end, FEANTSA organizes regular European seminars and conferences that bring together service providers, researchers, and decision makers. In addition, FEANTSA has four working groups, where members discuss relevant issues and themes surrounding housing, employment, health and social protection, and data collection (statistics and indicators). The working groups are composed of experts in their field and, in addition to sharing information and experience, are responsible for following developments at the EU level (in terms of policy, programs, initiatives, etc.) in their respective areas.

FEANTSA prepares regular policy documents on relevant issues based on the results of transnational exchange. Both these reports and the resulting policy statements are available on the website and through the FEANTSA office in Brussels.

RESEARCH

FEANTSA is dedicated to facilitating research to promote better understanding of the complexity and the changing nature of homelessness. Research findings are circulated to other academics, as well as to the service providers for homeless people and policymakers. This research provides insights into the theoretical nature of homelessness, as well as trends, and provides a strong scientific base for service providers and policymakers to construct policy and programs.

FEANTSA established the European Observatory on Homelessness in 1991. This network is composed of fifteen national research correspondents from the

fifteen EU countries who have built up extensive experience in the field of homelessness and housing exclusion.

By 2002, the Observatory produced a series of national reports on specific research themes related to homelessness. These reports formed the basis of a European publication that examines and analyzes transnational trends. These national and transnational reports are available for sale through the FEANTSA office in Brussels.

In 2002, FEANTSA changed its research strategy. Now, the fifteen national correspondents draft a national statistics update, research review, and policy update. The coordinators of the Observatory use these key national reports to write three European synthesis reports on statistics, research, and policy. The Observatory also operates three thematic working groups with five researchers per group. In 2003, these groups drafted papers on (1) Intervention Strategies and the Changing Role of the State, (2) Profiles of Homelessness, and (3) Services for Homeless People.

More information on the Observatory's publications can be found at www.feantsa.org/research.htm.

NETWORKING

An important goal of FEANTSA is to strengthen cooperation with other international organizations. Based on established trans-sectoral cooperation at the national level, FEANTSA develops similar partnerships at the European level. These partnerships enhance FEANTSA's ability to influence policy-making. For example, FEANTSA works closely with CECODHAS (European Liaison Committee for Social Housing) and EUROCITIES (a European network of large cities). FEANTSA is a founding member of the European Housing Forum (a forum of European organizations active in the field of housing), the Platform of European Social NGOs, and EAPN (European Anti-Poverty Network).

COMMUNICATIONS

To inform FEANTSA members, as well as a wider audience involved in fighting homelessness, the

organization's website provides all visitors, be they member organizations, policymakers, researchers, service providers, or members of the general public, with important information, analysis, and links on homelessness and housing exclusion issues. The website is a central resource center for information and expertise on homelessness in Europe.

Three times each year, FEANTSA publishes *Homeless in Europe*, an online electronic magazine. The magazine has a thematic approach, and each issue focuses on a different aspect of homelessness in Europe. Each month, "FEANTSA Flash," an e-mail update, provides readers with information and analysis on European issues, as well as contributions from its member organizations and news items from across Europe.

—*Donal MacManus and Freek Spinnewijn*

▣ FOOD PROGRAMS

Nongovernmental food programs in the United States include food banks, food pantries, and shelters operated by nonprofit organizations and faith-based agencies. This emergency food assistance network provides food to people who lack the resources to obtain adequate amounts of food through conventional means. Food banks solicit donations of surplus or salvage food which they then distribute to food pantries (which provide emergency grocery packages), soup kitchens and shelters (which provide on-site meals), and other feeding programs. Soup kitchens and shelters typically serve one meal a day on-site, although some shelters permit their residents to prepare and cook their own meals. Although religious organizations and nonprofit agencies have historically distributed food and meals to people in need, such requests sharply increased beginning in the 1980s. This increase was associated with high unemployment, cuts in the social safety net, a decline in the value of public assistance benefits, and increases in housing and other costs, and it led to a proliferation of food banks, food pantries, soup kitchens, and government

programs that defined hunger and homelessness as temporary "emergency" problems.

HUNGER, POOR NUTRITION, AND HOMELESSNESS

Homeless people in the United States are particularly vulnerable to poor nutrition and hunger. Although their food deprivation is not as extreme as it is in many other countries, many of them are often chronically undernourished. Compared to other groups at risk for hunger, the homeless are at greatest risk, being ten times more likely to go without food for a day than other poor people. One contributing factor is their extremely low participation rate in the federal Food Stamp Program. Homeless advocates argue that barriers such as documentation of identity prevent many from participating. The difficulty of making effective use of food stamp benefits without adequate cooking and storage facilities is also a barrier.

Few homeless persons are able to obtain three meals a day, and many go at least one day a month without any food. Some research indicates that many have caloric intakes far below recommended levels and may have inadequate intakes of calcium, folacin, iron, magnesium, or zinc. Such low-calorie diets are often high in fat, cholesterol, and sodium and inadequate in essential nutrients. The lack of a stable home environment and cooking and storage facilities contributes to an inability to obtain an adequate, varied, and healthy diet. Many homeless persons depend on food banks, food pantries, soup kitchens, and shelters for daily nourishment.

Food Banks

Food banks in the United States are centralized warehouses that collect, sort, and store food and distribute it to member agencies. Member agencies include food pantries, soup kitchens, shelters, child care agencies, senior centers, and residential programs. Food banking began in Phoenix, Arizona, as an outgrowth of a church-sponsored soup kitchen. In 1967, a group of local volunteers from St. Mary's Catholic Church expanded the feeding program's functions to include the solicitation and storage of large amounts

of edible but unmarketable food. The resulting operation became a clearinghouse that redistributed food to other charitable programs in the area. It was as much a conservation program aimed at eliminating food waste as a charitable effort to feed hungry people, and the originators envisioned the creation of a national network of food banks linked by a central solicitation and coordination agent. In 1979, Second Harvest was incorporated as the organizational link between the three food banks that had developed in addition to the Phoenix prototype. Second Harvest was originally funded through federal grants from the now-defunct Community Services Administration and later through the Department of Health and Human Services. By 1984, the Second Harvest budget was funded totally through food bank fees and private-sector support. Second Harvest solicits food from large national firms and distributes it among certified food banks. Because of the Tax Reform Act of 1976, corporate donors can take advantage of tax deductions for their contributions—for 100 percent of production costs and 50 percent of the difference between the product cost and the normal sale price. The Good Samaritan Act, passed by Congress in 1981, serves as the model for similar state legislation and absolves donors from liability for a product's safety, as long as they make an effort to determine that the food is edible and fit for human consumption when donated. The Tax Reform Act of 1986 expanded inventory-costing rules, which provided additional tax deductions. There are numerous administrative requirements associated with tracking and receipting national and local food donations.

U.S. food banks are subject to numerous Second Harvest and food industry inspections as well as to those required by state and local governments. In addition, to retain Second Harvest certification, food banks must regularly monitor their member agencies. The funding for food banks comes from private contributions, foundations, government agencies, shared maintenance fees, and handling/processing fees (assessed per pound) from their member agencies.

Food banks multiplied from a few dozen in the 1980s to more than 250 in 2002. Today, approximately 80 percent of all food banks in the United States are members of America's Second Harvest

and collectively distribute nearly a billion pounds of food annually, feeding more than 23 million needy Americans, including 8 million children and 4 million senior citizens. These needy Americans include 21.3 million food pantry users, 1.3 million soup kitchen users, and 0.7 million shelter users. Overall, about two-fifths (39 percent) of the needy households include at least one employed adult, two-thirds (64 percent) have incomes at or below the federal poverty level, and 10 percent are homeless.

Food Pantries

In 2001, America's Second Harvest provider network included approximately 26,300 food pantries in the United States, three-quarters of which were run by faith-based agencies affiliated with churches, mosques, synagogues, and other religious organizations. The number of pantry programs operated by faith-based agencies between 1997 and 2001 increased by approximately four percentage points. These food pantries received more than half (59 percent) of the food they distributed from food banks, and religious organizations, direct purchases, and federal government commodity programs supplied the remainder. More than 90 percent of these food pantries use volunteer staff and many rely entirely on volunteers. Only one-third of the pantry programs have any paid staff.

Food pantries, also known as food closets, food shelves, or grocery programs, distribute nonprepared foods and other grocery items to needy clients, who then prepare and use these items where they live. Some food pantries distribute special grocery packages for the homeless that do not require extensive preparation. In the United States, food pantries operate primarily through referral systems, in which trained staff at nonprofit organizations screen clients and refer them to pantries operated by volunteers. The majority of food pantries prebag the food distributed to clients, while others allow clients to select their own food "grocery-store style." To the extent possible, pantries use several different factors, including household size, household composition (the number of children, adults, and elderly people), and the health status of household mem-

bers, to determine the contents of a food order. Some follow nutritional guidelines in selecting pre-bagged items. On average, food pantries distribute food items to provide three meals per day per household member for three to five days. A sample list of items distributed to a single adult by a Pittsburgh, Pennsylvania, food pantry includes cereal, canned vegetables, Jell-O, juice, bread, canned beef stew, ground turkey, canned fruit, pasta, spaghetti sauce, and paper products.

Some food pantries provide additional services. In 2001, 18 percent of the food pantries in America's Second Harvest food provider network also provided nutrition counseling, 15 percent provided eligibility counseling for food stamps, 20 percent provided utility bill assistance, and 43 percent provided clothing assistance.

Many food pantries require recipients to run out of food before they request assistance and categorize this condition as a food emergency. Their focus is on serving clients compatible with their service mission, and they have much less need for documentation and much more trust in recipients' testimonies than government agencies. Only recently have U.S. food pantries begun to enforce explicit eligibility standards, such as income or residency, and to require documentation of eligibility.

Emergency Shelters

In 2001, America's Second Harvest provider network included 4,100 shelters in the United States, 43 percent of which were run by faith-based agencies affiliated with churches, mosques, and other religious organizations. This is a 15-percentage-point increase since 1993, when only 28 percent of shelters were run by faith-based agencies. Shelters in 2001 received more than one-third (36 percent) of the food they distributed from food banks, and direct purchases, religious organizations, and federal government commodity programs supplied the remainder. Three-quarters (76 percent) of these shelters use volunteer staff, and some rely entirely on volunteers.

Shelters provide shelter services and serve one or more meals a day on a short-term basis to low-income clients. Shelter may be either the primary or

the secondary purpose of the service. Examples include homeless shelters, shelters with substance abuse programs, and transitional shelters such as those for battered women. In 2001, nearly three-quarters (72 percent) of the shelters in the America's Second Harvest food provider network also provided clothing assistance, more than one-third (36 percent) provided nutrition counseling, 33 percent provided employment training, and 32 percent provided eligibility counseling for food stamps.

CAPACITY OF THE EMERGENCY FOOD ASSISTANCE NETWORK

Surveys of the twenty largest American cities made in the late twentieth century by the U.S. Conference of Mayors Task Force on Hunger and Homelessness revealed steady increases in the demand for emergency food assistance. A rising proportion of those requesting food assistance were families with children. There were more requests from working families and individuals; there was an unmet demand for emergency food assistance; and in numerous cities, food assistance facilities had to turn people away. In 2001, nearly two-thirds (60 percent) of the food pantries and more than half (56 percent) of the shelters in America's Second Harvest food provider network served more clients than they had in 1998. They also faced problems that threatened their continued operation. More than two-thirds (68 percent) of the pantries and 87 percent of the shelters experienced problems related to funding, and about two-fifths (39 percent) of the pantries and 16 percent of the shelters had problems related to food supplies. More than one-third (35 percent) of the shelters also experienced problems related to paid staff or personnel, while about one-third (32 percent) of the pantries had problems related to volunteers. About one-third (32 percent) of the pantries and more than half (60 percent) of the shelters had turned away clients in the year 2000.

IMPACT OF SOCIAL POLICY CHANGES

When widespread hunger emerged as a national issue in the 1960s, an array of federal programs was

designed to ameliorate it. In the 1980s, hunger returned to the United States in association with economic and tax policies that redistributed income from poor and middle-income groups to the wealthy, and with a corresponding failure of the federal government to protect high-risk groups from undernutrition. In the early 1990s, the poor were less well fed than in the previous two decades because of reduced purchasing power (due to increased food costs relative to wages and public benefit levels) and restricted access to affordable food sources, and also because fewer of them received government food assistance, and those who did, received less of it.

A convergence of social, economic, and political developments—rising caseload trends, increasing welfare costs, and judgments about the relationship between welfare and poverty—produced a major change in the American welfare system in 1996. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) was the most substantial welfare reform legislation since the establishment of the Supplemental Security Income program and the revision and expansion of the Food Stamp Program in the 1970s. The most significant change was the termination of the 61-year-old entitlement of cash assistance to families provided under Title IV-A of the Social Security Act. The 1996 Act converted AFDC, emergency assistance, and work programs to a block grant, the Temporary Assistance for Needy Families program, with essentially fixed funding, and it instituted work requirements and a five-year-maximum lifetime limit on assistance. PRWORA also included \$27.7 billion in Food Stamp reductions.

One of the harshest changes limits individuals between the ages of 18 and 50 who are not raising children to three months of food stamp receipt while unemployed in any three-year period. Some advocates argue that this provision disproportionately affects the homeless. PRWORA also denies food stamp assistance to legal immigrants. As of July 2000, participation in the Food Stamp Program had declined by nearly 40 percent from its peak in March 1994. In 2000, the Food Stamp Program reached about 60 percent of individuals who were eligible for program benefits, a significant decline since 1994,

when over 74 percent of eligible households were participating in the program. During fiscal year 2001, the program served over 17 million people in an average month at a total annual cost of nearly \$16 billion in benefits. The average monthly food stamp benefit was about \$170 per household.

The Food Stamp Reauthorization Act of 2002 (Title IV of the Farm Security and Rural Investment Act of 2002) restored eligibility for many legal immigrants and increased benefit levels for larger households. The act also benefits other groups, such as disabled persons, homeless persons, and responsible noncustodial parents. It gives states new flexibility to administer the program in ways that improve access and benefits. The flexibility allows states to remove barriers that discourage many needy households from applying for, or remaining on, the program. The act includes an improved homeless shelter deduction which gives states the option of providing a standard homeless shelter deduction to homeless households that incur any shelter expenses.

OUTLOOK IN THE TWENTY-FIRST CENTURY

Government data indicate that at least 9.2 million households in the United States were food insecure (defined as running out of food, reducing the quality of meals, feeding their children unbalanced diets, or skipping meals) in 1999 and that approximately 3 million households had experienced hunger at some point in that year. The food-insecure households contained an estimated 27 million people, of whom 11 million were children. The existence of large numbers of people without secure access to adequate amounts of nutritious food represents a serious national concern. An important response to this problem has been the growth of the private-sector institutions that were created to provide food for the needy.

Throughout the United States, food pantries, soup kitchens, and homeless shelters play a critical role in meeting the nutritional needs of America's low-income population. These organizations help meet the needs of people and households that otherwise would lack sufficient food. However, emergency

feeding organizations are ultimately limited by the depth of the hunger problem, their reliance on volunteers, the availability of government and food industry surpluses, the lack of legally enforceable rights for food recipients, and discrepancies between where food providers are located and where those who need food live. Seeing these organizations as the primary solution to the problem of hunger diverts attention from the societal relationships that produce hunger, including economic restructuring, the erosion of public assistance benefits, major cuts in social welfare programs, and high housing, medical, and other costs.

—Karen A. Curtis

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FOSTER CARE

In most Western countries, homeless populations include many people who have spent time in foster care as children. Such placements in foster homes or families, or in institutional settings, generally result from decisions made by children's social service agencies or by the legal system. Foster children can live in such places as the following:

foster care family homes, either non-kin family (the most frequent in the United States) or kinship family (i.e., with relatives);

institutions, that is, child care facilities providing 24-hour care and/or treatment for children who need to leave their own homes and require a group living experience (such as the Burke Foundation, Texas, which offers therapeutic camp for neglected, abused, or disturbed boys);

group homes, which provide 24-hour care for children in a small group setting, generally seven to twelve children (e.g., the SOS Children's Village in Europe and the United States, which offers permanent foster care in "village" of about ten homes,

**Table 1. Homeless People with Foster Care History:
Selected Western Nations (North America, Western Europe)**

| <i>Study (and year published)</i> | <i>Year of data collection</i> | <i>Survey site</i> | <i>Age range sampled</i> | <i>Sample size</i> | <i>Percentage with a history of foster care placement</i> |
|---------------------------------------|------------------------------------|--|----------------------------------|--------------------|---|
| Burt et al. (2001) | 1996 | United States | 18 and older 20–24 | 2,938 217 | 26% 34% |
| Anderson (1997) | 1993 | England | 18 and older (single persons) | 1,769 | 15% |
| Lussier et al. (2000) | 1998 | Montreal, Quebec (Canada) | 18–35 | 60 | 33% |
| Marpsat et al. (2000) | 1998 | Paris, France, including inner suburbs | 18–24 | 461 | 31% |
| Brousse et al. (2002) | 2001 | France (cities over 20,000 inhabitants) | 18 and older 16–24 | 4,066 807 | 23% 35% |

each one sheltering ten to twelve children, enabling sibling to remain together).

These two last categories can include short-term emergency shelters (generally fifteen days), specifically for runaway youths. Possible scenarios for children at the end of a placement are multiple: return to the natural family, adoption, imprisonment, admission to a mental health or other care facility, or transfer to another foster institution or to a foster family. Others simply leave statutory care upon coming of age.

The proportion of homeless adults who have been “fostered” reaches one-fourth to one-third in some nations, as noted below. In contrast, only a small fraction of the general population in the West (typically less than 5 percent) has experienced foster care.

CHALLENGES TO DATA COLLECTION AND ANALYSIS

When studying the effects of childhood foster care on housing and economic status in adulthood, it is extremely hard to determine which problems are attributable to placement per se, and which to the circumstances that have preceded, caused, or followed it. Accurate data on these effects are therefore difficult to quantify. In fact, some young people experience placement as a haven of stability in which to rebuild their lives after a distressing period in a dysfunctional

family: a period possibly including physical or sexual abuse, alcohol or drug misuse, or various types of deprivations. For others, placement represents a painful separation from their parents, a traumatic event possibly precipitated by a death in the family, serious illness, imprisonment, or loss of home. Further disruption may result from poor living conditions during placement or unsuccessful attempts to live in group homes or foster families. The problems of those who become homeless may be traceable to such factors, both before and during a placement.

DOCUMENTING THE LINK

The high proportion of homeless people with a foster care background is observed in most Western countries (see Table 1), apparently indicating the greater social vulnerability of people who lack the support of their families during childhood and youth.

In some Western nations, however, this phenomenon is not observed. In Spain, where the institutionalized system of child protection is less developed than in northern Europe, placements are mainly with relatives and seldom in institutions (except in the case of orphans). The reality of placement is therefore experienced differently, and the number of people involved is very small. In Spain, therefore, “being in care” is not considered a relevant factor when estimating the extent of childhood disadvantage.

Notably, however, 11 percent of homeless people in Madrid have lived in orphanages as children; this factor is examined in surveys of homeless people.

A COMPLEX PROCESS

Among homeless young people, the likelihood of foster care history is greater than in older homeless people. Young people who have been “fostered” thus appear to have a high vulnerability at the beginning of adulthood. After this especially unstable period, homelessness becomes less frequent. This interpretation is valid primarily for countries where the resort to foster care has not increased in recent decades (as in France and the Netherlands but unlike in the United States where the annual numbers of young people placed in care rose by 60 percent between 1980 and 1995).

In France, 31 percent of homeless young people aged 16 to 24 have spent time in some form of foster care, a very high proportion compared with 1 percent for young people in the general housed population and 2 percent for children of manual workers. It is also higher than the 23 percent rate for homeless adults in general.

In the United States, the figure is similar for homeless young people aged 20 to 24 (34 percent). But for 18- and 19-year-olds, fully 61 percent have a history of foster care placement, compared with 26 percent for homeless adults generally and 3 percent for the general housed population.

A young person’s “risk” of being placed in foster care is also related to the socioeconomic status of the family of origin. A family’s financial well-being certainly affects its children’s educational attainment, health status, and so on; it may also affect their eventual risk of homelessness. In some cases, foster placement is made for primarily economic reasons: It is believed that removing a child from the family will offer protection from potential dangers such as domestic accidents or deprivations associated with poor housing, and that the foster family or institution will offer better living conditions in terms of food, clothing, and educational support, for example. But such a placement may be traumatic for the child who is *not* escaping from an abusing family. Moreover, the family may feel unjustly punished.

SPECIAL VULNERABILITIES

The hypotheses put forward to explain this increased risk of homelessness tend to be formulated in terms of vulnerability rather than of direct causality.

A family history of violence or conflict can result in a lack of strong attachment during youth, with negative consequences for the young person’s development and future social behavior: relational instability and mistrust of adults, for example. Abusive or violent relationships prevent young people from acquiring the practical skills necessary to construct and manage harmonious social relations. Settings that lack such models often also lack emotional warmth and supportive, consistent discipline for children. These environments, whether in a natural family or a foster family, tend to produce lower levels of self-esteem among adolescents.

Young people who have contact with persons with criminal behavior, perhaps as runaways or in group homes, are at risk of adopting delinquent or pre-delinquent behavior through emulation or peer-group pressure. This increases the likelihood of later troubles such as conflictual relationships, heavy drinking, or substance abuse, all obstacles to successful social integration. Life in a congregate care home (i.e., group home or institution) can also expose young people to negative effects such as institutionalized dependence and emotional deprivation, which may leave them poorly equipped for independent living.

Some observers make a causal linkage: Young people in foster care are at greater risk of becoming runaways, and thus of living “on the street.” In this view, foster care acts as a trigger for running away, given an often negative combination of placement circumstances. Indeed, runaway rates for homeless youths are much higher than for older homeless population (and than for housed population): 43 percent among young homeless people aged 18 to 24 in the United States as a whole (50 percent among young homeless people aged 16 to 24 in Paris). Among the homeless youths, if we look at those with an out-of-home placement history, we find that they have even higher runaway rates than the other young homeless persons (in Paris: 60 percent versus 41 percent for the males, 69 percent versus 49 percent for the

females). (Notably, some may have been runaways *before* being placed in care.) Running away, even for short periods, could represent a form of initiation that facilitates a subsequent decision to leave home. It is thus interpreted as a risk factor, even though for some young people the choice may be reasonable. Running away or “sleeping rough” may be an appropriate response to certain traumatic or pathogenic situations, either in a family or institutional setting.

LEAVING CARE AND ENTERING ADULTHOOD: A CRITICAL TRANSITION

Many who try to interpret the connection between foster care and homelessness note the difficulties young people face when they leave care upon coming of age. Often their families give them little or no help; indeed, they may be estranged from their families or suffer from past conflict and abuse. These young people’s disrupted lives and the experience of foster care living may have compromised their development of personal friendships. This lack of support—financial, practical, and relational—at the entry into adulthood is a serious obstacle in making the transition to independent living. Moreover, young people who leave the care system when they come of age are rarely entitled to social benefits. In France, for example, although a benefit is available for young people leaving institutional care (the *jeune majeur* allowance), it is not awarded automatically; the young person must first submit a substantive “project” plan. In the United States, the federal government provides no direct financial support for young people leaving the foster care system. However, help is available through the Independent Living Program aimed at encouraging life skills, coping with the psychosocial problems associated with leaving care, and so on. Initiatives also exist at the local level, such as the Bridges to Independence program in Los Angeles County, operating since 1996.

THE CHALLENGES AHEAD

Foster care for young people spans a wide variety of situations. Placement may occur early or late in childhood and may last for weeks, months, years. The

sequence of events might range from a single foster placement with a family or an institution, to a series of such placements, to repeated alternations between placement and family of origin. Reasons for the placement might include physical or sexual abuse, an economically deprived household, or many other factors.

Difficulties experienced within families—or troubles that arise from having no family—are central to the phenomenon of youth homelessness. But this factor of vulnerability alone cannot explain why people become homeless. Unfavorable social and economic contexts are also a powerful influence. Being placed in foster care constitutes a rupture in young people’s lives, and when added to the psychosocial problems associated with separation, residential instability, institutional living, and unhappy memories of family life, it can adversely influence their personal development by depriving them of individual and family resources. When foster placement ends, the young person is frequently left unsupported during the transition to independent living. This is a clear failing of a foster care system that makes inadequate provisions for the time when the young person ceases to be its responsibility.

—Jean-Marie Firdion

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FRANCE

In France as in other countries, the term *homeless* (usually rendered in French as *sans-domicile*) can connote a range of meanings, the broadest of which extend beyond housing circumstances to include one's level of social integration and various other characteristics. But even when judged solely by the criterion of housing, the number and characteristics of homeless persons will vary depending on which housing situations are equated with homelessness. Another variable is the temporal framework of observation: Does one include only people who are homeless on a given date—or also those who drift in and out of homelessness over a period of time?

A VARIABLE DEFINITION

In the narrowest sense of the term, the homeless are the persons who regularly “sleep rough,” either in the street or in other places not intended for human habitation, such as parking lots, stairwells, cellars, or

public parks. They are the target population for a number of French agencies which, for example, send teams around towns and cities at night to provide assistance for rough sleepers. A slightly broader definition would include users of the various accommodation facilities for the homeless, such as night shelters, extended-stay hostels known as CHRS, or *Centres d'Hébergement et de Réadaptation Sociale* (Accommodation and Social Rehabilitation Centers), or hotel rooms and flats provided through voluntary agencies. This broader definition was used for statistical surveys conducted in 1995 and 1998 by the National Institute of Population Research (INED, or *Institut National d'Etudes Démographiques*) in Paris and its suburbs, and in 2001 by the National Institute of Statistics and Economic Research (INSEE, or *Institut National de la Statistique et des Etudes Economiques*) in a representative sample of French towns and cities of 20,000 inhabitants or more. This is also the target population for a wide range of services, free or low-cost meals, day centers, and so on.

Even more broadly, the term *homeless* can also refer to anyone identified as inadequately housed on the basis of several criteria. These criteria might include their dwelling's physical characteristics (a wooden hut, for example, might be deemed inadequate), other living conditions and amenities (perhaps overcrowded or unsanitary), the person's occupancy status (squatting, for example, or reluctantly “doubling up” with friends or relatives), and their personal stability over time (perhaps they are under threat of eviction). The voluntary agencies working on behalf of the poorly housed usually employ definitions that encompass all or some of these situations.

Moreover, the time variable plays a role in any attempt to survey homeless people. People without a permanent home of their own typically move between different situations. For example, a few days in a hotel may be followed by a stay in a hostel, perhaps interspersed by periods of doubling up with friends.

ATTITUDES AND APPROACHES

Vagrants, tramps (*clochards*), “roofless,” and homeless people have been a central social concern in

France for hundreds of years. But often the compassion inspired by their miserable condition has been outweighed by the unease about their rootless, unattached state—as people with “neither house nor home” (“*sans feux ni lieux*”). The housing shortage and harsh economic conditions that followed World War II exacerbated the difficulty of obtaining adequate housing. The “excluded” and “poorly housed” received renewed attention after May 1968, and they were the subject of several official reports. It was during the 1980s, however, in a context of severe economic downturn, that these “marginal” and “most deprived” members of society became a priority issue for organizations such as activist groups, charities, and trade unions; for academics; and for a number of regulatory bodies and government departments, including the National Statistical Council (CNS), and the Social Services Directorate.

In 1989, a working group of the National Council of Statistical Information (CNIS), which succeeded the CNS in 1984, called for a “specific study of the homeless.” A national law on the implementation of the right to housing (*Loi visant la mise en oeuvre du droit au logement*), was introduced in 1990 by Louis Besson, the Minister of Housing at the time. This law established a right to housing and obliged local authorities in each *département* to provide housing for “people and families without housing or threatened by eviction without re-housing, or living in slums or insalubrious, insecure or improvised dwellings.” Activist organizations such as “Right to Housing” (*Droit au logement*) and the “Committee of the Unhoused” (*Comité des sans-logis*) joined forces with other voluntary nonprofit agencies to campaign for action on behalf of those living on the margins of society.

In October 1993, the CNIS set up a homelessness working group with the aim of conducting a methodological investigation to improve understanding of these populations. As part of this work, INED developed a methodology for selecting representative samples of this population. In addition, a series of ethnographic monographs was commissioned by the Ministry of Housing, and many local studies of the homeless were made.

SOCIAL POLICY: REPRESSION AND ASSISTANCE

Social policy directed at the poorest populations has often combined elements of repression with efforts at assistance. By the time the offense of vagrancy was removed from the French Penal Code in 1994, prosecutions for vagrancy and begging had already declined sharply since the end of the 1960s. The state’s role in helping the homeless expanded during the 1970s, evidenced by the growth of public funding for shelters and hostels, among other indicators. Agencies working with the homeless expanded their interventions into several areas: social rehabilitation, health care, and links with social workers and administrative bodies—particularly for reestablishing social security entitlements.

Since the 1990s, however, the balance has been shifting again. In parallel with the development of support services for the homeless—accommodation, meal distribution, day centers, mobile night services—a return to a more repressive approach can be discerned in the “anti-begging” laws, and the law on domestic security (2002) made begging an offense again.

CHARACTERISTICS OF THE HOMELESS TODAY

An INSEE survey conducted in January 2001 focused on people using a shelter or hot meal distribution center at least once in the course of a single week. The scope was a representative sample of French cities and towns of over 20,000 inhabitants. A large proportion of these service users—two-thirds in Paris and its suburbs, three-quarters in the rest of France—had no permanent home of their own. The full questionnaire was administered only to French-speaking adults aged eighteen or over. The survey estimated that 63,500 adults and 16,000 children under eighteen visited hot-meal distribution centers or shelters, including the long-term facilities (for up to several years) known as *centres maternels*, where mothers can stay with their children until the youngest reaches the age of three. The decision to include these facilities in the French

sample resulted in the percentage of women being higher than it would be if the shelters visited had been similar to those chosen in, for example, the U.S. Census 1996 survey, and in the number of children being more significant in the survey (there are few children in homeless shelters in France). The survey did not cover homeless people who slept in the street and who did not use meal distributions. However, complementary studies established that the great majority of homeless people were covered by the survey.

The characteristics of the homeless identified in the INSEE survey are consistent with the findings obtained by INED in Paris and the suburbs. Women are in a minority, though this pattern is less marked at the youngest ages. There are fewer old people than in the rest of the population. A very large majority come from working-class backgrounds and manual labor service occupations. Non-nationals are more numerous among the homeless, as they are among the poor in general. Resources are particularly scarce for those who have only recently entered France and do not have the right to work legally.

Three-quarters of the homeless have had a place of their own at some stage, while the remainder have lived primarily in the parental home or an institution—former foster children, for example. Roughly one-third are currently employed, and most have worked in the past. Six in ten receive a welfare payment of some sort, including unemployment benefits or social safety net payments such as the Disabled Adult Allowance (AAH) or the Minimum Guaranteed Allowance Income (RMI). One in ten has no source of income at all. It is relevant to note that since January 2000, access to primary health care has become easier, thanks to the Universal Sickness Coverage (CMU), obtained by 60 percent of the homeless people INSEE surveyed.

Future research and action on behalf of the poorest members of society must focus on the role of the socioeconomic context in which homelessness has developed, and in particular on the changes affecting the housing stock that can be accessed by the poorest. More consideration is due to those in intermedi-

ate housing situations, perhaps doubling up with friends or relatives; these at-risk people number more than 80,000 in France. More attention should also be paid to the factors that increase the likelihood of exiting homelessness, in order to effectively help those in greatest need.

—Maryse Marpsat and Jean-Marie Firdion

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G

GENTRIFICATION

Gentrification refers to residential change that brings new residents who are disproportionately young, well educated, salaried, and professional into urban neighborhoods where poor people live. Gentrification has been occurring in cities throughout the world since the 1970s. The change in an urban population can be dramatic. For example, in Ottawa, Canada, in 1971, 10 percent of downtown residents held university degrees and 42 percent worked in white-collar jobs.

New York, San Francisco, Cincinnati, Toronto, London, Berlin, Sydney, and Washington, D.C., are some of the cities where gentrification has been dramatic and controversial. Some cities welcome gentrification as a revitalization of neighborhoods mired in poverty. They argue that it boosts the urban tax base while reducing blight and density. For example, between 1971 and 1996, Canada's four major cities experienced a loss in population density of 25 percent because only some people were welcome. Hotels and businesses in San Francisco have actively supported gentrification and promoted policies to push homeless people out of downtown areas in order to make tourists and businesspeople feel more welcome and safe. In many cities, however, community activists argue that gentrification disrupts traditional neighborhood life, displaces vulnerable residents, and causes homelessness.

Urban scholars debate the causes of gentrification. Some stress the cultural or individual inclinations of the newer residents to experience the excitement and diversity of urban life. Some scholars liken the new residents to pioneers braving a challenging, changing urban frontier. Others explain gentrification by a rent gap between the potential and current value of the land, which grows when older urban housing deteriorates and becomes devalued and thereby a good investment. By purchasing properties cheaply, investors can renovate them and take advantage of a changing real estate market to sell them for a handsome profit. These scholars link gentrification to the cycling of capital investment in and out of cities and to recurrent processes of decline and regrowth in urban neighborhoods. Gentrification also reflects larger processes of changing employment structures and opportunities and public policies for redesigning cities.

The simplest way to visualize gentrification is in its residential form. Older houses are rehabilitated and resold; inexpensive apartment buildings are converted to condominiums; old warehouses are transformed into lofts. Affordable multifamily rental dwellings are converted and "restored" into upscale single-family homes. Single-room occupancy hotels (SROs), which often house poor, homeless men, are torn down or remodeled. Toronto lost 300 SROs since 1986, and in Sydney, Australia, between 1992

and 2000, 340 boarding houses were demolished, renovated into expensive apartments, or turned into backpackers' hostels. Commercial life also changes, because shops that serve the poor, such as thrift stores or carry-outs, give way to boutiques and antique stores.

Sometimes homeless shelters themselves are removed from gentrifying neighborhoods. In Cincinnati, for example, the Drop Inn Center Shelterhouse in the Over the Rhine community was removed to make way for a Fine Arts and Education Center linked to Cincinnati's historic Music Hall. The shelter was considered a danger to the children using the new facility, although it housed 16,000 people, some of them children. In downtown Cincinnati, the Salvation Army Hostel building was sold to the Senator Steakhouse chain, where a retail/restaurant/loft complex is planned.

DISPLACEMENT

Displacement through gentrification occurs when inflated rents and prices in a changing neighborhood push out low-paid or unpaid older residents. Residents are displaced in several different ways. Sometimes homeowners find that as the value of their homes rises, they cannot afford to pay their property taxes. For renters, rents can become unmanageably high, or buildings may become unlivable as they are readied for conversion into luxury apartments or condominiums. Older, poorer residents may simply feel a strong pressure to sell their homes because they cannot afford not to take advantage of the new market. Families who try to stay may feel such financial stress that they triage relatives whom they could once afford to support. Finally, a kind of exclusionary displacement occurs because poorer people who could once have afforded to live in the neighborhood no longer can, or the social networks that once helped support them thin out. Displacement also affects more people than those who are directly displaced. There is an effect on other residents who see their area changing, businesses closing to make way for more expensive services, and friendship and kinship networks being abandoned as people move away. Peo-

ple may leave simply because their relatives, friends, and neighbors have left and they no longer feel comfortable in the neighborhood.

Gentrification-induced displacement is hard to measure, and estimates range from 6,000 households a year in one small section of Philadelphia, to 10,000 to 40,000 households a year in New York City, and as many as 2,000,000 households a year in the United States. In Britain, Leckie (1995) estimates that 144,000 people are evicted each year and that many go unregistered.

WHERE DO THEY GO?

The destination and new living circumstances of those displaced after gentrification vary. Many of them have to pay more for poorer accommodations. Many remain near their prior residences in an effort to keep social networks intact. Some move in with friends or relatives, which leads to overcrowding. Some return to rural homes; others move to less expensive suburbs. Often cities don't keep any record of what happens to those who are displaced by gentrification. Authorities in South Sydney, Australia, for instance, declare themselves baffled about where the older traditional boarding house residents have gone, and speculate that they have moved into shelters or onto the streets. Overcrowded shelters are especially dangerous in cold climates and during the winter. In Toronto, during the winter months of 2003, 3,200 beds were needed each night and the number of available beds fell at least 500 short. Many families refuse to use shelters.

IDEOLOGIES

Frequently, the language that accompanies gentrification celebrates it as revitalization or rebirth and links the traditional neighborhood to images of dirt, disease, pathology, and decay. In part, such language reflects fears that poor and homeless people will hurt business and tourism.

Activists believe that stereotypes of traditional neighborhoods, which include squeegee kids, beggars, crack houses, sex workers, substance abusers, and mentally ill wanderers, harm institutions that

serve the poor. They point out that such representations are often used to control or exclude undesirable people from public space, urban parks, and public transportation.

AVOIDING THE DISPLACEMENT THAT LEADS TO HOMELESSNESS

Many cities have experimented with ways to protect vulnerable residents from gentrification-induced displacement. These include rent control, offering tenants the right of first refusal, and passing laws that prevent landlords from harassing tenants or denying them proper living conditions through disinvestment in their buildings. City governments can closely monitor and regulate evictions, grant lifetime tenancy to elderly tenants, offer emergency assistance to poorer renters, fix assessments or institute tax circuit breakers so that residents on fixed or limited incomes do not get forced out of their homes because they cannot pay their taxes, provide long-term tenants and owners the tools to maintain or rehabilitate their homes themselves, and institute commercial rent control to preserve public space and the stores that poor people need. Governments can also offer tax credits for poorer homeowners to do repairs and maintenance on homes in gentrifying or abandoned neighborhoods, and they can raise or lower assessments to discourage or encourage gentrification.

Cities can protect single-room occupancy housing by bringing it under public control or insisting that developers replace it on a one-to-one basis. Governments can require developers to build affordable housing whenever they are granted rights to build luxury or commercial facilities; use zoning provisions to preserve mixed-use districts; pour public resources into areas of potential abandonment; and develop discouragement and encouragement zones for development, protecting some areas from rapid change.

More drastic measures might include capping the mortgage interest deduction for affluent homeowners, placing a surcharge on luxury housing; or instituting an anti-speculation tax to control resale prices. Lenders' regulations might encourage low down payment policies for poorer prospective buyers and

enforce the Community Reinvestment Act and nondiscrimination in mortgage and home equity laws. Landlords could be regulated to prevent tax delinquencies, illegal conversion of rooming houses into condominiums or backpackers' hostels, limitation of properties to adults-only buildings that exclude families, illegal evictions, and discrimination against minorities and people who depend on Section 8 vouchers. At the heart of the problem worldwide is that housing is treated as a commodity; as long as that remains the case, the use values that people find in their homes and the exchange values that properties sustain in cities will be in conflict. Unless some properties are removed from the market through community land trusts or cooperatives, or governments support use values over exchange values in some instances, gentrification will inevitably create displacement and homelessness.

—Brett Williams

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☐ GERMANY

Generally speaking, the term *homeless* (*wohnungslos*) is used in Germany to refer to those people who do not have their own self-contained dwelling with a regular, unlimited tenancy (either as owner or under the German Tenancy Act) and who are unable to obtain such housing without support from the government or charitable organizations. This usage includes those temporarily housed in shelters or similar facilities by municipalities or nonprofit groups, those “sleeping rough” (i.e., sleeping outside) or in accommodations unfit for human habitation, and those who have lost or given up their own residences and are sharing temporarily with friends or relatives.

LEGAL PROVISIONS

German law plays a central role in defining the nature of homelessness in the country. Although there is no legal right to permanent housing in Germany, “rooflessness” (*Obdachlosigkeit*) has traditionally been considered a danger to the public order. Thus, it has fallen upon municipalities to enforce the laws of the regional states (*Bundesländer*) that grant temporary accommodations to persons in danger of becoming roofless. However, since the minimum standards for such accommodations are very low, there are great differences in



Widespread homelessness is often a consequence of war. Here, a homeless man sleeps in public in post-World War II Berlin in October 1945. Source: Hulton-Deutsch/Corbis; used with permission.

local practices across the country.

A second important legal provision that grants support to homeless people is in Section 72 of the Federal Act on Social Assistance (*Bundessozialhilfegesetz*). It states, in translation here, that “Persons who live in exceptional living circumstances which are connected with social difficulties are to be granted support in overcoming these difficulties, if they are not able to overcome them on their own.” Specifically, the law stipulates measures for acquiring and maintaining a dwelling, getting help with advocacy and personal needs, job training, and finding and maintaining a job.

Under Section 11 of the Federal Act on Social Assistance, homeless people without sufficient income, like other people in need, also have a right to social assistance covering subsistence costs and “reasonable” costs of accommodation.

SERVICES FOR THE HOMELESS

Homeless services in Germany are characterized by a division of responsibilities and service between municipalities and the voluntary sector. This division is deeply rooted in German history and reflected in its system of law.

Municipalities are responsible for activities designed to avert homelessness. For example, they may

Table 1. Estimated Number of Homeless in Germany, 1994–2000*

| | | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|--|-----------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Homeless persons excluding repatriates | Living in multi-person households | 370,000 | 390,000 | 380,000 | 370,000 | 330,000 | 260,000 | 220,000 |
| | Single | 180,000 | 190,000 | 210,000 | 220,000 | 200,000 | 180,000 | 170,000 |
| | Total | 550,000 | 580,000 | 590,000 | 590,000 | 530,000 | 440,000 | 390,000 |
| Homeless repatriates | | 330,000 | 340,000 | 340,000 | 270,000 | 150,000 | 110,000 | 110,000 |
| Total Homeless* | | 880,000 | 920,000 | 930,000 | 860,000 | 680,000 | 550,000 | 500,000 |

Source: Bundesarbeitsgemeinschaft Wohnungslosenhilfe (BAWG) (2002). 39–40.

*Actual numbers of homeless are estimated to fall within a range of +/- 10% of these figures; rounded to ten thousands.

assume a tenant's rent arrears to forestall eviction. In many towns, the local government concentrates on providing temporary accommodation for evicted families and, in some cases, for single persons who have been evicted from their former dwellings. A variety of temporary accommodations are provided, including shelters, hostels, cheap hotels, substandard housing settlements created primarily for homeless families, and ordinary dwellings. However, even when the accommodations provided are in normal dwellings, those being helped have no legal rights as tenants and are still treated as homeless persons. They can be transferred to other shelters at any time and remain obliged to look for permanent housing.

Those who are homeless for other reasons, in particular single people who become homeless outside the borders of their municipal district, are referred to charitable institutions in the voluntary sector. Most of these institutions belong to organizations associated with the two largest churches in Germany, the Protestant church and the Catholic church. These institutions for "non-local" single homeless persons have a tradition of more than a hundred years, formerly being institutions for the itinerant poor. While today they are mainly financed by local (or regional) authorities under Section 72 of the Federal Social Assistance Act, they continue to focus on housing single homeless people from other areas, but with an increasing number of local single homeless as well.

Increasingly, modern homeless policy has emphasized both prevention and providing individuals and

families with normal housing. Services are now aimed at enabling a homeless person to lead as normal a life as possible, including reintegration into society. Recently a number of pilot projects and longitudinal evaluations (Bundesamt für Bauwesen und Raumordnung 1998 and 2003) have shown that if certain basic requirements are met, it is possible to rehouse larger numbers of long-term homeless people than previously, even those having substantial social difficulties. Most important are provisions giving the homeless preferential access to normal housing and to social support in such housing suitable to their needs (see Busch-Geertsema 2001 and 2002).

NUMBERS AND KEY FEATURES

There are no nationwide official data on the extent of homelessness in Germany. Although studies by the Federal Institute of Statistics have shown that data on the most important subgroups of the homeless could be collected relatively easily (König 1998), no steps have been taken to introduce such data collection.

In the absence of official counts, the best estimate of the scale of homelessness in Germany (with its 83 million inhabitants) has been produced annually by the national coalition of service providers for the homeless (*Bundesarbeitsgemeinschaft Wohnungslosenhilfe*, or BAGW). For the year 2000, it estimated the overall number of homeless people at about 500,000, including 110,000 repatriates from former Eastern Bloc countries living in special temporary accommodations (asylum seekers were not

included). Not including the repatriates, about 55 percent were men, 23 percent women, and 22 percent children and teens under eighteen. About 24,000 were estimated to have slept outdoors during the year 2000.

Table 1 shows that the total number of homeless people has been declining since 1996. One reason for the drop was a relaxation of the German housing market in the latter half of the decade; this was due to demographic developments—such as a declining birth rate and a massive decrease in immigration and repatriation—on top of the substantial increase in the construction of new housing during the first half of the decade. However, long-term analysis since World War II shows that the housing market is cyclical, with repeated waves of shortage and oversupply over time (see Ulbrich 1991). Housing policy tends to reflect this cyclical movement, and it is likely that homelessness will increase again in the future.

—Volker Busch-Geertsema

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☐ GOODWILL INDUSTRIES INTERNATIONAL

Goodwill Industries International is a network of 207 community-based, autonomous member organizations in the United States, Canada, and twenty-two other countries. Each organization serves people with disabilities and disadvantages—such as homelessness, welfare dependency, and lack of education or work experience—by providing job training and employment services, as well as job placement opportunities and post-employment support.

Founded in Boston in 1902 by Methodist minister Edgar J. Helms, Goodwill Industries first put people to work by hiring them to repair and sell donated goods. Today, Goodwill Industries not only provides employment, it also trains people for careers in a variety of fields, including financial services, computer programming, and health care. To pay for its programs, Goodwill sells donated clothes and other

household items in more than 2,000 retail stores and online at www.shopgoodwill.com. The organization also builds revenues and creates jobs by contracting with businesses and government to provide a wide range of commercial services, including janitorial work, packaging and assembly, food service preparation, and document shredding. Since 1902, Goodwill Industries has helped more than 6 million people enter the workforce and support their families.

In 2002, of the more than 583,000 people who benefited from Goodwill's career services, 10,568 were homeless. More than sixty Goodwill agencies have specialized services to reach this population, many of them offered through partnerships with other nonprofit and private organizations and government agencies. Goodwill's goal is to help people move into stable employment by providing them with a wide range of support programs, including transitional housing, clothing vouchers, skills assessment, job search assistance, job retention skills, and help with transportation.

PROGRAM SUCCESSES

In West Palm Beach, Florida, Gulfstream Goodwill Industries provides transitional housing for up to two years for people who are homeless. Its thirty-bed program is funded through the U.S. Department of Housing and Urban Development (HUD) and Palm Beach County Division of Human Services, and offers job placement services, work adjustment training, vocational evaluation, life skills training, and case management. It started in 1996 and serves about 100 people in residential services annually. Participants have obtained jobs as hairdressers, telemarketers, landscapers, sales representatives, and truck drivers. In 2001 and 2003, Goodwill added two new HUD programs to provide permanent supported housing services for adults with disabilities who had been homeless. These programs serve twenty-four persons in their own apartments in scattered sites in their communities.

Since 2002, Wall Street Mission Goodwill Industries in Sioux Falls, South Dakota, has provided people who are homeless with social and employment-related skills and assistance, as well as referrals for

housing. In the first eight months of operation, 103 people benefited from this program, 40 percent of them obtaining jobs in fields such as clerical, warehouse, production, and retail.

Goodwill Industries of Kentucky (Louisville), through Goodwill Temporary Services (GTS) staffing, operates a job program to help people who are homeless obtain housing through their employment. The program requires participants to attend two job search groups per week, be available for vocational assessment to evaluate employment aptitudes and skills, and maintain monthly contact with a job coach after employment. An important goal of the program is to match participants' work skills with the right jobs. Goodwill also helps with the cost of suitable interview clothes and provides transportation for one month after the client has been hired. In 2002, GTS staffing through the Kentucky Goodwill served 505 homeless people, compared with 116 in 2001.

In Indiana, the Goodwill Family Center of Evansville Goodwill Industries provides quality transitional housing and supportive services to meet the identified needs of homeless families, including services not found in other homeless shelters in the community, such as on-site child care and comprehensive vocational services. At any one time, the Center can handle between eight and ten families, who may reside there for up to two years as long as the adults are working or in school at least thirty hours per week.

In 1999, Goodwill Industries of Greater Detroit (Michigan) began a partnership with Mariners Inn, a residential facility for homeless men with a history of substance abuse, and the Michigan Department of Career Development/Rehabilitation Services. Transitional work experience is available through Goodwill's Industrial Work Center, which does contract work for Daimler Chrysler, Ford Motor Company, and General Motors.

The job center of The Helping Hand of Goodwill Industries in Kansas City, Missouri, is a job-hunting staging room for homeless job seekers where they use phones, access a personal voice mailbox, find and share job leads, participate in workshops, write resumes, and receive bus ride cards. The Goodwill agency also provides vouchers for haircuts and local

Goodwill retail stores, as well as referrals for housing, counseling, health care, and legal services.

Since 1998, Youngstown Area Goodwill Industries (Ohio) has provided vocational evaluation, work adjustment, job placement, instruction, and follow-up. About twenty-five homeless people enroll each year, of whom three-fourths are placed in jobs such as sales, janitorial, and food service.

Goodwill Industries of Northern Michigan (Traverse City) has owned and operated a homeless shelter called the Goodwill Inn since 1979. It provides emergency shelter, access to donated food, housing placement services, job placement services, vocational services, veterans' services, and children's services. The Inn also offers temporary work for participants until they obtain a job in the community. The children's program, New Beginnings, involves organized play, limited day care, mentoring, and tutoring. Residents also receive direct financial assistance for emergency expenses such as car repair, prescriptions, clothing, and even the first month's rent. In 2002, 397 benefited from services at the Goodwill Inn. One-fourth of adults come to the shelter with full- or part-time work, and 52 percent maintain employment upon leaving. Classes on independent living skills, as well as health care on a limited basis are also being provided.

Goodwill Industries of South Texas (Corpus Christi) has been providing services to the homeless population since October 1999. Goodwill provides two weeks of classroom instruction, including twenty-five hours of social and life skills training, and one week of job search training. In the program's first year, it served 209 homeless people. In 2000–2001, 325 participants were served, with 120 placed in jobs and 89 in housing.

—*Goodwill Industries International*

▣ GREAT DEPRESSION

No experience defined the predicament of the Great Depression in the United States more forcefully than homelessness. As unemployment, rural collapse, and business failure mounted after 1930, millions of Americans lost their housing through evictions and

bank foreclosures. More than the mere loss of shelter, homelessness symbolized the larger breakdown of the American economic system. Ubiquitous images of snaking breadlines, urban shantytowns, migrant camps, and railroad boxcars overflowing with vagrant passengers captured the broader sense of dislocation and disillusionment that had swept across the country during the Depression. In response to this crisis, President Franklin Delano Roosevelt (1882–1945), first elected in 1932, launched his sweeping New Deal program of reforms. Roosevelt's New Deal ended neither the Great Depression nor homelessness, but it did transform the political economy of employment, housing, and welfare in such ways as to change permanently the nature and experience of homelessness.

THE EARLY CRISIS, 1927–1934

During the prosperity of the 1920s, most Americans believed rail-riding hoboes to be a thing of the past. In 1927, however, a slump in the auto, steel, and construction industries coincided with a sharp increase in the number of homeless men seeking overnight shelter in municipal lodging houses. As the Depression set in across the economy over the next three years, old skid row districts swelled steadily with the unemployed, while freight trains brimmed with illegal passengers. By 1930, homelessness had reached crisis proportions.

The crisis touched every corner of America, but industrial cities were especially hard hit. Between 1930 and 1931, the number of those resorting to public shelters increased over sevenfold in Detroit and Cleveland. By 1932, Chicago sheltered more men in *one day* (20,000) than it had during any given year of the 1920s. Shortly after Roosevelt took office in January 1933, sociologist Nels Anderson gave a Senate subcommittee his conservative estimate that there were 1.5 million people in America without any shelter of their own.

The "New Homeless" of the Great Depression

Depression-era homelessness increased dramatically not only in number, but also in variety. For the



“Hardluck Town,” located at Ninth Street and the East River in New York City, on 3 August, 1932. The town’s residents were 200 men willing and ready to go to work at any time. Those not willing to work were not allowed in.

Source: Bettmann/Corbis; used with permission.

first time, women, families, African-Americans, and middle-class persons became vulnerable to mass homelessness.

While single men gathered in hobo “jungles” and along skid rows, families built shantytowns on abandoned lands. These shantytowns were called “Hoovervilles” in cutting reference to Roosevelt’s predecessor President Herbert Hoover (1874–1964). They also took to the road in search of work and relief, but unlike hoboes of old, they traveled mainly by automobile rather than by railroad.

Single women also composed a larger share of the homeless than in earlier eras, in part because of their increased participation in urban labor markets after World War I. Single wage-earning women suffered higher rates of unemployment than men in the early 1930s. Rarely, however, did single women resort to the road where, as one relief official put it, they were “likely to encounter both suspicion and prejudice from citizen and police alike,” not to mention assault, rape, and sexual harassment by the men they encountered (DePastino 2003, 202).

Homelessness among African-Americans also

increased dramatically during the Great Depression. Until World War I, when 500,000 African-Americans migrated to the urban industrial North, black homelessness was relatively rare. Racial discrimination in the North made black workers more vulnerable to economic downturns both because African-Americans made less money to tide them over during periods of unemployment, and also because employers tended to lay off black workers first. As a result, African-Americans in the North suffered higher rates of homelessness than the general population, making up between 15 and 27 percent of urban shelter residents in 1931.

Far more alarming to politicians, social workers, and relief officials than the increases in

black and female homelessness, however, was the highly publicized plight of the “respectable” white-collar homeless. While homelessness rates among the middle class were far lower than among working people, the mere presence of businessmen, managers, and professionals in public shelters, miniscule though it was, sparked fear among the propertied classes. Along with lurid tales of “lady hoboes” and “wild boys and girls of the road,” which became staples of popular journalism during 1930–1933, stories of the “worthy,” genteel, down-on-their-luck poor helped to generate public sympathy for federal action on behalf of the homeless. Such action finally came in 1933 as part of the “first hundred days” of Franklin Roosevelt’s New Deal.

Local Responses

No matter what their background, destitute persons confronted with the loss of housing sought relief first and foremost in the informal networks of kin and community that have sustained the poor from time in memorial. “In most cities,” one commentator noted

in 1932, “the poor are taking care of the poor” (Kusmer 2002, 201). When family, friends, churches, unions, ethnic and benevolent societies, and other forms of neighborhood-based support proved inadequate, as they did very early during the Great Depression, the next recourse was to larger private charity organizations and municipal relief services.

By 1930, rescue missions and wayfarers lodges, the primary charitable institutions of skid row, turned away far more applicants than they could serve. Municipal authorities faced similar dilemmas and strains on their resources. With hordes of men and women seeking aid, municipalities scrambled for shelter space and also for new policies to accommodate the emergency. Vacant buildings of all sorts were pressed into service, and most large cities provided casework and other services for the homeless in addition to food and shelter. The rigid and often punitive policies that had characterized both charity and municipal shelter regimens earlier in the century persisted in some places. In New York City, for example, authorities continued its practice of limiting stays at the shelter to five days a month until a thousand homeless and unemployed people marched in protest against the policy. Conditions in shelters also varied. Some were clean and modern, while others resembled medieval dungeons. One investigator in 1933 found the New York Shelter for Homeless Men at South Ferry to be a “horror . . . crowded, dank, undoubtedly rat-ridden” and in desperate need of reform (Wickenden 1987, 82).

With cities and charities so woefully ill-equipped to handle the crisis (many communities in the South had no homeless shelters whatsoever), the homeless quickly took matters into their own hands, reviving the old hobo jungles near railroad yards and erecting shantytowns that sometimes housed hundreds or thousands of men, women, and children. Building shacks out of scrap lumber, corrugated tin, and tar paper or digging hovels out of the ground, the homeless congregated in vacant lots and unused land in virtually every major city. In St. Louis, a Hooverville with a thousand residents appeared next to a dump along the banks of the Mississippi. “Hoovervilles are a separate nation,” remarked one investigator, “with separate codes” (Kusmer 2002, 202).

Such social cleavage rose to the level of national spectacle in the summer of 1932 when 25,000 protesting World War I veterans, demanding early payment of a “bonus” that had been awarded to them for their overseas service, descended upon Washington, D.C., and formed a massive shantytown in the heart of the nation’s capital. When General Douglas MacArthur (1880–1964) evicted the marchers at the point of bayonets on 28 July, outraged public opinion linked the draconian treatment of the marchers to President Hoover’s meager relief policies. Franklin Roosevelt, the Democratic candidate running against Hoover that summer, took advantage of the national mood by promising large-scale federal relief for America’s impoverished masses. Shortly after taking office, President Roosevelt and the newly elected Democratic Congress created the Federal Emergency Relief Administration (FERA), which included the first federal program specifically for the homeless: the Federal Transient Program (FTP).

The Federal Transient Program

During the 1930s, most states still adhered to archaic settlement laws that entitled only legal residents of the state to receive any form of public relief. With millions of persons crossing state lines during the Depression, homeless “transients,” as they were called, were ideal candidates for federally funded relief.

Originally budgeted at \$15 million, the FTP was established as a part of FERA in May 1933. State relief administrators ran the program with the federal government paying for 100 percent of state expenses toward transients, which the FTP defined as anyone who had lived within the state for less than one year. The so-called local homeless were then served under the state’s general relief funds, which FERA financed on a matching basis.

Directed for most of its existence by twenty-four-year-old Elizabeth Wickenden, the FTP was a highly decentralized program that took on different forms in different communities across the nation. In larger cities, the FTP financed state-run and municipal shelters that served hundreds or even thousands of persons a day. In smaller communities, the federal government contracted with private charities, hotels, and

restaurants to feed, house, and clothe transients. Over 300 rural camps, resembling the famous camps of the Civilian Conservation Corps (CCC), were also built and equipped with Army surplus materials in order to employ transients on public works projects. By the summer of 1934, the FTP had almost 500,000 Americans under its care. By the time the program was terminated in the fall of 1935, it had run over 600 facilities and had registered an estimated 1 million persons.

Unattached non-family men made up the bulk of transients housed in urban centers and rural camps. Like rail-riding hoboes of previous eras, Depression-era transients were overwhelmingly young, white, native-born members of the industrial working class. Two-thirds were under thirty-five years of age, and 20 percent were nineteen years old or younger. Scattered among this young white male cohort were significant numbers of women, African-Americans, and older Americans, which distinguished the transient army from the hobo armies of old.

Although conditions varied from place to place, the FTP promoted a high standard of care for transients. Shelters were expected to offer not only clean, comfortable, and nonrestrictive accommodations, but also opportunities for recreation, education, medical care, and work relief. Some places managed to employ their clients at the required thirty hours a week, but most had little work to offer. Rural camps paid up to three dollars a week, plus room and board, for outdoor labor. Camps also departed from the prevailing practices of racial segregation, whereas urban FTP centers tended to assign African-American and white clients to separate dining and sleeping quarters.

Unlike unattached men, single women and families, who made up about 40 percent of transients, received individualized case treatment, which included private housing in apartments and hotels. Such gender discrimination conformed to the general opinion that mass shelters had a deleterious effect on family life. Concerns with protecting women, bolstering nuclear family life, and promoting masculine breadwinning proved an important motive in the New Deal's termination of the FTP a little more than two years after its creation.

THE HOMELESS AND THE LATER NEW DEAL, 1935–1942

In September 1935, the Roosevelt administration began phasing out the FTP and other direct relief programs under FERA in favor of a “Second New Deal” that shifted policy toward public works, unemployment compensation, old-age pensions, and welfare benefits for children and the disabled.

The FTP was a victim of its own success in several ways. First, the program proved so effective in pulling men and women off the road that public concern about the homeless diminished significantly by 1935. Without active and widespread public support, the FTP, in the words of one historian, “was in a weaker position than most federal programs” because most transients could not vote (Kusmer 2002, 220). Furthermore, direct relief programs like the FTP raised concerns about the federal government creating a class of demoralized and dependent citizens. “I don't think anybody can go year after year, month after month, accepting relief without affecting his character in some way unfavorably,” wrote Harry Hopkins (1890–1946) in 1933 before he became the director of FERA (quoted in Schlesinger 1958, 267). After liquidating the FTP, Hopkins elaborated on the harmful effects of transient camps, arguing that the camps separated men from the “normal” world of masculine breadwinning and nuclear family life. “It was the men who became so well adjusted to the secure, if limited, life of the transient camp who hoped, like certain soldiers, that the war would never end” (Crouse 1986, 169). In replacing FERA with the Works Progress Administration (WPA) and Social Security, the Roosevelt administration shifted its focus from alleviating immediate suffering to helping struggling households remain intact, with men as breadwinners and women as caregivers.

The result of this gender-based policy shift was an almost instantaneous revival of the transient crisis that had plagued the nation during the early 1930s. Breadlines, shantytowns, and hobo jungles sprang up like mushrooms, while lines of overloaded jalopies and freight trains filled to capacity with human cargo crisscrossed the continent. Cities and states resumed their practice of “passing on” those with no

legal residence and launched harsh new anti-vagrancy measures that included clearing public spaces of squatters and the unemployed. In 1936, the Los Angeles Police Department launched its “Bums Blockade,” closing off California’s borders to migrants for six weeks. When the so-called Roosevelt Recession struck in 1937–1938, millions more workers lost their jobs and joined the throngs already on the streets and roads. After five years of the New Deal, conditions were almost as bad as they had been during the dark years of 1932–1933.

In addition to transients, a half-million migrants from Oklahoma, Texas, Arkansas, and Missouri, the so-called Okies, driven to the road by drought, eviction, farm foreclosure, and agricultural unemployment added a new dimension to the homelessness crisis of 1935–1940. Although the vast majority of Southwest migrants flocked to urban areas in the Southwest, many sought work in the fields of California, where they shared the appalling living and working conditions of Mexican, Filipino, Japanese, and other agricultural laborers. Unlike their non-white counterparts, native-born Okies won widespread public attention to their plight through such works as Dorothea Lange and Paul S. Taylor’s *An American Exodus* (1940) and John Steinbeck’s *The Grapes of Wrath* (1939), as well as through a Congressional investigative committee headed by California Congressman John Tolan. By the time the Tolan Committee completed its work in 1941, California’s burgeoning defense industries had begun to absorb Okie migrants. Economic mobilization for World War II, not the New Deal, finally brought the Great Depression and the homelessness crisis that accompanied it to an end.

LEGACIES

The FTP established an important precedent in directing the power and resources of the federal government to relieve the suffering of the homeless. But it would take over fifty years before the United States Congress would again approve any large-scale federal relief for the homeless (the McKinney Homeless Assistance Act of 1987).

The New Deal’s most lasting legacy would be in

laying the foundation of the modern welfare state through Social Security and what later became Aid to Families with Dependent Children, programs that have prevented generations of unemployed, under-age, elderly, and disabled persons from becoming homeless. Moreover, in placing the federal government in the role of brokering the competition among interest groups, the New Deal strengthened the hand of many groups, especially industrial workers, vulnerable to poverty and destitution. Finally, New Deal housing policies, especially those administered under the Federal Housing Authority, vigorously promoted single-family housing, which eventually resettled millions of wage earners in the suburbs while systematically inhibiting the construction of low-cost housing in cities. This last trend played a key role in creating the conditions that encouraged the revival of homelessness among the urban poor during the last quarter of the twentieth century.

—Todd DePastino

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H

▣ HARM REDUCTION

While the lack of affordable housing and poverty remain the primary causes of homelessness among Americans, diagnoses of severe mental illness and substance abuse or addiction can act as double locks on an already closed door. For a substantial number of the homeless, these conditions create an almost impenetrable barrier to housing and strand these individuals in the most remote margins of society. To gain access to housing for the dual-diagnosed homeless, “consumers” are almost invariably required to abstain completely from using alcohol or street drugs and participate in psychiatric treatment. In addition, because most housing programs insist on the twelve-step abstinence mode or other sobriety-contingent models as a condition for remaining in housing, formerly homeless people with histories of substance abuse are at great risk of repeated housing loss and long periods of homelessness. Pervasive sobriety and treatment requirements, despite well-researched evidence of the barriers they pose to the dual diagnosed (Coalition for the Homeless, 1999; Rowe et al., 1996; Interagency Council on the Homeless, 1992), prevent the most persistently homeless individuals from obtaining housing; moreover, such requirement often hinder them from retaining housing when they relapse.

One of the major dilemmas surrounding abstinence/treatment-contingent housing, also known as

“linear residential continuum of care” programs, is that while concurrent mental illness and substance abuse increase one’s risk of becoming homeless (Goldfinger et al., 1999), homelessness and residential instability exacerbate addiction (Coalition for the Homeless, 1999; Interagency Council on the Homeless, 1992). Such a situation often confronts the dual-diagnosed homeless person who lives in treatment-contingent housing. Treatment for substance abuse and mental health is typically provided by different providers and, in many cases, by different agencies. A client making an earnest effort to comply with his or her twelve-step treatment programs is told to abstain completely from all alcohol and consciousness-altering drugs. However, the same individual may also have a comorbid mental illness and need to comply when a treating psychiatrist prescribes consciousness-altering medications for psychiatric symptoms. And if such persons are living in treatment-contingent housing and, as often happens, begin to relapse, they cannot discuss drug problems or emerging psychoses with a housing counselor, for fear of eviction. Residential instability is also a risk factor for a number of other conditions that inhibit recovery, including physical illness, social dysfunction and isolation, joblessness, poverty, criminal involvement, and criminal punishment (McQuiston et al., 2003, Rossi et al., 1987). Thus, people with dual diagnoses remain “system misfits” because of the frustrating and con-

tradictory expectations and requirements that could be easily remedied by using an integrated approach to treatment and services (Mueser, Noordsy, Drake, & Fox, 2003; George & Krystal, 2000) that incorporates a harm reduction approach (Tsemberis & Asmussen, 1999).

Harm reduction provides a pragmatic, effective, and compassionate approach that can be used to address the problem of treatment and housing for individuals who are homeless, substance abusing, and mentally ill. Harm reduction is a public health alternative to the moral, criminal, and disease models of drug use and addiction (Marlatt, 1998). It seeks to engage and stabilize the addict and then work to address the factors that contribute to the addiction. In fact, the harm reduction strategy is already being effectively employed in a number of similar contexts. Two recent examples are needle exchange and jail diversion programs, which have successfully mitigated needle-related infectious disease transmission (Langendam, van Brussel, Coutinho, & van Ameijden, 2001) and reduced the psychological, economic, and socially hazardous conditions experienced during incarceration (Klein, 1997).

The Pathways to Housing program in New York City uses a harm reduction approach in providing services to the homeless who live with concurrent mental illness and addiction, by offering immediate access to permanent, independent housing without requiring treatment or sobriety. Housing first stipulates unequivocally that housing is a right: No one should be denied housing for any period of time because of failure in treatment, or for failure to choose treatment. Seriously mentally ill adults, even those who are abusing substances, can and should live in a home of their choice while retaining the right to choose or refuse. Using this “housing first” approach significantly reduces the risks and trauma endured by people who remain homeless, and it is consistent with the harm reduction philosophy of creating a low threshold access to services—in this case, housing.

Once housed, the program staff offer services and support that include an acceptance and tolerance of symptoms, use, and relapse while the individual is housed (Marlatt, 1998). Psychotic or addictive

behaviors are not a cause for alarm, but rather are events that staff anticipate. Clients typically move from stage to stage at their own pace, but when they stop moving or move backward, they are still accepted and supported. Relapse is an expected and natural step in the long course of recovery, and clients are able—indeed encouraged—to discuss their psychoses and addictions with staff in an open and accepting manner. Staff are able to gain the confidence of clients by reassuring them that the use of addictive substances, relapse, or recurrent symptoms will not result in eviction from the program (Tsemberis, 1999). Although abstinence is considered an ideal outcome of harm reduction, this model allows alternative paths to complete sobriety as long as they serve to contain or reduce the many harms—for example, drug overdose, incarceration, impoverishment, malnourishment, unending homelessness, and ill health—that might otherwise befall a person who is homeless and striving to achieve abstinence.

HARM REDUCTION: THEORETICAL FOUNDATIONS

Harm reduction is rooted in Prochaska and DiClemente’s transtheoretical model of change (Prochaska & DiClemente, 1992). A distillation of the most widely used approaches to psychotherapy, the transtheoretical model focuses on practices common to all models that have proven to motivate patients to change their behavior. Often referred to as the “stages of change,” the transtheoretical model guides substance-addicted clients and their clinicians through a rewarding process of tracking milestones—the stages of change—along a path of decreasing personal risk and toward the ideal of sobriety (DiClemente, 2003; Marlatt, 1998). The stages of change—precontemplation, contemplation, preparation, action, and maintenance—can be effectively employed in helping clients avoid the self-esteem deflating Abstinence Violation Effect (AVE; Marlatt & Gordon, 1985), thought to be a primary contributor to addicts’ failure to achieve and maintain sobriety through abstinence. Based on the theory of cognitive dissonance, the AVE approach counters the most prominent weakness of the abstinence-only model:

that each of the addict's failures to abstain leads to an adjustment of his self-opinion in tune with the failure just experienced. This negative readjustment of self-opinion feeds on itself, lowering self-esteem and diminishing the belief—and hope—in the possibility of making changes on one's own.

Harm reduction avoids the downward spiral of AVE, by focusing on helping clients take small steps forward and maintain a positive attitude and direction, while rewarding each small step along the way. "Even though some people can stop just like that," opined one recovering addict, snapping his fingers. "I couldn't stop like that. I thought it was good when I went from a 40-ouncer to a 12-ouncer." Indeed, this kind of improvement, which is not recognized by the abstinence model, is rewarded by the harm reduction approach as a sign of developing self-esteem and momentum necessary to progress through the stages of change.

In addition to being noticed and rewarded for victories small and large, clients are assisted in identifying factors that will motivate their recovery. In the harm reduction approach, motivation for treatment is considered to be multidimensional and includes how clients perceive internal pressures, external pressures, readiness for treatment, and the suitability of the treatment program. The aim of harm reduction is to find methods that work for the client in terms of his or her goals, and not to blame clients for failure to change by labeling them "treatment resistant," "unmotivated," or "not housing ready." The therapist's or peer's judgment of failure is replaced with a compassionate acceptance of errors as opportunities for learning and thoughtful analysis of the circumstances that led to relapse.

Once a client is engaged in a therapeutic relationship and there is a candid discussion concerning the symptoms of mental illness or drug and alcohol use, the stressors leading to these conditions are addressed. Harm reduction places engagement of the individual in a potentially healing, self-affirming relationship at the forefront. Just as in effective models of psychotherapy (Denning, 2000), the clinician who works with a harm reduction philosophy believes the choice of goals is client driven and the role of the therapist is to support that goal. This

approach stands in stark contrast to the sobriety and traditional medical models that treat the client as incapable of making the right decisions, instead capable only of "stinking thinking" that must be replaced with the tenets of the group, sponsor, and a higher power—or medication. In a harm reduction approach, clients are invited to examine the options of becoming active or remaining abstinent, and to discuss the relative pros and cons of each choice. Harm reduction treats clients as rational beings who are capable of directing their own lives.

PATHWAYS TO HOUSING: PROGRAM AND EFFECTIVENESS

"What's good about this program is that I can deal with my problems honestly," noted a Pathways to Housing client named Armando. "I can tell you I'm on drugs or that I stopped taking my medication because the greatest fear—being homeless again—is gone. I won't be evicted because I started getting sick again."

Pathways to Housing, a program designed to end homelessness and improve overall well-being for the hardest-to-serve street-dwellers of New York City, has found that harm reduction is especially effective in ending homelessness for people with dual diagnoses (Gulcur, Stefancic, Shinn, Tsemberis, & Fischer, 2003). Housing is considered a basic right; housing and treatment are seen as separate domains. Clients are housed because they are homeless. Treatment is provided for their illness. They are not expected to cure their illness in order to end their homelessness. Individuals who are homeless face inordinate stress simply tending to the demands of daily survival in an inhospitable world. In this state, seeking treatment is not among their priorities (Maslow, 1987). In fact, as Pathways' clients attest, homelessness often serves to reduce the motivation for treatment, as they use drugs and alcohol to escape from the daily exhaustion and humiliation associated with being homeless.

Providing a person with an apartment of their own, without requiring sobriety or participation in psychiatric treatment in return, immediately transforms individuals who are chronically homeless into the new

neighbor on the block. Because their most urgent and compelling need was met first, without compromise or coercion, clients are much more likely to enter into a trusting relationship with support staff. Individuals are more willing and able to discuss, understand, and accept the clear and reasonable terms of a program—two visits a month and 30 percent of income toward the rent paid through money management—that offers them housing on their own terms. The majority of clients served have never previously experienced a program that accepts them first as people and regards their needs and priorities as more legitimate than any program rules or requirements.

The belief that people should be allowed to make choices is one of the fundamental principles of Pathways' "housing first" program, and it is also the foundation of the harm reduction approach (Inciardi & Harrison, 2000). Clients are able to define their needs and goals at every step of the way, and they can set the pace and sequence of their journey toward recovery. Placing the clients at the center of their own "treatment plans" ensures their participation and cooperation and opens the way for support staff to facilitate, witness, or be guests in the lives of their clients.

The Pathways "housing first" program provides the client with access to accepting an interdisciplinary team (an Assertive Community Treatment team) of skilled clinicians who offer assistance on the person's own terms. Clients who continue to use addictive substances or remain symptomatic are gently invited to examine their behaviors and consider alternatives. Cognitive behavioral strategies are well suited to a harm reduction approach, as are group treatment and support (Marlatt, 1998). While clients strive to achieve abstinence, harm reduction is employed to provide practical, individualized solutions to the risky behaviors that accompany chronic drug use: harmful and self-destructive behaviors resulting from addiction or relapse (including accidental overdose), infection with AIDS or hepatitis C, prostitution, violence, imprisonment on theft and drug charges, or selling all the apartment furniture. Some newly housed clients are spontaneously motivated to reduce substance abuse or seek psychiatric treatment to avoid jeopardizing

their housing. Others seek treatment for their depression or other psychiatric symptoms once their survival is no longer in jeopardy. Their security assured, they become ready to address higher-order needs such as treatment, employment, or family reunification (Maslow, 1987).

Contrary to the expectations of those who insist on sobriety-contingent and medication-contingent models of housing, people who are provided housing first without pretreatment requirements, consistent with the harm reduction approach, are able to end their homelessness and remain stably housed without risking more frequent psychiatric symptoms or substance use. In a longitudinal study comparing the "housing first" approach to residential continuum of care, after 24 months only 3 percent of the housing first clients remained literally homeless, compared to 24 percent for the continuum group. Similarly, approximately 78 percent of the "housing first" clients were stably housed, as compared to 27 percent of the continuum group. Another finding thus far is that the "housing first" group did not use any more drugs or alcohol than the continuum group. Finally, clients not requiring initial psychiatric treatment experience no differences in subsequent symptoms between the groups (Tsemberis, Gulcur & Nakae, in press). Given that the most important outcomes for dual-diagnosed homeless clients are either neutral or improved when harm reduction is employed, it is clear that a more humane approach to helping the "hardcore" homeless can be successful.

Harm reduction lowers two enormous barriers to housing: access and retention. It also reduces the risks faced by both the individual and society, while improving the chances that clients who have resisted treatment will accept help willingly, and thereby significantly improve the chances of becoming and remaining sober. Although for decades the abstinence-contingent model was the only one available to homeless individuals with concurrent substance use and mental illness, current research does not support the idea that providers who employ abstinence-contingent models will be able to attain their own goals of ending homelessness for 100 percent of their clients. Such programs will not succeed until they are able to overcome the obstacle of clients' risk aversion

by accepting the greater leniency of a harm reduction program. Providers must overcome their fears of out-of-control, dangerous behavior and be willing to take more risks on behalf of their clients' well-being. Otherwise, people who are homeless and dually diagnosed will simply continue to be locked out of care, without shelter and without hope.

—Sam Tsemberis and Seana O'Callaghan

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☐ HEALTH CARE

We know little of the health status of urban homeless populations, although frustrated clinicians in the

emergency rooms and clinics of our inner-city hospitals and health centers have long lamented the seeming impossibility of providing primary and continuous care for this itinerant and vulnerable population.

“Homelessness” is an elusive descriptor for a population seeking health care and is perhaps best viewed as an indicator of extreme and persistent poverty within an eclectic group of individuals and families of diverse backgrounds. Poverty is a social determinant of poor health, and the population of impoverished persons who lack stable housing experiences extraordinary health risks and daunting obstacles to quality health care services.

BACKGROUND

Western history and literature are replete with the ills and misfortunes that have plagued the homeless poor. The sanctuary of medieval churches and cathedrals, the Victorian almshouses, the lodging houses of the British writer George Orwell’s London and Paris, and the burgeoning shelters of the U.S. urban landscape during the past several decades of economic largesse have witnessed the burden of illness carried by those wandering homeless on the fringes of society. Malnutrition, poor sanitation, overcrowding in poorly ventilated warehouse shelters, repeated exposures to the extremes of weather and temperature, the habitual use of alcohol and drugs, the relentless torment of intrusive voices and hallucinations, and inadequate access to primary and preventive health care only begin the litany of hazards faced by those people struggling to survive on the streets and in shelters.

Defining a Diverse Population with an Elusive Denominator

Despite an emerging and impressive body of literature on homelessness, a striking lack of data exists on the health and health status of this vulnerable population. Several reasons can be surmised, including the exasperating difficulty in defining “the homeless.” The often romanticized hoboes and skid row denizens of American lore have yielded to a cross-

section of our society, including families with children, runaway and throwaway adolescents, young men of color, middle-aged workers, and the fragile elderly.

Homelessness has proven a complex social phenomenon that thwarts simple definition, a murky chasm beneath the safety net known to a heterogeneous cross-section of society’s most vulnerable persons. Darwinian rules apply; housing is a scarce and valued commodity in our market economy. Those people least able to compete—impoverished individuals and families beset with problems—fail in this intense competition for housing. Opportunity and choice are limited not only by abject and persistent poverty, but also by the challenges of chronic mental illness, substance abuse, physical and sexual violence, illiteracy, complex acute and chronic medical problems, the nightmares of recent and remote wars, and advancing years with meager financial reserves and atrophied gray matter. Extreme poverty and a lack of housing are perhaps the only shared characteristics of this eclectic population, and the complexity of need and rich diversity of the homeless have confounded and bewildered researchers.

The corollary to an imprecise definition of “homelessness” has been an elusive denominator. No research methodology has been able to accurately enumerate the homeless. Estimating the size of this population in the United States and in any particular city has been contentious, hampered by the geographic and temporal transience of homeless persons as well as daunting logistical difficulties with sampling techniques. Estimates have ranged from 250,000 to 3 million on any specific night; some researchers estimate that 13.5 million U.S. citizens have experienced “literal” homelessness in their lifetimes.

Medical Problems of Homeless Persons

Researchers have written much about the problems of substance abuse and mental illness among homeless individuals and families. In contrast, studies of the medical problems and patterns of disease among homeless persons have been largely descriptive. Nonetheless, a composite emerges of a population

suffering disproportionately from a plethora of medical problems.

The medical problems of homeless persons are rarely exotic but are rather common illnesses magnified by prolonged neglect during the daily struggle for survival on the streets. The medical problems facing homeless populations cross the boundaries of both medicine, which refers to individual care, and public health, which refers to the care of an entire population. One person sleeping in a crowded shelter who suffers from a communicable disease such as influenza or meningococcal meningitis creates an urgent public health crisis. Many cities, including Boston, have shelters in former tuberculosis sanatoriums. These buildings had been emptied as the spread of this ancient disease was controlled by aggressive public health interventions. The several outbreaks of tuberculosis among homeless populations sheltered in facilities once used to treat this disease in many of our cities are a glaring irony. Shelters harbor perhaps the poorest of U.S. citizens, and the conditions of poverty, overcrowding, malnutrition, and exposure to the elements create a cascade of medical and public health maladies: tuberculosis, infestations with lice and scabies, trauma, the ravages of chronic use of alcohol and other drugs, sexually transmitted diseases and HIV infection, exposure to the extremes of weather and temperature, influenza, upper respiratory infections, pneumonia, and peripheral vascular disease.

Clinicians treating homeless people frequently see common primary care problems, including hypertension, diabetes, peripheral vascular disease, respiratory problems, and chronic liver and renal disease. Tuberculosis and HIV/AIDS are endemic in this population and have been well documented. The HIV epidemic has exposed many shortcomings in the health care system and has illustrated the critical need for flexibility in caring for vulnerable populations. In 1985, only one person was known to have AIDS in Boston's shelter system. An alarming rise in the numbers of homeless persons diagnosed with AIDS began in 1986, particularly among women and persons of color whose primary risk behavior was the use of injection drugs. At that time, homeless persons had little access to specialty clinics and were

Orwell's *Down and Out in London and Paris*

Almost two decades before he wrote his classic novels Animal Farm (1945) and 1984 (published in 1949), George Orwell lived in poverty and later wrote about those years. Here he describes the indignity of undergoing a medical examination.

Naked and shivering, we lined up in the passage. You cannot conceive what ruinous, degenerate curs we looked, standing there in the merciless morning light. A tramp's clothes are bad, but they conceal far worse things; to see him as he really is, unmitigated, you must see him naked. Flat feet, pot bellies, hollow chests, sagging muscles—every kind of physical rottenness was there. Nearly everyone was under-nourished, and some clearly diseased...

The inspection was designed merely to detect smallpox, and took no notice of our general condition. A young medical student, smoking a cigarette, walking rapidly along the line glancing us up and down, and not inquiring whether any man was well or ill. When my cell companion stripped I saw that his chest was covered with a red rash, and, having spent the night a few inches way from him, I fell into a panic about smallpox. The doctor, however, examined the rash and said that it was due merely to under-nourishment.

Source: Orwell, George. (1933). *Down and out in London and Paris*. San Diego, CA: Harcourt Brace, pp. 147–148.

usually found ineligible for experimental medications because of the lack of a permanent address and the high likelihood of non-adherence. That year, Boston Health Care for the Homeless Program (BHCHP) physicians began to conduct regular sessions in the newly formed AIDS Clinic at Boston City Hospital in order to work closely with specialists and keep abreast of a rapidly changing epidemic. Most importantly, homeless persons engaged in the shelters by BHCHP clinicians would then receive up-to-date specialty care and access to appropriate protocols. With the advent of highly active antiretroviral therapy (ART) (a combination of medications that target various aspects of HIV infection) in the mid-1990s, AIDS has become a chronic illness, and

access to these medications is life preserving. Many experts doubted that persons without homes would be able to adhere to the strict ART regimen, but the experience in Boston and many other cities across the country has been that homeless persons have excellent outcomes when provided with appropriate support. BHCHP continues to provide primary and specialty care for more than 500 homeless persons with HIV infection.

Other infectious and communicable diseases have been described, many of which hearken to earlier times and are seldom seen by today's clinicians, such as diphtheria, infestations that result in endocarditis and bacteremia (the usually transient presence of bacteria in the blood) from *Bartonella quintana* (the organism carried by lice that is the cause of trench fever), and *Haemophilus influenzae* bacteremia and septic arthritis among adults.

Skin diseases are extraordinarily common and can lead to costly hospital admissions for cellulitis (lumpy fats found in the thighs, hips, and buttocks of some women). Foot care is a critical component of the health care of homeless persons; timely podiatry services can avoid limb-threatening and life-threatening infections. Hypothermia and frostbite are dreaded hazards of life on the streets and are risk factors for early death. Trauma and violence are more common among homeless poor than among the housed poor. Poor nutrition among homeless populations causes anemia as well as growth and development problems in children and worsens medical problems in adults.

Homeless persons have been shown to have high mortality rates in studies from Atlanta (1987) and San Francisco (1991). In Philadelphia, the mortality rate in a population of homeless adults was 3.5 times that of the general population. Stephen W. Hwang and his colleagues in Boston found that homeless men aged eighteen to twenty-four years were 5.9 times more likely to die than housed counterparts and that men aged twenty-five to forty-four years were 3.0 times more likely to die.

These studies highlight the medical and public health problems associated with homelessness. Homelessness worsens chronic illnesses, causes an array of illnesses and injuries, facilitates the spread of

communicable and infectious diseases, places individuals at risk for trauma and exposure to the elements, and all too often leads to premature mortality.

Utilization of Health Care Services by Homeless Populations

Homeless persons live in abject poverty without the security of stable homes and constitute a population with higher health care costs. The lack of accessible primary care and the severity and comorbidity of medical, psychiatric, and substance abuse problems in this population result in increased utilization of emergency departments and more frequent acute care hospital admissions.

EMERGENCY ROOM VISITS AND RATES OF HOSPITALIZATIONS

In a study by Martell and Seitz (1992), homeless people in Hawaii had higher rates of admissions to acute care medical and psychiatric hospitals than the general population. The study's researchers performed a retrospective chart review to determine hospitalization rates among a group of homeless persons from 1988 to 1990. Of a total of 1,751 persons, 564 hospitalizations were identified (92 psychiatric admissions to Hawaii State Hospital and 472 to seven acute care hospitals in Honolulu). The age- and sex-adjusted hospitalization rate for the psychiatric hospital was 106 per 1,000 person-years, more than one hundred times the state rate of 0.8 per 1,000 person-years. Homeless persons accounted for 3,837 days in the psychiatric hospital, compared with a predicted 139 days. The primary diagnoses were schizophrenia (39 percent), bipolar disorder (22 percent), and schizo-affective disorder (12 percent). The hospitalization rate to acute care hospitals was 542 per 1,000 person-years, more than five times the state rate of 96 per 1,000 person-years. These admissions accounted for 4,766 hospital days, compared with a predicted 640 hospital days. The primary causes of admission were psychiatric illness (23 percent), trauma (11 percent), cellulitis (subcutaneous inflammation of connective tissue) (9 percent), and illness related to substance abuse (8 percent). The

average length of stay for acute care hospitalization was 10.1 days, compared to the statewide average of 7.9 days at that time.

Christina Victor and James Connelly found that homeless families in one health authority in London accounted for 9 percent of the inpatient beds in the local hospital. This inner-city district had a large concentration of homeless families because 200 of London's approximately 600 bed-and-breakfast hotels that accommodated homeless families were situated within this district. The population of the district totaled 124,000 persons; authorities identified 1,569 homeless families and 5,595 individuals, of whom 2,787 were children aged zero to fourteen. St. Mary's Hospital had 1,105 total admissions during May 1988, of which 71 were from homeless families living in the hotels. This admission rate was four times that of the resident population: 12.8 admissions per 1,000 person-months, compared with 2.8 per 1,000. Homeless children were more than twice as likely to be admitted to the hospital (6.4 per 1,000, compared to 2.9 per 1,000). Victor also examined use of the emergency services and found that homeless persons were 2.6 times more likely to use the emergency department than were the local residents.

Hospitalization rates and emergency department utilization were higher among homeless persons than among housed persons at San Francisco General Hospital (SFGH). A cross-sectional analysis by Braun and colleagues (1995) found 400 adults who used SFGH's Emergency Department during a one-year period (December 1992 through November 1993) and who also slept in shelters or ate in free-lunch programs. All patients were interviewed, and the medical charts were reviewed. The hospitalization rate for homeless persons was 2.7 times greater than that of the general population: 368 days per 1,000 person-years, compared to 136 days per 1,000 person-years.

The Boston Health Care for the Homeless Program followed homeless people who utilized the BHCHP Primary Care Clinic at Boston Medical Center during two successive years (July 1995 through June 1996 and July 1996 through June 1997). All admissions to this former municipal hospital were tracked. The hospitalization rates were

strikingly similar for each year of the two-year study period: 2,815 hospital days per 1,000 person-years. These utilization rates are from a single inner-city hospital and are likely to underestimate the true use of acute care hospitals because admissions of this homeless population to other hospitals in Boston and elsewhere in the state were not captured in this study.

A 1995 national survey of Veterans Affairs medical centers and domiciliary programs found that homeless veterans were seven times more likely to be hospitalized than were other low-income veterans.

The Boston Health Care for the Homeless Program collaborated with the Massachusetts Rate Setting Commission in an effort to understand the population-based statewide hospitalization rate for a large population of homeless people who received primary and episodic care within BHCHP's citywide network. Beginning in 1994, the Rate Setting Commission maintained a database of all Massachusetts hospitalizations, including both the insured and uninsured. During 1994, BHCHP provided medical services for 5,926 homeless adults aged eighteen and older in the program's two hospital-based primary care clinics and the seventy shelter and outreach clinics in the greater Boston area. From those records, 3,962 unique Social Security numbers were available. Of the 3,962 identifiable homeless persons seen by BHCHP, 1,498 had been admitted to acute care medical or psychiatric hospitals, for a total of 4,055 admissions from 30 January 1994 through 30 September 1995. The sobering reality is that clinics caring for homeless persons must be prepared for an average of one acute care hospitalization per enrolled adult homeless patient per year. Such data have potentially profound implications for the ability of managed care plans to provide care for homeless persons without data and strategies for identification of enrolled homeless persons as a high-risk group that requires accurate risk adjustment.

PREVALENCE OF HOMELESSNESS AMONG HOSPITALIZED PERSONS

Several studies have examined populations of hospitalized patients to determine the prevalence of homelessness. In these selected populations, from 5 to 46

percent of the inpatients have been homeless or without permanent addresses.

Homeless persons accounted for 8 percent of acute admissions in two district health authorities in inner-city London in 1990. In the study noted earlier, Victor and colleagues found that homeless families living in hostels in London were responsible for 9 percent of admissions to the local district hospital.

Using unpublished data, James O'Connell and Joan Lebow reviewed admissions to one of the four medical teams at Boston City Hospital during September and November of 1993. Homeless persons living on the streets, in shelters, or in transitional programs comprised 24 percent of the admissions in September and 28 percent of the admissions in November. A comparison month at Massachusetts General Hospital during December 1993 found that homeless persons accounted for 12 percent of the admissions to the ward medical service.

Herman and Galanter found that 46 percent of patients with dual diagnosis admitted to a large New York psychiatric hospital were homeless at the time of admission. No significant differences in diagnoses were noted between the housed and homeless patients.

Marcos and Cohen (1990) evaluated a New York City program to serve homeless persons with severe mental illness and found that almost all participants had been previously hospitalized for psychiatric care. Schizophrenia, generally seen in 2 to 17 percent of homeless populations, was diagnosed in 80 percent of this population. Interestingly, 73 percent of these people also had significant medical problems. Two years after initiation of this program, 55 percent of these people were living either in an institution or a community setting.

LENGTHS OF STAY AND COSTS OF HOSPITALIZATION

In the study of homeless persons in Hawaii conducted by Martell and Seitz (1992), the total costs for the admissions for homeless persons were almost \$4 million: Acute care hospitalizations cost \$3.3 million, whereas the Hawaii State Hospital admissions

cost \$690,000. These figures are based on average daily costs of \$695 and \$179, respectively. The authors estimate that the expenditure for "excess" hospitalization of this homeless population was \$3.5 million. The average length of stay in the psychiatric hospital was considerably shorter for homeless individuals: 41.7 days, compared to 103 days for housed residents. The average length of stay for acute care hospitalization was 10.1 days, compared to the statewide average of 7.9 days at that time.

Salit and colleagues (1998) attempted to untangle the hospital costs associated with homelessness that are not explained by the severity and complexity of illnesses alone. In this retrospective study, discharge data from the Department of Health and Hospitals of the City of New York were used to compare 18,864 homeless adults with 383,986 other low-income adults admitted to all general hospitals in New York City during 1992 and 1993. Maternity admissions were excluded from this study. Mental illness and substance abuse accounted for more than one-half (51.5 percent) of the homeless admissions and less than one-fourth (22.8 percent) of the admissions for low-income housed individuals. Mental illness and substance abuse, when included as either a primary or secondary diagnosis, were involved in 80 percent of the homeless admissions, about twice the rate for the non-homeless admissions. The primary diagnoses of another 20 percent of the homeless admissions were for potentially preventable conditions: trauma, infectious diseases (excluding HIV/AIDS), and respiratory and skin disorders.

After adjustments were made for the differences in mental illness and substance abuse, as well as demographic characteristics and other clinical issues, the authors determined that the lengths of stay for homeless people averaged an additional 4.1 days (36 percent) per admission. These days are thus attributable to homelessness, and the costs of the additional days per discharge averaged \$4,094 for psychiatric patients, \$3,370 for patients with AIDS, and \$2,414 for all patients. The authors conclude that homelessness causes considerable excess cost per hospitalization in New York City and argue for the funding of housing and supportive services as a



Foreign-Trained MDs Give Vital Service to Poor

CHAPEL HILL, N.C. (ANS)—While major medical institutions worry that an influx of foreign-trained physicians is contributing to an oversupply of doctors and have called for a cutback in their numbers, community health centers in poorer and rural areas rely on them, a recent study found.

Community clinics that serve poor, migrant and homeless patients could suffer if the number of doctors trained overseas and allowed to practice in this country is curtailed, study co-author Leonard Baer said.

One-quarter of the nation's 2,500 public health centers rely on doctors who were educated abroad, completed their residency training in this country and agreed to practice in an underserved area in order to remain here, said Baer.

Of the 100 health centers surveyed by researchers at the University of North Carolina, one-quarter said they were highly dependent on international medical graduates. Administrators at the facilities said if the physicians were no longer available, more than 50 percent of those positions would go unfilled.

Curtailing the number of international medical school graduates in residency programs was recommended in a 1997 report by six of the nation's leading medical associations. The "Consensus Statement on Physician Workforce" said the nation was on the verge of an oversupply of doctors and should limit the number of foreign-trained students entering residency programs.

Many positions at public health centers are filled by international doctors who agree to serve in these relatively low paid positions in return for permission to remain in this country. Since 1990, the study found, more than half of the surveyed health centers in rural areas and inner cities employed one or more foreign-trained doctors.

The overwhelming majority of community clinic patients are minorities, including 3.5 million Latinos, said Dan Hawkins, policy director of the National Association of Community Health Centers. As competent medically as their U.S. counterparts, foreign doctors "more than fit the bill" culturally, linguistically and attitudinally, he said.

In recent years, the number of foreign medical school graduates in residency programs in this country has doubled, approaching 40 percent of U.S. graduates, whose numbers have remained stable. According to Baer, in 1990 there were only 70 requests from international students

for visa waivers that would allow them to stay and practice. In 1995, there were 1,374.

"There appears to be a policy consensus that the U.S. has too many doctors and there are concerns about unnecessary expenditures," said Baer, who is a doctoral candidate in geography at UNC. "But while there are concerns about a national oversupply, there are local shortages. It's a distributional problem. How do you correct that?"

According to the medical associations, one way to address regional shortages is by expanding the National Health Services Corps. Doctors in this program agree to work in underserved areas for several years in exchange for scholarships or loan repayments.

Funding for the health corps was cut dramatically during the Reagan Administration, and it has suffered from "benign neglect" ever since, Hawkins said. The corps has only 2,000 clinicians in the field, who meet just 10 percent of the need, he said. Up for reauthorization by Congress next year, the corps would need a massive infusion of cash if it were to plug spots now filled by physicians trained abroad.

Medical schools should also expand the opportunities students have to intern in rural and inner-city communities, the associations said. Because minority physicians are more likely than their white counterparts to establish practices in minority communities, medical schools should also work harder to diversify their student bodies.

Nevertheless, many public health centers would have difficulty keeping their doors open without international medical graduates, said Baer. More than 10 million people are served by the centers annually. "It raises questions about medical care," he said.

Hawkins said while there was growing discussion in health policy circles about cutting the number of foreign physicians who practice here, no steps have been taken to do so. Without a greatly enlarged Health Services Corps, he said his association would fight any such effort "tooth and nail."

Results of the study, entitled "The Need of Community Health Clinics for International Medical Graduates," were published in the October issue of the *American Journal of Public Health*. It was funded in part by the federal Office of Rural Health Policy.

Source: "Foreign-Trained MDs Give Vital Service to Poor," American News Service, n.d.

means of reducing the high costs of hospitalization in this population.

Paul Starr (1998) notes in an accompanying edi-

torial in the *New England Journal of Medicine* that the costs of failures in other public sectors, such as housing and education, have been shifted onto health

care. Health maintenance organizations (HMOs) and safety net providers (health care providers, clinics, health centers, and hospitals who care for the poor and uninsured) who must operate in the health care marketplace are unlikely to be able to absorb these excess costs without public subsidies or risk-adjusted capitation rates (the amount of money an insurance company or health plan pays for the care of each enrolled person per month).

Homeless persons caused excess costs in mental health hospitalizations and accounted for 26 percent of all Veterans Affairs inpatient costs in 1995. S. A. Shalit and colleagues found that homeless persons accounted for 26 percent of public hospital expenditures for inpatient mental health and substance abuse treatment, even though this group represented only 10 percent of discharges.

EMERGENCY DEPARTMENT UTILIZATION

Padgett and Struening (1995) analyzed a survey of 1,260 homeless adults in New York City in 1987 and found that one-third of the women and one-fourth of the men had visited an emergency department during the previous six months. Trauma and victimization, with resulting limb fractures, concussions, burns, and skull fractures, occurred 30 times more frequently in this population than in the general population. This study tested a multivariate conceptual model—a common type of analysis that looks at many different variables that may influence a particular outcome—for predicting emergency department use. The high-risk profile for men was African-Americans or Hispanics of higher education, poorer health, injuries or victimization as risk factors, and less alcohol dependence; men in this group were 58 times more likely to use the emergency department than were homeless men in the low-risk profile. The high-risk women were 146 times more likely to use the emergency department and were characterized as being currently or previously married with higher levels of alienation, physical disability, poor physical health and injuries, and less alcohol dependence. The rather startling finding was the failure of mental health and substance abuse to predict high use of the emergency department.

This study has interesting implications. Mental illness and substance abuse are common problems faced by homeless persons, but in this study they appear to play only a minor role in utilization of the emergency department. Rather, treating physical health problems and reducing vulnerability to injuries and victimization are paramount. The authors argue that more aggressive enrollment in medical entitlement programs such as Medicaid should be vigorously pursued if we are to reduce utilization of costly emergency department services.

In the San Francisco study performed by Braun, homeless persons averaged 2.5 visits to the emergency department each year, compared to 1.6 visits for the general SFGH emergency department population. The most frequent reasons for visits to the emergency department and for admissions to the hospital were trauma (18 percent), skin disorders (cellulitis, abscess) (16 percent), cardio-pulmonary (16 percent), and psychiatric/substance abuse (13 percent). Only 7 percent had a diagnosis of HIV. High rates of self-reported current or past substance abuse were found. The authors conclude that the homeless represent a vulnerable population that relies on the emergency room for urgent/emergent and primary health care.

In the two-year unpublished study conducted in Boston by Robert Taube, Ph.D., 1,084 persons followed in the BHCHP's primary care clinic also visited the public hospital's emergency department an average of 1.6 times each year. This population also visited the hospital's urgent care center an average of 1.1 times per year. The total rate of 2.7 emergency or urgent care visits per patient per year is similar to the data reported by Braun in San Francisco.

Barriers to Health and Health Care

The U.S. urban landscape offers a dramatic background to the problem of health care and homelessness. The finest academic medical centers in the world tower over many of our cities, serving as beacons of learning and science while providing state-of-the-art care to people from all over the world. Yet, the homeless of these cities wander literally in the shadows of these buildings, unable to access even basic health care services.

Homelessness is a struggle for daily survival that mandates responses to immediate needs. Meals, clothing, refuge from the elements, and a safe place to sleep are of utmost concern, and health care needs are rendered a distant priority. Encounters with the health care system are episodic and often come after wounds have festered or illnesses have grown severe. The emotional scars from long waits in hectic and impersonal emergency rooms and ambulatory clinics are often indelible. The immediacy of life on the streets means that appointments made next week or next month are long forgotten and rarely kept, further alienating both patient and clinician.

The lives of homeless persons are fragmented and full of losses; the health care system for those without insurance and without primary care doctors and clinicians often mirrors this fragmentation. Trust, consistency, and continuity of care are essential components of any delivery system designed to overcome these barriers and engage homeless persons in primary and preventive care.

The financial barriers can be daunting for homeless persons. More than 40 million U.S. citizens are without health insurance, and the richest nation in the history of civilization does not regard health care as a right and fails to provide universal health care insurance. Although necessary for the care of poor and disenfranchised populations, universal health care insurance is still not sufficient to ensure quality health care for homeless populations. A study conducted by the Massachusetts Housing and Shelter Alliance found that 70 percent of persons living in shelters across the state had health care insurance. Yet, many reported that the system remained unable to address their needs and that too few physicians were available or willing to care for them. The Street Team of Boston's Health Care for the Homeless Program has followed a population of high-risk street dwellers for more than four years. More than 80 percent of this population have insurance, yet the health care system continues to struggle to overcome the special needs of this group of "rough sleepers."

The nursing profession has been the health system's vanguard in understanding the unique health care needs of homeless persons. Boston offers an instructive example. During the early 1970s, nurses

in the emergency department at Boston City Hospital became exasperated by the growing number of homeless persons seeking care for preventable illnesses and injuries. An intrepid group of these nurses began to volunteer at Boston's Pine Street Inn, the oldest and largest adult shelter in New England. Understanding that health care needs to be brought directly to places familiar to homeless persons, these nurses maintained a consistent presence in the shelter. The cornerstone of the shelter clinic was the foot soak, a practical and symbolic gesture of service and respect by the clinic staff to weary sojourners. After the shelter guests had secured a bed ticket and eaten the evening meal, the nurses would invite the guests into the clinic to rest and soak their feet after the day's weary journey. All persons were called by name, often the only time these persons would hear their names for many weeks in the anonymity of the streets and shelters. The nurses were patient, never judged or prodded, and allowed trust to build slowly. This practice was in marked contrast to fifteen-minute visits with doctors at hospitals and clinics, where chief complaints needed to be elicited within minutes and treatment plans conceived and implemented immediately after an often invasive physical examination.

Service Delivery Models: Blurring the Boundaries

Caring for homeless persons requires a deliberate blurring of the traditional boundaries among institutions and among health care disciplines and professions. Although physicians, nurse practitioners, and physician assistants can diagnose and treat according to *Harrison's Principles of Internal Medicine*, a homeless person with a leg ulcer and cellulitis needs access to antibiotics and a place to keep the leg elevated, an impossibility while living in shelters or on the streets. Thus, the clinician's treatment plan is only as effective as the social worker who obtains the medications, the nurses who perform the twice-daily dressing changes, and the shelter supervisor who permits the person to remain in the lobby during the day.

The remarkable degree of comorbidity of acute and chronic medical problems, severe and persistent mental health illness, and active substance abuse

within homeless populations requires an integrated approach to health care.

In 1985, the Health Care for the Homeless Program of the Robert Wood Johnson Foundation and the Pew Charitable Trust funded four-year projects in nineteen cities across the country. Modeled after an innovative program under the direction of Dr. Philip Brickner at St. Vincent's Hospital in New York City, these projects were envisioned to bridge the gulf between hospitals and shelters and serve as a catalyst for change within the mainstream health care system. The success of these projects resulted in the creation of the Health Care for the Homeless Program of the Bureau of Primary Health Care (BPHC) of the U.S. Public Health Service. Projects are now funded in 155 sites, spanning every state as well as Puerto Rico. More than half a million homeless persons receive medical, behavioral, and oral health care each year. Outreach and direct clinical services on the streets and in the shelters, assistance with benefits and entitlements, and wrap-around services—the supportive services that are often needed for people trying to get health care—such as transportation are core components of the service delivery models of these projects.

Multidisciplinary teams are essential for homeless health care; medical, nursing, public health, psychosocial, and holistic approaches to health care must blend into a single workable model. To illustrate, an elderly man with a high fever and a raging cellulitis of his right lower extremity was in a shelter clinic one night in 1985 and was admitted directly to the hospital for intravenous antibiotics. Despite the wonderful care of the intern, the man absconded from the hospital the following morning after removing his intravenous lines. He was found soon afterward in a downtown soup kitchen, but he politely declined pleas to return to the hospital for treatment of his life-threatening illness. Given that he was competent to make his own decisions, the only alternative was a two-week course of a powerful antibiotic that could be given by intramuscular injections four times each day. He agreed to have injections each morning and evening at the shelter clinic and each noon at the soup kitchen where he ate lunch and BHCHP conducts a daily clinic. The fourth injection involved more cre-

ativity: The bartender at the man's favorite bar agreed to keep the medication in his refrigerator, and he called a nurse each afternoon when this man came for a cocktail. The man recovered fully from his cellulitis and probable bacteremia but on his own terms and without relinquishing his dignity or his resolve to continue drinking.

Clinicians involved in the care of homeless persons must use modern technology and clinical skills in a model that harkens to the early days of U.S. medicine. The paradoxical concept of a country doctor in the inner city is a tantalizing metaphor. To meet the needs of persons without homes, clinicians must venture out from traditional hospital and clinic settings to visit and care for homeless persons in their "homes," whether in a shelter, under a bridge, down a back alley, or in an abandoned car. Homeless people migrate throughout our cities, crossing the boundaries that separate hospitals and neighborhood health centers. Quality health care ideally requires a consistent primary care clinician who is not only willing to hold "office hours" at dependable times in accessible and familiar shelters and soup kitchens, but also able to be involved in the all-too-frequent hospitalizations of a population with such a complex burden of medical, psychiatric, and substance abuse problems.

The U.S. health care delivery system has increasingly turned to home care and home-based services as lengths of hospital stays have been dramatically foreshortened during the past two decades. Persons recovering from coronary artery bypass surgery stayed in the hospital an average of twelve days in 1985 but now return home after about four days. The majority of surgery is now done on an outpatient basis. Chemotherapy, once delivered during a several-day hospitalization, is now done at home or in a specialty clinic. When persons have no home and no family supports, our current system has no viable alternative. In 1985, respite care programs for homeless persons were created by health care for the homeless programs in Boston and Washington, D.C. These freestanding medical facilities provide acute, subacute, perioperative (pre- and post-surgical), recuperative, rehabilitative, palliative, and end-of-life care for homeless persons who would otherwise

require costly hospital admissions. The Bureau of Primary Health Care has funded a three-year pilot program to replicate this critical service in ten cities across the country.

All persons deserve a voice in shaping their health care, and many projects throughout the country have aggressively recruited homeless persons to serve on governing and advisory boards. This involvement of consumers in the design and scope of service delivery models has assured that the special needs of homeless persons are recognized and addressed.

Homeless persons live on the margins of our society and expose the failures in human services, including our health care system. Caring for the poorest of U.S. citizens requires that traditional concepts of health care must be seen as part of an intricate community mosaic of housing, income, education, jobs, crime, violence, race, and politics. The creation of affordable housing is necessary for any solution to the vexing problem of homelessness in the United States but may not be sufficient. The causes of persistent poverty must be addressed, including poor schools, blighted neighborhoods, troubled foster care systems, disappearing jobs and the escalating gap between the minimum and the living wage, and an ominous growth in the income chasm between the rich and the poor.

—James J. O'Connell

See also Alcohol and Drugs; Continuum of Care; Disorders and Health Problems: Overview; HIV and AIDS; Mental Health System; Mental Illness and Health

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☐ HIDDEN HOMELESSNESS

Concerns for the visible and invisible homeless and the causes of their estrangement from society have

been actively with us from biblical times to the present day. We have come to know that our understanding of “hidden” homelessness, and its personal and social pain and suffering, is anchored in our ways of “seeing” each other. Our cultural perspectives, religious and ethical norms, and the support community’s philosophy of life need to be acknowledged because these become *the light* we turn on in the process of interpreting what we see. How we see shapes how we talk about and then how we act on social problems.

An interdisciplinary partnership illuminates how our many perspectives impact both (1) informal observations, such as those made by family members and that are reported in the social network, and (2) formal observations, such as scientific qualitative and quantitative data made by trained observers and reported in official government population reports, the news media, and research studies. Sociologist Serge Paugam writes, “The living conditions and experiences of ‘the poor’ must be analysed in this light of interdependence, which varies throughout history and in different sociocultural contexts” (Paugam 1999, 44).

INVISIBILITY

The people whose homelessness is not seen are called the “hidden homeless.” First among the reasons for the persistent undercount of the hidden homeless is that some hidden homeless are not on the streets and are by historical and contemporary definitions not roofless. The poor that we have with us always are often intergenerationally cohabiting or doubled and tripled up with friends and other families. Social geographers and environmental planners Paul Cloke, Paul Milbourne, and Rebekah Widdowfield argue that the hidden homeless are further undocumented by their reluctance to believe that they are homeless and that they are at risk of becoming shelterless and so fail to register with formal social service agencies as homeless. Also undercounted are unseen rural people sleeping in “the woods, country paths, open fields, isolated hedges, ditches, and barns” (Cloke, Milbourne, and Widdowfield 2001b, 64). Medical anthropologist Hans

Baer provides us with a widely accepted definition of homelessness as the condition in which people literally do not have “a permanent home and address” (Baer et al. 1997, 66).

PAIN AND SUFFERING

As is often the case in the social sciences, a look at the simplest case often provides the best clues for the most difficult situation. A good way to gain insight into our aversion to social pain is to leave the complicated nature of urban life and to look at rural homelessness. In rural areas, where there are fewer social relief agencies and low-income housing alternatives, and where one is exposed to the criticism of local gossips, there would be few reasons for a homeless person to come forward and request services.

However, when people do know that local resources exist and that they are likely to get them and not be humiliated, they do come forward. Rural resources remain inadequate largely due to widespread understandings of the country as an *ideal* setting not beset by personal and social failures. Also at fault is a lack of ethnographic studies that help officers in their “struggle to present informed discourses of the scale and scope of rural homelessness, let alone generate innovative policy responses” (Cloke, Milbourne, and Widdowfield 2001b, 105).

SEEING THE UNSEEN

The mythology of the rural area as “purified space” and as “anti-urban utopia” prevents local authorities and people from making the connections between housing, homelessness, and rural policy problems (Cloke, Milbourne, and Widdowfield 2001a, 2000b). Doubling and tripling up is attributed to being a good family member or a good friend; rarely do people name the situation as one of homelessness. To admit to a lack of housing is to admit to a lack of rural goodness and wholesomeness where needs are met.

In order not to expose a contradiction in a widely held philosophy of care in a romantic, mutually supportive rural network, the needy person is as likely to cover up homelessness and an inability to secure long-term, affordable shelter, as is the local authority.

Failing to name the reasons for a lack of housing, such as the loss of rooms for rent in exchange for the higher incomes of bed-and-breakfast tourism, and the inability of commuters to move to affordable housing in the city, maintains the mythic façade.

SPEAKING THE UNSPOKEN

Rural geographer Mark Lawrence argues that we insist “on primarily viewing homelessness as an occupation of particular spaces rather than as a sign of overall processes” (Lawrence 1995, 305). Examining the mythology of rural homelessness challenges us to name the process by which rural invisibility becomes visible and to speak what is not said about other hidden homeless life issues. Speaking the truth challenges us to respond to real human suffering with real solutions.

Immigrants are often not seen as homeless or are thought to be voluntarily homeless. Reexamining the reasons immigrants leave or even flee their homelands gives us a more complex picture of poverty, natural disasters, and political oppressions. One reason we “do not see” the economic reasons immigrants have for living in overcrowded dormitories and doubled and tripled up in single-family apartments is our mythology of the United States as a land of milk and honey, where everyone’s dreams come true. In fact, we overlook immigrants’ hidden homelessness in their real-life spaces because our economy depends on their marginality. Writes sociologist Roger Waldinger: “Had there been no immigration, New York would have suffered an even more severe decline. As in Los Angeles, the arrival of the new immigrants provided a direct stimulus to the local economy. With a growing immigrant labor force, wage pressure eased up” (Waldinger 1989, 223).

Women, unmarried mothers, and divorcees are another misread population that is continuously on the verge of homelessness. Against the stereotype of mother–daughter relations, “one may expect mothers to take in their homeless daughters and children, they rarely do” (Goldberg 1997, 96). Relatives have their limits even when they may know that women head the majority of homeless families. Working against mothers are popular concepts of, and official govern-



A “squatter,” a person who lives in abandoned buildings, in a squat in Philadelphia, c. 1989.
Source: David H. Wells/Corbis; used with permission.

mental polices determining, what it means to be self-sufficient. The widespread encouragement of marriage as a solution to poverty largely disregards marriage disruptions that almost always leave the mother unable to take on expanded labor market responsibilities. Divorce is a worldwide poverty indicator. Sithembiso Nyoni, Zimbabwe’s Deputy Minister for Public Construction and National Housing reports: “When there is a divorce, you find that the woman is thrown out of the home together with the children, unless of course, the woman is educated and well-off and contests this through the courts” (Nyoni 2003, 11–13). She found that for reasons of pride, not only do women hide their poverty, they hide their homelessness also.

Children make up a growing population of hidden homeless. Adolescence is a stressful time of life, especially for homosexual youth, whose sexual identities may put them at risk in their family and friendship networks, causing hidden homelessness. The public expectation of seeing youth on street corners and in public places like parking lots and train stations further shields their problems. Runaway youth are often escaping abusive parents who have rejected them for a host of reasons. Youth also escape from many kinds of substitute parental care and are per-

haps the most hidden of all, as social welfare agencies race to keep track of their wards. Too often they are further victimized and hidden from view in detention centers, houses of prostitution, and drug dens.

COMMUNITY MEDICINE— NOT JUST MEDICINE

Ronald Paul Hill, professor of business administration and social responsibility, details the movement of the hidden homeless to homeless status—from being cared for by family and friends to receiving care from a “shadow community” (Hill 2001, 9). Alternative communities spring up in

situations requiring human responses to the disruption of normative systems, thereby attesting to the profound sense of responsibility humans have to care for one another. Shadow communities may range from a loose collection of unsheltered individuals on the street to large and complicated social networks, such as food, electric, and banking cooperatives.

Still largely unidentified in the literature is the shadowing role of the medical community that has attempted to fill the gaps that exist between a strict sense of medical care and the healing of the whole individual. As the idea and practice of community medicine takes hold in the United States, we are seeing the medical community apply its knowledge of the human body to social problems, therein advancing our thinking about the causes of homelessness and treatment of homeless people as members of a social body.

AMENDING SOCIAL NORMS

The suffering body of homeless people requires society to amend social norms, just as the suffering physical body requires the sufferer to amend its activities. Anthropologist and nurse Janice Morse writes that in order to maintain integrity of self, one

“endures” (Morse 2000, 2). The sufferer calls forth a comforting response from the other. The housed hidden homeless are frequently not available for comforting and intervention by local help agencies such as the Health Visitors (Britain) or Visiting Nurse Services (United States). Professional caregivers often find that social and personal boundaries, such as historic myths and prejudices that create unresponsiveness, pride, and denial, acerbating uneducated definitions of the situation, are difficult to negotiate.

However, when helping professionals and academic researchers cross boundaries, they are able to hear the stories of patients and social sufferers and see the structural, social, and personal violence hidden in the context of everyday life. This awareness often brings a moral obligation to end violence of all types. Nurse Kathy Carlson encourages her peers to question and change social norms that produce cruel life situations. She believes that medical workers are agents in “reframing the paradigm” of authority structures that keep some people in abusive systems. “The social attitude of violence is no longer acceptable. We’ve had enough. Partnership was once a social norm—it could be again” (Carlson 1992, 225).

NAMING THE VALUES THAT CONSTRUCT THE SOCIAL BODY

Like the human body, society has a body, made up of many bodies. When the social body is sick, it goes through healing, and sometimes the mourning processes of member loss. For example, even the most understanding of families goes through a normal sense of loss and mourning when a family member who was assumed to be heterosexual discloses homosexuality (Harrison, 203). The loss is a social one that responds to expected roles and norms.

Unlike non-understanding families that push the individual into hidden forms of homelessness, understanding families choose love relations instead of violent acts of exclusion as they negotiate cultural and social constructs, creating out of their loss a new found identity and normality. In doing so, their loved ones do not need to be hidden in a shadowy world of unsatisfactory care but are able to thrive in the light that illuminates their humanity.

RETHINKING AND REMAKING THE SOCIAL BODY

Zimbabwe’s Sithembiso Nyoni credits Habitat for Humanity and NGOs, nongovernmental organizations associated with the United Nations, with bringing the many plights of the hidden homeless, especially women and children, to worldwide attention. Zimbabwe’s consulting of specialists in empowering housing strategies produced a simple yet varied housing plan that allowed each cottage to be adapted to both family needs and a woman-run business.

Put into interdisciplinary dialogue, recent medical contributions to the philosophy of care shed light on our understanding of the sheltered but hidden homeless and their descent to the street and public shelters. Janet Younger, professor of nursing, argues that the “suffering that accompanies adversity is compounded by a suffering of a second type: the loss of community and the sense of connectedness it entails” (1995, 3). Healing requires a transformation of the situation through “finding a voice for suffering” (Younger 1995, 57). Acting as moral beings, nurses and doctors, professors and students, journalists and foreign aid officials, you and I are capable of addressing the social suffering that affects the suffering body. As we saw in Zimbabwe, when officials and the global society take the suffering of the hidden homeless seriously and talk about their pain, seeking ways to end it, creative solutions materialize.

—Victoria Lee Erickson

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▣ HISTORY OF HOMELESSNESS

See Appendix 4: Documentary History of Homelessness; Bowery, The; Chicago Skid Row; Deindustrialization; Great Depression; Hobo and Tramp Culture and History; Literature, Hobo and Tramp; Missions; Poorhouses; Skid Row Culture and History; Workhouses

▣ HIV AND AIDS

People who are living with human immunodeficiency virus infection (HIV) or acquired immunodeficiency syndrome (AIDS) are often at risk of becoming homeless, and people who are homeless are often at increased risk for HIV and AIDS. As a result, the homeless population has been estimated to have a median rate of HIV prevalence at least three times higher—3.4 percent versus 1 percent—than the general population, while surveys of peo-

ple living with HIV/AIDS have found that more than a third report having been homeless at some point.

TRANSMISSION OF HIV

During the course of HIV infection, crucial immune cells called CD4+ T cells are disabled and killed, and their numbers progressively decline. Because people infected with HIV may not feel or look sick, they are usually not diagnosed with AIDS until they develop certain opportunistic infections or take blood tests related to the immune system. The virus is spread through sexual contact with an infected person, through sharing needles (usually for drug injection) with someone who is infected, or through transfusions of infected blood or blood products, although this last source of infection is now very rare in countries like the United States where blood is screened for HIV antibodies. Women living with HIV can transmit the virus to their babies before or during birth or through breast-feeding after birth, but treatments are available in the United States that reduce the risk of transmission. As of 2002, the Centers for Disease Control and Prevention (CDC) had estimated that between 850,000 and 950,000 Americans were living with HIV/AIDS.

THE LINKS BETWEEN HIV/AIDS AND HOMELESSNESS

Substance use, higher-risk sexual activities while using substances, a lack of prevention education designed for people with serious substance use issues and/or mental illness, and trading sex for money, drugs, or protection have all been identified as factors in the prevalence of HIV/AIDS among people who are homeless. A 1995 survey of homeless adults found that 69 percent were at risk for HIV infection from unprotected sex with multiple partners, injection drug use (IDU), or sex with IDU partners. Homeless women and adolescents are particularly at risk due to the prevalence of domestic violence, sexual abuse, exploitation (sexual as well as other), and substance use among the homeless. HIV infection rates as great as 62 percent have

been measured in certain segments of the homeless population.

Conversely, people with HIV/AIDS are more likely to become homeless, due in part to the impoverishing effects of chronic disease. For example, although a person disabled by HIV/AIDS may qualify for Supplemental Security Income (SSI), this was only \$545 per month in 2003. Because it is nearly impossible to pay for housing as well as food and other living expenses anywhere in the United States on \$545 per month, people living on this income are often forced to sell or spend their assets, as the national average rent for a modest one-bedroom rental unit was 105 percent of the SSI income. Of 13,475 people living with HIV/AIDS surveyed by AIDS Housing of Washington, 41 percent reported having been homeless. People who are living with HIV/AIDS may be forced to choose between health care and housing; a 1999 UCLA/Rand Corporation study found that a third of people living with HIV in the United States went without medical care or postponed it at least once in a six-month period in order to pay for food, clothing, or housing.

THE IMPACT OF HOMELESSNESS ON PEOPLE LIVING WITH HIV/AIDS

Whether homelessness follows HIV infection or vice versa, people who are homeless and living with HIV/AIDS are likely to have poorer health, less access to health care, and more challenges in adhering to medical treatments than those who are housed.

People who are homeless have higher rates of chronic disease than people who are housed—regardless of HIV—due to the effects of lifestyle factors such as drugs and alcohol, exposure to extreme weather, chronic nutritional deficiencies, and the experience of violence. These factors have an even greater impact on people with weakened immune systems. While homeless shelters offer some protection and stability, they may also be hazardous to people living with HIV/AIDS because they expose them to infectious diseases, including skin infestations, pneumonia, hepatitis A, and tuberculosis.

People who are homeless have trouble accessing

appropriate health care because they often lack medical benefits, adequate transportation, and an awareness of services and resources. They also may have concerns about confidentiality and face providers that lack comprehensive and/or culturally appropriate services. A 1999 U.S. Department of Housing and Urban Development study found that more than two-thirds of those who are homeless suffer from chronic or infectious diseases, yet more than half lack health insurance and almost a quarter said they needed to see a doctor in the last year but were unable to do so; homeless mothers frequently subordinated their own health care needs to the needs of their children. Barriers to health care have significant implications for people living with HIV/AIDS because of the importance of early intervention and care.

Homelessness also poses challenges in adhering to HIV medications. Medical advances in treating HIV have greatly reduced mortality rates but have added new challenges of their own. A person living with HIV/AIDS may have fifteen or more different medications to take every day, each with a specific dosing schedule and set of requirements (for example, to be taken with or without food). Adhering to a particular regimen is critical in preventing the virus from becoming resistant to the medications, and studies have shown that a much higher rate of adherence is required for HIV medications than for other types.

People with a regular place to sleep, regular access to food and clean water, and a refrigerator find adherence challenging; adherence is far more complicated for people who are homeless. For example, meal programs for people who are homeless often offer meals at specific times of the day, which may or may not coincide with times for taking a medication with food. The medications themselves also have side effects, such as nausea, diarrhea, fatigue, and nerve problems. A person who is homeless may not have a place to lie down or a regular bathroom to use during the day, when many shelters close, and therefore may have few resources for managing side effects.

The difficulties in adhering to HIV medications make some physicians reluctant to prescribe them to

people who are homeless. A San Francisco study found that only 7 percent of the HIV-positive homeless people studied had had previous access to protease inhibitors, a type of drug commonly used in current recommended therapies, compared to 50 to 70 percent reported in standard clinical settings. Despite the challenges of adherence while homeless, however, several studies have found that people who are homeless can have excellent adherence rates in programs that are designed for them and provide adequate and accessible information and offer flexible services. These studies show that homelessness itself is not a sufficient reason to deny access to medications.

Engaging support services and accessing stable housing can significantly improve access to health care and adherence to prescribed regimens. A study in New York found that formerly homeless people with HIV were four times more likely to enter medical care when living in supportive housing than homeless people with case management services. Although supportive housing was the most effective intervention, homeless people with case management services were still 10 times more likely to enter medical treatment than those without any services.

—Amy Davidson

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▣ HOMELESS ASSISTANCE SERVICES AND NETWORKS

By 2003, homeless people in most communities across the United States had access to a much broader array of programs and services than existed even as recently as a decade ago. The availability of federal resources has stimulated much of this expansion, and federal program requirements have also stimulated service coordination. Community experience over the years of developing service networks for currently homeless people has also had an important effect. Many communities with good service networks have realized that they will never end homelessness as long as all they do is help currently homeless people. The result is an effort to expand prevention activities, develop affordable housing, and devise networks to address the factors that push people into homelessness. To discover what differentiates true systems from loose associations of providers, this entry examines the variety and structure of homeless programs and services, including intake procedures, service linkages, and other “system” aspects of homeless assistance networks, as well as funding fragmentation and other challenges.

THE VARIETY OF PROGRAMS AND SERVICES

In 1994, the U.S. Department of Housing and Urban Development (HUD) began promoting homeless assistance networks called Continuums of Care (CoCs). The core elements of these networks are outreach/drop-in (making first contacts with the hardest-to-serve homeless people who do not use shelters), emergency shelters, transitional housing, and permanent supportive housing. Because people who become homeless may have myriad issues and needs in addition to their basic need for housing, a homeless assistance network will have to provide an extensive array of services in order to meet its users’ needs. These typically include the following: care for physical health, mental health, and substance abuse problems; housing-related issues (finding housing, linking to subsidies, household skills, landlord negotiations,

move-in money, and deposits); daily living skills (budgeting and time management); employment-related issues (GED, job readiness, training, development, and coaching); social skills development and reconnection with family; child-related issues for custodial parents (child care and parenting skills development); and the basics of food and clothing.

Because client needs are often complex, assembling the appropriate array of services is virtually impossible without the help of a case manager who knows where to find services and how to access them, and who will invest the time needed to work out the best program for each client. Case management can differ in intensity between individual clients and for the same client over time, from as little as a twice-yearly check-in to a daily contact. The services the case manager assembles and coordinates may actually be provided by the staff of homeless-specific residential programs, the staff of agencies that specialize in serving homeless people but do not offer shelter or housing, and/or the staff of agencies whose missions extend well beyond serving homeless people.

THE STRUCTURE OF PROGRAMS AND SERVICES

Two of the most important structural dimensions of programs and services are openness and completeness. An open agency relies on other agencies—public, nonprofit, or for-profit—to supply most or all services. A closed agency uses its own staff and resources to supply virtually everything that clients receive. “Completeness” refers to the extent to which an agency or a network has all the types of services that even the hardest-to-serve client may need. How open and complete the homeless assistance agencies in a community are depends in large part on the degree to which the community’s mainstream public agencies—especially its health, mental health, substance abuse, income maintenance, and housing agencies—accept responsibility for homeless people and offer them appropriate services.

In communities characterized by open and complete homeless assistance agencies, these agencies typically supply services through their own staff to

meet more common, less specialized client needs such as assessment and general case management. Open agencies may offer an entire spectrum of contact and housing opportunities, from outreach and drop-in to permanent supportive housing, or they may specialize in one or two of these program types. They are able to offer their clients a full spectrum of residential and supportive services because the mainstream public agencies in their community supply the rest. Mainstream agency services may be delivered on-site at these open agencies through collocation or regularly scheduled visits, or clients may get services at the mainstream agency. Cooperation among the staffs of residential programs and mainstream agencies assures that clients are able to get what they need.

In communities without mainstream public agency involvement in homeless-related service delivery, homeless assistance agencies are most likely to be closed; they may be either complete or incomplete, depending on their ability to raise resources. In some communities with resistant public agencies, homeless assistance agencies have developed into self-contained mini-continuums that are closed and complete. A single agency operates programs that range from outreach to permanent supportive housing, and it maintains specialists on its staff who can provide health, mental health, substance abuse, life skills, and other specialty services. Communities may have several of these agencies, which know each other and work together on advocacy and other external issues, but do not usually refer clients back and forth.

Only a few homeless assistance networks can be called complete. Likewise, most homeless assistance agencies fall in between these two extremes—they are partially open and incomplete. When clients need something an agency cannot supply internally, agency staff refer them to other agencies. Completeness then depends on what else is available in that community. If public agencies are not cooperative, referrals will usually occur within the homeless assistance network. For instance, agencies offering only outreach and emergency shelter will refer appropriate clients to transitional housing programs. If some public agencies are willing to provide sup-

portive services, then the referral network can extend beyond homeless-specific agencies to include whatever specialized services are available from the cooperative public agencies.

Other important dimensions of homeless assistance agencies and networks are sufficiency, quality, and inclusiveness. Very few communities have enough services to meet the needs of their homeless populations, so even if all types of service are available and they are all excellent, some people will not get what they need. Service quality may also vary considerably. Homeless assistance networks in some communities have established quality standards that the agencies agree to maintain. They may hold themselves responsible to each other to meet the standards, or community funding may be made conditional on meeting the standards.

An inclusive homeless assistance network will accommodate homeless people regardless of their conditions, illnesses, or other difficulties. Networks in many communities have gaps in the types of people they can accommodate. In the early 1980s, homeless assistance networks did not have facilities for women with children; that gap has largely been filled. A long-standing gap in most communities has been providing facilities willing and able to address the needs of people with co-occurring mental illness and substance abuse disorders. Public agencies providing services for one of these disabilities are only now beginning to recognize the need to work together to address the needs of people with both. Among homeless assistance providers and mainstream agencies, the idea that their staff members should be dual-qualified to address both needs simultaneously has only recently begun to spread. A few communities have merged their public mental health and substance abuse agencies because they recognize that co-occurrence is an issue for far more of their clientele than just those who experience a spell of homelessness. Changes in Medicaid administration—in particular, the creation of “managed behavioral health” agencies that address the needs of Medicaid beneficiaries with mental health or substance abuse problems, or both—have also moved mainstream public agencies in this direction. However, dual-certified staff and agencies are still the exception in homeless assis-

tance networks, and homeless people with co-occurring disorders are often excluded from care.

“SYSTEM” ASPECTS OF HOMELESS ASSISTANCE NETWORKS

Homeless assistance networks have developed mechanisms to increase the likelihood that people will get the services they need and that available programs and services will be fully used. Formal mechanisms include bed-tracking systems, common intake and assessment forms, centralized intake, multi service centers, access to public agency management information systems, and homeless management information systems. Only a few communities will have all of these mechanisms, but many communities will have at least one of them.

Bed-Tracking Systems

Having empty beds in shelters, transitional housing, and permanent housing is expensive and inefficient; program expenses do not shrink when occupancy is low, and homeless people who could have received services do not get them. Some communities have developed either telephone- or Internet-based systems through which programs can notify a central location of bed availability. Agencies can check availability and refer a person to a program where they know that space is available. Some systems even allow the referring agency to book the bed, so the program can prepare for the person being referred. A few cities that themselves pay for most homeless-related beds manage bed availability centrally, and have succeeded in cutting vacancies to no more than 1 percent.

Common Intake and Assessment Forms

Communities that are trying to understand the scope and characteristics of homelessness often have difficulty doing so because every agency keeps different information on its clients, or the same information in different formats. Some communities, and at least one whole state, have developed intake and assessment protocols that several agencies have agreed to

use. Emergency shelters are the most common type of agency involved in these arrangements, but the arrangements may extend to other types of housing within a homeless assistance network. Common forms are sometimes, but not always, found in combination with centralized intake mechanisms and/or full-fledged homeless management information systems (HMISs).

Centralized Intake

Entry into homeless assistance networks may be described in one of three ways: fragmented, “no wrong door,” and centralized. Most communities in the United States probably still fall into the fragmented category, which means that the homeless people who live there must approach any provider directly, may or may not gain entry, and may or may not get connected to other programs and services. Some communities with good cross-program communications operate with a “no wrong door” approach. In these communities, a homeless person may approach any program, after which the program staff will augment this first contact by sharing their knowledge of what is available and providing systemic linkages to help this person get to the right programs and services. Multiservice centers often facilitate access to services in these communities, but they are not essential to this approach.

A centralized intake system through which every homeless person desiring emergency shelter or other accommodation has to pass can increase system efficiency. According to proponents, centralized entry minimizes prolonged and misdirected searches for emergency shelter and services. It also allows for uniform intake and assessment, which helps ensure equity of access to services. Some centralized intake agencies also have resources to prevent entry into literal homelessness if a person or family has not already lost housing but is facing eviction or will not be able to stay in temporary lodging for more than another day or two. To prevent homelessness, these agencies can pay back rent or utilities bills, assist with moving expenses, negotiate with landlords, work out budgets and payment plans, enroll the person or family into a

rent-subsidy program, handle credit issues, and pursue whatever it takes to assure that literal homelessness does not occur.

Some communities have centralized intake only for families, others have separate centralized intake systems for families and singles, and a few have combined centralized intake functions. Centralized intake structures are often linked to bed-tracking systems, so referral to a program with availability can immediately follow the intake process. At a minimum, the accepting program usually receives some information from the intake agency so the homeless person does not have to repeat the information. In networks with fully computerized systems, the intake and assessment information will be available to the accepting program electronically, and records will be periodically updated as a resident receives services or passes various milestones.

Multiservice Centers

Some communities without fully centralized intake nevertheless have established multiservice centers where homeless people can access a wide variety of services. They may still apply directly to emergency shelters, because although many multiservice centers handle intake, assessment, and referral to shelters, some serve only a case management and service linkage function. The most commonly used public and private agencies offering supportive services to homeless people usually place at least one staff member at a multiservice center for at least some hours during a day or week. Some multiservice centers have as many as fifteen or twenty agencies represented, from public mental health, physical health, substance abuse, and income-maintenance agencies to veterans programs, Travelers' Aid, child care, immigrant and undocumented worker organizations, translators/interpreters, employment training and referral agencies, and education agencies. Usually a core case manager interviews a new client and assesses the needs. The manager may then arrange referrals or may simply take the client around to the different offices, introduce him or her to the representatives of relevant agencies, and then leave the client to work with the rep-

resentatives to establish eligibility and arrange for needed services.

Access to Public Agency Records

In some communities, transitional and permanent supportive housing programs serving specialized populations may link with the mainstream public agency responsible for that population to assure appropriate services and treatment. This is particularly important for people with severe mental illness, and the crucial link will be with the mental health agency. Public mental health agencies in many communities maintain a spectrum of residential settings for their clients. It is fairly common for the agencies that develop and run these types of housing for non-homeless people with severe mental illness to begin developing and running permanent supportive housing programs within homeless assistance networks, so they can better serve people whose mental illness has contributed to a sometimes long history of homelessness. The parent housing developer was probably already tied into the mental health agency's computer system because its residents were system clients. It was a small step in some communities for that agency to extend that system to programs within the homeless assistance network.

Linking permanent supportive housing programs into the computerized records of public mental health agencies helps both the housing programs and the public agency keep track of what their shared clients are getting and how well they are doing. A less complete version of system linkage occurs in some communities where outreach teams can check to see whether new people they contact on the streets are already being served through the public mental health agency. If they are, then the outreach teams can refer them to the agency that has served them before, or have their case transferred to an agency that will be more able to meet their needs.

Homeless Management Information Systems

An HMIS pushes the advantages of a centralized intake and assessment system several steps further. In its ideal form, it links all homeless assistance pro-

grams in a community and integrates each person's multiple service records into one complete record. It has distinct advantages for serving individual clients, keeping track of service delivery communitywide, and conducting analyses that can provide feedback on the success of current policies and projections of what will be needed in the future. At present, few communities have an HMIS approaching this ideal, but many communities are developing HMISs both for their intrinsic advantages and because they are under pressure from Congress and HUD to do so. Communities whose information systems come the closest to a full HMIS have benefited from their access to good data that have helped them shape policy and even make dramatic policy changes.

CHALLENGES: GAPS AND EXCLUSIONS

Some communities have been willing and able to extend the full array of programs and services defining a CoC to most homeless people. However, different parts of the homeless population inspire different degrees of sympathy from funding institutions, the general public, and even homeless assistance providers. As a consequence, many communities have partial homeless assistance networks that omit either certain types of programs or certain types of people. Most communities have emergency shelters or the capacity to respond to housing emergencies. Transitional housing programs have become more common during the past ten to fifteen years, and permanent supportive housing programs have recently been developed. Inclusion of permanent housing alternatives with supportive services for chronically disabled homeless people stems from a recognition that some people's physical health and/or mental health render them unable to sustain housing without help and an acceptance of the fact that the community has a responsibility to provide both housing and help.

Communities appear most willing to establish homeless assistance networks for homeless families. For single homeless people, more programs have been developed to serve those with severe mental illness than have been created to aid chronic substance abusers; the fewest programs of all are for homeless

people with both mental illness and substance abuse problems. Oddly, given the emphasis over many years on developing programs for homeless families, homeless parents with chronic mental health and substance abuse problems have only recently been the focus of a new type of program—family permanent supportive housing. Sympathy for homeless families has tended to downplay the very real disabilities and disadvantages of some homeless parents, so programs with full cognizance of their particular issues have taken a long time to develop.

CHALLENGES: FUNDING FRAGMENTATION

It is hard for agencies that provide homeless assistance programs and services to attract the funding to support an approach that deals with the whole person or the whole family. Funding sources are usually structured around single problems—for example, severe mental illness or substance abuse but not both, or a history of violence and abuse or substance abuse but not both. They are often further restricted by eligibility criteria relating to family structure, income, residence, and even gender or age. Trying to make the money come together to serve a particular person is never easy; in this respect, homeless assistance funding sources do not differ from funding programs that address other social problems.

Some communities have developed mechanisms to streamline provider access to funding and reduce the frustration of trying to put all the pieces together. One mechanism, a funding funnel agency, facilitates provider access to multiple funding sources through a single application. The funnel agency may be permanent—serving this function year after year—or may be created anew through an interagency memorandum of understanding for each integrated request for proposals. A single agency, either public or non-profit, assembles funding from many sources. Sometimes these sources are all public, but in some communities even foundation funding and United Way funding flow through the funnel agency. The funnel agency then issues a request for proposals, providers respond, and the funnel agency has the task of figuring out how to match available funds with provider requests. The providers need to deal with only one

proposal, get one grant or contract, and respond to one set of reporting requirements. The funnel agency assembles reports from all providers and reports as necessary to the different funding agencies.

TRENDS

Homeless assistance began in the early 1980s with bare-bones emergency shelters. Over the past two decades, programs offered by both providers and whole communities have become increasingly complex and differentiated, in a process that still continues. Two important trends are apparent at this writing—the increasing involvement of mainstream agencies and the growing number of options for responding to the needs of people whose substance abuse complicates programmatic responses to their other problems.

No community will end homelessness, or even chronic homelessness, without the involvement of mainstream public agencies, as communities across the country are recognizing. Only these public agencies have the resources to address the ongoing physical and mental health care and housing subsidies that will be necessary to end chronic homelessness. Only mainstream mental health and corrections agencies, through improved discharge policies and recognition that housing is part of their responsibility, can prevent having their discharged clients become new additions to the homeless population. Only mainstream housing and redevelopment agencies, including private and nonprofit housing developers, have the resources to create enough affordable housing for people already homeless and those at risk of homelessness. Mainstream public agencies in many communities have begun to accept these responsibilities, but few communities today have the active involvement of all the necessary public agencies. Substance abuse is pervasive among homeless people, especially among those who have been homeless the longest. An important development in the last few years has been the creation of programs that work with substance abusers, many of whom also have other issues that keep them homeless. One such program type could be called “pre-recovery.” These programs help substance abusers leave the

streets and enter residential programs that do not require them to be clean and sober, although they do require them to refrain from using a prohibited substance on program premises. Services, including those aimed at reducing and ultimately ending substance use, are available but not required. Many of these pre-recovery programs, also referred to as “low/no demand” or “safe haven” programs, serve populations with co-occurring mental illness and substance abuse problems. In this way, they represent the second trend noted above—the willingness to provide staff qualified to work with people who have both mental illness and substance abuse problems. Even more promising is the movement in some communities for public mental health and substance abuse agencies to develop effective working relationships with each other and even, in some instances, to merge. These changes will make homeless assistance networks more effective in ending homelessness for those with the most complex and long-standing problems.

—Martha R. Burt

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☐ HOMELESS COURT PROGRAM

The Homeless Court Program (HCP) is a special session of the Superior Court of San Diego held in local homeless shelters. Homeless misdemeanants satisfy court orders with participation in rehabilitation programs. The HCP provides homeless defendants access to justice through four basic principles: a progressive plea agreement, alternative sentencing structure, assurance of “no custody,” and proof of the homeless participants’ accomplishments in program activities. The HCP addresses a full range of misdemeanor offenses.

THE PROBLEM

Resolution of outstanding misdemeanor criminal cases is a real and fundamental need for homeless people. Most homeless defendants fail to appear in court, not because of a disregard for the court system, but due to their status and condition. For many

homeless people, the day is consumed with a search for food, clothing, and shelter. Most homeless persons are not in a position to fight the procedural or substantive issues a case presents.

The homeless are aware that the court also requires a decent appearance. Not wanting to make a bad first impression, a homeless person with poor hygiene or without a place to store belongings may choose not to appear in court at all. Many homeless people are reluctant to attend court given the uncertainty of court proceedings and the threat of custody.

The homeless have requested assistance with outstanding criminal cases. In 1988, at the conclusion of the first Stand Down (an annual three-day tent community providing comprehensive services for 700 homeless veterans), 116 of 500 homeless veterans stated their greatest need was to resolve outstanding bench warrants.

HISTORY

In 1989, San Diego started the first Homeless Court Program in the nation, a special superior court session held on handball courts. Three gray concrete walls at San Diego High School’s athletic field surrounded foldout tables and chairs. Desert camouflage netting sheltered the court from the sun. The flag of the United States anchored one corner; that of the State of California, the other. The defendants appearing before this outdoor Homeless Court were veterans who live outdoors on the streets of San Diego, but for three days they were sheltered in tents and received employment counseling, housing referrals, medical care, and mental health and other social services.

Following this first Homeless Court, 130 defendants had 451 cases adjudicated through Stand Down in 1989. Between 1989 and 1992, the court resolved 4,895 cases for 942 homeless veterans.

The continued large numbers of homeless people participating in the HCP, coupled with their efforts to overcome the obstacles their condition represents, fostered the program’s expansion from an annual, to a quarterly, then a monthly schedule. Over the years the HCP expanded to serve battered and homeless women (1990), residents at the city-sponsored cold

weather shelter (1994), and the general homeless population served at local shelters (1995). In 1999, the HCP started holding monthly sessions, alternating between two shelters (St. Vincent de Paul Village and Vietnam Veterans of San Diego).

PURPOSE

The HCP plea agreement addresses the cases/offenses involving homeless participants due to their condition—living on the streets—and a full range of misdemeanor offenses. Additionally, the plea agreement acknowledges the effort participants undertake before their appearance in court, satisfying the requirements of the court order before the court imposes a sentence.

Alternative sentencing substitutes participation in agency programs for fines and custody. This structure is not coercive or punitive but designed to assist homeless participants' move from the streets, through the shelter program, to self-sufficiency. The HCP gives "credit for time served" for a participant's activities that include, but are not limited to, life skills, chemical dependency, or AA/NA meetings; computer or literacy classes; training or searching for employment; counseling; or volunteer work.

The court agreement of "no custody" acknowledges that the participant's efforts in their program activities satisfy court requirements. This agreement respects the relationship and trust the homeless service agencies have with the participants who appear before the HCP, and it acknowledges that the time spent working with these agencies is equivalent to, and more constructive than, time spent in custody.

Local homeless shelters and agencies are the gateway for participants. Homeless persons who want to appear before this court must sign up through a local shelter. The shelter representatives write advocacy letters for each client. The advocacy letter includes a description of the service provider and its program, the client's start date and accomplishments, programs completed or in progress, the client's efforts and demeanor, and long-term goals. While more information usually is better, the participant's privacy is respected. With the advocacy letter in hand, the court has verification of a participant's activities and the framework to pronounce a sentence and terms and

conditions of probation, with "credit for time served." Under the HCP 90 percent of the cases are dismissed.

PROCESS

The HCP coordinates interagency linkages with key players from the criminal justice system and homeless service agencies in a series of synchronized steps for a one-month calendar.

These steps include the following:

Week One: The defense attorney receives the list of participants interested in resolving their cases through Homeless Court. The attorney meets with case managers and potential homeless participants to explain the court's purpose, procedures, and schedule. The attorney delivers the participant list to the court and prosecution.

Week Two: The prosecution prepares a list of cases, relevant discovery, and the proposed plea bargain for each participant. The defense attorney receives and reviews the prosecution packet. The defense attorney contacts the participant and program representative to review difficult cases.

Week Three: The defense attorney counsels each defendant, reviews his/her cases and participation in program activities at the host shelter, and prepares for the court hearing.

Week Four: At the host shelter, the attorney approaches the court with each defendant. They stand before the judge with proof of progress in the participant's chosen program activities and resolve cases.

Unprocessed cases not only clog courts' calendars, they also are obstacles to individuals' reintegration into society because they deter use of social services and impede access to employment. The courts are open five days a week from 8:00 a.m. to 5:00 p.m., poised to fulfill their role in the administration and execution of justice.

RESULTS

Before 1989, the criminal justice system relied on the courthouse and jails to administer justice and order. In the wake of Stand Down, justice and order are found with programs that include rehabilitation,

counseling, recovery, and life skills and employment training. Handball courts and shelter meeting rooms house courts that work for the criminal justice system, the homeless participants, and society. In short, the Homeless Court Program brings law to the streets, the court to the shelters, and the homeless back into society.

—Steve Binder

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HOMELESS INTERNATIONAL

Homeless International (HI) is a charitable organization based in the United Kingdom that works alongside partners in Asia, Africa, and Latin America to support community-led housing and development. Initially formed as a trust, HI was established in 1989 and since then it has advocated housing initiatives and other potential solutions to poverty issues by providing information and technical assistance to partners and other housing organizations, providing people in poverty with methods of establishing credit through loans and guarantees, influencing policies, and conducting research focused on long-term solutions to housing issues and poverty issues in general. As stated on their website, Homeless International bases its efforts on the following beliefs:

(1) All people have an equal right to adequate, safe, and secure shelter and people who are unable to exercise this right are considered homeless; (2) Shelter is more than a house—it is a space for privacy, economic activity, social care, and personal fulfillment; (3) Shelter development is more than the building of houses—it is the development of neighborhoods and communities that provide opportunities for social and cultural expression; (4) Homelessness is a characteristic feature of poverty and the eradication of poverty requires investment in the development of shelter that is economically, socially, and environmentally sustainable;

(5) Sustainable solutions to homelessness can be created only if people have access to appropriate land, finance, information, organization, and technology and also have an opportunity to play a lead role in designing solutions that work for them; and (6) Sharing information about creating solutions to homelessness allows people to learn from and support each other.

PROGRAMS AND INITIATIVES

Homeless International takes part in numerous programs and initiatives in partnership with their colleague organizations in Asia, Africa, and Latin America, and they have helped provide many of those in need with shelter and support. Among these programs are the following:

Rehabilitation and Resettlement in India. Homeless International, along with its Indian partners Society for the Promotion of Area Resource Centres (SPARC), Mahila Milan, and the National Slum Dwellers Federation, worked on a slum resettlement project in Mumbai, India. World Bank and HI grants funded the voluntary relocation of more than 60,000 slum dwellers to safe and secure housing with basic services in order to make room for World Bank's proposed improvements to the railway, which is the "lifeline of the city." Currently half of Mumbai's population of 12 million is living in slums, and this project was the first effort to tackle this massive housing problem.

Successes and Prospects in Southern Africa. Homeless International is providing support and grant funding to partners in Namibia (The Namibia Housing Action Group and the Shack Dwellers' Federation of Namibia), South Africa (People's Dialogue and the South African Homeless People's Federation), and Zimbabwe (Dialogue on Shelter and the Zimbabwe Homeless People's Federation) to aid them in Federation processes and their fight against urban poverty. The methods of support that HI has offered include negotiating with local authorities for land access, collecting data and information about informal settlements, encouraging community-to-community correspondence, and creating and strengthening new savings groups (support groups that allow people to share about the problems of living in informal or inadequate housing).

Chartered Institute of Housing and Presidential Appeal. Focused on supporting Cambodian partner Solidarity for the Urban Poor Federation (SUPF), this proved to be one of the most successful fund-raising appeals in 2003, raising almost \$40,000. After fires burned Basaac and Chbar Ampoe settlements to the ground, families from those settlements were moved to a temporary settlement just outside Phnom Penh. With money raised by this appeal, 1,857 such families were given plots of land to build and live on. SUPF continues to provide these temporary communities with emergency shelter and food and is negotiating with the Phnom Penh government for the acquisition of permanent, secure land close enough to the city to allow people to work.

Pragmatic Advocacy. Homeless International raises international support for organizations of urban poor through fund-raising and policy advocacy on both local and international levels. HI also contributes financial and other support to grassroots initiatives and builds communication with other agencies to facilitate discussion and understanding of these initiatives.

Community-Led Infrastructure Finance Facility (CLIFF). A new project managed by Homeless International and piloted in partnership with SPARC, the National Slum Dwellers Federation, and Mahila Milan, CLIFF provides funding to the Indian Alliance of these three organizations to provide loans for communities undertaking major construction projects. It also provides grants for assistance in project development and specified “knowledge grants,” which ensure that outside organizations and those who are not directly involved learn about the project. The ultimate goal of the project is to increase deposits in the Guarantee Fund by \$1 million in order to increase the Indian Alliance’s ability to involve local commercial banks in urban regeneration.

COORDINATION WITH OTHER AGENCIES

Homeless International works with many international organizations such as the Asian Coalition on Housing Rights, the Department for International Development-UK, Dialogue on Shelter for the Home-

less in Zimbabwe, Fundacion Pro-Habitat-Bolivia, Groundswell-UK, the Namibia Homeless Action Group, People’s Dialogue-South Africa, Slum/Shack Dwellers International, Urbanet, Women Advancement Trust, and YCO-India. More information concerning opportunities for support and fund-raising ideas are available on the Homelessness International website at www.homeless-international.org.

—Emily A. Colangelo

☐ HOMELESS ORGANIZING

The United States has a long history of organizing by and for those dispossessed by the nation’s economic and political structures. In the decades between the Civil War and World War II, periodic recessions and depressions led to sporadic public demonstrations by those thrown out of work. In 1894, masses of men known as “Coxey’s Army,” many homeless as well as jobless, traveled by foot, train, and boat from all over the country to converge on Washington, demanding the establishment of a public works program to employ them. In the early years of the twentieth century, the Industrial Workers of the World (IWW) more systematically organized those on the fringes of society. The IWW was particularly successful in winning more decent conditions for the transient workers of the logging industry, known as “timber beasts” because they carried all their worldly goods on their backs from one job to the next. The Great Depression saw a good deal of organizing concerned with issues of housing—anti-eviction actions, for example—as well as unemployment.

But it wasn’t until the late 1970s that organizers first began attacking the issue of homelessness per se. Their efforts were precipitated by the explosive growth in the homeless population and galvanized by two watershed events. The first was the November 1978 occupation of the National Visitors’ Center in Washington, D.C., by members of the Community for Creative Non-Violence (CCNV). This activist group, with origins in the anti-Vietnam War movement, had been operating a soup kitchen for the previous decade, and demanding the creation of an emergency homeless shelter. The second landmark

was a class action lawsuit filed by attorney Robert Hayes against the City and State of New York, arguing that a constitutional right to shelter existed in New York State—a suit that ultimately succeeded in establishing a local right to shelter. Legal challenges and direct action aimed at governmental officials have remained the basic weapons of anti-homelessness activists, although they have also adopted other strategies, including lobbying elites, appealing to public opinion, and advocating research by both academic and popular writers.

NATIONAL ADVOCACY GROUPS

The actions of the CCNV in Washington, and the Coalition for the Homeless, a New York group co-founded by Hayes, made them national models for groups elsewhere. The CCNV's highly innovative and confrontational tactics raised the issue's profile, stressing the moral question of homelessness in a land of plenty. Moreover, its location in the nation's capital led to media coverage that would not have been forthcoming otherwise. In November 1984, Mitch Snyder, their most charismatic leader, fasted for fifty-one days, gaining a great deal of media attention and winning a commitment from the White House to create a homeless shelter in an unused federal building.

The CCNV and the Coalition for the Homeless served as informal national leaders of the anti-homelessness movement in the early years (and episodically in later years), but the need for a truly national organization was quickly apparent. In 1984, a meeting attended by homeless and housed activists from across the country formed the National Coalition for the Homeless, headed initially by Hayes and attorney Maria Foscarinis. In 1989, Foscarinis left to form the National Law Center on Homelessness and Poverty and concentrate on legal strategies. Other national groups of major importance include the National Low Income Housing Coalition, the National Housing Law Project, the Legal Services Homelessness Task Force, the U.S. Conference of Mayors, and the National Alliance to End Homelessness. In the late 1980s, campus activists formed the National Student Campaign against Hunger and Homelessness.

The national groups have been largely directed and staffed by housed advocates, often professionals, although some have made substantial efforts to include homeless and previously homeless people as well. Much like institutionalized activist groups in other areas—such as race relations or environmental issues—these groups concentrate on public education, government lobbying, and in some cases legal advocacy. They raise the bulk of their funding from appeals to “conscience constituencies” rather than from homeless people themselves. To the extent that they actually organize people, it is largely (though not exclusively) housed supporters who are being mobilized.

These groups were extremely successful in the 1980s in changing the terms of the national debate about homelessness. When mass homelessness first surfaced as a public issue in the early years of that decade, most housed people were likely to see the problem in individual terms, strictly attributable to personal moral failure (irresponsibility, substance abuse, etc.) or incompetence (mental illness, drug dependency as a medical problem). But backed by a growing literature produced by activist, advocate, academic, and government researchers, the national organizations were able to raise an alternative vision of homeless people as the casualties of systemic failures far larger than individual actions. Public opinion became much more sympathetic to the plight of unhoused people; government spending at all levels, but particularly federal spending, skyrocketed from the mid-1980s to the mid-1990s (though remaining far below what was required).

This “politics of compassion” required convincing housed people that homeless people were neither slackers nor villains but victims caught in massive social processes such as deindustrialization and the collapse of affordable housing. Some organizations tried to present the view that unhoused people were “just like you and me,” except for an unlucky break that took them away from a mainstream life. But even this perception of the homeless as victims—as well as the image presented by some of the most visible homeless people—tended to connote incompetence, an inability to adequately provide for themselves. Aid was thus seen by many as a form of

charity that a civilized nation benevolently provided to its unfortunates.

LOCAL ORGANIZATIONS

Local groups arose and developed simultaneously with the national organizations. While some of these too were dominated by housed advocates, homeless activists were far more likely to play a significant role at the local level, including founding the groups and assuming leadership roles in many cases. One group, the Union of the Homeless, begun locally in Philadelphia in 1985, had chapters in fourteen cities by 1988.

While such groups were encouraged and shaped in part by events at the national level, local flash points typically led to their creation. As in other social movements, these flash points tended to be of two kinds: first, sudden new deprivations, such as police sweeps of areas traditionally sanctioned for homeless encampments; and second, new information about rights previously denied. Hayes's suit in New York, for instance, galvanized local homeless organizing efforts much as the U.S. Supreme Court decision in *Brown v. Topeka Board of Education* had galvanized civil rights activity in the 1950s.

Many localities have a variety of organizations representing various homeless subpopulations, from formerly middle-class single parents to long-term "street people." Though such groups typically develop out of preexisting networks of friends and acquaintances, most see outreach to others in similar situations as a basic survival strategy. That is, despite the need for support from housed people (and in contrast to the national groups), local groups led by homeless activists have typically placed a premium on organizing homeless people themselves.

In general, local groups have depicted homeless people as competent but wronged citizens—veterans, workers, and parents—rather than as pitiable victims. But the heterogeneity of the population also results in a wide array of images invoked and tactics used. Local groups dominated by street people, for example, are more likely to make immediate demands, threaten disruption, and in general engage in the politics of confrontation. Those representing

single parents are more likely to negotiate for aid, invoke moral authority, and engage in the politics of compromise. On the local level, legal strategies, appeals to public opinion, and lobbying are important, as they are on the national level. But often these local groups are effective only to the degree that they can produce not only housed advocates but also homeless activists as an ongoing visible presence—either as a form of moral suasion or, in contrast, to raise the threat of disruption and chaos.

Dilemmas of Local Groups

Establishing a visible presence is one of the dilemmas facing local groups. Being publicly identified as homeless can lead to significant legal, social, and financial problems, so most such people are extremely reluctant to be highly visible. Those most successfully hiding their homelessness from relatives, employers, child protection case workers, and so on, are the least likely to be willing to establish a public presence, though their very success in staying connected to mainstream life might present the most sympathetic image of homelessness to housed people.

Collecting and mobilizing the resources necessary for political work presents a second challenge. Mounting a demonstration, for example, is extremely difficult without a permanent staff or office, telephone, copy machine to make leaflets, and so forth. Since homeless people themselves have so few resources to pool, outside support is almost always necessary for the long-term survival and efficacy of local groups.

This leads to a third dilemma, however: the relations between housed advocates and homeless activists. Advocates typically enjoy advantages of class, including finances, connections to elites, and "respectability," which can easily translate into assuming leadership positions. But since these advocates lack the actual experience of homelessness, activists generally resent their speaking for and making decisions in the name of homeless people. Activists often feel that advocates spend too much time appealing to other housed people for charity and not enough time helping organize homeless people for further empowerment. In addition, they may

tend to depict homeless people in different terms, with advocates highlighting “unfortunates” while activists stress “wronged citizens.”

Other divisions and disagreements also may weaken anti-homelessness groups. Some homeless people, for instance, oppose all activism, merely wishing to be left alone by activists as well as police. Others feel they are connected only to certain subsets of the greater homeless population, sometimes reproducing the basic “deserving versus undeserving poor” distinction that elites have long maintained.

Finally, groups of all compositions struggle with the question of goals: What is it they hope to achieve? Some argue that simple freedom from arrest and harassment is enough; others believe a right to emergency shelter is essential. At the other pole, some activists and advocates have argued for a basic right to housing, similar to the right to education, to which all residents of the country are entitled, as well as support services to cope with employment, education, and issues of physical and mental health.

VICTORIES AND CHALLENGES

Despite the many dilemmas involved in organizing homeless people and their housed supporters, the overwhelming lack of resources, and the challenge of simply establishing homelessness as a social issue rather than an individual problem, anti-homelessness groups have won many impressive victories in various localities over the last quarter century. Homeless people have gained the right to vote, the right to emergency shelter, the repeal of laws prohibiting “illegal” sleeping or camping, and greater access to medical, welfare, and social services. But these have largely been temporary victories, and their very local nature means they must be won and then protected over and over in each town, city, and state.

Still, organizing efforts have benefits aside from whatever collective concessions are gained. Participants often report increased feelings of efficacy and decreased feelings of self-doubt and isolation, as they experience the solidarity of political work. Thus activists may spark their own individual escape from homelessness by engaging in collective struggle.

Public and governmental support for anti-homelessness measures waxes and wanes; the pendulum moves back and forth from individual—often punitive—approaches to those that stress collective and systemic strategies. While many factors are involved in policymaking, the level of organizing by and for homeless people is clearly of central importance, as homelessness is ultimately a political issue. Lacking most of the necessities of mainstream political power—money, political connections, pure numbers—the strength of anti-homelessness organizations in the future depends in large part on the alliances they can make: alliances with other housing groups and with the larger universe of groups advocating for greater social justice.

—Rob Rosenthal

See also International Union of Tenants; National Alliance to End Homelessness; National Coalition for the Homeless; Washington, D.C.

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▣ HOMELESS POPULATIONS

See African-Americans; Children; Epidemiology; Families; Homelessness, Definitions and Estimates of; Homelessness, Patterns of; Homelessness, Rural; Homelessness, Suburban; Latino(a)s; Older Homeless Persons; Street Youth; Veterans; Women; Youth, Homeless

▣ HOMELESSNESS, COURSE OF

Many of the early “first-generation” studies on homelessness—cross-sectional studies seeking a better descriptive sense of who the contemporary homeless are, what their needs are, and whether those needs are being met—collected data on history of homelessness but did so only with regard to current episodes of homelessness. Homeless respondents, in other words, were simply asked how long they had been homeless. The implicit assumption seemed to be that homelessness is something into which individuals fall and remain.

As researchers learned to ask more pointed questions about homelessness history, however, they realized that homelessness is not a chronic condition for the majority of those referred to as “homeless.” Rather, it is a dynamic state that individuals enter, exit, and then often reenter repeatedly over time. This finding prompted the realization that in addition to understanding why people become homeless in the first place, we must understand what is now commonly referred to as the “course” of homelessness—the process by which homeless people exit and reenter homelessness over time.

In response, a “second-generation” set of prospective, or longitudinal, studies took on the considerable challenge of tracking samples of homeless individuals in order to better understand movement out of, and back into, homelessness. Some of these studies

focused on community-based probability samples of homeless adults. Others relied on comprehensive administrative databases that documented stays in municipal shelter systems. Still others addressed this issue in the process of evaluating interventions designed to end homelessness.

As a result, a growing literature exists on the extent to which people move into and out of homelessness, the factors that determine who eventually exits from homelessness, and the factors that distinguish successful from unsuccessful exits.

CROSS-SECTIONAL STUDIES: THE EARLY EVIDENCE

Most of the studies of homelessness that began emerging in the mid-1980s were cross-sectional in nature. These studies drew samples of homeless individuals at one point in time and interviewed them to determine their demographic and diagnostic characteristics and their life circumstances. With regard to homelessness itself, questions tended to focus on the amount of time individuals reported being homeless, usually in simplistic ways that obscured as much as they revealed. In some cases, questions were posed only in terms of an individual’s current episode of homelessness, ignoring the possibility that there may have been past episodes. In other cases, the question of duration was posed without reference to time frame, leaving it unclear whether the answer pertained to lifetime homelessness or current homelessness. More often than not, the question of how long the individual had been homeless was asked without precisely defining for the individual what an entry into homelessness, or an exit from homelessness, actually was. Given this confusion, people often had difficulty interpreting the results.

With time, more precisely worded questions—and more precise data—emerged. These data suggested that recurrent homelessness is in fact a common experience among cross-sectional samples of homeless individuals. For example, in the Los Angeles Skid Row Study, conducted by Paul Koegel, Audrey Burnam, and Rodger Farr between 1984 and 1986 (reported in Burnam and Koegel

1988) an extensive set of questions on homelessness history was asked. It yielded information not only on the current episode of homelessness but also on the extent to which people had moved into and out of homelessness since their first entry into homelessness. In this study, respondents were asked when they first became homeless, "homelessness" being defined as not regularly sleeping in a room, apartment, or house of their own but instead sleeping in shelters, the streets, or other places not meant for sleeping. They were then asked whether, since that time, they had ever lived in their own room, apartment, or house for a month or more and whether, since their first episode of homelessness, they had ever lived with family or friends for a month or more. Those individuals who responded affirmatively were then asked when they had last done so.

The answers to these questions made it possible to determine not only the precisely defined length of a respondent's current episode of homelessness but also how many times a respondent had experienced homelessness since first becoming homeless. The results were surprising. The vast majority—two-thirds—had experienced multiple episodes of homelessness during the course of their adult lives. Indeed, slightly more than one-quarter (26 percent) had experienced six or more such episodes. Clearly, homelessness was not a one-time phenomenon for most of these people.

By crossing the number of times respondents had been homeless by the length of respondents' current episode, it was also possible to use these data to begin understanding patterns of homelessness. Doing so made it clear that "newly" homeless individuals—people who were experiencing a relatively short-lived first episode of homelessness—were a distinct minority: Only 13 percent of the sample were in a first episode of homelessness lasting less than six months, a figure that rose to only 18 percent if the definition was stretched to include those in a first episode lasting less than a year. By the same token, those who had fallen into homelessness once and remained there for long periods of time were a small minority as well: Only 10 percent were experiencing first episodes of homelessness lasting more

than two years, a figure that climbed to 15 percent if the definition was stretched to first episode of homelessness lasting more than one year. Again, multiple episodes were the rule. Homelessness, it was becoming clear, is not so much an event as a process.

The Los Angeles Skid Row Study, of course, focused on a restricted geographic area in which almost the entire local homeless population consisted of unattached homeless men, raising questions about generalizability. The patterns revealed by this study, however, were confirmed by findings from other locales as well, although their intensity proved to be more closely associated with the single adults who dominated the Los Angeles Skid Row sample than with adults who had children in their care. The 1996 National Survey of Homeless Assistance Providers and Clients (NSHAPC), conducted by Martha Burt and colleagues of the Urban Institute, provides the clearest evidence of this. The NSHAPC study drew a nationally representative sample of homeless people from a broad range of homeless assistance programs, including not only shelters, vouchers, and housing programs, but also meal, mental health, substance abuse, medical, outreach, and drop-in programs. In this sample, single men were still the modal (largest) group (61 percent), but single women (15 percent), women with their own children in their care (12 percent), men with children in their care (2 percent), and a remaining group of men and women attached to others in a myriad of ways (10 percent) were also represented.

In findings that were remarkably similar to those for Los Angeles, only 13 percent of the single men and 15 percent of the single women in this national sample were in a first episode of homelessness that had lasted six months or less. The experience of people who were homeless with their children was quite different, however. Fully 50 percent of the adult men in homeless families and 30 percent of the women in homeless families were in a first episode of homelessness lasting six months or less, providing a vivid reminder of the fact that the experience of homeless families is often different. Even so, approximately half of the singles and adults in homeless families alike had experienced multiple homeless episodes during the course of their lives,

suggesting again that homelessness is a dynamic phenomenon and that understanding transitions between being homeless and being housed is critically important.

Because the studies from which these understandings were emerging relied on point-in-time samples, they likely overrepresented people with long-term and multiple episodes of homelessness relative to those who experience brief episodes of homelessness and never become homeless again. We know that those who are homeless at one point in time are only a fraction of those who experience homelessness during longer periods of time. Bruce Link and colleagues, for instance, determined that 3.1 percent of a random sample of households across the nation with telephones—a total of 5.7 million people—had experienced homelessness (living in a shelter or in public spaces) during the previous five years, a number that is significantly higher than the (one-week) national estimate of 508,300 reported by Martha Burt and Barbara Cohen in 1987. Similarly, Dennis Culhane and colleagues found that although the estimated size of the homeless populations in New York and Philadelphia on a given night was between 0.2 and 0.3 percent of each city's population, the number of different shelter users during a single year was approximately 1 percent of each city's population, whereas the three-to-five-year rates increased to 2.8–3.2 percent. This high turnover in the homeless population over time suggested that a significant number of people exit homelessness and do not return. Even so, the recurrent nature of homelessness among a significant segment of the homeless population remained a startling fact that warranted further attention.

Cross-sectional studies, then, pointed to an issue that needed exploring. They were also the basis for the first attempts to systematically address the factors that were affecting course of homelessness. These attempts involved comparing currently homeless individuals with similar groups who were not currently homeless on relevant characteristics. For instance, Michael Sosin and his colleagues utilized a cross-sectional design to identify predictors of homeless transitions by retrospectively examining the experience of 535 randomly sampled persons in

Chicago who were using free meal services. Approximately one-third (34 percent) had never been homeless, 34 percent were currently homeless, and 32 percent had previously been homeless but were currently housed. Domiciled, never-homeless individuals were compared to the first-time homeless to consider determinants of first entry into homelessness, and domiciled, previously homeless individuals were compared to repeatedly homeless individuals to understand factors associated with returns to homelessness. Comparisons between these groups suggested that variables related to social institutional factors—that is, the “safety-net” resources that potentially protect people from homelessness, such as living with others or receiving public assistance—were more closely associated with homeless transitions than were disabilities or occupational deficiencies.

Although illuminating, studies of this nature were limited in their explanatory power because cross-sectional studies, by definition, can establish only associations between variables; they cannot disentangle predictors from consequences or cause from effect. To achieve these kinds of understandings, longitudinal designs were necessary. Longitudinal studies, needless to say, are far more challenging than cross-sectional studies. The challenges faced by homelessness researchers interested in exploring homelessness over time were even greater than is usually the case given the unique circumstances in which homeless people lead their lives.

THE CHALLENGES OF CONDUCTING LONGITUDINAL RESEARCH

Of the many challenges confronted by those researchers interested in course of homelessness, three stand out as particularly noteworthy: (1) arriving at the optimal design; (2) appropriately defining the phenomena at hand; and (3) successfully tracking homeless people over time.

The optimal design for a study of course of homelessness would begin with a sample of individuals who are “at risk” for but have never experienced homelessness and would follow the individuals for a long time to determine who becomes homeless and

what happens to them after they do. The idea would be to follow people long enough for the universe of patterns of homelessness to emerge. Such a design would make it possible to establish rates of and predictors of first entry into homelessness, suggesting critical points of early intervention. Even further, assuming the baseline sample was large enough and people were followed long enough, it would ultimately produce unbiased rates and predictors of the different ways in which homelessness unfolds over time.

Unfortunately, such a design was not a viable option for researchers who, in the late 1980s, were contemplating how to study course of homelessness longitudinally—and probably this design isn't an option today. To begin with, too little was known about the prehomeless backgrounds and communities of homeless individuals to design an efficient yet representative sample of those “at risk” for homelessness. Moreover, even if such information were available, homelessness is probably a rare enough event that baseline samples would have to be extremely large and follow-up periods extremely long for researchers to have enough first entries into homelessness to support an analysis of determinants. The sample would have to be even larger and followed for even longer periods of time to analyze transitions out of and back into homelessness. As a result, studies that began with a baseline sample of at-risk individuals—even if it were possible to conduct them—would be both prohibitively expensive and slow to produce findings capable of addressing what was an immediate policy need.

Recognizing these problems, researchers interested in course of homelessness instead chose as their starting point samples of individuals who were already experiencing homelessness. They knew that such a design would not allow examination of first entry into homelessness but reasoned that following samples of homeless individuals prospectively would at least allow researchers to identify predictors of exits from and reentries into homelessness and to understand what distinguishes successful from unsuccessful exits. In some cases (for example, in studies of homelessness transitions in Minneapolis, Minnesota, and Alameda County, California), researchers

attempted to focus exclusively on samples of newly homeless individuals in order to eliminate the bias introduced by what is referred to as “lefthand censoring.” This refers to the fact that when you draw a sample of homeless adults, you capture the adults while they are in the midst of homeless episodes of varying durations, so that they are not all beginning at an equivalent “starting gate.” Such studies ultimately discovered that identifying newly homeless individuals within a short enough time period was difficult, and researchers ended up supplementing their “recent arrivals” with a cross-section of homeless adults. Other studies, such as the Course of Homelessness Study in Los Angeles, intentionally focused not only on newly homeless individuals but also on individuals at later stages of their homeless careers in an attempt to estimate what might be found if newly homeless individuals were followed for longer periods of time.

Ultimately, then, community-based studies that were explicitly designed to examine course of homelessness relied on designs that involved following baseline samples of currently homeless adults over time. Admittedly, this alternative sacrificed information on first entry into homelessness and introduced biases associated with using cross-sectional comparisons of “slices” of the homeless population (e.g., the new versus the experienced homeless) to inform individual changes over time. Nevertheless, the longitudinal nature of these “second-generation” designs represented an important advance over the “first-generation” cross-sectional studies that were the norm during the first half of the 1980s. This was equally true of the longitudinal designs, typically associated with Dennis Culhane, that relied exclusively on the analysis of large municipal shelter system administrative databases to understand the movement of homeless people into and out of shelter and of the service demonstrations and evaluations that followed homeless people over time to understand the impact of innovative interventions.

A second challenge faced by researchers interested in course of homelessness prospectively in community-based samples was how to define exits from homelessness. Defining homelessness itself was a straightforward matter. Virtually all researchers

agreed that a person is homeless if he or she spends at least one night in a temporary dwelling designated for homeless individuals or in any number of places not meant for sleeping (although there was often disagreement on how to handle doubling up with family and friends and long-term but temporary stays in housing programs). Defining exits was more complicated. For instance, should an individual be counted as exiting homelessness if he or she spends a week in a hotel? Does it matter whether the person pays for the hotel or whether it is paid for with a voucher received by a community-based organization? What about stays in board-and-care facilities? What about jails or hospitals? What about a long stay in the home of family or friends? Does it matter whether the individual is contributing to the rent?

With time it became clear that researchers had to consider two dimensions in defining homelessness exits. The first of these dimensions pertains to the *type* of place to which a person is exiting. Some places unequivocally connote an exit from homelessness, such as when someone who is homeless obtains a room, apartment, or house that he or she owns or pays rent for. These exits have been referred to as “independent” exits. Other exits clearly involve changes in homelessness status that are less closely associated with what we think of as a “home,” such as doubling up with family or friends, living in voucher-paid housing, living permanently in lodging facilities for which pay is not expected, or staying in institutions such as hospitals or jails. These exits have been referred to as “dependent” exits.

The second relevant dimension is *duration*—the length of time someone has to *remain* in an exit category before researchers can say that an exit has taken place. The first longitudinal study of homelessness, conducted in Minneapolis by Michael Sosin, Irving Piliavin, and Herb Westerfelt, set a minimum threshold of fourteen consecutive days. This was rejected by most researchers as too lenient, especially given that during a given month, many homeless people—especially those who receive some kind of public assistance—find housing for as long as two or three weeks at a time but regularly find themselves homeless when their monthly income runs out before the month does.

Researchers eventually arrived at thirty consecutive days in housing as the most common threshold, although at least one study, seeking to be sensitive to the idea that even thirty-day exits may be too shallow to be real, also looked at a ninety-day threshold.

Crossing these two dimensions—type and duration—yields a wide variety of homelessness exit definitions. For instance, one can define an exit from homelessness as thirty consecutive days in independent exit settings, or thirty consecutive days in dependent exit settings, or thirty consecutive days in either of the preceding. Similarly, one can look at the same categories but defined on the basis of sixty or ninety, rather than thirty, consecutive days. Each of these definitions is defensible depending on what the researcher is trying to explain. In practice, most community-based studies of course of homelessness have selected thirty-day independent exits as their definition of exit from homelessness, although substantial variation exists and must be attended to in interpreting results. Similarly, longitudinal studies relying on municipal shelter system databases have used departure from the system for thirty days as their primary exit criterion. Alternatively, evaluations of innovative services aimed at ending homelessness have often relied on a continuous measure of days homeless after the intervention as a measure of program success.

Researchers who follow people over time traditionally rely on the anchors that tie people to a particular place—their addresses, phone numbers, and workplaces—and, even so, struggle mightily to track people successfully. Homeless people, almost by definition, lack these anchors and thus present a challenge that goes well beyond the traditional one. Indeed, the extent of this challenge was reflected in the substantial rates of attrition that characterized early attempts to follow homeless people. More than 40 percent of the baseline sample was lost to follow-up in the Minneapolis study during a six-month period, for instance. Similar proportions were lost to follow-up in early longitudinal studies of homeless people in St. Louis and Baltimore as well. Such levels of attrition are generally viewed as unacceptable because of the potential bias they introduce. This bias stems from the possibility that those lost to

follow-up may differ from those who have been retained in ways that haven't been measured and accounted for.

More recent longitudinal studies of homeless samples have achieved significantly higher retention rates. For instance, in the Alameda County and Course of Homelessness studies, 85 percent and 87 percent of those interviewed at baseline were successfully recontacted at least once. Likewise, in a longitudinal study of homeless persons with alcohol and other drug problems conducted in New Orleans, at least one follow-up interview was completed with 93 percent of the sample during a twelve-month period.

These improvements are the outcome of a series of innovative techniques and strategies that was developed simultaneously and independently by a number of research teams. Basically, researchers learned that to successfully recontact homeless individuals, researchers had to (1) collect the right information from respondents at baseline, (2) make sure that respondents are given meaningful incentives to remain in contact and that doing so is as easy for them as possible, and (3) be ready to use a myriad of tracking strategies to find people if they fail to keep in touch. Each of these issues is worth talking about in greater detail.

The first steps toward achieving successful follow-up occur at the end of the baseline interview. Successful researchers have learned to collect detailed recontact information. This means learning as much as possible about the daily, weekly, and monthly cycles of individuals in their samples so that researchers can determine the people, places, and institutions with which respondents periodically interact that might know about their whereabouts. This also means recording as much contact information on these collaterals as possible—and confirming that this information is accurate. This also means learning about aliases and nicknames, the multiple Social Security numbers under which individuals might be known, and their distinguishing physical characteristics. Successful researchers have taken photographs of subjects (with their permission) and have made sure that subjects sign consent-to-be-tracked forms that can be used later to reas-

sure collaterals who are asked for help in finding the subjects.

Researchers also learned that they must make it as easy as possible for subjects in longitudinal samples themselves to initiate contact at the appropriate time so that tracking resources can be channeled toward those not able or willing to take on this responsibility. Along these lines, recontact or calendar cards are provided to research subjects to remind them when they are supposed to be back in touch. Cash and other incentives, which are generally available at each follow-up interview, are increased for those subjects who initiate contact at the appropriate time so that subject initiative is rewarded. Incentives are similarly available for those who touch base between interviews to update contact information. Researchers set up field offices and/or toll-free, twenty-four-hour phone lines so that subjects can do this as easily as possible. Research participants are recontacted immediately after baseline to solidify the relationship and to enhance the rapport between interviewer and participants. Indeed, rapport is often nurtured as another incentive that motivates participants to continue staying in touch with researchers.

Despite these efforts, a substantial number of participants will not make contact at the time of their follow-up interview and will have to be more aggressively tracked. Successful studies have used a combination of phone tracking, mail follow-up, agency and systems-level tracking, and field-level tracking, usually pursuing each of these strategies simultaneously. Systems-level tracking, for instance, may involve searching shelter records, calling jail and prison information numbers, obtaining state-level Criminal Information and Investigation Reports, having the Social Security Administration forward mail, checking Department of Motor Vehicles Records, linking into the Veterans' Administration record system, and using other agency-related strategies. Field-level tracking may mean making frequent visits to local places where a missing person is known to hang out, sitting in the local welfare or assistance office and listening to names being announced, staking out local check-cashing businesses at the beginning of the month, or, as reported by Wright and his colleagues, posting flyers "which

are printed on obnoxiously colorful paper so as to be impossible to miss” (Wright, Allen, and Devine 1995, 273). Effective organization of interview staff can be critical as well. As part of the Course of Homelessness Study, for instance, interviewers were regularly given time to peruse a “lost list” and the study’s “Family Album,” which included photographs of all participants. Interviewers were organized into teams who were given collective responsibility for missing individuals. A “Most Wanted” incentive program was initiated to provide rewards to interviewers who were successful in finding hard-to-reach people. Those interviewers who exhibited a flair for successful sleuthing were designated “Re-Contact Experts” and assigned to follow-up tracking full-time.

Studies that have followed homeless people over time tend to endorse what Wright and colleagues refer to as the “90–10 rule”: It takes 10 percent of the time to accomplish 90 percent of the work, and the remaining 90 percent of the time to accomplish the remaining 10 percent of the work. Although that rule may often be more of an 80–20 rule, or even a 70–30 rule, the point is an important one. Easily implemented strategies will account for the vast majority of recontact success. However, the difference between marginally acceptable retention rates and exemplary retention rates will likely be related to a study’s willingness to engage in any number of additional labor-intensive efforts. Each of these may yield only a smattering of successful recontacts. Experience has proven, however, that collectively they make a critical difference.

WHAT WE KNOW ABOUT COURSE OF HOMELESSNESS FROM LONGITUDINAL STUDIES

As indicated earlier, three types of longitudinal studies inform issues related to course of homelessness. These are (1) community-based panel studies that have followed and reinterviewed baseline samples of homeless people over time, (2) studies that rely entirely on large municipal shelter system administrative databases to trace the movement of people into and out of shelters, and (3) experimen-

tal evaluations of innovative service programs for homeless adults.

Community-based panel studies are probably our best source of information on course of homelessness because their reliance upon probability samples of community-based homeless adults ensures broad representation and because they have focused explicitly on collecting data that can inform homeless/domicile transitions. These panel studies generally tell a similar story—a story that carries both good and bad news. The good news is that among samples of homeless adults followed over time, the vast majority of them get out of homelessness. The actual percentage of those who exit, of course, is in part a function of how *exit* is defined. For instance, in the Course of Homelessness Study, 72 percent exited homelessness during a fourteen-month period using the least conservative definition of *exit*—a thirty-day exit in either a place the person paid for (independent exit) or other arrangements, including doubling up, staying in institutions, and so forth (dependent exit). That figure falls to 52 percent if the definition is thirty days in an independent exit setting only, to 51 percent if the definition is ninety consecutive days in either independent or dependent exit settings, and 30 percent if the definition is ninety days in an independent exit setting only. Exit rates also differ by subpopulations. For instance, in the Alameda County study, 94 percent of women with children exited within a year (defined as at least thirty days, excluding institutional stays), whereas 82 percent of women without children in their care and 65 percent of men exited. Still, the general pattern is the same: Substantial numbers of homeless people exit from homelessness within relatively short periods of time.

The bad news is that most of these individuals fall back into homelessness within those same time periods. For example, in the Course of Homelessness sample, more than three-quarters of the 72 percent who experienced a thirty-day exit to either independent or dependent exit settings experienced homelessness again; two-thirds of the 30 percent who experienced at least ninety consecutive days of housing for which they paid fell back into homelessness again. (Clearly, type of exit affects likelihood of

return, a fact that emerges from the Alameda County study as well.) Moreover, multiple cycles of exiting and reentering were not unusual: More than half of those persons with thirty-day exits and approximately one-quarter of those with ninety-day exits experienced two or more exits during the fourteen-month follow-up period. Again, differences were quite apparent with regard to subgroups. More than half of the women without children in their care and more than two-thirds of the men who exited homelessness in the Alameda County study transitioned back into homelessness during the time they were followed, although only one-third of the women with children in their care did so. Still, the general trend is the same. Particularly among single homeless adults, exits are shallow for most people, making the typical pattern of homelessness, as Sosin and colleagues have pointed out, “one of *residential instability*, rather than constant homelessness over a long period” (Sosin, Piliavin, and Westerfelt 1990, 171). Moreover, what appears to drive that residential instability, based on multivariate (considering multiple variables simultaneously) analyses of predictors of exit and reentry, is not the individual deficits that people may have (such as psychiatric disorders or substance abuse problems) but rather the institutional and economic resources available to them (such as formal or informal income support or subsidized housing).

The Alameda County data show that homeless families appear to differ significantly from single people in their movement into and out of homelessness. This fact is even more apparent in a study of homeless families in New York City that was conducted by Beth Shinn, Beth Weitzman, and colleagues. This study interviewed a sample of families as they were requesting shelter for the first time and then reinterviewed them approximately five years later. Among the 256 families who actually entered a shelter, 79 percent were housed in their own apartments five years later, and another 17 percent were living with family or friends. Only 4 percent were in a shelter. Receipt of subsidized housing proved to be the best—and virtually only—predictor of who was in their own housing. Controlling for all other factors, those who received subsidized housing at some

point between time 1 and time 2 were twenty-one times more likely to be housed in their own places than were those who hadn't. (Receiving subsidized housing was not confounded with individual characteristics, eliminating the hypothesis that factors affecting selection into subsidized housing are responsible for this finding.) Closer analysis of these data suggested that 96 percent of families who left a shelter with subsidized housing were housed in their own apartments at time 2; only 15 percent had returned to a shelter at any point, usually because of serious building problems or safety issues related to their housing. Alternatively, 71 percent of the families who went into unsubsidized housing situations were in their own place at time 2; 43 percent had returned to a shelter at some point during the interim between time 1 and time 2. These findings point to the critical contribution of subsidized housing, foreshadowing the findings from service demonstrations, discussed later.

Several studies have taken advantage of the comprehensive administrative databases that document stays in New York's and Philadelphia's large, centralized municipal shelter systems to try to understand residential transitions among homeless adults. Dennis Culhane and Randall Kuhn, for instance, used these databases to examine shelter utilization first among homeless single adults over time and then, along with Yin-Ling Irene Wong, among family shelter users. Tracking people through administrative data confers many advantages. These advantages include the large numbers of people captured, the ability to focus on new entries and to deal with both left (see above) and right (ending data collection before an episode has played itself out) censoring, the actual documentation of stays (thus avoiding the need to rely retrospectively on self-report and all the bias associated with this), and the ability to avoid underrepresenting short-term stays. The disadvantages, of course, are that information on periods of homelessness outside of the public shelter system are not captured and that specific information on potential predictors of interest may not be available. Overall, such studies are best suited to understanding the dynamics of shelter utilization *per se*, rather than homelessness more generally, and

speak more specifically to policy issues related to shelter administration.

In general, the findings of these studies parallel those of panel studies. All of the index cases (those tracked over time) in each of these studies exited the shelter system within a two-year period, but substantial numbers returned. Again, recidivism (relapse) was much higher among single males (50 percent) and single females (33 percent) and lowest among adults with children in their care (22 percent). Interestingly, among the single adults, short-term use of the shelter system was the rule. The majority of single men (55 percent) and single women (65 percent) had only one episode of shelter use during a two-year period. Moreover, even when all shelter stays were combined, half of these adults spent fewer than forty-five days in a shelter. For many, then, shelter stays represented a short-term transition. On the other hand, a smaller group of adults made significant use of the shelter system—18 percent of users accounted for 53 percent of the shelter usage during that two-year period—suggesting a critical target group for intervention. A host of demographic and personal deficit variables were associated with probability of exit, but no resource utilization variables were available for inclusion in the multivariate analyses of predictors. Findings from the family shelter study were somewhat more complex but paralleled the findings from panel studies in that exiting to subsidized housing was clearly linked with a lower rate of readmission to the family shelter system.

Panel and shelter studies provide a window into what happens to homeless people in naturally occurring situations—people who are receiving what might be referred to as “usual care.” A growing literature has also documented the extremely positive impact of subsidized and supportive housing interventions on subsequent course of homelessness. Debra Rog and Scott Holupka recently reviewed this literature, focusing not only on single-site studies but also on large-scale, multisite supportive housing initiatives such as the Robert Wood Johnson (RWJ)/HUD Homeless Families Program and the McKinney-supported studies of housing and services for seriously mentally ill homeless adults. Several lessons emerge from these studies. First, the vast

majority of homeless people placed in housing stay housed. In the McKinney demonstration projects, for instance, 78 percent of those people placed in housing were stably housed in the community twelve to eighteen months later. In the RWJ/HUD program, more than 85 percent of the homeless families who received Section 8 housing certificates (subsidies that make apartments affordable) were still in permanent housing eighteen months later. Housing by itself, however, may not always be enough. Subsidizing the cost of housing increases stability, especially where subsidies allow people to live in safer, more decent housing. Supportive services may be needed to help establish, maintain, and enhance stability. However, providing secure housing *first* is the most effective way of stabilizing homeless adults and families.

WHERE WE GO FROM HERE

Clearly, we need to learn more about who becomes homeless, patterns of homelessness over time, and the factors that predict movement into and out of homelessness. We do understand, however, that a large number of people experience homelessness and then never experience homelessness again, that homelessness is a chronic condition for a much smaller number of people, and that in between, a substantial number of people experience ongoing residential instability, moving into and out of homelessness repeatedly over time. Similarly, we understand that access to institutional resources, including the safety net meant to support economically marginal households, plays a critical role in determining which group people find themselves in. Finally, we know that proven models for successfully intervening with the full range of homeless subpopulations exist. What remains is the will to translate these understandings into broad policy initiatives that are capable of both preventing homelessness and ameliorating it when it occurs.

—Paul Koegel

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☐ HOMELESSNESS, DEFINITIONS AND ESTIMATES OF

Definitions and counts or estimates of a phenomenon are inextricably intertwined. One cannot count something—widgets, for instance—if one cannot tell whether an object is or is not a widget. In other words, the first problem that arises when trying to count “homeless people” is that defining the term is

extremely difficult, both in the abstract and in the practical methods of social research. Further, definitions of a phenomenon such as homelessness usually embody one or more social purposes. They are not neutral, but rather are constructed to influence public concern and action. Thus they are “programmatically.” They may be trying to make a phenomenon visible, to get it defined as a problem and therefore worthy of intervention and amelioration, or to do the opposite. They may be trying to limit, or to expand, the scope of action expected or demanded. Or they may be trying to influence the value placed on one way of life in comparison to others.

Yet definitions are essential. From the perspective of immediate action, definitions identify who is eligible to receive whatever assistance is available specifically for homeless people. From a research perspective, definitions are necessary to identify who should be counted and described. And from a policy perspective, definitions are necessary to identify who should be planned for and what types of assistance they will need. The problem is, each of these purposes may require that homelessness be defined and measured in a different way. For this reason, the most useful research methods do not rely on a single definition of homelessness, but collect enough information about housing situations to allow analysts to construct samples based on different definitions for different purposes.

This entry looks first at the rather simple definition of homelessness used to allocate federal funding and at national estimates of the size of the homeless population based on that definition. It then discusses several issues surrounding definitions of homelessness and examines the issues involved in selecting various methods for obtaining estimates of population size.

THE FEDERAL DEFINITION OF HOMELESSNESS

At present in the United States, government policy and access to particular kinds of government-supported assistance are driven by a clear but narrow definition of “literal” homelessness, which is

based upon a person’s sleeping arrangements. Literal homelessness is defined on a day-by-day basis and refers to sleeping either in places not meant for human habitation, in an emergency shelter or transitional housing program serving homeless people, or in emergency accommodations paid for by a voucher from a program serving homeless people. This federal definition narrows the group of people identified as homeless to a fairly small proportion of the precariously housed or unhoused population. It is meant to help providers determine whom to serve, and to help planners calculate the levels of service to provide.

1996 ESTIMATES OF THE NUMBER OF HOMELESS PERSONS

The most recent reliable source of national estimates of homelessness is the 1996 National Survey of Homeless Assistance Providers and Clients (NSHAPC). NSHAPC did not use a single definition of homelessness, but collected information that allows researchers to construct samples based on a variety of definitions.

Point-in-Time Estimates

Burt and her colleagues used NSHAPC data to develop point-in-time estimates for February and October of 1996 using the federal definition of homelessness. Their results indicated that between 444,000 (October) and 842,000 (February) people were homeless at those particular points in time and using homeless assistance services. These estimates include the children in homeless families as well as all service-using homeless adults.

Point-in-time estimates like these were the only type produced for more than a decade after homelessness was acknowledged to be a national problem in the early 1980s. However, during that period, awareness increased of the complexities of homelessness. One aspect of that complexity is the amount of movement into and out of homelessness over time, including the exit and reentry of the same people and the first entry of new households into homelessness. Making reliable estimates of period

prevalence—the number of people who have experienced homelessness during a specified period of time such as one year—is much harder than taking a point-in-time count, because one needs a way to be sure that each person is counted only once.

Annual Prevalence

The first good estimates of annual prevalence were not national. Dennis Culhane and his colleagues (1994), analyzing data from the Philadelphia and New York homeless management information systems (HMISs), found that four to six times the number of people homeless on a given day passed through the shelter systems of these cities in the course of a year. Calculations for Philadelphia and New York showed that during a single year's time, these people included about 1 percent of the entire city population, and came close to or exceeded 10 percent of its poor people.

No HMIS exists on the national level that could produce annual prevalence estimates for the country as a whole. Nevertheless, as appreciation grew for the very great differences between point-in-time and annual numbers, the issue of annual estimates was important enough for Burt and her colleagues to develop a way to make projections using the February and October 1996 NSHAPC point-in-time estimates based on the federal definition of homelessness. The results: From 2,325,000 (based on October estimates) to 3,494,000 (based on February estimates) people experienced homelessness in a year's time. As large as these projections seem, they are completely in line with the documented shelter use rates in New York, Philadelphia, and a few other cities—0.9 to 1.3 percent of the entire population, and 6.3 to 9.6 percent of poor people in the United States.

ISSUES IN DEFINING HOMELESSNESS

Definitions of a phenomenon such as homelessness frequently require balancing between the two horns of a dilemma. If definitions are too inclusive, they become useless because too many people are ultimately covered and the phenomenon becomes too

diffuse. With homelessness, this tendency is manifested by definitions that threaten to include the entire population of people in poverty, or everyone who is poorly housed. But if definitions are too specific, they focus too exclusively on the homelessness of the moment. They lead to policies and practices that are ameliorative but not preventive, because they do not address the larger question of desperate poverty and the pool of people at high risk for periodic bouts of literal homelessness.

During the past two decades, we have become increasingly sophisticated in our policy approaches to homelessness. We no longer can sustain the belief of the early 1980s that homelessness is an emergency situation that will go away as a national issue, and we increasingly look for ways to prevent homelessness as well as to end it for those to whom it occurs. As policy needs change, so too must we reconsider the value of definitions that were created to serve a particular policy purpose.

For instance, the federal definition of literal homelessness that served throughout the 1990s, with its emphasis on being without a bed tonight or last night, is conveniently precise from some perspectives (it is relatively easy to ascertain where a person slept on the previous night and therefore easy to use in determining whom to help). However, it is overly precise and therefore misleading from other perspectives. If people can afford to pay for a motel room three nights a week but sleep in the park for the other four, week after week, because they cannot afford a room, it seems relatively meaningless to say that they are homeless only on the nights they sleep in the park. Truly helping them would mean helping them achieve stable housing. Similarly, if someone has no stable place to stay but a relative is willing to provide housing for two or three days until space is available in a homeless shelter, it seems relatively meaningless to say that the person is housed (because he or she is sleeping in conventional housing) and therefore not eligible for the homeless service. The ultimate failure of this narrow definition is that it does not help us address the larger issues of how to end homelessness for the long term, not just for a night. It only helps people decide who should receive services at any particular time.

ISSUES IN COUNTING AND ESTIMATING HOMELESS POPULATIONS

Every number claiming to represent the size of “the homeless population” is an *estimate*, regardless of the method used to obtain it. Even when the basis of the number is a street count and enumerators know they have actually seen every person in the count, the final number is still an estimate. Enumerators will always have missed some unknown number of people and will try to compensate for those not counted in various ways. It is a rare count that, when published, does not include a statement that “there are *at least* this many homeless people” or “we doubled the number we actually interviewed to account for those we missed” (note that the decision to increase the reported count by any percentage is pure guesswork). As most counts are done at night, the odds of missing people who do not want to be found are quite high. The only numbers that are not estimates are those that claim merely to be reporting the number of people contacted—either through a survey, a street count, or a shelter-tracking database—and *not* “the size of the homeless population.”

Focusing on estimates of population size, we can try to understand the various factors that make an estimate more or less likely to reflect the population adequately. These include (1) where one looks, (2) how much information one gathers to help distinguish among different housing situations, (3) when and how long one looks, and (4) whether one uses a sample or tries to make contact with everyone.

Where One Looks

If one does not go to certain places where one might expect to find homeless people, the people staying in those places will not be included in one’s estimate. This is the definitional bottom line—whatever the theory, the reality of who is included in an estimate depends on where the enumerators go. Therefore the first thing that should be checked when reading reports of homeless counts is what locations the enumerators did and did not include.

For example, studies that go only to shelters miss homeless people who do not use shelters. Many

local efforts to count homeless people do only shelter counts. Studies that only search downtown streets miss anyone who stays outdoors in residential areas. Very few street counts cover an entire jurisdiction, yet in some communities homeless people with specific disabilities—mental illness in particular—avoid downtown areas because they feel too vulnerable there to harassment and victimization. Along with gaining agreement on which housing circumstances should be called homelessness, the biggest challenge to obtaining good estimates is finding people who do not use shelter arrangements.

It is relatively easy to count and interview people who sleep in a residential program. The challenge is choosing which programs to include in one’s study. Emergency shelters are pretty obvious. But lines are increasingly blurred around programs that offer various degrees of permanence for people coming directly from the streets. For instance, some no/low demand residences such as safe havens allow residents to stay “as long as needed” although the housing is not intended to be permanent—are the people staying in them homeless or are they in permanent housing? Some transitional housing programs put households directly into housing they can retain even after supportive services end—are these tenants homeless or in permanent housing? Every study needs to make these decisions, but different studies may decide differently, making their estimates difficult or impossible to compare.

Finding people who do not use the homeless assistance network’s shelter and housing resources is even more of a challenge. Various techniques have been used, including street searches, following outreach teams, and going to feeding programs (for example, soup kitchens and mobile food vans), health care programs, and drop-in or warming centers. All these approaches require a method for assuring that a particular person is not counted more than once, since the same person may use more than one service, either on a given day or during the days the enumeration is taking place. In general, no matter how thorough, street counts will miss many homeless people because they do not want to be found or because finding them might be dangerous to the searchers. For most communities, techniques involv-

ing sampling from relevant services (including outreach) will capture higher proportions of non-shelter-using homeless people than straight street counts, especially if the counts are done at night.

Finding people who are not presently homeless but are at imminent risk is the hardest task of all, and one that cannot be done within the same study framework as most studies of homeless populations. The places one would look for the imminent risk population include institutions (psychiatric hospitals or wards, jails, and prisons) and conventional housing units. As prevention becomes an increasingly important part of systematic efforts to end homelessness, we will need better techniques for estimating the population at imminent risk, which will indicate the demand for interventions to prevent homelessness.

Clarifying Information

The more places one includes as locations to search for homeless people, the greater the odds that some of the people in those places will not be homeless now and may never have been homeless. For instance, feeding programs such as soup kitchens are excellent locations for finding non-shelter-using homeless people, but on average about half of soup kitchen users are not currently homeless. If one includes soup kitchens in one's enumeration to increase the coverage of street homeless people, one will need to collect enough information to separate the homeless users from the non-homeless users. Therefore one cannot merely count heads; one needs to obtain specific information about housing situations, at present and in the past. The more details one has about current, recent, and even long-ago housing situations, the more flexible the data will be for accommodating a variety of definitions of current or former homelessness and housing instability.

Another consequence of searching in many types of places for homeless people is that the same people are likely to have used more than one of the places. Early homeless counts attempted to deal with the problem of duplicate counting by limiting their time frame to a few hours at night, and some still do so today. The problems and inaccuracies of night count-

ing quickly became apparent, however, and led to the search for alternative approaches for assuring that people are not double and triple counted in the final estimate. Two approaches emerged—developing unique identifiers, and getting service use information from each respondent. Unique identifiers, which are most likely to be used in studies that try to capture all homeless people, allow analysts to compare identifying information from interviews or contacts with homeless people done at many locations to detect and eliminate duplication in population counts, while still retaining the information about how many people use each different service location. Service use information from respondents allows analysts to use statistical techniques to unduplicate, and it is most common in studies that use sampling rather than trying to make contact with every homeless person.

When and How Long One Looks

“Point prevalence” refers to the number of people who are homeless at a single point in time—usually one day or one night. “Period prevalence” refers to the number of people who have been homeless during some longer time period such as a month or a year.

Most efforts to enumerate homeless people cover a very short time period and produce estimates of point prevalence. They give a count and provide descriptions based on the people who are homeless on a single day or single night. There have also been some attempts to use interview data from point-in-time samples to estimate the number of people who might be homeless during the course of a year. To come close to the results of shelter-tracking databases when doing this type of projection, one needs a large, statistically valid sample that is very inclusive of sampling sites and information from respondents about the length and pattern of their homelessness. The annual estimates derived from NSHAPC, presented above, used this technique.

Two alternatives to the one-night approach provide important techniques for getting accurate estimates of population size. The first is the computerized shelter-tracking database that covers all (or most) “homeless beds” in a jurisdiction. Because each person in these databases has a unique identi-

fier, all service episodes (for instance, nights in shelter) used by one person can be linked to that person. These databases, now known most frequently as homeless management information systems, give a jurisdiction knowledge of how many distinct individuals have used the system during any time period of interest, from one day to one year to however long the system has been operating. The Philadelphia and New York data cited earlier come from systems of this sort. It is important to remember, when using population counts from an HMIS, that the counts cover only the types of people the HMIS covers—usually emergency shelter users. In most communities, this is not the entire homeless population.

The second alternative to a one-night count is an enumeration over an extended period of time—say six to eight weeks—conducted in mainstream agencies such as welfare offices, food pantries, food stamp offices, and community action agencies as well as in programs targeted specifically to homeless people. The Kentucky Housing Corporation has used this technique twice in statewide studies to estimate population size. The mainstream agencies use two brief screening questions to identify people among their clients who may be homeless, and a brief follow-up questionnaire gathers information to construct unique identifiers as well as answer some basic questions about the homeless condition. This technique is particularly appropriate for jurisdictions with relatively sparse populations and/or relatively few homeless-specific services. Kentucky developed the approach because all but 7 of its 120 counties are rural.

Sampling or Counting

Counting seems like a straightforward process. But in fact, producing an accurate estimate of the size of the homeless population at a particular point in time from simple counting techniques is extremely difficult. Understanding the flows of people into and out of homelessness cannot be accomplished with a simple count. HMISs can provide both literal counts and descriptions of flows (assuming they contain the right data fields), but an HMIS is a very difficult thing for a community to develop, and it will rarely cover the entire homeless population.

Studies based on sampling techniques require more methodological knowledge but also give more flexibility. One need interview fewer people for the same results and can go into greater depth with them about their circumstances and conditions. One can use screening questions to make it feasible to check for homeless people in places where they may be a small minority of service users, which is useful for finding homeless people in jurisdictions without many homeless-specific programs. The Kentucky Housing Corporation survey provides an example of a simple two-question screener: (1) In what type of place are you now staying? (2) Is that your permanent place to stay? If the answer to the second question is “no” or “unsure,” the interview continues on the assumption that the person is homeless. Finally, if one wants to find people at imminent risk of becoming homeless (to estimate, for instance, the likely level of need for services), sampling techniques are essential for examining overcrowded households, particular neighborhoods, and institutionalized populations that are major senders of people into literal homelessness. However, when it comes to estimating the annual prevalence of homelessness, sample-based studies are limited to projections based on what currently homeless people say about their homeless experiences.

POLICY IMPLICATIONS

No one has done a perfect enumeration of homeless people, and no one is likely to do so. Resource constraints, the slipperiness of homeless definitions, and multiple policy purposes for homeless studies make this prediction almost certain. Also contributing to the difficulty are the different sources of data for estimating the size of the homeless population and the different legitimate uses to which such numbers can be put. There is no one right number. Different types of estimates serve different purposes, and all are useful. Someone interested in service planning needs to know about the expected level of service contacts on a given day and will not care so much whether the contacts are made repeatedly by a relatively small group of people or only once each day by a very large number of different people. Someone

who wants to create permanent housing for the longest-term homeless people with disabilities will need to know the actual number of such persons, not just at one point in time. And someone who wants to stop family homelessness through prevention efforts needs to know how many families might be at risk of homelessness during a particular time period and whether they need temporary crisis assistance or long-term supports to remain in their housing.

The 1980s began with only the crudest ways to estimate the level of homelessness. Throughout the decade and into the 1990s, the assessment of homelessness has become more sophisticated, both in the use of numbers for different purposes and in the ability to determine these numbers. It is critically important for those who wish to make policy or to influence it to have a very clear understanding of what they are trying to do and for whom they want to do it. It will then be much easier to identify the right number for that specific purpose. It is also important to realize that bad policy will result from using the wrong numbers or from using numbers that confuse rather than clarify the nature of the policy task.

—Martha R. Burt

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☐ HOMELESSNESS, INTERNATIONAL PERSPECTIVES ON

Understanding homelessness in international perspective poses a general challenge: to approach each culture from an emic point of view—that of an insider—since what one culture regards as homelessness, another may not. For example, the communal apartments of Russia may be termed *precarious* or *marginal* housing by U.S. standards, but are not considered such in Russia. Or a shelter made from found material on land to which the builder has no legal claim could be seen as part of a *squatter settlement* or a part of an emerging community.

How widely does one cast the “homeless net”? What are the numbers and characteristics of the people included in the definition of homelessness? Worldwide, the answers vary. Studies comparing homelessness in two or more nations offer a step toward an international understanding of the issue (Daly 1990; Glasser 1994; Glasser, Fournier, and Costopoulos 1999; Helvie and Kunstmann 1999). These comparisons expose factors that might not be obvious in a one-site study—factors affecting both levels of homelessness and the society’s response to it.

THE TERMINOLOGY OF HOMELESSNESS

Words used to describe homeless persons offer some insight into the varying conceptualizations of the

Table 1. Cross-Cultural Conceptualizations of Homelessness

| Concept | Notes | Region |
|---|--|------------------------|
| Lack of shelter | | |
| roofless | | India |
| <i>sin techo</i> | “without roof” | Latin America |
| <i>sans-abri</i> | “without shade” | France; Quebec, Canada |
| sleeping rough | | United Kingdom |
| without permanent address, <i>sans adresse fixe</i> | generic term | United Nations |
| Person who is cut off from a household or other people | | |
| <i>clochard</i> | tramp | France |
| <i>Pennebruder</i> | “prison brother” | Germany |
| <i>desamparado</i> | without protection or comfort from other people | Latin America |
| <i>furosha</i> | “floating people” | Japan |
| <i>puliukko</i> | elderly male alcoholic | Finland |
| <i>bomzi</i> (acronym for <i>bez opredilyonogo mesta zhitelstva</i>) | of no fixed abode | Russia |
| Homeless street child | | |
| <i>gamino, gamina</i> | gamin, gamine; street urchin | Colombia |
| <i>pivete or pixote</i> | street child involved in crime; <i>pixote</i> is from the film of that title | Brazil |
| <i>khate</i> | “ragpicker” | Kathmandu, Nepal |
| Squatter settlement, spontaneous settlement | | |
| <i>bidonville</i> | “tin city” | Francophone Africa |
| <i>pueblo jóvene</i> | “young town” | Lima, Peru |
| <i>favela</i> | squatter settlement | Brazil |
| <i>kampung</i> | village | Indonesia |

Source: Adapted from I. Glasser (1994, 6).

term, as illustrated in Table 1 above. In countries such as India, the term for people living outside without shelter is *roofless*, a term that does not imply the social pathology so often associated with the word *homeless*. Developing countries tend to discuss the issue of lack of adequate housing from the point of view of rural-to-urban migration, or as the result of natural disaster or war. For Western nations, homelessness historically has been linked to alcoholism (as seen on the skid rows of major cities, for example). In the latter part of the twentieth century, homelessness was tied to widespread substance abuse and the deinstitutionalization of the mentally ill, coupled with the gentrification of the cities and a decrease in governmental support for social housing.

term *puliukko* indicates the close historical relationship of alcoholism and homelessness. Finally, a *bidonville* (“tin city”) may become a new community (that is, a *pueblo jóvene*) with infrastructure support such as clean water, waste removal, and electricity.

Another way to understand homelessness internationally is to think of homelessness as the opposite of being adequately housed. In 1987, representatives from forty countries met in Limuru, Kenya, in order to address poverty and homelessness. The conference developed a definition of adequate housing that became known as the Limuru Declaration (as cited in Turner 1988, 187):

Adequate, affordable shelter with basic services is a fundamental right of all people. Governments should

In Montreal, Quebec, *les itinérants* is the term used by the religious and advocacy communities; the newspaper sold on the streets of Montreal is *L'Itinéraire*. But the word *sans-abri* (without shelter, or literally “without shade”) is used in professional and academic circles. Some people have suggested that *sans-abri* came into vogue in Montreal after the widespread media attention to the United Nations 1987 International Year of Shelter for the Homeless (Glasser, Fournier, and Costopoulos 1999).

Elsewhere, too, terminology reflects local conditions. Street children are often referred to by the job they do for survival, such as the “parking boys” of Kenya. It is interesting to note that originally the South American Spanish term *gamino* may have implied a petite and appealing child on the street, whereas now the word has taken on negative connotations, hinting at lawlessness. The Finnish

respect the right of all people to shelter, free from the fear of forced eviction or removal, or the threat of their home being demolished. . . .

Adequate shelter includes not only protection from the elements, but also sources of potable water in or close to the house, provision for the removal of household and human liquid and solid wastes, site drainage, emergency life-saving services, and easy access to health care. In urban centers, a house site within easy reach of social and economic opportunities is also an integral part of an adequate shelter.

Another interesting challenge in the effort to define homelessness is raised by this question: When is “no access to a conventional dwelling” *not* homelessness? The answer appears to be: When movement from place to place is a part of the *culture* of the group. For example, pastoralists who move with their herds and have no permanent settlement, such as the !Kung of the Kalahari desert, would fit this description. And, some would argue, so do the year-round recreational-vehicle dwellers who do not maintain permanent dwellings anywhere else (Glasser and Bridgman 1999).

To further make the point, what would prevent a group of people from *naming* their lack of a permanent home a part of their culture? For example, Susan Hutson, an anthropologist who has widely studied homelessness in Wales, documents the appearance in Wales of self-styled nomadic groups known as the New Age Travellers, young people who travel around the United Kingdom in caravans or move into abandoned buildings. Is this an appropriation of the name “Travellers,” (known as gypsies in other parts of the world) or is it an accurate description of their culture? Must a group have other markers of culture, such as language and common ancestry, in order to warrant membership in a culture, or is a loosely affiliated group, such as men living on the streets, enough?

Finally, consider the populations of refugees and immigrants—forced and voluntary transnational migrants—who have long been the subject of anthropological research. Should they be included under the rubric of “homeless”? At first glance, those who lack a “homeland,” as in the case of



An older homeless man squats to rest outside a café in Athens, Greece, in July 2003.

Source: Karen Christensen; used with permission.

refugees, may appear to comprise a different category than those who live in shelters and on the streets of their own country. But there is some evidence of overlap. For example, there appears to be a high proportion of refugees in the squatter camps of the Sudan. One also finds a high proportion of African immigrants squatting in the vacant HLMs in and around Paris; these *Habitations de Loyer Modérés*, or “moderate rent housing,” are similar to public housing in the United States. Indeed, in some cases, being a refugee or immigrant may increase one’s vulnerability to various forms of homelessness. However, one should also be aware that government officials may often claim that the homeless are “not from here” as a way to turn a blind eye even to a community’s indigenous people who have become homeless.

RESPONSES TO HOMELESSNESS

The industry and inventiveness of people in various parts of the world to create their own housing out of found materials have been well documented. For example, in *The Young Towns of Lima* (1980) the British anthropologist Peter Lloyd argued that rather than being squatter settlements of despair, the self-made houses of the *sin techo* (“roofless”) poor on the periphery of Lima, Peru, were in fact the beginning



Men rest at a shelter for the homeless and mentally ill in Mexico City in 2000.

Source: David H. Wells/Corbis; used with permission.

of stable housing with the potential for vital communities, and were being called *pueblos jóvenes* (“young towns”) in order to reflect that reality. Janice Perlman (1976) concluded from her research on urban poverty in the *favelas* of Rio de Janeiro that poor people, through their self-build redevelopment efforts, gave much more to the city than they took in return.

One of the greatest barriers to such self-build efforts is that residents in informal settlements do not actually own the land they build on, and therefore do not enjoy security of tenure. Many countries have instituted micro-credit financing programs—such as revolving loan programs—to assist people with gaining security of tenure, title to their lands, or economic self-sufficiency. Examples include the Self-Employed Women’s Association Bank, started in 1972 in Ahmedabad, India; the Payatas Scavengers’ Association Savings and Loan, begun in 1997 in Quezon City, Philippines, and the uTshani Fund, started in 1995 for members of the Homeless People’s Federation, South Africa (Sheehan 2003).

The idea of self-made housing or mutual help efforts to challenge homelessness have also been tried in many North American cities, and at times, anthropologists have been involved in these efforts.

On the street, an intermediate level of service between outreach efforts and permanent shelter facilities can sometimes be found: the “daytime respite,” or a place of rest and refuge for the home-

less person. In Montreal, Chez Doris is one such daytime shelter for women, where French, English, and increasingly, Inuktitut—the language of the Inuit—are all spoken. Chez Doris is a multilingual gathering spot for over sixty women a day; they come for food, clothing, baths, laundry facilities, and most of all, the companionship of the other women and the staff. The center is funded by both government and private donations, and the women who utilize Chez Doris also provide much of the labor needed to run the place. It is a low-demand, “no-questions-asked” service that accepts women who are poor, on the street, and may have psychiatric and/or substance abuse problems (Glasser and Bridgman 1999).

Another example of a “no-questions-asked” daytime respite is El Patio, a community program for street children including play, laundry services, and food in Bogotá, Colombia (Goode 1987). This program represents a first step in a series of programs that emphasize education for occupations (including the children’s own current “street” livelihoods) and self-government. Such programs are often known as “street schools” in the developing world. But unlike many, El Patio does *not* emphasize reuniting children with their families, who are seen as having had to give up their children to the streets due to severe poverty. The former street children who become staff appear to be very effective and have a long-term commitment to the work.

The general rubric of “self-help housing” has been applied to many strategies that capitalize on the leadership and labor of the future residents. For example, StreetCity in Toronto was a nonprofit pilot housing project developed by the Homes First Society in direct consultation with the chronically homeless (Bridgman 1998; Canada Mortgage and Housing Corporation 1999). StreetCity occupied a vacant warehouse, and funding came from many levels of provincial, metropolitan, and municipal governments. The project grew from an idea generated by a group of homeless and formerly homeless men and hostel workers. The facility first opened in December 1988 while still under construction, and operated as a hostel dormitory with forty homeless men sleeping on the second floor. Some of the men



A Green Statement on Homelessness

Homelessness is a great issue for Greens, one on which we can clearly distinguish ourselves.

Ds and Rs are in thrall to “the market” and “economic growth” as the way to provide jobs, housing, and increased tax revenues for the government programs. Note the quotes: “the market” and “the economy” are abstractions based on statistical assumptions. Clearly, however, “the market” is dominated by individuals and corporations seeking to maximize profits; “the market” will not provide housing for people who cannot afford to pay for it. And “economic growth” is measured by GDP, which we all know is an absurd statistic that counts war, waste, crime, and disease as positive line items.

Most of what Ds and Rs propose to do about homelessness actually involves subsidies to homebuilders, real estate developers, and other corporations. Greens have to challenge them to be concrete and specific.

A lot of Greens talk about a living wage, and that’s an important step. But we have to understand the problems a living wage creates for small business people, [who] fear higher payroll costs.

The one sure way to end homelessness—and an idea that is central to the economic platforms of most Green Parties in Europe—is to provide everyone with a guaranteed basic income at a subsistence level.

Source: Steven Shafarman, Citizen Policies Institute, Washington, D.C. (2003).

Basic income gives the same amount to everyone, rich and poor, employed and unemployed, as a baseline of economic justice and equality. (A progressive income tax would recover the money from those who don’t really need it. That’s much simpler and more efficient than any type of means-testing.)

With basic income, everyone will have enough money for food and shelter, which can be purchased through the market. It will no longer be necessary for government to create jobs or provide food or housing; such programs can be cut, the money used to pay for the basic income. Everyone will receive the same amount, so there would not be any loss of dignity in accepting it, in contrast with welfare payments that are need-based, means-tested, or otherwise conditional. And the distribution would be extremely efficient, with no welfare bureaucracy.

Basic income is not socialism. It would preserve markets and private property. And everyone will still be free to earn as much money as one can. So we can at the same time end homelessness and eliminate the rationale for a vast range of corporate welfare subsidies.

In other words, this is a great way to show that we are Greens, neither left nor right but above and beyond both sets of conventional policies. For a more thorough presentation, visit www.citizenpolicies.org/endinghunder.html.

worked as laborers on the construction crew. This kind of incremental building, in which housing may be partially occupied while still under construction, required a relaxation of municipal and provincial building standards. Over time, StreetCity residents developed an elaborate community structure including a biweekly residents’ meeting known as Town Council, with an elected mayor.

The fact that StreetCity had no curfews, that it was a coed residence, and that drugs and alcohol were not banned in the building signaled its *laissez-faire* approach, in direct contrast to the conventional mores of hostel provision in Canada and the United States. A second, more permanent facility was modeled after StreetCity and named Strachan House, opened in 1997.

In Montreal, mentally ill residents benefit from supportive housing through the FOHM (Fédération

des organismes sans but lucratif d’Habitation de Montréal), which is a federation of nonprofit agencies that has developed housing for vulnerable populations, including the formerly homeless. The tenants receive ongoing help in the form of time with social workers, referrals to health and social service agencies, tenant organizations, and recreational activities. These help ensure that high-risk tenants (for example, the chronically mentally ill) will succeed in *keeping* their housing. The housing is affordable—defined in Canada as costing no more than 30 percent of a person’s income. A key component of supportive housing is the role of the on-site concierge, whose services are integral to the stability of the tenants’ lives. Research conducted by a team from the University of Quebec in Montreal, who closely interviewed a sample of thirty-three FOHM tenants, concluded that there were significant improvements in

the tenants' overall quality of life, and that the tenants expressed a high degree of satisfaction with their housing (FOHM 1997).

International responses to homelessness vary from country to country, from city to city. It is clear, however, that those initiatives that involve homeless people themselves directly in their design and implementation show the most promise for challenging the great divide that separates those who lack safe shelter from those safely housed.

—Irene Glasser and Rae Bridgman

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▣ HOMELESSNESS, PATTERNS OF

The homeless population in the United States and other developed nations shows a diverse range of characteristics. Although certain groups are clearly at greater risk for homelessness, all types of people can be found among the homeless population. This entry reviews the broad characteristics of homeless people in the United States, where most of the recent relevant research has been done. It considers the different pathways that lead to homelessness and reviews the life course someone follows after becoming homeless.

DEFINING HOMELESSNESS

To the casual observer, it would appear that defining homelessness would be an easy task. However, this is not the case. Different definitions are used by advocates for the homeless, policymakers, and researchers. Complicating the definition are the duration of homelessness required (should a person homeless for one night be included?), the specific quality of housing (should a person living in grossly substandard housing be included?), and crowding (should someone temporarily doubled up with family or friends be included?). Most researchers have settled these issues by studying the "literally homeless," that is, people staying in shelters for the homeless, on the streets, or in other similar settings (e.g., in abandoned buildings, in makeshift structures, or in parks). There are many other persons who are precariously housed or at imminent risk for becoming homeless. Researchers may include such persons, but will define them as a group separate from the literally homeless. Many researchers and advocates now talk about homelessness in the context of a continuum of housing that runs from the stably housed

to the literally homeless, with many persons falling between these two extremes.

THE THREE MAJOR HOMELESS GROUPS

Before proceeding with any research-oriented description of the homeless, it is important to distinguish three key subgroups in the overall homeless population: *homeless families*, *homeless adolescents*, and *homeless single adults*. These three subgroups are generally distinct on many dimensions, including their patterns of homelessness. In most cities in the United States (as well as in other developed nations), homeless families rarely include children of age ten or over and children under age twelve are very rarely found homeless on their own. Largely distinct service systems and research literatures have developed for each of these three subgroups, and recent research has documented many of the ways they differ from each other.

Homeless families typically include a single young mother with young children (often under age five). These families end up homeless for a variety of reasons, including extreme poverty, loss of benefits, eviction, domestic violence, or their own personal problems (e.g., substance abuse). Homeless families often include multiple siblings. Unlike single homeless adults and, to some extent, homeless adolescents, homeless families are rarely found on the streets. Rather, they tend to be found in homeless shelters, often ones specially designed for families. Many can also be found temporarily doubled up with friends or family or in domestic violence shelters (these families are sometimes referred to as the “precariously housed”). Few traditional families made up of couples with their children are found among the homeless. African-Americans and some other ethnic minorities (e.g., Native Americans) are found disproportionately.

Homeless adolescents differ from homeless adults by definition because they are under age eighteen, and from homeless children in families because they are homeless on their own. Although studies on homeless youth often include young people as old as twenty-four, the legal, policy, and intervention issues are quite different for adoles-

cents under age eighteen who are homeless on their own than for those eighteen or older. A variety of terms have been used to describe homeless adolescents, including *runaways*, who have left home without parental permission, *throwaways*, who have been forced to leave home by their parents, and *street youth*, who are found on the streets. These are not mutually exclusive groups. The definition of homelessness for adolescents is necessarily different from that for homeless adults and families because minors away from home without parental permission are typically breaking the law and so must be returned to their parents except under special circumstances (e.g., when there is clear evidence that they are being abused at home). Once adolescents turn eighteen, their legal status changes dramatically. Though most homeless adolescents have spent little or no time on the streets, much of the existing research has focused on “street youth” who can be found in certain large cities (especially on the East and West Coasts). Most research has found roughly equal numbers of girls and boys among homeless adolescents, though boys are much more common among studies of street youth.

Homeless single adults are mostly male (70–80 percent), and most have a history of alcohol and/or drug abuse and/or dependence (60–80 percent). Though the mentally ill are clearly overrepresented, only about 20 to 40 percent of the overall population of homeless single adults are severely mentally ill. Severe depression is probably the most common diagnosis (20–25 percent of the overall population), with schizophrenia less common (5–15 percent) but very noticeable to the casual observer. Most homeless single adults are between eighteen and fifty (usually over 80 percent), with people over sixty quite rare (less than 5 percent). As with homeless families, African-Americans and some other ethnic groups are found in disproportionate numbers among the population of homeless single adults. In American cities with large general populations of African-Americans, this ethnic group often constitutes a majority of the homeless population (including families, adolescents, and single adults). Most of the existing research on homelessness has been done on single adults.

SOME OTHER CHARACTERISTICS OF HOMELESS PEOPLE

While many women and adolescents from middle-class backgrounds who are fleeing difficult environments become homeless, in all subgroups homeless people usually come from poor backgrounds and thus share many characteristics with the larger population of poor people. Violence in the homes and communities of origin of homeless people has been well documented. This is perhaps especially true for homeless women (whether single or with their children) and homeless adolescents. Despite stereotypes to the contrary, most homeless people (including single adults) are in regular contact with members of their families (though this contact obviously may not always be positive). Substance abuse (of alcohol and/or drugs) is common in both the families of origin and among the homeless people themselves. While it is easy to see how a history of substance abuse would put someone at risk for becoming homeless, it has also been suggested that, once homeless, some persons may self-medicate to temporarily escape the hardships of being in a homeless state. This appears to be true for single homeless men, but many studies have found lower rates of substance abuse among homeless mothers and homeless adolescents. For homeless mothers, these lower rates could be either a result of the time and effort they need to care for their children or the consequence of underreporting due to the fears of having children removed by authorities (substance abuse and child abuse or neglect are often associated in the eyes of child protection workers). For homeless teens, the lower rates could be due either to having less access to alcohol and drugs or to being young and not having yet developed entrenched patterns of substance abuse. Many believe criminal behavior to be very common among the homeless. However, even among homeless young adults, only about one-quarter to one-third have a serious criminal history (felony conviction). It is also important to note that many homeless people get arrested for victimless crimes due to their homeless lifestyle (e.g., through panhandling, public drunkenness, or squatting in abandoned buildings).

CHANGES IN HOMELESSNESS OVER TIME

If we look solely at media coverage of homelessness over the past several decades in the United States, it might appear that homelessness was nearly nonexistent before the 1980s, showed a sharp rise during the 1980s, and then dropped or leveled off in the 1990s. However, it is not clear whether there was a significant rise in homelessness during the 1980s or just a rise in media coverage of the problem (and the associated interest of politicians). Some data suggest that with the booming economy of the 1990s, there may have been a small decline in the rate of homelessness (a five-year prevalence of 3.9 percent in a national sample in 1993–1994 vs. 1.9 percent in 2001). However, even if it has declined, the rate remains very high. With the poorer economic times of the early 2000s, it is possible that homelessness may soon rise again.

Martha Burt and her colleagues (2001) examined changes in the rates of homelessness from 1987 to 1996 and concluded that there is no simple answer to whether these rates have changed. They believe that the number of people homeless and using assistance services (e.g., soup kitchens and shelters) at any one time is highly variable and greatly affected by the season, with greater service use during the winter months. Although the increased number of homeless assistance programs affects her estimates, Burt points out that the availability of assistance programs does not cause need but illuminates a level of need that already exists.

Peter Rossi, one of the early pioneers in modern research on homelessness, has often noted that today's homeless people, who began to appear in the 1980s, differ greatly from the homeless of the 1950s and 1960s (1989). Homeless people in earlier decades were often middle-aged, white male alcoholics living in the skid-row areas of American cities. The new homeless population is more diverse; it has more ethnic minorities (especially African-Americans), more women (including those homeless with their children), and more younger people (including adolescents and young adults). It is less certain whether there have been changes in the characteristics of the homeless population over the past

few decades, during which time research on the topic has become common. To assess whether there were, indeed, any such changes, Ouellette and Toro conducted a needs assessment that used the same methods in the early 1990s and early 2000s to obtain representative samples of homeless adults (including those with children) in Wayne County, Michigan (which includes the city of Detroit). Compared to the sample of 249 obtained between 1992 and 1994, the 220 adults in the sample obtained between 2000 and 2002 were older, had more physical health symptoms, reported less social support and fewer significant family and friends, and were more likely to receive a diagnosis of schizophrenia (see Ouellette and Toro 2002). Perhaps during the generally good economic times that existed between the collection of these two homeless samples, those most capable of escaping homelessness did so, leaving behind those who were older and who had fewer resources to obtain employment. The erosion of access to health care services and special services for the mentally ill in the past few decades could help explain the findings on physical health and schizophrenia.

PATHWAYS INTO HOMELESSNESS

To understand the paths people take into homelessness, it is necessary to consider the broader question of what causes homelessness. Although there has been a great deal of speculation on the causes of homelessness by the media, politicians, and researchers, firm scientific data are hard to come by. However, several research methods can shed some light on the causes, even though none can provide definitive proof. The simplest method is to carefully describe large representative samples of the homeless population. This approach fails to support the notion that severe mental illness and the closing of mental hospitals over the last several decades are the main causes of the rise in homelessness that has been observed over the past few decades. With most studies finding that fewer than 40 percent of the overall homeless adult population (and even fewer homeless adolescents and adolescents in homeless families) are severely mentally ill, it is not plausible that mental illness is the major cause, though it could be a

partial cause. On the other hand, substance abuse (observed in a clear majority of homeless single adults) could be a major cause. Another method that can help understand the causes of homelessness is to compare samples of homeless people to samples of similar poor, but not homeless, people. Such studies, especially those on homeless single adults and adolescents, often find that substance abuse does, indeed, distinguish homeless people from other comparable groups. Other factors often found to distinguish the homeless population from the poor include higher levels of stress and psychological distress, more experience of domestic and community violence, and disordered backgrounds (e.g., abusive families or foster care).

Yet another way to attempt to understand the causes of homelessness is to compare the prevalence and other features of homelessness around the world. An ongoing study of several of the world's most developed nations has found some important differences, both in the prevalence of homelessness and in the public's views of homeless people. In 2,000 telephone surveys of representative samples of citizens in seven different nations, researchers found the highest lifetime rates of (prior self-reported) homelessness in the United States and the United Kingdom, the lowest rate in Germany, and intermediate rates in Belgium, France, Italy, and Canada. The amount of compassion toward the homeless expressed by citizens matched the rates, with people in Germany and some of the other nations in Europe showing the greatest compassion and people in the United States and the United Kingdom showing the least. As researchers in this study collect more data on homelessness, they hope to identify national factors, such as family structures and welfare, housing, and health care systems, that might explain the varying rates of homelessness. One cause commonly mentioned by advocates for the homeless and researchers alike is the lack of low-cost (affordable) housing. While it may well be true that certain persons are more likely to end up homeless (e.g., those with substance abuse problems), it is also true that if there is not enough affordable housing, many poor people will be forced into homelessness. As in a game of musical chairs, because there are not enough housing

units (“chairs”) for all the poor people (“players”) at any point in time (“when the music stops”), some people will have to go without. It is often the same people who lose the game (e.g., those with substance abuse problems or mental illness).

PATHWAYS OUT OF HOMELESSNESS

The patterns of housing and homelessness among the full range of homeless people are enormously diverse. Many homeless people are homeless only for very short periods of time. Large national telephone surveys that question people on their lifetime experiences with homelessness suggest that most homeless episodes are brief. Such surveys, though they tend to exclude the currently homeless and those so poor that they cannot afford a telephone, include the full range of people who have had experience with homelessness (whereas studies of the currently homeless may include only the neediest of cases, those who show up in homeless shelters or on the streets.). Studies by Bruce Link and his group (1994) and Paul Toro and his colleagues (1997; 1999) found lifetime rates of “literal homelessness” of 6 to 8 percent among adults in the United States. Among those who have been homeless, about 40 percent report a total lifetime history of homelessness of less than a month, with about 50 percent reporting between a month and a year and only about 10 percent reporting that they had been homeless for over a year. Studies of currently homeless families and adolescents also tend to find relatively short episodes of homelessness, with many studies finding half or more of their samples homeless for a month or less (in their current episode). Of the three subgroups, homeless single adults tend to show the most extensive histories of prior homelessness and the longest episodes of homelessness. For example, in our recent studies involving large representative samples of homeless adults in Detroit and Buffalo (937 people across three separate samples), we found lifetime histories (since age sixteen) of homelessness of over a year among about 40 percent of the sample (about 80 percent had been homeless for over a month).

A number of recent longitudinal studies followed large representative samples of homeless people over

time. This allowed a determination not only of how long people were homeless in the past, but also of how much homelessness they were likely to experience in the future. Whether these longitudinal studies involve single adults, adolescents, or families, one common finding is that homeless people improve in many ways over time, including the time they were homeless. For example, in two different longitudinal studies of homeless adults who were followed for eighteen months or more, our research group found that about a third of the sample appeared to have escaped homelessness, showing no more homelessness once their current episode ended. At the other end of the continuum was about another third who were “chronically homeless,” that is, they were homeless for a majority of the follow-up period. The final third typically showed an episodic pattern, and often experienced one or more additional episodes of homelessness during the follow-up period (although they were not homeless a majority of the time). These same longitudinal studies of homeless adults also found improvements in reported stress levels and symptoms of psychological and physical illness.

Longitudinal studies of homeless families, such as that by Beth Shinn and her colleagues (1998), typically show that most families obtain permanent housing relatively quickly and remain in the housing for at least five years. Longitudinal studies of homeless adolescents, such as that of Toro and Goldstein (2000), typically find that most adolescents return fairly quickly to their family of origin. Nearly all (93 percent) of the initially homeless adolescents in our sample from metropolitan Detroit were no longer homeless at a 4.5-year follow-up, with many living with their parents (33 percent), others living on their own (34 percent), and still others living with friends or relatives (21 percent). At the follow-up, the initially homeless adolescents also reported significantly less conflict with their family and fewer stressful events.

The general improvements observed among homeless samples could be a result of the fact that when they were initially found, they were in a particularly difficult period of their lives and were therefore observed rebounding to a previously better level of functioning. This is, perhaps, good news, given that very large numbers of people can expect to be

homeless at some point in their lives (6–8 percent of all American adults, or between 16 and 22 million people, based on the large national telephone surveys reviewed above). A variety of intervention programs have been attempted with the various subgroups of currently homeless people. One increasingly common approach, called “intensive case management,” has been used effectively with the homeless mentally ill by Gary Morse and his colleagues in St. Louis (1992), with homeless street youth by Ana Mari Cauce and her colleagues in Seattle (1994), and with the full range of homeless adults (including those with their children) by Toro and his research group (1997). A related approach, called “supportive housing,” makes a full range of services readily available to homeless people at the same time that housing is provided. While such intensive programs may be necessary for many multiproblem homeless people, simpler interventions can be effective for others. For example, Beth Shinn and her colleagues (1998) found that one of the best predictors of prolonged stays in permanent housing among formerly homeless families in New York City was the provision of housing subsidies to these families. Many advocates for the homeless have called for increases in the very small numbers of federal and other housing subsidies available in the United States.

A variety of approaches for preventing homelessness from occurring in the first place have recently been proposed. Crisis intervention to avert eviction among low-income people could be effective. Given that violence and family conflict are common among the families of homeless adolescents, ready access to family-oriented services, including dispute resolution, could work for this subgroup. And, obviously, strategies that create more low-income housing or reduce the cost of existing housing (e.g., through housing subsidies), especially in large urban areas, could reduce the rate of homelessness.

—Paul A. Toro and Heather C. Janisse

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☐ HOMELESSNESS, RURAL

The two fundamental causes of homelessness in the United States—lack of affordable housing and inability to pay for adequate housing—are not limited to urban communities, and yet “poverty in rural America is often unseen, unacknowledged, and unattended” (National Catholic Rural Life Conference 2000; www.ncrlc.com). The same can be said of homelessness in rural America. Differences between urban and rural communities extend far beyond simple measures such as size, density, and distance; even definitions of the word *rural* can vary from agency to agency. Still, recent research has helped reveal the extent of homelessness in rural areas and the characteristics of the rural homeless. It has also called into question whether current approaches to defining and studying homelessness—approaches that have generally been developed in urban settings—are appropriate for rural areas. Perhaps these lessons can inform future efforts to end homelessness in rural America.

DEFINING “RURAL”

One challenge in studying homelessness in rural areas is that there is no single definition of “rural” for statistical and other purposes. Rural communities are generally thought to be places with small, low-density populations, often remote from larger cities and towns. In reality, these geographic characteristics exist on a continuum and there is no obvious dividing line between “urban” and “rural.” Two of the most common definitions are based on stan-

dards developed by the Office of Management and Budget (OMB) and the Bureau of the Census. Both define rural areas as those that fall *outside* certain areas: “metropolitan statistical areas” (or MSAs) in the OMB standard, or “urbanized areas and urban clusters” in the Census definition. MSAs are composed of one or more counties, and are defined based on population size and density, and the extent to which fringe counties are economically tied to core metropolitan counties. Because county-level data are quite plentiful, MSAs are often used as a basis for comparing urban and rural America statistically. On the other hand, the Census defines “urbanized areas and urban clusters” by settlement size and density, ignoring county boundaries. The Census approach offers a somewhat purer measure of “rural” but is more difficult to use (Hewitt 1989). Data from the 2000 census show that 21 percent of the nation’s population (or 59.1 million people) live in rural areas according to the Census definition, while a slightly lower share, 17.4 percent (or 49.2 million people), live in non-metropolitan areas as defined by OMB (U.S. Department of Agriculture 2003). But the two groups are not identical: About half (50.8 percent) of all Census-defined rural residents actually live in counties classified as falling within an MSA. Moreover, among residents of counties not included in MSAs, 41.1 percent live in urban areas.

WHY PLACE MATTERS

Whatever standard one uses to distinguish rural from urban areas, it is clear that the differences between them extend far beyond size, density, and distance. Living in a rural community has important economic, social, and cultural implications, and these in turn affect how people experience poverty and homelessness, and also how communities can best address these problems.

Housing costs are often lower in rural areas, but so too are incomes, with the result that rent burdens in rural communities are often as high or higher than those in urban places. Furthermore, opportunities for raising one’s income are much more limited in rural areas. Lower levels of education, less competition for workers, and fewer high-skilled jobs in the occupa-

tional mix result in lower wages and higher levels of unemployment, underemployment, and seasonal employment in rural communities. In addition, low population density discourages the development of workplace supports and infrastructure such as education and training, child care, and public transportation.

Many of these factors also explain why homelessness is not evenly distributed across rural areas. Higher-than-average levels of homelessness are found in communities that are primarily agricultural, in regions with economies based on declining extractive industries (such as mining, forestry, or fishing), in areas with persistent poverty, and in places experiencing economic growth (Aron and Fitchen 1996; Burt 1996). Those with growing economies include, for example, communities with new or expanding industrial plants that attract more job-seekers than can be absorbed, and areas on the urban fringe that attract new businesses and higher-income residents; these trends can drive up taxes and other living expenses to the detriment of longtime residents. Such places include ski resorts, upscale retirement communities, and counties experiencing a boom in vacation home sales. In communities with persistent poverty, such as Appalachia, young able-bodied workers often relocate to urban areas in search of employment, but if unsuccessful, they return to their home communities and find themselves homeless. Other people in impoverished or primarily agricultural areas may become homeless because of changing economic conditions, including lower labor demand as a result of mechanized and corporate farming, and a shrinking service sector because of declining population. Finally, communities located along major transportation routes often receive homeless people literally “off the interstate”—people on the road looking for work, or transients who run out of resources.

The most recent statistics on poverty across the country reveal that not only is poverty disproportionately rural, it is a persistent problem. Data from the 2000 census indicate that 13.4 percent of rural Americans were living in poverty, compared to 10.8 percent of more urban Americans. Among the nation’s 500 poorest counties, non-metropolitan (rural) counties outnumbered metro counties by 11 to 1. Among the 500 counties with the lowest per-capita income,

non-metropolitan (rural) counties outnumbered metro counties by 25 to 1 (Miller and Rowley 2002). The poorest counties—those with poverty rates of 20 percent or more—are found in Appalachia, the Mississippi Delta, the lower Rio Grande, and the Northern Plains. In many of these counties, such poverty rates have been documented in every decennial census since 1960.

Findings from the Rural Sociological Society’s Task Force on Persistent Rural Poverty, as well as other sources, dispel many common myths about America’s poor. The vast majority (73 percent) of poor rural Americans are white, another 24 percent are African-American, and the remainder are Native Americans (Hispanics of any ethnicity account for 5 percent of all poor Americans). The majority of poor rural families are among the “working poor.” In almost two-thirds (64.6 percent) of the families, at least one person has a job; in about one-quarter of them, two or more members have a job. Poor people in rural areas are much less likely than their urban counterparts to live in female-headed families. Only 17 percent of them live in female-headed families with children at home—about the same share who live in married-couple families with children at home: 18 percent (Summers and Sherman 1997).

The majority (55 percent) of poor rural Americans live in the South, another quarter (25 percent) are in the North Central region, and the remaining are in the Mountain (8 percent), Pacific (5 percent), Middle Atlantic (5 percent), and New England (2 percent) regions of the country. These patterns also vary by race/ethnicity: Poor rural African-Americans are concentrated in the south (97 percent), while poor rural Hispanics or Latinos/as are concentrated in the Southwest and on the West Coast. Poor rural Native Americans are concentrated in the Southwest (particularly in the area where Arizona, Colorado, New Mexico, and Utah meet), the Upper Great Plains (especially North Dakota and South Dakota), and eastern Oklahoma (Summers and Sherman 1997).

CHARACTERISTICS OF RURAL HOMELESS

During the 1990s, a general picture of the characteristics of rural homeless people emerged from a vari-

ety of state and local studies. Compared to their urban counterparts, rural homeless people are more likely to be white, female, married, currently working, younger, homeless for the first time, and homeless for a shorter period of time than their urban counterparts (Burt 1996; National Coalition for the Homeless 1999). Other research has also suggested higher rates of domestic violence and lower rates of alcohol and substance abuse among the rural homeless, but these findings have not been consistent across studies (National Coalition for the Homeless 1999; Burt, Aron, and Lee 2001). Finally, some rural communities have large shares of Native Americans and migrant workers among their homeless populations (Burt 1996).

Some of the most recent data on people homeless in the United States come from the 1996 National Survey of Homeless Assistance Providers and Clients (NSHAPC). As the name suggests, the data are national in scope and include communities outside MSAs in addition to central cities and those in the “balance of MSA” (see Burt, Aron, and Lee 2001 for a detailed description of this study and its findings). NSHAPC used a service-based sampling strategy, identifying and counting only those homeless people who had contact with some type of homeless assistance program; these included outreach programs, drop-in centers, and mobile food programs that serve homeless people who do not use shelters. NSHAPC documented an estimated 444,000 homeless adults and children using such services during an average week between October and November 1996 (Burt, Aron, and Lee 2001). Of this total, 69 percent were in central city areas, another 21 percent were in suburban or urban fringe areas of MSAs, and 9 percent (or about 41,000 people) were in rural areas (defined as outside an MSA). In terms of *rates* of homelessness, the NSHAPC data indicate that anywhere between about 7 and 14 people per 10,000 in rural areas were homeless. Projections to the entire rural homeless population (not just those using services) increase this range to about 9 to 17 people per 10,000. In all cases, these rates were about one-fifth those of central city locations, but were slightly higher than those of suburban–urban fringe locations.

The data also suggest that compared to poor peo-

ple generally (about 23 percent of whom live in rural areas), service-using homeless people are more concentrated in urban areas. Other NSHAPC findings point to the possibility that some urban homeless people may have originated in rural areas. Almost half (44 percent) of the homeless people interviewed had left the community where their current homeless spell began, and only 28 percent of these “movers” began their current homeless episode in a central city. The NSHAPC data also show that these people tended to move from smaller communities to larger ones and that the smaller the originating community, the more likely they were to move to a larger one. Interestingly, the lack of shelters or other social services was *not* a major reason for leaving their home communities—losing housing and needing work were more important—but central cities were their primary destination, and most of these movers *did* identify the availability of shelters and other homeless assistance services as a major draw.

NSHAPC also confirms many of the distinctive characteristics of people homeless in rural areas. Compared to other homeless people, they are less likely to be black or Hispanic, and have completed high school. They are also much more likely than others to be married, divorced, separated, or widowed. Those in rural areas are also heavily concentrated in the age range from 35 to 44 years, are more likely to be working, and less likely to be receiving any means-tested government benefits such as food stamps, welfare, supplemental security income, and so on. Rural homeless people are as likely as other homeless people to have problems with alcohol, drugs, or mental illness—about two-thirds do—but the types of problems differ by community. The rural homeless identified in NSHAPC are much *more* likely than their urban counterparts to have had recent problems with alcohol, and they are much *less* likely to have had recent problems with drugs or mental illness. They are also much more likely to have been incarcerated as juveniles and as adults. Other NSHAPC results indicate that people homeless in rural communities are much more likely to be homeless for the first time and for a shorter episode, to have no public or private health insurance, and to have needed—but not been able to see—a doctor or

nurse in the past year. With the exception of the much higher rates of problems with alcohol, most of these findings are consistent with those of earlier smaller-scale studies of rural homelessness (National Coalition for the Homeless 1999).

In addition to homeless people, NSHAPC documented the nationwide presence of almost 40,000 homeless assistance programs of various types; a third of these were located in rural areas. There were some interesting urban-rural variations within the four broad types of programs. The majority (56 percent) of all programs distributing vouchers for emergency shelter in 1996, for example, were located in rural areas, but only 15 percent of transitional housing programs were. Conversely, soup kitchens were much more likely to be found in central cities than in rural areas (65 versus 15 percent). These findings reflect fundamental differences in the social service structures of urban versus rural communities. Permanent housing structures and soup kitchens designed to serve walk-ins are not efficient systems for helping homeless people in rural areas who are not concentrated in any one place geographically. The greater use of mainstream agencies programs by rural people, including public health programs and financial and housing assistance, is also confirmed by these NSHAPC findings.

The high rates of incarceration among rural homeless people documented by NSHAPC is of particular interest, given the large numbers of rural communities that have turned to new prisons and other correctional facilities as a way of supporting their local economies (Kilborn 2001; Beale 1996). Without effective discharge planning, one unintentional consequence of these large and growing prison populations may be higher levels of homelessness. Such plans typically include an estimated discharge date, programs that prisoners complete while in prison, medical records, and arrangements for post-release housing, medical and mental health care, and other community-based services. In some states, this planning is the formal responsibility of corrections administrations, while in other states it is done more informally by correctional health providers, community-based social service providers, or other prison-based social services staff (Communi-

ty Shelter Board 2002). In the absence of effective policies and practices for discharge planning, many prisons simply release ex-offenders directly into local homeless shelters. There are similar concerns about people being released from hospitals, treatment facilities, and psychiatric institutions.

ADDRESSING HOMELESSNESS IN RURAL AREAS

While additional research is clearly needed on homelessness in rural communities, much has been learned since the first systematic, mostly local, studies of rural homeless people were conducted in the late 1980s and early 1990s. One ongoing challenge, which has not necessarily been resolved, has to do with definitions. Many perceive a fundamental disconnect between definitions of homelessness that have been developed with urban settings in mind—including, most importantly, the main federal definition as embodied in the Stewart B. McKinney Act—and the realities of homelessness in rural areas, where there are few or no shelters, and where settlement patterns are so dispersed that even “living on the street” may not be possible. Many homeless people in rural areas double up with relatives or other families, or live in abandoned homes or substandard or severely overcrowded housing, often without plumbing or heat. Also, while few people sleep on the streets of rural towns, many live in their vehicles at campgrounds or in woods or remote hills and valleys (Burt 1996).

It is debatable whether definitions of rural homelessness should be expanded to include people who are precariously housed, especially since there are many such people in urban areas too. But rural homeless advocates and service providers have argued against restrictive definitions that limit people’s eligibility for critical homeless assistance services. Even those who find the McKinney Act definition adequate want more flexibility in how it is applied:

In the final analysis, the total number of homeless persons, when homelessness has [such] a broad definition, is really less important than the segmentation of the homeless population into meaningful components, so that policy makers can design appropriate programs for specific groups. (Kondratas 1991, p. 646)

Many of the lessons of the 1990s have to do with how rural homeless people can be studied and effectively served. Like NSHAPC, most studies of rural homelessness rely on identifying homeless people through various service agencies (Kentucky Housing Corporation 2001; Koebel, Murphy, and Brown 2001). The absence of homeless-specific agencies in rural areas makes it essential that these studies include broad-spectrum mainstream ones such as welfare and social services agencies, public and mental health departments, community action agencies, public housing agencies, Salvation Army centers, Legal Aid offices, and faith-based and other nonprofit organizations that serve poor people. Even for the NSHAPC study, an interesting deviation from the original sampling design had to be made in rural areas because there were so few homeless-specific service programs: The standard for inclusion in the study was expanded to include programs serving homeless even if this group was not their intended population focus, and about one-fourth of all rural programs in NSHAPC were recorded as a result of this expansion. Interestingly, the duration of the data collection in rural areas has also expanded in recent years. Studies relying on one-night counts or “sweeps” of the shelter and street population have been replaced by one- or two-month-long periods during which service agencies collect information on all people they serve who may be homeless. (They also collect unique but anonymous identifiers that allow one to “unduplicate” counts over time and across agencies so that the same homeless person is not counted more than once.) This longer time period is especially helpful in rural areas where homeless people are not as visible or as easy to locate.

Mainstream social service agencies are important to include in studies of rural homelessness because it is these agencies that actually serve homeless people. This has led many to argue that rural homeless services should be improved by enhancing the capacities of existing mainstream agencies, rather than by building a highly specialized homeless-specific service structure similar to those in urban centers. Understanding differences in the social service systems of urban and rural communities also

has important implications for how federal programs and funding streams are structured. For example, applications from rural agencies to the federal government should not be downgraded simply because they do not target specific subgroups of homeless people; such targeting simply may not make sense in many rural parts of the country. Moreover, services that are sometimes considered “nice extras” in urban areas can be critical to the success of rural service agencies. In rural communities, for example, outreach may literally be the “front door” of an agency; without it, many people would not be served. Other activities, such as improving communications through more or better technology, and improving transportation for agency staff and clients, are also very important in rural communities (Burt 1996). The Department of Housing and Urban Development recently sponsored a study profiling four different “model” approaches to developing homeless service systems in rural areas. The four partnerships included a county system in New York state, a multi-county/regional system in Alabama, a rural statewide system in Arizona, and a statewide system in Ohio (Housing Assistance Council 2002).

LOOKING AHEAD

Some observers believe that the United States has done an adequate job of building up an emergency response system for homeless people and must now go beyond this by focusing on prevention and longer-lasting housing and support services. Key support services include child care, substance abuse treatment, and in rural areas, transportation (National Alliance to End Homelessness 2000; Burt 2001). It is not clear from existing studies whether rural communities have adequate emergency response systems, but few would argue that they do need longer-lasting homeless prevention, housing, and support services. Indeed, in both national and local studies, rural homeless people and service providers consistently place transitional and permanent housing among the top needs of homeless people (Burt, Aron, and Lee 2001; Kentucky Housing Corporation 2001; Koebel, Murphy, and Brown 2001).

As in urban areas, effectively ending homelessness in rural communities will require comprehensive policies on affordable housing, economic development, employment and training, and on poverty more generally. It is also important to recognize that that because place really does matter when it comes to being homeless and poor, these policies may not resemble those that have been successful in urban areas. Rural and non-metropolitan communities have been largely neglected in public policy, and recent research on rural homelessness may help change this. Developing what has been called “a national rural public policy” (Castle 2001), and committing adequate resources to implementing these policies, can go a long way toward solving rural America’s most persistent problems, including poverty and homelessness.

—Laudan Y. Aron

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☐ HOMELESSNESS, SUBURBAN

During the mid-1980s, homelessness and other problems associated with severe poverty began to emerge in many U.S. suburban communities. Although describing homeless persons has presented methodological challenges to social scientists, the characteristics and tendencies of the suburban homeless do not appear to be substantially different from those of their urban counterparts.

A 1996 report by the Urban Institute on findings of the National Survey of Homeless Assistance Providers and Clients (NSHAPC) estimated that one in five homeless individuals was living in suburban areas. Demographically, suburban homeless are similar in age distribution to their urban counterparts.

However, the suburban homeless are more likely to be female (45 percent) and white non-Hispanic (54 percent), compared to the female (29 percent) and white non-Hispanic (37 percent) homeless in the central city. The suburban homeless were found to experience homelessness and incidence of alcohol, drug, and mental health problems on a par with their central city counterparts. The suburban homeless report having been physically or sexually abused before the age of eighteen (33 percent) more than the homeless of the central city (24 percent). Furthermore, the suburban homeless use services geared toward them less than their urban counterparts, with only 50 percent reporting that they had used a soup kitchen and only 18 percent a drop-in center, compared to 68 percent and 30 percent for the urban homeless, respectively. This suggests a lack of availability of these programs outside the central city.

Like their urban counterparts, the suburban homeless utilize overnight shelters for many reasons. In an unpublished 1997 study of one Chicago suburb, Lewis and Nelson found that many of the homeless they interviewed working during the day but could not afford permanent housing. Others came to the overnight shelter only to eat a meal, and then they would work overnight shifts, sleep in their car, or stay with family and friends. Some were looking for work and divided their time between the shelter and the daytime drop-in program. Family problems were common. Mentally ill individuals, unable to afford housing on fixed incomes, were regular shelter users. Others were alcohol or drug addicted. The majority of homeless individuals interviewed had suburban roots. They had grown up, attended school, and had extended family in the immediate community or adjacent suburbs.

KEY FEATURES AND IMPLICATIONS

Since the 1980s, suburban areas have outpaced most cities in population growth and the creation of new jobs, notably in technology, light industry, and service sectors. As the suburban population has grown, so, too, have retail shopping malls, restaurants, and hotels, which depend upon a low-wage workforce. Employment opportunities are a relatively new phe-

nomenon in suburbia. The qualities that have traditionally attracted white middle-class families, such as safety, good schools, and quality of life, also appeal to the homeless. As the suburban population has become more heterogeneous, these communities have been confronted with social, economic, and ethnic class tensions that were previously unknown. Homelessness is one problem that has arisen as a result of social and economic changes.

Most suburbs have no history of dealing proactively (relating to acting in anticipation of a problem) with these problems. During the past several decades, gentrification (a process of renewal and rebuilding) has significantly reduced the stock of affordable urban housing, which has contributed to increasing homelessness. Affordable housing for the poor has largely been nonexistent as suburbs developed. Where social service networks exist, they have focused on the needs of the suburban middle class who can pay their own way. Many services are church based and not well positioned to respond to the increasing scope and scale of demand for basic needs such as food and shelter presented by the homeless.

The suburban growth phenomenon of the past fifty years has been seen by many as “white flight” from the perceived ills of the urban environment. The suburbs held the promise of an insulated, bucolic world, often at a geographical and social distance from low-income and minority groups. As political scientist Michael N. Danielson observed in his book *The Politics of Exclusion*,

most of those moving outward have been seeking social separation from the lower classes as well as better housing and more spacious surroundings. Middle-class families commonly equate personal security, good schools, maintenance of property values, and general desirability of a residential area with the absence of lower-income groups. (Danielson 1976, 6)

The issue of homelessness challenges deep-seated beliefs about what suburban residents believe their community is and should be. Danielson noted, “Most suburban jurisdictions are small and relatively homogeneous populations, which makes it easier to secure consensus on exclusionary policies than is

commonly the case in larger and more heterogeneous cities” (Danielson 1976, 4).

As more homeless, lower-income, and minority groups seek employment and housing in the suburbs, suburban residents, who once almost uniformly favored exclusion, have split into two camps: those who believe the community has a social responsibility to respond to residents in need and those who believe the community should be insulated from such people and their problems.

HISTORICAL ASSUMPTIONS OF URBANISM

The growth of cities during the nineteenth century brought the plight of the homeless and desperately poor into focus. The demand for temporary and seasonal unskilled labor attracted the transient homeless to the cities. Local communities struggled with the choice between providing a monetary stipend to the homeless and maintaining them in poorhouses. Instead, they created shantytowns on the cities’ peripheries.

As cities became more populated and annexed new areas, they incorporated these shantytowns and their homeless inhabitants. Bricks and mortar replaced the makeshift dwellings that characterized the shantytowns, and skid row districts were born. During much of the nineteenth century, skid row and its denizens became an accepted part of the urban environment, seen as a necessary, although unpleasant, reality of the geographic and social structure of U.S. cities.

Several researchers have studied the inhabitants and conditions of postwar skid row areas across the United States. Sociologist Peter Rossi analyzed these studies and concluded that

all presented the same picture of three dire conditions: extreme poverty, arising out of low earnings and low benefit levels; disability through advanced age, alcoholism, and physical or mental illness; and disaffiliation—absent or tenuous ties to family and kin and few or no friends. (Rossi 1989, 31).

Since the late 1960s, a steady process of urban renewal and gentrification has all but eliminated skid row districts in most cities. This process has dis-

placed the former and would-be residents of skid row into less hospitable surroundings. No longer contained in a geographically and socially segregated district of the city, they have had an unwelcome reception as they have been assimilated into the mainstream of urban life. Sociologists David Snow and Leon Anderson observed:

The differences between the homelessness of the skid-row era and that of the 1980s extended beyond demographics. Most significantly, it included a shift in the public perception of the problem of homelessness. Urban renewal and the gentrification of skid rows around the country had destroyed the urban niche in which many of the homeless of the previous period had existed. As a result, the homeless of the 1980s were more visible and faced more frequent contact with domiciled citizens than had their earlier counterparts. (Snow and Anderson 1993, 17)

In his book *The Homeless*, sociologist Christopher Jencks asserted that political restrictions on the creation of flophouses have contributed to the spread of homelessness among single adults. Jencks wrote,

Had cities been able to mothball skid rows during the affluent 1960s and 1970s the way that the Navy mothballed old battleships, entrepreneurs could perhaps have created new cubicle hotels when the demand revived in the 1980s. But once skid row was gone, it was hard to find any other area that viewed the very poor as a commercial asset rather than a liability. (Jencks 1994, 74).

This urban history provides the foundation for our current theories of homelessness, but it does not help us understand homelessness as it is manifested in most suburban areas. Suburban areas do not possess a history of planned geographic containment, political control, and social intervention with the poor and deviant, as do older urban areas. Suburbia has had from its beginning vast tracts of prime space that attracted affluent migrants from the city center. The destruction of skid row and gentrification of other marginal areas have reduced the supply of cheap urban housing. This change is viewed as a major reason for the recent emergence of homelessness as a problem in older cities. The suburbs by design never allowed the creation of these marginal



Homeless teenagers, nicknamed “Post Office Kids,” often hang out at the Street Scene Teen Center located under the post office in Chapel Hill, North Carolina, in January 2002.

Source: Jeffrey Allan Salter/Corbis; used with permission.

areas of cheap housing to begin with, and thus we must look to other factors to understand suburban homelessness.

THE CHANGING CONTEXT OF SUBURBANIZATION

During the 1990s, a body of literature described the phenomenon of postsuburban development, which rendered obsolete the concepts of urban hub and suburban rim. Books such as journalist Joel Garreau’s 1991 *Edge City: Life on the New Frontier* and historian Jon C. Teaford’s *Post-Suburbia: Government and Politics in the Edge City* chronicled the evolution of suburbia into what are now considered urban villages, technoburbs, or edge cities, a grouping of suburban municipalities unified and coordinated through the expanding role of county government and commercial expansion. Teaford writes,

The metropolitan world had been transformed, and formally suburban areas were now centers of commerce and industry, as well as residence and recreation. In fact, the edge had an economic life of its own, which challenged that of the older cities and in some cases seemed to supersede it. (Teaford 1997, 2)

With big government viewed as the antithesis of the suburban ideal, suburbanites lean toward volunteerism to address civic needs, governmental inti-

macy in the delivery of city services, and a sense of parochialism in their interests, opinions, and views. Teaford writes,

Traditional American city government had evolved in the nineteenth century to foster urbanization and to provide public services and facilities necessary to enhance the development of a great metropolis. Post-suburban government, in contrast, evolved as a mechanism to maintain a suburban way of life and the creation of a big tax base. (Teaford 1997, 8)

Many new information-age industries are based in the suburbs. Most major cities have experienced the development of these “high-tech corridors” beyond their municipal boundaries. Increasing numbers of long-established corporations have abandoned their older city addresses and relocated to the suburbs seeking the promise of greener pastures, lower taxes, and a better workforce. The majority of the corporate workforce now lives in these suburban locations. This transformation has resulted in suburbs that are no longer simply bedroom communities.

SUBURBAN RESPONSES TO HOMELESSNESS

Societal responses to homelessness have mirrored, in many ways, the effects of the last thirty years of deinstitutionalization. As political sociologist Dan A. Lewis and his coauthors (1991) noted in *Worlds of the Mentally Ill: How Deinstitutionalization Works in the City*, society has moved away from large institutions and bureaucracies toward more inclusionary, streamlined, community-based measures for taking care of needy citizens. The price paid for this policy of deinstitutionalization is a growing public presence for groups who were previously hidden from society’s view.

To some people, the emergence of homelessness in suburban communities represents a decline in social organization and control. Many community residents attribute the presence of the homeless to a weakening of the moral and political order in their communities. They feel threatened by the “incivility” they observe in the behavior of some of the homeless, which threatens their notion of commu-

nity integrity and social control. Therefore, in examining the problem of suburban homelessness, it is helpful to view it from a social control perspective, in which a negative perception of the homeless is more than a response to a particular interaction or observed event. Rather, it is a consequence of the erosion of middle-class values, as suburban residents perceive them. Thus, the problem of suburban homelessness can be viewed in much the same terms as criminologist James Q. Wilson explains the perception of urban decline in general, namely, as the erosion of civility within the local community.

The concern for "community" refers to one's desire for the observance of standards of right and seemly conduct in the public places in which one lives and moves, those standards to be consistent with, and supportive of, the values and lifestyles of the particular individual. Around one's home, the places one shops, and the corridors through which one walks there is for each of us a public space wherein our sense of security, self-esteem, and propriety is either reassured or jeopardized by people and events we encounter. (Wilson 1975, 24)

In their book *Fear of Crime: Incivility and the Production of a Social Problem*, Dan A. Lewis and political scientist Greta Salem find that communities with a high degree of social control have assurance that (1) residents adhere to a shared set of expectations about appropriate behavior; (2) private property is kept up in accordance with commonly held standards; (3) public areas are adequately maintained; and (4) access is regulated so as to control the incursion of population groups, private enterprises, and public institutions that are perceived to threaten the integrity of the neighborhood.

The first two items reflect the moral order of the community. In neighborhoods where the majority of residents share common backgrounds, where there is minimal population movement, and where there is a high level of informal social interaction, commonly held norms are more likely to be held and enforced. The last two items reflect the political order of the community. To secure city services and control access to the community, local residents must have the capacity to influence municipal service bureaucracies and both the

public and private decision-making agencies that play a role in determining the direction of neighborhood change. (Lewis and Salem 1986, 79)

Suburban residents confronted by emerging social problems such as homelessness are forced to take sides. One side views the suburban community as a fortress of middle-class affluence, in which it was inconceivable that the homeless could be residents. Members of that side argue that the homeless are outsiders for whom the community bears no responsibility and that providing assistance only encourages the homeless to remain in the community and attracts others from the outside seeking help. The opposing side contends that where the homeless came from does not matter. This side argues that, for whatever reason, the homeless are in their midst and thereby deserve the community's charity and assistance. Helping is the moral and responsible thing to do.

ADDRESSING THE PROBLEM

As a result of the rapid social and economic changes that have occurred in recent years, many suburbs are now faced with the problem of how best to assimilate the growing class of working poor and marginalized who are now in their midst.

Whereas the poor were concentrated and segregated in distinct neighborhoods in the older city, enabling them and their caretakers to influence electoral politics, the suburban poor have lacked a similar base of political representation. Poverty in the older city has long been the venue of patronage systems, city councils, and city planners. However, poverty has largely been irrelevant to suburban politics. In the suburbs, the historic low incidence of poverty and other related social problems has understandably warranted little attention from government in the past. Whereas the older cities accepted responsibility for the problem of homelessness, suburban governments continue to rely on the efforts of the private sector, opting for control by overseeing the problem rather than delivering direct services.

As a result, typical political dialogue in the suburbs occurs among community elites, who consist of

officials, community residents, religious leaders, and service providers, through a politically appointed coalition or task force. Appointees to coalitions who judge the homeless problem often have strongly differing philosophical views of the problem, which can frustrate local initiative.

A central issue may be the perception of people that providing services for the homeless in their community unfairly burdens them because they take on the homeless problems of neighboring suburban municipalities. Because of the amorphous (shapeless) geographic and political nature of the suburbs, problems such as homelessness cross many boundaries. Suburban municipalities typically share no history of working collaboratively on such issues. County governments that serve these affluent suburban areas have not developed the leadership, expertise, or capacity to provide the type of services needed by the homeless. Suburban communities may lack the political will to appropriate funds and counter community opposition.

In the absence of government initiative, the challenge of ministering to the homeless in suburban communities is likely to be met by faith-based organizations, which have little experience in providing social services on a substantially different scale than what has been given to the suburban middle class. The needs of the homeless will be met by the volunteer efforts of local churches, who view this type of work as being consistent with their Judeo-Christian social mission philosophy. Churches enter this new territory of service with the expectation that they will develop expertise in the operation of overnight shelters, feeding programs, and provisions for the homeless.

Professional human service providers, lacking additional funds with which to provide these homeless services, take on roles of coordination and consultation that support church efforts and new agencies created to help the homeless. Seeking to establish some degree of social control over the homeless, local government may provide limited funds for professional human service providers to monitor the guests of church-based shelter operations, provide referral resources, intervene when behavior is inappropriate, and resolve personal

crises. Establishing professional human service providers as benevolent agents of social control can create a tension with the philosophy of unconditional love and acceptance that is the foundation of the churches' mission of service to the homeless.

Suburban residents often perceive the presence of services for the homeless as the reason for increasing numbers and problems associated with the homeless in their community. Professional human service providers in this role run the risk of displacement, given that they can be held unrealistically accountable for the problems created by the homeless. Displacement occurs when the social problem that needs to be solved—in this case, homelessness—is replaced in the minds of the problem solvers and community members with the services that were developed as a partial response to the original problem. When this occurs, community pressure can develop to curtail services or severely restrict the scope and scale of services offered and which homeless individuals are eligible to receive them.

The fear of the homeless is a real issue among some residents of suburbia. For the most part, that fear is not based on personal experience but rather on what the homeless represent: the poor, the unclean, the deviant. The homeless are a constant reminder of what each of us might become, of a hometown that is rapidly changing, and of the potential for decline and social disorder.

IMPLICATIONS

Current urban theories of homelessness are not useful in understanding homelessness as it is manifested in most suburban areas. Suburban areas do not possess a history of planned geographic containment, political control, or social intervention with the poor and deviant, as do our older urban areas. Suburbia had from its beginning vast tracts of prime space that attracted affluent migrants from the city center. Poverty, where it existed, was scattered, occurring within a rural context very different from that of the inner city.

The destruction of skid row and the gentrification of other marginal areas resulted in the loss of cheap housing in cities. This is seen as a major reason for

the emergence of homelessness as a problem in the older city. The suburbs by design never allowed the creation of these marginal areas of cheap housing.

Deinstitutionalization of the mentally ill has affected homelessness equally in the city and the suburb. This policy shift from inpatient to outpatient care has resulted in the release of thousands of patients from long-term hospitalization but also has resulted in people who once would have been sent to a mental hospital now being treated in the community. Indeed, as Christopher Jencks has noted, "The history of deinstitutionalization is the story of America's collective search for other places to send these disturbed and disturbing people" (Jencks 1994, 25).

As a result of the rapid social and economic changes that have occurred in recent years, suburbs are now faced with the problem of assimilating this growing class of working poor and marginalized. This problem will require creative thinking on the part of suburban leaders as they attempt to guide their communities from a past of exclusivity toward a future of diversity and inclusivity.

—Dan Lewis and Bruce Nelson

Note: The authors wish to acknowledge the contributions of Matthew A. Lewis as research assistant on this article.

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☐ HOMELESSNESS, URBAN

See Appendix 4: Documentary History of Homelessness; Bowery, The; Calcutta; Chicago Skid Row; Copenhagen; Dallas; Houston; London; Los Angeles; Minneapolis and St. Paul; Montreal; Mumbai (Bombay); Nairobi; New York City; Paris; Philadelphia; St. Louis; Sydney; Tokyo; Toronto; Washington, D.C.

☐ HOUSING

See Appendix 4: Documentary History of Homelessness; Corporation for Supportive Housing; European Network for Housing Research; Fair Housing Laws; Foster Care; Hidden Homelessness; Housing and Homelessness in Developing Nations; Housing, Affordable; Housing, Transitional; "Housing First" Approach; International Union of Tenants; Interventions, Housing; Low-Income Housing Development; Missions; Municipal Lodging Houses; National Alliance of State Housing Agencies; Self-Help Housing;

Shelters; Single-Room Occupancy Hotels;
Survival Strategies; Workhouses

☐ HOUSING, AFFORDABLE

Without affordable housing, the problems of homelessness will never be solved. High housing costs often put individuals and families at risk of homelessness when their incomes are too low to pay for housing plus other basic necessities. People fleeing domestic violence frequently find themselves back in violent situations because they can't find affordable housing. People on fixed incomes find that rising housing costs outstrip their meager incomes. A high demand and a shortage of affordable housing make it even more difficult for people with disabilities, people with a history of substance abuse, and people with poor credit records to obtain housing. For people needing temporary or seasonal housing, affordable units are in short supply.

MEASURING HOUSING AFFORDABILITY

People measure housing affordability by the ratio of household income to the cost of available housing. For more than a century, the recommended standard for housing affordability was that households should spend no more than one-fourth of their income for shelter expenses. This ratio dates back to the writings of economist Ernest Engel. Using analysis of a survey of Belgian working-class families conducted in 1857, Engle proposed an economic law stating that the ratio of a household's income spent for housing is constant regardless of the household's income. Engel's law focused on food as the most essential expenditure within a household. Of necessity, food costs would vary depending on the number and age of people in a household and the ability to self-provision through foraging, hunting, gardening, or raising of livestock while the housing cost could remain constant even when household composition changed. The rule of thumb that emerged from this perspective was "one week's wage for one month's rent." This ratio could be readily applied in decision making for minimiz-

ing risk in renting an apartment or granting a mortgage to a given household. This ratio remained the norm until the mid-1970s.

Critics of Engel's economic law have proposed other measures of affordable housing. As early as 1868, other economists critiqued Engel's work. Herman Schwabe, for example, published detailed research on housing expenditures within the household budget. His research on wages and rent indicated that as income rose, the percentage of income spent on rent fell. Schwabe proposed an alternative economic law stating that the poorer the household, the greater the proportion of income must be spent on housing.

More recent critics of Engel's economic law note that over time, consumers' shifting expectations regarding their housing have also affected household consumption patterns. They propose that the proportion of income spent on housing would have increased over time as other costs have decreased and as housing expectations have increased.

Focusing on income as the primary factor in determining housing cost burdens fails to account for variability in households. Housing costs affect households with equal incomes differently depending upon the size of the households. A household with seven members has different needs than a single individual for food, clothing, transportation, medical care, and other basic necessities. In 2001, the average annual expenditures from the Consumer Expenditure Survey found that one-person households spent on average \$1,477 for food at home, while five or more person households spent \$5,111. One alternative means of measuring housing affordability would take household size and composition into account and base a recommended budget guideline for housing affordability on actually household expenditures. The U.S. Bureau of Labor Statistics (BLS), for example, has established typical household budgets based on their annual Consumer Expenditure Survey. In 2001, the typical family spent about 33 percent of their gross income on housing, 11.2 percent for food, and 3.5 percent for clothing. The use of a housing affordability standard based on BLS budgets is in contrast to measures based on the Census Bureau's Federal Poverty

Threshold levels. Social Security Administration economist Mollie Orshansky developed the poverty threshold levels in 1963 and 1964 using the Department of Agriculture's Economy Food Plan adjusting for family size. The limitation to affordability standards based on poverty levels is that these were not established as inclusive standard budgets of goods and services meeting minimum annual needs for a family of a particular size and composition. With the exception of food, acceptable standards for major consumption items were not available at the time the poverty threshold levels were established.

Another recommended measure of housing affordability not only recognizes the household composition but also incorporates Schwabe's economic law regarding income level. With the concept of "shelter poverty" as a basis, Michael Stone, a professor at the center for Community Planning and Public Policy at the University of Massachusetts in Boston, emphasizes the amount of money that a household needs to meet basic necessities and uses the residual of income less that amount as the affordable housing measure. Using this measure, some households may have a negative housing affordability; the cost of basic needs excluding housing may exceed their income. Under this measure, housing is unaffordable at any cost.

Although Stone's shelter poverty measure does account for income level and variations in cost of other needs, it fails to address concerns regarding the cost of housing as the cause of the difficulty in meeting basic necessities. Another alternative, "burden of housing cost," begins with housing costs to determine if the residual income following shelter expenditures is sufficient to meet other minimum household needs. It considers the impact of a proportional expenditure/income norm, such as an allocation of 25 percent of income for housing, and identifies households for which allocating the recommended percent of income find themselves unable to cover costs of other necessities. The burden of housing cost would then incorporate not only guidelines for household budgets based on size and characteristics of the household, but also the actual level of income.

Although alternative measures of housing affordability such as shelter poverty and burden of housing

costs are more accurate than a set ratio of expenditures to income, the practicality of implementing them is limited. For example, determining an adjusted housing affordability threshold level would require considerably more information and effort in identifying eligible families for housing assistance, increasing the cost of providing housing assistance. Thus, people commonly employ a standard fixed housing affordability ratio when making policies and implementing programs.

The U.S. Department of Housing and Urban Development (HUD) has established a threshold level for housing cost burden based on a household paying 30 percent or more of its gross monthly income on monthly housing costs (rent or mortgage payments plus basic utilities including heat and electricity). The 30 percent cut-off point for housing affordability provides a straightforward measure of affordability and is an efficient measure for use in implementing federal housing programs. Using the housing cost burden level of shelter expenditures at 30 percent of household income or higher, the Joint Center for Housing Studies at Harvard University estimates, three out of every ten U.S. households struggle with housing affordability. In 2003, more than 14.3 million households were severely cost burdened, spending more than 50 percent of their incomes on housing.

The increase in the standard from 25 percent to 30 percent of household income as a reasonably affordable shelter cost occurred during the mid-1970s. Prior to that time, public housing residents were required to contribute 25 percent of their income toward rent, observing the rule of thumb for housing affordability. Federal budget deficits and political will at that time created pressure to reduce government costs. This pressure resulted in a policy change that shifted a greater proportion of housing assistance program costs from the taxpayer to the recipients, requiring program beneficiaries to contribute more of their incomes to rent. The decision to require households to contribute 30 percent of their income to housing was based more on an attempt to lower government costs of providing housing assistance than it was on actual household expenditures or recommended household management practices. The

30 percent housing cost burden measure has, however, become the standard for affordability and is used for both renters and home owners.

MEASURES OF HOUSING AFFORDABILITY AND HOME OWNERSHIP

The measures of housing affordability discussed previously are directed primarily at estimating rent levels appropriate for low-income households and their eligibility for housing assistance. Current policy priorities are directed at making the dream of home ownership a reality for more and more households. Providing home-ownership opportunities to lower-income households by adjusting the underwriting practices for residential mortgages is another way that the standard measure for housing affordability has changed over time.

Conventional mortgage underwriting practices typically considered a 20 percent down payment for borrowers. In addition, borrowers were required to meet qualifying ratios that kept the mortgage principle and interest payment under 28 percent of income and total payments for long-term debts under 36 percent of income. Lenders today consider much higher ratios for underwriting mortgages using a system of credit scoring that includes employment stability and credit payment histories along with loan characteristics.

Increasing the qualifying ratio for the mortgage principle and interest payment to as high as 40 percent of income increases the pool of potential borrowers substantially. One of the justifications for this increase is that many households manage to pay monthly rents costing more than 50 percent of their income, and they should have the opportunity to achieve the dream of home ownership.

The push to allow more people to own a home, deregulation of the banking industry, and the emergence of mortgage companies have led to an increase in unscrupulous lending. With the higher qualifying ratios, interest rates and loan terms are often adjusted to minimize the lenders' risk of financial loss in case of loan default. Many questionable lending practices are predatory, targeting loans with higher interest rates and less attractive

terms to low-income neighborhoods and minority households. With a slowdown in the economy, the consequence of this shift in underwriting is beginning to be apparent.

Foreclosure rates are increasing, placing low-income households in precarious housing situations. They often lose the wealth built up in home equity, have poor credit ratings, and can be forced to relocate, increasing the risk of homelessness as they seek alternative housing in a market with rapidly escalating housing costs. Thus, the determination of a standard measure of housing affordability is linked to changing risk of homelessness for home owners as well as low-income renters.

TRENDS IN HOUSING COSTS

Refining the measure of housing affordability may contribute to more effective distribution of government housing assistance and a larger pool of potential home buyers, but it does not address the difficulty that households face in obtaining affordable housing presented by a rapid increase in housing costs. Although the Consumer Price Index (CPI) has limitations for direct application, it is often used to measure relative changes in consumer costs over time. For example, using the CPI, overall consumer costs were estimated to have increased by 3.8 percent between 1999 and 2000. This was the highest increase in a decade. A year later, the CPI was at the lowest rate in fifteen years at 1.6 percent. This fluctuation in consumer costs reflects economic shifts over time, but it fails to adequately reflect the way in which various costs changes affect household budgets. As indicated previously, housing is a major component of household budget requirements, and dramatic changes in the cost of housing have a direct effect on income available for other expenditures. For example, rent of primary residences increased 36.1 percent between 1990 and 2000. With the cost of renting increasing faster than incomes, a greater number of households are at risk of homelessness.

Costs of purchasing an existing home have also increased. The U.S. Census reported that in 2000 the average home sold for \$177,000. The cost of home ownership simply prices many people out of the

market. At the same time, increased rent levels limit their options.

The costs of operating and maintaining a home affect housing affordability. Utility costs have risen as well. Between 1990 and 2002, the cost of natural gas—the heating fuel for more than half of all metropolitan homes in the United States—increased 42.5 percent. Electricity costs increased 16.6 percent during the same twelve years. The rising costs of maintaining a home affect housing affordability for all households, regardless of whether they are renters, home buyers, or even people who own their home mortgage free.

Housing costs are not, however, constant. Variation in housing markets by location dramatically affects housing affordability. Regional variation in house price, utility costs, and rent levels for available units is significant. According to the National Association of Homebuilders, the average sales price of an existing home in the Elkhart-Goshen, Indiana, metropolitan statistical area was \$111,000 in 2002. At this price, 94.9 percent of homes for sale were affordable to prospective buyers with earnings at the median area household income. In comparison, the average sales price of an existing home in Salinas, California, was \$319,000. At this price, only 7.7 percent of homes for sale were affordable to prospective buyers with earnings at the median household income of \$53,800 (with the area median household income for Elkhart-Goshen at \$59,300). Even within a local housing market, submarket variation exists across neighborhoods and among various housing units based on the type, size, condition, and amenities.

CONSTRUCTION TRENDS

Rising costs of residential construction are one reason for the increased cost of home ownership. In 2000, the U.S. Census reported that the average cost of a new single-family home was \$207,000. In 1990, the average cost of a new single-family home was \$149,800, whereas an average new home cost less than \$80,000 in 1980. One explanation for the increase is that the cost of construction reflects market demand. The square footage of new single-family houses continues to increase, and the trend is toward



Participants in a national protest of the lack of affordable housing block off Constitution Avenue in Washington, D.C., on 7 November 1988.

Source: Bettmann/Corbis; used with permission.

including more amenities, ranging from three-car garages to a second kitchen for entertaining. Increasing market expectations have extended beyond quality construction and energy efficiency, contributing to the rapidly escalating cost of housing.

Standardizing construction costs to square-foot costs reveals the increased expense of land, materials, and labor that also affect housing affordability. Regulatory barriers, reviews, and construction code requirements also increase costs. Policies that require excessive lot sizes increase not only the cost of land per house but also costs for provision of utilities, streets, and services. Manufactured homes are often considered a more affordable housing alterna-

tive. The square-foot cost of manufactured homes is less than that of conventional homes; however, the cost of obtaining a suitable site and setting up a manufactured home can make the overall cost less affordable.

TRENDS IN HOUSEHOLD INCOME

Because housing affordability is determined not only by the cost of housing, but also by household income, income trends have a direct effect on housing affordability. The typical household in the United States today finds that its income has not kept pace with the cost of housing. Those people working at low-wage, insecure jobs are particularly vulnerable to becoming homeless. The Low Income Housing Coalition (LIHC) calculates a “housing wage” as the income that a full-time worker needs to be able to afford a basic two-bedroom apartment. Using the 30 percent housing cost burden measure and fair market rent levels used by the U.S. Department of Housing and Urban Development when establishing housing assistance payments, the wage level for affordable two-bedroom apartments in every state in the nation far exceeds the minimum wage.

The U.S. Census in 2000 reported the disparity in income distribution across the country. Income distribution is such that the 20 percent of households with the highest income in 2000 obtained 49.7 percent of all earnings while those households in the bottom 20 percent had a 3.6 percent share of earnings. Not only is there a disparity in distribution of income, but also the Economic Policy Institute reports that wages for workers with earnings at the bottom 10 percent of households found that their income fell by 9.3 percent between 1979 and 1999. Furthermore, between 2000 and 2001, the number of unemployed workers in the United States increased by 2.2 million.

AVAILABILITY OF AFFORDABLE HOUSING

The availability of affordable housing is affected by trends in construction, demand for existing housing units, and the demolition of substandard dwellings. In general, construction of multifamily rental units

has declined since the 1980s, when tax policies shifted away from benefiting individuals investing in affordable housing development. Low-income housing tax credits were created as a source of capital for constructing multifamily units. Low-income housing tax credits have been used to finance mixed-income developments, resulting in a limited increase of affordable housing units.

Renovation of housing and demolition of deteriorated units have reduced the U.S. housing stock that was considered substandard to less than 1 percent. At the same time, the number of homeless households has increased. Because less costly housing is often older and of lower quality, the trade-off for improved housing stock has been more expensive housing. In the process of upgrading housing quality, basic shelter options such as rooming houses, residential hotels, and other single-room occupancy alternatives were eliminated. Supply-and-demand economics results in the cost of housing exceeding reasonable affordability for low-income households. Preservation of affordable housing stock is essential. The real spending by owners of rental units fell at a 2.7 percent average annual rate between 1992 and 1999. Deferred maintenance has a deteriorating impact on the long-term availability of affordable housing. Long-term lack of maintenance results in deteriorating buildings and eventually in the need to demolish substandard units.

Beyond the shift in housing stock toward more costly housing, federally subsidized housing is being lost. In order to capitalize on higher prevailing rents, private owners have opted out of rental assistance programs or prepaid mortgages that required a unit to be available for low-income tenants. This shift has resulted in a loss of more than 90,000 affordable housing units. According to the Joint Center for Housing Studies at Harvard University (2000), 10 to 15 percent of the remaining project-based, assisted units with contracts expiring in the future may become market rate units.

Recent federal policies to deconcentrate racial minorities and persons in poverty by demolishing large-scale public housing projects further limit available affordable housing. Federal policy no longer requires a one-for-one replacement of demol-

ished units, and under a policy priority to subsidize mixed-income development, fewer than one-third of the replacement housing units are for low-income households. A number of federal policies have created a net loss of affordable housing units, especially for low-income households.

LOCATION AS A FACTOR

In making the link between the lack of affordable housing and homelessness, one must consider the location of affordable housing and the impact of location on individuals and families. Housing markets are commonly based on locational factors. Housing units located near community amenities such as good schools, parks, and transportation access are priced higher, whereas those located in environmentally unsatisfactory areas or remote areas without employment opportunities or transportation access are frequently priced lower. Yet, the cost of getting to work, the availability of a job that pays a livable wage, and the need for a safe place to raise one's family or retire well are all linked to location.

The failure to provide affordable housing to keep pace with rapid economic development often results in an affordable housing shortage. In areas with natural amenities, tourism and second-home development often result in increased jobs but can have the unintended consequence of increasing pressure on housing affordability. Construction of high-end homes raises the value of existing homes, and the shortage of lower-cost housing affects the housing affordability across an entire area. Workers are forced to commute longer distances from affordable housing. Employers are forced to deal with a less-reliable labor force as workers commute longer distances. Families doubling up to afford the limited available housing live in overcrowded and/or sub-standard housing and face a greater risk of domestic violence and increased likelihood of homelessness.

HOUSING DISCRIMINATION AND HOUSING AFFORDABILITY

Further worsening the problems that people have in finding affordable housing is not having access to

housing. Discrimination differentially impacts households of families of color, those with more children, and those with disabilities in terms of housing affordability. Not only are these households more likely to have lower incomes, but also they confront barriers to the affordable housing that is available.

Racial and ethnic minorities are a growing proportion of U.S. households. The Joint Center for Housing Studies estimates that by 2010 nearly three out of ten households will be headed by minorities. These households affect home ownership demand; they are also the households targeted for questionable lending practices and therefore are at a greater risk of foreclosure, affecting their continued housing stability.

IMPACTS OF HOUSING AFFORDABILITY

Lack of affordable housing is directly linked to homelessness. As the availability of affordable housing declines, the rate of homelessness increases. We cannot address the problem of homelessness without addressing the problem of lack of affordable housing.

Trends in household incomes, housing costs, construction, and demolition of housing indicate that concerns about housing affordability will continue to escalate. Strong public policies, private sector commitments, and public support are essential to lessen the affordable housing shortage.

At the same time, people are using a number of creative alternatives to address the lack of affordable housing. Communities are becoming aware of income factors that affect housing affordability and are promoting new job growth at more livable wages. People are reviewing regulatory barriers to construction of affordable housing across the country and establishing alternative policies. Builders are exploring the use of more affordable and sustainable building materials and techniques. People are scrutinizing policies regarding the demolition of public housing without replacement. People are implementing state-level policies that target housing development funding to areas of economic growth. People are studying mortgage lending practices and policy recommendations. We can hope that afford-

able housing will soon become a measure of community well-being.

—Ann C. Ziebarth

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▣ HOUSING, TRANSITIONAL

Transitional housing has come to play a major but controversial role as a public response to homelessness in the United States. Proponents assert that it offers the combination of housing and services that homeless families and individuals with multiple problems need to achieve residential stability. To critics, transitional housing disempowers its residents with intrusive rules and requirements, saddles them with the stigma of living in a “program” rather than normal housing, and diverts resources that might otherwise expand the supply of affordable permanent housing. Assessing these claims requires

considering what transitional housing consists of, how and why such programs for homeless families and individuals developed, and what is known about their effectiveness in reducing homelessness.

WHAT IS TRANSITIONAL HOUSING?

For the U.S. Department of Housing and Urban Development (HUD), “transitional housing” refers to programs intended to facilitate the movement to permanent housing of homeless individuals with mental or physical disabilities and homeless families with children, usually within twenty-four months. Compared to emergency shelters, transitional housing programs tend to be smaller, offer more privacy, provide more intense goal-oriented services, and place more limits on the length of stay. For people with mental health or substance abuse problems, transitional housing often doubles as residential treatment, with both structure and services organized to address clinical and addiction issues. Compared to permanent housing, transitional programs are distinguished by time limits on stays, a focus on changing residents’ behavior, the use of behavioral criteria for admissions and discharges, and the absence of leases or other protections of tenancy rights.

Transitional housing programs vary in the populations they serve (for instance, people with disabilities or families rather than individuals), the amount of privacy their physical structure allows (for example, congregate settings rather than scattered apartments), the services they provide, their requirement for participation in services, and their admission, tenure, and disposition policies for moving people through the program.

THE ROLE OF TRANSITIONAL HOUSING IN HOMELESS POLICY

The context for the development of transitional housing was the crisis of affordable permanent housing that was revealed when homelessness mushroomed in the 1980s. As the homeless population shifted to include more families and disabled adults, nonprofit agencies emerged to address housing and service needs not met by public services.

A major impetus for developing transitional housing for homeless families was to improve on inadequate shelters. In New York City, for example, a lack of affordable housing led to increasing lengths of stay in overburdened family shelters that had never been intended for long-term residence. Transitional housing programs with more private accommodations offered a more humane alternative. They also developed an array of services (assistance with budgeting, money management, housing search, vocational services, and parenting skills training) that were expected to enhance residential stability. For individual homeless adults with psychiatric and substance abuse problems, nonprofit agencies developed “low demand” transitional housing to attract those who were unwilling to enter shelters, and more service-intensive transitional housing that offered “housing readiness” services (including assistance with medication management, enforced sobriety, and money management) to help those with disabilities compete for the limited permanent housing slots.

When HUD took over the coordination of federally funded homelessness programs, it required localities seeking funds to establish a system of services called “continuum of care,” codified transitional housing as an essential element of the continuum, and strongly encouraged the development of services. In effect, this approach shifted the policy focus away from the systemic problems of lack of housing to the more tractable issues of how best to address individual families and single adults through services.

IS TRANSITIONAL HOUSING EFFECTIVE?

Descriptive evaluations have found transitional housing programs viable and helpful to their graduates. A 1995 study of HUD-funded transitional housing reported that 70 percent of families graduating from these programs moved on to stable housing, though it noted that a lack of employment opportunities and of affordable housing remained barriers. Outcome studies of service-intensive transitional housing programs report improvements in residential stability, income, and clinical status, but dropout rates are

invariably high. Controlled studies, which are rare, have found transitional housing to be more effective than shelter or drop-in programs at moving homeless individuals into permanent housing.

The question of whether transitional housing is a necessary step to permanent housing is only beginning to be asked. Sociologist Martha Burt suggests rethinking the utility of transitional housing for families and proposes that moving homeless families “from emergency shelter directly into a permanent unit and then providing the same type of supportive services commonly available in transitional housing residential programs may produce less disruption and help families more than the usual type of transitional program” (Burt 2001, 776). Models using this approach—“Transitioning in Place” in Seattle, Washington, and “Family Critical Time Intervention” in Westchester County, New York—are being tested as alternatives to lengthy stays in transitional facilities for families.

For homeless individuals with mental illness, the effectiveness of “housing first” approaches that bypass transitional “housing readiness” programs has been demonstrated in New York City. In the only controlled trial of “housing first” versus “continuum of care” approaches, those who were immediately offered apartments without treatment and sobriety prerequisites spent less time homeless and in hospitals and incurred fewer costs over the two-year follow-up than those in continuum-of-care programs.

UNKNOWN AND NEXT STEPS

These recent developments in research and program development have challenged conventional wisdom about transitional housing. At the same time, new HUD funding formulas are shifting monies allocated for homeless programs away from services and toward permanent housing, which may further reduce the role of transitional housing programs.

The implications of these changes are unclear, and several issues warrant attention. First, emerging alternatives to transitional housing rely heavily on providing access and subsidies to units in the “normal” housing market, so expanding the supply of affordable permanent housing remains a prerequisite

for their success. HUD's reallocation of homeless program monies will be grossly inadequate without significantly expanding mainstream programs for developing affordable housing. Second, both "housing first" and "transitioning in place" approaches require supportive services. Redirecting HUD monies will necessitate finding new funding sources for services. Finally, research is needed to assess the limits of "housing first" approaches, what array of permanent housing options it requires, which individuals and families will still require extra transitional structure and support, and how to tailor transitional programs to meet their needs most effectively.

—Susan M. Barrow

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▣ HOUSING AND HOMELESSNESS IN DEVELOPING NATIONS

At the turn of the twenty-first century, the number of homeless people worldwide was estimated as between 100 million and 1 billion—an estimate whose wide range reflects varying definitions of homelessness. Indeed, the current definitions and categories that are applied in industrialized countries often do not adequately capture the situations of chronically homeless people or squatters in developing countries. Moreover, the causes of homelessness differ in developed and developing countries, requiring different intervention strategies.

Nine developing nations—Peru, South Africa, Zimbabwe, Ghana, Egypt, India, Bangladesh, Indonesia, and China—were the subject of a study carried out in 2001 by the Centre for Architectural Research and Development Overseas (CARDO) at

the University of Newcastle upon Tyne in England. The aims of the study were to explore the different definitions and causes of homelessness in developing countries and to highlight innovative campaigns underway to eradicate homelessness and support homeless people. While CARDO's research also focused on street children, the emphasis here is on homeless adults and households.

COMPARING HOMELESSNESS IN DEVELOPED AND DEVELOPING COUNTRIES

In developed countries, homelessness is generally more attributable to personal or household circumstances than to a failure of the housing supply system. Even when affordable housing exists, homeless people in the West frequently need a range of social support and welfare systems to help them gain access to it, and to the services that might lift them out of homelessness. In developing countries, however, formal housing supply systems simply fail to provide enough shelter to fill the demand, particularly among low-income groups. This leads to massive informal development and squatting which, in turn, places hundreds of millions of people in living conditions that would merit the term *homelessness* in developed nations.

Indeed, most of the world's population would be homeless if judged by the standards of the developed nations. For example, in its 1999 study of the issue in Europe, the European Federation of National Organizations Working with the Homeless (FEANTSA) defined four levels of homelessness based on housing adequacy. It described an adequate home as one that is secure and where available space and amenities provide a good environment for the satisfaction of physical, social, psychological, and cultural needs. Low quality, by these European standards, is manifested by overcrowding, high levels of noise, and pollution or infestation—conditions that many, if not most, people in developing countries endure.

Cooper (1995) also offers four categories, or degrees, of homelessness. At one end of this scale are those who are housed but without security, safety, and adequate standards for health or child develop-

ment; at the other end are people without a roof, living on the streets. In Cooper's model, the category of people without an acceptable roof over their heads could describe the countless millions in poor-quality squatter settlements around the world, as well as street dwellers.

DEFINING HOMELESSNESS IN DEVELOPING COUNTRIES

Official definitions of homelessness range from non-existent, as in Peru, China, and Ghana, to so broad as to be virtually all-encompassing, as in Zimbabwe. However, for census purposes, most nations have working definitions that fall into four broad categories.

Tenure-Based Definitions

Some governments define homelessness primarily in terms of home ownership or secure land tenure. Two examples show the extremes of such definitions based on security of tenure. The National Housing Taskforce of Zimbabwe assumes that anyone who does not own a home in an officially approved residential area is homeless. Any adult not possessing a publicly provided dwelling is entitled to register for one on the Official Housing Waiting List. So embedded is this linkage of homelessness with the concept of ownership that government housing policy earmarks 90 percent of all new housing for ownership, and only 10 percent for rental. Furthermore, all urban local authorities are required to sell their housing stock to tenants, as a way of passing the maintenance burden on to the occupants.

Peru is at the opposite end of the tenure scale. Policymakers distinguish two very different—though only semi-official—categories of homeless people. The first consists of those who live in squatter settlements without legal title to land. One Peruvian program grants formal land title to squatters below the poverty level who do not own a registered plot or property. Existing squatter settlements are divided up, and plots are allocated to the residents for formal ownership. As a result, many thousands of people are squatting on poor-quality desert land,

in makeshift dwellings of straw or plastic sheeting, and applying for legal tenure before they invest in building more substantial homes. In many cases, the process takes years.

The second group in Peru consists of those living on the street. These people are often branded variously as alcoholics, addicts, vagrants, criminals, and mentally ill. Being so far outside any formal community, people in this group are not granted land title.

Shelter-Based Definitions

For land allocation purposes, India's census agency defines homeless people as those not living in a "census house," that is, a structure with a roof. Planners charged with providing house sites to deserving cases classify a person as eligible if they do not have a structure with a roof or land. Thus, residents of squatter areas are entitled to a plot in a regularized area if authorities have driven them from their squatter homes. No household that holds a plot in a regularized area is regarded as homeless, even if its home consists only of a shack. By a quirk of policy, pavement dwellers are usually not counted among the homeless because they are rarely on the list of voters and do not possess ration cards, with which to claim food and fuel at controlled prices.

In shelter-based definitions, what constitutes an adequate roof is open to question. The Ghanaian Statistical Service includes sales kiosks, abandoned warehouses, offices, and shops in its definition of "house"; no other issues of quality or suitability are considered. Therefore, in Ghana, only the most destitute, without any form of roof, and without any family nearby to take responsibility for them, are officially defined as homeless.

Definitions Based on Suitability and Quality

Other countries—for example, Egypt and Bangladesh—class such shelter solutions as inadequate. In Egypt, people are considered homeless who live in *marginal* housing (*iskan gawazi* in Arabic), including shacks, kiosks, staircases, rooftops, public institutional buildings, and cemeteries. Similarly, the

Bangladesh Bureau of Statistics' official definition of homelessness is used for census purposes:

Floating population are the mobile and vagrant category of rootless people who have no permanent dwelling units whatever . . . and they are found on the census night . . . in the rail station, launch *ghat* [terminal], bus station, *hat-bazaar* [market], *mazar* [shrine], staircase of public/government buildings, open space, etc.

In South Africa, officials of the Provincial Housing Department and the Greater Johannesburg Metropolitan Council base their definition on quality. They accept as homeless those people without adequate shelter or secure tenure, including those living in squatter settlements, rooms built in the back yards of dwellings in official townships, or in slum conditions.

Definitions Based on Permanence and Stability

The Indonesian census of 2000 divided the population into two main categories, those with a permanent place to stay and those without. The latter included ship crewmen, nomadic people, and those living in houseboats or floating houses, as well as the more obvious *tunawisma*—houseless.

DIFFERENTIATING BETWEEN HOMELESSNESS AND SQUATTING

Squatters need not be excluded from a definition of homelessness, but a distinction is helpful. Without it, the sheer numbers of squatters might divert attention from those in more desperate circumstances. The more chronically homeless, such as street dwellers, generally have no protection from the elements; at most, they might improvise shelters of plastic sheeting, cloth, or cardboard, sometimes clustering together on the pavement or empty private or public space close by. Squatters tend to build somewhat more permanent, roofed structures. This gives them not only more physical security but also a de facto address that helps them develop a social network with people living in similar circumstances. Both of these factors facilitate help from both governmental and nongovernmental organizations (NGOs)—for exam-

ple, providing water, sanitation, and opportunities for education and financial credit, especially where these rely on traceable networks to provide valuable social contacts in the absence of monetary assets.

Generally, but not always, squatters' shelters are of higher quality than street homeless people's, and tend to be improved over time. Squatters tend to settle in peripheral sites, while homeless people gravitate to city centers where their opportunistic lifestyle is possible.

In many countries, including India, China, Bangladesh, Indonesia, South Africa, and Zimbabwe, the legal position of squatters is no better than that of their counterparts on the street. All of them—

but especially the street homeless—suffer raids during which officials scatter or relocate the people. However, when this happens, squatters may be the more insecure as they have more to lose. When street homeless people are raided, it is generally because they are perceived as a nuisance or a blot on the attractiveness of the city. But squatter settlements are usually raided to clear land for more profitable uses, often favoring upper-income groups.

In Peru, however, squatters have much higher legal standing than other homeless people. A peculiarity in Peruvian law provides that people who occupy state-owned land and remain there for twenty-four hours, with no formal complaint being lodged, cannot be evicted immediately. Rather, they can apply for legal title to the land, and the case will be decided in court. The same provision applies to occupiers of private land. If such land has been undeveloped for ten years or more, the court is likely to give title to the invaders. Unlike street homeless people, squatters in Peru may consider themselves on an upwardly mobile housing trajectory.

In many countries, the street homeless population has higher occupational mobility, less secure jobs, and smaller income range than residents of squatter



Once an upper-class area, the Cartucho district in Bogotá, Colombia, has become a ghetto in the heart of the city. Some 10,000 people live in poverty and violence in this district, shown here in January 2001.

Source: Jerome Sessini/Corbis; used with permission.

settlements. Street homeless populations tend to be predominantly single and male, whereas squatter settlements have more mixed populations.

Interestingly, Ghana has virtually no squatters, as local chiefs control most land. Even the lowest-quality urban housing properties tend to be held legally under a traditional tenure system administered by the chiefs.

CAUSES

A fundamental cause of homelessness in developing countries is poverty, especially in rural areas. However, poverty alone does not necessarily lead to homelessness. There is also a failure of the housing supply system to provide at even the most basic level. These two problems are exacerbated, in some cases, by social and political changes and the breakdown of traditional family support systems, factors that can gradually push some people into homelessness.

From Rural Home to Urban Homelessness

In many of the developing countries studied, particularly Peru, India, Bangladesh, and Egypt, rural poverty

has driven many to seek employment in cities. Most often, a single man moves to the city to work and sends money back to the family, often preferring homelessness to paying for accommodations. In bad weather, he might pay to stay in a hostel, if such places are available, but primarily he “sleeps rough.” In some cases, other family members follow him to the city. In India, for example, entire families move to the city to work on construction sites and live on or near the site in rudimentary shelters.

Seasonal economic migration in Peru sees many indigenous people from the Alto Plano sleeping on the street and in parks at particular times of the year. A similar pattern occurs in Bolivia. These people have adequate homes back in their villages but are without any shelter for the time they spend trading in the cities.

Social Causes

Many people endure poverty without being tipped into homelessness—until the poverty is coupled with a breakdown in traditional family support or loss of a spouse through separation, divorce, or death. Rapid changes and disruptions in social relations can compound the stress of housing insecurity, while supportive family life and effective parenting can alleviate it. Homeless women and children are frequently casualties of family dissolution or escapees from family violence. This is especially true in a number of South American nations, such as Peru and Bolivia. Street children often also tell of fleeing an abusive stepparent. Indeed, social interventions such as family support and mediation, child protection, and the prevention of domestic violence can be effective in addressing homelessness.

Many developing countries have adopted legislation to protect women’s rights. Nevertheless, cultural attitudes often result in a woman, and her children, being thrown out of their home by relatives if her husband dies or abandons them. Such women may be forced onto the streets (see “Rita: A Case Study,” p. 276, this volume) and sometimes into prostitution to provide for their children.

In China, those who might elsewhere be deemed homeless are included within the “floating popula-

tion.” This “floating” segment also includes some people who are trying to escape local enforcement of the Chinese government’s “one family, one child” population policy. Some families who want more children choose to leave their household registration place. But women in these “over-procreated” families cannot obtain the official temporary living permit without the family planning certificate granted by their native neighborhood. Without official identification, children born to these couples will have difficulty obtaining education and employment.

Evictions

In developing countries, governments quite commonly use their powers to evict people to allow commercial development of the spaces they illegally occupied. Those affected have neither the money nor the power to defend themselves. The Delhi Development Authority (DDA), for example, has a land protection branch to detect and remove all squatter settlements. The inhabitants are first rendered homeless and are moved on to the pavement, then are chased off one pavement only to settle on another or on open ground, even at the coldest and wettest times of the year.

Such evictions generally involve the transfer of land from the poor and vulnerable to middle- or upper-income people, and the development of projects that particularly benefit wealthier groups. Such cases can be found in the developed as well as developing countries. In a Malaysian case, the evictions made room for a golf course to promote international tourism. Forced evictions are particularly disturbing for those in precarious housing. Often violent and discriminatory, they are officially sanctioned acts with many harmful consequences for those displaced.

CHARACTERISTICS OF HOMELESS PEOPLE

The characteristics of homeless people in developing countries are quite different from those in the developed countries and from common Western perception of homeless people as lone, unemployed vagrants and drunks.

While the majority of homeless people in developing countries are single and male, there is also a

very high percentage of homeless families with children. This is especially true of countries such as Peru if squatters are included in the definition. In India and Bangladesh, households with children also feature highly among those who live on the streets.

Homeless people in developing countries fall predominantly into the twenty to fifty-nine age range. However, there are certain anomalies. For example, in Kumasi, Ghana, 70 percent are under twenty years of age. The figure also varies among some Indian cities. In Delhi, for example, only 14 percent of people living on the streets are under twenty; but in Calcutta the figure is 31 percent.

Homeless people in developing countries live and sleep in a broad range of locations: on the street, in abandoned buildings, in stairwells, in and around rail and public transit stations, and in rudimentary shelters in squatter settlements. In India and Bangladesh, many hundreds of thousands of people live on the streets. In some cases, they live without shelter of any kind, carrying their belongings and simply sleeping where they can. In other cases, they construct dwellings of plastic sheeting, cloth, and cardboard—dwellings which have no security or services, but which may survive for years.

In Mumbai, for example, some makeshift shelters extend across the pavements up to the slow lane of the highway, which becomes the front porch for domestic activities. The dangers from passing traffic and pollution are extreme. In other countries, such as China, one rarely finds homeless people living on the street; anyone making the attempt would very quickly be removed by authorities.

In Egypt and Peru, many if not most homeless people live in poor, temporary dwellings in squatter settlements around the urban peripheries. Some of these colonies, particularly those on low-quality



Homeless people sleep in the street in Bombay in December 1964.

Source: Hulton/Deutsch Collection/Corbis; used with permission.

state-owned land of no commercial value, have survived for many years and may eventually be allocated to the residents for formal ownership.

While begging is common among homeless people in developing countries, the assumption that all homeless people are reduced to begging, or that all beggars are homeless, is clearly incorrect. Most homeless people in developing countries do work; this is particularly true if squatters are included in the proportion. For example, the Villa el Salvador squatter settlement in Lima, Peru, is home to 370,000 people, most employed in the informal sector as traders, taxi drivers, or laborers, although some are professionals such as teachers or nurses. However, in general, homeless people tend to have lower-paid and more insecure employment than adequately housed people.

Homeless people in developing countries are frequently victims of crime, abuse, and harassment, but there is little evidence to suggest they are any more likely to be criminals than housed people. It has been noted, particularly in South Africa and Bangladesh, that members of criminal gangs, while not homeless themselves, sometimes use the cover and anonymity of squatter settlements to hide stolen goods.



Rita: A Case Study

Rita (age 30) is a lone parent of two children aged six and one and half years. She was orphaned when she was only 12 years old. She was taken to a relative's house which was later lost due to river erosion. Rita has been living in Dhaka (Bangladesh) with her relatives for about twenty years. She had a steady job at a garment factory with a salary of Tk. 700. At one stage, her relatives became keen to arrange her marriage with the intention of using her marriage as an excuse to oust her from their home. She married, against her will, to a rickshaw puller. Shortly before their first child was born. Rita left her job, needing more time for household work and child caring. Soon afterwards her husband developed an extra-marital affair with one of her coworkers. While she was pregnant the second time, her husband deserted her and took with him many valuables not bought with his income. Following his desertion without a divorce, she fell into a deep crisis. A few weeks later, she became homeless due to failure to pay the rent.

Her present home is a cover of polyethylene over a small chunk of footpath alongside many other street dwellers in the Katobon area. She now begs as well as collects waste papers from which her daily income is Tk. 15. Even this income is irregular. This amount is insufficient to feed her two children and herself. At least Tk. 100 (US\$1.76) are required daily for bare subsistence. One problem is that she could not take a steady job at garment factory again as there is no one to take care of her children while she is away from home.

—Suzanne Speak and Graham Tipple

INTERVENTIONS

In developing countries, official efforts to address homelessness are limited and indeed often negative or unhelpful. They may take the form of harassment, violence, eviction or displacement of settlers, and imprisonment. One intervention in India, the Bombay Prevention of Begging Act, is invoked to clear the streets of homeless people when important public events are to take place. Many other countries report similar “cosmetic” clearing of the streets.

Assisting the Street Homeless

For the street homeless, appropriate interventions might resemble those needed in developed countries.

Such people often need a range of advocacy and individual support to gain access to services, as well as needing immediate protection from the elements—preferably free of charge. The lack of such shelter was sadly illustrated by the deaths of several hundred people in Delhi in January 2003, when the temperature made a rare drop below freezing at night.

Very few countries provide overnight shelters, although they can be found in India and in South Africa. They are often of poor quality, dirty, unsafe, and lacking in necessities for some users. For example, the Municipal Corporation of Delhi's night shelters offer no safe parking for rickshaws, so cycle rickshaw drivers must look elsewhere.

But the provision of shelter need not entail building overnight shelters. Many municipal buildings are empty at night and could be used by homeless people as safe places to sleep. The simple measure of legitimizing this use of some public buildings, and providing additional services and support through them, might provide vital help to many thousands of street homeless people.

Nevertheless, some organizations do provide valuable interventions. Delhi's Aashray Adhikar Abhiyan, a shelter rights campaigning organization, works directly with street homeless people. It provides legal advice as well as one-on-one support for gaining access to a range of services, including medical help. Another Indian NGO, the Society for the Promotion of Area Resource Centres (SPARC), formed an alliance with the National Slum Dwellers Federation and a women's NGO called *Mahila Milan*. Together, they supported 60,000 low-income people in voluntarily moving from their settlements beside the railway tracks of Mumbai to make way for improvements to the infrastructure. With the support of these organizations, the people helped plan their new settlement and then moved there—without forced eviction and without the further impoverishment that usually accompanies such moves.

Addressing Mass Homelessness

To address mass homelessness and low-income squatter settlements, intervention approaches in developing countries differ greatly from those in

developed countries. At this scale, people need some of the rights that security of tenure bestows. Especially important is the right not to be evicted. They also need more basic housing that can be occupied at virtually no cost, and then improved and enlarged over time. Land allocation policies, which aim to provide homeless people with legal tenure to land on which they can build their own homes, often fall short in several ways. They generally allocate only land of very poor quality, or of low or no value, and leave people on their own to construct habitable residences.

The latter is expensive and tends to result in higher-income groups buying out the original allocates for a fraction of the real value of their assets. The allocated land is usually some distance from the city and thus from employment opportunities. Moreover, land grants without any form of support to help people to build adequate shelter on it has resulted in many thousands of people living for many years in inadequate shelters without services.

Although policy reforms in this direction have been advocated since the Year of Shelter for the Homeless in 1987, few governments find such action attractive. As they are usually invisible to national statistics and policymaking, homeless people are not included in lists of development priorities. It is important to pay more attention to the presence of homeless people so that their needs are considered and, where possible, met.

—*Suzanne Speak and Graham Tipple*

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☐ "HOUSING FIRST" APPROACH

This entry describes the “housing first” approach in the context of homeless individuals with psychiatric and substance use disorders; however, the philosophy of housing first is applicable to every person and every family that is homeless.

The problem of homelessness entered the purview of the American public in the 1980s with the alarmingly rapid growth in major urban centers of a highly visible population of homeless individuals with drastically elevated rates of mental illness and substance abuse disorders. This growth coincided with and coalesced from several economic changes, such as the removal of federal support for subsidized housing, the increasing scarcity of low-income housing, and a growing disparity of wealth, as well as with social changes such as deinstitutionalization and the crack epidemic. This new mass homelessness revealed what Kim Hopper described in 2003 as “[the formerly] hidden face of poverty ripped from its customary habitat” (Hopper 2003, 176).

Homeless individuals who were most difficult to assist—those afflicted with mental illness and substance use disorders—confounded the psychiatric and

social service communities in short order. Even when assisted by social service organizations, these homeless individuals found it much more difficult to gain access to stable housing and to retain it than their less troubled counterparts. The social service organizations seeking to help them came to believe that it was the co-occurring disorders that hindered their progress toward stable housing. Assuming that persons who were diagnosed with mental illness and addictions would be too much of a risk to themselves and the community if they were housed before they overcame these conditions, the overwhelming majority of these organizations attempted to funnel clients into treatment programs to make them "housing ready." In most of these programs, rigid regulations control consumers' behavior, mandating that in order to become "housing ready" they *first* become clean and sober, take their psychiatric medications, and obey curfews.

These treatment-first programs seek to resurrect their consumers, releasing each of them like a phoenix into a blue sky of reason, sobriety, and social inclusion. To this illusory end, most housing programs for people who are homeless with psychiatric disabilities and substance use disorders continue to use housing as leverage to induce their compliance with treatment. It is widely believed that only by participating in treatment can a consumer truly become "housing ready." Thus, housing readiness gained primacy in the lexicon of homeless services and to this day is presented as the sole path of deliverance from homelessness. Yet, as a 2003 survey by the Coalition for the Homeless shows, chronic homelessness among the mentally ill persists. Hard-to-serve consumers are burned out by their efforts to end their homelessness via the mandatory treatment route, which is marred by our collective failure to respond adequately to their needs. For these consumers, the story of the phoenix is a myth. However, there is an effective solution to the problems of this seemingly intransigent population—the Pathways to Housing "housing first" model.

PHILOSOPHY AND VALUES

The Pathways to Housing program, founded in 1992, seeks out the hard-to-serve—that is, people with

psychiatric disabilities, co-occurring substance use disorders, a history of incarceration or violence, and other serious difficulties—and offers them immediate access to an independent apartment of their own, without requiring sobriety or participation in treatment as a condition for housing.

The ethos that guides Pathways to Housing rests on two important beliefs. The first one is that housing is a basic right for all people. The Pathways to Housing program regards housing and treatment as two distinct domains with separate criteria for operation and evaluation. Thus, housing is not connected to a consumer's assent to treatment; consumers who are active substance users are not excluded from housing; and consumers who relapse while housed are given treatment, not evicted or moved to a more supervised setting. The second belief is that the choice to change must be the consumer's. As Michael Rowe wrote in 1999, "If we cannot trust others to know themselves and their needs, we will end by oppressing them." (Rowe 1999, 85). In this program, choice is a continuous process, not an isolated incident. When the program's Assertive Community Treatment (ACT) teams conduct outreach to engage people living on the streets, the service street-dwellers say they need most is housing. Hence, the program provides housing first because it is the consumer's first choice.

Pathways to Housing's application of these two fundamental beliefs—that housing should be separated from treatment and that consumers should make their own choices—incorporates the following ideas, which were contributed by both service providers and consumers:

- psychiatric rehabilitation and motivational interviewing, which easily lend themselves to the dictates of consumer choice;
- harm reduction practice for substance abuse and psychiatric disorders to reduce the deleterious consequences of a consumer's lifestyle without dictating a goal like sobriety or remission from symptoms;
- community integration, which is based on the conviction that scatter-site housing is ideal because it minimizes stigma and its psychological impact;

- consumer advocacy, which emphasizes self-direction, self-help, and self-advocacy; and
- recovery, which rests on the knowledge that people with mental illness can and do recover their lives completely.

PROGRAM STRUCTURE AND FORMAT

The philosophy of providing housing first and allowing consumers to make their own choices has been realized in the model called "supported housing": scatter-site independent apartments that are affordable, safe, secure, and permanent, and have services offered by off-site teams. While in other programs consumers are rejected for housing and removed from housing for violating rules, consumers in the housing first model lose their housing only in the ways that any tenant loses housing: by not paying their rent, by creating disturbances intolerable to neighbors, or by committing other ordinary violations of a standard lease. The rules of the standard lease apply to tenants in the program the same way that they do to everyone else. In its ten-year history, serving more than 450 consumers, the program has had only one eviction.

All clinical and support services, including outreach and housing-related services, are provided by ACT teams. As pioneered by Leonard Stein and Mary Ann Test in 1980 and defined by the current national standards for evidence-based practice, the ACT teams implemented by Pathways to Housing meet the current fidelity standards: They are community-based, multidisciplinary teams of service professionals who provide intensive, individualized programs; team members seek out consumers and address their emotional, psychiatric, medical, and human needs. ACT teams operate twenty-four hours, seven days a week, and their relationships with consumers extend indefinitely into the future; consumers leave the program only when they choose to leave. Seventy percent of consumers have an acute or chronic health problem, and in order to meet these needs, ACT teams have been expanded to include a nurse practitioner and a nutritionist. Using these basic program features, Pathways to Housing dedicates itself to working with those people whom others reject.

MEASURES OF SUCCESS

At its inception in 1992, Pathways to Housing employed five staff members and served fifty tenants. Ten years later, there were 73 full-time staff and 450 tenants housed in their own apartments and served by six ACT Teams. The program's housing retention rate has remained consistently high, at roughly 88 percent for periods up to five years long (compared to 47 percent of the homeless people from whom this population was excluded on the basis that they were not "housing ready").

In a 2003 federally funded Substance Abuse and Mental Health Services Administration (SAMHSA) clinical control study, 225 participants were randomly assigned to either the housing first condition or the continuum of care (treatment before housing) condition. Experimental participants were given a referral to Pathways to Housing. Most control participants were already working with an outreach worker at the first stage of the continuum; those who were not were referred to outreach workers or drop-in centers. Both experimental and control participants spent approximately half their time literally homeless and a third of their time in institutions (primarily psychiatric hospitals) in the six months prior to the start of the study; there were no differences between groups. The goal of the experimental program was to move respondents directly into stable housing (their own apartments), and experimental participants spent 61 percent of their time in the first half of the year and 80 percent of their time in the second half of the year in stable housing. By the second half of the year, participants assigned to the experimental program spent only 3 percent of their time literally homeless and only 4 percent in transitional facilities. The goal of the continuum of care programs was to move individuals off the streets into facilities deemed appropriate for their needs, not necessarily to move them into stable housing. Consistent with that goal, control group respondents spent far less time in stable housing (15 percent in the first half of the year and 23 percent in the second half of the year). Their time in the second half of the year was almost evenly divided among stable, transitional, institutional, and literally homeless states. Differences between the

groups were highly significant at both the six- and twelve-month assessments (Shinn et al., 2001).

Remarkably, the program has proved not only successful but also cost-effective. In 2003, the average cost of rent plus ACT team services is approximately \$22,500 per person per year. This is less than the annual cost of a municipal shelter cot, which ranges between \$25,000 and \$30,000 per person per year and approximately half the cost of providing supportive housing in congregate settings, where services are on-site and costs range between \$40,000 and \$65,000 per person per year. It is also much cheaper than allowing people to remain homeless, which costs approximately \$40,000 per year (Culhane et al., 1999).

Most importantly, supportive housing with ACT works to improve substance abuse and mental health outcomes for consumers. It works so well, in fact, that it has been adopted as a "best practice" by SAMHSA.

CONCLUSION

Housing first is a clinically effective, cost-effective, proven method for stably housing people who are homeless and have psychiatric disabilities along with co-occurring substance abuse disorders. The offer of housing without treatment conditions is a practical manifestation of Pathways to Housing's ethos of respect for the ability of consumers to know their own needs and choose their own treatment; the offer dramatically illustrates the agency's confidence, based on experience and evidence, in a consumer's potential for recovery, ability to live independently, and right to decent housing. In addition, sequencing housing before treatment acts as a powerful tool of engagement; moreover, it cures homelessness.

—Sam Tsemberis

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▣ HOUSTON

Like most large U.S. cities, Houston during the early 1980s began experiencing a degree and type of homelessness that stood in marked contrast to the more contained homelessness it had experienced until then. This time coincided with a deep national recession that, combined with a dramatic decline in oil prices, brought an abrupt end to the boom economy that Houston had enjoyed—an economy fueled by oil development and international trade. The city began recovering from its slump in the late 1980s after several years of high unemployment and stagnant economic growth, but the recovery seemed to leave the homeless population behind. Large numbers of

homeless individuals, including increasing numbers of primarily African-American women with children in their care, remained visible throughout the 1990s and into the new century, continuing to present a challenge to a city not known for its largesse in meeting the needs of its less fortunate citizens.

CAUSES

Homelessness in Houston has been the product of the same complex set of factors that accounts for rapid increases in homelessness elsewhere during the last two decades: rising rental costs (especially at the lowest rungs of the housing ladder), multiple pressures on the income-generating ability of those living in poverty, and new policies such as deinstitutionalization and the decriminalization of public drunkenness that swelled the pool of vulnerable individuals competing for scarce low-income housing. After analyzing data from the U.S. Bureau of the Census Annual Housing Survey for 1976 and 1983, Karin Ringheim suggested that Houston was perhaps a classic example of how structural factors (such as factors affecting the housing and job markets) produce a context in which pervasive homelessness is inevitable.

During that seven-year period, for instance, poor African-Americans in Houston experienced rent increases of 41 percent while experiencing a drop in median per capita income of 20 percent. Over time, the gap between the affordable housing that was available and what was needed widened considerably. By 1983, approximately 10,000 households in Houston needed units renting for less than \$50 per month (using federal standards suggesting that no more than 30 percent of one's income should go to rent). No such units existed. A similar number of households needed units renting for between \$50 and \$99 per month. Only 1,000 such units existed, many of which were occupied by people with much higher incomes. As a result, the most vulnerable of the poor found themselves devoting unprecedented portions of their income to rent, creating the instability that contributes to high risk for homelessness.

Ways of mitigating the problems of unaffordable rents and inadequate income exist, of course. Gov-

ernment can decrease the cost of rental housing for poor people by providing housing subsidies or can increase the income of the poor through cash assistance and other kinds of transfers. Both were scarce in Houston, however, because of a prevailing ideology, apparent both locally and statewide, that placed high value on self-reliance and the free enterprise system. Rates of income assistance in Houston were among the lowest of all large metropolitan areas in the United States during that period. Moreover, those people who managed to get public assistance actually received little relative to people in other parts of the country. A 1989 McKinsey and Company report on homelessness in Houston, for instance, noted that Texas ranked forty-eighth out of the fifty states and the District of Columbia in the maximum amount of Aid to Families with Dependent Children (AFDC) benefits a family could receive. Housing subsidies were equally rare. Although it was the nation's fourth-largest city, Houston at that time ranked fifteenth of sixteen large cities in its number of public housing units and thirteenth in Section 8 housing certificates—federal subsidies that Houston chose not to aggressively pursue. Similarly, only meager funding was available to support services for subpopulations at extremely high risk for homelessness, such as the seriously mentally ill. Texas ranked forty-eighth in per capita state funding for mental health care at this time and was one of only seven states that did not supplement federal income entitlements for the seriously mentally ill. The safety net, then, was a tattered one, creating a climate ripe for pervasive homelessness.

THE SIZE AND FACE OF THE HOMELESS POPULATION IN HOUSTON

Houston's homeless population, which has historically been concentrated in the central city, is estimated to be approximately 10,000 people on a given night, according to two local—and somewhat dated—counts of the homeless population. The first count, conducted in 1989 by McKinsey and Company, indicated that approximately 20 percent of the population were in shelters, 20 percent were on the

streets, and 60 percent were in abandoned buildings. The second count, a sophisticated one-night count conducted by the Center for Public Policy at the University of Houston in the spring of 1996, arrived at a precise count of 9,216 persons and suggested that approximately 25 percent were in shelters, almost 40 percent were on the streets, and 25 percent were in abandoned buildings. (The remaining 10 percent were in labor bunkhouses, halfway houses, hospitals, or jails.) In each count, the numbers of people found to be living in abandoned buildings were striking.

In terms of its demographic and diagnostic profiles, the homeless population in Houston closely resembles cross-sectional point-in-time samples drawn from other large cities. Interviews with a probability sample of 802 homeless adults in Houston conducted by researchers Paul Koegel and Greer Sullivan in 1996 (see Koegel et al. 2000) suggested that the homeless population was predominantly male (83 percent), young (mean age of thirty-eight), and neither married nor living with someone as though they were married (84 percent). They were also disproportionately nonwhite: Three-fifths were African-American, one-fifth were Hispanic or other, and the remaining one-fifth were white. Only 8 percent were homeless families, that is, currently had children in their care. On average, people had been homeless three times for a total of thirty-two months during the course of their lives. Slightly more than one-quarter were “newly” homeless, that is, had become homeless for the first time within the last year.

Like other point-in-time homeless samples, this Houston sample contained disproportionate numbers of people with serious mental illness and/or substance abuse. One-quarter were seriously mentally ill (10 percent were schizophrenic, and 15 percent had a major affective disorder—either clinical depression or bipolar disorder, otherwise known as manic depression), and slightly more than two-fifths had experienced either drug or alcohol dependence during the last year. More than half of those people with serious mental illness had co-occurring substance dependence. Most people were not receiving care for these disorders. Only 27 percent of homeless adults

with serious mental illness had received mental health care during the year prior to the interview. Likewise, only 27 percent of those people with substance dependence had received residential substance abuse treatment during the last year. Since the time that these data were collected, services for both mental illness and substance abuse have been curtailed rather than expanded. For instance, the Mental Health and Mental Retardation Administration, the public agency responsible for serving the seriously mentally ill, has had to reduce its services by more than 30 percent. Similarly, the Houston Recovery Campus, the major drug treatment facility for the poor, has significantly cut back its services as part of a partial closure.

In contrast to cities such as New York, Philadelphia, and Los Angeles, which have large municipal shelter systems and/or voucher programs that temporarily house homeless individuals in hotels, Houston has relied primarily on private organizations to provide shelter and other subsistence services for its homeless population. According to the Homeless Services Survey conducted by the Coalition for the Homeless Houston/Harris County, in 2003 approximately 2,000 emergency shelter beds existed in the greater Houston area (an area larger than the city itself that includes four counties: Harris, Fort Bend, Montgomery, and Galveston), whereas 2,317 emergency shelter beds existed ten years earlier. One moderate-sized shelter closed since the 2003 survey, and several other major shelters have since reduced their numbers of emergency beds due to declining funding for this mode of shelter.

Clearly, emergency shelter capacity is not nearly enough to meet the needs of a population last estimated to be five times larger than capacity. Shelter capacity is consistent with the subsistence experiences reported by homeless adults in Houston. Koegel and Sullivan's 1996 survey suggested that as much as 39 percent of the homeless population in Houston spent each of the last thirty nights in places that weren't meant for sleeping—on the streets or in abandoned buildings, public transportation, their cars, or other such places. Fewer homeless—only 31 percent—had spent each of the last thirty nights in shelters or other places meant

for sleeping. The remaining 30 percent moved back and forth during the last thirty nights between shelters and places not meant for sleeping. Approximately 70 percent, then, had spent some time on the streets in the last month.

THE POLITICAL CLIMATE AND FUTURE TRENDS

Advocacy for the homeless in Houston has been spearheaded by the Coalition for the Homeless of Houston/Harris County, an organization established in 1983 to educate the public about issues related to homelessness, press for services for the homeless, and coordinate the many groups providing services to them. Although less political than some of its counterparts in other large cities, the coalition has been successful in effecting change despite the dearth of local revenue for homelessness programs, although the barriers the coalition faces remain considerable. Other local organizations have pressed for improved services for homeless individuals as well. For instance, Healthcare for the Homeless—Houston, which has an advisory council of twenty-eight agencies and aims to integrate health care efforts in the county, recently launched a bus service for homeless persons that aims to improve access to health services and related services.

In important ways, however, the outlook is not a rosy one for the homeless of Houston. In addition to facing inadequate service capacity and a continued dearth of affordable housing, the homeless are increasingly facing a new set of pressures resulting from active efforts to revitalize the downtown area. As revitalization efforts reclaim more and more of the central city, the traditional tolerance for homeless people in this area has been dissipating. A new civility ordinance, passed in 2002, criminalized “dumpster diving,” “aggressive panhandling,” and sleeping on the sidewalk during all but a few hours in the middle of the night. Pressure from residents, local business owners, and developers has similarly translated into increased enforcement of civility ordinances that target, for instance, loitering and other public behaviors that are common among the homeless. Moreover, efforts are underway to expand

the civility ordinances to areas surrounding the central business districts. In a similar vein, homeless encampments once tolerated by authorities have increasingly been dismantled. These trends appear to be pushing more and more homeless people out of the traditional central city zone of tolerance and into the surrounding areas, where they are far more dispersed and isolated from the care and services that target them. Balancing competing interests and finding the resources necessary to effect significant change are challenges that will continue to confront those in Houston who are struggling to address this pressing problem.

—Paul Koegel and David S. Buck

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▣ HUNGER AND NUTRITION

Homelessness and problems gaining access to adequate food are closely related. Both are, in general, associated with poverty. Furthermore, because homeless people do not have adequate kitchen facilities, it is difficult for them to consume food items that need preparation, and many homeless people do not have family members close to them or other social supports that could provide them with food and shelter. In addition, homelessness itself can be a barrier to accessing public food assistance programs.

The two most important sources of food assistance for people experiencing homelessness in the United States are the U.S. Department of Agriculture (USDA) Food Stamp Program (FSP) and a network of private food assistance providers, often called the Emergency Food Assistance System (EFAS). The following sections discuss these two programs, providing statistics related to their services to homeless people and demographic characteristics of the homeless people using these services.

THE FOOD STAMP PROGRAM

The Food Stamp Program is the largest public food assistance program in the United States available to the homeless. Established in 1964, reenacted in 1997, and periodically reauthorized, it is the principal domestic food and nutrition assistance program that the USDA administers. During fiscal year 2002, the program served more than 19 million people in an average month at a total annual cost of over \$18 billion in benefits. With its main purpose being “to permit low-income households to obtain a more nutritious diet . . . by increasing their purchasing power” (Food Stamp Act of 1977, as amended), the FSP is the only form of public assistance available nationwide to all households on the basis of financial need only, regardless of family type, age, or disability.

Households apply to the FSP at local offices. In general, each county within a state contains one or more food stamp offices. Families or individuals who meet certain financial and other eligibility criteria are certified by the local offices to participate in the pro-

gram and are issued monthly food stamp benefits based on their household size and the net income they have available to purchase food. In the past, the benefits were issued as paper food coupons. In recent years, however, they have been issued increasingly as debit cards under “electronic benefit systems.” Food stamp benefits can be used to buy food items at most food outlets nationwide. These outlets redeem the coupons for money at local banks, which are then reimbursed through the Federal Reserve System. Program benefits are paid for entirely by the federal government, while the federal and state governments share the administrative costs equally.

Unfortunately, homelessness is a significant deterrent to FSP participation for several reasons that include, but are not limited to, mental illness, transportation barriers, not having kitchen facilities, and difficulty in presenting the required documentation to qualify for the program. While there are no exact national estimates available for a recent period, various studies suggest that the FSP participation rate among the homeless remains at a low level. Data from a recent America’s Second Harvest study reveal that only 11.5 percent of its homeless clients were receiving food stamps at the time they were interviewed, while the comparable figure for the overall America’s Second Harvest client population was 29.8 percent (Kim, Ohls, and Cohen 2002). These findings suggest that access to the FSP among the homeless could be improved, though the study was not designed to be representative of the homeless population.

The overall number of FSP participants has dropped substantially in recent years. It is estimated that 8 million fewer people received food stamp benefits in 2002 than did in 1994. The most sudden drop occurred between 1996 and 1998. Although the strong economy played a major role in the decline, other factors were involved, since the proportion of poor people receiving food stamps dropped. Two of these factors were (1) reduced eligibility imposed by the 1996 welfare reform legislation, and (2) administrative practices that discouraged people leaving welfare from applying for food stamp benefits (Wilde et al. 2000).

There is other evidence of a decline in FSP participation among the users of EFAS. The America’s Second Harvest report estimated that 30 percent of

the people who used its affiliated emergency food providers (for example, food pantries, soup kitchens, and emergency shelters) were receiving food stamps at the time of the interview in 2001 (Kim, Ohls, and Cohen 2002). The comparable figure reported in a similar America’s Second Harvest study conducted in 1997 was 41 percent (America’s Second Harvest 1998).

Legislative initiatives have taken place over the years to alleviate access problems among the homeless. Because of these initiatives, there are now the following special provisions in the FSP for people experiencing homelessness:

1. there is no requirement for a fixed address,
2. people are allowed to pick up the coupons at the food stamp office,
3. funding is provided for outreach to the homeless,
4. monthly reporting requirements are waived,
5. homeless people are allowed to use food stamps to purchase meals in restaurants, and
6. expedited services are available to assist people of very low income and few resources.

Other more specialized public programs through which certain groups of homeless adults and children may obtain food and nutritional services include the Special Supplemental Food Program for Women, Infants, and Children (WIC; a program specifically designed to address the nutritional and health needs of low-income infants and children, along with pregnant, lactating, and postpartum mothers); the Elderly Nutrition Program; the Child and Adult Care Food Programs; the National School Lunch Program; and the School Breakfast Program.

Despite the presence of such public programs, it appears that many low-income individuals, including people experiencing homelessness, are slipping through the public safety net. Instead, they are turning to the private network of hunger relief programs, such as food pantries and soup kitchens.

THE EMERGENCY FOOD ASSISTANCE SYSTEM

The Emergency Food Assistance System is a major source of nutrition services for low-income families

and arguably the largest and most used source of food assistance for the homeless. The goal of EFAS is to help fill nutrition gaps for people who are not receiving food stamps or whose nutritional needs are not fully met by food stamps or other direct government assistance programs.

There are two general categories of organizations in EFAS: (1) those directly serving people, and (2) those serving other providers. Locally operated EFAS providers serve households directly, primarily through soup kitchens and food pantries. Emergency shelters, which are usually considered part of EFAS, were not included in this USDA study. Soup kitchens—sometimes called “emergency kitchens”—are local facilities that provide prepared meals on-site for individuals and families who visit those facilities. Emergency shelters that provide meals for their residents or nonresident users are often considered part of EFAS, serving a function similar to that of soup kitchens. Food pantries, on the other hand, distribute grocery items that require further preparation (such as canned goods, cereals, rice, bread, and sometimes fresh fruits or meat) and other basic supplies for off-site use. A recent USDA study estimates that more than 5,000 soup kitchens and more than 38,000 food pantries were operating in the United States in 2001 (Ohls et al. 2001). They help working poor families increase their purchasing power for food, provide nutritious meals to low-income seniors and homeless people, and help those who have been excluded from the FSP and other direct government assistance programs. Food and funds for these local providers come from several sources, including individual and group donations, public funds, and surplus food through the federal Emergency Food Assistance Program.

EFAS also includes organizations that are not in direct contact with individual users of these services but that provide key support for the direct providers. These organizations include food banks, food rescue organizations, and emergency food organizations. Food banks are nonprofit, regional organizations that solicit, store, and distribute food from local producers, retail food sources, the federal commodity distribution program, and the food industry. It is estimated that there are approximately

400 food banks in the United States. Food rescue organizations play a role similar to that of food banks but focus on obtaining perishable foods, such as contributions and gleanings from farmers and surplus food from restaurants and other commercial food service facilities. Emergency food organizations operate in some, but not all, areas of the country and have a more specialized role, focusing on the distribution of government commodities to primarily to soup kitchens and food pantries. (In some states, the term *emergency food organization* is also used to include organizations that distribute commodities directly to households.)

America’s Second Harvest, which is a national network of about 80 percent of the food banks, supports the system by acquiring food from national organizations, providing technical assistance and other services to the food banks and food rescue organizations, and representing the interest of the EFAS community in the national political process.

It is estimated that approximately 10 percent of the people who used food assistance facilities affiliated with America’s Second Harvest in 2001 were homeless. The estimated number of people served by America’s Second Harvest–affiliated facilities during a one-year period between spring 2000 and spring 2001 was 23 to 28 million. We thus infer that America’s Second Harvest served more than 2 million homeless people in 2001 through its affiliated emergency food assistance facilities (Kim, Ohls, and Cohen 2002); This estimate is based on extrapolation of weekly estimates for a twelve-month period using the same turnover rate among the homeless as the overall EFAS client population.

Characteristics of the Homeless Served by America’s Second Harvest–Affiliated EFAS

In this section, we present statistics of demographic characteristics and service utilization patterns among the homeless population. These statistics and patterns are based on the client data from the Hunger in America 2001 study.

The percentage of homeless people at emergency food programs that provide prepared meals (such as soup kitchens and emergency shelters) is greater

than the percentage at those programs that provide grocery items (such as food pantries). This situation may be largely due to the lack of kitchen facilities available to the homeless population. More than three-quarters (76 percent) of the people served at America's Second Harvest-affiliated emergency shelters and more than a quarter (26 percent) of the kitchen clients are homeless. In comparison, less than 3 percent of the pantry clients are homeless.

Comparing the demographic characteristics of the homeless clients at the America's Second Harvest network providers with those of the overall America's Second Harvest client population, the data show the following:

- More than 80 percent of homeless clients are male (versus 38 percent among all America's Second Harvest adult clients).
- Fewer than 2 percent of homeless clients are age sixty-five or older (versus 20 percent among all America's Second Harvest adult clients).
- From 24 to 25 percent of America's Second Harvest adult clients, homeless or not, have a part- or full-time job.
- Only 11 percent of homeless clients are married or living as married (versus 32 percent among all America's Second Harvest adult clients).
- From 63 to 64 percent of America's Second Harvest adult clients, homeless or not, graduated from high school.
- From 12 to 17 percent of all America's Second Harvest adult clients, homeless or not, are of Hispanic origin.
- From 44 to 45 percent of all America's Second Harvest adult clients, homeless or not, are white.
- From 35 to 40 percent of all America's Second Harvest adults clients, homeless or not, are African-American.

- Some 34 percent of homeless clients report that their health is fair or poor (versus 45 percent among all America's Second Harvest adult clients).

In brief, a homeless client of America's Second Harvest network providers is likely to be a nonsenior living without a spouse and utilizing services at emergency shelters and soup kitchens.

PROGRAM RESULTS

Many private and public nutrition services provide food and other nutrition services to people experiencing homelessness. The USDA's FSP and the private sector's EFAS network, represented by soup kitchens and food pantries, are two major food programs available for low-income families and the homeless. Despite a number of legislative changes made to improve access to food stamps among the homeless, the percentage of homeless people receiving food stamps remains low. The private EFAS continues to serve an increasing number of low-income households, including homeless people.

—Myoung Kim

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I

▣ IMAGES OF HOMELESSNESS IN CONTEMPORARY DOCUMENTARY FILM

Contemporary documentary images of homelessness and poverty are rooted in early ethnographic studies, WPA interviews, and Depression-era newsreels, as well as advocacy-inspired art such as the photographs of Jacob Riis. Like their predecessors, later documentary images of homelessness are usually concerned with both the aesthetic and the political, often promoting public policy changes at the local or national level. Since 1980, more than four dozen documentaries have been produced about the crisis of the “new homeless” in America. Most seek to debunk myths about homeless people, addressing both the discrimination they face and the empowerment they can achieve, and acknowledging the common humanity of subject, filmmaker, and audience. In contrast to Hollywood films’ preoccupation with male homelessness, documentary films often give due consideration to homeless families, youth, and women.

DOCUMENTING HOMELESS LIVES

There is no dominant face of homelessness in documentary film; the images are as diverse as the homeless population itself. Most documentaries explore

the daily lives of homeless individuals, the communities they inhabit, and their encounters with shelter staff, social workers, law enforcement personnel, and advocates. Films such as *Down and Out in America* (1986), *Shadow Children* (1991), and *101 Rent Boys* (2000) reveal the daily routines, survival strategies, and living conditions of people who are homeless. In the short documentary *Repetition Compulsion* (1997), Ellie Lee uses anonymous animated images to illustrate audio testimony about the cycle of violence in the lives of homeless women. In contrast, Michel Negroponte takes a very subjective approach in *Jupiter’s Wife* (1994), which traces the evolution of his own personal fascination with Maggie, a homeless woman living in New York City’s Central Park. The film was shot with a VHS camcorder, and the narrative centers upon revelations about Maggie’s history before homelessness. Both films raise important questions about the relationship between filmmaker and subject, which is particularly problematic when the subject lives under impoverished, unstable, and unsafe conditions.

A similar dilemma about the responsibilities of filmmaker and audience surfaces in *Streetwise* (1985), about homeless youth in Seattle. Both the filmmaker and the audience take on the role of a voyeur, watching the daily struggles of the youth to survive. The film chronicles their histories of abuse and neglect, and their experiences in a street com-

munity of prostitution, panhandling, and addiction. While the film has a scripted feel at times, the unexpected suicide of one of the youths, Dewayne, collapses the distance between subject, filmmaker, and audience. Director Martin Bell was one of the few mourners at the small funeral from which Dewayne's homeless friends were noticeably absent.

Other films, such as *The Homeless Home Movie* (1997) and *Dark Days* (2000), bridge the gap between filmmaker and subject by employing the homeless as film crew and permitting them to collaborate in the creative process. This is particularly evident in *Dark Days*, a black-and-white documentary about a community of people living in an abandoned Amtrak tunnel under Manhattan. Novice director Marc Singer filmed the underground community for more than a year, living and working among them. With the tunnel dwellers doubling as a film crew, Singer tapped into the city's electrical power and used a homemade camera dolly on an abandoned railway track to film a tracking shot of the homes in the community. The result is powerful aesthetic images, intimate interviews, and an informative glimpse at a unique community and the ethical questions it raises for society.

DOCUMENTARY AS ADVOCACY

Documentary filmmakers are often motivated by political and ethical concerns, hoping to have "an effect on attitudes, possibly leading to action" (Ellis 1989, 3). The primary goal for most documentaries about homelessness is to elucidate the common humanity and normality of the unhoused population. Other films take this one step further by examining bureaucratic inefficiencies, policy inconsistencies, the criminalization of homelessness, and the organization of homeless rights movements. Paula Rabinowitz, literature and film scholar, suggests that these "cultural representations can have political agency" (Rabinowitz 1994, 3).

Films such as *Takeover* (1990) and *Taylor's Campaign* (1997) focus on the issue of advocacy itself, illuminating the strength of grassroots and national homeless rights organizations and affordable housing movements. *Takeover* depicts the homeless

activists nationwide who draw attention to the affordable housing shortage by "taking over" vacant houses repossessed by the federal Department of Housing and Urban Development. The film emphasizes the varying faces of homelessness and the unifying desire to live in safety and dignity. Scenes of an anonymous burial in Potter's Field frame the film, suggesting the tremendous urgency of housing the homeless. Potter's Field is a public cemetery established on Hart Island in 1869, for the impoverished, indigent, and homeless residents of New York City. In *Taylor's Campaign*, Richard Cohen follows homeless activist Ron Taylor in his grassroots campaign for a seat on Santa Monica's city council, and the council's simultaneous attempt to outlaw programs providing food for the homeless in public parks. Through interviews with Taylor, members of the homeless community, volunteers and advocates, tourists, local residents, and politicians, Cohen weaves a complex narrative about discrimination against the local homeless population. For viewers, the result is often a deeper empathy for the homeless people of Santa Monica and greater awareness of the varying degrees of support for and condemnation of homelessness in the wider community.

EXPLOITATIVE IMAGES

Exploitative material on some Internet websites stands in sharp contrast to the general tone of empathy and advocacy in contemporary documentary films. Indeed, these sites raise questions about the regulation of public images and the rights of homeless people generally. While archival interviews and testimonies about homelessness on some websites are generally fair and informative, two sites are particularly notable for their abusive content. The author of Bumhunt.com encourages the public to "hunt" for the "world's dirtiest and most insane vagabonds" with a camera and submit the results to a collection of photographs and video footage of homeless people. Once posted on the website, these images are accompanied by humiliating commentary. The authors of another website, Bumfights.com, use it as a forum for the sale and distribution of their video of the same name. The video includes staged fights between homeless men and

images of homeless people performing dangerous stunts for money. In addition to condemnation by homeless advocates, the producers of this site face various charges in civil and criminal court.

RESEARCH DIRECTIONS

Documentary film is a measure of the current faces of homelessness, and conveys important information about discrimination, advocacy, and localized experiences of homelessness in America. While there have been ample academic studies about documentary film focusing on poverty, there is still significant research to be done on those focusing on homelessness in particular.

Almost without exception, documentary films about homelessness are independently produced, and their distribution is often limited to film festivals, small art theaters, and public television broadcasts. Even critically acclaimed and award-winning films like *Dark Days* have relatively small audiences, and the political messages are not as accessible to the general public as they could, or perhaps should, be. Furthermore, while there have been ample academic studies about documentary film focusing on poverty, there is still significant research to be done on those focusing on homelessness in particular.

—Amanda F. Grzyb

See also Appendix 2: Filmography of American Narrative and Documentary Films on Homelessness

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IMAGES OF HOMELESSNESS IN NARRATIVE FILM, HISTORY OF

Homelessness is a prominent theme in American narrative film, from the earliest silent shorts to contemporary studio features. While homeless characters appear in every decade of film history, the most significant images are found in silent films from the 1890s to the mid-1930s, in films of the Depression era and its aftermath (1929–1941), and in films of the Reagan-Bush era (1980–1992). The earliest silent films often portray homeless men as lazy and criminal, but later films depict homelessness in a romanticized manner. During the Depression, public opinion about the homeless shifted to concern and empathy, and film images reflected this change. Contemporary films featuring homelessness are overwhelmingly comedies, either reinforcing dominant ideologies about success and individualism or critiquing the distribution of wealth and power in America.

THE TRAMP IN SILENT FILM

Early silent film shorts about homelessness are generally comedies that employ one of two “tramp” stereotypes: the menacing thief and trespasser, or the unsuspecting “layabout” who is tricked and humiliated. Such negative images are rooted in the antagonistic attitude towards the homeless that permeated American culture from 1870 to 1900, and reflect a fear and mistrust of homeless men. In the story repeated most often, a tramp attempts to steal food only to be caught and beaten by a cook or set upon by a dog. Variations on this narrative are found in *The Tramp and the Muscular Cook* (1898), *The Tramp Caught a Tartar* (1898), *The Tramp in the Kitchen* (1898), *The Ugly Tempered Tramp* (1900), *The Cook's Revenge* (1901), *Meandering Mike* (1901), and *Pie, Tramp and the Bulldog* (1901). Another popular theft narrative depicts a tramp who steals a baby bottle from an unsuspecting nurse or mother. This theme appears in *A Tramp's Dinner* (1897), *The Tramp and the Nursing Bottle* (1901),

and *On a Milk Diet* (1902). Also common is the narrative about a tramp who secretly impersonates a woman's lover, only to be discovered in horror by the unsuspecting woman. Although intended to be humorous, this portrayal resonates with a particularly pernicious image of the homeless man as a sexual predator. This narrative is employed in *When We Were Twenty-One* (1900), *On the Benches of the Park* (1901), *Hubby to the Rescue* (1904), and *Poor Algy* (1905).

In *The Tramp's Unexpected Skate* (1901), a typical tramp humiliation comedy by Thomas A. Edison, two men attach a pair of roller skates on to the feet of a homeless man who is asleep under a tree. The tramp falls repeatedly while he attempts to run after the tricksters, who continue to taunt him. Another variation appears in *The Tramp and the Giant Firecracker* (1898), in which a sleeping homeless man is awakened abruptly when two boys explode a firecracker under his nose. Other notable humiliation films include *The Tramp's Last Bite* (1898), *Happy Hooligan April-Fooled* (1901), *The Sleeper* (1902), *The Golf Girls and the Tramp* (1902), and *The Tramp's Surprise* (1902). The common theme of these and the theft narratives is revenge: The homeless man is usually beaten, shamed, or punished.

Later silent films and early "talkies" break with disparaging images of homelessness and explore the pathos of the tramp as a tragic and romantic figure. Often the tramp character is a plot contrivance, used to symbolize an economic, emotional, or moral decline. Many of these films also explore the causes



Charlie Chaplin in his classic hobo costume in the 1920s–1930s.

Source: Bettmann/Corbis; used with permission.

for the displacement of their characters, and usually depict them as heartbreaking, wandering heroes. In *Smoldering Embers* (1920), a man becomes a tramp after his wife takes their baby son and runs away with another man. Many years later, the unfortunate tramp intervenes in his son's life without revealing himself. More images of the homeless tragic hero are found in *Buchanan's Wife* (1918), *The Innocent Cheat* (1921), and *The Limited Mail* (1925). The figure of the tramp also becomes a means of disguising a character's identity, thus creating convenient plot twists in longer films. In *Beggars of Life* (1928), the female protagonist disguises herself as a male tramp to escape murder charges. Similarly, in *Love Aflame* (1917) and *Miss Nobody* (1921), women impersonate tramps to flee the unwanted affections of a man. In *Pals First* (1918), *Blues Blazes* (1922), and *Love's Old Sweet Song* (1923), important men—the master of the house, a prizefighter, and a secret service agent, respectively—disguise themselves as tramps and reveal their true identities at the climax of the narrative. This period of film also represents a growth in the number of homeless women and children in film, including homeless girls in *Princess of Patches* (1917) and *The Five Dollar Baby* (1922) and a suicidal homeless woman in *The Docks of New York* (1928).

CHARLIE CHAPLIN'S "LITTLE TRAMP"

The introduction of Charlie Chaplin's "Little Tramp" persona in 1914 signifies the advent of an increasingly sympathetic and nuanced image of the home-

less figure in silent cinema. The tramp appears in Chaplin's films from *Kid Auto Races at Venice* (1914) to *Modern Times* (1936). In *Down and Out, On the Road*, Kenneth Kusmer shows that Chaplin's tramp is analogous to the actual homeless population: "At different times he is shown living in a patchwork dwelling (*A Dog's Life* [1918]), sleeping in a homeless shelter (*Police!* [1916], *Triple Trouble* [1918], and *The Kid* [1921]), emerging from the undercarriage of a train (*The Idle Class* [1921]), and on many occasions pilfering for food to survive" (Kusmer 2002, 189). While not an entirely benevolent character, Chaplin's tramp is both comedic and sentimental, emphasizing the social inequities of the early twentieth century and the follies of the upper class. One of the most successful films to walk the line between slapstick and pathos is *The Kid*, a film that chronicles the tramp's adventures as he raises a homeless waif. In *Working-Class Hollywood*, Steven J. Ross suggests that "many early films presented poignant stories of immigrants and workers suffering at the hands of employers, politicians, and hypocritical clergy and civic leaders" (Ross 1998, 12), thus appealing to a predominantly working-class audience. Chaplin's brilliant parodies of the wealthy, most notably in *The Idle Class*, allowed him to expand his audience to the middle class as well.

THE GREAT DEPRESSION

Like the later silent films, Depression-era films also produced relatively congenial images of homelessness. Economic hardships had made poverty commonplace, and the homeless person was no longer an object of fear and ridicule. Kusmer writes, "The long-standing image of the lazy homeless person appeared less often, and the humorous tone of many newspaper stories about beggars and lodging-house residents was replaced, for the most part, by more prosaic factual accounts" (Kusmer 2002, 209). The dominant image of the homeless man diversified in the 1930s and 1940s, and homeless women, homeless children, and homeless communities were frequently represented in cinema. Films that feature homeless women include *Girl Overboard* (1929), *The Girl From Avenue A* (1940), and *Under Age*

(1941). In *Girls of the Road* (1940), a governor's daughter runs away to learn more about a group of girls living in a hobo jungle; she then raises public awareness about their plight. Similarly, a group of homeless boys are captives in a residential work camp in *Boy Slaves* (1930), and another band of homeless youth experience the hardships of transient life in *Wild Boys of the Road* (1933). *The Grapes of Wrath* (1940) chronicles the journey of a dispossessed migrant family across America. *The Courageous Dr. Christian* (1940) explores the issue of public housing for the homeless, and groups of homeless men come together to help rebuild destitute properties in *Friendly Neighbors* (1940) and *Mountain Rhythm* (1939). A notable exception to these films is Lewis Milestone's muddled musical comedy *Hallelujah, I'm a Bum* (1933). Al Jolson starred as Bumper, a happy and carefree homeless man who is the "mayor" of a large homeless community in Central Park. Speaking in rhyme and breaking into song with his fellow homeless friends, Bumper sings, "I find great enjoyment in unemployment."

Two of the most significant and influential films from this period are *My Man Godfrey* (1936) and *Sullivan's Travels* (1941). Directed by Gregory LaCava, *My Man Godfrey* is a screwball comedy about the relationship between a "forgotten man" and a wealthy family. In a memorable opening sequence, two wealthy sisters find Godfrey at a city dump and bring him back to an upscale hotel as the final item of a scavenger hunt. He becomes the butler for their dysfunctional family, and, as the moral compass of the film, he is exposed to their shallow, selfish, and wasteful ways. Although Godfrey is revealed to be a man of stature who has become homeless by choice after a failed love affair, he remains faithful to his fellow "forgotten men" and builds a nightclub at the dump where they can sleep and work. Godfrey explains to his friend, "The only difference between a derelict and a man is a job."

Like *Godfrey*, Preston Sturges's *Sullivan's Travels* satirizes the extravagance and arrogance of the wealthy, although it is markedly more complicated in form and content. The film makes use of many sub-genres, including screwball comedy, drama, romance, social documentary, silent slapstick, and

prison narrative. Its hero is John Sullivan, a famous director of comedies who now wants to make an epic drama about the suffering of the masses. In preparation for the film, he disguises himself as a homeless man and ventures off to explore the world of poverty and misery. However, he is closely followed by a group of handlers, reporters, and doctors who watch his every move. Sullivan does not speak to a homeless person once on screen during his travels; instead, the plight of the poor is represented through a montage of silent images of shelters, soup kitchens, trains, nights spent sleeping rough, and meals scavenged from garbage cans. It is not until Sullivan inadvertently experiences life on a chain gang that he realizes he has not “suffered enough,” and that his films can only ease human misery with laughter, not with tragedy.

HOLLYWOOD AND THE “NEW HOMELESS”

Several decades later, the homeless population of the early 1980s inspired a series of comedies of varying commercial and critical success. Although the “new homeless” consisted of a growing number of women and children due to the detrimental public policies and massive cuts in social programs enacted by the Reagan and Bush administrations, Hollywood returned to the icon of single homeless male—but with a difference. Now he was predominantly characterized as a sage, imparting his wisdom to the wealthy in exchange for a place to sleep. In this view, the homeless are happy and resourceful teachers, catalysts for the growth of members of the upper class. Not since the early silent shorts had there been such a disparity between the actual homeless population and its representation in film.

Two of the most successful comedies of the 1980s—*Trading Places* (1983) and *Down and Out in Beverly Hills* (1986)—feature a homeless male protagonist who is virtuosic in his abilities. John Landis’s *Trading Places* is one of the only narrative films to deal with the issue of race and homelessness. The opening credit sequence is a montage of images of white privilege and of predominantly African-American poverty and homelessness. Valentine, an African-American hustler and pan-

handler, is the “embodiment of criminality” (Nadel 1997, 35) for the wealthy white characters in the film. To settle a secret bet about genetic or environment causes for criminal behavior, the millionaire Duke brothers switch Valentine with Winthorpe, the manager of the Dukes’ investment company. In turn, Winthorpe becomes homeless and penniless, later rescued by a prostitute. Winthorpe and Valentine discover the Dukes’ scheme, then use trickery to take over the company shares and put the brothers out of business. Film scholar Alan Nadel suggests that all of the characters in the film—both rich and poor—are essentially criminals who reinforce the ideological goals of the Reagan administration. Far from the subversive comedy promised by the opening montage, *Trading Places* posits the notion that there can only be a happy resolution if the protagonists are millionaires.

Jerry, the central character in Paul Mazursky’s *Down and Out in Beverly Hills*, also moves from homelessness to a millionaire’s mansion. Like Godfrey in *My Man Godfrey* (1936), he joins a family afflicted with the pretensions and trivial preoccupations of the privileged class. Jerry is both brilliant and pragmatic, and helps each family member to discover true happiness. Yet, unlike Godfrey, he does not use his new connections to build a shelter for the homeless; he decides to stay with the wealthy family rather than returning to the streets. The “rags to riches” theme dominates other films as well. Many contemporary narratives have a pivotal transformation scene, in which the homeless character bathes and dresses like a “regular” person, symbolically moving out of the homeless condition. This sort of scene is only possible because the films introduce them dressed in a homeless “uniform” derived from stereotypical media images. Such “makeover” scenes are found in *Down and Out in Beverly Hills*, *Curly Sue* (1991), *The Fisher King* (1991), and *The Caveman’s Valentine* (2001). In *Life Stinks* (1991), *Fisher King*, and *With Honors* (1994), the romanticized homeless protagonists help the housed characters discover what is truly important in life. The homeless condition is used as a critique of the materialistic and competitive aspects of American culture. Notably, there is more tension between the dra-

matic and comedic elements of these later films, and the result is often a muddled sentimentality.

David Riker's *The City* (1999) is a departure from the homeless comedies of the Reagan-Bush era. This independent drama, made with non-actors from the Latino immigrant community, consists of four vignettes about immigrant life in New York City. It is reminiscent of *Salt of the Earth* (1953), a drama about Mexican-American zinc miners in New Mexico who go on strike for equal treatment and safer working conditions. Both films avoid the use of homeless stereotypes, choosing instead to meditate on themes of home, displacement, community, nation, and discrimination. The climactic sequence in *Salt of the Earth* is the forced eviction of a mining family from a substandard company house. The entire community comes together to prevent the eviction, winning the strike in the process. Similarly, the final vignette in *The City* demonstrates the power of a cohesive and organized community to combat exploitation and confront the challenges of poverty.

RESEARCH DIRECTIONS

A film is often a measure of the fears and preoccupations of its era. The shifting images of homelessness in cinema provide a glimpse into the changing popular stereotypes, sympathies, and political concerns over the span of more than a century. While the cultural significance of the images of homelessness in film is clear, no comprehensive studies have been published on the subject. The topic requires extensive research in the fields of social history, film and video studies, and cultural studies.

—Amanda F. Grzyb

See also Appendix 2: Filmography of American Narrative and Documentary Films on Homelessness

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▣ IMAGES OF HOMELESSNESS IN NINETEENTH- AND TWENTIETH-CENTURY AMERICAN LITERATURE

One of the sustaining ideologies of the United States is that America is a home for the homeless, a nation built on immigration and migration. Therefore, it is not surprising that the mythology of the homeless figure is a significant part of the American cultural imagination, and that prominent images of displacement, exile, and drifting exist in every period of American literature. Homelessness is a central theme in some of the canonical works of nineteenth- and twentieth-century American literature, including the writings of Mark Twain, Stephen Crane, William Dean Howells, Theodore Dreiser, William Faulkner, John Steinbeck, William Kennedy, Toni Morrison,

and Paul Auster. Homelessness emerges as a tacit social and political concern; a metaphor for subjectivity, race, and identity; a symbol of moral or social transgression and redemption; an icon for the challenges endured by the working class; and a portal for migration, travel, and adventure narratives. Although there are some notable exceptions, these texts often present contradictory images of homelessness, some offering oppressive tales of urban poverty, others romanticized stories of rural adventure.

Historically, representations of homelessness in literature, film, and popular media have shifted with changing attitudes about homelessness in America. Highlighting the changing vision of homelessness from the nineteenth century to the early twentieth century, the historian Kenneth Kusmer suggests that “while the image of the tramp changed and became more complex, its function as a mirror for the society’s divisions and anxieties remained unaltered” (Kusmer 2002, 169). Literary conceptions of the homeless figure often consist of stereotypes or icons: “dangerous” outsiders and immigrants; sentimental orphans and runaways; romantic wandering hoboos, drifters, and heroes; “lazy” waifs; emblems of suffering; and representatives of contemporary street life. Furthermore, homelessness is a lens refracting the meaning of “America” and its connections to ownership, the constitutional right to property, vagrancy laws, and the relationship between landholders and civic empowerment. Images of the homeless not only reveal cultural and historical attitudes about homelessness, but also, by extension, the ideologies associated with notions of “home” as well.

SLAVERY AND HOMELESSNESS

Homelessness became a national issue during the economic recession of the 1870s, but the “wandering poor” have existed in America since colonial times. By the late 1700s, most provinces had passed vagrancy laws that were often used to incarcerate escaped or former slaves (Kusmer 2002, 17). For example, between 1823 and 1826, African-Americans made up close to 50 percent of those imprisoned for vagrancy in Philadelphia (Kusmer 2002, 24). Early works of African-American literature, such as slave

narratives, also reflect a preoccupation with home and homelessness, identifying cultural and historical ties to Africa *and* to America. Autobiography and critical writing have long suggested that being black in America often means negotiating what W. E. B. Du Bois called a “double-consciousness,” an ontological homelessness.

Many early works of African-American literature reflect this “twoness” through complex themes of displacement. Texts such as Phillis Wheatley’s “On Being Brought from Africa to America” (1773), Olaudah Equiano’s *The Interesting Narrative* (1789), and Harriet Jacobs’s *Incidents in the Life of a Slave Girl* (1861) are meditations on the intersections between slavery, freedom, national identity, home, and homelessness. Africa was the childhood homeland of Wheatley and Equiano, who were kidnapped and brought across the Atlantic on slave ships as children. Equiano’s autobiographical narrative inhabits a space between Africa, America, and Europe, and the “middle passage” is an apt metaphor for this forced cultural transition. Equiano was homeless in the sense that he was without a single nation or a fixed national identity, straddling the culture of his childhood and the culture of the American and European powers that enslaved him.

Harriet Jacobs, who was born into slavery in America, had contradictory models for “home” in her life: her master’s plantation, the house of her emancipated grandmother, and the abodes of her employers in the north. Yet, despite her access to various modes of shelter, Jacobs remains “homeless” as long as she is not free. In a chapter entitled “The Loophole of Retreat,” Jacobs describes her ordeal as a fugitive after running away from her abusive master. For seven years, she hides in a tiny crawl space—the “garret”—above her grandmother’s house, existing in the house but living apart from the “home” her family has created. After boring a small hole in the wall of her chamber, she is able to secretly watch her children grow up in the yard below her. When she finally does escape to “freedom” in the north, home still eludes her because the Fugitive Slave Act requires northerners to give runaway slaves back to their southern masters. For Jacobs, homelessness was defined by a lack of free-

dom, her experience as a fugitive slave, and the constant threats to her personal safety and liberty.

ORPHANS, RUNAWAYS, AND OPEN-AIR LIFE IN NINETEENTH-CENTURY LITERATURE

Living in the open air and a preference for rural environments were preoccupations in several subgenres of nineteenth-century American literature: the pioneer books, orphan tales, the “boy books,” and various treatments of tramps. Homeless orphans were a particularly notable narrative preoccupation. They were popular, in part, because the sensational narratives include romantic child heroes who make their way in the world without the security of parental guidance and control. With its origins in British texts such as *Oliver Twist* (1837) and *Jane Eyre* (1846), the orphan theme was explored by many authors, including Henry James in *Watch and Ward* (1878) and *What Maisie Knew* (1897), and Mark Twain in *The Adventures of Huckleberry Finn* (1885).

Huck Finn, a seminal work of American fiction, narrates the adventures of Jim, a runaway slave, and Huck, a “homeless waif,” as they drift down the Mississippi river on a raft. The state of homelessness, wandering from town to town, provides a setting for humor and adventure, but perhaps more importantly, it separates Huck and Jim from an existing set of cultural norms and practices. Before the journey begins, Huck and Jim witness the inversion of the traditional notions of “home” as a house becomes disengaged from its foundations and floats down the river towards them. Huck narrates, “Another night when we was up at the head of the island, just before daylight, here comes a frame house down” (Twain 1885/1987, 56). Some critics suggest that the act of homeless drifting on a raft creates a neutral space where Jim and Huck can explore a relationship that is not wholly determined by the institutions and laws of a slaveholding community. Within this framework, homelessness may allow Huck and Jim to style new notions of “home” and “family” in which Jim plays the role of Huck’s father. Additionally, *Huck Finn* exemplifies the nineteenth-century interest in open-air life and rural adventure. A transient life, whether

it is at a campsite in the forest, a cave in the canyons, or a raft on the river, can reflect romanticized notions of simplicity, purity, and a deep connection to nature.

Several novels chronicle the predicament of a young woman who is forced to find her own way in the world after becoming orphaned and homeless. For example, Susan Warner’s *The Wide, Wide World* and E.D.E.N. Southworth’s *The Hidden Hand* examine a female protagonist’s struggle to survive in the world alone. Both novels are sentimental adventure stories with a heroine who has the freedom to explore the landscape of the nation. When Capitola, the protagonist in *The Hidden Hand*, finds herself alone and adrift in New York City, she disguises herself as a boy in order to survive on the streets. Her status represents not just poverty and desperation, but also a sense of freedom and an ingenuity usually reserved for male protagonists.

LATE NINETEENTH-CENTURY AND EARLY TWENTIETH-CENTURY URBAN HOMELESSNESS IN LITERATURE

Nineteenth-century and early twentieth-century images of urban homelessness differ dramatically from those of rural homelessness. Homelessness in an urban setting often situates the homeless man as a victim, a tragic figure of transgression and redemption. William Dean Howells’s novels *The Undiscovered Country* (1880) and *The Minister’s Charge* (1887) are “case studies of the descent of innocent people into the homeless class” (Kusmer 2002, 170). The motives of the authors of such texts are political and ethical as well as artistic. In *The Minister’s Charge*, Lem Barker loses his money and ends up in a lodging house for homeless men; this predicament provides the reader with a glimpse at the degradations and inequities endured by the poor and homeless who do not have access to permanent housing.

The tragedy of urban homelessness culminates in the character of Hurstwood in Theodore Dreiser’s *Sister Carrie* (1900), the paradigm of the homeless city dweller. Hurstwood’s homelessness is characterized as a “fall” from a comfortable middle-class existence, and an inverted reflection of Carrie’s social

ascent. Hurstwood's transition from the privacy of his apartment to the public nature of the shelter is significant. Although such charities are accessible by the public, they are invisible to those who do not experience need. Dreiser writes, "Institutions and charities are so large and so numerous in New York that such things as this are not often noticed by the more comfortably situated" (1900, 357). Hurstwood's death in a temporary room is the culmination of his descent into poverty. He has lost every semblance of control in his life, and he commits suicide after uttering the seemingly impenetrable question, "What's the use?" (Dreiser 1900, 367).

IMAGES OF THE HOMELESS IMMIGRANT

As the homeless population grew in the 1870s and 1880s, the popular image of the homeless person consisted of an immigrant, an unassimilated foreigner, an alien "other." The stereotype of the "outsider" prevailed into the early twentieth century, regardless of the fact that by 1920 the majority of homeless people were native-born Americans. Likewise, preoccupations with class inequities were also an important concern for writers who explored the issue of home, work, and displacement in their texts. This theme was investigated in Jacob Riis's *How the Other Half Lives* (1890), Upton Sinclair's *The Jungle* (1906), and in multiple texts by Stephen Crane. Riis's text set the stage for images of poverty and homelessness that were both political statements and pedagogical tools used to educate the middle and upper classes about the abject living conditions in some urban centers.

In Crane's *Maggie: A Girl of the Streets* (1893), the tenements of the Lower East Side invert traditional notions of public and private, of familial care and abuse, and, ultimately, of home and homelessness. Writing in the naturalist tradition, Crane uses Maggie's fall into street life as a means to externalize her internal emotional state. Almost every scene at home centers upon the destruction of domestic space, violence perpetrated against the furniture, the hearth, and the bodies of the children. While the hearth is usually a place of family nurturing and sustenance, Maggie's hearth is usually barren and cold.

Crane writes, "The fire in the stove had gone out. The displaced lids and open doors showed heaps of sullen gray ashes. The remnants of a meal, ghastly, lay in a corner" (1893, 51). "Ruined" by a Bowery man, Maggie is eventually forced to leave her home and to move to the streets, where she works as a prostitute. Her initial forays into public life could be seen, as some critics have suggested, as threatening the racial and economic boundaries of the American social order. As a "pretty girl" in the Bowery (Crane 1893, 38), the character of Maggie invokes fear of miscegenation for the white middle-class reader. Ultimately, Maggie's status remains ambiguous and ends in suicide. She is eternally displaced, since she is both a representative of immigrant poverty and perceived as a threat to the physical boundaries that seek to contain it.

DEPRESSION-ERA IMAGES

At the beginning of the twentieth century, a romanticized version of the "tramp" began to compete with the earlier images of the homeless person as a pernicious outsider. Working class and anti-capitalist heroes began to emerge in vaudeville, popular music, and film. By the time of the Great Depression, the image of the homeless person was no longer a suspicious or romantic wanderer, but had been reclaimed by the working class as an emblem of economic suffering. In film, Charlie Chaplin established the character of the "little tramp," a homeless icon that embodies the image of the harmless, lovable hero who challenges industrialism and capitalist power structures. Chaplin's homeless icon is sentimental and comical, a clear departure from the predominantly negative images of the homeless in early twentieth-century film, media, and literature.

With their roots in turn-of-the-century writers such as Jack London and Josiah Flynt, writers such as Edward Dahlberg, Tom Kromer, and John Steinbeck documented Depression-era poverty and displacement. Tom Kromer's *Waiting for Nothing* (1934), written on the road while the author was homeless, is an autobiographical novella composed in first-person testimonial fashion. Form and content are married in the text, while the narrative about

homelessness itself “wanders,” and the episodic stories are without a plot-driven chronological logic. There is no explanation for how the protagonist became homeless, only the constant mantra “I am a hungry man” (1934, 13) or “I am cold” (1934/1986, 22). The first claim of any autobiographical narrative is “I am,” and for Kromer’s protagonist, subjectivity is based on a set of conditions—hunger, cold, fear—that are determined by his homeless status. Kromer’s protagonist presents the reader with a set of techniques for survival on the road, reflects on the temptations of crime, and notes the individual and collective tragedies of the transient population. The survival options for the homeless population are also explored in the protagonist’s experiences and observations, and include begging, squatting, hustling for food and shelter as a prostitute, bank robbery, giving up an infant, riding the rails, scams and cons, staying at a religious mission, starvation, and suicide. The protagonist’s relationships are determined entirely by external circumstances, and characters that are important to the narrative in one chapter entirely disappear without explanation in the next. Kromer is also critical of religion and 1930s mission culture in particular, and the text offers an inversion of the traditional religious conversion narrative. There is no redemption or resolution, and with the specter of suicide throughout the text, Kromer suggests that the characters are indeed “waiting for nothing.”

DRIFTERS, WANDERERS, ROMANTIC HEROES

The images of wandering, romantic heroes after World War II are rooted in the youthful orphan drifters of the nineteenth century such as Huck Finn, and the rail-riding “tramps” of the Great Depression such as Tom Kromer. Mid-twentieth-century itinerant characters are also the predecessors of the contemporary homeless autobiographical texts; both function with a predominantly male paradigm, and their stories are episodic adventures. Images of homelessness created by mid-century “beat” writers such as William S. Burroughs and Jack Kerouac continue to inspire fantasies of an open road and the drifter’s “carefree” lifestyle. Such writers create

romantic heroes who drift across city and countryside, imbibing drugs and alcohol, and looking for adventure. Unlike the overwhelming desperation and disenfranchisement found in Kromer’s autobiographical fiction, Jack Kerouac’s *On the Road* (1957) strikes a balance that captures the lost, rebellious, and exuberant liberation expressed in drifting, and the youthful excitement of the “beat generation.”

William Kennedy’s Pulitzer Prize-winning novel *Ironweed* (1983) modifies this characterization to create the wandering homeless antihero. Francis Phelan’s homeless odyssey begins when he accidentally drops his son, resulting in his death. Rather than face his family after the tragedy, he takes to the road and creates a new life with a homeless woman named Helen. The novel begins with his return to Albany many years later and reveals the specters of memory and violence that haunt Francis, suggesting a past that is continuous with the present. For Francis, homelessness is not only a lack of permanence or a rooted existence, but it is also a symbol of his quest for redemption.

HOME AND HOMELESSNESS AS METAPHORS FOR RACE AND IDENTITY

In keeping with the theme of race, discrimination, and displacement running through eighteenth- and nineteenth-century African-American literature, twentieth-century depictions of racial difference often used the theme of homelessness or exile as a metaphor for subjectivity. Ralph Ellison’s novel *Invisible Man* (1952) begins with a description of a nameless protagonist who squats in basement, siphoning power from Monopolated Light and Power to light his adopted home (Ellison 1952, 5). The narrator’s homeless status emphasizes his disenfranchisement, an existence outside the community while simultaneously within it. He is “neither dead nor in a state of suspended animation,” but his invisibility is a “state of hibernation” (Ellison 1952, 6). Similarly, in *Playing in the Dark* (1992), Toni Morrison suggests that America’s canonical literature is a production that responds to a deeply vexed and parasitic relationship to the historically displaced population of African-Americans. For Morrison, African-

American characters are often displaced from traditional notions of home through their “double-consciousness,” and their presence in novels by white authors are often a nameless catalyst for plot changes or representative of an American fear of blackness. She writes, “The very manner by which American literature distinguishes itself as a coherent entity exists because of this unsettled and unsettling population” (Morrison 1992, 6). White writers also explore race and subjectivity using homelessness. For example, all of the characters in Faulkner’s *Light in August* (1932) are rootless outsiders in the town of Jefferson, and the “central theme [is] . . . the placelessness of persons who have, either by their own efforts or because of some twist of fate, become located in the margins of society” (Watkins 1994, 11). Over the course of the novel, the central character, Joe Christmas, shifts from orphan to runaway to drifter to squatter to fugitive. Another character, Byron Bunch, observes that Christmas “did not look like a professional hobo in his professional rags, but there was definitely something rootless about him, as though no town nor city was his, no street, no walls, no square of earth his home” (Faulkner 1932, 31). Christmas’s homelessness has less to do with place, and more to do with racial and cultural identity. He has ambiguous racial origins; while his racial identity is not resolved in the novel, it is suggested that he is a biracial man who can “pass” for white. He drifts from town to town, between African-American and white communities, and details his eternal status as “marginal,” as a suspected “foreigner.” Jefferson’s notions of white identity—and, by extension, of “home”—rely upon the contrasting depictions of blackness that permeate the text. Christmas’s racial ambiguity and rootlessness is threatening to Jefferson, and it breaks “all the semiotic codes of society” (Snead 1986, 156).

CONTEMPORARY AND POSTMODERN FICTION

Postmodern fiction is particularly well suited to the theme of homelessness due to the contemporary preoccupation with silences, gaps, displacement, alienation, and paradox. Homeless metaphors are often a

means to represent the “uncanny” (the German word *unheimlich* literally means “un-home”) to hypothesize an ontological homelessness or a fragmented subjectivity, or to explore nonlinear narrative. Images of homelessness are found in Don DeLillo’s *Underworld* (1997) and Thomas Pynchon’s *The Crying of Lot 49* (1966), and displacement is a recurring theme in texts by Cormack McCarthy, Toni Morrison, and Paul Auster.

In Paul Auster’s *Moon Palace* (1989), the protagonist is a Columbia University student who runs out of money and ends up living rough in Central Park. His homelessness is a portal into a narrative that meditates on the American journey “west” and the myth of the frontier. In *Timbuktu* (1999), Auster returns to the theme of homelessness in more detail. The narrator of *Timbuktu* is Mr. Bones, the pet dog of a homeless man named Willy Christmas. The text represents displacement in a unique way, exploring three versions of America: one through the eyes of a homeless man with mental illness, another through the life of an immigrant urban boy, and the last through the narrative of a family living in the comforts of suburbia. While Willy may be homeless, Mr. Bones does not become “homeless” himself until Willy dies on the street. Therefore, the *experience* of homelessness—and its associated fears, trials, and loneliness—are introduced to the reader by the homeless dog, not the homeless man.

IMAGES OF HOMELESS WOMEN

In the late 1970s, the “new homeless” population exploded, an urban group dominated by women and children who were and remain disproportionately African-American and Latino. A contemporary literature that imagines homelessness as a predominantly male experience, while simultaneously remaining silent about homeless women, lacks the full expression of the gender variations of homeless experiences. Fiction about homeless women is rare, and autobiographies by homeless women are even rarer. The autobiographies that do exist are often collaborative efforts, with less focus on the traditional male autobiographies that chronicle homeless life as an episodic and adventurous narrative. The female autobiogra-

phies that do exist are often collaborative efforts, and they differ significantly from male autobiographies, which often chronicle homeless life as an episodic and adventurous narrative. Often, the only consistent forum for women's homeless narratives are oral histories and ethnographic studies such as Jonathan Kozol's *Rachel and Her Children: Homeless Families in America* (1988), Jennifer Toth's *The Mole People: Life in the Tunnels Beneath New York City* (1993), and Elliot Liebow's *Tell Them Who I Am: The Lives of Homeless Women* (1993).

RESEARCH DIRECTIONS

Images of homelessness are inseparable from the history of American literature and culture. The theme pervades American literature from the country's earliest days to the present. Yet, despite its role in literature and culture, homelessness is often combined with general studies of poverty in literature. As an independent theme, it remains relatively unexplored in scholarly work and literary criticism. There are also important connections to be made between the images of homelessness in literature and current research on areas such as realism and naturalism; First Nations People; the middle passage of slaves transported from Africa to America, slave narratives, and African-American migrations; globalization; Atlantic studies; and postcolonialism. Each of these areas of study emphasizes notions of home and displacement, and there are many intersections with the study of "homelessness" itself.

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☐ IMAGES OF HOMELESSNESS IN THE MEDIA

After virtually ignoring the problem of homelessness for decades, the news media in the United States sharply increased its coverage during the early to

mid-1980s. This increase, and its subsequent decline and plateau, offer a view of the changing image of homelessness in America. Assuming that the media play an important role in influencing public opinion and knowledge, then certainly this shifting amount, tone, and salience of media coverage of homelessness have affected the general public's views on this issue. The media may also influence policymakers both directly and indirectly through public opinion. Indeed, all of these factors are mutually influential.

MEDIA DEPICTIONS OF HOMELESSNESS: A HISTORICAL OVERVIEW

Homelessness in Western society has its roots in the urbanization of the early nineteenth century. From that time on, the theme of homelessness has received attention in popular literature, spanning the decades from Charles Dickens's *Oliver Twist* and Mark Twain's *The Prince and the Pauper*, to John Steinbeck's *Of Mice and Men*, as well as in motion pictures: Charlie Chaplin in *The Tramp*, and more recently Dustin Hoffman and Jon Voight in *Midnight Cowboy* and Dan Ackroyd and Eddie Murphy in *Trading Places*. Although such popular media have frequently depicted the homeless in stereotypical ways, from tramp to villain to purveyor of practical wisdom, it is relatively rare for a homeless protagonist to be portrayed in a strictly negative light.

In the decades before 1980, homelessness was infrequently covered in the news media. When references were made, they often depicted the stereotypical skid row derelict, an older, single, alcoholic male. However, starting in the early 1980s, the news media began to cover homelessness in detail and as a recognizable social problem distinct from poverty. Furthermore, a dramatic shift in labeling occurred in newspaper indexes around this time. The subject keywords "vagrant" and "vagrancy" began to be replaced by the somewhat more neutral "homeless" and "homelessness," a change that was virtually complete by the late 1980s. Indeed, the change parallels the shift in public perception of homeless people as tramps and hoboes to being, at least in part, victims of uncontrollable circumstances.

What prompted this turnaround in the early to

mid-1980s? Several possible catalysts have been proposed. First, President Ronald Reagan's social program cuts during the recession of the early 1980s were a sharp departure from previous government policy. When Reagan's political opponents and activists for the homeless mobilized to fill the gap, they helped push the homelessness issue into the consciousness of those in the media. Second, as many American inner cities were developed and gentrified, the cheap hotels and flophouses in previously poor districts closed their doors, pushing large numbers of marginal people out. Third, the news media began to describe the situation of the homeless as a "plight," framing the problem more in terms of victimization than of personal failure. Fourth, widespread media coverage of the winter deaths of a number of homeless people (which mostly occurred during the winters of 1984 and 1985) vividly demonstrated the seriousness and urgency of this problem. Finally, Hands Across America, a 1986 charity event that involved more than 5 million people joining hands in a fund-raiser to combat homelessness, was extensively covered in the news media.

But after peaking in the late 1980s, coverage in the print news media began to decline, followed soon thereafter by a similar trend, albeit less pronounced, in network television news. If newspaper journalism indeed serves as the leading edge of the various news media, that trend was reflected here. Many topics do first appear in newspapers and are later picked up by broadcast media, and this was true of homelessness in the 1980s.

RECENT TRENDS IN MEDIA COVERAGE

Relatively few researchers have systematically examined the media's depiction of the homeless, and those few have reported mixed results. A review of *The New York Times* between 1980 and 1990 found that most articles on the subject covered policies and services for homeless persons, as well as their demographic features, while fewer than half mentioned either deviant characteristics or any cause of homelessness. James Power (1991) conducted a study of network television news media between 1982 and 1988 and concluded that most portrayals did not

stigmatize the homeless. Power also noted that when the causes of homelessness were mentioned, they tended to center on societal factors.

Likewise, in analyzing national television evening newscasts and national magazines from 1986 to 1989, the Center for Media and Public Affairs found coverage generally sympathetic, with most stories focusing on local programs and services, or on the homeless people themselves, rather than on the roots of the problem. The stereotypic image of the unemployed male alcoholic was rare; images focused as frequently on families and children as on single males. As for the causes of homelessness, reporters were likely to address structural issues, such as housing market forces, rather than personal problems. When public reactions to the homeless were portrayed, almost 70 percent of them were characterized as compassionate.

Another analysis of television network news stories on poverty from 1981 to 1986 found that twice as many stories focused on individuals as on a broader societal context. Perhaps ironically, however, by featuring and personalizing homeless individuals, the media may actually have fostered a public perception of homelessness as rooted in personal, not societal, causes. In particular, portrayals of personal problems such as substance abuse and mental illness are likely to increase levels of stigmatization. This was the conclusion of a study that examined a series of well-publicized news stories in 1987 and 1988 about the involuntary institutionalization of Joyce Brown, a homeless mentally ill woman who claimed to be living on the streets of New York City by choice. At least one additional study of magazine and television news stories throughout the 1980s concluded that their general tone placed much of the blame for homelessness on the homeless themselves.

A closer look at two of the previously mentioned studies that reported sympathetic coverage reveals a disturbing trend over time. The analysis of television news media between 1982 and 1988 found that while the homeless were not usually stigmatized, the occurrence of negative portrayals appeared to be increasing. Also, compared to stories published in the *New York Times* between 1980 and 1983, those published from 1988 to 1990 tended to be more neg-

ative. Specifically, the later stories focused to a greater extent on the deviant characteristics of some homeless people; they were also less critical of existing programs and services' shortcomings. Consistent with these findings, some researchers and policy analysts have proposed that the late 1980s and early 1990s saw a negative shift in attitude both in the media and among society's other social elites—politicians in particular. However, a content analysis of editorial cartoons on the subject, which were published in two San Francisco newspapers between 1989 and 1992, did not support this view. It found that only 30 percent tended to blame homeless people for their own plight, while most appealed to the government to take responsibility for the problem.

Finally, another analysis of national television and radio news conducted by Rebecca Lind and James Danowski from 1993 to 1996 found very little reporting on homelessness overall (Min 1999). Among the small number of reports that were produced during these years, there were, however, many mentions of substance abuse, mental and physical illness, and criminality. Although few stories discussed the causes of homelessness, those that did were most likely to mention economic and societal factors. Overall, one might conclude that the content of the broadcast news reporting during this period of the early 1990s was rather "mixed."

MEDIA AND PROFESSIONAL COVERAGE IN THE UNITED STATES: SCOPE AND CONTENT

A recent study (Buck and Toro 2002) examined several relevant trends in coverage during the period 1972 to 2001. It focused on two areas: the general media—represented by four major newspapers: *The New York Times*, *The Washington Post*, *The Los Angeles Times*, and *The Chicago Tribune*—and the professional literature indexed in the PsycINFO database, which covers psychology and other social science, health, and mental health professions. The study sought, first, to document the volume of coverage of homelessness in both these categories; second, to describe the content of that coverage; and third, to determine whether and how the content had changed over this thirty-year span.



Portrayals of the homeless in the media have always been characterized by gross stereotyping. This magazine circa 1900 showing a homeless person being chased off by a dog hanging from a fence is typical for its time.

Source: Bettmann/Corbis; used with permission.

Consistent with previous research, they found minimal newspaper attention to the topic until around 1980. However, the period from 1981 to 1987 saw an explosion of coverage. Then it declined through the early 1990s, almost as steeply as it had risen a few years before. Finally, from the mid-1990s through 2001, newspaper coverage appeared to have reached a plateau, albeit with some fluctuation from year to year.

In the professional literature, homelessness was barely covered during the 1970s. In fact, this period of little interest continued until the mid-1980s, longer than it did in the newspapers. But professional coverage eventually rose as well, beginning to gather momentum by the late 1980s and peaking in 1992. It then decreased somewhat, though not as dramatically as the newspaper coverage, and leveled out from 1994 through 2001. Overall, the professional literature seems to parallel the trend in newspaper reporting, with less pronounced fluctuation and with a lag of about five years.

Next, the researchers analyzed content, randomly sampling about 500 of the newspaper articles and dividing the thirty-year span into four time periods: 1972–1980 (pre-interest), 1981–1987 (rise and peak), 1988–1993 (decline), and 1994–2001 (plateau).

The rise-and-peak period may be the most revealing. During this time, the four newspapers appeared in many respects to present the most sympathetic view of homeless people as compared to the years before and since. They reported frequently on mental illness as a factor, often focusing on deinstitutionalization and other possible structural causes of homelessness, and dramatically reduced their earlier depictions of the skid row alcoholic (most common during the “pre-interest” period). However, they tended not to discuss health services and long-term programs for homeless people, quite possibly because relatively few such programs yet existed; these topics were covered more positively in later periods. Overall, these data support the conclusion that media coverage has not simply become more negative toward homelessness in recent years, but that it has become more varied and, at the same time, more sophisticated. The fact that recent coverage included a greater number of topics may reflect the public’s increased knowledge and understanding that homelessness is a complex social issue.

The study also analyzed a sample of about 300 professional journal articles indexed in PsycINFO. Due to this literature’s slower “takeoff” in coverage of homelessness, the researchers conflated the first two time spans used for the newspaper sample, yielding three periods for analysis: 1972–1987 (pre-interest/early rise), 1988–1993 (rise and peak), and

1994–2001 (plateau). Some parallels with the news media were observed. The pre-interest/early rise period contained the most emphasis on mental illness and substance abuse and on inadequate policies and structural causes, corresponding roughly to the high level of similar news coverage during this period. During the rise and peak period (1988–1993), the professional literature focused more on long-term services for homeless persons, corresponding to the similar emphasis in the media from 1988 through 2001.

Seasonal Differences in Media Coverage

Apart from the broad trends described above, analyses of the American news media have consistently shown more reporting on homelessness during the fall and winter months. These seasonal differences are not surprising. Over the course of a year, even casual media observers will notice that interest in homelessness, and other disadvantaged groups such as the mentally ill, seems to be piqued during the holiday season. Every year, news stories tell how to give to those in the most need. Shelters and soup kitchens also report increased volunteerism during this time of the year. The media often cover such activities as human interest features during the holidays. While the seasonal spike in media coverage could be partly due to the onset of cold weather in many areas of the nation, it seems to reflect the sense that the holiday season can spark compassion and sympathy for the poorest members of society.

MEDIA AND PROFESSIONAL COVERAGE IN OTHER DEVELOPED NATIONS

In developed nations outside of the United States, very little systematic research has examined media coverage of homelessness. However, based on one study (2002) completed in Belgium (by Pierre Phillipot and his colleagues, as described below) and discussions by Buck and Toro (2002) with researchers studying homelessness in other European nations, it appears that such coverage has increased since the early 1980s. In the United Kingdom, the amount and timing of coverage has been

somewhat similar to that seen in America. However, the sheer volume of coverage in the UK was not nearly as heavy as was seen in the United States during the mid-1980s. Like the United States, the UK saw a dramatic shift in political orientation in the 1980s (with the ascendance of Margaret Thatcher's conservatives) coinciding with a rise in coverage on homelessness. Media coverage in other major English-speaking nations, specifically Canada and Australia, started to become obvious a bit later, in the early 1990s.

The professional literature in English-speaking nations (especially the United Kingdom) began to mention homelessness a few years later than the increase seen in the United States. Coverage in both categories—news media and journal articles—rose much more recently in most other developed nations of the world, including France, Belgium, Italy, Spain, Germany, and Japan. A study by Pierre Phillipot and his colleagues in Belgium found results similar in many respects to those of the Buck and Toro study. Considering four major newspapers, three in French and one in Dutch, the Belgian researchers found a rise in coverage from the late 1980s to the mid-1990s, followed by an apparent decline since then. They also found a trend for more coverage in the fall and winter months.

WHY DOESN'T MEDIA COVERAGE MESH WITH PUBLIC OPINION?

Around 1990, some American media sources began to suggest that the public was tiring of the homelessness problem, and was even becoming hostile to homeless people. However, studies by Bruce Link and a research group led by Paul Toro that have examined public opinion polls from 1987 to 2001 have suggested that this “compassion fatigue” has been overstated by the media. According to these polls, the public seems to have a fairly accurate perception of the demographics of homelessness, and of its multiple causes, including structural ones. Such awareness may be a result of the widespread and generally sympathetic media coverage from the mid-1980s through the early 1990s.

So why have the media alluded to a “compassion

fatigue” among the public—and even displayed their own version of it (at least in terms of their overall coverage) during this time period? One explanation is that the media are influenced by the desire to cover “news” that tends to involve emotional (and often controversial) issues in order to attract the public’s interest. Having covered homelessness extensively for several years in the late 1980s, perhaps those in journalism sensed the need to move onto other, more novel topics. Homelessness was no longer “news.” Given that the media’s attention to any particular subject tends to be very brief, the many years of sustained and intense interest in homelessness during the 1980s could, perhaps, be viewed as very unusual and impressive.

CAUSES, EFFECTS, AND INFLUENCES

The reciprocal interaction between those who work in the media and the sources of news stories (e.g., politicians, advocates, and interest groups) is vital in setting the media’s agenda. This news agenda is important in that it is usually the public’s primary source of information about issues at both the national and local levels. The public, too, depends on the news media as its primary source of information about issues at both the national and local levels. Although research suggests that media accounts may influence the public’s attitudes, beliefs, and behaviors toward the homeless, a direct link is difficult to prove. Despite the media’s ubiquity—for example, almost 98 percent of the respondents in a Nashville 1987 citywide survey had seen a news story on homelessness during the past year—other sources of information about homelessness, such as seeing a homeless person on the street, may be more salient to people than what they read in a newspaper or watch on the nightly news. Therefore, exposure to news on homelessness may bring this topic to mind without influencing what citizens actually think.

In any event, a change in the amount and focus of coverage of homelessness by the mass media can be expected to have policy implications. Social problems that receive wide and favorable media attention tend to be addressed with policy initiatives. For example, concurrent with the outburst of sympa-

thetic media attention, the Stewart B. McKinney Homeless Assistance Act became law in 1987. Alternatively, if media coverage decreases and/or adopts a harsher tone in the future, then policy decisions that reduce programs for homeless people may be more easily defended.

The amount and focus of scientific research may also influence policy decisions. Professional scientific and academic groups frequently engage with the media and politicians in order to help shape policy based on sound science, as well as to influence the direction of federal funding that is vital to conducting research. But these professionals may, like the public at large, be influenced by the media themselves. Indeed, the Buck and Toro data suggest that the rise in media coverage of homelessness in the mid-1980s may have contributed to a similar increase in professional interest in the subject a few years later.

Homelessness is often described as a continuum ranging from doubling up with family or friends to sleeping on sidewalks at night. Because of a lack of consensus on the definition of homelessness—and thus on its actual prevalence—politicians are forced to rely heavily on indirect sources such as public opinion surveys and media coverage in making policy decisions. Advocates tend to hold the broadest definitions of homelessness and government officials the narrowest, with social scientists presenting an array of possible definitions. Although there is no firm empirical data confirming that America’s rate of homelessness rose sharply during the 1980s, it is widely believed that it did and, furthermore, that this rise was at least partly responsible for the subsequent spike in media coverage, professional interest, and political debate and action. In that case, a real-world trend actually sparked the interest. However, there is no clear evidence for a *drop* in the homelessness rate since 1987. Thus, the decrease in media interest in homelessness cannot be readily explained by a reduction in the problem itself.

AN UNCERTAIN FUTURE

Recent media coverage of homelessness seems to have gained in complexity, rather than simply becoming more negative, as some have suggested.

Furthermore, given the decline in the amount of coverage since the late 1980s, this decline has not yet had a discernable influence on public opinion; there is no evidence for general “compassion fatigue.” The current relatively low plateau in media coverage does not appear to reflect lower public concern for the homeless, nor does it mirror the continuing fairly substantial interest among professionals.

With regard to homelessness, as with many other social problems, there seems to be a complex interplay of factors. In this case, the media, public opinion, policymakers, professionals—both researchers and service providers—and the actual prevalence of homelessness each influence the others. The media have clearly been a collective “player” here, and not just in a passive way. The media have, perhaps, pushed the public, professionals, and policymakers alike to consider the problem of homelessness. Moreover, the media’s relative lack of concern in recent years has coincided with a lack of interest by policymakers; for example, homelessness was not mentioned in the presidential debates of 1996 and 2000. Perhaps, in time, the decline of media interest will also lead to a true decline of concern among the public. Of course, any rise or decline in public opinion and/or media coverage may or may not have an impact on the actual number of persons who actually are homeless or on how they are treated.

—Philip O. Buck and Paul A. Toro

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▣ INDONESIA

Homelessness is still a relatively new concept in Indonesia. There is not yet a generally accepted definition, no accurate data are available, and little has been written about the topic.

The official Indonesian term for “homeless” is *tunawisma*, Old-Javanese for “no (*tuna*) home (*wisma*).” The Majelis Bahasa Brunei Darussalam–Indonesia–Malaysia (Brunei Darussalam–Indonesia–Malaysia Language Council) in 2000 adopted the word *ketunawismaan* as the translation of “homelessness” to be used in the three countries.

Another word often used to describe homelessness is *gelandangan*, which has the same meaning and connotation as the English word “tramp.” *Gelandangan* is often used in combination with *pengemis* (“beggar”). In fact, a new word *gepeng* (combining *gelandangan* and *pengemis*) has been coined and is often used in the context of operations to remove the homeless from places such as street intersections, where they are seen as an eyesore and a nuisance to motorists. Sometimes *gepeng* is used to describe psychiatric cases who wander about the city aimlessly. In the Social Welfare Act 6 of 1974, these people are grouped together with prostitutes, street children, and substance abusers under the label *penyandang masalah sosial* (“people suffering from social problems”).

The Housing and Settlement Act 4 (1992), though acknowledging the housing shortage in Indonesia, makes no single mention of *tunawisma*, *ketunawismaan*, *gelandangan* or *gepeng*. The act sees housing more in terms of adequacy. The act recognizes the right of all citizens “to live in and/or to have the use of and/or to own an adequate house located in a healthy, safe, harmonious and orderly environment” (Housing and Settlement Act 4 [1992], Article 5[1]).

It defines adequate housing as “a house structure that, at least, meets building safety, minimum floor area and health requirements” (Housing and Settlement Act 4 [1992] Official Explanatory Note of Article 5[1]). A healthy, safe, harmonious, and orderly environment is defined as an environment that “meets spatial planning, land-use, ownership and service provision requirements” (Housing and Settlement Act 4 [1992], Official Explanatory Note of Article 5[1]). Thus, according to the act there are two aspects of adequacy: physical and legal.

Indonesia’s 2000 national census divided the population into two main categories, namely, those “having a permanent place to stay” (*mempunyai tempat tinggal tetap*) and those “not having a permanent place to stay” (*tidak mempunyai tempat tinggal tetap*). According to the census guidelines, those who do not have a permanent place to stay include *tunawismas*, boat crew, people living in houseboats/floating houses, and itinerant or nomadic communities (usually living in remote areas). The 2000 census results showed that out of the 203.4 million Indonesians, 3.2 million (1.6 percent) do not have a permanent place to stay.

LATENT HOMELESSNESS

In Indonesia, a squatter settlement is called *kampung liar*. This is a poor urban settlement that has developed on an unattended plot of land. Some *kampung liars* are located on riverbanks, along drainage canals, along railway tracks and in station yards, and near marketplaces. Most of the inhabitants are migrants from rural areas or from smaller towns who moved to the city to earn a living. Their dwellings are made out of used nondurable material such as cardboard, plastic sheets, pieces of wood, and scrap metal.

Inhabitants of the *kampung liars* work as waste collectors, itinerant vendors, *becak* (pedicab) drivers, construction workers, and other unskilled occupations. As they are considered as illegal residents, they are not able to obtain the all-important identity card (*kartu tanda penduduk* or KTP), which all Indonesians above the age of seventeen should possess. Consequently, they are in constant danger of being evicted.

The majority of people who actually live on the street and those who live under bridges, in the shade of large trees, or under overhangs of buildings more or less share the same characteristics of those living as squatters. A study conducted in Semarang, Indonesia's fifth most populous city (population 1.4 million), in 2001 showed that although their dwellings might be less permanent, just like squatters the street homeless also usually live in households, work in the same informal sector, and are not recognized as city residents.

Both squatters and street homeless people are often subject to raids. The more violent evictions usually happen to squatters because usually squatting involves the sensitive issue of land ownership. The land occupants usually refuse to be removed on the ground that they have been living there long before the land had any commercial value.

The raids against street homeless people are carried out primarily because they are seen as a nuisance or, using an expression often used by city officials, they "disturb the attractiveness of the city." The victims of these raids, unlike the squatters, usually do not resist. They see their displacement as being temporary (such as when there is a visiting dignitary or a national day celebration). After things have returned to normal, they usually can come back to their "homes." For the residents of *kampung liars*, however, it is impossible to return to their demolished homes.

CAUSES: POVERTY AND DISREGARD FOR THE RIGHTS OF THE POOR

Under General Suharto's repressive rule (1966–1998), the government's basic policy was to promote economic growth and maintain political stability. With the help of foreign loans, the economy grew at an average rate of 7 percent annually, but Indonesia became one of the most indebted and most authoritarian countries in the world. To attract investments, the rights of workers were suppressed. Indonesian workers became the lowest paid in the region. Strikes were outlawed, and those who questioned the government's labor policy were dealt with severely.

The same pattern can be found elsewhere. Many people were forcefully evicted from their settlements

because the land was needed for new office blocks, factories, or toll highways built by companies closely linked to the ruling elite. If residents resisted, their KTPs (if they had one) were revoked and, even worse, they were branded as "communists." Persons accused of being "communists" (though they were never put on trial) lost their right to vote and to run for public offices; they could not enter the civil service or join the military and could not start any business in the formal sector. This in effect deprived them of their civil rights and consequently many ended up being homeless.

Following the financial crisis of 1997, which caused the fall in value of many Asian currencies and of which Indonesia was the worst hit country, Suharto was forced to step down in May 1998. Since then, Indonesia has been struggling painfully to become a democracy. Nevertheless, forced evictions still happen because Indonesian cities are still administered by the same bureaucracy, considered by many to be high-handed, inefficient, and corrupt. The difference now is that the people are less afraid to fight for their rights.

—Tjahjono Rahardjo

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INTERNATIONAL NETWORK OF STREET NEWSPAPERS

The International Network of Street Newspapers (INSP) is an alliance of “social businesses” that aims to bring together and facilitate communication between street newspapers sold by homeless and unemployed people throughout the world. Based in Glasgow, United Kingdom, the INSP has a membership of almost fifty publications, with member papers in twenty-seven countries internationally, and a combined annual circulation of about 26 million copies worldwide. Operating on the philosophy that all profits produced by the sale of street papers should be used to provide social support for the homeless and unemployed, the INSP works to ensure that such people have the potential to earn an income and develop a positive outlook that will help them successfully merge into society.

The INSP is run by a secretariat, but a board comprising three member paper representatives is responsible for making executive decisions on behalf of the other members. The INSP holds an annual conference every year, organized by the secretariat, where members exchange information and ideas about their publications. Outside guest speakers are also invited to come and share their ideas and experiences. The goal of the conference is to provide a place where INSP members and other outside experts on poverty and homelessness can interact and communicate regarding important issues.

In its charter, the INSP lists seven main goals it seeks to achieve in order to be successful: (1) to

help socially excluded people help themselves by providing them with means of earning an income and facilitating their reintegration into society through social support; (2) to use all post-investment profits to finance support for street paper vendors, the socially excluded, or social business; (3) to provide vendors with a choice in the media and campaigning on behalf of the socially excluded; (4) to create quality street papers that vendors are proud to sell and the public is happy to buy; (5) to exert social responsibility in business in terms of editorial, staff, vendor, and environmental policies—discouraging excessive spending on professional staff, with money instead being targeted toward vendor and vendor support; (6) to support prospective street papers that share a common philosophy and intend to sign the street paper charter; (7) to ensure that no charter paper shall enter the established area of an existing charter member. The INSP operates with these goals in mind and aims to provide the rights they detail to every one of its member publications.

PROJECTS

The INSP takes part in numerous projects outside of street paper publication, and information on several of its most notable projects follows:

- *Straatnieuws* is a street paper based in Utrecht, the Netherlands, that not only provides a means of communication between socially excluded people, but also organizes tours of the city led by vendor guides and provides opportunities for former homeless employees to give presentations in schools and other institutions. Sponsored by the Fund for Social Integration, the *Straatnieuws* project serves three main functions—to offer support to homeless people in giving public presentations, to provide training for homeless people in presenting and using multimedia, and to develop educational programs about homelessness for schools.
- *Novy Prostor* is a weekly publication that was started in Prague in 1999. Originally published once a month, *Novy Prostor* is now published weekly due to its increased popularity, and about 15,000 copies are sold every week in almost every major city in the Czech Republic. *Novy Prostor*

provides a kind of literary community where homeless and formerly homeless people can remain in contact with others as they progress into full-time employment and obtain their own homes. *Novy Prostor*'s online counterpart, *Istreet*, provides virtual homes for the homeless under the motto, "Helping People Get On With Their Lives."

- The Homeless World Cup is an international function organized by the INSP and other international service agencies that was held in 2003 in Graz, Austria. International soccer teams and world-renowned players participated, and the tournament provided a place to inform a wider group of people about the issues surrounding homelessness.
- *The Big Issue Namibia* is a monthly street magazine that went into publication in 2002. The magazine aims to increase awareness of the unemployment epidemic in Namibia—60 percent of Namibians live below the poverty line—and address related issues. *The Big Issues Namibia* is sold primarily on the streets of Windhoek, Namibia, by homeless and long-term unemployed adults.

The INSP provides support to socially excluded members of society by publicizing and promoting street newspapers, as well as organizing informational conferences and publicity projects. As a non-profit organization, the INSP acquires the majority of its funding through membership fees, street paper sales, grants, and donations, and puts this funding directly toward achieving the goals stated in its charter. More information on INSP membership and links to related organizations are available on the INSP website at www.street-papers.com.

—Emily A. Colangelo

INTERNATIONAL UNION OF TENANTS

Founded in 1926 in Zurich, Switzerland, the International Union of Tenants (IUT) focuses on issues of poverty and homelessness by exploring them as they specifically apply to tenants. A nongovernmental organization with forty-eight member groups in forty-two countries, the IUT has one regional office

in Prague, Czech Republic, which manages the member organizations in central and eastern Europe, and another in Tanzania, which manages members in East Africa (Tanzania, Kenya, Benin, and Uganda). The IUT remains in direct contact with and receives direction and guidance from the United Nations Economic and Social Council.

As stated on its website, the IUT's five main objectives in working for tenant rights are as follows: "(1) Cooperation between tenants through sharing information, (2) aiming to realize the right of everyone, both to good housing and to a sound and healthy residential environment, and to an affordable and fair rent, (3) residential/tenants democracy and a right to participation, (4) no discrimination with regard to sex, racial, ethnic, and religious backgrounds, and (5) the right to organize." The IUT regards housing as a basic human right, and its members feel strongly that housing issues need to be addressed on local, national, and international levels for progress and change to be made. The IUT sees housing as an essential component for providing provides people with a sense of security and peace.

To obtain its objectives, the IUT works in partnership with U.N. agencies, such as the U.N. Economic Commission for Europe and the U.N. Center for Habitat Studies, as well as with the International Federation for Housing and Planning, the Habitat International Coalition, the EU Network, and the European Housing Forum. The IUT disseminates information on housing issues on its website (<http://www.iut.nu>) and in its quarterly publication, *The Global Tenant* magazine.

CONFERENCES AND EVENTS

The IUT Board meets twice a year, and the IUT Congress meets three times a year to discuss important housing issues and developments in housing solutions. Annual conferences deal with issues involving poverty, homelessness, social welfare, housing policy, and demographic, social, political, and economic trends in relation to each of the topics.

Together, the IUT and the U.N. Economic Commission for Europe have formed the Committee on Human Settlements, which meets annually in Geneva,

Switzerland, to discuss topics related to providing adequate and affordable housing, such as urban renewal and housing modernization. Information on upcoming conferences and events is available at the IUT website, <http://www.iut.nu>.

—*Emily A. Colangelo*

▣ INTERVENTIONS, CLINICAL

Homeless people experience more ill health than the general population, and disabling health problems frequently contribute to homelessness. For instance, mental illnesses, substance use disorders, or chronic illnesses such as asthma or heart disease can make it difficult to sustain employment and maintain a home. In turn, homelessness itself can be quite dangerous to health. Exposure to the elements, poor diet, overcrowded sleeping accommodations, inadequate facilities for personal hygiene, and sexual and other assaults make homeless people particularly vulnerable to disease. They thus have a greater than average need for health care.

BARRIERS TO HEALTH CARE

In spite of their high need, homeless people frequently encounter great difficulty in obtaining health care. In the United States, some homeless people are enrolled in public programs such as Medicaid or Medicare, but most have no health insurance at all. Even in countries where in theory there is universal access to health care, dirty or unkempt people are often unwelcome in hospitals, clinics, and doctors' offices. Some health care providers have difficulty dealing sympathetically with patients who do not always behave in socially desirable ways. Clinics and offices may not be located in areas that are within the practical geographic range of a street person.

Personal factors may also present barriers to obtaining health care. For example, homeless people are often loners, so that there is nobody to encourage them to seek help when they need it or to urge them to follow up on recommendations from

their health care providers. What is more, illness itself, coupled with low self-esteem and a sense of futility, erodes the motivation of homeless people and affects their ability to persist in seeking help for their problems. Fear or distaste for medical settings or health care providers may also constitute a barrier to seeking help.

INCREASING ACCESS

Because of the great need for health care and the barriers outlined above, it is important to make health care services for homeless people easily accessible. This access can be promoted in a number of ways. First, services can be provided at locations where homeless people can easily take advantage of them—for example, in a clinic at a site close to food programs, emergency shelters, and other facilities. The physical setting should be as welcoming as possible; many homeless people avoid large, imposing institutions. Providing walk-in services and same-day appointments also facilitates easier access to care for homeless people who may have to choose between getting food at a soup kitchen or keeping a clinic appointment. Health care can also be offered in other locations, such as shelters. Shelters are particularly appropriate for health screening, preventive services, and basic care for simple ailments. Mobile services have been employed in some places. Vans, trucks, or buses can be outfitted as mobile clinics and go to places where homeless people tend to congregate.

It is important to select a staff who not only are experts in their fields but also understand and accept the particular needs of homeless people; they also need to be flexible enough to cope with the eccentricities of some patients and innovative enough to provide services in unconventional ways if necessary. In addition, access can be facilitated by the use of outreach strategies. Workers from homeless health care programs can go out on the streets or into shelters or soup kitchens to meet people in as unthreatening a manner as possible. By listening closely and addressing basic needs, health care workers can create a trusting relationship and help get ill homeless people into care.

SERVICE INTEGRATION

Homeless people often face a bewildering set of problems. What is more, the problems are often interconnected, so that solving one problem depends on solving others. For example, a homeless woman may be pregnant and suffering from diabetes and alcoholism and may have just escaped from an abusive domestic situation and sought refuge in a shelter for battered women. She will need prenatal care, treatment for the diabetes that renders this a high-risk pregnancy, treatment for alcohol withdrawal and subsequent rehabilitation, possible treatment for injuries received from her abusive partner, and counseling to help her deal with the emotional trauma she has endured.

Thus a health care program for homeless people must include a variety of professionals who work closely together. Members of an interdisciplinary team can use their expertise and skills to plan, implement, and evaluate a plan of care. The best way to coordinate care is to have all these services and providers located in the same building. Where this is not possible, a case manager may facilitate integration.

Case management is a concept that has gained wide acceptance in the management of complex health care. A range of private and governmental agencies provides health and social services, and funding comes from numerous sources. A well-functioning person may have great difficulty finding a way through the maze of programs and agencies, and when a person is disabled, debilitated, or demoralized, the challenge can often be overwhelming. A case manager is a staff member who assists the person navigating through the multiple services. The case manager works closely with the primary care provider and other members of the interdisciplinary team to implement and reinforce the plan of care for the person who is homeless, making sure that the various needs are met.

HEALTH SERVICES FOR HOMELESS PEOPLE

The health services needed by homeless people can be divided into four main categories: primary care

services, mental health services, substance abuse services, and a broad group of other specialized services that includes eye care, dental care, and podiatry as well as care specifically targeted to women, children, and youth.

Primary Care

Many health problems reported by homeless people could be treated with home remedies, over-the-counter medicines, a nutritious diet, rest in bed, or at the most, a visit to a family doctor. But all these measures are difficult or impossible for a homeless person. Primary health services are thus of central importance because they provide basic treatments for conditions that are complicated by homelessness, such as coughs and colds, bronchitis, stomach upsets, high blood pressure, skin rashes, varicose veins, sore feet, and arthritis. Homeless people are also more likely than others to suffer from serious diseases such as tuberculosis, hepatitis, and HIV infection.

Homeless people may also face several obstacles in following through with treatments because of their homeless condition. For example, obtaining medicines can be a major challenge to a person with no health insurance, as is the case with about 75 percent of homeless people. Homeless health care programs devise ways of obtaining medications for their patients by seeking special discounts or donations from drug manufacturers or pharmacies, or by fundraising and obtaining grants. Certain illnesses demand complicated treatments with several medicines, and keeping track of a dosage schedule can be difficult. It is therefore critical for health care providers to be aware of these constraints and to work with homeless people to design a viable medication plan. Health care providers also need to collaborate with soup kitchens and shelters to meet the food requirements of individual patients.

Prevention is an important element in primary care, no less for homeless people than for others. Prevention activities include screenings for chronic conditions and communicable diseases, well-child exams, immunizations, family planning, perinatal care, education, and health promotion. For homeless people, screening is focused on immunization status

as well as on specific health problems like substance use, mental illness, diabetes, hypertension, tuberculosis, and HIV/AIDS.

Mental Health

Psychiatric disorders are more prevalent in homeless people than in the general population. It is convenient for the purposes of this discussion to consider mental disorders in two categories, “less serious” and “serious.” The less serious disorders may be quite distressing and, in the short term, may interfere with the ability to cope with the everyday demands of life. These conditions include anxiety states and phobias, obsessive-compulsive disorders, transient depressions, and adjustment disorders (normal emotional responses to traumatic circumstances or events). These illnesses require treatment with medicines, other therapies, or counseling, which can be provided by appropriately trained staff in a homeless health care program.

The serious mental disorders are those that are long-lasting and disabling. They usually manifest themselves in adolescence or early adult life and have a major impact on a person’s ability to cope and be successful in life. The two major categories of serious mental illnesses are the major mood disorders, and schizophrenia and related disorders. All of them require a lifelong commitment to treatment with medicines and often also need a variety of supportive and rehabilitative services.

Providing clinical services for people with mental illnesses thus requires a variety of skills and approaches. The first stage of treatment is engagement, but persuading someone of the need for treatment and the possibility of recovery can require much effort and patience from an outreach worker, or possibly a shelter provider or other person who recognizes the need. Sometimes the first person to recognize the need is a police officer. Many police departments provide training for their officers in the appropriate responses to mentally ill people on the streets. The second stage of treatment is evaluation, which requires a skilled clinician—a psychiatrist or psychologist—to make a careful diagnosis upon which a treatment plan can be based. This plan will

often include appropriate medications, counseling or psychotherapy, and several supportive services. These services may be many.

Housing is of primary importance. Mentally disabled people have a variety of needs and preferences, so that ideally a range of housing options should be available. Some are quite able to take care of themselves and their own daily needs, but others will require special housing in a situation where other supports are available, including, for example, assistance with food preparation, with obtaining income entitlements, and with budgeting, laundry, and housekeeping. It is a function of case management to ensure that all these needs are met in the best way possible, given the preferences of an individual and the limitations of what is available. This is another reason why a homeless health care program needs to have close working relationships with other mental health and social services and programs in the area.

Substance Abuse and Dependence

Alcoholism and other drug dependencies are very prevalent among homeless people. Homeless health care programs must therefore provide access to a range of services for addicts. Treatment proceeds in several stages. Stage one involves motivation. People need to accept the reality of their addiction and the need for radical changes in their life; this is sometimes referred to as moving from a “contemplative” to an “action” level of motivation. Assisting a person to reach this new stage may take the combined efforts of many people.

Stage two is detoxification, which focuses on the physical aspects of withdrawal. Withdrawal from alcohol may be quite dangerous if not carefully supervised; withdrawal from opiates is less dangerous but involves a lot of physical discomfort, even pain. In the traditional “medical detox,” which is supervised by doctors and nurses, medications are provided to minimize some of the more dangerous effects of withdrawal or to relieve some of the discomfort. Another, less expensive approach to helping addicts through withdrawal is called “social detox,” which may be as effective as medical detox. A social detox program provides a high level of

emotional and social support to help the alcoholic. Technically, detoxification is the simplest stage of the treatment process and lasts only about a week or less. However, few homeless health care programs are able to provide this service and must refer clients to substance abuse service programs in their local area.

The third stage of treatment is the most difficult, and it is here that most failures occur. This is the stage of rehabilitation, which requires an addict whose life has centered on the quest for alcohol or drugs to develop new patterns of behavior. Homeless health care programs make use of a number of approaches to assist their clients through this difficult process. Some type of residential program is needed, often with other recovering addicts, so that a group of residents can support each other in staying drug-free and sober. Mutual help organizations are very helpful for many addicts. The best known are Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). AA/NA meetings are held in many different settings, sometimes within homeless health care facilities.

Many alcoholics and addicts are not yet prepared to take the action necessary to enter treatment. For these people, there are several "harm reduction" approaches that may be used to try to avoid some of the complications of the addiction. For example, clean needle exchanges for intravenous drug users help to reduce the incidence of blood-borne infections such as HIV, and "wet shelters" (shelters that do not require sobriety for admission) may help alcoholics avoid some of the dangers of sleeping on the street exposed to the elements.

Other Specialized Services

Additional health services provided to homeless people range from specialized care for women to dental and eye care.

Women's Health

Homeless women have special health care needs and problems whether they are single or part of a family. Family planning, pregnancy, and female genito-urinary problems are of particular concern to

women. For example, pregnant women who are homeless are considered high risk due to the complications of homelessness, such as poor nutrition, exposure to trauma and communicable diseases, extremes in weather, stress, and lack of prenatal care.

Domestic violence is one of the most common reasons for women and their children becoming homeless. However, women living on the streets are often victims of sexual and/or physical assault, and those who are mentally ill or who are substance users are even more susceptible to attack. Social isolation compounds their emotional devastation. Substance use, anxiety, and depression are often part of the clinical picture for women who are homeless. Not surprisingly, they have high rates of posttraumatic stress disorder (PTSD).

The exchange of sex for food, housing, or drugs by homeless women can lead to sexually transmitted diseases and HIV/AIDS. Because homeless women may be reluctant to reveal substance use or an active sexual history to health care providers, screening for these communicable diseases can be challenging. Health care providers working with homeless women need to understand the paradigm of traumatic experience. By respecting the psychological and physical space of the women they care for, providers can forge a trusting relationship.

Children and Youth

Homeless children are hospitalized more frequently than other low-income children and they are more likely to be seen in hospital emergency departments. Upper respiratory infections, acute otitis media, lice, scabies, and diarrhea are common problems. These children are also more vulnerable to injuries because they live in less structured and less safe environments. Homeless children are more likely to have elevated blood lead levels due to their exposure to dust and dilapidated housing coupled with poor nutrition. Lead screening is an important preventive measure. Asthma rates are also high because of exposure to allergens, and the stress of homelessness itself may be an added trigger. Because of the transitory nature of their lives, it is not uncommon for homeless children to have had their immunizations delayed.

Homeless children are more likely to come from backgrounds with domestic violence, mental illness, and substance use and are more likely to exhibit aggressive behaviors and temper tantrums. Developmental screening of homeless preschool children has identified more developmental lags than are noted in the general population, and academic problems are common among school-age children.

Health care providers need to furnish homeless children with a “medical home” that includes not only primary health care but also access to subspecialty care, developmental and psychological evaluation and treatment, and access to an answering service 24 hours a day, 7 days a week. Acute care visits can be used as an opportunity to take a thorough medical, developmental, and psychological history as well as to provide a physical examination. Immunizations and screening for lead toxicity, anemia, visual problems, and hearing loss are a part of primary care for homeless children. Monitoring of growth and nutrition is also essential. To provide adequate health care to homeless children, health care workers need to forge strong links with service providers who work in family shelters. Health care workers can educate shelter providers on numerous topics, including communicable diseases, parenting skills, asthma triggers, safety precautions, and the preparation of healthy meals. Surveillance of health and safety conditions in shelters and other service sites will help homeless children avoid accidents and injuries and will also help prevent communicable diseases.

Homeless youth are sometimes called runaways, throwaways, or simply street kids. They suffer from illnesses directly related to a violent lifestyle on the streets, including trauma, substance use, psychiatric disturbances, skin infestations, sexually transmitted diseases, and HIV/AIDS, as well as from other chronic conditions that have been exacerbated by the lack of care. Young women who are homeless are also at high risk of pregnancy. Drop-in centers operating twenty-four hours a day in areas where homeless youth congregate can successfully engage this group into care. Availability of laundry facilities, food, telephones, and e-mail access combined with a low-demand approach, in which, for example, a

youth may not have to give a name or other identifying information to obtain services, has proved successful in many communities. Conducting outreach during the night to areas where prostitution and drug activity operate is another useful way to engage homeless youth into care. All these methods depend on creating an open and friendly environment for youth that includes nonjudgmental attitudes by providers and a flexible service-delivery system.

Eye Care

Like many of the poor and underserved, homeless people lack access to specialty care for diseases of the eyes. Vision testing and annual eye examinations are integrated into primary health care, but after a problem has been identified, a patient may need an ophthalmology consultation. In some places, it has been possible to gain access for homeless people to specialty eye care by arranging referral agreements with local ophthalmologists and opticians. Some national retailers will donate glasses and services, and some private and corporate foundations have funded eye care.

Dental Care

People who are homeless experience high rates of oral diseases and lack access to dental services. Acute dental problems include caries, periodontal disease, and loss of teeth. Prevention is perhaps the most important element in dental health, in the form of good oral hygiene and proper nutrition accompanied by access to dental care. But homeless people often lack even the most basic tools of prevention—namely, a toothbrush, toothpaste, and water. They also have little control over the quality of their diet. Consequently, maintaining preventive oral health practices is very difficult.

Strategies for securing dental services include referring homeless people to dental schools, publicly funded dental clinics, or nonprofit organizations that provide free dental services. These referral relationships can be informal, or they can be formal contracts that ensure a certain level of dental services. Preventive oral health care can be provided within the primary care clinic by giving out toothbrushes and toothpaste. Providers can demonstrate how to

brush teeth and explain the basics of oral health care. They can support homeless patients in their efforts by working with shelter providers to reinforce the oral health care message.

Podiatry

Foot problems in homeless people are compounded by long periods of walking and standing, by underlying chronic disease, and by a lack of proper footwear. Prolonged standing and walking can lead to venous pooling and swelling and can also exacerbate the condition of people with peripheral vascular disease, diabetes, and other chronic diseases. Although homeless people can often obtain used clothing, new shoes and socks are not usually easy to obtain. Wearing used shoes that do not fit correctly can cause blisters and other podiatric problems.

In many communities, podiatrists have volunteered to provide services at primary care clinics for homeless people. Linking with local podiatrists has made it possible for primary care providers to increase the access of their homeless patients to specialty foot care. Primary care providers can teach homeless people, especially those with diabetes, how to examine their feet, and can urge them to visit them immediately if they have open foot sores. Dispensing clean white cotton socks during a discussion about foot care can reinforce a health care message while providing tangible assistance.

Providing health care for homeless people is a complex task. Most large cities have special Health Care for the Homeless programs funded from public and private sources, that have developed high levels of expertise in addressing the needs of this population. At the national level, the National Health Care for the Homeless Council coordinates and supports these programs and, along with other like-minded bodies, advocates for policies to address poverty, end homelessness, and provide affordable health care for all citizens.

—William R. Breakey and Laura Gillis

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▣ INTERVENTIONS, HOUSING

Housing interventions—both transitional and permanent—provide housing and services for homeless people, especially those people who have specific needs such as mental health and substance abuse treatment.

TRANSITIONAL HOUSING INTERVENTIONS

Transitional housing is time limited and typically provides services beyond food, shelter, and clothing. However, no consistent definition or model of transitional housing exists. Transitional housing programs vary greatly in the amount of time a person can stay (three months to twenty-four months or longer), services provided, physical structure (congregate settings to individual apartments), and admission criteria (e.g., some programs may be exclusively for people in substance abuse recovery).

Even the goals of transitional housing interventions can range considerably. In some cases, because of the limited supply of affordable permanent housing, transitional housing has emerged as an intermediate place to live for people who are waiting for permanent housing. In other cases, transitional housing has been designed to help people increase their chances of locating appropriate housing and become “housing ready.” In these cases in particular, transitional housing is a step between a shelter and permanent housing for those who need a more structured setting with a range of services—including mental health, substance abuse, health, employment readiness, educational programs, and other serv-

ices—before moving into permanent housing. In addition to offering an opportunity to work on clinical and self-sufficiency issues, these housing programs sometimes provide structured savings programs that help people save money for rental down payments and move-in costs.

Some communities are testing “transition in place” or convertible housing models, where intensive services are provided initially and gradually reduced and where the apartments become permanent dwellings for those people who proceed through the program successfully.

Experts have done little direct study of transitional housing, and no study has compared transitional housing with permanent housing. However, several studies have indicated that some homeless people, even those with multiple needs, can move directly to permanent housing and remain stable for considerable periods of time. Program providers need to understand when transitional housing is warranted and for what purposes (i.e., to provide interim housing for people who do not yet have access to permanent housing or to provide a place where people can become ready to live more independently on their own).

SUPPORTIVE HOUSING INTERVENTIONS

Supportive housing combines permanent housing with direct or arranged access to services to address the needs of formerly homeless people. Supportive housing is generally considered an option for those people who have either lived on the streets or in homeless shelters for long periods of time and/or who have needs that may best be served by services provided through their housing. Permanent housing options range from single-room occupancy (SRO) hotels (especially in large cities such as New York City) to scattered site apartments to home ownership. The physical structure of the housing is often determined by the housing stock available in the community and the funding that is available.

Services may be provided on-site or off-site and may be limited to basic case management services or may include health, mental health, substance abuse, and daily living supports. Providers use a variety of

models of case management but typically help a client obtain services as well as assist in daily living, such as assisting in money management, transportation, and problem solving. Supportive housing programs for people with a specific set of needs, such as people with severe mental illness or those with HIV/AIDS, may have a much broader and more intensive array of services on-site than do housing programs that serve a range of individuals.

Many supportive housing programs are funded by federal initiatives developed during the last ten to fifteen years. The largest programs, sparked by the Stewart B. McKinney Homeless Assistance Act and administered by the U.S. Department of Housing and Urban Development (HUD), include the Supportive Housing Program (SHP) and Shelter Plus Care (S+C). Funding also comes from federal Section 8 housing certificate and voucher programs and the Housing Opportunities for Persons with AIDS (HOPWA) program.

The Supportive Housing Program was created to combine housing and services for homeless people, especially people with special needs. The program funds four basic types of interventions: transitional housing for up to twenty-four months, permanent housing with support services for homeless permanently disabled persons, support services without housing for homeless people, and supportive housing.

Shelter Plus Care (S+C) provides rental assistance for homeless persons with disabilities, much like the permanent housing component of SHP. S+C rental assistance can be provided through tenant-based vouchers (vouchers that a person receives and can use for housing in the open market), sponsor-based vouchers, and project-based assistance (that provides the subsidies to the building) or SRO assistance. Services for those persons living in S+C housing are funded by other outside sources.

HUD’s Section 8 program, not exclusively for homeless people, provides subsidies for housing, either directly to the tenant or to the landlord, and allows a household to pay only 30 percent of its income toward rent. The program is designed to let people rent market rate housing at an affordable cost. The difficulty, however, is that when housing mar-

kets are tight, landlords may be hesitant to accept Section 8 vouchers when they can get higher rents from people without vouchers.

HOPWA is also administered by HUD and provides funding for housing and services for persons with HIV/AIDS. This program is not funded by the McKinney Act and is not available solely to homeless people but rather is available to all low-income persons. HOPWA funds are used to support a range of services, from housing to medical assistance, as well as planning and development costs.

Foundations and other private groups have also helped foster the development of supportive housing programs. The Robert Wood Johnson Foundation, for example, has twice teamed with HUD to examine the relationship between providing housing and services for homeless persons and has also attempted to seed housing for specific groups of homeless people. The Program for the Chronically Mentally Ill and the Homeless Families Program combined Section 8 certificates with services for homeless people with severe mental illness and/or families with multiple problems, including long-term instability, domestic violence, and alcohol and drug abuse. Another important national contributor has been the Corporation for Supportive Housing (CSH), a nonprofit intermediary established in 1991 to expand supportive housing for special needs populations who are homeless or at risk of becoming homeless.

THE EFFECTIVENESS OF HOUSING INTERVENTIONS

Since the late 1980s, researchers have examined housing and its effectiveness for homeless people. Studies have ranged from rigorous randomized studies of specific supportive housing interventions to descriptive studies tracking people in housing over time.

As a whole, these studies indicate that housing with supports improves the residential stability of homeless people, including those with multiple disabilities and issues such as mental illness and substance abuse. However, people with both mental illness and substance abuse fare least well of all groups studied. In almost every study that examines stability over time, the majority of people receiving housing

(typically with supports) remain stably housed for at least one year. Studies have found no consistent change in other outcome areas, however, such as mental health functioning, self-sufficiency, or community adjustment.

Access to affordable housing, generally through some form of rental subsidy, appears to be an essential contributor to stability. Research has offered little guidance on the configuration of housing and services that is most effective for homeless people, although studies have shown that housing options increase stability. Surveys of people with severe mental illness, however, have found that mental health consumers prefer to have a choice in their housing and that they prefer to live alone (as opposed to in a group home). Some people may prefer community living, however, and others may prefer time to transition into more permanent housing options. A range of residential options, therefore, may be needed to meet the range of needs and preferences.

THE NATURE OF SUPPORTS AND SERVICES IN HOUSING

Researchers have done little direct study of the role that services and supports play in improving housing stability. A few studies have shown improvements in residential stability of people in both comparison and experimental groups but note greater improvements for those people in the groups that received more intensive services, particularly case management. In addition to case management and subsidies, assistance in finding and maintaining housing, although not directly studied, has reportedly been useful to people. Housing specialists or locators, for example, can provide individualized attention and assistance in applying for housing subsidies, locating an appropriate apartment or house, traveling to see potential homes, and negotiating with landlords. They can also serve as advocates with landlords, reducing landlord concerns about rent payment and letting the landlord know that the potential tenant is linked to programs and supports in the community.

Evidence also shows that assistance during the transition process from being homeless to living in a home can be critical, especially for those people who

have been homeless for long periods of time. Besides practical assistance, such as helping people obtain and move in furniture, more emotional support may be needed in the months after people leave the shelter or streets.

ISSUES AND CHALLENGES

Despite evidence that housing interventions can curb homelessness and increase residential stability, a critical shortage of housing continues. A large factor is the lack of affordable housing in general. Studies have consistently found a lack of affordable housing in almost every city and state in the nation, making it difficult for low-income persons to find decent, affordable housing even if they are fortunate enough to have a housing subsidy such as a Section 8 certificate.

Nonprofit groups such as CSH and others have made efforts to increase the affordable housing stock, especially for homeless people with special needs. These efforts, however, are difficult to fund and even more difficult to implement due to community opposition. Community opposition—NIMBYism (“not in my back yard”)—is a challenge for any group who wants to increase the stock of affordable housing. Groups continue to be successful, but the process can be time consuming and expensive. Those groups who have been successful often credit their outreach efforts to the community before and throughout the development process.

Another challenge for developing and operating housing with supports is finding funds. Typically, multiple funding sources are required; these can require much time and effort to obtain and coordinate, slowing the development process. Those groups trying to build new housing with supports also face a tension between the short time frame of service funding, when money is typically provided on a year-to-year basis, and the longer time frame required to finance construction.

MAINTAINING THE STABILITY OF SUBSTANCE ABUSERS

Substance abuse appears to be the major reason why people drop out of supported housing. Although peo-

ple with substance abuse have shown increases in residential stability once provided with housing and supports, substance abuse continues to be identified as one of, if not the primary, cause of housing loss for formerly homeless people. This is particularly true for people who also have mental illness.

FUTURE DIRECTIONS

Housing with supports has been shown to be effective in improving the residential stability of homeless people, even those with multiple and long-term problems. A variety of housing programs has been shown to be effective for a range of individuals. Research should be done to identify those aspects of housing and supports that make the most difference and for whom.

On the other hand, a subset of homeless people apparently does not succeed in supported housing. Learning more about these people and the types of interventions that could improve their stability would be useful to providers who struggle to meet the needs of these people. Clearly we must learn more, but the evidence is overwhelming that people who have been homeless can live successfully in a wide range of supportive housing approaches. The great need for housing, coupled with this evidence, suggests that providers should maximize the housing stock available to them.

—Debra J. Rog and C. Scott Holupka

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☐ ITALY

The differing estimates of the number of homeless that are constantly brought up in academic and political debate are, to a large extent, the result of the conceptual uncertainty that surrounds the definition of homelessness, and this focuses attention on the contrasting definitions that fight for prominence in the construction of the problem. The question is especially important in a country like Italy, where “borderline” cases or “hidden homelessness” is particularly frequent and where responsibility for policies for the homeless lies with local governments. Furthermore, no valid defining criteria have been established for the country as a whole at the national level.

HOMELESSNESS IN THE NATIONAL SETTING

Homelessness in Italy is essentially conceptualized as a problem of social marginalization. The social

construction of the homeless is centered on the figure of persons referred to as being of “no abode” (*senza dimora*). The accent is generally placed on the advanced stages of marginalization processes, and most often the term denotes the homeless characterized by multiple deprivations and by traits of desocialization. In these portrayals, the strictly housing component—not having housing—is not central. It is implied in the definition, but is only considered important as part of the multiple dimensions of the problems of the “no abode.”

Persons without a home, but not characterized by these traits, tend to be classified differently. Different terms are used, such as *senza casa* (without a house) and *senza tetto* (without a roof). A sort of distinction is made between the two conceptual areas connected with the notion of homelessness: housing exclusion and social exclusion. This separation reflects and confirms an accentuated (traditional) division between housing policies and welfare policies.

The narrowness or the breadth of the different definitions adopted obviously determines estimates of the number of homeless. While the number of the “no abode” was estimated in 1994 at about 50,000 persons, when a broader definition of the homeless proposed by FEANTSA (European Federation of National Organisations Working with the Homeless) was used, estimates came to between 150,000 and 200,000 persons.

The conceptual uncertainty surrounding the definition of homelessness also affects definitions in the narrow sense of the term, those that identify the “no abode” or the “street homeless.” Attempts to estimate the size of the phenomenon based on the opinions of service providers at the end of the 1990s put the number of the “no abode” at between 70,000 and 80,000. A survey-based estimate produced a much lower figure of 17,000 “no abode” (the population of Italy in 2001 was 57.0 million). Even when the definition of homeless is narrow, the types of people and the cases that are included can vary. For example, foreigners living in shacks, abandoned buildings, and ruins may be left out of the account as most do not fit the typical, conventional description of the “no abode.” In the same way, Gypsies are generally not

considered as being “with no abode,” even when they are living in shacks or tents.

THE HOMELESS POPULATIONS

Despite the uncertainty over numbers, those who work with the homeless generally feel that there has been an increase since the end of the 1980s both of “no abode” and of other socially marginalized groups. Changes that have occurred in the composition of the homeless are similar to those occurring in other European Union countries: a fall in the average age, the appearance of female homelessness (although the social protection afforded to women in the fabric of society means that women are rarely explicitly homeless), and, more recently, an increase in homeless immigrants.

The new homelessness calls into question a whole variety of structural factors that lie behind the increase in social exclusion in industrialized countries: the breakup of traditional social relationships and the decline in their capacity for protection; the crisis of the family; insecurity in labor markets and new tensions in housing markets; and the crisis of the welfare state. Compared to other groups living in poverty, the “no abode” present specific characteristics. They suffer a greater degree of isolation, and they are less likely to be able to count on a robust network of support. Their health is worse than other groups due to alcohol and drugs and mental problems in particular; fewer of them are working; and they make greater recourse to insecure employment and to begging. They make less use of social services.

These factors are clearly visible in individual case histories. Most are characterized by such events as expulsion from the family, traumatic breakdown of the household, and so on. Recurrent circumstances include long-term unemployment, alcoholism, experience of prison or mental hospital, and institutionalization in childhood.

Individual case histories also show that the chain of events that leads to life on the street often happens to people who come from intrinsically fragile situations. Most persons living on the street come from poor backgrounds, often living in “extreme poverty,” in many cases poverty that has been inherited from

the family of origin. There is also the importance of cases of homelessness where the problems are mainly determined by sheer poverty, with no real processes of marginalization, and even more histories of homelessness with no desocialization traits and no loss of capabilities.

Homeless immigrants provide a clear example of a type of homeless that contradicts the prevailing construction of the phenomenon, which is centered on the figure of the “no abode.” In most cases, homelessness among immigrants, often of the “street” variety, results from difficulties arising from being without documents, from difficulty in gaining access to housing markets, and from insecure employment. There is a high probability of immigrants suffering housing exclusion without serious elements of marginalization occurring and an even higher probability of them suffering housing exclusion without those features of personality destructuring that characterizes many “no abode.” They are simply poor people without a home. For them, the lack of housing may be nothing more than a stage on the road to integration in a new society.

POLICY AND SERVICES

Apart from the prevailing construction of the problem, intervention for the homeless has suffered from the traditional limits of the Italian welfare system: the lack of a comprehensive system of protection and the little protection provided for adults who do not have a normal regular job, the high geographical variance of the coverage provided, and the discretionary nature of many welfare assistance measures. Notwithstanding significant progress in the policy framework in the late 1990s, all this still has a serious impact on intervention to help the homeless.

Responsibility for dealing with homelessness in Italy lies mainly with local government and with private welfare associations. Until 2000, there were no guidelines in the legislation establishing minimum standards of support across the country, and local authorities acted independently to provide their own degree of coverage and services for people suffering extreme poverty. Today, the coexistence of very heterogeneous models of intervention at the local level

is a characteristic feature of policies for the homeless. The difference concerns the degree to which needs are covered and the criteria for access to services and accommodation.

There is a large gap between the north and south of the country in this respect. In the towns and cities of northern and central Italy, attempts to go beyond the traditional old-fashioned welfare approach based on emergency measures are more frequent and are often up to the same standards as the best European practices.

Nevertheless, even where substantial progress has taken place, this new innovative culture has not translated systematically into concrete initiatives, and the new services it has produced are insufficient quantitatively. Emergency-oriented policies are still the rule rather than the exception at the local level.

In the more innovative areas, the “no abode” now enjoy a full range of services: preventative services, emergency and crisis services, and rehabilitation services. Different types of shelter and accommodation services are provided to meet the differing needs of a very heterogeneous user base. Multidimensional, integrated action (action that integrates different types of resources such as health, personal relations resources, financial, training, and housing resources) is offered to help individuals to develop their own capacities for reintegration into society. Cooperation between local actors and integration of services (public, voluntary, and private welfare) are standard practice. Municipal administrations play a more active role here in formulating policies and promoting forms of coordination with welfare cooperatives and voluntary organizations.

IMPLICATIONS

The almost exclusive focus on the figure of the “no abode” places a question mark over the social construction of the problem in Italy. There is a risk with this concentration on extreme situations of conveying the idea that the field of homelessness can be “cut out” and separated from the broader processes that produce social and housing exclusion. There is also a related risk that the broader range of different types of housing exclusion are excluded from the debate



A homeless boy plays a tambourine for coins on a street frequented by tourists in Venice in July 2003.

Source: Karen Christensen; used with permission.

on homelessness and that housing exclusion is neglected when it is not accompanied by strong traits of social marginalization.

This narrow approach has a particularly distorting effect on policies in a country like Italy, where “integrated poverty” is widespread and cases of housing exclusion without social marginalization are particularly frequent. However, the attention to extreme situations and the biases mentioned above also occur in other countries. Italy provides examples of social construction problems that are to be found almost everywhere. More research is needed to clarify the factors that combine in the different types of homelessness and to compare the effects of policies based on different definitions of the phenomenon.

—Antonio Tosi

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J

▣ JAPAN

In contemporary Japan, the word *homuresu*, derived from English, is the most commonly used term to refer to people who inhabit public spaces such as parks, train and subway stations, riversides, and shopping districts. The term came into use as unhoused people became more visible with the deepening of the Great Heisei Recession—the stagnation following the burst of Japan’s economic bubble in 1992. The use of *homuresu* in the media, academia, and common conversation has replaced the somewhat more derogatory *furosha* (“wanderer”) or *runpen* (“bum”) used previously. However, noting the stereotype of America’s homeless as lazy substance abusers who deplete public resources, many social science researchers, activists, and journalists in Japan have come to use the more precise terms of *nojukusha* (“person who sleeps outside”) and *nojuku roudousha* (“laborer who sleeps outside”).

HOMELESSNESS IN POST-WORLD WAR II JAPAN

Homelessness proliferated in Japan at the end of World War II, as American conventional and nuclear bombs devastated major urban areas and the country struggled to rebuild its economy. At this time, many families and lone survivors of the war created

makeshift housing in parks and other unused public and private spaces. By the time the country entered its period of rapid economic growth (1960–1973), the level of homelessness had waned substantially. However, despite popular myth, homelessness never wholly disappeared—even as Japan enacted its post-war “economic miracle.” Urban poverty and homelessness were largely confined geographically and socially to urban day-labor ghettos called *yoseba*, where unemployed men, many of them rural migrants, gathered in search of readily accessible employment, cheap housing, and camaraderie.

As the expanding manufacturing, shipping, and construction industries’ demand for workers grew, a large pool of cheap and flexible labor was forming in *yoseba*, composed of men displaced from the declining agricultural and mining sectors, as well as the urban unemployed, persons disaffiliated from their families, the disabled, and former convicts. While many workers were reaping the benefits of Japanese-style labor management characterized by lifetime employment and seniority-based advancement, those pushed and pulled into *yoseba* had to continuously search for short-term work and housing, rendering their livelihoods susceptible to fluctuations in the economy. Levels of homelessness within *yoseba* increased with rising unemployment during the oil-driven recessions of the 1970s, though still not reaching the levels known later. Homelessness was



A homeless person sits with his possessions in a park in Tokyo in June 1995.

Source: Hashimoto Noboru/Corbis Sygma; used with permission.

largely short-term and generally confined to these districts. This limited form of homelessness, invisible to many, fueled a popular myth both at home and abroad that Japanese society was immune to the exploding problems of urban poverty and homelessness that the United States was facing.

This myth disappeared as the Heisei Recession, beginning in 1991, continued to stall the economy and homelessness proliferated in most major cities and suburban areas. In 2001, the Japanese national government estimated the size of its “literal” homeless population to be around 25,000 people, some staying in the handful of short-term public shelters, but the vast majority living in encampments in major urban parks, stations, riversides, and scattered about the periphery of downtown shopping and business districts. Although activists note that the limitations of counting such a mobile and often hard-to-find population render this number a lower bound estimate of the nation’s homeless population, they have yet to be able to provide an alternative estimate. Homelessness is concentrated in major urban areas, with the homeless populations in Osaka and Tokyo making up over one-half of the nation’s total. While the growth of homeless persons in these major cities appears to be leveling off, the numbers

in nearby suburban areas are on the rise.

Demographically, Japan’s homeless population is primarily male, middle-aged, and blue-collar. Large-scale survey research among the homeless in major urban and suburban areas has found that the average age is about fifty-five years; over 95 percent are single men; and the great majority have worked in blue-collar occupations in the manufacturing and construction industries, with about one-half having day-labor experience through the *yoseba* system. Observational research has revealed that in comparison to their U.S. counterparts, Japan’s

homeless have lower rates of severe mental illness, due to the fact that Japanese policies do not deinstitutionalize the mentally ill. Rates of illicit substance abuse are also lower, although alcohol is widely used as a temporary antidote to the harshness of street life.

STRUCTURAL CAUSES OF THE RECENT INCREASE IN HOMELESSNESS IN JAPAN

While homelessness has increased sharply in Japan since the onset of the Heisei Recession, it has still not reached the scale observable in the United States. This has been due largely to the multiple economic and social buffers in Japanese society: lower levels of unemployment, poverty, and income inequality; lifetime employment, employee housing, and other benefits of the “institutionalized paternalism” of Japanese corporations; higher investment in public housing; persistent institutionalization of the mentally ill; the relative lack of systemic racism; and the tradition of “shared poverty” in multigenerational families and close-knit communities. However, many of these buffers have weakened under recent economic, demographic, and cultural changes, in good part due to the effects of globalization. The structural origins of the recent explosion of home-

lessness in Japan are generally understood by social scientists to be rooted in deindustrialization, economic stagnation, changes in employment practices, an aging workforce, competition for low-skill employment from immigrant workers, the decline of the traditional multigenerational household, and inadequate welfare protections. Although *seikatsu hogo*, Japan's version of social security insurance, is by law available to any citizen whose quality of life falls below certain cultural standards, in practice it has been allocated only to persons who are either over sixty-five years old or physically unable to work.

MEASURES TO ADDRESS HOMELESSNESS

The sizable growth in Japan's homelessness during the Heisei Recession has roused widespread concern among private citizens, policymakers, and social scientists. This concern has driven both a boom in research on homelessness and a growth of interest in measures that have been applied in other advanced economies to address the problem. In 1999, the national government made its first commitment to assist localities by providing funds for half of the cost to build and operate emergency and transitional shelters in four cities—Tokyo, Osaka, Yokohama, and Nagoya. In addition, legislation was adopted that enables community-based organizations to incorporate as nonprofit entities. With this change, private efforts to address homelessness have proliferated, expanding provision of shelter, food, clothing, and, to a much lesser extent, assistance in finding stable employment and housing. Largely replicating the American “continuum of care” model in which programs aim to address the limitations of individual homeless persons without addressing the structural problems of diminishing opportunities in

labor and housing markets, measures to address homelessness in Japan appear likely to merely manage the problem of mass homelessness rather than ameliorate it.

—Matthew D. Marr

See also Toyko

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L

▣ LATIN AMERICA

See Brazil; Cuba; Homelessness, International Perspectives on; Housing and Homelessness in Developing Nations; Latino(a)s

▣ LATINO(A)S

Latinos are one of the fastest growing ethnic groups in the United States. The Hispanic population in the United States increased by more than 50 percent between 1990 and 2000 to 32.8 million, representing 12.0 percent of the total population. Youthfulness, birthrate, and levels of immigration have contributed to the growth of the Latino population. In 2000, 39.1 percent of the Hispanic population was foreign-born. Hispanic immigration to the United States has reached unprecedented levels and has dispersed across the nation, including states, regions, cities, and towns that previously had virtually no Latino residents. In addition, the diversity of national origin groups among the Hispanic population in the United States has increased. Latinos can be of any race and of more than twenty national origins. Emerging communities of Dominicans, Colombians, El Salvadorans, Nicaraguans, and Peruvians, for example, have added to the larger and more established communities of Mexicans, Puerto Ricans, and Cubans.

Hispanics are one of the poorest ethnic groups in the United States. Hispanics have high rates of poverty among full-time workers and working husbands in intact families with children. Latinos may suffer from the effects of economic downturns more than non-Latinos and benefit less from periods of economic growth. Low levels of educational attainment compound Hispanic socioeconomic vulnerability.

However, compared to other racial and ethnic groups, Latinos present a profile that sometimes appears counterintuitive and is not sufficiently explained by existing wisdom or scholarship. One of the most striking examples is in the area of health. This “epidemiological paradox” is a dominant theme in Hispanic health research. In the aggregate, compared to other racial and ethnic groups, Latinos have lower age-adjusted death rates in the face of higher risk factors for most causes of death, including heart disease, cancer, stroke, chronic obstructive pulmonary disease, pneumonia and influenza, and suicide. In the case of birth outcomes, for example,

in spite of high risk factors, Latina birth outcomes more closely resemble those of the non-Hispanic white and Asian/Pacific Islanders populations, which had higher income, more education, and better access to first-trimester care. None of this would be expected from the standard norms and models. (Hayes-Bautista 2002, 221)

When applied to Latino populations, established theoretical models that explain patterns and variations of illness and disease yield “results that are confusing, seemingly paradoxical, and of little use in creating policies and programs aimed at the Latino population” (Hayes-Bautista 2002, 216).

The growing need for Latino-based metrics and models is also evident in the study of homelessness. Hispanics and African-Americans have similar socioeconomic profiles, with, most important, high poverty rates. Yet studies have found that African-Americans are overrepresented and Latinos underrepresented among the homeless population. Researching Latino homelessness can contribute to the increased well-being of the Hispanic population, and the knowledge gained may also benefit the well-being of non-Latinos.

Understanding homelessness among Hispanics requires an especially nuanced conceptual and methodological framework that appropriately models a number of dimensions that determine within- and between-group variation. Latinos differ from each other in terms of national origin, citizenship status, race, and English-language proficiency. These factors may affect the dynamic of homelessness among Hispanics. This entry discusses and analyzes Latino homelessness. It presents an overview of homelessness among Hispanics, a discussion of the pan-Hispanic rubric, and an analysis of how social, cultural, and economic factors affect Latino homelessness.

COUNTING LATINO HOMELESS

Counting the homeless is a complex methodological and definitional issue because “the essential characteristic of homelessness is its transience, instability, and flux” (Burt, Aron, Lee, and Valente 2001, 2). There are bureaucratic and programmatic definitions of the phenomenon that complicate the issue. The “Shelter and Street” (S-Night) method utilized by the United States Census Bureau in the 1990 census is an example of the attempt to cope with the inherent problems in enumerating and statistically sampling the homeless. S-Night relied on an experimental research design to accurately account for the homeless in both the “streets” and “shelters.”

Counting Hispanics

Counting Hispanics has become one of the most complicated efforts of the Census Bureau, ultimately necessitating the creation of a two-stage racial and ethnic identification classification. Question 5 on the 2000 census form established Hispanic ethnicity, and question 6 established racial identity. Another compromise in the 2000 census was in using the terms *Hispanic* and *Latino* interchangeably. In 2000, people of “Spanish/Hispanic/Latino” origin could identify as “Mexican,” “Puerto Rican,” “Cuban,” or “other Spanish/Hispanic/Latino” (people who marked “other Spanish/Hispanic/Latino” had an additional space to write in their national origins, such as “Salvadoran” or “Dominican”). The question on Spanish/Hispanic/Latino origin was separate from the question on race. Hispanic origin is considered an ethnicity; therefore, Latinos may be of any race. Hispanics could identify from over twelve designated racial categories including “White,” “Black/African American/Negro,” “American Indian or Alaska Native,” or “Asian or Pacific Islander.”

Immigration and language also impede an accurate count of the Latino population. A substantial number of Hispanics are undocumented immigrants and are less likely to be counted in government figures. Many Latinos are unlikely to be fluent in English. Most are Spanish-speaking, but a substantial number speak indigenous Native American languages such as Quechua and Nahuatl.

The Latino Homeless Population

Fielding accurate counts of the Latino homeless population is a demographic challenge. However, some rigorous efforts have established reliable estimates. Based on the National Survey of Homeless Assistance Providers and Clients (NSHAPC), a comprehensive, longitudinal national data set on urban, suburban, and rural homelessness, in 1996 non-Hispanic whites comprised 52 percent of the U.S. poor adult population and 41 percent of all currently homeless clients. Non-Hispanic blacks comprised 23 percent of the U.S. poor adult population and 40 percent of all currently homeless clients. Hispanics comprised

20 percent of the U.S. poor adult population and 11 percent of all currently homeless clients. A 2000 census report estimated that the percent of the population in emergency and transitional shelters in 2000 was 33.5 percent non-Hispanic white, 40.4 percent non-Hispanic black, and 19.9 percent Latino. These two studies reflect the relative underrepresentation of Latinos in the homeless population.

Documenting the demographic profile of the Hispanic homeless population is further complicated by calculating what proportion of Latino homeless are immigrants. Although “some subset of the Latino homeless consists of immigrants . . . there is scant direct evidence on the immigrant share of the total” (Baker 1996, 133). Differences by subgroup (for example, Mexican versus Puerto Rican) and location (region, state, and locality) also vary the profile of the Hispanic homeless population.

THE “LATINO PARADOX”

Recognizing the need for caution in light of Latino demographic diversity, the preponderance of evidence suggests that as an aggregate, Hispanics demonstrate a paradoxical pattern of homelessness. Despite their socioeconomic position, Latinos are underrepresented among the homeless population in the United States. What factors explain this “Latino paradox”?

Demographic Differences between Latinos and Other Racial and Ethnic Groups

Demographically, Hispanics differ from non-Hispanic groups because of race, language, culture, and immigration. Variations occur among Hispanics by Latino subgroup, geography, nativity and citizenship status, race, and gender. The Asian-American population has a number of similarities to Hispanics. Asian-American communities are greatly affected by linguistic and cultural diversity because various national origin groups comprise the panethnic grouping. Immigration is also particularly salient within Asian-American communities. However, language operates differently for Latinos than for Asians. Although it is characterized by pronounced regional

and national dialects, the Spanish language creates a homogenizing force that is lacking among Asian-Americans. For non-Hispanic whites and non-Hispanic blacks, race is a more inherently unifying characteristic than among Latinos. Non-Hispanic whites and non-Hispanic blacks are primarily native-born populations for whom immigration does not have the same effect as with Hispanics and Asian-Americans.

Age sets Latinos apart from other racial and ethnic groups. Hispanics are more likely to be under eighteen years old than non-Hispanic whites. The median age of Latinos in 2001 was the lowest of any racial and ethnic group at 26.2 years of age. In the same year, the median age was 36.9 for non-Hispanic whites, 30.3 for non-Hispanic blacks, 33.0 for Asian-Americans, 28.1 for American Indians or Alaska Natives, and 27.3 for Native Hawaiians and other Pacific Islanders. In addition, compared to other immigrants by region of birth, Hispanic immigrants were younger. In 2000, the median age of the Latin American foreign-born population was 35, compared to 39 years for those from Asia and 50 for Europeans.

Household composition for Hispanics differs from other racial and ethnic groups. Latinos are more likely to live in larger family households than non-Hispanic whites. In 2000, 20 percent of Hispanic families had three or more children compared to 12 percent of non-Hispanic black families and 9 percent of non-Hispanic white families. Fertility rates are higher for Latinos than for other racial and ethnic groups. For 2000, the projected total fertility rate, the number of births that 1,000 women would have in their lifetime based on birthrates, was 3,108 for Hispanics compared to 2,193 for non-Hispanic blacks and 2,114 for non-Hispanic whites.

Socioeconomic Differences between Latinos and Other Racial and Ethnic Groups

There are significant socioeconomic differences between Hispanics and other racial and ethnic groups. Latinos are generally the least educated of all racial and ethnic groups and have the highest drop-out rates. Hispanics are more likely to be unemployed than non-Hispanic whites. Latinos tend to

experience a systematic disadvantage in the labor market. Median income rates for Latinos are among the lowest ranking of any racial and ethnic group.

The level of residential segregation of Latinos is second only to non-Hispanic blacks. However, residential segregation has been steadily decreasing for non-Hispanic blacks but has increased for Hispanics. Home ownership rates are lower among Hispanics than non-Hispanic whites and non-Hispanic blacks. In part, this is due to the fact that immigrants are less likely to own a home than those who are native-born, but these differences in the rate of home ownership between natives and immigrants become negligible after ten years of residency.

Overall, Hispanics most closely resemble non-Hispanic blacks in their socioeconomic profile. Given their respective economic vulnerabilities, the rate of homelessness among the two groups should be comparable, yet they are not. The Latino paradox in homelessness may be simply the result of flawed sampling methods. Hispanics may be more heavily represented in street samples than in shelter samples, and undocumented immigration might deflate overall counts, but methodological deficiencies do not appear to sufficiently explain the Latino paradox.

Cultural Differences between Latinos and Other Racial and Ethnic Groups

Cultural differences have been assumed to explain the Latino paradox. Cultural values and behavioral norms are thought to increase Hispanics' sense of solidarity and maximize their social capital. The two most cited in the literature are "allocentrism," a sense of identity and commitment to collectives and groups rather than autonomous individuals, and "familism," loyalty and attachment to one's nuclear family and extended family. Hispanics are characterized as focusing on intergroup and intragroup harmony, avoiding conflict and confrontation, preferring closeness in interpersonal space, maintaining traditional male/female gender-role expectations, and having a flexible time orientation that prizes the "here and now" over the future. Most of these generalized cultural values and behavioral norms are typical not only of Hispanic culture but of "traditional"

societies in general. Many of these cultural values and norms are also similar to traits associated with the "culture of poverty" thesis. The culture of poverty thesis stresses the preeminent role of culture and behavior in intergenerational poverty and the failure of economic development and modernization in many non-Western societies (for example, the inability to delay gratification or the lack of individualism and competitiveness).

Arguably, "there is no commonly agreed-upon conceptual construct for Latino culture, although cultural-sensitivity curricula have attempted to reduce it to a dozen or so characteristics applied uniformly to all Latinos everywhere" (Hayes-Bautista 2002, 232). Cultural values and norms do not adequately explain the Latino paradox. The role of risk factors may be more explanatory.

Risk Factors

Risk factors can be grouped along three dimensions: individual characteristics (the prevalence of mental illness and substance abuse); structural influences (economic position, housing markets, public housing and shelter availability, and residential segregation); and "middle range" factors (social networks and social support).

The pervasive effects of mental illness and substance abuse have long been debated in the literature on homelessness. Similarly, there is the possibility that a greater prevalence of mental illness and substance abuse within a racial or ethnic group relative to others might be reflected in higher rates of homelessness. The evidence does not indicate that mental illness and substance abuse explain the Latino homelessness paradox. In fact, it tends to suggest that in comparison to non-Hispanic whites, Latinos and non-Hispanic blacks are quite similar in their epidemiological patterns of mental illness and drug abuse.

For the most part, Hispanics and non-Hispanic blacks do not differ enough in terms of their economic position to explain the paradox. Each group has high rates of unemployment and poverty. Compared to non-Hispanic whites, African-Americans and Latinos are both more likely to experience

numerous episodes of homelessness and to be homeless with children. These similarities underscore the economic vulnerability of both groups.

There are differences in the area of housing that may contribute to the differential outcomes between Latinos and non-Hispanic blacks. Hispanics are more likely than non-Hispanic whites to inhabit physically substandard housing and to live in areas that have been most affected by overall population loss, disinvestments, and recurring issues of abandonment and blight. This is even more likely for non-Hispanic blacks. Non-Hispanic blacks rely on federal government housing supports more than Hispanics, but these supports have dwindled since the 1980s. Although rates of residential segregation for Latinos are the fastest growing of any group, non-Hispanic blacks still have the highest rates and tend to suffer the greatest amount of housing discrimination.

Differences in Social Networks between Latinos and Other Racial and Ethnic Groups

Differences in the structure of social networks (size, density, and diversity) and content of social support (emotional aid, and exchange of guidance, information, personal services, and material assistance) between Hispanics and other groups may explain the paradox. Compared to non-Hispanic whites, social networks among both African-Americans and Latinos are smaller, more kin-based, denser, and less diverse. There is some evidence, especially higher rates of overcrowding in housing units, that Hispanics use a wider range of housing arrangements within their networks than non-Hispanic blacks. Diverse housing arrangements (young adults living with parents, unrelated adults or multiple families within the same household, and older parents living with adult children) may lessen the reliance on shelters and increase avoidance of the street.

These differences between non-Hispanic blacks and Latinos in the use of social networks may be the result of their history and incorporation into the U.S. political and economic system. Non-Hispanic blacks have a longer history of involvement with civil rights-era social programming and the provision of govern-

ment services. As a result, these services may have enriched existing network resources. Lax enforcement of civil rights policies and the ongoing disinvestment in government service provision have depleted these resources within the social networks of non-Hispanic blacks. The variety of housing arrangements currently deployed by Latinos also operated among poor, urban non-Hispanic blacks to a greater extent in the past, but have been eroded by changes in public and social policy. Social networks among non-Hispanic blacks still play a vital role in coping with poverty and forestalling homelessness. Non-Hispanic blacks and Hispanics have a longer time gap between their last steady job and the onset of a current spell of homelessness than do non-Hispanic whites. This suggests a greater ability to avoid homelessness in periods of financial distress. The use of social supports plays a crucial part in this process.

Latino families and communities include immigrant members. Latino social networks differ from most racial and ethnic groups other than Asian-Americans because of their inclusion of immigrant ties. Immigration affects the majority of Hispanics' social networks. Immigrant social networks are well-developed sources of social support: "At both ends of the migration channel, kinfolk and hometown friends can greatly minimize those risks by providing loans, safe havens, and information" (Suro 1998, 34). Immigrant families and communities operate as income, resource, and information-pooling units that "raise capital, vouchsafe the investment's legitimacy, and, when it produces a profit . . . dividends in the form of remittances [are] sent home by the migrant" (Suro 1998, 34). The circulation of people and remittances makes Latino social networks transnational in scope.

Immigrant social networks make barrios (neighborhoods, or groups of neighborhoods, in which Latinos are the predominant population) important zones for newcomers and distinct from communities that are primarily native-born. Latinos demonstrate a high level of geographic mobility. Hispanics tend to "move constantly within a metropolitan area to take advantage of housing and work opportunities, and they constantly move back and forth to their home countries" (Suro 1998, 121). Under these conditions, place, family, and housing are highly unstable.

Mobility in the Hispanic community is facilitated and cushioned within the barrio. Immigrant social networks and social support make new labor and housing markets more manageable.

Latino Paradox or Latino Norm?

Race, language, immigration, and social networks make Latinos substantially different from other racial and ethnic groups. The appearance of paradoxical outcomes should not be surprising. The extent of these substantive differences calls into question the usefulness of the paradox metaphor. It may be more productive to shift the emphasis from the contradictory nature of the Hispanic profile relative to other racial and ethnic groups, to understanding the basis for baseline patterns of well-being among Latinos. This shift could generate data on the nature of Latino well-being and provide a conceptual model of Hispanic risk factors, facilitating the development of interventions and services, educational and training curricula, and policy models that better serve the needs of the Latino communities.

Hispanic health outcomes demonstrate the need for Latino-based norms and models. Generic categorizations do not sufficiently explain these outcomes. Notable exceptions to the epidemiological paradox underscore these limits. Hispanics are more likely to report being in fair or poor health than non-Hispanic whites of the same age group. Despite the lower age-adjusted death rates for a wide variety of illnesses compared to non-Hispanic whites, Latino death rates are higher for diabetes, HIV/AIDS, homicide and legal intervention, and chronic liver disease and cirrhosis. Some studies have found that Latino immigrants are at higher risk for tuberculosis and other infectious diseases and that they may engage in more health risk behaviors than non-Hispanic whites resulting in illnesses such as sexually transmitted diseases. This is particularly the case among Hispanic migrant workers. Migrant workers typically live and work in substandard, unsanitary, and transient conditions. Generally, compared to non-Hispanic whites, Latinos are more likely to experience hazardous social and physical environments in residence and work. The basic work of documenting

Latino norms needs to occur and, once these are established, variations from these norms and the risk factors that cause them can be identified.

Acculturation

Many of the exceptions to the Latino epidemiological paradox are associated with the phenomenon of acculturation. Acculturation is the level of cultural assimilation or incorporation of an individual to a foreign or receiving society. The pattern exhibited in the paradox is most applicable to Hispanic immigrants, in particular those from Mexico, Central America, and South America. The pattern breaks down the longer immigrants reside in the United States. This suggests that as Latino immigrants become acculturated, protective factors dissipate. The behaviors and social networks associated with the traditional culture of their homeland are eventually adapted to, or replaced by, the behavioral norms of the host society (for example, diets change, and family ties may become less binding).

THE FUTURE

The experience of non-Hispanic blacks and their utilization of social networks and resources could provide a glimpse of the future of homelessness among Hispanics. Perhaps the Puerto Rican experience provides the most important clues to predicting the direction of Latino homelessness in the United States. When compared to other Latino groups, non-Hispanic whites, and Asian-Americans, Puerto Ricans generally rank lowest on such indicators as per capita and household income, unemployment and poverty rates, receipt of public assistance, labor force participation, educational achievement, and rates of home ownership. Puerto Ricans are the exception the Latino epidemiological paradox. The overall profile of Puerto Rican economic and social well-being closely resembles that of African-Americans and Native Americans.

Unlike other Latino national-origin groups, Puerto Ricans, even those who are island-born, are citizens of the United States. Puerto Rico maintains a separate language and distinct traditions from the

United States, yet it is one of the most Americanized countries in the Caribbean and Latin America. Because of citizenship status, geographic proximity, and familiarity with U.S. culture, the acculturation experience for Puerto Ricans is very different from that of most other immigrant populations. The currents of acculturation are strong within Puerto Rican culture. It is conceivable that at one time the deployments of social supports that are now characteristic of Hispanic groups that exhibit the paradox also operated to a greater degree among Puerto Ricans but were eroded by the forces of acculturation. In the wake of acculturation, the cultural strengths and social supports that appear to play a critical role in explaining the underrepresentation of Hispanics among the homeless population may be fundamentally altered. In the process, the paradox of Latino homelessness might fully unravel.

—Gregory Acevedo

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LEGAL ADVOCACY

Legal advocacy has been an integral part of efforts to prevent and alleviate homelessness in the United States. Legal advocacy has included legal aid (legal aid provided to the poor) to prevent homelessness, secure shelter and services, protect civil rights, and preserve and expand access to permanent housing. Legal advocacy has involved legal assistance for individuals as well as groups of similarly situated clients and community-based organizations; legal representation in judicial and administrative proceedings; and representation of clients before legislative bodies, administrative agencies, and the media.

Across the country, legal advocacy has been led by lawyers and legal staff representing local Coalition for the Homeless organizations and other advocacy groups, legal aid and legal services staffs, and the staffs of civil liberties and social justice advocacy organizations, with additional support from law school clinics and private law firm lawyers and paralegals working pro bono.

Beginning with the rise in homelessness in the 1970s, legal advocates in key urban areas—including New York, Boston, Los Angeles and other parts of California, New Jersey, Chicago, Florida, and Washington, D.C.—have been leaders in providing legal services to fight homelessness. Indeed, resourceful and creative strategies have been employed throughout the country by legal organizations and community advocates working together to stem the rising tide of homelessness and the resulting harm to homeless clients. Although by no means the only example of the kind of comprehensive legal

services that can address homelessness, the Legal Aid Society in New York City illustrates the key role that legal advocacy can play in the fight to end homelessness.

THE LEGAL AID SOCIETY'S ADVOCACY IN NEW YORK

Founded in 1876, the Legal Aid Society is the oldest and largest law firm for low-income people. With offices in all five boroughs of New York City and with a combination of federal, state, local, and private funding, the society provides legal assistance in 300,000 cases each year involving civil, criminal, and juvenile rights problems. Even before the rise in homelessness more than two decades ago, in some sense the work of the Legal Aid Society—like that of other legal services programs—has always been focused on preventing homelessness by preserving access to housing, stopping evictions, securing income support and services, and enforcing civil rights. During the past two decades, the Legal Aid Society's Homeless Rights Project, its representation of the Coalition for the Homeless as retained counsel, and the Legal Aid Society's landmark affirmative litigation and innovative homelessness prevention work in neighborhood-based offices have exemplified what legal advocates across the country can do to address homelessness.

Several examples of legal advocacy to prevent homelessness illustrate what can be accomplished for clients.

The gap between income and rent costs is a primary factor in homelessness in this country. The minimum wage of \$5.15 per hour, for example, is insufficient to cover housing costs (National Low Income Housing Coalition 2003). This gap is of particular concern as national and local "welfare reform" efforts have focused on moving people from "welfare to work," but low-wage employment income is inadequate to meet housing costs and avert homelessness. Study after study, however, has found that education and training provide access to higher-wage employment, which in turn provides increased ability to pay high housing costs. Litigation enforcing state "welfare reform" statutes to ensure access to

such education and training brought by the Legal Aid Society and other legal advocates is therefore a key component of efforts to prevent homelessness (*Davila v. Turner* 1998; *Davila v. Turner* 1999).

Likewise, for people who must rely on public assistance, state welfare allowances to pay monthly rent bills are far below rent costs. In New York City, for example, the state welfare shelter allowance is less than half of what the U.S. Department of Housing and Urban Development has calculated private market rents to be. Litigation on behalf of clients faced with evictions and homelessness to enforce state statutes requiring that the public assistance shelter allowance be adequate to enable families to raise their children in homes is a critical element of efforts to end family homelessness (*Jiggetts v. Grinker* 1990; *Jiggetts v. Dowling* 1999).

Lack of legal representation in Housing Court eviction cases is another cause of rising homelessness. Although people have a judicially recognized right to counsel in cases in which they are accused of crimes, people have no judicially recognized right to counsel in civil cases in which the loss of housing and homelessness are at stake. In New York City, approximately 90 percent of tenants are unrepresented in Housing Court eviction cases, and more than 90 percent of landlords are represented. Not surprisingly, unrepresented tenants typically lose their eviction cases, whereas represented tenants are able to retain their housing. As part of relief in the Legal Aid Society's litigation on behalf of homeless families (*McCain v. Dinkins* 1994), New York City has implemented homelessness prevention legal services programs through which legal services organizations in



Privacy Rights versus Homeless Surveillance

The following privacy alert—released by the Electronic Privacy Information Center (EPIC) in October 2003—questions the Department of Housing and Urban Development's Homeless Information Management Systems (HMIS):

Eight civil liberties groups joined EPIC in opposing the Department of Housing and Urban Development's implementation of Homeless Information Management Systems (HMIS). HMIS are programs intended to track recipients of benefits in order to assess the number of persons receiving care, and to improve efficiency of services to the poor. While well intentioned, proposed mandatory guidelines for HMIS issued by the Department are highly privacy-invasive.

The proposed guidelines create information collection requirements that could be aggregated into a national homeless tracking system. Homeless shelters and other care providers would have to collect full legal names, dates of birth, Social Security Numbers, ethnicity and race, gender, veteran status, and the person's residence prior to program entry. In some cases, even more sensitive information would be collected, including disabilities, health status, pregnancy status, HIV status, behavioral health status, education, employment, and whether they have experienced domestic violence.

The groups argued that law enforcement, Secret Service, and national security access to the data was too broad. Police would be able to obtain access to this sensitive data without a warrant, and the Secret Service and agents of national security agencies could simply request access to the database without a requirement of any judicial oversight. Additionally, the aggregation of personal information raises risks that the homeless or disadvantaged could be located and subjected to politically motivated purges or forced removal.

The groups urged the agency to rewrite its HMIS guidelines in favor of a system where the homeless are enumerated through representative sampling or a "point in time" snapshot. Such alternative approaches are less expensive and require no collection of personally identifiable information. The groups also urged the agency to limit law enforcement, Secret Service, and national security access to personal information. Finally, the groups recommended a series of changes that would establish a framework of technical and procedural protections for individuals' data.

Source: Epic Alert. Retrieved October 10, 2003, from <http://www.epic.org/privacy/poverty>

New York City are paid to provide counsel to a specified number of tenants in Housing Court each year. The funding is the same emergency assistance funding stream that would otherwise be used to pay for shelter for families who are evicted from their homes. Through this program, the neighborhood offices of the Legal Aid Society have prevented more than 30,000 evictions during the past twelve years. When the program began, a state study had found

that eviction prevention legal services programs such as this save at least \$4 in averted shelter costs for every \$1 of program cost. The U.S. Congress has also recognized the key role of innovative homelessness prevention programs that the Legal Aid Society and other legal advocacy groups have developed (Committee on Banking, Housing, and Urban Affairs, U.S. Senate 1990).

RIGHT TO SHELTER

More than twenty years ago, uncontested court testimony established that lack of shelter from the elements resulted in deaths from exposure on the streets of New York City and the loss of limbs due to hypothermia (*Callahan v. Carey* 1979). Likewise, a New York appellate court found that lack of shelter had caused homeless children and their families to sleep in public spaces in the city (*McCain v. Koch* 1986, 1987). Legal advocacy by the Coalition for the Homeless and the Legal Aid Society has been aimed at stopping this harm and securing protection from the elements for homeless people.

The first case nationally to obtain a right to shelter to secure protection from the elements for homeless people was *Callahan v. Carey*, which was filed on behalf of homeless men who sought to enforce legal obligations in the New York State Constitution and statutes requiring the provision of care to the needy. In the landmark *Callahan* consent decree (a judicial decree that sanctions a voluntary agreement between parties in a dispute) in 1981, the city agreed to provide shelter from the elements that complies with basic standards of habitability to homeless persons who meet the financial need standard for public assistance or who are “homeless by reason of physical, mental, or social dysfunction” (*Callahan v. Carey* 1979). The decree was negotiated for the Coalition for the Homeless by Robert Hayes, a private lawyer who had brought the litigation of counsel to the Legal Aid Society’s pro bono program. Separate litigation had to be brought to extend the right to receive lawful shelter as protection from the elements to homeless women (*Eldredge v. Carey* 1983). Through a retainer arrangement with the Coalition for the Homeless, which funds staff at the

Legal Aid Society’s Homeless Right Project, Legal Aid now serves as counsel to the Coalition for the Homeless for homeless men and homeless women.

Even after a right to shelter from the elements had been established for homeless men and women, litigation was still necessary to secure shelter for homeless children and their families. As a result of the Legal Aid Society’s *McCain* litigation on behalf of families with children, court orders require the provision of shelter from the elements, the provision of shelter that meets basic standards of habitability, and the provision of essential services for homeless families, including permanent housing relocation services (*McCain v. Koch* 1986, 1987; *McCain v. Dinkins* 1994; *McCain v. Giuliani* 1997).

Extensive legal advocacy has frequently been necessary to secure critical services. Several examples illustrate the kind of legal advocacy that can significantly help homeless people.

Lack of public benefits leaves homeless people without the ability to meet basic needs and secure permanent housing or services. Litigation to secure access to public benefits can address this critical need (*Thrower v. Perale* 1987).

Access to medically appropriate shelter and services is also essential. For example, litigation by the Legal Aid Society on behalf of families with pregnant women, newborn babies, or medically frail children or adults has been required to secure such access (*Slade v. Koch* 1987).

The prevalence of asthma among homeless children in New York City has been even higher than that in neighborhoods with high numbers of children with asthma. Litigation by a coalition of legal advocates, including the Legal Aid Society, to enforce provisions of the federal Medicaid law requiring the early and periodic screening, diagnosis, and treatment of children has resulted in greater access to medical care for homeless children with asthma (*Dajour B. v. City of New York* 2001).

ADEQUATE ASSISTANCE AND SERVICES

Lead paint poisoning is still a significant health problem for children. Eliminating lead paint hazards in shelter facilities is therefore critical to protecting

the health of children. The Legal Aid Society's litigation preventing placement of homeless children and their families in emergency housing with both lead paint and asbestos hazards (and requiring abatement of these conditions through a consent decree) is representative of this kind of legal advocacy (*Barnes v. Koch* 1987).

Maintaining the ability to attend school is also essential for homeless children. Litigation by Legal Aid on behalf of homeless children to obtain school transportation allowances has been necessary to enable homeless children to continue their education (*Fulton v. Krauskopf* 1986).

Securing access to permanent housing is clearly a crucial component of effective advocacy to alleviate homelessness. Judicial relief requiring the provision of permanent housing has been granted in the Legal Aid litigation on behalf of homeless children and their families as a remedy for governmental failures to provide sufficient temporary housing. Specifically, relief ordered in contempt proceedings requires the city to substitute permanent housing for shortfalls in temporary housing and to provide a sufficient amount of temporary and permanent housing (*McCain v. Dinkins* 1994). However, low-income people of color, including homeless New Yorkers, frequently encounter racial discrimination as a barrier to permanent housing. Legal assistance is an essential tool to stop such discrimination. For example, the Legal Aid Society litigated federal Fair Housing Act claims to end racial discrimination in the New York City Housing Authority's application process, which had resulted in unlawful apartment assignments based on race and segregated housing projects in certain parts of the city (*Davis v. New York City Housing Authority* 2002).

Legal advocacy can stop the breakup of families and the placement or retention of children in foster care because of lack of housing. For example, litigation on behalf of families whose children were languishing in foster care or were under threat of placement in foster care because of their families' lack of housing resulted in a court ruling finding it unlawful for a local social services district to place or retain children in foster care because of lack of housing. In contrast, a local social services district is

legally obligated to provide temporary housing and permanent housing rent subsidies (*Cosentino v. Perales* 1989).

Studies have shown that domestic violence is a major cause of homelessness. Advocacy by Legal Aid on behalf of survivors of domestic violence has resulted in court orders directing the local social services district to refrain from denying shelter eligibility to families who would otherwise have no choice but to return to unsafe housing from which they had fled because of domestic violence (*McCain v. Giuliani* 1997, 1998, 1999, 2001).

Legal Aid Society representation of survivors of domestic violence before the New York City Council has also resulted in a local law prohibiting the denial of shelter to domestic violence survivors because of the lack of a police report or an order of protection or because the violence was perpetrated by someone other than an intimate partner (New York City Administrative Code §21-130).

CIVIL RIGHTS

Lack of a home frequently results in homeless people spending time in public spaces even when they have shelter placements. In many instances, local government attempts to portray non-criminal conduct such as sitting on a bench in an area open to the public as criminal when it involves a homeless person, whereas the same conduct by a non-homeless person would not normally result in a criminal sanction. Criminal penalties meted out in this way can act as a barrier to employment and housing when criminal background checks are conducted.

Legal advocacy can stop the most flagrant government conduct of this nature. For instance, on behalf of clients who had been arrested in the public areas of a train station pursuant to a loitering statute, the Legal Aid Society obtained a ruling that the statutory requirement that a person give a "satisfactory explanation of presence" in order to avoid arrest was unconstitutionally vague (*People v. Bright* 1988).

The Legal Aid Society's representation of homeless people before the New York City Council has also resulted in local laws prohibiting the use of barracks-style shelters for families, requiring that

new shelter units be readily convertible to permanent housing and that any commercial hotel facilities used as emergency housing for families meet basic standards, including providing self-contained living units with bathroom facilities and cooking facilities (New York City Administrative Code §§21–124, 21–309).

Some of these provisions codified earlier court orders, and subsequent court proceedings enforced these provisions of the administrative code (*McCain v. Dinkins* 1990; *McCain v. Bloomberg* 2002).

In the end, the essential ingredient for all of these successful advocacy efforts has been the Legal Aid Society's representation of thousands of clients whose cases revealed systemic problems requiring legal advocacy.

—*Steven Banks*

See also American Bar Association Commission on Homelessness and Poverty; Homeless Court Program; National Coalition for the Homeless

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LEGISLATION, PROGRAMS, AND POLICIES, U.S. FEDERAL

A range of federal programs is available to help homeless people. Some programs are targeted specifically to those who are homeless (labeled below as “homeless-specific”), while others are available to a broader group of low-income people, including those who are homeless (labeled as “mainstream”). This entry surveys the most important federal programs for homeless people: what the programs do, their size, and key issues and proposals for change. It covers programs that can provide housing for people who are homeless and those that are designed to lead to better incomes and access to supportive services for homeless people.

Homelessness policy can be divided into the three general functions that it serves: (a) managing the homelessness problem by taking care of people while they are homeless, (b) assisting people who are homeless to move back into housing, and (c) preventing people from becoming homeless in the first place. Existing federal programs and policies treat those three functions in declining order of importance. Federal programs concentrate on managing the problem and meeting the basic needs of people who remain homeless. There is, particularly recently, some focus of moving homeless people into perma-

ment housing. There is little in the way of resources or incentives in federal policy specifically aimed at preventing homelessness.

To make progress toward ending homelessness, a much stronger focus on prevention is necessary, along with continued progress on rehousing people who are already homeless. The last part of this entry briefly examines proposals to meet those goals.

FEDERAL HOUSING PROGRAMS

Lack of housing is the common denominator for all homeless people, and it is the key to the prevention of homelessness. A number of federal programs address housing for low-income people, providing either funding for capital expenses such as construction and rehabilitation, or rent subsidies to cover ongoing costs of operating housing, such as maintenance, utilities, and security. What follows is a description of federal housing programs, all administered by the U.S. Department of Housing and Urban Development, of greatest importance to homelessness.

HUD McKinney-Vento Programs/Homeless Assistance Grants (Homeless-Specific)

The McKinney-Vento Homeless Assistance Act is the most important piece of federal legislation addressing homelessness. Originally passed in 1987, it established programs in a number of federal agencies. The four McKinney-Vento programs at the U.S. Department of Housing and Urban Development (HUD) are operated in a consolidated fashion, through what HUD terms the Homeless Assistance Grants. These grants provide over \$1 billion per year to state and local governments, housing authorities, and private nonprofit programs.

For the last several years, the first \$150 million of funding has been distributed to state and local governments by formula for the Emergency Shelter Grants program. Most of the rest is distributed through the “Continuum of Care” process. Under this process, homelessness providers in each community work together to describe their services, identify their needs, and rank the projects that they

want funded. HUD provides funding based on the quality of the application, the need for homeless services, and the local rankings of individual programs. Funding can be used for permanent and supportive housing, transitional housing, and services. This process covers grants through the Supportive Housing Program, Shelter Plus Care, and the Section 8 Moderate Rehabilitation Single-Room Occupancy program.

For the last five years, Congress has required that 30 percent of all funding be used for permanent housing for homeless persons with disabilities. In addition, since the year 2000 Congress has provided specified funding to renew expiring Shelter Plus Care permanent housing grants. These measures express Congress’s support for permanent supportive housing, a program model of subsidized housing combined with treatment and support services that has proven cost-effective in ending homelessness for people with chronic disabilities who have been homeless for long periods of time.

Housing Opportunities for Persons with AIDS (HOPWA) (Mainstream)

Several studies confirm that stable housing is one of the greatest needs of persons living with HIV/AIDS. Without stable housing, they cannot access the complex treatment and care vital to survival. The Housing Opportunities for Persons with AIDS (HOPWA) Program, administered by the Office of HIV/AIDS Housing at HUD, provides funding to eligible jurisdictions across the country to address the compelling housing needs of persons living with HIV/AIDS and their families. In fiscal year (FY) 2003, Congress appropriated \$292 million for HOPWA.

Section 8 Housing Certificate Fund and Public Housing (Mainstream)

The Section 8 program pays rent for low-income households, primarily through vouchers. In a voucher system, a household pays 30 percent of its income for housing with the government paying the difference between that amount and the actual rent. Vouchers are primarily *tenant-based*, meaning that

tenants receive vouchers and find housing on the private market that meets quality standards, does not cost more than the fair market rent, and is owned by a landlord who is willing to accept vouchers. There are over 2 million vouchers in use nationally.

Residents of public housing also pay 30 percent of their income for rent, but the units are owned and operated by local housing authorities. In 1999, the average wait for public housing was eleven months. In large cities, the wait is typically much longer, and some cities have closed their waiting lists.

The need for public and assisted housing is great. There are approximately 5 million households with worst-case housing needs. That means they receive no HUD assistance, have low incomes, and either pay more than half their income for rent or live in severely substandard housing. These households are at extreme risk of losing their housing and need affordable housing or rental assistance to reduce their risk of homelessness. The Section 8 and Public Housing programs currently combine to serve about 4.5 million households—less than half the need.

Community Development Block Grants and HOME Investment Partnerships (Mainstream)

There are several programs that support the production of affordable housing. Two of the largest are the Community Development Block Grant (CDBG) and HOME Investment Partnership, two block grant programs operated by HUD.

CDBG is a formula allocation to cities, counties, and states that can be used in a variety of ways to meet locally determined housing and community development priorities, including housing. However, most CDBG funding is used for activities other than housing, for example, economic development and public infrastructure. Current funding is \$4.4 billion annually.

The HOME Investment Partnerships program is a block grant to states and cities for the sole purpose of increasing the amount of affordable housing. Communities can use the funds for housing construction, rehabilitation, and rental assistance. Roughly 40 percent of units are affordable to house-

holds with extremely low incomes (up to 30 percent of area median income). Current funding is \$2 billion annually.

Section 202 Supportive Housing for the Elderly/Section 811 Supportive Housing for Persons With Disabilities

More than 7.4 million elderly households pay more than they can afford for housing. This includes 1.5 million very-low-income elderly people who pay more than half of their income in rent or live in substandard situations. Section 202 funds the construction, rehabilitation, and operation of housing for the elderly. Current funding is \$783 million annually. Senior advocates estimate that nine seniors are on a waiting list for each Section 202 unit available.

People with disabilities are overrepresented among the homeless population. The need for housing for persons with disabilities has increased over the last several years. HUD's Section 811 program provides housing resources for people with disabilities. Current funding is \$251 million annually.

SERVICES AND INCOME PROGRAMS

Of course, many homeless people need support services in order to survive and move into stable housing. In addition, they need income if they are to pay rent and become housed. The following are some existing programs to meet these needs.

Projects for Assistance in Transition from Homelessness (Homeless-Specific)

Projects for Assistance in Transition from Homelessness (PATH) allocates funds by formula to states to serve homeless people with serious mental illness. Eligible services include outreach, screening and diagnosis, habilitation and rehabilitation, community mental health services, substance abuse treatment, case management, residential supervision, and housing. The FY 1999 appropriation of \$26 million served nearly 60,000 people. The program distributed \$43 million in FY 2003.

*Grants for the Benefit of Homeless
Individuals (GBHI) (Homeless-Specific)*

The Grants for the Benefit of Homeless Individuals (GBHI) program enables the Department of Health and Human Services (HHS) to award funds to develop and expand substance abuse treatment and mental health treatment services for homeless people. Grants are awarded competitively. The program distributed \$18 million in FY 2003.

According to HHS staff, the program has been very popular. For instance, in the FY 2001 grant cycle, only seventeen of eighty-eight qualified applicants received awards. Demand for this program is high because mainstream addiction and mental health programs often do not adequately serve homeless people. These mainstream programs may lack the full range of health, housing, and support services required to adequately help homeless people, particularly those who have co-occurring mental illness and substance abuse problems. GBHI grants help mainstream programs bridge these gaps.

*Runaway and Homeless
Youth Act (Homeless-Specific)*

The Family and Youth Services Bureau, in the Department of Health and Human Services Administration for Children and Families, administers the programs created by the Runaway and Homeless Youth Act. The three programs are the Basic Center Program, the Transitional Living Program, and the Street Outreach Program.

The Basic Center Program provides financial assistance to meet the immediate needs of runaway and homeless youth and their families, including emergency shelter, reunification when possible, food, clothing, counseling, and facilitating access to health care. The Transitional Living Program supports projects that provide long-term residential services to homeless youth ages sixteen to twenty-one for up to eighteen months. The Street Outreach Program provides funds to private, nonprofit agencies to engage in outreach efforts designed to serve runaway and homeless youth and move them off the streets. Notices of funding availability for the three programs

are made annually, and the grants are competitively awarded for a three-year period. The three programs together received \$105 million in FY 2003, distributed in grants to local nonprofit providers.

*Education for Homeless Children
and Youth (Homeless-Specific)*

The Education for Homeless Children and Youth program (EHCY), operated by the Department of Education, ensures that homeless children are able to enroll, attend, and succeed in school. EHCY establishes liaisons between shelters and schools and provides funding for transportation, tutoring, and supplies. Congress appropriated \$50 million for the program in FY 2003.

*Homeless Veterans Reintegration
Program (Homeless-Specific)*

The Department of Labor operates the Homeless Veterans Reintegration Program (HVRP) to provide job placement services to homeless veterans. Congress appropriated \$18 million for HVRP in FY 2003, distributed through direct grants to local providers.

*Health Centers (Homeless-Specific
and Mainstream Components)*

The Consolidated Health Centers (CHC) program is a competitive grant program that funds health facilities in medically underserved areas. The goal of CHC is to ensure that people in high-poverty rural and urban areas, who traditionally have poor access to medical facilities, have adequate access to health care, especially primary care. The program is viewed as one of the major providers of health care for the roughly 40 million Americans who are uninsured.

The Healthcare for the Homeless (HCH) Program receives 8.6 percent of the CHC appropriation. HCH funds local clinics to provide health care and related services to homeless people. Services include primary, diagnostic, preventive, emergency medical, pharmaceutical, addiction, and mental health care. HCH also provides funding for intensive outreach,

case management, and linkage to housing, income, and transportation. Because of limited funding, the HCH program is able to serve only one-seventh of the people expected to experience homelessness in a given year.

Substance Abuse Prevention and Treatment Performance Partnership Grant (Mainstream)

The Substance Abuse Prevention and Treatment (SAPT) Performance Partnership Grant is the primary source of federal funding for substance abuse treatment and prevention for many low-income individuals, including those experiencing homelessness. Funds are distributed by the Substance Abuse and Mental Health Services Agency (SAMHSA) and are allocated to states based on a formula. Current funding is \$1,692,000 annually. States have broad discretion in how the funds are utilized. It is unclear how many homeless individuals have benefited from substance abuse services through this program.

Mental Health Performance Partnership Grant (Mainstream)

The Mental Health Performance Partnership Grant provides flexible funding to states to provide mental health services. The Substance Abuse and Mental Health Services Administration, located within the Department of Health and Human Services, distributes funds by formula. States can choose to spend the money on a variety of activities related to mental health. Current funding is \$437 million annually.

Ryan White CARE Act (Mainstream)

The Ryan White CARE Act programs address the unmet health needs of persons living with HIV disease by funding primary health care and support services. The CARE Act reaches over 500,000 individuals each year, making it the federal government's largest program specifically for people living with HIV. Ryan White programs include Emergency Assistance (\$619 million in FY 2003), Comprehen-

sive Care (\$1,053,000), and Early Intervention (\$198 million).

Battered Women's Shelters (Mainstream)

The Battered Women's Shelter program in the Department of Health and Human Services provides formula grant funding to support community-based groups operating shelters for victims of domestic violence. These shelters provide critical services to women and children fleeing violence in their own homes. Congress appropriated \$126 million in FY 2003 for this purpose.

Supplemental Security Income (Mainstream)

Supplemental Security Income (SSI) provides monthly cash payments to low-income people with severe disabilities that prevent them from working and to low-income elderly people. The program is operated by the Social Security Administration. It is considered an entitlement, which means all people meeting the eligibility requirements receive benefits.

In its FY 2003 Appropriation for the Social Security Administration, Congress included \$8 million for grants to organizations to provide outreach and application assistance for homeless people and other underserved populations.

Temporary Assistance for Needy Families (TANF) (Mainstream)

The Temporary Assistance to Needy Families (TANF) block grant program provides \$16.5 billion in federal resources to states and is used along with state "maintenance of effort" funds to provide financial assistance and work supports for low-income families with children. In addition to providing the cash assistance and supports that can help families remain housed or move out of homelessness, state and federal TANF block grant resources have been used more directly to prevent and end homelessness through short- and long-term housing subsidies, services in supportive housing for homeless families and youth transitioning from foster care, and eviction prevention.

*Workforce Investment Act
(WIA) Reauthorization (Mainstream)*

The Workforce Investment Act of 1998 (WIA) consolidated various federal programs that were designed to help low-income people access employment training and supports. The legislation required the development of Workforce Investment Boards that made decisions regarding the use of the federal resources and directed the use of “one stop centers” intended to ensure that job training was easily accessible. Local boards are encouraged under the program to prioritize services to homeless people, among other groups.

FEDERAL POLICY TO PREVENT HOMELESSNESS

Three kinds of activities fall under the rubric of homelessness prevention:

Crisis intervention. Programs identify families facing immediate risk of loss of housing and provide emergency, one-time funds, sometimes along with eviction prevention services such as landlord–tenant mediation and legal services. Both the Emergency Food and Shelter Program at FEMA and the Emergency Shelter Grants program at HUD fund this kind of activity (although it is only a small part of ESG). Homelessness advocates agree that funding for EFSP should be increased from its current level of \$153 million annually.

Discharge planning. Residential institutions can ensure that when individuals leave an institution, they are settled in housing that will be sustainable. Examples of such institutions include jails and prisons, foster care/child welfare group homes, inpatient mental health or substance abuse treatment facilities, and the military. McKinney-Vento was amended in 2000 to require that any public sector entity receiving Continuum of Care funds adopt protocols so that discharges from publicly funded institutions do not directly result in homelessness “to the maximum extent practicable and where appropriate.” While this has had some impact, most believe that it provides incentives to the wrong party, that is, the local

homeless service system rather than the institutions that are discharging people into homelessness. New resources were made available to state child welfare systems in the Chafee Foster Care Independence Program to focus on preparing young people for exit from the foster care system. The Department of Justice (DOJ) has allocated \$2 million to each state to develop programs to address prisoner reentry, and in its technical assistance activity, DOJ has involved HUD and the Interagency Council on the Homeless to include a housing focus and prevention of homelessness.

Accountability for housing stability. Large government-funded systems that care for groups of people can monitor housing stability among the groups they serve and take responsibility for improving it. Such systems can include TANF, the outpatient mental health system, the HIV/AIDS care system funded under the Ryan White CARE Act, and the Veterans Health Administration. SAMHSA has revised the method for reporting performance for two of its block grants. The Substance Abuse Prevention and Treatment Block Grant and the Mental Health Services Block Grant will now include performance measures. States will be required to set targets and report on their performance on several measures, which include housing status as a required element for mental health and a recommended element for substance abuse treatment. Technical assistance will be directed to states that are not meeting their targets. In addition, homeless veterans legislation has provided some tools for the Veterans Administration health system to prevent homelessness.

FEDERAL POLICY TO END HOMELESSNESS: FUTURE DIRECTIONS

In recent years, there have been many proposals to change policy to help end homelessness by strengthening support and encouragement for efforts to prevent homelessness; moving homeless people more quickly into housing; and generally improving housing affordability, incomes, and availability of support services for those near the bottom of the income scale. What follows is a brief summary of these ideas.

Prevention

For crisis intervention, the program tools described earlier appear to be adequately designed. Policy proposals in this area focus on expanding the amount of resources available and the level of coordination, with other programs designed to provide longer-term support once people are beyond the crisis stage.

For discharge planning, there are numerous proposals to provide incentives, along with funding, to residential systems such as prisons, foster care, and inpatient behavioral health treatment. Proposals focus on the housing needs of people leaving these systems. They have two priorities: (1) ensuring that adequate planning is done before an individual leaves the system, so that a place to live is available and that income is sufficient (whether through employment or government support) to pay the rent; and (2) expanding the range of housing options available. An example of the latter is a bill to create a tax credit to finance construction and rehabilitation of buildings to be used for residential programs for prisoners returning to their communities.

There are also proposals to improve accountability of mainstream programs for housing stability of the people they serve. The approach taken by SAMHSA, referred to earlier, could serve as a model for other block grants. Federal programs funding state and local welfare systems are prime candidates.

Rehousing

There are various proposals to use HUD and other homeless program funds as incentives to move homeless people more quickly back into housing. Most advocates agree, however, that this must be accompanied by measures to improve the availability of housing that is affordable to the lowest-income individuals. Proposals range from increasing the size of existing programs, such as Section 8 or the HOME program, to creating a new Housing Trust Fund. An important example of the latter is the National Affordable Housing Trust Fund Act of 2003 (H.R. 1102, in the 108th Congress), which would provide 1.5 million additional affordable housing units over the next ten years, using profits generated

by a foreclosure insurance fund in a federal housing program as the initial source of capital.

—*Nan Roman and Steve Berg*

See also Fair Housing Laws; Low-Income Housing; Social Welfare Policy and Income Maintenance

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▣ LIBRARIES: ISSUES IN SERVING THE HOMELESS

Libraries, especially public libraries, aim to serve the informational, educational, and recreational needs of *all* patrons. But libraries are not especially equipped for in-depth services or specialized treatment of individuals with special needs. Many of the varied needs of homeless individuals have been beyond the scope or intent of traditional library services, but that may be changing.

Library publications had little mention of homeless patrons prior to the late 1970s. Even then, such individuals were often described with euphemisms, in the context of the problems they seemed to cause (mostly hygiene-related) that brought complaints from other citizens. By the mid-1980s, several large libraries were reporting significant problems (again mostly hygiene-related) caused by patrons who seemed to have no other homes. Articles in the late 1980s often focused on policies designed to govern the behavior and hygiene of all patrons, including the homeless.

Then came a widely reported suit against a New Jersey public library (*Kreimer vs. Town of Morristown*

et al.) in 1990, brought by a homeless man who alleged discrimination. The result of this case was a dramatic change throughout the nation (beginning in the early 1990s) in how library policies were written and in the treatment of patrons believed to be homeless.

In recent years, many libraries report successful programs for the homeless, as well as mutually profitable links with other community and governmental entities. However, the number of homeless using libraries continues to rise.

WHY DO MANY HOMELESS GRAVITATE TO LIBRARIES?

Imagine having no place of your own and being unwelcome at most businesses or other private establishments. Public places may be open to you, but parks and streets may be cold or dangerous, bus and train stations noisy and chaotic, museums and art galleries expensive or lacking places to rest for long. A logical candidate for a reasonably safe, warm in winter, cool in summer, and relatively quiet place to rest for hours undisturbed is the nearest public library.

There are about 16,000 U.S. public library facilities, many of these in urban areas, often proximate to community shelters. In addition to safety, comfort, and accessibility, public libraries offer such facilities and options as these:

- *Open Access.* Generally, the homeless cannot be turned away no matter their reason for being there, so long as they don't grossly violate the rules. They typically don't need an ID to get in and can use many of the library's services with anonymity. Many libraries are open during evening hours and on weekends.
- *Comfort.* Unlike the harder, plastic chairs available at some institutions, which are designed to speed people on their way, the library typically offers comfortable chairs that encourage long-term use.
- *Sanitation.* Clean restrooms are available not only for bodily functions but also for improvised bathing or washing, shaving, and brushing teeth.
- *Communication.* With ready access to the Internet via computer and a free e-mail address (available from services such as Hotmail or Yahoo), one can

easily surf the Internet or send and receive e-mail. This can provide an erstwhile "residence" for a homeless person.

- *Companionship.* Homeless "regulars" at the same library may well strike up friendships or form a sort of para-community of acquaintances; some even "network" information about shelters, meals, and so forth.
- *Entertainment.* A library patron can pass the time all day with newspapers, magazines, books, audios, etc.

Best of all, from the point of view of homeless people, is that all these services are free. If libraries didn't close for the night, many homeless individuals would never leave except to get food. And when a downtown library does close, typically a homeless shelter is not far away.

How Extensively Do the Homeless Use Libraries?

Specific numbers are not widely reported, but library use by homeless people seems to have become a recognizable "problem" after the deinstitutionalization of the 1960s and 1970s, and it has grown constantly since then. The virtual disappearance of vagrancy laws (or their lessened enforcement) has added considerably to the numbers of individuals who are in libraries because they have nowhere else to go. As Michael Stoops, an organizer for the National Coalition for the Homeless in Washington, has said: "Libraries have become de facto day centers for the homeless" (Furtado 2002, 1A).

PROBLEMS IN SERVING THE HOMELESS

The American Library Association's views on service are characterized by an article published in its official journal, *American Libraries*. In "12 Ways Libraries Are Good for the Country" (1995, 1114), the second ideal listed is that libraries break down barriers—in particular, that libraries serve the homeless (among five other special categories of patrons).

Many homeless patrons expect no more and no less than any other citizen; they maintain behavior, appearance, and hygiene standards that meet reasonable library requirements. Such individuals may be

present in a library for many years without causing any significant problem or accommodation.

However, some homeless patrons are very demanding and seem to expect more than “regular” citizens. Many of them enter the facility with heightened defenses and manifest correspondingly offensive behavior, appearance, and hygiene—often citing laws or threatening litigation if anything is not to their satisfaction and causing serious problems in libraries.

Specific Problems

It is appropriate and important to acknowledge that the influx of homeless individuals into library facilities has caused problems in the past and present. The relationship between libraries and the homeless will continue to be problematic as long as library facilities are used for purposes not intended or for services not reasonably available, and as long as legitimate needs of the homeless are not being met by other, more appropriate agencies in those communities.

This entry discusses homeless “problems” that relate to manifestations of those who are mentally ill, the misbehavior and conditions of certain individuals, and other problems typically created in libraries.

Manifestations of Those Who Are Mentally Ill

The estimated proportion of homeless people who are mentally ill ranges from about 33 percent to 40 percent. Of all the types of homeless patrons generating problems within the library, mentally ill clients typically cause the greatest concern—generating apprehension and uncertainty about how to respond, not only among other patrons but among staff as well. It is important to remember that there are many different types of mental illness, each of which poses a different level of risk in a library setting.

Low Risk. Neurotics include people with obsessive thoughts and compulsive behaviors. They may express a good deal of anxiety and seek an outlet for that anxiety in endlessly repeating specific compulsions, such as writing and leaving odd notes all over the library. They may be annoying nuisances but are

unlikely to pose much risk to others. The same holds true for individuals who are mentally retarded, unless they become agitated (perhaps as a result of being teased or provoked). Usually just reassurance and guidance on the rules of the library are required.

Moderate Risk. Simple schizophrenics with delusional ideas or hallucinations may frighten others but generally tend to be loners and do not instigate violence. When upset, they may lose self-control and could accidentally harm themselves or others. The same is usually true of people with the lesser personality disorders, though when inebriated with alcohol or illegal drugs they have more potential for violent action in response to perceived threats, real or not. Having a backup staff person is a good idea when confronting such a case.

High Risk. Paranoid people, including paranoid schizophrenics, with their delusions of grandeur and persecution, can definitely pose a high risk. They may work other patrons or staff members into their delusional worlds as enemies whom they must attack first, fearing they themselves are under attack. Psychopaths and others with severe personality disorders may also become dangerous because they have little regard for who may be hurt in their wake and fail to respond realistically to the normal social forces that keep most people in line. A library staff member dealing with such an individual should alert library guards and/or police.

That said, it is important to realize and remember that just because an individual’s appearance or manner may *seem* threatening does not necessarily mean the person is mentally ill. Furthermore, it does not necessarily mean he or she actually *is* a threat of any kind.

Misbehavior and Conditions Associated with Homelessness

Many homeless patrons use library facilities for years without causing any particular problems or requiring any special accommodations. However, some individuals (including those who are homeless) cause problems in libraries by panhandling, intimidation (intended and unintended) of employ-

ees or other patrons, overt harassment of staff or patrons, or other aggressive words or actions.

The belongings of many homeless individuals create special problems in libraries. Large bags or boxes (and even luggage) are often hauled around the building. These take up additional space in facilities that may already be crowded; furthermore, the belongings may present their own disagreeable smells and related hygiene problems. Since most libraries do not generally inspect a patron's belongings without cause, they likewise will not typically search the belongings of homeless individuals. With today's awareness of security issues (related to bombs, terrorism, etc.), containers with unknown contents may be presumed to be potential threats. Furthermore, belongings left unattended for any significant time may cause a hurried visit from fire or security officials (and even bomb squads). Libraries in Tacoma and Seattle are among those that have passed restrictions against "bedrolls, big boxes, or bulky bags" (Cronin 2002, 46).

Intimidation and harassment are typically reported when the homeless stare at employees or patrons (sometimes for hours at a stretch) or follow employees or patrons into the stacks or throughout the facility. There have even been cases of homeless individuals "stalking" library employees. Also reported are homeless individuals dominating the time and attention of employees or patrons or otherwise posing excessive demands on their services.

There are also reports of homeless patrons engaging in arguments (with one other or with other non-homeless patrons). Some of these exchanges escalate



America's Libraries and the Homeless

The American Library Association's fact sheet "America's Libraries and the Homeless," excerpted below, details how libraries are serving homeless patrons.

Promoting equal access to information for all people, including homeless and low-income people, is the number-one priority of the American Library Association (ALA).

Many librarians play a leadership role in addressing the problem of homelessness in their communities by working in cooperation with other agencies and by providing direct services such as special reading collections in shelters for the homeless, literacy programs and information and referral services.

Examples of how libraries serve the homeless:

- A "Street Card" listing services such as food, health, shelters, winter services, legal aide, welfare and employment was created by the Baltimore (Md.) County Public Library in cooperation with the Baltimore County Coalition for the Homeless.
- The Multnomah County Public Library in Portland, Ore., and Milwaukee (Wis.) Public Library received federal grants to create reading rooms in centers for the homeless.
- The San Francisco Public Library provides library cards to the homeless as well as those with permanent addresses. The library provides extensive programming for children, including storyhours and films, at city shelters for the homeless. The Free Library of Philadelphia operates a similar program.
- The Special Services and Manhattan branch offices of The New York Public Library operate projects for the homeless in welfare hotels, motels and day-care shelters. Services include special reading collections, educational and cultural programs, parenting workshops and volunteer readers who read stories to children.
- The Cumberland County Public Library in Fayetteville, N.C., operates an information and referral service, ACCESS, recognized as the central information and referral agency for the county. Many other libraries, including the San Diego Public Libraries and Memphis/Shelby County (Tenn.) Public Library and Information Center, operate referral services that aid the homeless.
- Many libraries, including the San Francisco and Milwaukee Public Libraries, sponsor or participate in literacy programs that benefit the homeless.

Source: "America's libraries and the homeless." (n.d.) American Library Association Fact Sheet. Retrieved October 17, 2003, from <http://www.ala.org>

into actual fights, causing injuries. In 1998, one homeless man shot another, who ran inside the public library in Berkeley, California; the shooter followed and pointed his pistol at an employee before being arrested by police. The homeless shooter was a "regular" visitor to that facility.

Though apparently rare, there have even been library murders by a homeless person. In 1993, two librarians were murdered at the Sacramento Public Library by a homeless man, who was later killed by police when he aimed at them from the Central Library's rooftop.

Other Problems Related to Homeless People in Libraries

In a widely reported example in late 1984, the Ann Arbor (Michigan) Public Library instituted new policies with relatively comprehensive guidelines about various negative behaviors that would "interfere" with or "disturb" other patrons in their use of the facility. Various media accounts focused on the rules against offensive hygiene and sleeping, thereby framing the policies as crafted to exclude the homeless. The American Civil Liberties Union warned the library that such regulations could be discriminatory. Librarians from other systems expressed views on both sides of the matter: Some favored rules, others favored unrestricted access.

In mid-1987, the five-year-old central public library in Dallas made headlines with shocking statistics: From 100 to 200 homeless people were sitting or sleeping inside on moderate weather days, but often double those numbers did so in inclement weather. During its first year of operation, dozens of chairs had been ruined by stains and urine. The director was quoted as expressing concern over the rights of the homeless, but he also noted the serious problems caused by offensive smells, stains to furnishings, and related hygiene matters. Some fifteen years later, this library continued to report problems with homeless citizens using the facilities as "daily camping grounds and living quarters" ("Dallas Cracking Down on Homeless in Libraries" 2003). Similar problems with homeless in libraries were reported in many major U.S. cities during the 1980s and 1990s.

Why are these situations with homeless patrons in libraries considered problems? They significantly add to employee stress and complicate the working environment.

Dealing with the homeless daily tends to arouse negative feelings in employees, leading to high turnover or

a decline in morale. . . . Listening to complaints about the homeless, yet being unable to do anything about them, is stressful. (Shuman 1996, 13)

Also, they may have the effect of "running off" other patrons who do comport themselves properly. Furthermore, there may be fears concerning public safety, such as possible infections and/or communicable diseases resulting from contact with the stains and residue. Finally, there are sufficient examples to establish actual or potential danger. However, it is important not to assume that a person is homeless simply because he or she is disheveled or carries many belongings. Conversely, a person may still be homeless even if he or she does not "look" that way. Appearances are often not the determining factor.

PROGRAMS AND APPROACHES FOR HELPING THE HOMELESS

"Promoting equal access to information for all people, including homeless and low-income people, is the number-one priority of the American Library Association (ALA)," according to the ALA's fact sheet "America's Libraries and the Homeless." The ALA's strongly stated position suggests that librarians work in cooperation with other agencies "and by providing direct services."

Referrals and Other Traditional Library Services

Assistance to any client group must logically be balanced by available resources, but most libraries already have services of particular benefit to the homeless. These services include special reading collections in shelters (e.g., in Tulsa City-County Library System in 1987 and by Portland's Multnomah County Public Library in 1988) and permitting homeless people to obtain library cards. In 1994, the Denver Central Library was registering homeless patrons by issuing borrower's cards if it could "confirm a shelter or even a temporary motel address." In 2002, the Los Angeles Public Library held a pilot program aimed at helping homeless children to familiarize them with available library services.

Some libraries provide traditional listening sta-

tions; others have videos available for viewing on the facilities' VCRs. DVDs and players are also accessible in some libraries.

Helpful services for the homeless include job placement information and referral, literacy assistance, and GED preparation and English as a Second Language (ESL) resources. Referrals to available community agencies can be valuable, especially information on the locations (and hours) of meals, showers, cots, and so on. It is important to update this information periodically, including any special requirements the agencies have for eligibility or access. In addition to referrals to services, some librarians have provided more specific assistance, including actual facilitation, transportation, or other direct help.

Computers and Internet Access

According to Urban Library Council estimates, about 90 percent of all U.S. urban libraries offer Internet access to the public.

In these libraries is where the homeless are most often tapping into the Internet. . . . [This] has increased the popularity of the library as a refuge for the homeless. So the issue of the homeless accessing the Internet is inextricably tied to the larger issue of the homeless' use of the public library. (Montz 1996, para. 1)

Availability of computers—particularly for Internet access—has added a significant dimension to the services libraries offer to homeless patrons. In 1998, the Gates Library Foundation launched a \$400 million commitment to provide computers to public libraries all over the nation. Billed as “the largest gift to U.S. public libraries since that of Andrew Carnegie,” (Gordon et al. 2003, 44), as of 2004 the Gates program had brought computer systems into the majority of U.S. public libraries—donating a total of 40,000 computers since 1997 to some 10,000 facilities. The Gates program has focused on the needs of the disadvantaged, the “have-nots,” and the impoverished. Even if the homeless are not named specifically, they certainly may be described in some of those groupings.

One notable homeless man named Kevin Michael Barbieux launched his own website, TheHomeless

Guy.net, which he reportedly started operating from the downtown Nashville Public Library in 2002. The site includes Barbieux's own “blog” (a web log or diary) and links to useful or interesting sites (including blogs written by other homeless people). Most libraries with technology centers (special areas for computers) also provide instruction and training classes for the public, including interested homeless patrons. Among popular recent Internet features are online games, instant messaging, chat rooms, blogs, online music, and even streaming video clips.

LIBRARY POLICIES

Undoubtedly the most significant legal case affecting U.S. library access policy is *Kreimer vs. Town of Morristown et al.* (1992).

Legal Issues and the Kreimer Case

Responding to complaints about homeless patrons in 1989, the Joint Free Library of Morristown, New Jersey, adopted policies specifying standards of behavior, dress, and hygiene. One of the alleged offenders, Richard Kreimer, was subsequently barred. The ACLU intervened on his behalf; the library's policies were modified, and Kreimer was readmitted. The library believed he still violated their rules, and Kreimer filed suit in 1990. Kreimer alleged the library's new policy discriminated against the homeless; in turn, the library alleged Kreimer's behavior and hygiene were too offensive.

In 1991, a U.S. District Court judge ruled the library had violated Kreimer's rights, in part because their policies were “unacceptably vague and overbroad.” This ruling split the library profession: Part of the national association sided with Kreimer, even to the point of filing an amicus brief; the New Jersey state library association filed a brief supporting Morristown. Kreimer was interviewed on network television, and his story ran in prominent national publications.

The library appealed, and the court judgment for the plaintiff was overturned in 1992, when the appeals court ruled that the library's rules were constitutional. (However, the library's insurance carrier

had already settled with Kreimer in the amount of \$80,000. Among the issues raised by the Kreimer case were (1) access itself (as a First Amendment right); (2) possible discrimination against a defined group of people; and (3) whether employees might vary quality of services based on perceptions of the client's status.

Stuart Comstock-Gay, then executive director of the Maryland ACLU in Baltimore, reviewed the Kreimer case a couple of years later and offered the following conclusions (Comstock-Gay 1995, 33–35):

- Libraries “can and should” enact a code of conduct. The criteria are “conduct, or behavior, not appearance or speech.” Libraries must let everyone know “what behavior is acceptable in your library and what behavior is unacceptable.”
- Conduct rules “must be applied in a nondiscriminatory way.”
- Objective “due process standards must be met in applying the conduct rules.” Interpretations, where necessary, should be “based on what a reasonable person would consider” to be a violation.
- Any library limit on patrons’ “right to receive information is on dangerous ground.” Any rules “must meet important objectives of the library and must leave open alternative channels for receiving the library’s information.”
- Most anti-loitering laws “have been struck down across the country because they are unconstitutionally vague.”
- Although the court “upheld rules banning odorous patrons . . . [libraries must] pass such rules carefully and apply them fairly.”
- The emphasis in these rules is “conduct . . . protecting the patrons’ right of access to information.”
- The library rules should be “clearly posted or readily available in handouts.”

Community Resources

Besides human resources, the library has facilities (space), furnishings, equipment, and materials of many types and formats. The extent (or limit) of these resources may affect the kinds of services a given library provides. But all services provided should be available to all patrons who abide by the policies.

The media may play a significant role in shaping public expectations. The image of the homeless is often characterized in extremes: either as aggressor (or even criminal)—suggesting stricter treatment, or given “victim” status—suggesting more library tolerance. Local governmental entities (city council, county commission, etc.) may have an impact on library policies, especially if the plight of the homeless becomes a campaign political issue or an administration’s focus.

Other community factors come into play as well. For example, what is the local police department’s approach to the homeless? Are they arrested for trespassing . . . or are they transported to shelters? How do library board trustees feel homeless patrons should be treated? As tax-supported entities, the library’s policies should reflect the community’s commitment to service and its compassion for those typically underserved; policies must also address legitimate complaints of employees and other patrons.

LIBRARY DILEMMA

Not all librarians (or citizens) agree about the proper roles for libraries in helping the homeless who enter their facilities. As librarian Jane Montz has said,

Libraries must balance the rights of each individual to equal access with the right of the public to a library which is free to carry out its primary mission. Today’s urban library must continually balance the rights of the homeless to equal access against the rights of the other patrons who object to the drain on library resources created when the homeless take up residence in the library. (Montz 1996, para. 3).

To help librarians take up this challenge, the ALA has several entities that focus on needs of the homeless. These include the Hunger, Homelessness, and Poverty Task Force of the Social Responsibilities Round Table, and the Subcommittee on Library Services to Poor and Homeless People of the Office for Literacy and Outreach Services, among others.

In 1989, one library (in Haverhill, Massachusetts) had widely reported plans for a special homeless room as part of its projected \$5.7 million construc-

tion project. While this is occasionally still cited as fact, the room itself was not included in the Library's project—completed in 1997—for funding reasons (among other considerations).

What would result from further library involvement, such as the creation of a “homeless room”? Would more “direct” library involvement lessen the problems caused (in libraries) by some homeless? Or would it merely place greater demands on the staff and dilute the library's purpose (and resources)?

What may libraries reasonably expect of the homeless? No more and no less than other patrons. Homeless individuals should obey library policies and follow standard procedures; they should exhibit civil and sane behavior with employees and other patrons; their hygiene must meet certain reasonable requirements for the health and safety of employees and other patrons.

RECOMMENDATIONS FOR THE FUTURE

Libraries must avoid extremes in their policy, enforcement, services, and treatment of homeless patrons. Libraries must not have discriminatory policies that focus on appearance or perceived attitudes of patrons; must not invoke excessive restrictions on practices of homeless; must not strictly enforce regulations (even those that are reasonable) against homeless, while ignoring similar conditions among other patrons. Conversely, libraries must not ignore the effects of improper behavior or hygiene by the homeless, when it creates an unsatisfactory environment for the safety and comfort of other patrons. Libraries must not allow any “group” of patrons (including the homeless) to seem to “take over” the facility or run roughshod over employees. Libraries should not allow a situation to develop where most “other” patrons cease their use of the facility because of a clientele that seems prevalent.

The best route is for libraries to have reasonable, clear, specific, legal policies in place (for patron behavior, conduct, apparel, hygiene, belongings, etc.); apply these policies fairly, to all patrons, regardless of their perceived status; and equip employees with information and training necessary to ensure reasonable consistency of treatment for all

patrons. Furthermore, libraries would be wise to establish (or reinforce) contact with appropriate community service agencies that could provide direct services to the homeless and try to get representatives of those agencies to visit the library periodically to distribute information about their services and even to make contact with library patrons known to be homeless.

—Jeffrey L. Salter and Charles A. Salter

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specified times of transition. For the duration of passage, such people are "betwixt and between," suspended between the old roles they leave behind and the yet-to-be-shouldered demands of a new identity. Occupying no fixed position, they are considered dangerous, and special precautions are taken to segregate them from ordinary social life. Deputized guides are provided to expedite the transition process and serve as mentors.

THE EXPERIENCE OF LIMINALITY

In traditional societies, initiation rites exemplify ceremonies of liminality. But many cultures make similar provisions for other critical transition periods, such as entering marriage, assuming leadership, taking religious vows, apprenticing in a profession. Even in their modern embodiments, a number of distinctive features are apparent. Such passages are usually undertaken in secret or ritually segregated settings, entail taxing ordeals, and are supervised by expert guides. During this time, the usual social markers of distinction are erased — a "leveling" process that, along with the experience of shared suffering, encourages intense and enduring bonds of solidarity among initiates. But no matter how rigorous the ordeal or sublime the camaraderie experienced en route, the expectation is that the initiate will return to ordinary life and take on new responsibilities.

In a more extended sense, the distinctive blend of peril and privilege that liminality offers may apply to people who voluntarily remove themselves from the sway of convention for a time. Pilgrimages, religious revivals, secular festivals, even wilderness treks and corporate retreats: Participants in all of these briefly suspend responsibility and court uncertainty; all do so with the expectation of a return to normality. Crises, too, may usher in liminal periods. Consider the suspension of routine that follows natural disasters (epidemics, floods), civil disturbances (wars or revolutions), or private misfortunes (a death in the family). Finally, sociologists remind us that the experience of illness may be exploited (consciously or not) for its liberating potential in relieving the afflicted person from the demands of ordinary life.

All such states share a few core elements: sus-

LIMINALITY

Liminality, a term borrowed from cultural anthropology, refers to various states of passage through which designated members of a culture travel at

pension of the rule of the commonplace; mixing with unfamiliar others in strange settings and often mobile circumstances; and a heightened sense of uncertainty, of things being unfinished. It is this last property of indeterminacy—the fact that the process sometimes takes place without experienced guides in poorly marked and badly mapped territory—that makes liminality relevant to students of homelessness.

On occasion liminality stalls, the return fails to take place as projected, and the transitional period becomes extended. Should this persist, the built-in expectation of a return (on the part of both voyager and awaiting community) can weaken, eventually giving way to a routinization of the displacement itself. A kind of forgetfulness sets in: The tug of broken ties and foregone appointments weakens and the becalmed voyager finds a substitute normalcy beckoning. This was precisely the concern of critics who warned of the “demoralizing” effects of municipal lodging houses on the newly unemployed of the Progressive Era and, later, of researchers who charted the hazards of “shelterization” in the congregate relief warehouses of the Great Depression. In each case, the worry was that what had begun as a moratorium on business as usual had been transformed into a way of life in its own right. Nor were these unprecedented concerns.

In the momentous dislocations of the late Middle Ages, for example, various outlaw groups were able to contrive a livelihood out of the rigors of social ostracism. In the process, what began as haphazard makeshifts were transformed into durable institutions. The Franciscans and other mendicant orders trace their origins in this fashion: Begun as protest movements against the extravagances of the established church, they were eventually institutionalized (and co-opted) as part of its official embrace of the doctrine of poverty. More colorful still, the bands of “wandering scholars” who traversed the circuit of monasteries in the fourteenth century managed to turn liturgical mischief into an unruly livelihood, performing ribald parodies of ecclesiastic hymns in exchanges for a night’s lodging and meal (Waddell 1961/1927). (Eventually, an unamused church hierarchy cracked down on the practice.) Gypsies over

the ages have survived on the edges and in the interstices of settled life.

When displacement is routinized, but the sense of being suspended betwixt and between endures, liminality becomes a social and cultural *limbo*. Traditionally, that term refers to the celestial holding mechanism invented by Catholic theologians as a necessary adjunct to the doctrine of redemption. (Limbo was reserved for those souls born too early in history—righteous pagans—or dying too early in life—unbaptized infants—to be held accountable to the test of confessing Christ as savior.) Unlike stalled liminality that manages to invent a socially acceptable alternative destination, limbo describes a state of suspended resolution, an anomalous way station for those with nowhere else to go. Downsized corporate executives embody a “living contradiction” of the American promise: talented managers out of work. Unless comparable positions open up in the market or in public employ, their predicament may persist without ever being resolved—they remain in “limbo.”

OTHER POSSIBILITIES

Liminality intersects with homelessness when the dislocations occur at critical transitions, like the move of single mothers to set up independent households. But liminality also opens two other possibilities. First, it can give birth to new livelihoods. What begins as a way station en route to established roles can be institutionalized, in the process becoming part of the abeyance process proper. This institutionalization may happen directly, as with the normalization of the extended unemployment of the high school adolescent; or at one remove, as with the burgeoning not-for-profit shelter and service industry established to manage homelessness as a durable social problem. Second, although liminal passage is usually undertaken for specific reasons, in known territory, with every expectation of return, that cultural process may be upset and the markers dislodged. When that happens, the stage is set for forced improvisation. In America in the late twentieth century, life-course transitions in general have become more individualized, less bound to strategic family decisions, less subject to custom’s scripting.

As liminality become riskier and more easily derailed, its casualties may find their way into the ranks of the officially homeless.

—Kim Hopper and Jim Baumohl

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☐ LITERATURE, HOBO AND TRAMP

The literature of the hobo and tramp, and of the homeless in general, is rich and varied, featuring the work of some of America's greatest authors—Jack London, Stephen Crane, Theodore Dreiser—as well as lesser-known writers such as Tom Kromer. The great theme, or tension, of the literature about homelessness is the conflict between the romantic appeal of the road and the brutal realities of the vagabond life. Indeed, all of the authors discussed here can be placed along this continuum.

There are other related tensions as well. Writings about rural homelessness tend to be romanticized, while those of the urban homeless tend toward social realism. Some writers happened to be homeless themselves, while others became homeless in order to write about their experiences. In general, writers who were “indigenously” hoboes or homeless, such as Kromer, do little to portray their experiences in any sort of romantic fashion, while those who have chosen homelessness, like London, bring a sense of hope and adventure to their accounts—a veneer that inevitably wears thin, however, with the length of time spent on the margins.

ROMANCE OF THE FRONTIER

Oh highway . . . you express me
better than I can express myself!

—“Song of the Open Road,”

Walt Whitman (*Leaves of Grass*, 1855)

Leaves of Grass was published just a decade before the tramp and hobo era began in earnest after the Civil War. In *Leaves*—“I inhale great draughts of space/ The east and west are mine, and north and/ the south are mine”—Whitman celebrates the second chance of the New World, the “free original life there . . . simple diet and clean and sweet blood . . . litheness, majestic faces, clear eyes and perfect physique there . . . immense spiritual results.” In the 1860s and 1870s, the simultaneous opening of the Western frontier, growth of the railroad, and rapid transition of the United States from an agricultural to an industrial economy created a volatile society which, in the words of the historian Stephan Thernstrom, made “a hero of the man on the road, heading for the Great West or the Great City” (Thernstrom 1964).

Although Whitman wrote only incidentally about tramping, his free-roaming, liberated spirit hovers over virtually all later writings about the itinerant life, from the tramp letters of William Aspinwall to Jack Kerouac's *On the Road*. Even when the monotony and brutality of the vagabond experience sets in, that spirit often survives. William Aspinwall, a Civil War veteran and longtime tramp, was among the first to file literary dispatches from tramp world. He was commissioned in this exercise by John McCook, a rector and instructor in foreign languages at Trinity College in Connecticut, who published a series of letters from Aspinwall in 1901 and 1902. While Aspinwall decries his periods of intemperance and describes the dangers of riding the rails, he largely champions the freedoms of the vagabond life and its natural pleasures. In words sometimes oddly spelled, he is more likely than not to defend his ilk:

It is all verry well for . . . member of Congress to abuse us as idle drifters and drunken bums and hobos. . . . You must remember our vocation is somewhat exciting, but not pleasant, ennobling nor remunerative . . . Often I have heard professional men say what does the hobo

know about work. About as much or more than the professional men at the same time. (Aspinwall in an entry dated 1890–1826)

A series of early writers softened the public image of tramps and hoboes for a concerned public. As a recent Princeton graduate, Walter Wykoff described his experiences as an unemployed laborer in a beautifully written two-part volume, *The Workers: A Study in Reality* (1897, 1899). In it, he identifies with, and describes, the itinerant class. William Dean Howells, the influential editor of the *Atlantic*, wrote a series of novels—*The Undiscovered Country* (1880), *The Minister's Charge* (1887), *A Hazard of New Fortunes* (1890), *A Traveler from Altruria* (1894)—depicting the descent of middle-class people into homelessness, or encounters with beggars which call into question bourgeois assumptions about the deserving and undeserving poor. Josiah Flynt, himself a hobo, wrote a series of essays anthologized into *Tramping with Tramps* (1899), the first direct accounts of the vagabond life that were widely read. While deeply ambivalent about his subject—Flynt injects a tone of nagging moralism throughout—these were among the first popular accounts that were informed by actual experience of tramping, and in that manner served to ease the public's paranoia about the violent capacities of the homeless class.

Jack London was the first prominent writer to be smitten by the allure of the roaming life. In *The Road*, he describes a chance meeting, while swimming, with a group of "Road Kids." The almost foreign language they spoke, and the apparent lack of rules by which they lived, fascinated him. He quickly joined them and immediately aspired to be a "Pro-fesh," a professional tramp, whom he believed to be



Catching Your First Train

One time in a bar, under the Truman Street Bridge, I got the idea that I wanted to catch a train. I didn't care where it went, I just wanted some adventure in my life before I got too old to get around. It just so happened that a main line was less than 500 feet away from the bar's door. It was around midnight, and I was pretty liquored up, so when I made the final decision to catch a train, I didn't have far to go.

Sitting at the bar, half listening to what was going on around me, and half to a train horn that might blow at any time, I finally heard it. The blowing of an air horn telling me that a train was coming down the tracks. I quickly finished my beer and then went outside. I never took a thought at what I might do, when I got to where I was going, if I got there at all. The "Jug Of Youth And Courage" told me I could make it anywhere! Hadn't I watched the trains from my Spruce Tree? And after my studying the trains for as long as I did, with my friends Mogan David, and Jim Beam, didn't I know everything there was to know about how trains moved? After all I had even seen some hoboes do it. Right! Besides the caged beast of travel was wanting to get out.

I waited in the shadows of the alley behind the bar as the Mars Light of the lead unit passed by me. The roaring of the big diesel engines and the squealing of the brakes and the sounds of the tracks, clack-clack! Clack-clack! made my heart pump faster. Just the idea of adventure gave me a rush. All this power that was passing me by, and I was going to harness it, by riding it. The train was doing around 20 mph when I decided to make my move. All I had to do was run along it, grab the ladder and pull myself up. Right? I ran as fast as I could alongside the train, and for a brief moment I thought that I was matching the speed of the boxcar. I grabbed for a run on its ladder.

Wake Up Call! I was thrown about 15 feet away. But I wasn't the kind of person to give up. After the third time of eating ballast, and getting my arms nearly jerked out of their sockets I figured that I would try it again another day. In retrospect I'm glad that I was thrown away from the train instead of under it. It was a few years later when I was to try and this time succeed in riding a train.

Source: Arkansas Traveler. Personal communication to David Levinson, March 9, 2002.

"the aggressive men, the primordial noblemen, the blond beasts so beloved of Nietzsche" (1970, 173). Throughout *The Road*, London contrasts the tough, daring Frontier West with the pallid, effete East. He sums up his adventure:

I lay on my back with a newspaper under my back for a pillow. Above me the stars were winking and wheeling in squadrons back and forth as the train rounded curves, and watching them, I fell asleep. The day was done—one day of all my days. Tomorrow would be another day and I was young.

Jim Tully, one of the best known of the tramp memoirists, wrote first in *Beggars of Life* (1924,

11–12) about the harshness of his experience: “At times I cursed the wanderlust that held me in its grip,” he wrote, but then added, “. . . while cursing, I loved it. For it gave me freedom undreamed of in factories.” He characterized his first two weeks on the road: “I was going somewhere. Over to the next valley were life and dreams and hope. Monotony and the wretched routines of the drab Ohio town would be unknown. I was at last on the road to high adventure.”

FOLKLORE OF THE ROAD

While little documentary evidence of the folklore of hobo life endures, it was a vital part of the enduring appeal of the road. Many hoboes and tramps were self-styled poets and raconteurs who told tall tales, recited lyrics, and sang songs in camps, boxcars, and “hobo jungles.” According to Richard Wormser, many hoboes knew the poems of Kipling and Tennyson by heart. Harry Kemp, who carried a copy of Keats with him everywhere, became famous as the “tramp poet,” a career he fashioned out of his early itinerant life. Many of the poems and songs shared by hoboes were about the idyllicized pleasures of hobo life, smoking and eating, sitting around the campfire, camaraderie on the road, and riding the rails, as conveyed in the titles of popular songs: “One More Train to Ride,” “Sitting Around Our Little Fires,” “The Last Hobo,” “Early Morning Train,” and “Catchin’ Out for Freedom.”

In addition, many hoboes were self-educated, widely read in politics and economics, and particularly well-versed in Karl Marx and other socialist writers. The political leanings of many hoboes were capitalized upon by radical labor unions, such as the Industrial Workers of the World, founded in 1905. By 1910, the I.W.W., or “Wobblies,” began an aggressive campaign to recruit hoboes to their cause. Among their recruiting techniques were street theater and labor songs. Members of the I.W.W. included talented songwriters such as Joe Hill, T-Bone Slim, and Ralph Chaplin. These songs were collected in *The Little Red Song Book*, which at the height of the Wobblies’ influence was carried

by hobos all over the West. The most popular ballad of all was “Hallelujah, I’m a Bum.”

Oh why don’t you work
Like other men do.
How the hell can I work
When there’s no work to do?
Hallelujah, I’m a bum.
Hallelujah, bum again.
Hallelujah, give us a handout
To revive us again.

—Kornbluth 1964

Other musical forms, such as railroad work songs like *Casey Jones* and *John Henry*, became part of the hobo tradition. The blues also captured the African-American experience, particularly the journey from the rural south to the industrial north. Important artists were Robert Johnson, Lightning Hopkins, and Blind Lemon Jefferson, who himself was at times homeless, and reportedly died of exposure in Chicago in 1929.

In 1915, when Joe Hill was executed for killings to which he was never legitimately linked, his legend, and the legend of the Wobbly protest songs, was sealed. Hill’s most enduring song was “The Preacher and the Slave,” which lambasted the hypocrisy of the missions that served the homeless in exchange for their conversion to Christianity:

Long-haired preachers come out every night
Try to tell you what’s wrong and what’s right
But when asked how ‘bout something to eat
They will answer you in voices so sweet.
You will eat by and by,
In that glorious land above the sky;
Work and pray, live on hay
You’ll get pie in the sky when you die.

—Hill 1996, 36

BITTER EXPERIENCE

A darker vision of the itinerant life was informed by a near endless tide of newspaper articles during the depressions of the 1870s and 1890s, when the numbers of tramps and hoboes grew into the millions.

Their headlines, a mixture of fact and fiction, decried the “Tramp Menace” and portrayed tramps and hoboes as violent, lazy, and ready to riot and pillage at any moment. Yale professor Francis Wayland famously called the tramp a “lazy, shiftless, sauntering or swaggering, ill-conditioned, irreclaimable, incorrigible, cowardly, utterly depraved savage” (Wayland 1877, 113).

While these demonizing characterizations were used, more often than not, to fuel the flames of popular hysteria and sell newspapers, the more difficult realities of the homeless life began to appear in the homeless literature of the twentieth century.

Even Jack London, reflecting on his sojourn as a tramp in his essay “What Life Means to Me” (1905), soberly characterized his experience in terms far different from the larger-than-life, heroic visions of *The Road*:

I became a tramp. . . . I was down in the cellar of society, down in the subterranean depths of misery about which it is neither nice nor proper to speak. I was in the pit, the abyss, the human cesspool, the shambles and charnel-house of our civilization. This is the part of the edifice of society that society chooses to ignore.

Theodore Dreiser employed his own experience of near homelessness—down and out as a young man, he was a resident at the Mills Hotel, a New York City lodging house—to inform his description of one man’s fall into homelessness and despair in his 1901 masterpiece *Sister Carrie*. George Hurstwood, through a series of disastrous but quite ordinary missteps, falls from being a complacent member of the professional class to being unemployed. In a meticulous and brutal social realist style, Dreiser dissects Hurstwood’s new existence as a denizen of Bowery flophouses and soup lines, and then his eventual suicide. Hurstwood’s tragedy is particularly unsettling because it shows how the comfortable bourgeois world and the abyss he eventually occupies are not far removed from one another. Two short pieces of journalism by Stephen Crane explore the grim truths of typical Bowery scenes. Published in the *New York Press* in 1894, “An Experiment in Misery” depicts a night in a flophouse. In “The Men in the Storm” (1894), a crowd

of anonymous men stand in a blizzard waiting for a shelter’s doors to open.

The preeminent example of “native” homeless writing is Tom Kromer, whose writing and life are shrouded in mystery. Kromer was a homeless man who produced one book, *Waiting for Nothing* (1935), which was championed by Dreiser, and an unfinished novel. Each chapter of *Waiting for Nothing* describes a different aspect of homeless life, each more brutal than the last: illness, insanity, the bread line, the flophouse, death on the rails. The tone of the book is set by its dedication: “To Jolene, who turned off the gas.” With a realistic, minimalist style worthy of Samuel Beckett, *Waiting for Nothing* represents the harrowing antithesis of Whitman’s poetic raptures. Here Kromer describes a winter day:

It snows. It melts as it hits, and the slush is inches thick on the pavement. The soles of my shoes are loose. The right one flops up and down as I walk. This morning I tied it to the toe of my shoe with a string, but the string wore through in an hour. Tomorrow I will tie it up with a piece of wire. It will stay a week if I tie it up with a piece of wire. My shoes are filled with water. I can feel it oozing through my toes as I walk. I walk and I can see the bubbles slosh from the soles. I am chilled to the bone. I pull my coat collar up around my ears, but it does no good. The chill comes from my soggy feet and the wind that howls around the corners. Besides, my coat is thin. I bummed it from an undertaker. The stiff that owned it croaked in the park with T.B. There’s still a smudge of blood on the sleeves from the hemorrhage. I could have had his pants and shoes, too, but they were worse than mine. This coat is my Christmas present. For this is Christmas Eve. (1935, 77)

MID- TO LATE-TWENTIETH CENTURY WRITERS

Varying aspects of homelessness in the last half of the twentieth century are described by Ralph Ellison’s *Invisible Man* (1952), Dorothy Day’s *Long Loneliness* (1972), and Joseph Mitchell’s *Joe Gould’s Secret* (1965). Recent books that capture the greater diversity of homelessness in the 1980s and 1990s are Ted Conover’s *Rolling Nowhere* (1984), Lars Eighner’s *Travels with Lisbeth* (1993),

Lee Stringer's *Grand Central Winter* (1998), Colum McCann's *This Side of Brightness* (1998), and Nathaniel Lachenmeyer's *The Outsider* (2000). Conover describes the remnants of hobo railroad culture, Stringer and Eighner the realities of addiction and homelessness, McCann the lives of people living in the tunnels under Manhattan. Lachenmeyer, who retraced the steps of his mentally ill father, captures the nature of having a severe psychiatric illness and being homeless in the era of deinstitutionalization.

REALISM AND ROMANCE

The themes of realism and romance have competed throughout the history of writings about homelessness in America. These themes are captured most poignantly in the most famous of all Western hobo ballads, "The Big Rock Candy Mountain," which depicts a wanderer's vision of heaven and imparts equally both the hope and the brutality of life on the road:

In the Big Rock Candy Mountain
 You never change your socks
 And little streams of alcohol
 Came a-trickling down the rocks
 The boxcars are all empty
 And the railroad bulls are blind
 There's a lake of stew and whiskey too
 You can paddle all around 'em in a big canoe
 In the Big Rock Candy Mountain.

—Charles Barber

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▣ LITERATURE ON HOMELESSNESS

See Appendix 1: Bibliography of Autobiographical and Fictional Accounts of Homelessness; Appendix 4: Documentary History of Homelessness; Autobiography and Memoir, Contemporary Homeless; Images of Homelessness in Nineteenth- and Twentieth-Century American Literature; Literature, Hobo and Tramp; Media

▣ LONDON

The United Kingdom is a welfare state, and discussions of the causes of homelessness in London are generally framed by a debate over two welfare regimes (1979–1997 and 1997–2002). This is because the ideological shifts from Conservative to Labour governments have a significant impact on the



Applying to Be Registered as Homeless in London

To create a book that newcomers to London could use as a bible to understanding a complex city, John Grounds edited *London: A Living Guide* (1990). Grounds was especially concerned about what he termed "rocketing" homelessness and vagrancy and included an extensive chapter on housing options in London. Below are excerpts from the information provided about applying to be "registered" as homeless in London.

If you are a single person without children or a couple without children you have very little chance of being housed by the council unless you have special needs (see below).

If you are homeless or about to become so go to your local Homeless Persons Unit at the council Housing Department or ring Housing Advice Switchboard.

You are considered to be homeless if you are at the present time without a home or if you are threatened with being in that situation within twenty-eight days.

If it is agreed that you satisfy the conditions listed in the Homeless Persons Act, the local council has a duty to find you accommodation. . . .

If you are coming out of hospital or prison, a social worker or probation officer should help you apply to the council.

It is necessary to satisfy *all* the following conditions in order to be legally homeless.

1. You must be considered to have a "priority need." In order to satisfy this condition you must fit into one of the following categories.

You or someone you live with have children aged under 16.

You are a pregnant woman.

You have an elderly or disabled dependant.

You are an elderly or disabled or mentally ill person.

You have been made homeless by an emergency such as fire or flood.

Victims of domestic violence or victims of sexual exploitation especially women, who have been forced to move out of their home, even if they are not theoretically 'homeless,' are also usually treated as homeless by the council. The usual course of action is for such people to be referred to a refuge.

2. You must not be intentionally homeless. If you are considered to be "intentionally homeless,' that is you have left accommodation of your own accord and not for one of the reasons listed in the Act, or have been asked to leave for such things as nonpayment of rent, the council is only likely to give you temporary accommodation.

3. You must normally live in the area to which you are applying for accommodation or have some direct local connection.

If you fulfill *all* these conditions you *must* be offered accommodation by the council. If you only satisfy one or two, you might only be given advice on finding somewhere to live. . . .

If you are a refugee, you may well qualify as homeless but you will need to contact one of the specialist advice agencies listed in this chapter.

If a council home is not available immediately, as is quite likely to be the case, you may be put into temporary accommodation such as a bed and breakfast hotel, hostel or house waiting for improvements to be made.

Source: Grounds, John. (Ed.). (1990). *London: A Living Guide* (pp. 212–213). London: Unwin Paperbacks.

levels of provision for the homeless. These changes also influence the conceptualization and interpretation of the causes of homelessness.

Under both regimes, the causes of homelessness in London have been largely linked to *structural issues*, that is, poverty, unemployment, and a shortage of affordable housing. While this linkage is well-documented and rooted in the dominant research tradition, surprisingly little systematic work has been

conducted to explore the effects of structural issues on the rates of homelessness (see Kemp, Lynch, and Mackay, 2001).

EARLY RESEARCH

The earliest research into the causes of homelessness in London was initiated by the London City Council (1961) in response to an increase in assistance appli-



An Encounter with a Homeless Girl in Central London, circa 1990

The deep hollow pull of the wind was something different that night, whispering on every rough mortared ledge and tossing the tops of the plane trees in the Embankment Gardens, their bright patchy bark just visible in the dusk. I picked up my step, down Villiers Street on the east side of Charing Cross Station.

Under the sounds of the city, out of the darkness, a soft voice caught me, "Can you . . ." It trailed away, and I stopped, so startled that I forgot my mission. At first I couldn't see, but as I stepped out of the light from the Strand I saw a dark doorway, dull brass knocker long unused. There, in the shadows, with her long print skirt making a pattern over the steps, sat a young woman. Her eyes were still and steady, and she had a tiny red stone set into her nose, blond hair cut at chin level. Her face was round and soft, very pale, and she had those rosy English cheeks that undo the dignity of young solicitors and stockbrokers.

I never gave money to beggars. I knew the drill, from travel books, but it was really because I was so short of money myself, carefully counting out enough for bus fares

and babysitters, and adding up items as I went through the grocery store to make sure I would have enough not to have to put things back after my bill was rung up. Things were getting worse now, too, with mortgage rates sky high and the children needing shoes every six weeks.

But something about this woman-child stopped me cold. She was in such an impossible spot, not up by the station where there were plenty of people in a hurry, people with guilty consciences, perhaps, for profiting under Maggie Thatcher while homeless people reappeared on London's streets. She didn't seem to know the basic rule of real estate: location, location, location. She was so very young.

I shifted the bag of bread and found my purse. I began to pluck out a pound but found myself tipping the wallet over, into my hand, and then leaning forward to pour all of it, every penny, into her cautiously outstretched hand.

She breathed a husky "thank you," and looked down at her hands, now resting together in her lap, holding the change. I smiled awkwardly. I had to go. I couldn't linger, and I didn't know what to say.

Source: Christensen, Karen. *A Smaller Circle*. Unpublished account.

cations (see Pleace and Quilgars, 2003). In 1948, the Council became responsible for welfare support, including rehousing homeless people, but as Nicholas Pleace and Deborah Quilgars (2003) report, research findings and lobbying efforts caused homelessness to be redefined as a housing issue and no longer directly tied to welfare as before. As a result, Local Authorities received statutory responsibility to house homeless people under the Homeless Persons Act (1977).

DEFINING HOMELESSNESS

In the United Kingdom and in London, homelessness is defined in statute. However, because a wide range of personal circumstances may result in homelessness, no single definition has been employed in the literature. In fact, the bulk of research on homelessness goes beyond the legal definition and includes a combination of the following: (a) rooflessness (i.e., street homelessness, also called "rough sleeping");

(b) living in an emergency or temporary accommodation for homeless people (i.e., hostels or night shelters); (c) living long-term (a year or more) in an institution because no other accommodation is available; (d) living in a bed-and-breakfast or similar accommodation that is an expensive solution to housing homeless people; (e) living informally with friends, or under notice to quit, or squatting; (f) living in intolerable physical conditions, including overcrowding, sharing sleeping arrangements, or not actually having a bed to sleep on; and (g) involuntary sharing (e.g., an abusive relationship) (see Fitzpatrick, Kemp, and Klinker, 2000; also see Anderson & Christian, 2003).

SOME RESPONSES TO HOMELESSNESS

During the 1980s and 1990s, there was an increase in the estimated number of people sleeping "rough" on the streets of London (Fitzpatrick, Kemp, and Klinker, 2000). A number of large-scale studies investigated this, and their results improved our understanding of

the causes of individual and family homelessness and highlighted problematic issues related to service provision. (Anderson, Kemp, and Quilgars, 1993; Drake, O'Brien, and Biebuyck, 1981; O'Callaghan et al., 1996). The main gaps identified by this research suggested the need for a more finely tuned policy and for a greater coordination of providers.

To close these gaps and to reduce the number of homeless people in central London, particularly those sleeping rough, a program called the Rough Sleepers Initiative was designed. It was implemented in three phases (phase 1: 1990–1993; phase 2: 1993–1996; phase 3: 1996–2000). Within this policy framework, the government and several voluntary organizations established a network of services for homeless people. To coordinate this network, the government formed the Rough Sleepers Unit (RSU); the Office of the Deputy Prime Minister is now responsible for coordinating responses to homelessness.

WHERE ARE WE GOING?

Over the past few decades, the United Kingdom has moved away from seeing homelessness as either a structural social problem or an individual failure and now takes the view that homelessness arises from an interaction between the social structure and an individual's circumstances (Anderson and Christian, 2003). However, despite more sophisticated policy goals, homelessness remains a serious problem. While at first the shift in research focus might suggest a return to a personalized, individual explanation of homelessness, it actually reflects the comprehensiveness of research into homelessness and may even begin to make a case for the need to reconceptualize some of these microlevel issues. This is not to negate the idea that homelessness is a housing problem, but rather to develop a better understanding of the causes of homelessness in order to provide a more robust framework for exploring its overall effects.

—Julie Christian

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A homeless man on a London Street in July 2003 has set up for the day with a carpet, food and drink, and a drum.

Source: Karen Christensen; used with permission.

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☐ LOS ANGELES

Widespread homelessness in times of economic prosperity is a relatively recent occurrence in Los Angeles, dating only from the late 1970s. While a number of missions, principally serving alcoholics, have existed for over a century in the city's downtown "skid row" district, there were few, if any, secular homeless shelters in Los Angeles County before 1980. In the early 1980s, secular nonprofit social service organizations—both established and new ones—began creating shelters and other programs to



Tipper Gore with the New Directions Men's Choir (a homeless veterans group) at the opening of a photography exhibit in Los Angeles in July 2000.

Source: Erwitt Misha/Corbis; used with permission.

meet the needs of the “new homeless.” In 2000, there were an estimated 153 agencies with 331 shelter programs providing 13,632 beds.

HOMELESSNESS: DEFINING FEATURES

The commonly cited federal Stewart B. McKinney Homeless Assistance Act of 1987 generally defines a homeless person as “an individual who lacks a fixed, regular, and adequate nighttime residence”; it excludes persons in prison or jail. This definition of homelessness has been subject to interpretation, particularly with regard to people who must imminently leave their own home, or that of a friend or family member, and have no other place to live. The U.S. Department of Housing and Urban Development (HUD), the government agency that administers most federal homeless programs, currently considers those facing a one-week deadline to be homeless.

LOS ANGELES'S HOMELESS POPULATION

Estimates of the city's number of homeless people vary, due in part to methodological variables such as differing definitions of homelessness and count time frames, as well as to the inherent difficulty of locating homeless persons. Given these limitations, current research suggests that the nightly homeless rate in Los Angeles is between 0.76 and 1.1 percent of

the population, or an estimated 71,000 to 102,000 people. In 2002, the Los Angeles Homeless Services Authority (LAHSA) estimated that 74,900 people—comprising 59,920 singles and 14,980 family members—were homeless each night.

Geographic Distribution

Los Angeles County, with 4,081 square miles, 88 incorporated cities, nearly 10 million people, and a 2002–2003 budget of approximately \$16.4 billion, has a population larger than that of most states in the nation—all but eight, in fact. Its largest city, Los Angeles itself, contains 470 square miles with roughly 3.7 million people. Homeless persons can be found throughout the county, with concentrations of single persons found particularly in downtown Los Angeles, Santa Monica, and Hollywood. The city of Los Angeles is estimated to have 46 to 49 percent of the county's homeless population.

Demographics

On any given night, an estimated 66 to 85 percent of homeless people are single individuals. But over the course of a year, fully half of the total population that has experienced homelessness is composed of families. This variation is primarily due to two factors. First, families are typically homeless less frequently, and for shorter periods, than are single individuals. Second, as a consequence, more families move in and out of homelessness, while the pool of single individuals remains relatively constant.

Among homeless single persons generally, 70 to 80 percent are male and the average age is about forty years. Families are characteristically headed by a single female parent. Nationally, the average homeless family has 2.2 children. Unaccompanied youth, clustering in the Hollywood area, make up a small but significant percentage of homeless single individuals, with estimates hovering at around 6,000 to 8,000 young people.

Overall, African-Americans are disproportionately represented among the Los Angeles homeless population, particularly in the “skid row” district; Latinos are underrepresented; and whites roughly

mirror their representation within the overall county population.

Veterans are thought to account for approximately 23 percent of the adult homeless, nearly twice their representation in the general population.

The incidence of both substance abuse and mental illness is higher among homeless persons than in the overall population, particularly for single individuals.

CAUSES OF HOMELESSNESS

Researchers, government agencies, and policy experts typically cite a variety of causes for homelessness in Los Angeles, often focusing on the interplay of a multiplicity of local, regional, national, and global economic and social factors. Commonly noted components include poverty and dramatically rising housing costs in the region, the loss of manufacturing jobs in southern California and the nation as a whole, the limited availability of housing for low-income households, changes in the welfare and social service systems, a growing income gap between wealthy and poor Americans, substance abuse, mental illness, and shifting family structures.

Affordable housing is indeed scarce. In 2003, the fair market rent for a two-bedroom apartment in Los Angeles was \$967, representing 83 percent of the gross pay for a full-time, minimum-wage worker. A median-priced Los Angeles home in the third quarter of 2002 cost \$304,600.

THE FUTURE

It is unlikely that many of the factors that have created homelessness in Los Angeles will abate in the near future. Much of the projected job growth in the region centers on low-paying service employment. Housing costs, the largest single element in most household budgets, are not expected to fall. Real wages for low-income workers declined between 1990 and 2000, while the county's poverty rate remains higher than either California's or the nation's. Mirroring efforts in other parts of the county, LAHSA and the Los Angeles County Coalition to End Hunger and Homelessness have begun

developing a ten-year strategic plan to end homelessness in Los Angeles.

—Paul Tepper

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▣ LOW-INCOME HOUSING

Homeless people are distinguished from everyone else by their lack of housing. Understanding and solving homelessness in the United States require knowledge of U.S. housing policy and intervention in the U.S. housing market. Although the majority of people in the United States are well housed, approximately 14.4 million households (14 percent of all households) have critical housing problems, defined as paying more than one-half of their income for housing or living in overcrowded or substandard housing or being homeless.

A deficit of 2 million housing units exists between the number of renter households in the bottom income quintile (one-fifth) and the number of rental housing units they can afford (using the housing affordability standard of no more than 30 percent of income). As recently as 1970, the United States had a small surplus of housing units that the lowest-income households could afford. The rise of

contemporary homelessness in the United States in the 1980s and 1990s coincided with the growing gap between the lowest-income households and the rental housing units they can afford. Expanding the supply of affordable housing is the fundamental solution to homelessness.

Although the housing sector remains one of the mainstays of the U.S. economic system, the market alone cannot provide housing for the lowest-income households in the United States. This is a market failure, and public intervention is required to close the housing gap. Since enactment of the United States Housing Act of 1937, the federal government has made substantial investment in the building and subsidizing of housing for low-income people. However, since the late 1970s the federal government has reduced its investment considerably. Federal budget authority for all low-income housing programs was \$80 billion in 1978; by 2003 it was \$30 billion.

FEDERAL LOW-INCOME HOUSING PROGRAMS

The major federal low-income housing programs are administered by the Departments of Housing and Urban Development (HUD), Agriculture (USDA), and Treasury. HUD and USDA programs are funding through direct spending that is subject to the annual federal appropriations process. The Low Income Housing Tax Credit (LIHTC) is a tax expenditure program, which means that it provides tax breaks to investors and therefore the U.S. Treasury foregoes revenue that would otherwise be collected. LIHTC is administered by the U.S. Department of Treasury. No federal housing program assures anyone an entitlement to housing. Indeed, only about one-fourth of households whose low incomes make them eligible for federal housing assistance actually receive any. Lengthy waiting lists exist for housing assistance in most communities.

Several HUD programs—including Public Housing, Section 8 Project-Based and Housing Choice Vouchers, Section 202 Housing for the Elderly and Section 811 Housing for People with Disabilities, and McKinney-Vento Homeless Assistance Programs—are governed by the “Brooke” rule, named

for former Senator Edward W. Brooke (R-MA), who wrote the legislation enacting this provision. The Brooke rule provides that the tenants’ share of rent is 30 percent of their adjusted income (with some variations) and that federal subsidies make up the rest of the monthly rent up to a specified level. Thus, a household’s rent can go up and down as the household gains or loses income. This core feature of most federal housing programs is what ensures housing stability for low-income people whose earnings can fluctuate and who are most vulnerable to periods of unemployment or underemployment.

Public Housing

Public housing is the oldest federal housing program, created in the U.S. Housing Act of 1937. Public housing is owned and operated by public housing agencies (PHAs), which are chartered by states. Their boards are appointed by state or local elected officials, and their funds flow directly from HUD. About 3,400 public housing agencies operate about 1.2 million units of rental housing. The housing subsidies are attached to the housing units for which low-income households apply and for which they are screened for eligibility.

Public housing has not expanded since the early 1970s, and most public housing is aging housing stock. Although PHAs receive both capital and operating funds from HUD each year, an estimated \$20 billion backlog exists in needed capital improvements in public housing, leading to deferred maintenance and physical deterioration. Congress created HOPE VI (Housing Opportunities for People Everywhere) in 1992 to revitalize severely distressed public housing. HOPE VI has been the only source of funds for the development of new public housing in recent years, but nonetheless it has resulted in the loss of tens of thousands of units of public housing as obsolete housing has been demolished but not replaced. Although HOPE VI is acclaimed for its neighborhood revitalization and innovative design qualities, most units built through HOPE VI are occupied by people with incomes that are higher than those who have been displaced. HOPE VI is sharply criticized by low-income housing and home-

less advocates for contributing to the loss of low-income housing and to homelessness. In 2003, President George W. Bush proposed ending HOPE VI, but members of Congress from both parties disagreed, and the program will continue at least another year, although at a significantly reduced appropriation.

Section 8

President Richard M. Nixon placed a moratorium on public housing in 1974, and Congress enacted the Section 8 program (Section 8 of the U.S. Housing Act of 1937 as amended) in its place. Section 8 created both a project-based and a tenant-based program. The project-based program provided grants and federally insured mortgages to private developers to build new housing or to substantially rehabilitate multifamily housing. In addition, operating subsidies were (and continue to be) provided to make up the difference between 30 percent of a tenant's adjusted income and the contracted rent. Initial contracts required that the housing be operated as affordable housing for twenty years. As these contracts began to expire in the 1990s, many owners opted out of the program, threatening the housing stability of the existing tenants. Congress has enacted various legislations to keep owners in the program, to contain costs, and to protect displaced tenants; these legislations have slowed but by no means stopped the loss of these housing units.

The tenant-based program of Section 8 continues today in the form of housing choice vouchers, which are administered by PHAs to which low-income households apply. Once approved for a voucher, a household shops for rental housing in the private market with an upper limit on cost and a minimum standard of quality. A key attribute of vouchers is their portability, which gives tenants the option to move if they are dissatisfied with their housing or if they want to relocate. In recent years voucher holders have had increasing difficulty using vouchers, that is, finding places to rent in the allotted time, because of the growing shortage of housing stock affordable with vouchers. Landlords also decline to rent to voucher holders, perhaps because they do not want to

deal with the PHA bureaucracy or because they object to voucher holders as a class of people. In some cases discrimination against voucher holders is illegal because it is a proxy for racial or another form of illegal discrimination. In a few jurisdictions landlords are not permitted to reject voucher holders based on source of income, but there is no federal prohibition. Approximately 2 million vouchers are funded today. In recent years adding new vouchers to HUD's annual appropriation was the primary way that federal low-income housing assistance has been expanded, but that has not been the case since the beginning of the George W. Bush administration. Some vouchers are specifically designated to assist homeless people or people with disabilities, who may or may not be homeless.

Sections 202 and 811

Two other smaller HUD programs serve elderly (Section 202) and disabled people (Section 811). In both programs HUD makes grants to nonprofit housing organizations to build housing and provides operating subsidies that allow residents to pay only 30 percent of income. Both programs continue to add new units each year. The 202 program, enacted in 1959, has produced 380,000 units; the 811 program was enacted in 1990 and has produced 18,000 units. Some 811 funds are used to finance the development of permanent, supportive housing for people with disabilities who have been homeless. Further, Section 811 has a voucher component that serves 10,000 households.

McKinney-Vento Homeless Assistance

The McKinney-Vento Homeless Assistance programs administered by HUD have made some contributions to low-income housing development through the Single Room Occupancy (SRO), Shelter Plus Care, and Supportive Housing funds. All SRO and Shelter Plus Care programs and some Supportive Housing funds support permanent housing. Advocates have argued that once permanent housing is developed using the McKinney-Vento funds, the funds needed to renew the subsidies should be trans-

ferred to the HUD Section 8 program because the residents are no longer homeless and their housing assistance should not come out of limited homeless assistance funds. The operating subsidies for the SRO program have been so transferred, but the Shelter Plus Care and Supportive Housing programs are still funded through McKinney-Vento.

In recent years, Congress has required that 30 percent of all McKinney-Vento funds be used for permanent housing through these three programs. Although all advocates support the development of permanent housing, some object to reliance on McKinney-Vento funds for this purpose because it reduces the amount of funding available for emergency and transitional homeless services. Another source of disagreement among homeless service providers and advocates is the requirement that the 30 percent permanent housing set aside in the McKinney-Vento program be used exclusively for supportive housing for people with disabilities. All McKinney-Vento funds that can support permanent housing development are distributed by the Continuum of Care process, which engages local citizens in ranking priority projects, but with HUD making final decisions about which projects are funded.

HUD Block Grants

HUD operates three block grants through which funds are distributed to states and localities on a formula basis and used for permanent low-income housing. Although HOPWA (Housing Opportunities for People with AIDS) funds can be used for other than permanent housing purposes, HOPWA also pays for rent subsidies as well as development of community-based residences for people with AIDS. The HOME Investment Partnership Program, enacted in 1990, is the largest source of HUD funds for affordable housing development. HOME dollars can be used for new housing production, rehabilitation, down payment assistance, and tenant-based assistance. The Community Development Block Grant (CDBG) is the most flexible of the block grants and can be used for a wide range of activities, including housing development. However, virtually no CDBG funds are used for rental housing that is

affordable to the lowest-income families. Because these are block grants, decisions about how to spend HOPWA, HOME, and CDBG funds are made by state or local governments. HUD requires that the decisions be made in a collaborative process with citizens and experts and that spending be based on local housing needs. A jurisdiction's housing needs assessment and other required planning processes are submitted to HUD as the Consolidated Plan, which serves as the CDBG and HOME application each year.

Section 515 Rural Rental Housing

Administered by the Rural Housing Service division of the U.S. Department of Agriculture, the Section 515 program (Section 515 of the Housing Act of 1949) provides very low interest loans to finance the development of modest rental housing for very low-income people in rural communities. Funds for the 515 program have dwindled in recent years. Further, as with Section 8 project-based housing, 515 owners are prepaying their mortgages, thereby ending the requirement that the housing continue to be rented to low-income people.

Low Income Housing Tax Credit (LIHTC)

Enacted in the Tax Reform Act of 1986, the Low Income Housing Tax Credit (LIHTC) serves as the major source of equity for the production of low-income rental housing in the United States today by providing investors in eligible affordable housing developments with a dollar-for-dollar reduction in their federal tax liability. Each state receives an annual allocation of LIHTCs from the U.S. Department of Treasury on a per capita basis. State housing finance agencies award the credits to low-income housing developers through a competition based on Qualified Allocation Plans (QAPs) that articulate federal and state preferences for how the funds will be used. Developers rarely have sufficient tax liability to use the LIHTCs directly, so they sell them to corporations, which make up 98 percent of all LIHTC investors. LIHTC has assisted in the development of more than 1 million housing units since

enacted. LIHTC units must be initially affordable to people with incomes below either 50 percent or 60 percent of the area median. Only with additional subsidies to the tenants can LIHTC units be affordable for the lowest-income people.

STATE AND LOCAL LOW-INCOME HOUSING PROGRAMS

Although federal funds are the major source of funds for low-income housing development by far, on a lesser scale, many state and local governments have allocated their own funds for housing programs. One increasingly important source of state and local government investment in low-income housing development is housing trust funds. Approximately 280 state and local governments have created housing trust funds, usually with dedicated sources of revenue. Housing trust funds vary considerably in whom they assist and which uses are eligible. Their collective value is about \$750 million a year, considerably less than the \$30 billion spent by the federal government.

MAJOR ISSUES

Income Targeting

Income targeting is the term for policies concerning the allowable income levels for people who live in low-income housing. In federal housing policy, households with incomes at or below 80 percent of the area median income (AMI) are considered low income. Very low income is defined as 50 percent of AMI, and extremely low income is 30 percent of AMI. These amounts vary considerably from community to community. For example, the AMI in San Francisco in 2003 was \$91,500 a year, whereas Laredo, Texas, had an AMI of \$32,700. Thus, extremely low income in San Francisco was \$27,450 a year or the equivalent of full-time work at \$13.20 an hour; in Laredo, it was \$9,810 or the equivalent of full-time work at \$4.72 an hour, less than the minimum wage.

For many years, when a vacancy occurred in public housing or a housing voucher became available, those with the most serious housing problems, including having no housing at all, were at the top of

the waiting list. This practice came under considerable criticism for concentrating the poorest people in public and assisted housing. Major legislation in 1998 set limits on the number of extremely low- and very low-income households who could live in public or assisted housing, in effect reducing access to the most affordable housing for those with the most serious housing problems.

Income targeting restrictions also limit the usefulness of HOME- and LIHTC-financed affordable housing units in addressing homelessness. Eligibility for such housing is geared to the middle and upper tiers of the households who are low income, who are generally of higher income than most homeless people. The only way that housing produced with these funds can be affordable to the lowest-income households is with additional operating subsidies that are tied to the unit or that come with a tenant such as a housing voucher.

NIMBY-ism

NIMBY stands for “not in my backyard” and describes resistance to the location of low-income housing by people who object to its presence in their neighborhoods. It is a major impediment to the development of low-income housing. Zoning and land use policy in general are the purview of local government. Unless a location for a proposed development is zoned “by right” to allow multifamily housing or group homes where several unrelated people share the same house, the developer must seek special permission, usually called a “special use permit,” from the local government to build on that site. The special use permit process triggers community review that frequently results in community opposition. Even in cases where the proposed housing can be located by right with no requirement for a special use permit, neighbors have taken legal and other actions to prevent such development. The ostensible reasons for resistance often begin with fear of lost property values or overcrowded schools, but reasons have also been expressed as fear of the people who will live in the housing. Fair housing laws make it illegal to discriminate against people on the basis of race, disability, family status, and other protected statuses, but

someone must be willing to assert illegal discrimination and be willing to file suit for fair housing protections to be helpful. Low-income housing developers may not have the resources to sue, or they may not want to generate the bad feelings in the community where they have to work, so NIMBY-ism frequently goes unchallenged.

Renting versus Owning

A major source of debate in federal policy and local practice is the preference for low-income housing to be owner-occupied, single-family owner homes over apartments and other forms of rental housing. The role of home ownership in the accumulation of assets in the United States has been promoted in recent years as an important antipoverty strategy. Market and policy forces have fueled growth in home ownership among low-income people, especially among racial minorities. This idealization of home ownership has led to a backlash against rental housing as a less desirable form of housing, which contributes to NIMBY-ism as well as the allocation of scarce public resources for down payment assistance, low or no interest mortgages, and other home owner subsidies. Although home ownership can be economically preferable for some low-income people, for many others, including most people who are homeless, it is not the right form of housing. The emphasis on home ownership limits the development of low-income housing that can serve people who are homeless.

THE FUTURE

The future of low-income housing policy and programs—both the sustainability of existing programs and the potential of new public investment—depends on federal budget decisions. The return of

the federal budget deficit with tax cuts and new spending priorities leaves scant resources for addressing the shortage of affordable housing for the lowest-income households. Nonetheless, experts recognize the need for new production resources. Building on the lessons learned from state and local housing trust funds, a proposal to establish a national housing trust fund and similar ideas are attracting grassroots support and gaining the interest of federal policymakers.

—Sheila Crowley

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M

▣ MARGINALITY

Many social scientists consider homelessness to be a form, if not the prototype, of marginality. Marginality is sometimes confused with social exclusion from a dominant social order and from an institutionalized system of material and symbolic exchange, such as the formal labor market and families. However, marginality is best understood as a state or a series of situations between social exclusion and social integration. This definition is found in many theoretical perspectives that nevertheless imply different causes and mechanisms of marginality.

FUNCTIONAL SOCIOLOGY: MARGINALITY AS WEAK SOCIAL INTEGRATION

U.S. homelessness is often analyzed within a functionalist framework—a theory that analyzes social phenomena in terms of the part they play for the society as a whole. Following the French sociologist Emile Durkheim (1858–1917), a founder of positivist sociology, which posits the social world as a system of causal relationships between realities that can be observed and treated like scientific facts, marginality was considered a form of deviancy from a society’s norms and a by-product of weak social integration. Sociologist Robert K. Merton (1910–2003) elaborated a modified functionalist theory of devi-

ancy that included different types of marginality. Skid row homeless were the prototype of one type called “retreatism.” Although socialized to aspire to hegemonous (relating to influence) goals, retreatists lack the means of achieving them. They retreat from society by rejecting the goals, the means to achieving them, and dominant norms. Sociologists Richard A. Cloward and Lloyd E. Ohlin further observed that retreatists lack the know-how of illicit subcultures and thus reject both licit and illicit means to reaching that to which they aspire.

U.S. studies of skid row during the 1960s and 1970s illustrated the functionalist perspective. They characterized the homeless, most of whom were men and actually domiciled in flophouses and other so-called disreputable dwellings, as deviant, anomic (relating to social instability resulting from a breakdown of standards and values), and alienated from dominant social institutions. Among the best-known studies were those of the Columbia Bowery Project in New York City. Howard Bahr and his colleagues tested the disaffiliation thesis, or the idea that homeless persons have an attenuation (reduction), if not a veritable absence, of ties with mainstream institutions (family, work, religion, etc.). These studies defined marginality in relation to middle-class social organizations, such as Rotary Clubs, boards, and advisory committees. Yet, on many disaffiliation measures, homeless men turned out to be not very

different from working-class controls. In fact, the differences between non-homeless poor and wealthy men were much greater on most measures than those between the homeless and the non-homeless poor. This similarity between marginal (homeless) and poor men suggests tenuous borders. However, paradoxically, by ignoring similarities between the social relations of homeless persons and those of non-homeless persons, these representations reinforced the image of marginality as exclusion from society rather than as structured by it.

Belonging to a nuclear family was also a criterion by which marginality was measured. These skid row studies found attenuated bonds of kinship and sometimes total loss of family ties. However, researchers during the 1980s and 1990s often ignored the evidence of family ties in their own studies. They interpreted marital status as a proxy for having a family, termed single-parent households from which some homeless originated as “a euphemism” for family, or described mothers living in shelters for singles as “single,” “without family,” or “disaffiliated.” At the same time, homeless men on Manhattan’s Bowery but also other types of homeless—women in shelters and homeless persons with psychiatric disabilities—were found to have varying degrees of family connections. In fact, the degree of marginality experienced by a homeless person is shaped by gender, ethnicity, age, and structural characteristics, such as social class. Thus, some African-American and Puerto Rican women in New York City shelters for “singles” keep family together by “fostering out” their children to relatives, then taking them back when they find housing again. On the other hand, young, severely psychiatrically disabled homeless men with patterns of frequent circulation between housing arrangements may be totally estranged from their families, maintaining the delusion of a “substitute” family. That marginality can be a state and not an end product is supported by longitudinal studies of the circulation of homeless between states of domiciled poverty, makeshift arrangements (such as doubling up with family, staying with friends), and the streets or shelters.

More anthropologically oriented studies of homelessness presented an alternative to the disaffiliation thesis. In 1923, sociologist Lars Anderson had already

described the normative characteristics of homeless men within their own subcultures. During the 1970s, proponents of the “social enculturation/ replacement” thesis recognized that homeless men were stigmatized by mainstream society and experienced isolation from it. However, they argued that homeless men on skid rows reestablished social ties in an “ecologically appropriate” manner, with small, highly active but fluid networks, such as those focused on drinking. Like marginal rural migrants in Latin American cities, those homeless persons who are disconnected from the formal labor market may be integrated into precarious institutions, such as the informal economy, squats (empty buildings occupied by squatters), and shantytowns.

POLITICAL ECONOMY: MARGINALITY, CAPITALISM, AND GLOBALIZATION

For Marxists and political economists, marginality is a product of capitalist penetration in Third World countries, the destruction or displacement of jobs through deindustrialization and globalization, and the maintenance of surplus populations in industrialized and postindustrial countries. This perspective is relevant to homelessness in at least two ways.

Sociologist Saskia Sassen demonstrates how the global economy simultaneously creates sites of centrality and marginality. It materializes in strategic places along a geographic grid that cuts across national and regional boundaries. A transnational urban system, including “global cities,” accommodates financial markets and their necessary support systems (information, banking, public relations, etc.). Vast territories within national boundaries meanwhile become increasingly peripheral and excluded from the major processes that fuel growth in the new global economy. This territorial inequality is accompanied by the rift between highly paid, highly educated workers necessary to finance and its support system and low-paid, low- or medium-skilled workers. Finally, within cities, a second rift occurs. Resources are focused on metropolitan business centers, downtowns, and the residential neighborhoods of the multinational workers, whereas peripheral, low-income neighborhoods experience resource shrinkage. As a

result, communities break down, housing becomes scarce, and more low-paid workers and their families become vulnerable to homelessness.

Social scientists Kim Hopper and Jim Baumohl have borrowed the notion of “abeyance” (suspension) from Ephraim Mizruchi’s theory of marginality and applied it to homelessness. When work and other status positions are scarce, a number of social institutions and arrangements “warehouse” redundant populations. They keep them out of the labor force while controlling their potential threat to the social order. This resonates with the Marxist idea of a reserve labor army. Abeyance works through marginal institutions such as shelters, religious orders, or countercultural movements that are thus functional equivalents of work, yet uncompetitive with mainstream labor. Framing homelessness in terms of abeyance redirects attention both to non-homeless institutions (e.g., hospitals, the military) and informal practices (e.g., “fostering out” children) that absorb the homeless and potentially homeless.

HISTORICAL SOCIOLOGY: THE SOCIAL STRUCTURING OF HOMELESSNESS

Sociologist Robert Castel’s monumental history of economic marginality and the responses to it bridges theories of social integration and a neo-Marxist perspective. The marginalization of the homeless is socially produced through the way society organizes work and distributes roles and statuses. From the fourteenth through the eighteenth century, vagabonds in Europe belonged to a larger category of marginal people that included beggars, criminals, prostitutes, rogues, and marauders. They shared characteristics, such as (1) surviving through expediency (begging, swindling) outside systems of regulated work and common production of wealth; (2) seeking opportunities through mobility or settlement in devalued spaces (fallow land, edges of cities, etc.); (3) being disaffiliated from their communities of origin; and (4) maintaining atypical social relations, with their own hierarchies, slang, common law marriages, and so forth that reversed the dominant norms.

Vagabonds during this period came from the rural poor or the strata of unprotected, unregulated city

jobs (i.e., outside the corporations). In most cases, a marginal status was a necessity, not a choice. However, as their marginalization intensified, vagabonds became dissocialized and replaced their attachments with less stable, often dangerous ones.

Castel hypothesizes that when marginals become a large enough group—a deviant majority, so to speak—they constitute a factor of social change through the pressure they exert on a society where they don’t fit. Thus, in France and England, marginals reintegrated into mainstream society by becoming part of the workforce of the first large factory complexes during the Industrial Revolution.

CULTURALIST ANTHROPOLOGY: MARGINS BEYOND CLASSIFICATION

According to British anthropologist Mary Douglas, margins are those social spaces in which traditional ways of classifying things and people no longer work. The culturalist perspective has been used to understand how U.S. researchers classify homeless people and analyze homeless outreach work. Outreach workers and homeless people encounter one another at a borderland between their respective worlds. Outreach workers must often suspend their usual ways of understanding (the mental structures that shape their culture) at the cost of anguish and disorientation. On the other hand, they sometimes erroneously assume that the person encountered shares their worldview. For example, they may not see that crossing back over into mainstream society runs the risk of breaking up the networks and other resources on which homeless persons depend. They can leave behind their stigmatized identity when they cross the border. However, they court the danger of acquiring not full citizenship (rights, responsibilities, strong connections to mainstream institutions) but only another marginal status as second-class citizens with fragile connections to institutions, rights, and responsibilities.

SYMBOLIC INTERACTIONISM: THE DYNAMICS OF SOCIAL MARGIN

Social interaction—the focus of sociologists in the symbolic interactionism tradition, which considers

that reciprocal action between individuals and the meanings they attribute to those actions are the basis of social phenomena—is a dynamic process. The interactionist concept of social margin has proved useful to understanding homelessness as a process rather than merely a status. Sociologist Jacqueline Wiseman defined social margin as

the amount of leeway a person has in making errors on the job, buying on credit, or stepping on the toes of significant others without suffering such serious penalties as being fired, denied credit, or losing friends or family. Where a person is well-known and considered to have likeable traits, there exists social margin to have some unpleasant characteristics as well. (Wiseman 1979, 223)

In the homelessness context, social margin is the possibility of drawing on resources, relationships, and personal attributes to survive in or move beyond a marginal situation. Like the “forms of capital” in the theory of the French sociologist Pierre Bourdieu (1930–2002), and particularly his notion of symbolic capital (symbolic resources such as honor and prestige), social margin is both cumulative and “graduated like the possession of riches.” The more one has, the more one can obtain. Social margin is a relative concept because it depends on the norms and values relevant to a particular setting.

Social margin and marginality work in opposite directions: The narrower one’s social margin, the more marginal one is. Social margin is useful for examining social differentiation among homeless people, as well as between groups in the social structure. In a study by sociologist Steven Segal and his colleagues, young vagrants in California looked down on mentally ill street people they labeled “space cases.” The latter possessed narrower social margin: fewer material resources, less social interaction, and negative personal attributes, such as undependability and unpredictable behavior. Homeless persons with psychiatric disabilities in New York City were far more likely to get into housing if they had more social margin, defined by a higher percentage of non-marginal persons in their social network and a higher social class background. One implication of these findings is that the breakup of

communities and networks of origin (through urban and economic processes or the nature of social services) needs to be addressed. Social margin may help understand how a segmented homelessness service system responds to certain people (families, those with psychiatric disabilities, battered women, etc.) while marginalizing others (the “generic” homeless).

SOCIAL ECOLOGY: HOMELESSNESS AND MARGINAL SPACE

Cultural geographers and sociologists in the social ecology tradition define homelessness in relation to marginal space. What distinguishes homeless persons from socially integrated members of society is not so much the former’s lack of property rights as the functional value of the space they are obliged to occupy. That value is determined by the “host” community. As sociologists David Snow and Leon Anderson observed in their study of street people in Austin, Texas, “the critical question is not who owns the property or whether it is public or private land, but whether it is of importance for domiciled individuals” (Snow and Anderson 1993, 103). Space is classified on a continuum from prime (routinely used by the domiciled for residential, commercial, recreational, or symbolic purposes) to marginal (of little value to regular citizens, such as abandoned buildings, alleys, vacant lots, or impoverished residential areas).

Marginal space can be ceded intentionally and unwittingly to the powerless and propertyless. However—and this resonates with the abeyance view of marginality—space can also be made available in a way that controls and contains homeless populations. This happens when interstitial spaces—spaces under highway abutments, degraded parks, abandoned lots—are occupied by homeless persons.

However, marginal space can also be reconstituted as prime space through gentrification (a process of renewal and rebuilding), redevelopment, or informal homesteading, for example, by artists. Homeless or marginally domiciled persons are thus displaced by higher-income groups, as has happened in New York City during the past three decades. Paradoxically, homeless persons are then forced to

seek resources in prime areas, a process that renders them at once more visible and more vulnerable, without changing their marginal status.

RESEARCH DIRECTIONS

Marginality may have outlived its usefulness as a concept for understanding and responding to homelessness, especially as a global phenomenon. One useful perspective is offered by European scholars, for whom homelessness is one possible outcome of an accumulation of handicaps that marginalizes people from collective and professional life. Thus, homelessness is not isolated, or conceptually marginalized, from other forms of social and economic precariousness. Another approach might examine what could be termed “civic marginality.” French scholars have begun tracing the changing civic status of homeless persons throughout European history along these lines. For example, during the fourteenth century, vagabonds, such as beggars and the poor more generally, commanded dignity; they were seen as the image of God. When war and social transformation displaced thousands during the next centuries, wanderers and other homeless lost this dignity. Today, some European countries are moving toward the elimination of marginal legal status for homeless people by recognizing basic citizenship rights instead of specific categories reflected in laws on begging, vagrancy, or vagabondage, and administrative requirements for a local address. This perspective on homelessness and marginality joins wider concerns in the area of poverty and welfare that focus on the struggle for recognition as a central building block of civic society.

—Anne M. Lovell

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☐ MEDIA

See Appendix 3: Directory of Street Newspapers; Images of Homelessness in the Media; Photography; Public Opinion; Street Newspapers

☐ MEN

See Bowery, The; Chicago Skid Row; Great Depression; Literature, Hobo and Tramp; Skid Row Culture and History; Veterans

☐ MENTAL HEALTH SYSTEM

Most homeless people are burdened by unmet needs for mental health services. To meet these needs effectively, the planning and delivery of such services demand attention to the needs and characteristics of the homeless, in particular their mental health status, access and barriers to care and support, and the integration of other needed services, especially housing.

INCIDENCE AND PREVALENCE OF MENTAL ILLNESS AMONG THE HOMELESS

The 1996 National Survey of Homeless Assistance Providers and Clients was based on a statistical sample of seventy-six metropolitan and non-metropolitan regions, including small cities and rural areas. The survey found that 86 percent of homeless persons had experienced at least one alcohol, drug, or mental health problem in their lifetime, with 57 percent having had problems with mental health, 62 percent with alcohol, and 58 percent with drugs. In the previous month, two-thirds of the homeless persons surveyed had experienced at least one alcohol, drug, or mental health problem; 39 percent had problems with mental health, 38 percent with alcohol, and 26

percent with drugs. The survey also found that one-third of homeless adults suffered at that time from current serious psychiatric illness, including schizophrenia and affective, personality, and character disorders (Burt et al., 1999). Another study of a similar population found that one-third had substance abuse disorders, including 17 percent with dual diagnoses of serious mental illness and chronic substance abuse. Such dual diagnoses pose a challenge to those seeking to develop services that adequately address both needs (Drake et al., 2001).

MENTAL HEALTH CARE FOR HOMELESS PERSONS

During the latter half of the twentieth century, deinstitutionalization, the process of replacing long-stay psychiatric hospitals with smaller, less isolated community-based alternatives substantially changed the way most communities in the United States provided mental health services (Bachrach, 1996). This process of closing down or reducing the size of state hospitals was implemented primarily in the 1970s but continues into the present. The extent of the shift that occurred in the locus of care is illustrated by the change in the resident populations of state and county mental hospitals: From a peak in 1955 at 558,922 patients (339 per 100,000 population), the total had declined by 1998 to 57,151 patients (21 per 100,000) (Mechanic, 1999; Lamb & Bachrach, 2001). Unfortunately, the release of public mental hospital patients most often occurred without alternative community-based mental health services yet in place (Mowbray, Grazier, & Holter, 2002).

Some writers have posited that deinstitutionalization was the primary cause of homelessness from the 1950s into the 1980s (Isaac & Armat, 1990). Several studies have documented that a significant number of patients in mental institutions, particularly in state mental hospitals, were or have been homeless, and that a large proportion of discharged patients became homeless (Lindblom, 1991). However, other research has suggested that several structural factors contributed to the growth in homelessness among individuals with mental illness, including a shortage of affordable housing and a growing proportion of per-

sons living below the poverty rate (O'Flaherty, 1996; Rossi, 1989). Still, it is important to note these latter factors did not come into substantial play until after the first waves of deinstitutionalization had already been largely completed.

CREATION OF COMMUNITY-BASED MENTAL HEALTH SERVICES

The primary programmatic response to deinstitutionalization and the consequent need to serve people with serious mental illness in the community has been the development of case management, the process of integrating the various facets of a client's care across an often fragmented service system. Case management is an alternative to hospitalization that, when correctly implemented, has proven to be effective in maintaining people in the community. However, community-based services have often been criticized for poor implementation and for their failure to facilitate access to the necessary continuum of care for many clients. The failure to create integrated services has meant that the mentally ill or substance-abusing homeless have faced even greater barriers to access and utilization of services.

BARRIERS TO MENTAL HEALTH TREATMENT

Given the high prevalence of mental illness and substance abuse among homeless people relative to the general population, it is not surprising that more than half of the hospital admissions of homeless people (51.5 percent) are for the treatment of these issues (Salit et al., 1998). Between 15 and 44 percent of homeless adults have had a previous psychiatric hospitalization (Koegel, Burnam, & Farr, 1988). A number of studies have established that despite the high prevalence of current mental illness and prior psychiatric hospitalization, most homeless persons do not use existing outpatient mental health and substance abuse systems of care. Gelberg and Arangua (2001) summarized a number of barriers experienced by homeless persons trying to access mental health and substance abuse treatment. They noted that one-half to two-thirds of the homeless population have no health insurance; accessible and affordable trans-

portation is often unavailable; homeless individuals spend an inordinate amount of time each day meeting their basic needs for food and shelter, leaving little time or energy to follow a prescribed treatment plan; the psychological distress experienced as part of homelessness acts as a barrier to obtaining services and often causes paranoia, disorientation, and distrust of the mental health system; and homeless persons often sense that they are unwanted and thus anticipate disrespectful, if not hostile, treatment from caregivers.

THE FEDERAL GOVERNMENT'S ROLE IN PROVIDING MENTAL HEALTH SERVICES TO THE HOMELESS

The Community Support Program (CSP) was initiated by the National Institute of Mental Health (NIMH) in 1977 as a response to the shift from large state institutions to community-based mental health care for persons with severe mental illness. In 1986, NIMH designated homeless persons with severe mental illness as a priority population for CSP service demonstration projects. The first direct congressional effort to provide health services to the homeless was through the Health Care for the Homeless program (HCH), begun in 1985 by the Robert Wood Johnson Foundation and covered under the Stewart B. McKinney Homeless Assistance Act of 1987. Although the HCH program targeted certain medical conditions (tuberculosis, hypertension, peripheral vascular disease, diabetes, and seizure disorders), 28 percent of patient encounters were for mental health and substance abuse treatment.

The McKinney Act established a range of programs to assist homeless persons. Title VI contains two provisions pertaining to services to homeless persons with mental health and substance abuse problems, the implementation of which are overseen by the Center for Mental Health Services of the Substance Abuse and Mental Health Service Administration. The first provision, now known as Projects of Assistance in the Transition from Homelessness, or PATH, sets aside funds to implement services for homeless persons with mental illness. (It was formerly known as the Mental Health Services for the

Homeless Block Grant.) Covered services include outreach, case management, community mental health and substance abuse services, including referral to inpatient treatment, and supportive services in residential settings. The McKinney Act's second provision (Section 612) funded two demonstration programs, one for mental health (the Demonstration Program for Homeless Adults with Serious Mental Illness) and one for substance abuse (Community Demonstration Grant Projects for Alcohol and Drug Abuse Treatment of Homeless Individuals).

In 1992, a Federal Task Force on Homelessness and Severe Mental Illness issued a report, *Outcasts on Main Street*, which suggested that a system of care should be developed to adapt the Community Support Program (CSP) to the special needs of the homeless. In the same year, NIMH was reorganized, leading to the establishment of the Center for Mental Health Services (CMHS). The center's mandate was to play a leadership role in delivering mental health services, generating and applying new knowledge, and establishing national mental health policy. CMHS is a component of the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services.

CMHS also initiated Access to Community Care and Effective Services and Supports (ACCESS), a \$17 million, five-year, eighteen-site demonstration program designed to evaluate strategies intended to foster cooperation among agencies and reduce service system fragmentation for individuals who are homeless and mentally ill (Randolph et al., 1997). The McKinney Act was amended to consolidate the two previously separate demonstration programs into ACCESS. Incorporating the lessons of CSP and the Robert Wood Johnson Foundation Program on Chronic Mental Illness into its design, ACCESS combined system development strategies with assertive community treatment services. In its first three years of operation, 11,857 individuals were contacted, 80 percent of them in existing shelters, soup kitchens, or treatment programs, with the remainder living on the street. Evaluation of the program found that housing outcomes were improved

through greater service system integration (Rosenheck et al., 1998).

ISSUES IN SERVICE PROVISION

In a review of the McKinney Homeless Research Demonstration Programs, Breakey and Thompson (1997) identified four major stages in providing mental health services for homeless persons with severe mental illness. First, it is necessary to engage individuals and gain their confidence so that they will enter treatment. This process is complicated by the reluctance of people to seek help, distrust of the mainstream mental health system, and lack of insight into the fact that they are ill. Outreach services have thus emerged as an indispensable precursor to motivating potential clients to accept basic services and case management.

Second, providing a range of basic services can function as an engagement strategy in and of itself. A needs survey of shelter users in New York City found that mental health services were ranked far lower on the list than housing, food, clothing, and money (Herman et al., 1993). Third, once individuals are clinically stable and reliably housed, they can be transitioned to mainstream services, thereby freeing up the limited resources of programs targeting more needy homeless clients. Fourth, individuals are integrated into the general community with regular housing and other necessary supports. At this point, the person moves out of all programs that target the homeless, instead relying on ongoing community-based programs already in place. The success of this step depends upon the existence of adequate services and the willingness of programs to accept and retain potentially reluctant clients.

MODELS OF CARE

After proving effective through a process of demonstration and evaluation, several approaches serving this population have been labeled as "evidence-based."

Critical Time Intervention

Designed to prevent homelessness by enhancing continuity of care for persons in transition from a

shelter to community living, the critical time intervention (CTI) model is a nine-month case management program. It was initially available to shelter users who had already acquired housing in the community, and was intended to supplement and provide a link to existing community services. Over an eighteen-month follow-up period, those receiving CTI spent an average of thirty nights homeless, compared to ninety nights for those receiving the usual services (Susser et al., 1997). Further, CTI participants had greater reductions of negative psychiatric symptoms (Herman et al., 2000). Overall, CTI has been found to be cost-effective in reducing homelessness relative to usual services (Jones, Colson, Holter et al., 2003).

The CTI model is currently being tested with individuals reentering the community from institutional settings such as state hospitals and jails. Since CTI works by facilitating access to existing mental health and housing services, its success depends in large part on an established system of care that provides mental health services appropriate for the homeless. For this reason, it may be more likely to be successful in urban centers, where service networks are denser, rather than in rural areas.

Assertive Community Treatment

In the 1960s, assertive community treatment (ACT) was begun in response to the “revolving door” phenomenon: Persons being discharged from state institutions into the community were soon being reinstitutionalized. Using a multidisciplinary, team-based approach, ACT provides comprehensive community-based treatment and services on a continuous and often long-term basis (Stein & Test, 1980). ACT teams provide “hands-on” services, as opposed to traditional case management wherein services are often contracted from other providers. The program, which has been replicated nationally, has been found to reduce the need for hospitalization, as well as to improve clients’ clinical status and community functioning (Burns & Santos, 1995; Ziguras & Stuart, 2000). ACT has also been adapted to meet the needs of the homeless mentally ill through the inclusion of consumer advocates and a family outreach worker, as well as by transferring clients to other services

after twelve months of treatment when clinically appropriate (Dixon et al., 1995; Rosenheck & Dennis, 2001). In Baltimore, Lehman and colleagues (1997) found that an ACT program serving homeless clients reduced hospitalizations, increased housing stability, and produced clinical improvements. In following 1,617 homeless clients of the ACCESS program who received ACT services, Rosenheck and Dennis (2001) found that persons could be discharged or transferred from ACT teams to other mainstream services without any significant adverse impact on their improved mental health status, reduced substance use, or their ability to maintain housing and employment.

Choices

The “Choices” program, located in New York City, was also funded under the McKinney Homeless Assistance Act. The program was aimed at street-dwelling homeless persons, allowing them immediate access to basic needs for food and clothing, case management-coordinated services, and a continuum of care. Named for its approach allowing participants an active role in the decision-making process for treatment and rehabilitative services, Choices is composed of four components: (1) outreach and engagement, (2) a low-demand drop-in center, (3) a ten-bed respite housing unit, and (4) community-based rehabilitation. An evaluation of the program found that participants had better housing outcomes and improved quality of life compared with a control group receiving standard treatment (Shern et al., 1997).

The Mental Health Linkage Intervention Model

The Mental Health Linkage program (Mowbray et al., 1992) utilized a street outreach team of mental health workers with the goal of helping people gain independent housing in the community, providing them with the support necessary to maintain a residence, and, once housed, to transition to ongoing community mental health and social services. An evaluation of the program in two locations found that it produced significantly better housing outcomes (Bybee, Mowbray, & Cohen, 1995).

The Veterans Administration's Homeless Chronically Mentally Ill Veterans Program

Operated by the U.S. Veterans Administration, this program was established in 1987 in forty-three sites around the United States, providing outreach, case management, and residential treatment for chronically ill veterans. An evaluation that used data from nine of the sites suggested that the program was effective in reducing homelessness among participants, as well as improving their clinical status and social adjustment (Rosenheck, Frisman, & Gallup, 1995).

Integrated Treatment for Mental Health and Substance Abuse Disorders

Research and practice have consistently documented the difficulty in serving homeless persons with concurrent mental health and substance abuse disorders (Drake et al., 1998). In response, treatments have been developed that combine elements of interventions for dual disorders within the context of a primary treatment relationship or service setting. The critical components for integrated treatment include staged interventions, assertive outreach, motivational interventions, simultaneous interventions, risk reduction, tailored mental health treatment, tailored substance abuse treatment, counseling, and social support. The approach advocates a comprehensive, longitudinal view of remission and recovery, and addressing "real-life" issues with cultural sensitivity and competence (Drake et al., 2001). Studies have indicated that substance abuse among this population does not improve in the absence of specific dual-diagnosis interventions (Morse et al., 1992). Integrated treatment targeting both disorders has demonstrated superior outcomes in reducing homelessness, alcohol and drug use, and the severity of mental health symptoms (Morse, 1999). However, Drake and colleagues (1993, 1998) have found that even when treatment is integrated, successful outcomes may take three to four years to achieve.

Housing and Transitional Services

Housing is obviously a primary goal of services to any homeless population, especially for those suffer-

ing from serious mental illness. Recent studies have shown that specialized housing programs have some success in placing and maintaining persons who are homeless and mentally ill in appropriate housing, although such programs have more difficulty housing the street-dwelling homeless than those transitioning from homeless shelters (Rosenheck, 2000). Most studies report that simply housing people did not necessarily lead to improvement in their symptoms or functioning (Rosenheck, 2000).

A GROWING TREND: HOMELESS FAMILIES

Since the early 1980s, families with children have made up the fastest-growing segment of the homeless population, comprising 41 percent of the overall totals (U.S. Conference of Mayors, 2002). The typical homeless family is headed by a single mother in her late twenties with two children, both under six years old (Rosenheck, Bassuk & Salomon, 1999). Incomes of homeless families are significantly below the poverty level. In a study of sheltered and poorly housed children and families conducted in western Massachusetts, Bassuk and colleagues (1996) found that children old enough to be aware of their social environment began to develop mental health and behavioral problems, with 21 percent of preschoolers and 32 percent of children aged nine through seventeen experiencing serious emotional problems. In addition, the typical shelter's structured rule system tends to increase stress and undermine parenting and the family authority patterns (Thrasher & Mowbray, 1995).

Compared to the general female population, mothers of homeless families have higher rates of lifetime depression, posttraumatic stress disorder, suicidal tendencies, and substance abuse (Rosenheck et al., 1999). These findings are especially troubling in that Bassuk and colleagues (1996) report that the most potent predictor of emotional and behavioral problems in homeless children was the mother's level of emotional distress. A system of care for families needs to take an integrated approach that attends to the well-being of the entire family unit. To date, the programmatic response to the mental health needs of homeless families has been to develop adjunct serv-

ices as components of family shelters and transitional housing programs. These are a good start, but data indicate that more emphasis should be placed on permanent, affordable housing with case management and other services available to families on an ongoing and as-needed basis. Much more research is needed on the numbers and needs of homeless children (Burt et al., 2001).

THE ROAD AHEAD

By most definitions, a society's least fortunate and most vulnerable group of people would include those who are both homeless and mentally ill. The models discussed in this chapter have demonstrated effectiveness in improving housing and other outcomes for this group. Effective strategies exist to address the problems of those who are homeless with alcohol, drug, and/or mental health problems; "what is lacking clearly are the political will and concomitant resources" to implement them (Burt et al., 2001).

In addition, a central problem of deinstitutionalization—the lack of coordination between the systems of community-based care—continues to compromise the mental health system and contribute to the continuing lack of stable housing for individuals with serious mental illness. The ACCESS demonstration program showed that system integration leads to better housing outcomes and that, conversely, a fragmented system makes it hard to access and maintain stable housing. Breakey and Thompson (1997) suggest that the mental health system would be better served by a formal integration of evidence-based practices, rather than by launching a series of new and independent categorical programs that may exacerbate rather than ameliorate problems in the long run by further fragmenting service options. Even if such new programs do improve short-term outcomes for specific subgroups, such as the homeless, they may exacerbate rather than ameliorate problems in the long run by further fragmenting service options.

—Mark C. Holter and Carol T. Mowbray

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☐ MENTAL ILLNESS AND HEALTH

The upsurge of homelessness in the United States and other western countries since the late 1970s has stimulated a new level of concern about mental illness in homeless people. In earlier times, the chronic alcoholic stereotype often pervaded discussions of homelessness, leading to negative labels such as “wino” and “skid row bum.” The more recent focus on mental illness in homeless people was occasioned by their high visibility since the 1980s in major American and European cities, and by the public perception that many homeless people were seriously disabled by mental illness. There was concern that these high numbers were a result of the policies of deinstitutionalization that dominated mental health care since the 1970s.

For more than a century, Americans have generally accepted that the care and treatment of people with serious mental illnesses is a public responsibility. Until the middle of the twentieth century, this responsibility was largely met through state mental hospitals, which cared for steadily growing numbers of severely disabled psychiatric patients. The number peaked in 1955, when state and county mental hospitals housed 560,000 patients. Since then, there has been a movement toward treatment in community-based programs, a trend motivated partly by medical advances and a new philosophy of mental health care, but also by humanitarian and civil rights considerations and the political goal of reducing the huge maintenance costs of public institutions. Deinstitutionalization policies sought to provide care largely on an outpatient basis, with a range of treatment, support, and rehabilitation services for people whose ability to function independently might be severely limited. This task has proved to be costly and complicated. Nevertheless, hundreds of thousands of severely mentally ill people who in a previous era would have been institutionalized indefinitely are now living in community settings.

Community mental health services are provided under local auspices, but unfortunately only a few localities have managed to provide an adequate array of services for the most severely disabled. For some

of these people, when family or community supports fail, or when the illness itself hinders good use of available services, homelessness has been the result.

THE EXTENT OF THE PROBLEM

Concern about homelessness and the search for policies to address the needs of homeless people have prompted a series of research studies in American and European cities to discover what proportion of homeless people are mentally ill.

The simplest, but also the crudest, measure of the prevalence of serious mental illness is to ask homeless people if they have ever been admitted to a psychiatric hospital for treatment. When this question is put to clients of homeless shelters, about one-third of the respondents typically report such a hospital admission. This provides a rough approximation, but it does not identify those persons who may be ill but untreated, or those who have had treatment, but not in a hospital. It is also likely to underestimate the numbers, because for a variety of reasons people may not wish to disclose their history of hospitalization.

More informative data can be obtained by surveys that use standard methods to examine the mental health status of shelter residents or other homeless subgroups. A study of this sort must use rigorous scientific methods to obtain valid data. It requires careful sampling of the population, well-designed interview instruments, and trained interviewers, ideally with clinical backgrounds. With a clinical diagnosis for each person examined, the investigator can estimate the prevalence of mental illness in the population from which the sample was selected. Such studies have confirmed that a very high proportion of homeless people suffer from some type of mental, emotional, or substance use disorder. These range from mild and understandable substance abuse, depression, anxiety, or phobias to life-threatening alcohol-related illnesses, suicidal depression, or severely disabling schizophrenia. Many individuals show signs of more than one of these. In fact, only a small fraction of homeless people contend with no emotional, mental, or substance abuse problems at all.

A careful survey of single homeless people in Baltimore, Maryland, in the 1980s revealed that

42 percent of men and 49 percent of women had a major mental illness such as severe depression or schizophrenia. In addition, 75 percent of men and 38 percent of women had histories of alcohol or drug abuse currently or in the past (Breakey et al., 1989). About 25 percent of both sexes had what is sometimes referred to as a “dual diagnosis”—both a serious mental illness and a substance use disorder.

The findings in Baltimore are very similar to those of other careful diagnostic studies of comparable homeless groups in other cities in North America, Europe, and around the world. Each city has its own characteristics, but overall the findings are parallel. For example, in the 1990s a study of homeless single men in Munich found that, currently or previously, 37 percent had a major mental illness, and 73 percent were dependent on alcohol. Overall, the prevalence of psychiatric disorders was double that in the general population; for psychoses, the most disabling illnesses, the rate was seventeen times higher (Fichter and Quadflieg, 2001).

Mental illnesses vary widely in severity and impact. Many people with bipolar illness, for example, lead successful and productive lives with appropriate treatment and the support of family and friends. Others have great difficulty coping with the demands of everyday life and need extensive help from family or professionals to live a decent, community-oriented life. The term *severe mental illness* designates those who have been ill for an extended period and whose level of functional impairment qualifies as disability. About 15 to 20 percent of homeless people meet these criteria, in contrast with an estimated 1 percent in the general population. These people are of primary concern to mental health authorities and community programs because of their greater needs for treatment, support, and rehabilitation.

Such illnesses can often impair the sufferers' ability to work or to be resourceful in seeking solutions to their problems. In one popular but ill-informed view, people with mental illness represent a danger or a threat, but in reality they are more often passive than aggressive, more likely to suffer through self-neglect or suicide than to hurt another person.

These descriptions are often applied to single adult homeless people—“street people,” “bag

ladies,” and the typical residents of missions and shelters. However, any city's homeless population is far from homogeneous; indeed, its subgroups may vary widely. One large group is made up of homeless families. In most cases, these are single-parent families: mothers and children. Most of these mothers are between eighteen and thirty years old, and many have fled abuse or domestic violence to seek refuge on the streets or in a shelter. They often come from highly unstable circumstances: Many have changed residences several times in the year before becoming homeless. Although not much more likely than the general population to have severe mental illnesses such as schizophrenia or bipolar disorder, these mothers do have high levels of depression, anxiety, and substance abuse. In some cases, these symptoms form a pattern called posttraumatic stress disorder (PTSD), wherein abuse or trauma has persisting emotional effects.

MENTAL ILLNESS AS A RISK FACTOR FOR HOMELESSNESS

For most homeless people with serious mental illnesses, the illness predated the loss of the home. That alone is not enough to cause homelessness, however; a combination of factors is needed. Three basic factors usually contribute to a slide into homelessness, regardless of the person's mental health: poverty, disaffiliation, and personal vulnerability. The role of *poverty* is obvious: homeless people are the poorest of the poor, and affordable housing for low-income people can be scarce. *Disaffiliation* is a lack of those relationships that provide support for individuals in times of trouble: family, friends, neighbors, coworkers, religious congregations, and so on. Homeless people have fewer such relationships and often describe themselves as loners. *Personal vulnerabilities* of many kinds impair coping abilities and increase the risk of homelessness: unemployment, abuse, illness, disability, or addiction.

People with severe mental illnesses frequently score high on each of these three risk factors. They are poor because they lack the capacity to sustain employment, perhaps because they are disabled. In the United States, disability entitles a person to finan-

cial support provided through Social Security's Supplemental Security Income (SSI) program. The application process can be arduous, however, and help comes in the form of a sub-poverty level monthly payment, barely enough for subsistence. People who function poorly, for example in budgeting, often find it impossible to make ends meet and to pay for even minimally acceptable lodging. Disaffiliation can compound problems for people with mental illnesses. In some cases, they experience delusions—unrealistic, idiosyncratic beliefs that may have a paranoid, suspicious content; the person may perceive some type of persecution or victimization, for example. Delusional thinking may lead the sufferer to withdraw from friends, neighbors, and family members, or even to leave home, preferring to face the dangers of life on the street over the imagined dangers of the delusions. Meanwhile, those close to the sufferer may be disturbed or frightened by the symptoms, such as the negativity and irritability of a depressed person, or the grandiose hyperactivity of a person in a manic episode. This, added to society's persistent stigmatizing attitudes toward mental illness, may lead them to avoid contact or withdraw from the person. This loss of support leaves the sufferer with even fewer coping resources in times of trouble.

The effects of the illness itself render the person vulnerable. Mental illness saps the ability to be resilient and resourceful; it clouds thinking, impairs judgment, and leads to attitudes of pessimism and defeat. It also increases the risk for dependency on alcohol or other drugs. In many programs for severely mentally ill people, 35 to 40 percent also have substance use disorders, which compound their disabilities and further strain their fragile financial resources.

For all these reasons—the effects of poverty, the stigma and social isolation, the disabling effect of the illness, and the added vulnerability resulting from alcohol or drug use—people with mental illnesses are at greater risk of becoming homeless than most other people.

HOMELESSNESS AS A STRESSOR

Homelessness, in turn, has an adverse effect on mental health. Homeless people are at the lowest extreme

of the economic scale. A person who arrives in this predicament often experiences it as shameful, a sign of personal failure. Often it is a result of a series of circumstances that are traumatic in themselves: loss of a job or a relationship; physical, emotional, or sexual abuse; eviction; imprisonment; or a disaster such as a flood or house fire. Thus a newly homeless person may already be in an emotionally vulnerable state—depressed, frightened, frustrated, or angry. To make matters worse, public agencies may subject them to humiliating and tedious bureaucratic procedures in an attempt to address their needs. Moreover, many homeless people, especially women, are at high risk of being robbed, beaten, or abused. They may find themselves in “shelter” settings that are themselves dangerous, while the alternative, sleeping on the streets, is even more risky. Thus the stress is increased, and it is easy to understand how anxiety, worry, fear, depression, sleeplessness, aggression, and substance abuse may result.

DUAL DIAGNOSIS

Alcohol and other drug dependencies are extremely common in homeless populations, and people with serious mental illnesses are not immune. Surveys have indicated that as many as 25 percent of single homeless people can be dually diagnosed with both a mental illness and a substance use disorder. In some cases, people report their use as an attempt to “self-medicate” and ease their symptoms, but more often it can be better interpreted as a result of boredom, diminished self-control, or a mistaken attempt to improve self-esteem and sociability. Addiction can often play an important role in the slide into homelessness; it has been clearly shown that those suffering from both problems are at even greater risk.

PROVIDING CARE AND TREATMENT

Providing for the needs of homeless people who are mentally ill presents challenges to mental health services. Such people have fallen through the cracks in the systems that are meant to support them; many sufferers do not grasp that they are ill and need treatment. They may have an aversion to psychiatric care,

perhaps due to traumatic past experiences with doctors or hospitals. In some cases, the fear or paranoia symptomatic of their illness may deter them from seeking help, or social stigma may make them reluctant to accept appropriate treatment even if it is available. Mental health service providers often must go to extra lengths to engage them and address their often complex needs.

In many places, special health centers and mental health programs now address the needs of homeless people, using skills and therapeutic approaches appropriate for this population. Such programs often must reach out to mentally ill people wherever they are, on the streets or in shelters, to facilitate their entry into treatment. Then they must help with basic needs, such as shelter, food, and financial support, while providing clinical evaluation and treatment that is affordable and offered with sensitivity. The aim is that in due course, the person should move beyond the homeless health care program and be fully integrated into existing community service systems.

Even more carefully designed treatment is needed for those people dually diagnosed with both a mental illness and a substance use disorder. The two problems demand different approaches, and indeed have given rise to two entirely different treatment systems in America—systems with their own philosophies, treatment approaches, and cadres of professionals. Bringing these two systems together in the service of a person who needs both can be challenging. In recent years, as this problem has been better understood, and the need for well-integrated treatment planning has been appreciated, many localities have established programs that offer a coordinated approach, sometimes referred to as MISA (Mental Illness/Substance Abuse) programs.

HOMELESS FAMILIES

Homeless families constitute a group of particular concern. As noted above, in most cases these families consist of a mother and one or more young children. The mothers' mental health problems reflect the chaotic environments from which they often come. These young women often describe patterns of abuse and fractured relationships dating from their

childhood. The circumstances of their becoming homeless add to their current distress. Depression and anxiety are common. Many have experience with drug and alcohol abuse in the past, and some continue their dependence. Many exhibit personality disorders—long-standing patterns of emotional and behavioral difficulties that have disrupted their lives and impaired their ability to cope. These mothers need help in a variety of ways. If they are depressed or anxious, they will benefit from appropriate medicines and therapies. If they have been victims of abuse, they will need support, counseling, and advice. If they are drug dependent, they will need appropriate drug treatment.

However, the family must be viewed as a unit. The mother may need help with child care and parenting skills, and the needs of the children must also be addressed. A home and family provide security that is essential for a child's intellectual and emotional maturation. Without a secure home, and with the implicit threats of shelter life or transient situations, children are at high risk for anxiety and depression. At key times for the growth of mental and social skills, major disruptions can lead to developmental delays. In one common scenario, as a homeless family moves frequently, the child is forced to move from school to school, with disastrous results. Children in poverty frequently describe being victims of, or witnessing, abuse and violence.

Meeting these children's needs involves, first, working with the mother to create an environment for the child that is as warm, safe, stable, and supportive as possible. This requires helping her find accommodation in a family shelter program initially, and then moving towards permanent housing. The child's developmental needs can be addressed by school or preschool programs that nurture social, language, and cognitive skills. Localities should make special provisions to keep a homeless child in one consistent school even if the family is forced to move to a new neighborhood. In many cases, addressing these family and environmental problems will relieve much of the distress suffered by homeless children. However, if significant depression or anxiety persists, the children may require specific therapy or treatments such as antidepressant medications.

HOMELESS YOUTHS

Adolescents on their own on the streets constitute another group of great concern. Homelessness at this age indicates a major breakdown in the normal protective and supportive role of the family. Such youths frequently describe family histories of conflict, child abuse, parental separation, and substance use. Some migrate to metropolises from elsewhere, but most in fact do not move far from their familiar surroundings. They tend to seek the anonymity a city provides and live dangerous lives in environments characterized by substance abuse, prostitution, and violence. Research studies have documented high rates of psychiatric disorders, suicide attempts, substance use disorders, and other diseases.

Major mental illnesses often have their onset in adolescence, although this fact may not be recognized by the individual or by others until later. For some youths, it is the early onset of psychiatric illness that contributes to disruptions in relationships and behaviors that ultimately end in homelessness. Depression in adolescents, as in adults, may manifest itself as irritability or "difficult" behavior and "self-medication" with alcohol or drugs; declining school performance is also typical. These behaviors, especially where family coping resources are stretched, can lead to breakdown of relationships and flight or eviction. Other youths develop antisocial conduct patterns, possibly as a result of years of faulty parenting and possibly related to constitutional factors within the person.

Understandably, psychiatric disorders can easily develop under the harsh conditions of street life. Youths are extremely likely to become involved in substance abuse if not already so involved; they are also at high risk for violence, sexual exploitation, and exposure to sexually transmitted diseases, including HIV/AIDS. Anxiety, insomnia, demoralization, and depression are natural outcomes.

Treatment services therefore must take a multifaceted approach. Great skill may be required to gain the confidence and cooperation of youths who are wary of adult authority and institutions. Services may be more acceptable if offered in a drop-in center or similar place geared to the needs of youths.

Without acceptable residential arrangements to get them off the street, therapeutic efforts will be largely in vain. General medical care, substance abuse treatment, and psychiatric treatments are also often needed. Educational or vocational training opportunities may also help the young person get back on track towards a more healthy, community-oriented life. Providing and coordinating services such as these is a formidable challenge, but case management approaches have been used with good effect.

—William R. Breakey

See also Deinstitutionalization; Mental Health System

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☐ MINNEAPOLIS AND ST. PAUL

Beginning in the early 1980s, retail merchants, workers, and residents of Minneapolis and St. Paul



A Twin Cities Success Story

MINNEAPOLIS (ANS)—Michael Frost has a life story similar to that of many homeless men and women. A Vietnam veteran recovering from alcoholism, with few work skills, he lost his job two years ago, fell behind on his rent and ended up in the Union Gospel Mission in St. Paul.

What distinguishes Frost, 48, from the estimated 12 million adults who have experienced homelessness is his good fortune in eventually finding housing, getting another job and receiving the support services he needs through an organization called the Supportive Housing Corporation.

The corporation was established in 1991 with grants from the Pew Charitable Trusts and the Ford and Robert Wood Johnson foundations. In the last nine years, the group has worked with developers, housing rehabilitation specialists and social service agencies to open 9,100 living units that are linked to treatment and job services for people who are not only homeless but also have physical, drug dependency or mental health disabilities.

Determining an accurate count of the homeless nationwide has proved elusive. Because homelessness is often a temporary condition, many experts say counting the number of people who are homeless at a given point in time is not particularly accurate. Perhaps the most widely cited statistic of this kind is 500,000, tallied by researchers at shelters, soup kitchens and on the street in one week in 1988.

A better study, many say, was compiled in 1995 by Bruce Link at Columbia University. In this study 12 million adults were found to have been homeless at some point in their lives; 6.6 million between 1989 and 1994.

What is clear is the high percentage of homeless men and women who are handicapped physically and mentally. In "The Forgotten Americans," released by the Department of Housing and Urban Development last December, 46 percent of 4,200 homeless men and women surveyed had a chronic health problem, such as cancer or arthritis. Thirty-nine percent had a mental illness, 38 percent had an alcohol dependency and 26 percent had a drug problem.

It's this one-two punch of homelessness and disability that the Supportive Housing Corporation seeks to address. Its projects run the gamut from Times Square, a 652-unit converted welfare hotel in New York City, to a single-family home in a Minneapolis suburb. But they all share a holistic management approach that focuses not just on the issue of reliable shelter

Source: Mieke H. Bomann, "Success with Homeless Means Providing More than Just Roof," American News Service, n.d.

but on the underlying causes of a person's homelessness.

"You can't just offer somebody who's mentally ill the keys to an apartment and say good luck," said one advocate. "We are dealing with very fragile people who are the least able to access all of the (agency) bureaucracies. In supportive housing, the skein of tangled systems has been untangled. Whatever they need is easily accessible."

At the Alliance Apartments in Minneapolis, a 124-unit facility for single adults, Frost has the support of an employment counselor, who helped him get a full-time job as a janitor at the Mall of America, a housing director, individual case managers and Donald Jackson, who does just about everything else.

"Sometimes people just need to talk to somebody to develop a direction," said Jackson, whose official title is community developer. He works hard at creating a feeling of family and unity, which residents have been hard-pressed to find elsewhere. Dances are organized to develop social skills. Monthly ceremonies are held to recognize small but important victories like getting a job, donating a needed service or maintaining sobriety.

Staying sober is important at the Alliance. With a waiting list of 500 people, the complex doesn't give second chances to newcomers who fall off the wagon. They must leave, sober up and reapply. Then they're in potential competition with 5,542 other homeless people in Minnesota estimated to have one or more disabilities.

Joyce Givens has every intention of maintaining sobriety. Disabled by asthma and arthritis, Givens is also recovering from drug addiction. After spending time in a treatment facility, she moved in with a relative but feared that easy access to illicit drugs in that household would tempt her. She moved into the Alliance a year ago and now works in the building's cooperative kitchen.

"It's a place where you can get your thinking going on, and think about your future and get a job," said Givens, who is 42. "People sit down and talk with you. They explain what's going on. We are like family. I feel comfortable when I'm here and I feel good when I cook."

Studies from both the federal government and the corporation show that coupling housing for the homeless with job and treatment services is far less expensive in the long run than individual services provided by multiple agencies. In Minnesota, a survey of 157 people in supportive housing in four

began to notice increasing numbers of homeless adults in the downtown business districts. Independently but almost simultaneously, both cities convened task forces to investigate. In 1984, each task

force commissioned a survey of homelessness, which found that most homeless individuals were adult males, often chronic alcoholics, and that their numbers were slowly increasing due to the demoli-

counties found that before they entered the program, these homeless men and women together cost the state \$340,000 a month. Once in supportive housing, their combined monthly costs dropped to \$215,000.

"People who are not able to maintain their housing are high users of very expensive public institutions, like shelters, detox, jails, state hospitals and emergency rooms," said Mari Moen, program director of the corporation in Minneapolis. "They have a poor quality of life, but it's very expensive to serve them."

Nevertheless, getting financial and social support for this relatively new approach to homelessness has proved difficult. While cheaper in the long run, supportive housing is expensive up front. It takes a long time to get the various financing and service agencies together, making it unpopular with politicians operating on election schedules. And in an age of unprecedented plenty, homelessness is simply not a burning social issue for many Americans, providers say—until it arrives in their neighborhoods.

Siting any kind of social service facility in established communities often proves controversial. But by working with neighborhood groups and pointing to on-site or on-call treatment providers, the group says it has lessened opposition. "What helps is that you emphasize property management and a service agency accountable for what goes on," Moen said.

The tangible successes of supportive housing projects will ultimately fuel their popularity, said Moen. While getting the financing together for the Alliance was time-consuming and included development tax credits, federal rent subsidies, and funding from the Department of Veterans Affairs, the city and the county, she said, more and more people realize the status quo simply isn't working.

At corporation projects, very few residents get evicted, Moen said. Those who do move out generally do so for positive reasons, like a good job that puts them over the annual income limit and allows them to afford even better housing.

Frost hopes to be one of those. In March he plans to begin studying to be a truck driver and looks forward to earning in excess of \$20,000 a year. "They gave me the push, the kick in the butt to get a job," secure housing, and the incentive to stay sober, Frost said of the team at the Alliance. "This is a good approach."

tion of low-cost hotels and flophouses. At the time, family homelessness was virtually unknown, largely because homeless adults with children were able to receive immediate vouchers for temporary accom-

modations from the emergency service departments in both cities.

Beginning in 1985, the Minnesota Department of Economic Security began to conduct quarterly counts of persons living in emergency shelters. The first count, conducted in August of that year, found 538 homeless individuals using shelters in Minneapolis and 254 in St. Paul. Approximately half of those were adult men, one-quarter were adult women, and one-quarter were children. Twenty-eight children were reported as homeless and on their own, unaccompanied by any adult.

The first face-to-face surveys in homeless shelters, conducted by Wilder Research Center in St. Paul and the Hennepin County Office of Planning and Development in Minneapolis, found that more than half of all shelter residents were white, 25 percent were American Indian, and 16 percent were African-American. Only 8 percent of shelter clients were married, and only about 5 percent of residents had children with them.

In sum, during the mid-1980s the average homeless shelter user in the Twin Cities was thirty-five years old, white, and male, whose most recent fixed address was in Minneapolis or St. Paul. Only 15 percent of shelter users had moved from another state. About 15 percent of homeless adults were employed, and less than 5 percent had substantial part-time or full-time work.

During this time, homeless shelters were considered unsuitable for families by both county and private agencies. Typically, they diverted families to other accommodations—providing vouchers for a night at a hotel or small-scale family emergency housing, for example. Nonetheless, faced with families' rising demand for emergency shelter in the last half of 1983, Minneapolis created the area's first ongoing accommodation specifically for homeless families.

The St. Paul survey, first conducted in 1984 and repeated in 1986 and 1989, asked additional questions about physical and mental health. The 1984 study found that 43 percent of those surveyed had chronic physical health problems and 30 percent reported mental health problems, including 19 percent who had been hospitalized for mental health conditions. In addition, 30 percent reported chemical

dependency problems, and 43 percent had been in a detoxification center within the past six months. This paralleled a similar finding in Hennepin County, where some 40 to 45 percent of homeless men were chronic alcoholics.

On the heels of these surveys, the initial task forces made several recommendations. These included an increase in the use of public/private partnerships to develop housing projects, including more transitional housing, the employment of outreach workers to help homeless adults apply for public assistance, the development of employment assistance programs based in drop-in centers and homeless shelters, and better access to basic health needs such as bathing and shower facilities and medical outreach assistance.

RECENT TRENDS

By the year 2000, the picture of homelessness in the Twin Cities had changed dramatically. A single-night survey in October showed that the entire metropolitan area was sheltering 1,443 men, 1,560 women and 2,418 children. This represented an overall increase of 36 percent over the previous survey in October 1997; the number of children had increased fivefold in the previous decade. Half of the children were under age six, and 40 percent of the parents with school-age children reported at least one child with significant learning or school-related problems. Although battered women still represented approximately one-quarter of all homeless women in the Twin Cities, their episodes of homelessness were lasting longer, often three months or more.

The October 2000 survey showed other significant changes. Approximately 44 percent of all area homeless people were now working, with 24 percent employed full-time. And while people of color made up less than 10 percent of Minnesota's adult population, they comprised 74 percent of homeless adults, with the majority now African-American and American Indian. In addition, the number of persons with serious or persistent mental illness, including those diagnosed within the past two years or recently institutionalized, had grown to 37 percent of the home-

less population. The housing situation had also changed. Although transitional housing programs now outnumbered emergency shelters in the metro area, the number of persons turned away from shelters on a single night hovered between 400 and 500 in Minneapolis and between 150 and 200 in St. Paul. The 2000 survey also showed some successes in local efforts to ensure continuity in children's schooling. Eighty-seven percent of parents reported that their children had attended school on the day of the survey. However, the waiting period for homeless families to find more stable housing had increased from one month to three months since the 1991 survey, and the number of homeless youth on their own exceeded 200 each night.

SERVICES

A large and diverse array of organizations provide services and advocacy for people experiencing homelessness in the Twin Cities. Wilder Research Center's recent survey of the region's temporary and permanent supportive housing programs found about 150 such programs. These ranged from "emergency overflow" bedding in intake offices to domestic violence shelters, and from emergency voucher programs to permanent supportive housing programs. Altogether, these programs can house more than 6,000 people on any given night.

Both Hennepin (Minneapolis) and Ramsey (St. Paul) counties have active shelter or homeless advisory boards. These bodies have recently been created to help coordinate efforts to address the needs of the homeless. The broader Twin Cities seven-county metro area includes six "Continuum of Care" regions, whose committees oversee activities related to the federally funded McKinney-Vento programs. Efforts are currently underway to bring these committees together to coordinate and strengthen the region's overall approach to the problem of homelessness.

Evaluations by Wilder Research Center (and others) of Twin Cities area transitional and supportive housing have shown that these programs are achieving some success. Transitional programs that have lasted a year or longer have been able to move par-

ticipants into various types of housing, almost all subsidized, with success rates of between 60 and 70 percent. On the other hand, the number of supportive housing programs, particularly for persons with physical disabilities or mental health problems, has not come close to meeting the demand. The number of homeless persons with serious mental illness has climbed consistently in each survey since 1991.

Analysis of the 2000 survey also pointed to a substantial subset of the homeless population for whom the lack of affordable housing alone might be the barrier to a stable living situation. A major push by local and state government and private organizations to increase the supply of affordable housing has yet to make a significant dent in the small amount of housing that is affordable to low-income households, including low-wage workers.

In the summer of 2004, the final results of a 2003 survey of homelessness will be released. Researchers expect to learn more about the impacts of the recently expired time limits on welfare benefits and of the substantial state budget cuts that are affecting prevention, child welfare, and emergency and transitional shelter programs. Few local observers expect that the 2003 survey will show significant improvement in the homelessness situation in the Twin Cities metropolitan area.

—Greg Owen

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MISSIONS

See Association of Gospel Rescue Missions; Bowery, The; Chicago Skid Row; Great Depression; Shelters; Skid Row Culture and History

MOBILITY

Human mobility occurs on many scales. It ranges from migration, which involves a permanent or semi-permanent change of residence, to everyday, short-term, often cyclical circulation such as commuting from home to work. A high rate of mobility has traditionally been a defining characteristic of homeless individuals—from the continental wanderings of nineteenth-century “vagrants,” “transients,” and “tramps” to the involuntary displacement of the “new homeless” from prime public urban spaces in the 1990s. In the words of Jon May (2000, 737), “It is clear that the experience of homelessness cannot be considered apart from the experience of movement—of varying kinds and at a variety of scales.”

Geographers, sociologists, anthropologists, and others have focused on a variety of related topics. The focus here is on three key issues: the changing ways in which academics have defined homelessness in terms of mobility, the links between homeless mobility and survival, and the methodological challenges researchers face in understanding these patterns.

MOBILITY AS A DEFINING FEATURE OF HOMELESSNESS: A HISTORICAL REVIEW

For 150 years, academics have considered mobility as a key feature of homelessness, often discerning patterns and types of homelessness through this feature. Following these definitions over time offers a way to understand the shifting relationship between mobility and other conditions of homelessness.

Within the United States, the issue of homelessness in general, and homeless mobility in particular, became especially prominent in the 1860s and 1870s. The disruptive effects of the Civil War, large-scale immigration, boom-bust economic cycles, the growing popularity of the railroad and the subsequent opening of the Western frontier—all created a highly visible group of homeless individuals, primarily men, alternatively known as “hoboes,” “tramps,” “bums,” and the like. Although definitions varied, all focused on mobility and work: “The hobo was a migratory worker, the tramp a migratory non-worker and the bum a non-migratory non-worker” (Cresswell 2001, 49). These designations were frequently conflated, however, as the “tramp crisis” of the 1870s produced a strong moral, social, and legal backlash against anyone who appeared transient. Transiency became a crisis in the 1870s, a result of growing numbers of highly mobile and seemingly unattached men. This backlash was based on the widely held perception that “mobility appears to involve a number of absences—the absence of commitment, attachment and involvement—a lack of significance. The more widespread associations of mobility with deviance, shiftlessness and disrepute come to mind” (Cresswell 2001, 15).

With the gradual closing of the Western frontier, homeless individuals began to pool in the nation’s large urban centers in areas known as “skid rows.” By the early 1900s, the tramp problem was coming under intense academic scrutiny, concomitant with the rise of the social sciences. The most prominent of these early efforts to categorize the homeless was Nels Anderson’s *The Hobo* (1923), in which Anderson employed two familiar criteria: mobility and work. To measure mobility, he used Chicago’s “main stem” (skid row) area as a point of reference as a

major node for nationwide and regional movements. Five categories emerged: the seasonal worker, hobo, tramp, bum, and homeguard. The first three were particularly mobile. The seasonal worker moved between summer labor in the countryside and winters in the city. The hobo was less temporally and spatially consistent, usually moving wherever and whenever employment was available. The tramp simply enjoyed the experience of traveling. Homeguard refers specifically to men who rarely left Hobohemia (another term for skid row) and worked intermittently. Many were former migratory men who decided to “settle down.” The bum was not only immobile, but congenitally unemployable and without any visible means of support.

Anderson’s criteria would shape subsequent categorizations of the homeless, many of which became inordinately complex and convoluted as social conditions shifted. By the 1950s, skid rows no longer contained highly mobile, employable men; rather, they were primarily inhabited by a dwindling pool of immobile men who cycled between the street and a host of local institutions, including mission halls, jails, and shelters. Indeed, the defining features of homelessness were changing. Academics’ earlier focus on mobility—especially work-related *inter-urban* migration from city to city—now shifted to personal disaffiliation at the *intra-urban* level, within a given city.

By the early 1980s, the composition of America’s homeless population was again changing with the rising tide of newly homeless groups, including women, teenagers, deinstitutionalized patients, Vietnam veterans, and a greater proportion of minorities. For instance, many newly released mental patients drifted towards inner-city zones of dependency, where they found a reservoir of services, cheap housing, and a modicum of social acceptance. However, as the ranks of the “new homeless” swelled, traditional skid rows were coming under attack, threatened by urban redevelopment and the demolition of affordable single-room occupancy (SRO) housing. With the physical erosion and outright dissolution of many skid rows, the new homeless became less rooted and more mobile, and thus more visible.

Their new visibility in public spaces generated a virulent backlash among other citizens. By the 1990s, policymakers were passing a series of anti-homeless ordinances, against panhandling, sleeping outdoors, and erecting encampments, for example. These were designed to reduce the presence of the homeless in prime urban spaces, either through outright banishment or, at the very least, physical containment. As Mike Davis (1990, 236) noted, the backlash in Los Angeles

turned the majority of the homeless into urban bedouins. They are visible all over Downtown, pushing a few pathetic possessions in purloined shopping carts, always fugitive and in motion, pressed between the official policy of containment and the increasing sadism of Downtown streets.

In-depth research into the movement patterns of homeless individuals in Los Angeles suggested that those patterns were fairly predictable, were not always voluntary, and had less to do with individual preferences than with the availability and location of resources. Moreover, mobility was shown to be linked to a person's coping abilities and awareness of "homeless social connections, the availability of urban resources, and the broader contextual factors that shape access to welfare benefits, jobs, housing, and other critical human services" (Wolch, Rahimian & Koegel 1993, 159). Less systematic studies of mobility also flourished during this period, part of a surge in general academic interest in homelessness. These studies related to a wide variety of issues: the ways in which mobility fostered social networks; how mobility intersects with resistance to the social control of institutions; and the relationship between mobility and broader geographies of service provision, including public shelters.

Far from random, homeless mobility in the 1990s was largely shaped by the geography of human service providers such as drop-in centers, shelters, and transitional housing. The destruction of many skid row districts notwithstanding, most homeless services are channeled to poorer, heterogeneous inner-city neighborhoods through opposition from wealthier, better organized communities. As a matter of survival, many homeless people continue to tie their

movements to these service locations, whether on a permanent or cyclical basis.

A MATTER OF SURVIVAL

How does mobility help or hinder everyday survival for the homeless? Is it a positive or a negative in the struggle to secure basic needs such as shelter, food, health care, hygiene, privacy, and security? According to Rahimian, Wolch, and Koegel (1992), as well as Dear, Wolch, and Wilton (1994), mobility serves as an adaptive coping mechanism, a way to escape stress, boost material well-being, and improve quality of life. Moreover, mobility is positive in that it represents some measure of autonomy. For instance, Jacqueline Wiseman (1970) noted that in the 1960s, skid row men creatively used mobility to stitch together a stable mode of survival. On the inter-urban scale, the 1996 National Survey of Homeless Assistance Providers and Clients found that 46 percent of its clients had moved since their current homeless episode began. Most relocated in a deliberate effort to improve their lives—to look for a job or share quarters with friends or relatives, for example (Inter-agency Council 1999, 4-1).

Conversely, other researchers have noted the disadvantages of frequent mobility. Especially when involuntary, moving can drain a person's energy and coping resources, leaving insufficient time to satisfy basic needs such as medical attention. Erratic and continuous moves can isolate and alienate the person from any sort of stable residential community. Individuals may also run the risk of becoming dependent on institutions. As they "develop routines based on the availability of services . . . [they become] accommodated to street life rather than directed toward disengagement [from it]" (Snow and Anderson 1993, 283). In these cases, individual agency is trumped by the challenges of the larger environment.

In the worst cases, the ill effects of hypermobility are combined with institutional dependency, leaving homeless mentally ill people cycling across a variety of unrelated, arbitrary, and inappropriate settings. They find themselves drifting through scattered venues that make a proper continuum of care impossible. Worse, these people may entirely lack the treat-



Hoboes in a train yard in southern California in 1934.

Source: Bettmann/Corbis; used with permission.

ment they need, whether for substance abuse, mental health problems, or both. As institutionalized cycling becomes a way of life, the homeless become institutionally dependent, adapting to the rhythms of these settings. For instance, some homeless will adapt to the short- and long-term time limits of shelters, ensuring that they stay the maximum amount of time and return as soon as possible to the same shelter (usually a year later). The accumulation of this trend may be seen in the fact that the Los Angeles County Jail was arguably the largest mental “hospital” in the United States in 1998.

METHODOLOGICAL CHALLENGES

The study of homeless mobility is inherently challenging: Movements that are difficult to track are even more difficult to understand. The research literature, therefore, traditionally relies heavily on cross-sectional surveys—those based on a single point in time. But such surveys tend to obscure the fact that homelessness may not be an end state, but rather a condition through which individuals move in and out. Longitudinal approaches—those spanning a longer time period—are better suited to the task. Not only can researchers track movements over time, rather than relying on retrospective accounts, they can also build more effective research relationships. More than a “snapshot” interview, a longitudinal approach

helps situate a person’s decisions, strategies, and patterns as part of a larger suite of coping techniques. Further, a longitudinal approach can help place a given encounter or event in a more meaningful context. For example, what might initially appear to be self-defeating behavior can be placed into a broader context of long-term survival. Unfortunately, longitudinal methods are time-consuming and expensive, and attrition can be a major impediment.

Using longitudinal tracking methods in settings ranging from shelters to street corners, Snow and Anderson (1993) were able to better understand the relationship between mobility and various stages in personal adaptations to homelessness. For the recently homeless, mobility only deepened their disorientation. But for those who had adapted to the streets, mobility represented a lifestyle—whether for tramps (highly migratory and independent) or bums (more stationary and dependent). Using a qualitative, biographical approach to his study of homeless men, May focused on the generally ignored issues of “how much or why homeless people move or what the experience of such movement might be” (2000, 755). In his findings, May revealed the different meanings of mobility, ranging from homelessness as a transitional state to the situation where the individual sees mobility as entirely natural, having never really had a “home” to begin with.

RESEARCH DIRECTIONS

While much about homeless mobility has been examined, there remain a variety of unmet research needs. First, there is a critical lack of large-scale, longitudinal data in both intra-urban settings, for those who drift within a single city, and especially in inter-urban settings, for those who move from city to city. Second, relatively little is known about what motivates homeless people’s movement patterns, how they experience those patterns, and how they might differ by race, gender, age, and mental ability. Finally, the public costs of involuntary mobility among the homeless—especially when it involves incarceration and/or hospitalization—need to be systematically traced.

—Geoffrey DeVerteuil

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☐ MONTREAL

In Montreal, as in most large urban centers, homelessness is not a recent phenomenon. Historically, it appeared as early as the mid-nineteenth century and grew throughout the twentieth. Various factors account for this increase: the population explosion that occurred in the nineteenth century, rural population movements resulting from hardship and industrialization, waves of immigration from Europe, economic crises, and changes in the organization of work (Aranguiz and Fecteau 1998).

The initial social response to the problem of homelessness was essentially a charitable one. Originally, aid came from the clergy, religious communities, and the private sector. The services provided—soup kitchens, almshouses, shelters, clothing depots, and so forth—were intended to meet basic needs and were aimed at poor individuals and families. Meanwhile, the number of shelters grew rapidly: By about the 1890s, there were close to a dozen overnight shelters in Montreal alone.

For almost forty years, the phenomenon was relatively invisible and the available resources remained more or less constant. There was little community interest in the issue. Then, with the crises of the 1970s, the number of poor people began to rise steadily, as did the number of homeless. Indeed, although Montreal is the second largest city in Canada, with an average income of nearly Can\$30,000, it now has one

of the highest poverty rates in the country. The picture is the same as it is in most industrialized countries: transformation of the employment situation (with rising unemployment, more unstable jobs, and dwindling purchasing power), tightening of policies on support for those most in need (through benefit cuts and stricter controls), and reduced access to affordable housing (social housing, rooming houses, small hotels) as a result of real estate speculation. The phenomenon of homelessness itself has grown relentlessly, with the homeless becoming increasingly visible. Whereas in the mid-1980s, the number of homeless in Montreal was estimated to be between 10,000 and 15,000, a recent study put the count at 28,214, of whom 12,666 had been genuinely without shelter during the previous twelve months (Fournier 2000). The number of community resources staff available to help the homeless now varies between 150 and 200 for the Montreal area alone.

FEATURES OF CONTEMPORARY HOMELESSNESS IN MONTREAL

As well as an increase in the number of people affected, the last decade has also seen major transformations in the phenomenon of homelessness. Of these, the most important are changes in the homeless population and a worsening of individual circumstances.

The classic figure of the homeless person, as a disturbed, isolated, alcoholic man living on the street, has been replaced by a more varied picture. All ages, younger and older, are now represented. The situation with regard to elderly homeless people is disquieting. It can be interpreted in the light of an aging population, increasing isolation, transformation of the family, and policy changes on government support for the very poor. The more visible phenomenon of street youth is also on the rise. While the "summer getaway" notion may explain the behavior of some of these young people, studies clearly show that this is a social phenomenon and cannot be reduced to an adolescent whim or a passing fad.

The female component of Montreal's homeless population has grown at a surprising rate. While

women accounted for 15 percent in 1989, by 1996 they made up 20 percent of the homeless population, and the figure has risen steadily since then (Fournier 2000). Female homelessness is indicative of the problems of exclusion some women experience, such as spousal violence, prostitution, psychiatric illness, and problems with the police. We would also draw attention to a notable feature of the Montreal situation: the near absence of homeless families (due to state child protection practices) and aboriginal peoples (present in the homeless population in Western Canada).

Another problem, in addition to the familiar ones associated with homelessness (mental health problems, addiction, problems with the police), is the deterioration of homeless people's physical and mental health. Comorbidity (the combined presence of multiple problems) renders assessment, intervention, and referral to appropriate services more complex. To the list of familiar factors, new ones have now been added, such as HIV/AIDS, hepatitis, multiple addictions, cognitive impairment, violence, and suicide (Laberge 2000).

THE FIGHT AGAINST HOMELESSNESS

Although they may not always converge on objectives and strategic choices, a diverse group of players have been working together on the problem of homelessness for many years. This unique joint effort is one of the defining features of the Montreal situation, since intervention in urban centers still tends to be fragmented. The "Montreal model" is characterized by a political framework, a network of public and community services, and a partnership with the research and educational community. In 1992, homelessness featured on the political agenda as a public health problem. The Quebec government's *Health and Welfare Policy* defined the prevention of homelessness, the alleviation of its consequences, and the reintegration of the homeless into the community as priority objectives. Such an approach highlights the transversality of the problems encountered and the need for a concerted, global response to complex situations.

The growing importance of this issue heralded a

new phase in the organization of existing services. The *Réseau d'aide aux personnes seules et itinérantes de Montréal* (RAPSIM; assistance network for single itinerant persons of Montreal) brings together some sixty organizations, mainly community groups, which provide a range of services (referrals, housing, drop-in centers, street work, supportive care, community follow-up, etc.). RAPSIM acts as a liaison between the various resources and represents them before the government authorities. On the institutional side, the *CLSC des Faubourgs* (a CLSC, or *Centre local de services communautaires*, is a local community service center) was the first establishment in Quebec to be granted a specific mandate to address the issue of homelessness (in 1990) and to set up multidisciplinary teams that work jointly with the various milieus. During the same period, a research group bringing together academic, community, and institutional partners was set up to develop a research program that would provide a clearer picture of the homelessness phenomenon. The *Collectif de recherche sur l'itinérance, la pauvreté et l'exclusion sociale* (CRI; collective for research on homelessness, poverty, and social exclusion) thus came into being in 1992. Since then, it has conducted more than one hundred studies on various aspects of what it means to be homeless, intervention practices, and the effects of certain social policies. These studies, integrated with university research programs, are aiding decision makers, practitioners, and political stakeholders alike.

—Shirley Roy and Roch Hurtubise

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▣ MUMBAI (BOMBAY)

Half the population of Mumbai (formerly known as Bombay), India's largest city and also its commercial capital, is either homeless or lives in informal or semi-permanent housing. According to official government estimates in the 2001 census of India, out of the 11.9 million people living in Mumbai—a city on India's west coast spread over 437 square kilometers—5.8 million people live in shanty towns or slums, or on pavements.

Not all these people are poor according to the definition of poverty set by the Indian government. Many have part-time or full-time jobs. But they cannot afford formal housing. As a result, they are forced to squat on open, vacant plots of land, on sidewalks, by the side of railway tracks, on buffer land near the airports, alongside canals, and even in abandoned water pipes.

DEGREES OF HOMELESSNESS

These 5.8 million people can be divided into groups representing different degrees of homelessness. The first and most severely affected group is of people who sleep out in the open without any cover—on park benches, on the beach, on the pavement, on a road divider, on a railway platform, or at a bus stop. Such people survive on daily wages, possess only the things they can carry, and are constantly on the move as they are never permitted to remain in the same spot for long. Either the municipal demolition squad or the police ensure that they are chased away.

The second category of homeless consists of “pavement dwellers” or people who have set up house on sidewalks. These people build a small lean-to, usually made of a plastic sheet or tarpaulin supported by bamboo poles. A wall running along one side of the pavement serves as the back wall of this structure. There are almost 20,000 households who live under these conditions. Many of them have occupied the same spot on a pavement for several decades. Every once in a while, a “demolition squad” from the local municipality removes these structures. But because these sidewalks are not policed to ensure that no one squats on them, the same people usually return and occupy their original patch.

The third category of homeless consists of people who lead an equally precarious existence as the pavement dwellers but live in a slightly better quality shelter. These are people who have discovered vacant land along the railway tracks. Mumbai has two commuter railway lines that run from the north of the city to its southern tip. Thousands of families discovered that no one policed the vacant land along these tracks. So they set up homes, first temporary shelters and before long small homes made of brick and mortar. However, even if they have a better quality of shelter than the pavement dwellers, their lives are equally insecure. As with pavements, the railways attempt to clear this land by sending in bulldozers. And the families, whose only “home” is crushed in the process, have no alternative but to save what they can and try to find another spot on which they can squat. At last count, there were over 23,000 households living along Mumbai’s railway tracks.

The fourth category consists of people living in “regularized” slums—shanty towns that the government accepts because they are built on land not immediately needed for any other purpose. Given its inability to provide an alternative, the government has “regularized” many such slums by providing the residents basic infrastructure, such as common taps and toilets. Slum residents are expected to improve their homes with their own money. As a result, the city is dotted with these disorganized low-rise settlements housing millions of people. However, the basic services provided to them are minimal;

according to one survey, an average of ninety-eight persons share one toilet.

THE CRISIS

Why has a city like Mumbai, one of the richest in India in terms of the income it generates, reached this crisis point? There are several reasons. Mumbai grew from a port city to one of the most important industrial and manufacturing centers in India in the nineteenth century. It had scores of textile mills and industrial units. Workers for these factories and for the port, which was one of the busiest in India, were drawn from many parts of the country. The city government built some low-cost housing in the nineteenth century and early twentieth century to accommodate these workers. However, by the time India gained independence from the British in 1947, the need for housing far exceeded the supply.

This was a time when many cities in India, including Bombay, experienced an unnatural surge in their population as thousands of families displaced by the partition of India into India and Pakistan streamed in. From 1941 to 1951, the population grew exponentially because of this influx. The supply of housing could not keep up with the demand. An economy of shortages also resulted in land speculation. People with money invested in land and kept it vacant in the hope of selling when prices were high. As a result, millions of people found that even the housing that existed was beyond their reach.

INEVITABLE SLUMS

The growth of slums was an inevitable consequence of this state of affairs. As people came into the city from the countryside, they found work but found nowhere to live. Before long, they began squatting on vacant land. A money-strapped government could not build low-cost housing to meet this need, and the private land speculator was not interested in the low end of the market.

In 1976, the government tried to deal with land speculation by enacting a law that set a limit on the amount of land an individual could own in urban areas. Excess land was taken over by the govern-

ment. But this law worked only on paper; in fact, much of this excess land had already been occupied by the homeless. Shifting them was politically impossible as political parties cultivated them as captive vote banks.

TACKLING HOMELESSNESS

Over the last fifty years, several efforts have been made to tackle homelessness. The government first resorted to the demolition route—that is, removing the poor and homeless from occupied land. But people came back when the government was not looking. The second strategy was slum improvement, where the government provided water and electricity but no security of tenure. This was followed by slum upgradation, through which people were allowed to improve their shelter.

In 1995, the government launched a slum redevelopment scheme. This consists of allowing slums to be redeveloped on the same land where they are situated, if this land is not required for any public purpose. The slum residents are temporarily relocated, the land is leveled, and high-rise structures to accommodate the slum residents are built. On the land freed in the process, other structures—such as shops or high-end housing—are constructed to subsidize the cost of construction. On paper, the scheme appeared workable. In fact, it has been unsatisfactory, and the problem of homeless and slums continues to remain an acute and pressing one for the city.

—*Kalpna Sharma*

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▣ MUNICIPAL LODGING HOUSES

During the second half of the nineteenth century, shelter for the homeless in such cities as New York, Chicago, and Boston was a jumble of makeshift arrangements: evangelical missions, professional charity lodges, seamen's "snug harbors," and, above all, police stations. The latter, an interesting example of the social welfare functions of urban police forces at that time, had steadily descended into notoriety. Conditions were spartan and often overcrowded: Floor space or rough planks were distributed nightly on a first-come-first-served, no-questions-asked basis. As the century drew to a close, the large-scale forces shaping the size and constituency of their clientele became increasingly hard to ignore—widespread unemployment, the growth of a more aggressive species of homeless man (the tramp), and the lure of the road for young men not yet ready to shoulder the burden of adult responsibilities. The haphazard accommodation of the police stations proved no match for such challenges. Those challenges, coupled with the stubborn ill repute of the stations themselves (and the protests of police who shared the quarters), spelled the demise of stations as shelters.

Prodded by the charity establishment, municipal lodging houses were the thinking person's successor to the police station. Opened at the turn of the twentieth century, municipal lodging houses essentially functioned as satellite facilities of the still-thriving almshouses. The most obvious change from the stations was the newly imposed discipline of the municipal lodging houses, a discipline they bor-

rowed in part from the “wayfarers’ lodges” established shortly before by charity reformers. Municipal lodging houses were not unconditional shelter. They offered a decent night’s sleep, usually preceded by a thorough shower and fumigation of a client’s clothes, in exchange for some small amount of work (ranging from doing chores around the facility to splitting wood or smashing rock in quarries). When the homeless were faced with such requirements, shelter demand plummeted. Police stations had been putting up unprecedented numbers by the nineteenth century’s end (150,000 annually in New York, 93,000 in Chicago). Under the strict regime of the municipal lodging house, demand fell by 60 percent in New York and 82 percent in Chicago. Where the former residents of the stations went and how they fared are not known. What is known is that cyclical depressions continued to deposit huge numbers of vigorous working-age men—men whose primary complaint was that they couldn’t find a job—at the doors of public shelters well into the twentieth century.

Not just large cities had such facilities. On a journalistic tour of homeless shelters in 1909–1910, Edwin Brown visited municipal lodging houses in Pueblo, Colorado; Kansas City, Missouri; Louisville, Kentucky; and Washington, D.C. He found no notable differences in the quality of shelter provided or the dignity with which the offer of shelter was made. Brown described himself (much as Charles Barnes would at about the same time in New York City) as “embittered” at the treatment and especially at the unfair terms of trade—hard work for shabby lodging and coarse food—but grateful that even this rude shelter was available.

TWO TYPES OF CLIENTS

The differences in clients complicated the mandate of municipal lodging houses and frustrated their champions. Lodging had been viewed as only part of the new institution’s mandate. From the outset, reform-minded administrators were as dedicated to rehabilitating clients and returning them to productive labor as they were to rationalizing procedures. The objective, as they saw it, was to maintain such

displaced men in as dignified and industrious a manner as possible to avoid the contaminating effects (or “demoralization”) of being lodged in the company of men (“vagrants”) who had essentially given up on respectable life. Such an objective faced obvious difficulty when the primary impediment to employment was not want of effort but rather scarcity of jobs.

Here then was a central quandary, one clearly perceived by the institution’s ablest administrators by the end of the Progressive Era (1918 or so): The municipal lodging house was both a transient way station for men temporarily dislodged by the labor market and a repository of last resort for institutional cast-offs and the independent-minded poor whose self-respect could not tolerate consignment to the almshouse. (One thinks of the elderly man, interviewed by Barnes in 1914 on the streets of New York, who simply could not reconcile himself to the reality that he had outlived his productive potential—that there was no work available, however mean, that he might be able to do—and so continued to avoid the almshouse for which he was otherwise qualified.) Historian Ken Kusmer (2001) also remarked on the “rebellious quality of many young vagabonds,” noted by contemporary students of the problem, and the special difficulties that such men presented for routinized shelter. The problem for the administrators was that the rehabilitative program needed to sustain or retrain the latter group was totally at odds with the employment clearinghouse that the temporarily jobless so obviously needed. In that event both groups were ill served.

VARIED CONDITIONS

Across the country, conditions in municipal lodging houses varied markedly in the 1920s: Some enforced length-of-stay restrictions; some shut down seasonally. Some cities (Philadelphia and most cities in the South) had no such facilities at all. Some facilities, spurred by reformist social workers, eliminated the work requirement; others reinstated or modified it to make it somewhat less onerous (clearing up parks instead of chopping wood). However, food quality

was poor, amenities were few, and rules were firmly enforced (e.g., early morning wake-up and ejection from the facility).

Eventually municipal lodging houses were casualties of Depression-era homelessness, or rather of the spectacular success of the domestic war effort in emptying shelters. During the postwar period, shelter functions either devolved to charitable organizations or religious organizations (some of which had been around since the late nineteenth century). Those lodging houses that did survive underwent a rehabilitation of their own—the New York City Municipal Lodging House was first moved to the Bowery area and then renamed the “Shelter Care Center for Men.” As late as the early 1980s, however, old-timers still referred to it as “the Muni.”

—Kim Hopper

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N

▣ NAIROBI

There is no basic necessity that surpasses that of shelter. According to Universal Declaration of Human Rights Article 25, “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services” (www.un.org/Overview/rights.html). These are a must for any life to continue.

BRIEF HISTORY

In the traditional African setup, families lived in clustered homesteads headed by a clan elder. A clan was a group of families who shared close blood relations, especially through marriage. Land, though communally owned, was a prime sign of wealth and therefore regarded highly. It was inherited from generation to generation. After marriage, a man proved his worth by providing for the family. This included a comfortable house to live in.

The practice, however, changed with the colonization of Africa by the Europeans in the late 1880s. In Kenya, Africans were forced off their land and instead settled in concentrated camps where they were hired by the European settlers to provide cheap labor. The massive displacement of indigenous populations for the establishment of colonial economic

and political structures was to become a critical issue in the post-independence political settlement. It contributes to the current land problems in sections of the country that saw the settler community assert their sovereignty over land occupied by indigenous people. The settler community introduced the land acts and the tenure system, under which Africans were required to buy land that was originally theirs. As a result, not many Africans could afford this, especially after spending years in the forests fighting for independence. Most ended up landless and squatters who built on government and individuals’ farms after occupying the land by force. To date, there are still forcible evictions from these. A commission to review land issues was formed in May 2000 and headed by Charles Njonjo, a former cabinet minister of Kenya. The findings, released in 2003, recommended an overhaul of the lands ministry and advocated for the cancellation of all title deeds for “grabbed land.” A subsequent commission has been established to report on how the findings should be implemented.

SLUMS AND SQUATTERS

As years progressed, the problem of landlessness became more entrenched. Many families now live in urban slums where the majority of the occupants know no other home. In Nairobi, for instance, over

60 percent of the entire population lives on a paltry 5 percent of the land, occupying poorly and cheaply constructed temporary shacks in slum areas. Most of these slums are cut out of the main water, sewerage, and sanitation and health services. Occurrences of robbery, violence, rape, stabbing, and shooting are disturbingly frequent. The inhabitants are financially poor and usually malnourished and rarely get access to quality education.

Still others cannot afford even these simply constructed shanties. They now live on the streets of Nairobi. They live on begging and leftovers thrown into dustbins from the various restaurants and hotels within the city. Their places of abode are plastic and papers laid on the pavements of Nairobi streets. Most are orphans or from single-parent families who can't afford even a single meal any day. With the rampant spread of HIV/AIDS, thousands of children are orphaned daily, and when these children grow up, they raise their own families on the streets, and the vicious cycle continues. These children are fed on almost rotten food, sleep on the hard and cold pavements, and are used by their parents to supplement earnings by begging. They also engage in risky sexual behaviors very early in life. Their lives are continually at risk as they have to fight daily to survive. Most will be seen sniffing glue and smoking marijuana as early as age four or five.

SERVICES AND LOCAL EFFORTS

Kenyans voted a new government in the 2002 general elections. Kenyans had been under Kenya African National Unity's (KANU) rule for over forty years. The KANU government played a minimal role in alleviating the problem of landlessness and subsequent homelessness. In both 1992 and 1997 election years, Kenya witnessed politically instigated land clashes in both the Rift Valley and the coast provinces. Kenyans therefore feel this is a time of great change and expectations, a time of physical reconstruction and realignment of national priorities, including the slums upgrading project. The slums upgrading project was started by the KANU government. It was designed to construct low-cost stone and brick houses to be rented out to tenants. These would

have electricity as well as piped clean drinking water. The initial beneficiary slum was the sprawling Mathare 4A in Nairobi's Kasarani Division. The project was jointly funded by the governments of Kenya and Germany, with supervisory roles played by the Catholic church alongside other institutions of civil society. Initially there was a hue and cry with most tenants fearing the government's role in it. Ultimately the project came to naught, and the German government withdrew support, citing lack of cooperation and transparency from its Kenyan counterpart.

Civil society, however, played a sterling role in sensitizing people to their rights, especially with respect to land. Some like the Pamoja Trust, a non-governmental organization, helped organize villagers to collectively agitate for the ownership of the land they occupied. They represented victims of forceful eviction in the courts. They also helped communities initiate saving schemes to enable them build decent houses.

The Nairobi Central Business District Association has supplemented government efforts in improving security by establishing nongovernmental police structures within the city. The association also encouraged the Nairobi City Council to improve service delivery commensurate with the huge service charges (taxes) paid by the residents. These were services such as garbage collection, clean and efficient water supply, security, and lighting.

INTERNATIONAL PROGRAMS

The fact that Nairobi houses UN-HABITAT (the United Nations Human Settlements Programme) makes a statement about international interest in addressing the problem of urbanization and housing in Africa. Sadly, however, human settlements in developing countries, especially in Africa, have continued to be negatively affected by numerous calamities including civil strife and high poverty levels, and more recently HIV/AIDS and drug abuse.

The new NARC (National Rainbow Coalition) administration has made a serious commitment to carry out the slum upgrading project. Plans and negotiations between the government and funding agencies, with UN-HABITAT prime among them,

are underway. According to Public Works, Roads, and Housing Minister Raila Odinga, the government will be constructing 450,000 housing units every year. At the top of the list is the sprawling Kibera slum in Nairobi's Langata Division, which is also Mr. Odinga's parliamentary constituency. Indeed, the government has set aside land along the Athi River to relocate the residents of Kibera to clear room for the project's new construction. In 2002, the Africa Medical Research Foundation organized charity events to help construct latrines for the residents of Kibera. The project was dubbed "flying toilets" in reference to the style used by the residents to get rid of human feces. Normally, owing to fact that latrines are few in Kibera and also that due to insecurity residents dare not step out of their houses at night, they relieve themselves on pieces of polyethylene at night and throw these away very early in the morning onto garbage heaps. Hence the name "flying toilets." Kibera is home to more than half a million residents with more than one hundred persons sharing a single pit latrine.

THE FUTURE

The NARC government's seriousness in dealing with the housing problem appears to be as a commitment to providing a lasting solution. The fact that residents in Kibera will be relocated soon will provide a precedent to other slum dwellers and hope for the realization of a dream they have lived with for so long.

During the nineteenth session of UN-HABITAT's Governing Council in Nairobi in May 2003, member states reiterated their governments' continued support for efforts to combat the lack of secure housing. The agency's 2004–2005 agenda includes creating a division to work on human settlements financing. The fact that over 800 delegates managed to reach consensus so quickly is an indication that governments from both the developing and the developed countries are fully committed to doing something about inadequate housing and urbanization.

—Maurice N. Wamiti

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☐ NATIONAL ALLIANCE TO END HOMELESSNESS

The National Alliance to End Homelessness (NAEH) is a nonprofit organization that seeks to ally other nonprofit, public, and private organizations in an effort to completely eradicate homelessness in the United States. The NAEH feels confident that this goal is absolutely attainable given that some \$2 billion annually goes into programs fighting homelessness in the United States. The NAEH also, however, stresses that much more than money and resources are required to bring about change—education, advocacy, and activism on the part of American citizens are also needed.

At the heart of the Alliance's campaign lies the "Ten Year Plan to End Homelessness," which focuses on more specific issues such as housing, earnings, and services, and lays out four distinct steps that must be taken to ensure an end to homelessness in the next ten years. These steps are as follows:

1. *Plan for outcomes.* This translates into better collection of homelessness data at the local level as well as planning for an outcome that puts an end to homelessness altogether instead of simply reducing the rate of homelessness in the United States.
2. *Close the front door.* The homeless assistance program needs to be made more effective, which will in turn defer responsibility from other systems, such as welfare and health care, and drive down costs for those who are unable to afford these types of aid. This will ensure that new homeless people are not continually replacing those who have received help.
3. *Open the back door.* This idea suggests a housing-first approach: permanent supportive housing provided for the homeless in a timely fashion. People

need to be provided with housing quickly instead of lingering on the streets for long periods of time until they can be squeezed in wherever they fit.

4. *Build the infrastructure.* This idea is based on three fundamental principles in the fight against homelessness: The supply of affordable housing must be increased, incomes must be adequate enough to pay for necessities such as food and shelter, and people must be able to receive the services they need.

The Alliance feels strongly that if America's communities, organizations, and leaders work together to put these four steps into motion, homelessness can be a thing of the past within a decade, but advocacy among American citizens is equally essential in achieving this outcome. The more people who are informed and educated about homelessness legislation and policies, and the more people who are committed to ending homelessness, the more likely it is that America's leaders will make the most logical and worthwhile decisions concerning the issue.

RECENT AND ONGOING PROJECTS

There are three major projects whose creation and implementation the NAEH has been responsible for during the last few years: "Housin' 2000" and "Homeless to Harvard," both partnership projects, and the formation of their own Alliance Action Network. "Housin' 2000," a joint effort between the NAEH and the Fannie Mae Foundation, combined the knowledge and resources of students in more than ninety Washington, D.C., area schools with the interests of the "Housin' 2000" staff in order to develop age-appropriate educational materials to help youths learn the facts about homelessness and the ways in which they can become positively involved in the fight to end it. Age-specific factsheets for students from kindergarten to high school, developed as part of the "Housin' 2000" project, are accessible on the NAEH website.

"Homeless to Harvard" is an educational toolkit including worksheets, discussion-inspiring activity ideas, and a teachers' guide that can be distributed to high school educators and guidance counselors. The toolkit was designed in 2003 through the combined

efforts of the NAEH, Girls, Inc., and Lifetime Television with the goal of increasing awareness of homelessness issues and advocacy for a solution among teenagers and young adults. "Homeless to Harvard" worksheets and teachers' guide are also available for download on the NAEH website.

The Alliance Action Network is a division of the National Alliance to End Homelessness that allows organizations to join together with the NAEH in order to combat homelessness. By becoming a member of the Alliance Action Network, an organization takes on the responsibility of working to make an impact on the homelessness epidemic by communicating and building relationships with policymakers and garnering media attention with regard to homelessness issues and solutions. The Action Network's main areas of concern and focus are welfare, affordable housing, permanent supportive housing, families, youth, child welfare, mental health, substance abuse, domestic violence, corrections, and employment policy. Organizations can join the Alliance Action Network on the NAEH website.

PUBLICATIONS AND RESOURCES

The National Alliance to End Homelessness has also produced numerous publications and resources for those who are eager to learn more about one of America's most widespread issues, many of which are available at the NAEH website (www.endhomelessness.org). These resources include *The Ten Year Plan to End Homelessness* (2000); *Ten Essentials Toolkit* (2003), and a weekly e-mail newsletter *Alliance Online News*.

—Emily A. Colangelo

▣ NATIONAL CENTER ON FAMILY HOMELESSNESS

The National Center on Family Homelessness (NCFH), located in Newton Center, Massachusetts, is a nonprofit organization working toward permanent solutions for problems that homeless families face in

the United States. The organization's mission statement is as follows:

The National Center on Family Homelessness is working to end family homelessness in America. We design, pilot, and evaluate innovative programs and services that provide long-term solutions for homeless families across the country. We share our knowledge by educating service providers, policymakers, and the public. (www.familyhomelessness.org/about_us/whoweare.html)

ORGANIZATIONAL STRUCTURE

The NCFH is organized around a nucleus of three divisions: Research and Evaluation, Program Design and Implementation, and Policy and Public Education. Research and Evaluation efforts identify important family homelessness issues and areas that require the most immediate attention, and help clinicians, providers, and philanthropists create programs that will ultimately rectify these issues. Research and Evaluation is also responsible for conducting research, evaluating the effectiveness of NCFH programs, and presenting important information through the media.

The Program Design and Implementation Division develops and executes programs to aid and better serve homeless families. These programs have helped activate services such as day care and preschool programs for children, family support systems, family violence initiatives, health care, and programs to help families remain in permanent housing available to poor and homeless families nationwide. This division also provides technical and organizational support to smaller program directors and helps them establish connections and communications to ensure that programs in local communities remain active and in place.

The Policy and Public Education Division is responsible for distributing information acquired through research and program activities to important and influential people such as policymakers, providers, philanthropists, advocates, and media VIPs. This increases the national awareness of homeless families' needs and improves the effectiveness of both current and future policies, programs, and services.

PROGRAMS

Since 1988, the NCFH has made 270 program grants in thirty-six states, providing a total of \$58 million. These programs have provided services for thousands of poor and homeless families. A few of the NCFH's most recent and successful programs are as follows:

KIDSTART. The KIDSTART program begins with a person called a "Kidstarter"—a trained case manager who works to bring together families and services and advocate on their behalf. The Kidstarter begins by visiting local health centers, child care programs, homeless shelters, and soup kitchens in order to locate poor or homeless families with young children. Once a family is located, the Kidstarter conducts an evaluation of the family, particularly the children. Common steps for evaluation include screening children for developmental delays and lead poisoning, determining medical needs such as immunizations and dental checkups, and judging the necessity of mental health, play, or speech therapy. The Kidstarter then works with the parents to develop a plan that builds the family's strengths and identifies its weaknesses; this plan serves a dual purpose to make sure the family receives the services it needs, and to teach parents to be their own advocates for their family. The ultimate goal of KIDSTART is to identify homeless children, provide them with services they need, and increase society's awareness of the struggles that they face.

KIDSTART/Success by 6. This program combines the efforts of the NCFH's KIDSTART program and the United Way of America's (UWA) Success by 6 by affording communities located in Miami, Florida; Racine, Wisconsin; Salt Lake City, Utah; and Washington, D.C., an opportunity to remedy mental, physical, social, and emotional problems facing homeless children by supporting KIDSTART programs in their own communities. The "Success by 6" aspect of the project works to ensure that these problems are solved so that every young child is fully prepared to begin schooling.

Seeking Safety. Using funding from the Richard Smith Foundation, the NCFH has developed Seeking Safety as a group treatment program for poor and

homeless women in the Boston area who suffer from posttraumatic stress and substance abuse disorders. The Seeking Safety staff are professionals in the field of interpersonal and community violence and its effects on the lives of poor women and children.

The Birth Circle. Based on midwife tradition and partly on John Kabat-Zinn's work on the effects of meditation and yoga on pain control, this program was funded by the Nathan Cummings Foundation and developed in order to teach homeless pregnant women ways to manage stress, improve physically and psychologically, and increase self-confidence, self-efficacy, and attitudes; it also provided prenatal education, parenting classes, and supportive relationships to young mothers who might be isolated from friends and family. The program involved yoga, meditation, breathing and visualization exercises, guided imagery, and expressive art and movement therapies. Groups led by a certified midwife and yoga instructor met once a week for two hours at St. Mary's Infant and Women's Center in Dorchester, Massachusetts, a center that provides residential services for homeless women and children. The goal of the program was to help women develop a sense of togetherness with each other through sharing the meaningful experience of pregnancy and birth.

"When I Was Six." An exhibit displayed at public forums, "When I Was Six" features the life stories and photographs of young mothers who are currently or were recently homeless and who were victims of family violence at a young age. The exhibit is displayed at forums up and down the east coast of the United States to increase awareness about issues of violence and homelessness, encouraging communication and problem solving between social service systems, and reaching out to others who have experienced or are experiencing violence in their own lives.

The Family Stabilization Program. Funded by the Annie Casey Foundation, this four-year project began in 1991 and gave a total of \$750,000 to homeless family stabilization programs in Huntsville, Alabama; Bronx, New York; Yakima, Washington; and Portland, Oregon. This program was a joint effort on the part of the NCFH and UWA that was inspired by research published in the 1980s concern-

ing the harmful effects of homelessness on child development. By the end of the grant period, September 1995, 1,587 families and 2,761 children had been helped.

Tomorrow's Child. A 1990 partnership with the Ronald McDonald Children's Charities, Tomorrow's Child was a project that worked to assess and service the needs of homeless pregnant mothers and their children in three major U.S. cities. Agencies in Baltimore, Maryland; Oakland, California; and Portland, Oregon, received a total of over \$700,000 toward providing mothers with important services such as prenatal and pediatric health care, health education, substance abuse treatment, and aid in locating residency.

The National Center on Family Homelessness regularly releases information and news about its activities to ensure that the public remains aware of the issues that face homeless families, especially women and children. NCFH research findings appear in such publications as the *Journal of the American Medical Association*, *Scientific American*, and the *American Journal of Public Health*. The NCFH also periodically publishes reports about its work and *The President's Report*, sent out twice a year to update supporters of the organization and other interested parties. Further information about the National Center on Family Homelessness is available on the NCFH website, www.familyhomelessness.org.

—Emily A. Colangelo

▣ NATIONAL COALITION FOR THE HOMELESS

One of the largest organizations fighting homelessness in the United States, the National Coalition for the Homeless (NCH) focuses its efforts on four major areas of concern surrounding the issue—housing justice, economic justice, health care justice, and civil rights. The organization's strategies include grassroots organizing, public education, and policy advocacy. The NCH's primary goal is to end homelessness altogether, and it not only proposes ideas for

achieving this goal but also puts these proposals into action within the organization itself. Of the NCH's thirty-eight-member board, 30 percent are homeless and/or formerly homeless men and women.

As a component of grassroots organizing, the NCH allies with and aids many local and state organizations in the fight against homelessness by providing them with a range of resources such as technical assistance, written materials, and training. The NCH also works to employ and empower homeless people to ensure that their voices and opinions are heard by the public and by influential policymakers. In terms of policy advocacy, the NCH worked to pass the Stewart B. McKinney Homelessness Assistance Act in 1987, and the organization continues to provide funding for programs related to the McKinney Act, such as emergency shelters, health care, and education for the homeless. In addition, the NCH actively engages in new and developing struggles for policies such as a proposed Homeless Voter Registration Act, which would allow homeless people to exercise their civil right to vote.

To increase public education and awareness, the NCH publishes reports and fact sheets, as well as a seasonal newsletter, *Safety Network*, which provides updates on policies and legislation regarding homelessness at local, state, and national levels and reports on current and upcoming events such as conferences and projects. The NCH frequently attends these conferences and workshops in order to answer any questions the public might have regarding their efforts and progress.

PROJECTS

Of the more than fifteen projects the organization is currently involved in, some of the most notable are as follows:

- *The "Bringing America Home" Campaign.* This campaign was founded to meet the need for public education, grassroots organizing, and support for progressive policies and legislation. It promotes the belief that people need—and are entitled to—affordable housing, a living wage, health care, education, and protection of civil rights.
- *The National Homeless Civil Rights Organizing*

Project. This project is a nationwide, locally based effort to protect the often-overlooked civil rights of the homeless. The goal of the project is to increase public awareness of the abuse homeless people face at the hands of public officials, and the project ultimately aims to use videotaped accounts of abuse as the foundation for a counter-campaign against anti-homeless laws.

- *Rapid Response Network.* This network identifies and publicizes violations of homeless civil rights, focusing on such important issues as poverty, homelessness, and the ever-increasing use of the prison system to limit people's social and economic growth.
- *The Homeless Voting Rights Project.* This project serves as a model for a "State Homeless Voter Registration Act," which will ideally be the basis for future homeless voting laws. The homeless are often denied voting rights because of policies stating that a voter must have a mailing address in order to register. This project seeks to rewrite these policies so that all American citizens will have the opportunity to exercise their civil right to vote.
- *The Educational Rights Project.* Most parents of homeless children are unaware that their children are entitled to a public education by law. As a result, many homeless children fail to receive a much needed and/or desired education. The goals of the Educational Rights Project are to inform homeless families of their children's rights to an education, to inform schools and educators about the rights of homeless children, and to distribute an information packet on the educational rights of homeless children in shelters across the country to ensure that the children of homeless families can attend school.
- *The Hate Crimes Prevention Project.* The homeless are frequently victims of hate crimes in America, and the NCH seeks to eliminate the incidence of these hate crimes altogether by working with current and proposed legislation to combat them. As part of the Hate Crimes Prevention Project, the NCH requests that Congress conduct a General Accounting Office (GAO) investigation into the details of where, how, and why these violent acts take place.
- *Universal Living Wage.* The Universal Living Wage project works to establish economic justice across all social classes by ensuring a forty-hour workweek for all workers and by developing a

minimum wage dependent upon local housing costs so that all workers can have access to decent, affordable, permanent housing. This will help solidify minimum wage workers' rights to basic economic and social privileges.

LETENDRE EDUCATION FUND FOR HOMELESS CHILDREN

In addition to these broad-scope projects, the NCH provides a different kind of aid to those in need. Established in 1998, the LeTendre Education Fund for Homeless Children provides monetary assistance in the form of scholarships for students who are or once were homeless. The \$1,000 scholarship is awarded annually to students who have demonstrated academic achievement and may be used for college tuition or other related educational expenses. A minimum of two scholarships are awarded to deserving students each year.

The National Coalition for the Homeless has combined all its efforts into one large endeavor that it hopes will cure the United States of one of its largest and most serious ailments by offering both social and monetary support to those in need. For more information on the NCH, visit the organization's website at www.nationalhomeless.org.

—Emily A. Colangelo

▣ NATIONAL RESOURCE CENTER ON HOMELESSNESS AND MENTAL ILLNESS

The National Resource Center on Homelessness and Mental Illness is the only national center specifically focused on the effective organization and delivery of services for people who are homeless and have serious mental illnesses. Policy Research Associates, Inc., in Delmar, New York, has operated it since 1988 under contract to the Center for Mental Health Services (CMHS) of the Homeless Program Branch of the U.S. Substance Abuse and Mental Health Services Administration. The Resource Center provides technical assistance and compre-

hensive information on the treatment, housing, and support service needs of people who are homeless and have serious mental illnesses.

BACKGROUND AND MISSION

While only 4 percent of the U.S. population has serious mental illness, the rate among the homeless is five to six times higher. People with serious mental illnesses are homeless more frequently and for longer periods than other homeless subgroups; many have been on the streets for years. Their diagnoses include the most personally disruptive and serious mental problems, including severe and chronic depression, bipolar disorder, schizophrenia, schizoaffective disorders, and severe personality disorders. Their symptoms are often active and untreated, making it extremely difficult for them to meet basic daily needs for food, shelter, and safety; they may also cause distress to those around them.

Serious mental illness is found among all subgroups, but its forms and the implications for those offering support vary greatly. Among single homeless adults, the prevalence of serious mental illness is between 25 and 33 percent, with as many as half of these also having a co-occurring substance use problem. This latter subgroup tends to be more difficult to reach and engage in services, and is more often chronically homeless. They have more physical health problems, resulting in greater use of inpatient care and higher mortality rates. Compromising their ability to escape homelessness is their difficulty gaining access to and retaining affordable housing. In addition, they are impoverished, and many are not receiving benefits for which they may be eligible.

Research and practice have provided a substantial amount of information on what services and practices are effective in ending homelessness for people with serious mental illness. Essential services include outreach and assessment, integrated mental health and substance abuse treatment, health care, income support, emergency shelter, and transitional and permanent supportive housing. Discharge planning helps people leaving institutions find housing, mental health, and other community services that

often prevent homelessness during such transitions. Ideally such planning should begin upon entry into an institution, should be done in consultation with the individual, and should be ready for implementation upon discharge. Providing short-term intensive support services immediately after discharge from hospitals, shelters, or jails has proven effective in preventing recurrent homelessness during the transition to other community providers.

Central to the success of support efforts is the use of evidence-based and best-practice models for services, treatment, and the prevention of homelessness. Establishing partnerships with federal agencies, state and local governments, and public and private agencies to reduce barriers to services and increase resources and funding, and conducting research that addresses important gaps in knowledge are also key to addressing homelessness.

The Center for Mental Health Services' Homeless Program Branch has been at the forefront of federal efforts to break the cycle of homelessness by administering programs aimed at identifying approaches that work, by providing access to community care and effective mental health services, and by encouraging communities to integrate services to better meet the multiple needs of people who are homeless. The Branch also funds the contract to operate the National Resource Center on Homelessness and Mental Illness. The Resource Center's activities in turn enable CMHS to facilitate service systems change through field-based knowledge development, synthesis, exchange, and adoption of effective practices.

ACTIVITIES AND SERVICES

Resource Center staff provide information and targeted technical assistance to researchers, service providers, policymakers, and other interested parties about the implementation of effective systems integration strategies, as well as about the mental health treatment, housing and support needs of the people who are homeless. Staff perform a number of specific tasks and activities aimed at providing this critical link between emerging knowledge and everyday practice in the field.

Workshops and Training Institutes

The Resource Center arranges and offers workshops and training institutes on topics that identify and synthesize promising trends and practices in the field, and that assist communities and other groups in adopting best-practice approaches. The Center hosts a biannual national training conference on homelessness, mental illness, and substance use disorders. It also trains psychiatrists, psychiatric residents, and other mental health professionals to work with people who are homeless and have mental illnesses as part of the American Psychiatric Association's Annual Institute on Psychiatric Services.

Targeted Technical Assistance

Resource Center staff and consultants assess the need for technical assistance, then provide it as needed to CMHS and other federal agency grantees and service providers. CMHS grantees receive the highest priority for assistance. Technical assistance is provided on multiple topics related to homelessness and mental illness, including prevention, outreach, treatment, and supportive services and housing options. Resource Center staff and consultants not only deliver technical assistance to individual sites, but also are knowledgeable of the technical assistance and support needs of cross-site coordinating centers. Staff and consultants have recognized that while some issues faced by grantees require targeted technical help, for example, through on-site consultation, others may be common to multiple grantees or initiatives and thus require a broader activity—a training opportunity, for example.

Publications

The Resource Center assists in the development of a variety of referral lists, fact sheets, publications, and other materials to assist researchers and other interested parties. These are written by experts on topics not adequately addressed in the literature. Among its publications are a series of fact sheets on homelessness and mental illness and a guidebook on employment for persons with serious mental illness who

have been homeless. The Resource Center has also completed a draft blueprint for services for people who are homeless and have mental illness and/or co-occurring substance use disorders. *Access*, an informational letter to the field, is published up to four times per year and contains information on innovative and effective service and housing programs, funding opportunities, and updates on policy initiatives. In addition, the Resource Center's referral list, *National Organizations Concerned with Mental Health, Housing and Homelessness*, is revised and distributed annually.

Resource Database

The Resource Center developed and maintains an extensive resource library of the literature in the field. A database of nearly 8,000 items related to homelessness and mental illness is available for customized searches on any related topic by Resource Center staff or online through the Center's website. The database is updated regularly to ensure that it contains new publications and materials in the field, as well as relevant historical information. The Resource Center also publishes annotated bibliographies on more than thirty topics related to homelessness and mental illness. These are available in hard copy and through the website.

Information Requests

The Resource Center handles more than 1,000 requests for information per year from researchers, students, service providers, consumers, government agencies, and the general public. Sometimes they are routine requests for general information, while others require database or web searches, customized annotated bibliographies, or other specific information.

The Resource Center also maintains an extensive website at www.nrchmi.samhsa.gov. One of its key features is the ability to access and search the Center's information resource database online. The site is updated regularly to ensure the most current information is available to users, including the latest information on funding and technical assistance opportunities, new publications, and training oppor-

tunities. The site also includes links to downloadable versions of new publications, to other sites of interest, and to registration brochures and information for training conferences and events.

—Jillian M. Price and Francine Williams

Further Reading

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☐ NETHERLANDS

Compared with other countries, the Netherlands has a relatively minor homelessness problem, although homelessness has increasingly become an issue since the 1980s. Whereas the number of homeless people was estimated at 15,000 during the 1960s, during the 1980s and 1990s the estimated number was increasingly higher, and experts feared that by 2000 the number would increase to 50,000 out of a total population of almost 16 million. Politicians and other citizens were shocked.

For years, debate focused on whether the problem of homelessness had merely become more visible because of the concentration of homeless people in city centers or whether the problem had actually worsened. Even today, we cannot answer this question with hard figures because in the Netherlands, no reliable data are available on the number of homeless persons. However, registration data of homeless shelters indicate that during the last few years the number of applications has risen and that the number of people who have been turned away because of lack of shelter capacity has also increased. The Salvation Army has estimated that there are 60,000 homeless persons in the Netherlands. Another study estimated 15,000 homeless

persons. However, these estimates are based on different definitions of homelessness and have been calculated by different methods.

Homelessness is a relatively minor problem in the Netherlands probably because of the relatively high levels of social services, such as housing for lower-income groups, social benefits systems for the unemployed and disabled, and the National Health Service. The moderate degree of homelessness in the Netherlands, however, does not lessen the serious nature and the relative persistency of the problem. Undeniably, homeless persons are more visible on the streets today than they were twenty years ago. Few homeless people have simple problems, such as merely lacking accommodation or having financial troubles. The problems of the homeless are almost always complex and distributed across practically all areas of life. However, few homeless children or entire families end up living on the streets. The social security system and other social services prevent persons with simple problems from becoming homeless in large numbers.

PROFILE OF HOMELESS PEOPLE

During the past twenty years, a variety of types of socially vulnerable and homeless persons have appeared in shelters and on the streets in the Netherlands. These types include homeless young people, abused women, hard drug addicts, and former delinquents. These types have different profiles regarding age, male-female relationship, education, ethnicity, and socioeconomic background, as well as process of marginalization that they went through.

What they have in common are having to face multiple, complex problems and having to function on the margins of society. However, their skills and potential

Table 1. Homelessness History and Sleeping Locations

| | <i>The Hague</i> <i>Homeless</i> <i>N = 103¹</i> | <i>Utrecht</i> <i>Homeless</i> <i>N = 150</i> | <i>Amsterdam</i> <i>Homeless</i> <i>N = 212</i> | <i>Rotterdam</i> <i>Homeless</i> <i>N = 112</i> | <i>National</i> <i>Homeless</i> <i>N = 500</i> |
|---|---|---|---|---|--|
| Duration of homelessness | | | | | |
| Less than 1 year | 20% | 26% | 33% | 21% | 18% |
| 1 to 5 years | 44% | 74% | 33% | 47% | 42% |
| 5 to 10 years | 20% | — | 13% | 33% | 18% |
| 10 years or more | 17% | — | 12% | — | 22% |
| Sleeping locations | | | | | |
| Number of nights | 15+ nights last month | 15+ nights last month | 1+ nights last month | 13+ nights last month | 1+ nights last 3 months |
| Street | 41% | 42% | 26% | 14% | 55% |
| Night shelters | 22% | 35% | 33% | 37% | 72% |
| Semipermanent residence for homeless people | 3% | — | — | 18% | — |
| With friends or family | 22% | 5% | — | 3% | — |
| Other | 10% | 15% | 42% ² | 26% | — |

¹N = Total sample

² Includes staying with family or friends

to recover and rejoin society also vary considerably. Some—after a short stay in a shelter—manage to live on their own again. Others are obliged to stay at shelters longer or permanently. Not all types can be portrayed here, so only the most deprived homeless will be examined using studies conducted between 1998 and 2002 in the larger cities of the Netherlands—Amsterdam, Rotterdam, Utrecht, and The Hague—and a recent national study covering twenty cities.

SOCIAL DEMOGRAPHICS AND HISTORY OF THE HOMELESS

Most homeless people in the Netherlands are male, in their late thirties, have never married, and live alone. This profile is consistent both nationally and locally. (See Table 1.) In the national study sample, 87 percent were male, 70 percent had never married, and a further 24 percent were divorced. The average age was thirty-nine for men and thirty-seven for women, and the majority (85 percent) were between twenty-five and fifty-five. The average age and gen-

Table 2. Educational Level and Sources of Income

| | <i>The Hague Homeless N = 103</i> | <i>Utrecht Homeless N = 150</i> | <i>Amsterdam Homeless N = 212</i> | <i>Rotterdam Homeless N = 100</i> | <i>National Homeless N = 500</i> |
|----------------------------------|---|---|---|---|--|
| Highest educational level | | | | | |
| Basic or no education | 51% | 51% | 37% | 40% | 29% |
| Secondary education | 33% | 34% | 38% | 53% | 53% |
| Higher education | 15% | 15% | 17% | 7% | 18% |
| Sources of income | | | | | |
| Time period | Past year | Last Month | Past 7 days | Past year ⁷ | Not specified |
| Work ¹ | 36% | 25% | — | 19% | 27% |
| Welfare benefits ² | 84% | 70% | 65% | 72% | 76% |
| Illegal activities ³ | 52% | 33% ⁵ | — | 2% | 19% |
| Other ⁴ | 33% | 25% ⁶ | — | 7% | 10% |

¹ Work includes both legal and semilegal work

² Unemployment and other benefits, disability allowance, pension

³ Stealing, burglary, prostitution, begging, and so forth

⁴ Income from partners/family, gifts, grants

⁵ Excludes prostitution

⁶ Includes prostitution

⁷ Refers to only main income past year

der of the respondents in the other samples—namely Rotterdam, Amsterdam, Utrecht, and The Hague—were similar (respectively, forty-two, forty, thirty-eight, and thirty-seven years old and 90 percent, 88 percent, 92 percent, and 80 percent male).

Average duration of homelessness varied from three and one-half to six years. The shortest duration was among the Rotterdam homeless sample (3.5 years), followed by The Hague homeless (4.9 years), the Utrecht homeless (5.6 years), and the national homeless sample (6.0 years). The vast majority of the homeless in these studies consisted of the long-term homeless. The percentage of short-term homeless (duration of less than one year) was one-fifth to one-third.

EMPLOYMENT, EDUCATION, AND INCOME

The majority of homeless people in the Netherlands do not have jobs. A substantial number once worked at unskilled labor, and most of them were not very successful in school or dropped out early. These facts are much evident in the studies reviewed. (See Table

2.) In the samples, 29 to 51 percent completed only elementary school. The studies also show that for the majority of homeless respondents, the main source of income was welfare benefits. Seventy-five percent of the sample in the national homeless study were on welfare benefits; across the cities studied, the percentage ranged from 65 to 84. Income from illegal activities showed wide variation across the studies. Approximately one in five in the national sample had income from illegal activities, compared with one in three in the Utrecht sample and one in two in The Hague sample. This variation could be a result of the varying time periods of the reporting by respondents. The study in The Hague asked respondents to report income of the past year, whereas the national

study asked for only the current period.

Although many homeless people receive welfare benefits, they encounter problems in obtaining such benefits. Many also have to use part of their allotment to pay fines or debts, for instance, to the National Institute for Social Insurance, housing associations, or the National Health Service. Life on the street is not cheap, and an addiction to alcohol or drugs causes many homeless people further financial difficulties: a chronic shortage of money or real poverty. The customer fee charged for a stay in a shelter prevents some homeless people from using that service. The cost of staying in a shelter would, in combination with paying off debts and fines, reduce disposable income to a pittance. In addition, quite a few shelters obligate clients to have their budget and expenses supervised.

SOCIAL NETWORKS

Social networks are generally weak among homeless people. An unflattering portrayal presents a homeless person as a socially handicapped loner. However, in

the long term, relationships with family, other relatives, and friends seem to be replaced by relationships in the homeless group. The longer homelessness persists, the more difficulty homeless people have in sustaining relationships with people outside the homeless group. However, data on contacts with relatives and friends are contradictory. According to Deben and associates (1992) only 8 percent of the homeless people in their sample maintained contacts outside the homeless group: They visited relatives or friends once in a while or stayed with them overnight. Research on homeless people in the city of Groningen confirmed the lack of contacts. However, the studies in Amsterdam and Rotterdam established that the majority did have contacts with relatives or friends outside the homeless group. Similarly, in The Hague study, respondents reported that during the past year they had had contacts with family and friends once a month or less on average. The national study also showed that 60 percent of the sample were still in contact with relatives—parents and siblings—although 40 percent had lost contact. Of course, merely being in contact does not say much about the quality of these relationships. Often the relationship with relatives and friends is a sensitive issue.

With regard to relationships, 17 percent of the national sample reported having a fixed partner currently. Similarly, 14 percent of the Utrecht sample reported having had a partner, and 8 percent of the Rotterdam sample reported having had a partner during the last month. These partner relationships among homeless persons are considered to be unstable. The insecurities of homelessness do not offer a firm base for long-term relationships, according to Doorn (1994). Many homeless people feel that the lack of intimacy and sex is a major deprivation. The feeling of loneliness is much present. Homeless people support each other as much as they can in order to survive, but they do not support each other much in terms of trying to build a new life. Contacts can even have a negative effect on building a new life.

PHYSICAL CONDITION

The physical condition of homeless people is poor, and that of homeless people is worse than that of the

average homeless population using shelters. Homeless people have more health problems—such as bronchial, dermatological, gastrointestinal, and neurological disorders and infectious diseases—than the general population. Use of medication is high. Causes of the poor physical condition include poor nutrition, alcohol and drug use, excessive smoking, poor hygiene, and neglected health problems. Not all homeless people have health insurance and access to medical care. Some do not receive welfare benefits and therefore cannot obtain health insurance. Those who do receive welfare benefits often have outstanding debts and therefore cannot afford to pay for health insurance. In the studies reviewed, 25 percent to 30 percent of the homeless did not have health insurance.

PSYCHIATRIC DISORDERS, SUBSTANCE USE, AND ADDICTION

With the data available, one cannot estimate the prevalence of psychiatric disorders among the homeless population in the Netherlands. However, two of the studies—in Utrecht and The Hague—did report two mental health disorders (depression and schizophrenic disorders) using standardized measurement instruments. The data report the prevalence of schizophrenia and other psychotic disorders of respondents during the past six months.

In Utrecht, 33 percent of the homeless sample were reported to have depression, and 15 percent had a schizophrenic disorder. In The Hague sample, the six-month prevalence of depression was 29 percent and a much lower prevalence of 5 percent of a schizophrenic disorder. Dual diagnosis (psychiatric disorders in combination with alcohol or drug addiction) was 24 percent in The Hague and 26 percent in Utrecht. Percentages of homeless people with dual diagnosis in the other studies varied from 25 percent to 30 percent.

Of the national homeless population, 10 percent used neither hard drugs nor excessive alcohol. More than 33 percent used hard drugs but not excessive alcohol. Eighteen percent used alcohol in addition to hard drugs, and 17 percent used excessive alcohol exclusively. In Utrecht, Reinking, Kroon, and Smit (1998) found hard drug use in 58 percent of the

homeless population. A relationship was established between using drugs and sleeping outdoors and being of relatively young age and having legal problems and an antisocial personality disorder. According to Korf and associates (1999), addiction was one of the largest problems for people sleeping on the street in Amsterdam. Among individuals staying in facilities for homeless people, 57 percent were addicted to alcohol and/or drugs, and 33 percent were addicted to drugs only. In Rotterdam, one out of four homeless people drank alcohol daily, and one out of six used hard drugs such as heroin and/or cocaine daily.

SHELTER AND ITS DEVELOPMENT

Unlike today, care for the homeless in the past was conveniently arranged in three types of shelters—boarding houses for homeless persons, hostels, and day-care centers—and these provided shelter and protection that was termed “bed, bath, and bread.” Since the mid-1980s, a broad range of social services has developed. Social service providers continue the goal of providing more support at the “front door” (prevention) and at the “back door” (reintegration and recovery). In addition to shelters, a growing number of other service providers, such as mental health care and drug addict treatment, have initiated this goal under the motto that “prevention is better and easier to achieve than curing.” Social service providers want to prevent people from entering a downward spiral and being forced to give up their homes. To facilitate the transition from shelter living to supported independent living, so-called annex residential units and intermediate services were developed, sometimes as part of a short-term experiment, sometimes as part of an institution. In addition to the classic shelter, homeless individuals can now avail themselves of projects for budget management, housing projects with supported living and after care, formal and informal support systems and buddy projects, medical care and sick bays (places for the sick or injured), pastoral care, social security projects, and day activity and labor projects. Consumer-operated projects such as night shelters, employment agencies, and

computer courses have also added to the service delivery continuum. Whereas in the past, shelters were intended for all homeless persons—one size fits all—today specific facilities increasingly are being created for specific groups. Social pensions (accommodations) for homeless persons with severe mental disorders were created in the mid-1990s, and then the first pensions specifically for homeless young people appeared as well. More recent are pensions for homeless women and for homeless hard drug addicts; shelters for older homeless persons and homeless alcoholics also are planned. Often, further differentiation is made within the offer for a specific group. For example, in larger cities heroin is provided to a restricted number of chronic addicts under strict medical supervision.

EXPANSION OF CAPACITY AND SHIFT OF SCALE

Homeless shelters are changing rapidly and expanding in the Netherlands. The residential capacity of shelters increased from 4,502 places in 1999 to 5,768 in 2001, an expansion of more than 25 percent. During the past few years, the number of shelter places increased in particular in the social pensions, day and night shelters, and sick bays. As stated earlier, registration data indicate a continuous increase of applications, and because of a lack of places, homeless people are still being turned away. Residential care is at risk of becoming clogged, partly because of the longer average stay of homeless persons.

POLICY

Government policies regarding shelter for the homeless also underwent major changes during the past ten to fifteen years in the Netherlands. An important change was the decentralization of policy responsibility from the national government to a number of so-called center municipalities created by the government. Since 1994, more than forty large- and medium-sized municipalities have been responsible for policy and practice of homeless shelters in their regions. Since then, subsidies for shelters no longer come straight from the government but rather come

from center municipalities. Center municipalities must consult with local councils within their regions on spending these subsidies from the national Ministry of Health, Welfare and Sport (VWS).

Many policy areas now exist for the homeless: major city policy, poverty policy, safety policy, OGGZ (Public Mental Health Care) policy, policy for informal (social) shelters, drugs policy, and so on. Both at the national level and local level, several departments are involved. Cooperation between all these civil servants leaves much to be desired. At both levels, people are at cross-purposes and efforts are frustrated.

The input of homeless people on the development and evaluation of policy and practice is rather restricted in the Netherlands. Not until 1984 was an association created that developed into the Landelijke Vereniging Thuislozen (LVT) (National Association of Homeless Persons). This is a client organization of limited means. A number of consumer-operated services exist, but generally speaking they must function with few subsidies. However, homeless people are increasingly demanding a greater say in institutional policy. Although many institutions for the homeless have clients' councils now, in practice participation has not fully developed. Only 25 percent of the center municipalities named clients' representatives as consultation partners in 2001. At this level, too, homeless people's input is modest.

The increase of social services for the homeless indicates more financial means; government funds for shelters have increased approximately 40 percent during the past ten years. In 2001, these funds were combined with those for drug addiction treatment. In 2002 VWS made available 177 million euros (US\$217 million for these combined funds). During the past few years, VWS, urged by Parliament, made additional funds available to improve labor conditions of workers and shelter quality, among other goals. Since 2000, additional funds have been issued by the Ministry of Home Affairs to develop 24-hour shelters and address the problems caused by homeless persons on the streets. In 2002, these funds amounted to 12 million euros (US\$15 million). However, the majority of center municipi-

palities feel that funding by the government is not sufficient, and they supplement this funding by means of the city treasury.

In summary, shelters for the homeless are quite active in the Netherlands. In 2003, a policy study at the national level was conducted by all departments involved in the problem of homelessness. This study identified the bottlenecks in the system of social (informal) shelter and produced policy variations for a more effective service delivery. Proposals include the following:

- Dealing with clogging of the shelter sector
- Preventing in-flow of ex-delinquents by providing better care after detention
- Using intensive forms of case management to be better able to guide people toward other services, thus also promoting through-flow
- Using better housing distribution and accommodation allocation
- Preventing problematic debt accumulation of vulnerable groups in society and allowing more effective debt restructuring
- Reflecting on the use of force and coercion in the shelter sector to counteract nuisances caused by certain groups of homeless persons
- Enhancing the direction role of center municipalities
- Monitoring the effects of modernization of the Exceptional Medical Expenses Act for the quality of care offered the homeless
- Investing in the knowledge infrastructure and information services by establishing local monitors in center municipalities

—Lia van Doorn and Judith Wolf

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▣ NEW YORK CITY

From the end of World War II through the mid-1970s, the typical homeless individual in New York City was an older “derelict” man suffering from alcoholism and related problems. Such men typically lived in single-room occupancy (SRO) hotels, flophouses, and missions in the city’s Bowery district. Beginning in the middle of the 1970s and greatly accelerating in the 1980s, however, New York’s homeless population underwent a substantial transformation.

Following the recession of the early 1980s, thousands of residents found themselves relying on the city for basic shelter. In 1980, New York City sheltered 2,000 people on any given night; a decade later, that number had risen more than tenfold. While the number of people relying on public shelter declined during the economic boom of the 1990s, the period following the events of September 11, 2001, and the subsequent downturn in the economy has seen record increases in the city’s homeless population. Still, the official figures can be misleading. Since many people are sheltered only briefly, the number of homeless New Yorkers in any given year far exceeds the number on any single night. Moreover, with hundreds of thousands of city residents marginally housed or living “doubled up” with family and friends, a definition of homelessness that is limited to those living on the streets, in public spaces, and in publicly supported shelters and transitional housing understates the nature of the problem.



A homeless man on a Sunday morning in October 2003 in the Soho neighborhood of southern Manhattan.

Source: Karen Christensen; used with permission.

While New York City does not have the nation's highest rate of homelessness, it does have the greatest *number* of homeless people in a given metropolitan area. In 2003, nearly 40,000 were sheltered on any given night. Such figures, however, undercount the number of homeless. Seventy-five percent of shelter users are in families, while many singles do not use the shelter system at all.

Homeless New Yorkers are overwhelmingly African-American or Latino, and most have lived in New York for much, if not all, of their lives. Problems of substance abuse and mental illness are common among homeless singles, especially women and the long-term homeless; such problems are less prevalent among those in families.

CAUSES

Although several factors contributed to the rise in homelessness in the 1980s, the economic downturn was one primary cause. Another was the decline in purchasing power among the poor, due to wages and public benefits that did not keep pace with rising housing costs. Changes in federal legislation left many previously eligible New Yorkers ineligible for welfare, food stamps, and Social Security disability payments.

Furthermore, the availability of low-cost housing units declined. Changes in city policies resulted in the loss of SRO housing. Arson and abandonment further reduced availability and also resulted in the city becoming landlord to thousands of rental units. New construction of federally funded public housing projects ceased. Publicly supported housing, in the form of the New York City Housing Authority, had a ten-year waiting list. The federal Section 8 housing program was greatly scaled back in the 1980s. The



Housing Works: A Unique Service Provider

Housing Works is a nonprofit organization that is the largest minority-run AIDS services provider in the United States, offering housing, health care, advocacy, job training, and supportive services for homeless people living with HIV/AIDS in New York City. Housing Works is unique because it focuses its efforts specifically on aiding people of color who have been diagnosed with HIV and who also suffer from other health complications, such as mental illness or chemical dependency. What makes Housing Works truly special, however, is the way in which they raise funding for their services.

Housing Works runs both a posh used book café and a handful of trendy thrift shops in New York City, with profits going directly to Housing Works programming and services. The Housing Works Used Book Café is home to 45,000 new, used, and rare books and records, and a café that serves sandwiches, wraps, soups, salads, fine coffee and teas, beer, wine, and desserts. The Used Book Café hosts special events, including live music and readings, and its classic library atmosphere, complete with twenty-foot ceilings, mahogany-paneled balconies and spiral staircases, has hosted numerous film shoots. For years the Café has served as the arena for parties of the New York City literary community, celebrating book releases and holiday festivities. The nationally renowned magazine, *The New Yorker*, rents space in The Café twice a year.

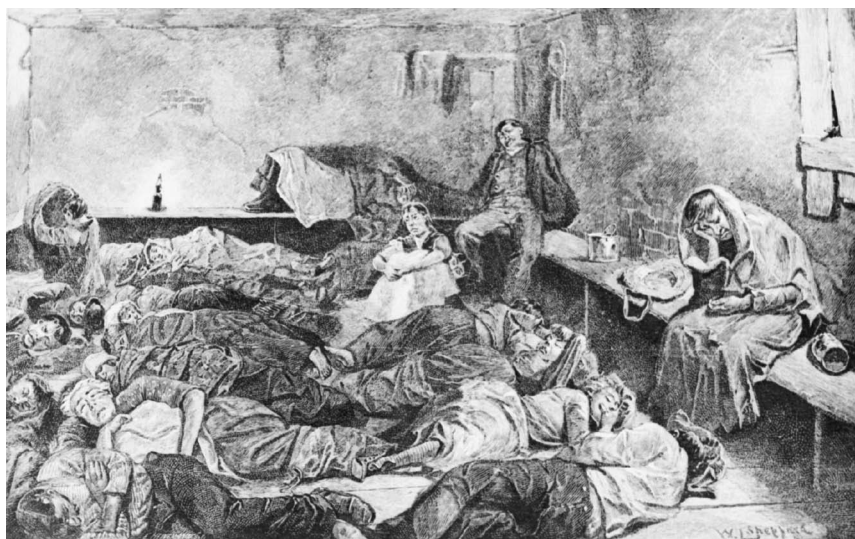
Housing Works Thrift Shops are known as New York's number one source for new and secondhand designer clothing, housewares, furniture, antiques, and art donated by inhabitants of New York City and sold at the lowest possible prices. Housing Works Thrift Shops can be found in four different locations throughout New York City, and volunteers at each of these locations work as sales associates and provide donor and customer services. All of the proceeds from the thrift shops go directly to support Housing Works programs. The shops also provide job training for clients, along with donated furniture and clothing needed by clients.

Housing Works uniquely uses high style to raise funds, bringing more than meets the eye to disadvantaged people in New York City.

—Emily A. Colangelo

vacancy rate for low-rent units was less than 2 percent throughout this period.

Other trends exacerbated the problem. In the 1960s and 1970s, many people housed in psychiatric facilities were “deinstitutionalized” to community-based supports that never materialized. Both the AIDS and crack epidemics also contributed to the homeless crisis. Significant numbers in each of these groups found themselves unemployed, sick, or without financial support from family members, and were therefore unable to sustain their housing. While other cities had similar trends, New York experienced them earlier, and on a larger scale, than most.



This illustration shows men sleeping in a five-cent-a-night lodging house on the Bowery in the late nineteenth century.

Source: Bettmann/Corbis; used with permission.

POLICIES AND PROGRAMS

Policies and programs have been shaped primarily by state regulations and a series of court decisions and consent decrees resulting from litigation initiated by advocacy groups. The landmark *Callahan v. Carey* legal case, filed in 1979 and settled by consent decree in 1981, required the city to provide shelter to all homeless men who requested it, and determined minimum health and safety standards for shelters. The right to shelter was later extended to women (*Eldredge v. Koch* 1982) and families with children (*McCain v. Koch* 1986). Since then, almost every dispute between city officials and advocates for the homeless has been settled within the judicial system.

In the mid-1980s, large city-run shelters and armories for homeless singles, and privately owned welfare hotels for families predominated. These costly facilities attracted widespread public attention to dirty and dangerous conditions. Over the next decade, the city shifted management of shelters for both singles and families to contracted nonprofit agencies. Welfare hotels for families were replaced by apartment-style “Tier II” shelters run by nonprofits. In the late 1980s, the city made use of more than sixty welfare hotels; by the mid-1990s, it placed families in fewer than ten hotels. Congregate shelters for singles, with hundreds of cots, were replaced by smaller facilities with semi-

private sleeping quarters. The remodeled shelters and Tier IIs offered a broader array of supportive services, including assistance with permanent housing placement.

In the early 1980s, New York City spent less than \$10 million a year on services for the homeless. By 1993, that figure had risen to over \$500 million. To combat the homelessness problem and the high costs associated with it, the city increased permanent housing options. These included a variety of incentives for landlords to rent apartments to homeless people and a dramatic increase in publicly funded housing construction. Rent subsidy programs and supportive

housing facilities for special needs populations were also introduced. By the early 1990s, however, the city realized that substantial improvements in shelters (including the speedy transition from shelters to permanent housing for families) had created the unanticipated effect of drawing more people, especially families, into the system—families who were previously doubled up with others or who were living in substandard housing. The city responded with new policies that created disincentives to shelter entry.

Most recently, in response to record numbers of shelter users, ambitious city policies have been expanded, including increases in housing vouchers and permanent apartments for homeless people. In addition, advocates and city officials agreed to the creation of an independent council on homeless families that would both reexamine existing policies toward this population and try to prevent future court cases by mediating disputes.

—Beth C. Weitzman and Sean N. Fischer

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▣ NIGERIA

Within a national population of about 102.5 million, the homeless in Nigeria include

those displaced as a result of disasters like floods, erosion, riots, fires as well as those displaced by public acquisition of land; tenants and owner-occupiers in sub-marginal living conditions in cities and villages; the disabled, the wandering psychotic as well as vagabonds who require rehabilitation and shelter; refugees/illegal immigrants; able bodied beggars; those sleeping under bridges, pavements, roadside curbs; those who lack real homes in the sense of it; social lepers (these are destitute, orphans, the jobless and poverty stricken ones with no place to lay their heads, no salary and no helper). (Labeodan 1989, 77; UNCHS 2000, 50)

MANIFESTATION

Homelessness is manifested in overcrowded slum accommodations; houses built on stilts especially in riverine areas, swamps, and floodplains; pavement dwellings; and informal settlements.

Olusola Labeodan's study (1989) in Ibadan, Nigeria, revealed a sample count of about 15,700 people homeless. The homeless found in the study slept on road curbs and pavements, inside old train coaches and public transport buses, and in front of closed market stalls. It was found that night guards harbor some of these homeless persons under the pretext that they too are guards. The homeless people play cards till about 2 a.m. and then sleep on benches or

tables. In the morning, they go begging for alms or work as load carriers.

There are no national statistics or data on the number of homeless people or people living in marginal situations in Nigeria. About 10 percent (author's guess estimate) of the population are street homeless and are referred to as *omo gutter* ("gutter child"; *omo* is used as street slang to mean a child, youth, or adult who is homeless) or *omo asunta* ("child that sleeps outside/on the street"). Some of them are destitute, mentally ill, beggars, touts, area boys (dropout, street youths and adults in their twenties and thirties who engage in crime and illegal activities and are social misfits), *agberos* ("motor park touts," who are chronically homeless), *alabarus* ("porters in the market places"), and *omo abe gada* ("someone who sleep under the bridge/under bridge user"). On the other hand, about 70 percent (author's guess estimate) of the population live in slums or substandard housing. Ajakaiye (2000) affirmed that the proliferation of informal settlements and slums of despair is not likely to stop.

ANTECEDENTS

Homelessness in Nigeria is attributable to economic, political, social, and cultural factors, which are intertwined with the lopsided distribution of resources and wealth among the population. The antecedents of homelessness include a mismatch between supply and demand for housing, internal migration, increasing urbanization and population growth, obsolete housing stock, and unemployment. Further factors have been land issues, including local resistance against authorities in their bid to take possession of land and develop in spite of the 1978 Land Use Decree; cumbersome procedures for land acquisition; high cost of providing infrastructure on land; high cost of securing land and of settling compensation demands; and delays in the release of funds by government to housing authorities for land acquisition and settlement of compensation.

Poverty and its consequences also loom as antecedents for homelessness. About 75 percent of the working population earns less than US\$1.00 a day, so many people simply cannot afford to pay

rent, let alone to purchase their own dwellings. There is limited access to housing finance and heavy reliance on sweat equity, social capital, savings, and cooperatives. Poverty is further exacerbated by the International Monetary Fund's Structural Adjustment Program's liberalization policies and privatization resulting in job loss and retrenchment, subsequently pushing people to the brink of homelessness.

The land tenure system, which has altered the traditional rule of succession to land, and the cumbersome nature of the mortgage system also partly contribute to the marginal living conditions of about 70 percent of Nigerians. Poor housing is yet another significant factor. The 1991 National Housing Policy aimed to ensure that all Nigerians own or have access to decent housing accommodation at affordable cost by the year 2000. The policy also indicated that 700,000 housing units needed to be constructed annually. Only 20 percent of Nigerians occupy dwellings with more than one room. In urban centers, about 90 percent of the households live in one-room dwellings, while 73 percent of the rural population live in one-room dwellings.

GAME OF NUMBERS

Housing intervention in Nigeria has been a game of numbers, that is, the quantity (how many houses would be built, and how much funding is made available) rather than the quality of houses. The game of numbers has become evident since the beginning of the national development plans and it still continues today. In the First (1962–1968) and Second (1970–1974) National Development Plans, housing provision was grouped with town and country planning for funding. During the Third National Development Plan (1975–1980), an allocation of \$19 million was made to the housing sector to generate 202,000 housing units for low- and middle-income families. The Nigerian Building Society was changed to the Federal Mortgage Bank of Nigeria with an initial capital of \$1.2 million. The Fourth National Development Plan (1981–1985) was aimed at attaining optimum housing development in the country, according to Onibokun (1985), through direct construction of 200,000 housing units by the

government, allocation of \$174,000 for housing development through the Urban Development Programmes, and introduction of the Infrastructure Development Fund (IDF) for financing urban development projects in 1985.

In 1986, the Sites and Services Programme was introduced, and there was a major change in macroeconomic and sectoral policies of the government as a result of the introduction of the Structural Adjustment Program (SAP). International Monetary Fund Investment in housing was inhibited during the SAP period by the high rate of default in loan repayments and delays in the release of funds by the government, the prohibitive cost of construction in terms of building materials and equipment costs, the cost of labor, and inadequate funds from government to pay construction costs. Government programs and policies aimed at housing development, by and large, were ineffective and inadequate. Most of these low-income and low-cost houses were not completed, were poorly constructed, or were not habitable. For example, the government was expected to build 121,000 housing units between 1994 and 1995 to address the housing shortage; only 1,014 houses were completed (Central Bank of Nigeria 1990–1998).

The actual achievements in terms of adequate housing delivery have been minimal, and the game of numbers persists. About 5 million new housing units are required to meet the existing and future housing needs in urban areas, and about 3.2 million are needed in rural areas.

STRATEGY

To remedy housing provision problems in the country, the 1996–2002 National Rolling Plans identified the following strategies:

- Establishment of appropriate institutional framework to facilitate effective planning and housing development
- Restructuring of all existing public housing delivery institutions
- Mobilization of private-sector participation
- Provision of a conducive environment that encourages the establishment of more mortgage

institutions and stronger local government involvement; research into the use of locally produced building materials; and relevant policies and proper financial facilities to come up with housing designs that medium-income households can afford over a twenty-five-year loan repayment period.

RESEARCH PRIORITY

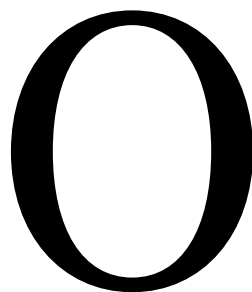
The homelessness enigma is rife among the low-income and economically weaker sectors of the population, and poverty is a major factor contributing to the prevalence of homelessness. Slum conditions and overcrowding proliferate in the cities with adverse effects on sanitation and health.

There are no data on the number of homeless people. As Professor Tunde Agbola asserts, “There is not much interest in this area, there has been no information and/or research on homelessness in Nigeria and there is no research funding for such an issue” (personal communication, 4 March 2003). Research and up-to-date statistics and information data banks are pivotal to planning and policy for the homeless in Nigeria. Thus, as a matter of priority, nationwide research to document the nature, number of people affected, and characteristics of homelessness is very pertinent.

—*Olusola Olufemi*

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▣ OLDER HOMELESS PERSONS

In the United States, older homeless persons—those age fifty and over—often seem invisible. Public policy generally focuses on younger homeless people or on social categories in which the aging are subsumed without special notice, such as disabled individuals and veterans.

For purposes of studying homeless populations, researchers have set the aging marker at anywhere from age forty to sixty-five. However, a growing consensus holds that the “older homeless” should be defined as age fifty and over. Indeed, at that age, many homeless persons look and act ten to twenty years older.

Although the proportion of older persons among the homeless has declined since the 1980s, their absolute number has grown. (As for the actual percentage of aging Americans who are homeless, estimates vary widely—from about 3 to 28 percent—due to heterodox methods and definitions of aged status.) In any case, the proportion of older homeless persons can be expected to increase dramatically as more baby boomers turn fifty. Thus, with an anticipated doubling of the fifty-and-over population by about 2030, a comparable increase in the number of older homeless persons is likely. The current low estimate of 60,000 would grow to 120,000, while the high estimate of 400,000 would mushroom to 800,000.

FACTORS CONTRIBUTING TO HOMELESSNESS IN OLDER PEOPLE

Homelessness generally results from a concurrence of conditions, events, and risk variables. The flow chart in Figure 1 depicts these factors in four categories, summarized below.

- Personal risk factors may accumulate over a lifetime. Except in the case of extremely vulnerable individuals, homelessness is likely to occur only when several of these personal risk factors coexist.
- Systemic factors play a critical role. In most instances, such variables as the availability of low-cost housing and the income to pay for it are the ultimate determinants of homelessness.
- Enculturation factors—that is, a person’s adaptation to the street or shelter—may further sustain and prolong homelessness.
- Programmatic factors can prevent or terminate homelessness, depending on the timeliness, quality, and availability of the service intervention.

Individual Risk Factors

The principal risk factors found to increase vulnerability to homelessness among older individuals are described below, based on studies conducted in the period from 1983 to 1998.

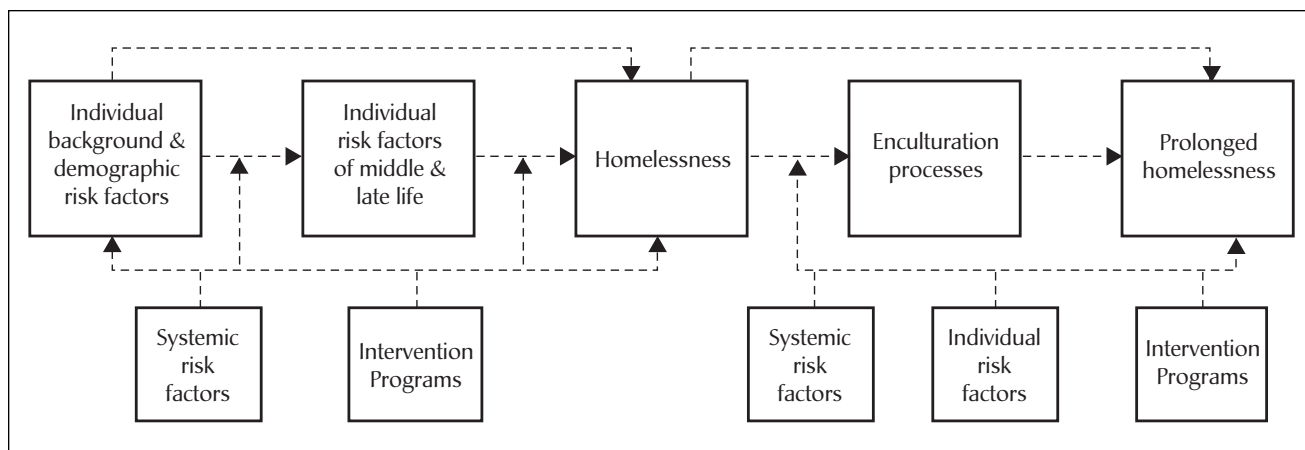


Figure 1. Model of Homelessness and Aging

Gender: The ratio of older homeless men to women is approximately 4:1.

Race: African-Americans are overrepresented among older homeless populations—and they are even more so among their younger counterparts.

Fifty to sixty-four age range: Because of the entitlements available to persons at age sixty-five, the risk of homelessness drops at that age. Indeed, the proportion of elders over sixty-five among the homeless is roughly one-fourth of their representation in the general population. Conversely, persons between fifty and sixty-four are overrepresented among the homeless, close to double their representation in the general population.

Extremely low income: Older homeless persons are likely to come from poor or near impoverished backgrounds and to spend their lives in similar economic status. More than three-fifths worked in unskilled or semi-skilled occupations. Median current income is roughly one-half the poverty level.

Disruptive events in youth: About one-fifth of older persons have had disruptive early life events such as the death of parents, placement in foster care, and so forth. Similar rates hold for younger homeless persons as well.

Prior imprisonment: Roughly half of older men and one-fourth of older women report prior incarceration.

Chemical abuse: Although the prevalence of alcoholism varies, older men have rates about two to four

times higher than do older women, and older men have higher rates than their housed age peers. Illicit drug abuse falls off sharply in homeless persons over fifty, but this may increase with the aging of the younger generation of heavy drug users.

Psychiatric disorders: Levels of mental illness have been found to be consistently higher among women than men, with psychosis more common among women and depression equally prevalent, or slightly more prevalent among men. Studies in New York City have found that 9 percent of older men and 42 percent of older women displayed psychotic symptoms, whereas 37 percent of men and 30 percent of women exhibited clinical depression. Levels of cognitive impairment ranged from 10 to 25 percent, but severe impairment occurred in only 5 percent of older homeless persons, which is roughly comparable to the general population.

Physical health: Older persons suffer from physical symptoms at roughly 1.5 to 2 times the level of their age peers in the general population, although their functional impairment was no worse.

Victimization: Both younger and older homeless report high rates of victimization. Studies have found that nearly half of older persons had been robbed and one-fourth to one-third had been assaulted in the past year. One-fourth of older women reported having been raped during their lifetime.

Social supports: Social networks of older persons are smaller (about three-fourths the size of their age

peers') and more concentrated on staff members from agencies or institutions. They are more likely to involve material exchanges such as food, money, or health assistance; to entail more reciprocity; and to have fewer intimate ties. Although not utterly isolated, older homeless persons lack the diverse family ties that characterize their age peers in the general population. Only 1 to 7 percent are currently married, versus 54 percent among their age peers. Nevertheless, various studies have found that about one-third to three-fifths of older homeless persons believe that they could count on family members for support.

Prior history of homelessness: One of the key predictors of prolonged and subsequent homeless episodes is prior history of homelessness. Durations of homelessness are substantially higher among older men than older women.

Other Risk Factors

Once a person becomes homeless, evolution into long-term homelessness involves an enculturation process in which the individual learns to adapt and survive in the world of shelters or streets. Shelter life may foster this enculturation in several ways. First, "shelterization"—adapting to the group lifestyle and organization of homeless shelters—may replicate earlier military or prison experiences for some men, while others develop a type of "learned helplessness." Second, shelters may be a rational choice based on safety and stability, especially for women. Third, they offer a new social support system; residents typically consider about one-third of their shelter or flophouse comrades to be "intimates."

Furthermore, certain older persons (men, the mentally ill, and those with prior homeless episodes in particular) are more apt to remain homeless for extended periods, a trend most likely reflecting impediments at the personal and systemic levels.

The two principal systemic factors that create homelessness are lack of income and lack of affordable housing. Even in cities with adequate housing supplies, it may be out of reach for the poor, because of poor-quality jobs, unemployment, and low incomes. Conversely, in cities where incomes may be higher and jobs are more plentiful, tight rental

markets stemming from middle-class pressures and escalating living costs also make housing less available to lower-income persons. Both of these conditions can push some people over the edge into homelessness.

Programmatic factors that negatively affect interventions for older homeless persons include limited availability of housing alternatives or in-home services for disabled older adults, agency staff who lack motivation or skills to assist older persons, and an absence of outreach programs that target older adults.

Although it is now recognized that most older homeless persons do *not* suffer from severe mental illness, the closing of mental hospitals ("deinstitutionalization") has been often cited as playing a critical role in causing homelessness. But evidence suggests that it does not exert such a direct effect. There is usually a time lag between a person's discharge from a psychiatric hospital and subsequent homelessness, and many mentally ill homeless people have never been hospitalized. Mental illness may indeed contribute to homelessness, especially among older women. But it is also apparent that the overrepresentation of the mentally ill among homeless persons more accurately reflects systemic factors such as inadequate entitlements and a scarcity of appropriate housing.

Triggers for Homelessness

The research literature has often dichotomized homelessness among older adults as resulting either from a long "slide" accelerated by an accumulation of events or risk factors over time, or from a "critical juncture" in which a crisis compels the person to leave his or her residence. However, many cases involve both: first a cumulative series of events or risk factors, then one final event that triggers true homelessness. Martha Sullivan's study in New York City found that older women had experienced an average of three major life events or crises over a period of one to five years preceding their homelessness.

Specific proximal causes (direct "triggers") of homelessness among older persons depend largely upon the person's age when first becoming home-



An older homeless man rests in the entrance way to a train station in London, England, in July 2003.

Source: Karen Christensen; used with permission.

less. In Britain, Maureen Crane drew three conclusions from a study of older homeless people. For those who first became homeless in early adulthood, homelessness was triggered by a disturbed family home, or by discharge from an orphanage or the armed services. For those who first became homeless in midlife, triggers included the death of a parent, marital breakdown, and a drift to less secure transient work and housing. Late-life homelessness often followed the death of a spouse, marital breakdown, retirement, loss of accommodation tied to employment, or the increasing severity of a mental illness.

It has been noted that for women in general, homelessness is apt to be triggered by failures or crises in family life, whereas for men it is more closely linked to occupational failures. While older men commonly have long histories of homelessness, older women are more often driven to it by a crisis in later life.

INTERVENTION STRATEGIES

Older homeless persons are a heterogeneous population. In Britain, for example, Anthony Warnes and Maureen Crane identified seven subtypes based on where they slept, their use of hostels and day centers, and whether they worked, used alcohol, had psychiatric illness, received benefits, moved frequently, or

had been rehoused in the past. Such diversity is worth keeping in mind when devising intervention strategies.

Three key points are particularly noteworthy with respect to such strategies. First, because these older homeless are perhaps the most heterogeneous of homeless subgroups—with broad differences in health, cognitive status, and length of homelessness, for example—interventions must be even more individualized than in younger populations. Second, interventions are possible at any point in the model shown in Figure 1: at the distal level (that is, in early and midlife), the proximal level (addressing immediate triggers for homelessness), and subsequent to becoming homeless. Third, in contrast to the self-sufficiency model used for younger persons—that is, moving from transitional supported residential situations to independent living—it may be more profitable to consider various types of permanent supported living arrangements for more vulnerable older persons.

However, unless new statutory interventions are forthcoming, the number of older persons at risk for homelessness will surely increase in tandem with the general population over age fifty. Unfortunately, many individual risk factors—such as previous incarceration, history of disrupted marriages, likelihood to be living alone, lifetime of low-income occupations, and greater use of illicit drugs—are the product of social forces that have left an indelible imprint on the postwar generation.

OPTIONS FOR PROGRESS

Despite these ominous signs, a dramatic increase in aging homeless persons may be forestalled by various statutory and service initiatives such as the following.

Legislation must be passed to improve income supports for suitable housing, especially in geographic areas where relatively low-cost housing is available. In areas where income and employment levels may be higher but affordable housing is scarce, legislation should focus on developing more inexpensive housing.

Policy must address the needs of the fifty-to-



A Dying Neighborhood Turns Around

MILWAUKEE (ANS)—When nursing home administrator Cordelia Taylor began to feel the corporate office was more concerned with the bottom line than quality care, she fumed to her husband.

His response: quit complaining and start your own.

So they left their dream home in an affluent suburban area and returned to their old neighborhood in Milwaukee's inner city, which had become one of the city's poorest and most violent, to start Family House, a licensed nonprofit community-based residential facility whose mission is to prevent people from being institutionalized and to give them a family living experience.

Now she provides a home for the homeless, the poor and others who have no place else to turn, regardless of the effect on her bottom line. Her only criteria: residents must be at least 55 years old, must not use alcohol or illegal drugs and must not be violent.

In the nearly dozen years since the first eight residents moved into Family House, Taylor has bought and added seven more group homes along her side of the street to serve 42 residents; started a community medical clinic that is doubling its space after just one year; provided a place for youngsters to study after school; and is leading the charge to revitalize this once-pleasant neighborhood.

"It was terrible at first," Taylor said of the decaying neighborhood where drug dealers lived in boarded-up buildings. "When we left the central city, the area I lived in, it was not this way. My old neighborhood had done a 180-degree turnaround."

Most of Taylor's old neighbors had left the area, abandoning it to drug dealers and gangs. Those who were left were "scared to death," she said.

Others were unwilling to battle drug dealers, but they encouraged Taylor, who testified against dealers and confronted them on the street. She also saw that an unlicensed tavern at the end of the block, the scene of violent and unlawful behavior, was shut down. She is now negotiating to buy that building to open a community center with after-school activities and classes in parenting, budgeting and job training.

The medical clinic, which will be expanded to double its current three examination rooms and other offices, is open four days a week to the entire community, said Patrick

Taylor, Taylor's youngest son, who is the clinic's administrative assistant.

"We're going to get more doctors and help more people," he said.

The clinic works in partnership with the Medical College of Wisconsin, Patrick Taylor said. "We have an agreement where their physicians come into our facility and work as a satellite," he said.

Family House's eight residential buildings now house 42 residents grouped together based on their physical abilities. In one building, staff members simply clean, see that the doors are locked at night and ensure that residents get their proper medications, while in another, staff are there 24 hours a day as in a skilled nursing home.

Each resident is offered a private room, though some prefer the company of a roommate, Cordelia Taylor said.

Residents are encouraged to garden in the home's raised garden beds and to volunteer working with neighborhood children. But sometimes it takes a while for them to feel at home, she said.

"When they first come in, they are very suspicious because these are people who have had good reasons to be suspicious; they're from the street and they've had to stay awake at night to stay safe," Taylor said.

Old habits die hard, and some continue for a while to stay up all night and sleep during daylight, keeping personal belongings with them at all times and hoarding food, she said.

"Once they learn that you are going to do what you say you're going to do, they slowly come out of their shell, and they are some of the most pleasant, happiest people you would want to be around," Taylor said.

Family House relies on its residents' ability to pay—even if it's nominal or nothing—and donations from faith-based groups, foundations and individuals. She will not accept city or state small-business money with strings attached.

"Since we are a mission and since God did not give me this for political reasons, I am not involved in politics," she said. "I don't want anybody to come in and tell me who I can take care of and say, 'This person can't pay so you can't keep them.' I want to be able to take care of people without someone telling me how I have to do it."

Source: "One Woman's Determination Turns Dying Neighborhood Around," American News Service, n.d.

sixty-five age group with health and other safety-net supports. Compared with their younger counterparts, they may have difficulty securing employment

if they are laid off, they have more physical problems, and they are more apt to experience the death of a spouse and losses in close social ties.

Where legislation exists to provide assistance, benefits must be easily secured. Older persons who are eligible for benefits often do not obtain them, and those who do may not obtain the maximum allowable amounts. Judicial and administrative actions may be needed to enforce existing statutes.

Mentally ill homeless persons often need case managers who can help them secure entitlements and housing and link them to appropriate medical, psychiatric, or substance abuse treatment. Several demonstration projects have shown this to be valuable. Although not specifically targeted to older homeless persons, all of them included persons over age fifty.

Greater emphasis must be placed on preventing homelessness by early identification and help for people at risk. Effective systems of support should enable people to manage in independent or supported housing and should help prevent relinquished tenancies and evictions. Extant laws which may unintentionally foster homelessness should be changed. For example, persons in public housing or who receive federal Section 8 rent subsidies are prohibited from sharing their apartment with non-family members. Thus, if a family member dies or moves away, the remaining person may be unable to pay the rent.

Better reviews of condemned or uninhabitable buildings are needed, to ensure that the eviction of current tenants is not leading to other uses for the properties. Older persons are especially vulnerable to such issues since a disproportionate number live in declining neighborhoods with many dilapidated buildings. Government agencies in charge of formally condemning buildings could be required to institute mechanisms for providing transitional assistance to tenants. "Early warning" systems need to be created to identify vulnerable people who are not coping at home—before rent arrears and other problems accumulate and eviction proceedings commence. In the United States, efforts to prevent homelessness include legal assistance projects to help forestall evictions, cash assistance programs to assist with rent arrears, and direct landlord payments and voucher systems to ensure that tenants can cover their rents.

At the service level, there has been a paucity of programs for homeless and marginally housed older persons. Age-segregated drop-in social centers coupled with outreach programs have been shown to be useful with this population. Unfortunately, while many agencies proclaim an official goal of rehabilitating homeless persons and reintegrating them into conventional society, the bulk of their energies go into providing accommodative services that simply help them survive from day to day.

For extreme cases, help may be provided by a mobile unit of the type developed by Project Help in New York City to involuntarily hospitalize persons. Used judiciously and with awareness of civil rights, such units can assist those elderly homeless who are suffering from moderate, severe, or life-threatening mental disorders.

Finally, advocacy is important. For example, in Boston, the Committee to End Elder Homeless consists of a coalition of public and private agencies working to provide options for this population.

The imminent burgeoning of the aging population will result in a substantial rise in at-risk persons. Prevention of homelessness among older persons will depend primarily on addressing systemic and programmatic factors.

—Carl I. Cohen

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▣ OUTREACH

The Federal Task Force on Homelessness and Severe Mental Illness has recognized outreach as the first and most critical component of any program serving a homeless population (Interagency Council on the Homeless 1994). Often conducted in a variety of nontraditional settings, outreach is the first step in developing relationships with some of the most disenfranchised people in America's communities. It is a process of linking people who are homeless to services and resources they want and need. The goal of outreach is to establish a personal connection that will provide the spark for the journey back to a vital and dignified life as part of the community (Winarski 1994). Outreach services are critical to ensuring survival in perilous living conditions and to supporting the person's reintegration to mainstream culture.

KEY FEATURES OF OUTREACH

Homeless people are a diverse group, but they share characteristics that contribute to the need for outreach, including poor physical or mental health, substance abuse problems, a history of negative experiences with service providers, fragmented relationships with family and significant others, and histories of trauma and/or neglect (Interagency Council on the Homeless 1994). Disorientation, mistrust, fear of rehospitalization, lack of motivation, and language problems contribute to the experience of isolation. It is not uncommon for people to be aware of their many needs and to want assistance, and yet still refuse to use available services. Many have also experienced multiple losses, including losses of fundamental cultural roles—as parent, spouse, worker, involved citizen (Winarski 1998). In addition, mainstream programs can present barriers to service utilization (Rog 1988). For all of these reasons, out-

reach services are needed to meet homeless people on their own turf and to address their unique needs with patience, perseverance, and respect.

Location of Outreach Services

Reaching homeless individuals and street dwellers, in particular, requires engaging them wherever they may live. Outreach may occur as part of a mobile intervention effort, in which staff seek out homeless persons in street locations such as under bridges or in doorways, in rural locations such as riverbanks or barns, in public facilities such as libraries or bus stations, and in institutions such as hospitals or jails. Mobile outreach staff typically work in pairs or teams and often use vans, bicycles, or go on foot to seek out places where homeless persons reside. Fixed-site outreach takes place at program sites where large numbers of homeless persons may congregate. These include drop-in centers, soup kitchens, and shelters. By establishing a presence in these facilities, outreach staff have access to a greater numbers of clients. Outreach programs often combine mobile and fixed-site approaches to reach the broadest range of individuals in need and to better coordinate services (McMurray-Avila 2001).

Core Outreach Services

Outreach programs share the goal of establishing a meaningful connection with homeless people, whatever their location, and then linking them to services and supports that are critical for improvement. Core outreach services include activities that focus on engagement, information and referral, and direct services.

Engagement

Outreach programs target people who are unserved or underserved by the service delivery system. Engagement activities focus on developing a personal connection with these individuals; they are the linchpin of all outreach activities. For these persons, fear and mistrust of service providers is common and often based on previous negative experiences. Many are also isolated and have histories of



Outreach workers gather on Regent Street in London in July 2003 to discuss their plans before fanning out to offer assistance to homeless people.

Source: Karen Christensen; used with permission.

fragmented relationships. People who use alcohol and drugs are even more disconnected. In addition, human service programs can create barriers to access that make it especially difficult for homeless persons to get the help they need. These include rigid eligibility criteria, inflexible scheduling, long waiting lists, and negative attitudes among staff toward homeless clients (Interagency Council on the Homeless 1992).

Engagement activities seek to overcome these personal and programmatic barriers through persistent and respectful attempts to make contact. The goal is to establish a trusting relationship that will create the bridge to critical services and supports, and that will provide the foundation for all future treatment interventions (Morse and Calsyn et al. 1996). The elements most critical to engagement include a patient and persistent approach, respect for the person's perceived needs, good listening skills, and the capacity to provide concrete benefits such as food, clothing, or showers. Although the need for human connection is most apparent during initial contacts, outreach programs need to establish ongoing relationships, sometimes over extended periods of time. It may be necessary for outreach workers to spend many weeks, months, or even years in developing a relationship as part of the engagement process (Winarski 1998).

Information and Referral

Outreach programs serve as important sources of information about services and resources useful to homeless people. These include programs that provide financial assistance, basic supports, housing, health, and social services (McMurray-Avila 2001). Homeless people may not be aware that these resources are available or know how to access them. Outreach workers also play a critical role by linking homeless people to these resources. Rather than just scheduling appointments, the referral process includes an orientation to procedures such as intake forms and documenting eligibility requirements. They also provide follow-up support to ensure that a meaningful contact has taken place. Because people who are homeless often have multiple, complex needs, they often need linkages to multiple service providers and resources. Effective outreach programs need to establish durable linkages across systems, public and private, including those that serve both the homeless and the non-homeless, youth and adults (Erickson and Page, 1999).

Direct Services

Because homeless people have needs that require immediate attention, and because of the difficulties inherent in establishing multiple linkages, outreach programs themselves typically provide a broad range of direct services (Interagency Council on the Homeless 1992). These include screening and assessment for medical, psychiatric, and social problems, especially as these relate to the presence of life-threatening conditions. Outreach programs often include mobile treatment teams that can prescribe medication and provide basic primary, psychiatric, and chemical dependency services. Fixed-site programs also provide clinical services that require structured settings, such as individual and group interventions that provide education about symptoms of mental illness and the effects of medication, skills training, cognitive-behavioral therapies, and vocational counseling (McMurray-Avila 2001). Outreach programs that combine information and referral strategies with these direct services have been found to be the most cost-effective (Morse 1999).

IMPLICATIONS

Outreach services are the first and most critical step to help ensure the survival of people who are homeless. Outreach also develops important connections with people who have become disaffiliated from meaningful roles in their communities. However, to help homeless persons make the successful transition from a focus on survival to integration into community, enduring linkages with mainstream services and resources need to be established. Outreach programs need to be conducted as part of a comprehensive system of care that supports the transition of homeless individuals into the mainstream. An ideal system includes health care, income support, legal services, housing, and rehabilitation and employment services (Interagency Council on the Homeless 1992). The objectives of outreach cannot be fully realized unless they are part of a comprehensive and integrated network of care.

—James T. Winarski

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Encampments, Urban
Epidemiology
Ethnography
European Network for Housing Research
- Fair Housing Laws
Families
Family Separations and Reunifications
FEANTSA
Food Programs

- Foster Care
- France
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 and History; Workhouses
- HIV and AIDS
- Homeless Assistance Services and
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- Homeless Court Program
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 Persons; Street Youth; Veterans;
 Women; Youth, Homeless
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- Homelessness, Definitions and
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- Homelessness, International
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- Homelessness, Patterns of
- Homelessness, Rural
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- Homelessness, Urban
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 History of Homelessness;
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 Skid Row; Copenhagen; Dallas;
 Houston; London; Los Angeles;
 Madrid; Minneapolis and
 St. Paul; Montreal; Mumbai;
- Nairobi; New York City; Paris;
 Philadelphia; St. Louis; Sydney;
 Tokyo; Toronto; Washington, D.C.
- Housing
See Appendix 4: Documentary
 History of Homelessness;
 Corporation for Supportive
 Housing; European Network for
 Housing Research; Fair Housing
 Laws; Foster Care; Hidden
 Homelessness; Housing and
 Homelessness in Developing
 Nations; Housing, Affordable;
 Housing, Transitional; “Housing
 First” Approach; International
 Union of Tenants; Interventions,
 Housing; Low-Income Housing
 Development; Missions;
 Municipal Lodging Houses;
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 Strategies; Workhouses
- Housing, Affordable
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- “Housing First” Approach
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- Images of Homelessness in
 Contemporary Documentary Film
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- Images of Homelessness in the
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- Indonesia
- International Network of Street
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- Interventions, Clinical
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- Legal Advocacy
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- London
- Los Angeles
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- Marginality
- Media
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 Row; Great Depression;
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 Row Culture and History;
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- Mental Health System
- Mental Illness and Health
- Minneapolis and St. Paul
- Mobility
- Montreal
- Mumbai (Bombay)
- Municipal Lodging Houses
- Nairobi
- National Alliance to End
 Homelessness
- National Center on Family
 Homelessness

| | | |
|---|---|--|
| National Coalition for the Homeless | Prostitution | Survival Strategies; Work on the Streets |
| National Resource Center on Homelessness and Mental Illness | Public Opinion | Street Newspapers |
| Netherlands | Religion | Street Youth and Violence |
| New York City | <i>See</i> Appendix 4: Documentary | Stressful Life Events |
| Nigeria | History of Homelessness; | Survival Strategies |
| | Association of Gospel Rescue Missions; Goodwill Industries | Sweden |
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| Outreach | Research on Homelessness: Overview | Tokyo |
| Panhandling | Russia | Toronto |
| Parenting | Safe Havens | Trauma and Victimization |
| Paris | Salvation Army | UN-HABITAT |
| Philadelphia | Self-Help Housing | United Kingdom |
| Photography | Service Integration | United Kingdom, Rural |
| Poorhouses | Service Utilization Research | Urban Institute |
| Poverty | Shelters | Vagrancy |
| <i>See</i> American Bar Association Commission on Homelessness and Poverty; Causes of Homelessness: Overview; Gentrification; Great Depression; Hidden Homelessness; Hunger and Nutrition; Panhandling; Poorhouses; Prevention of Homelessness: Overview; Social Welfare Policy and Income Maintenance; Soup Kitchens; Vagrancy; Workhouses | Single-Room Occupancy Hotels | Veterans |
| Prevention of Homelessness: Overview | Skid Row Culture and History | Washington, D.C. |
| Program Evaluation Research | Social Support | Wilder Research Center |
| | Social Welfare Policy and Income Maintenance | Women |
| | Soup Kitchens | Work on the Streets |
| | South Africa | Workhouses |
| | Spain | Youth, Homeless |
| | St. Louis | Zimbabwe |
| | Street Life | |
| | <i>See</i> Panhandling; Street Youth and Violence; Stressful Life Events; | |

Reader's Guide

This list is provided to assist readers in locating entries on related topics. It classifies entries into fourteen general categories: Causes; Cities; Demography and Characteristics; Health Issues; History; Housing; Legal Issues, Advocacy, and Policy; Lifestyle Issues; Organizations; Perceptions of Homelessness; Populations; Research; Service Systems and Settings; and World Perspectives and Issues. Some entry titles appear in more than one category.

CAUSES

Abeyance Theory
Causes of Homelessness: Overview
Deindustrialization
Deinstitutionalization
Gentrification
Housing and Homelessness in
 Developing Nations
Housing, Affordable
Liminality
Marginality
Social Welfare Policy and Income
 Maintenance
Stressful Life Events
Trauma and Victimization

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Boston
Bowery, The
Calcutta
Chicago Skid Row
Copenhagen
Dallas
Houston
London
Los Angeles
Minneapolis and St. Paul
Montreal
Mumbai (Bombay)
Nairobi
New York City
Paris
Philadelphia

St. Louis
Sydney
Tokyo
Toronto
Washington, D.C.

DEMOGRAPHY AND CHARACTERISTICS

Hidden Homelessness
Homelessness, Course of
Homelessness, Definitions and
 Estimates of
Homelessness, Patterns of
Homelessness, Rural
Homelessness, Suburban

HEALTH ISSUES

Alcohol and Drugs
Children, Impact of Homelessness on
Disorders and Health Problems:
 Overview
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Health Care
HIV and AIDS
Hunger and Nutrition
Interventions, Clinical
Mental Health System
Mental Illness and Health

HISTORY

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 Homelessness

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Chicago Skid Row
Great Depression
Literature, Hobo and Tramp
Municipal Lodging Houses
Poorhouses
Skid Row Culture and History
Workhouses

HOUSING

Fair Housing Laws
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 Developing Nations
Housing, Affordable
Housing, Transitional
“Housing First” Approach
Safe Havens
Self-Help Housing
Shelters
Single-Room Occupancy Hotels

LEGAL ISSUES, ADVOCACY, AND POLICY

Fair Housing Laws
Homeless Court Program
Homeless Organizing
Legal Advocacy
Legislation, Programs, and Policies,
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Prevention of Homelessness:
 Overview
Vagrancy

LIFESTYLE ISSUES

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 Child Support
 Criminal Activity and Policing
 Encampments, Urban
 Libraries: Issues in Serving the Homeless
 Mobility
 Panhandling
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 Shelters
 Single-Room Occupancy Hotels
 Soup Kitchens
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 Survival Strategies
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ORGANIZATIONS

American Bar Association
 Commission on Homelessness and Poverty
 Association of Gospel Rescue Missions
 Corporation for Supportive Housing
 European Network for Housing Research
 FEANTSA
 Goodwill Industries International
 Homeless International
 International Network of Street Newspapers
 International Union of Tenants
 National Alliance to End Homelessness
 National Center on Family Homelessness
 National Coalition for the Homeless
 National Resource Center on Homelessness and Mental Illness
 Salvation Army
 UN-HABITAT
 Urban Institute
 Wilder Research Center

PERCEPTIONS OF HOMELESSNESS

Appendix 1: Bibliography of Autobiographical and Fictional Accounts of Homelessness

Appendix 2: Filmography of American Narrative and Documentary Films on Homelessness
 Autobiography and Memoir, Contemporary Homelessness
 Images of Homelessness in Contemporary Documentary Film
 Images of Homelessness in Narrative Film, History of
 Images of Homelessness in Nineteenth- and Twentieth-Century America
 Images of Homelessness in the Media
 Literature, Hobo and Tramp
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 Families
 Latino(a)s
 Older Homeless Persons
 Street Youth and Violence
 Veterans
 Women
 Youth, Homeless

RESEARCH

Appendix 5: Master Bibliography of Publications on Homelessness
 Cost-Effectiveness Analysis
 Epidemiology
 Ethnography
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 Research on Homelessness: Overview
 Service Utilization Research

SERVICE SYSTEMS AND SETTINGS

Assertive Community Treatment (ACT)
 Case Management
 Children, Education of
 Continuum of Care
 Family Separations and Reunifications
 Food Programs
 Foster Care
 Harm Reduction
 Health Care
 Homeless Assistance Services and Networks

Housing, Transitional
 “Housing First” Approach
 Interventions, Clinical
 Interventions, Housing
 Mental Health System
 Outreach
 Poorhouses
 Safe Havens
 Self-Help Housing
 Service Integration
 Shelters
 Single-Room Occupancy Hotels
 Soup Kitchens
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 Workhouses

WORLD PERSPECTIVES AND ISSUES

Australia
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 Brazil
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 Egypt
 France
 Germany
 Homelessness, International Perspectives on
 Housing and Homelessness in Developing Nations
 Indonesia
 Italy
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 London
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 Mumbai (Bombay)
 Nairobi
 Netherlands
 Nigeria
 Paris
 Russia
 South Africa
 Spain
 Sweden
 Sydney
 Tokyo
 Toronto
 United Kingdom
 United Kingdom, Rural
 Zimbabwe

P

▣ PANHANDLING

Like homelessness more generally, begging is an ancient phenomenon associated with massive economic and population shifts caused by crop failures and famines, plagues, the aftermath of war and the demobilization of armies, the liberation of slaves, the reorganization of industrial or agricultural production—that is, with upheavals that dislocate people from customary economic roles and leave them destitute and desperate.

In Western societies, beggars have long been perceived as threats to social order because they lived without settled livelihood, frequently wandered and thus turned up as unwanted strangers, and sometimes associated with bandits and thieves. Beginning in roughly the fifteenth century, there were frequent and often brutal attempts to suppress them in England and Europe by arrest, beating, or branding and other forms of mutilation. At the same time, however, in many places disabled or otherwise “helpless” beggars were protected by religious authorities and regarded as proper subjects of charity by those courting divine favor. This led to a variety of ruses invented to arouse public pity and, predictably, to a voluminous literature on the perfidy of beggars that stretches from Martin Luther’s famous *Liber Vagatorum* (*The Book of Vagrants*), published in 1528, to dozens of articles in twentieth-century popular magazines.

The systematic crackdown on begging in the United States began during the depression of 1873–1878, when legions of freed slaves, excess factory hands, and redundant farm workers took to the roads. Such “tramps,” as they came to be called, worked at a variety of temporary jobs when they could get them, but they often resorted to begging and pilfering. The Charity Organization Societies that flourished in major U.S. cities beginning in the 1880s made suppression of begging a priority, as part of their attempts to prevent the demoralization of the poor. Often, they employed special officers, deputized by local authorities, to warn off beggars or arrest them as vagrants. From the 1870s through the years just before World War I, there were numerous proposals (rarely implemented) in the United States, England, and European countries for the “colonization” of beggars and other vagrants; that is, proposals for their long-term, forced commitment to labor camps.

Like homelessness, public begging in the United States was transformed by the war economy of the 1940s and the rudimentary welfare state established during the Great Depression. Although the sobriety of beggars had been impugned since early in the nineteenth century, by the 1950s begging, like homelessness, was largely segregated in the skid row districts of cities and associated in popular culture with men too dissipated to work. As they had for a century, county jails and to a lesser extent, state mental



Panhandling takes various forms. Here a man in Covent Garden, London, in July 2003 chalks out an elaborate Buddhist drawing and receives coins from passersby.

Source: Karen Christensen; used with permission.

hospitals, served as temporary sites of confinement and physical rehabilitation for such men (and occasionally, women).

With the spread of mass homelessness in the 1980s, begging, too, reappeared across the American landscape, and familiar complaints about the practice resurfaced. Programs appeared in New York, Philadelphia, Los Angeles, and other cities that encouraged citizens to distribute coupons for charity meals and other services instead of money that could be used to purchase alcohol and other drugs. Ironically, these were nearly identical to programs launched by Victorian charity organizers. And like their predecessors, the anti-begging programs of the 1990s were short-lived. Instead, many cities, including the notoriously liberal enclaves of San Francisco and Berkeley, California, began to refurbish old anti-begging ordinances to use as threats, at the least.

STYLES OF BEGGING AND PUBLIC ORDER

Today's superheated discourse about begging is strikingly similar to that at the end of the nineteenth century. Indeed, the furor about panhandling during the past twenty years or so is part of a larger and enduring concern for public order, for civility in common space. As it did a century ago, the disreputability of begging derives from the perception that

it is not a form of work, but an attempt to get something for nothing. It violates a powerful norm of general reciprocity. Added black marks are the traditional suspicion of fraud that attaches to it, and the hint of menace encoded in an occasionally aggressive request for help.

But if panhandling did not involve gulling people and was practiced inoffensively, might it be seen as a legitimate form of work? In the absence of other forms of livelihood, might begging reassume a kind of medieval standing as a tolerated if not respectable or desirable niche in the economic order of things?

The beggar's style of practice is extremely important in this respect and can raise interesting questions about how to define begging or distinguish it from legitimate labor. Dating from at least the late nineteenth century, beggars have used the sale of simple items like pencils or apples to insinuate a fair exchange with potential benefactors. When duly licensed, the pencil or apple vendor is a sidewalk merchant, strictly speaking. Similarly, the "busker," or street performer, with his or her open guitar case or upturned hat on the sidewalk, insinuates an exchange in which passersby make contributions for entertainment. Even panhandlers who merely introduce humor into their requests for money make a claim on respectable mutuality.

Perhaps more telling, the collection of money for good works or political causes separates begging from "fund-raising." Consider the bell-ringing Santas who appear on street corners and in shopping malls each holiday season to collect for the Salvation Army, an organization whose nineteenth-century roots lie in the rehabilitation of homeless men, many of them alcoholics, who were no strangers to begging. Or consider the college student who goes door to door collecting for one cause or another.

Now imagine an organized, all-year system in which panhandlers were licensed as collectors for nonprofit organizations, ranging from medical clinics to the local symphony, and received a percentage of the "take" each day. (And contributions would be tax deductible!) Such organized panhandling might also be politicized, thus protecting it from classification and regulation as mere commercial speech. Collectors for medical clinics might display or relate

messages in support of expanded health care; canvassers for the symphony might display protests against cutbacks of support for public radio. Licensure might depend on comportment; the licensed “solicitor” would be friendly, would not block doorways, would stay away from automatic teller machines, and so forth.

If the scenario above seems far-fetched, note that beginning in the late 1960s, some “alternative services” like free clinics and emergency food services pioneered just such systems. In time, we may see them again.

—Jim Baumohl

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▣ PARENTING

How can parents successfully care for their children in the context of homelessness? This is a significant question because families with children represent approximately 40 percent of the homeless population in the United States, and the number of homeless children has been growing since the early 1980s. Negative consequences of homelessness to children’s health, education, and emotional and social development have been well documented. Homeless families in the United States can be considered a subset of limited-resource families, and as such they share some of the same challenges to effective parenting. However, homeless parents face additional challenges, and these challenges have two distinct origins: First, homeless parents as a population have significantly higher levels of several risk factors that can compromise parenting, regardless of current

housing status; and second, being homeless poses threats to parenting beyond those experienced by housed families in poverty.

PARENTING FUNCTIONS AND QUALITIES

Functions of parenting include (1) providing basic necessities for children’s health and survival; (2) preparing children for self-sufficiency at maturity, which includes both formal and informal education; (3) socializing children consistent with culturally accepted values and behavioral norms; and (4) caring for children’s emotional and social needs. Research has documented qualities of parenting behavior that are associated with such positive development for children. For example, when parents are warm and supportive but also provide consistent guidance and clear expectations, their children are more socially and cognitively competent—that is, they are more likely to be helpful and empathic with their peers, to be accepted and liked by their peers, to cooperate with teachers and other adults, to progress well in school, and to be self-reliant. Children whose parents are harsh, detached, or overly permissive fare less well on these developmental tasks than their peers.

Influences on parenting qualities have also been well documented. Parents who have good social support are more likely to be warm, responsive, and cognitively stimulating with their children. Parents who are more highly educated provide more verbal and cognitive stimulation for their children. Conversely, stressors such as marital dissatisfaction, financial stress, and depression predict higher levels of irritable parenting and less warmth, responsiveness, and verbal or cognitive stimulation. Homeless parents have fewer resources to support their parenting and experience more stressors that can disrupt their parenting than do housed parents living in poverty.

PARENTING IN POVERTY

By definition, families in poverty lack the economic resources necessary to meet demands. Thus, parents are forced to make difficult choices on a daily basis—for example, to spend money to do laundry, buy food, or pay for transportation. To make matters

worse, families in poverty are also “time poor”—that is, they spend more time meeting basic needs than middle-income families and therefore have less time and energy to devote to their children. Moreover, parents who live in poverty experience more “daily hassles” such as negotiating with utility companies about payments and disconnection than do those in middle-income families, and accumulation of hassles causes negative emotional states such as depression and anxiety. Parents who are preoccupied with meeting survival needs and with managing daily hassles are less able to be warm and supportive, to provide consistent limits and expectations, or to provide cognitive and verbal stimulation to their children. The majority of families in poverty are “working poor,” and employers of such low-wage workers tend to be less flexible about parents taking time off work to participate in school activities or take a sick child to the doctor, for example. This lack of flexibility adds to the demands and difficulties that compromise optimal parenting.

PATHWAYS TO HOMELESSNESS FOR FAMILIES

Low-income families are especially vulnerable to homelessness because of economic and political trends during the past two decades. The number of affordable rental units has steadily declined along with federal housing assistance, while at the same time rents have increased the most for the lowest-income individuals. This state of affairs has been likened to a high-stakes game of “musical chairs” in which there is a shortage of affordable housing. To make matters worse, wages have stagnated, especially for the lowest-income individuals typically employed in the “service sector,” which means that it is more difficult than ever for families to be self-sufficient. Furthermore, a preponderance of working poor lack benefits such as health insurance, which makes them even more vulnerable to housing instability and/or unmet health care needs. The majority (an estimated 70 to 90 percent) of homeless families are headed by a single mother, so the following discussion primarily refers to relationships between mothers and their children.

These precarious economic circumstances set the stage for family homelessness. The first risk factors mentioned earlier—those that homeless individuals experience at higher levels than their housed counterparts and that in themselves can compromise parenting regardless of housing status—come into play either individually or in combination to precipitate homelessness. For example, domestic violence precipitates homelessness for an estimated 25 to 50 percent of mothers and their children. Many mothers turn first to their informal support network and “double up” with friends or relatives before resorting to emergency shelter. However, homeless women are more likely than their housed counterparts to have experienced childhood difficulties in their family relationships, such as physical or sexual abuse or placement in foster care, and are therefore less able to turn to them for support. Homeless women are also inclined to avoid troublesome family members and friends who, for example, have substance abuse problems or engage in illegal activities. Emergency shelter is more likely to be sought by mothers who lack a stable, reliable informal support network. Thus, troubled relationships pose a risk to both housing stability and parenting effectiveness.

Personal psychological resources such as mental health and education are critical to parents’ ability to effectively care for their children, and deficits in these resources can also jeopardize their housing stability. For example, estimates indicate that slightly less than half of homeless mothers did not graduate from high school. Their low level of education compromises their ability to economically support their family as well as their ability to parent effectively. Homeless mothers have elevated symptoms of depression and posttraumatic stress disorder (a psychological reaction occurring after a highly stressing event) in comparison to housed women in poverty. Few homeless women receive mental health care, however. Researchers on mental health among homeless people point out that depression is often a consequence of homelessness, rather than a primary cause. Nonetheless, the symptoms of depression, such as fatigue, irritability, and difficulty concentrating, interfere with effective parenting and with one’s ability to manage the myriad of tasks to attain stable

housing and self-sufficiency. Similarly, rates of substance abuse among homeless mothers are in the 15 percent range, and although this is significantly lower than rates of substance abuse among single homeless women and men, it presents an obstacle to optimal parenting and self-sufficiency.

UNIQUE CHALLENGES TO PARENTING IN HOMELESS FAMILIES

Keeping children safe and keeping a family together become primary needs when a family is homeless. Homeless parents are vigilant about their children's safety and sometimes arrange for children to stay with relatives or friends. Adolescent males may be prohibited from family shelters, so parents of teenage boys must make other arrangements for them if the parents stay in such shelters. Parents in all of these forms of shelter/housing report concerns about the kinds of people who are in or around such shelters. Parents also report that they tend not to trust their neighbors, and it is common for children to be with their parents at all times when they are not in school. Mothers who are fleeing violent relationships and those who fear that their children will be abducted by a relative are particularly vigilant.

Parents also tend to be wary about social service providers, who potentially will report neglect or abuse. This is a real concern because as many as 30 to 42 percent of foster placements are due to inadequate housing, and reunification of parents and children after placement in foster care is difficult. Fear evokes a physiological response designed to promote survival—the “flight or fight” response—which involves release of stress hormones, and under ordinary circumstances this is a short-term response. However, living in a constant state of fear and vigilance has a secondary effect, which is to concentrate brain activity to areas of the brain associated with survival and away from the areas associated with higher-order thinking and problem solving. Both parents and children are subject to this response when they are faced with chronic threats. As a result, children may find it more difficult to concentrate or learn in school, and parents may find it more difficult to accurately perceive and respond to their children's needs.

Conditions in emergency shelters are not conducive to optimal parenting. Emergency shelters and temporary housing are not developmentally appropriate environments—that is, environments in which children can be engaged in meaningful, challenging, enjoyable activities such as playing physical games, building or creating things, singing and dancing, exploring, or reading. Children are relatively easy to manage when they are meaningfully engaged. However, when children are not meaningfully engaged, and when they are restricted to small, crowded, uninteresting, overstimulating, or stressful places, they are more difficult to supervise and care for.

Providing warmth, support, consistent and clear expectations, and verbal and cognitive stimulation to distressed children under difficult circumstances and under the scrutiny of strangers may be a Herculean task. Psychologists Bonnie Hausman and Constance Hammen noted that “emotionally fragile mothers may be quick to criticize each other's children or to defend themselves from criticism by publicly maligning their own children” (Hausman and Hammen 1993, 360). The shelter situation undermines parental autonomy and authority, especially when shelter personnel intervene with parenting or with conflicts between parents. Children's understanding of their parents' authority is important to their sense of security—that is, the belief that their parents have the power to maintain predictable routines and set consistent boundaries to keep them safe is reassuring and provides a sense of organization and stability. When that parental power is challenged or usurped, children's sense of security and organization is disrupted as well.

The Stuart B. McKinney Act of 1987 requires states to provide access to public education services. However, at any given time, approximately 40 percent of homeless children are not attending school. The reasons for this vary. For many children, transportation is an obstacle because they are sheltered far from their neighborhood school. For others, transferring records necessary to enroll children, such as immunization and scholastic records, is an obstacle. Some parents have resorted to reimmunizing their children in order to enroll them in school. School disruptions for children seriously impair their ability to

progress on time academically as they are continually challenged to establish new relationships, adjust to new routines and expectations, and skip ahead or repeat curricular content because classrooms progress at different rates. Supporting children's academic progress by negotiating relationships with teachers and school administrators, advocating for children's special needs, providing an appropriate place to study or do homework, and being involved with children's schooling is much more challenging for homeless than for housed parents.

Approximately 50 percent of children in homeless families are younger than five years. Approximately 25 percent of homeless women have a child younger than twelve months, and approximately 33 percent of homeless mothers are pregnant. Consequently, almost half of homeless mothers are caring for young or unborn children. Recent research highlights the importance of the early years of life, especially infancy and toddlerhood, for development of neural structures that provide the foundation for optimal cognitive, emotional, and social development. High-quality child care is scarce but can act as a protective factor for children whose lives are disrupted.

PARENTING AS A PROTECTIVE FACTOR FOR HOMELESS CHILDREN

Despite the challenges that homeless parents face, a continuum of parenting qualities has been reported in research, and individual differences in qualities of parenting predict variation in children's developmental outcomes. When parents provide warmth and closeness and are involved in their children's schooling, children demonstrate better achievement and more appropriate behavior. Positive parenting practices can minimize psychological symptoms among children.

SUPPORTS FOR PARENTING IN HOMELESS FAMILIES

Some shelter programs require participation in parent education or support groups as a condition for providing shelter. However, this requirement has drawbacks. For example, this requirement takes a

deficit perspective, assuming that parents are lacking in love or skills, and this perspective is demeaning to parents and often inaccurate. Parents are too distressed and distracted by the problems of obtaining stable housing to attend to and absorb new information. Some professionals have also noted that parents should be given the opportunity to be active agents in solving their own problems, and they have adopted an "empowerment paradigm" (framework) so that parents can begin to feel a sense of control over their own destinies. In an empowerment paradigm, shelter personnel are supports and facilitators rather than directors of parents' actions. Also consistent with this approach, professionals have noticed that parenting support is often more effective when a discussion group format in an informal setting such as a kitchen or courtyard is used, rather than a more formal teaching approach in a classroom or conference room.

Professionals have also noted the importance of recreation and respite for homeless parents and their children. Understanding that parents are distracted and distressed, some shelters have found that organizing enjoyable recreational time for parents and children improves their dispositions and better prepares them to face their challenges. Providing opportunities and materials for developmentally appropriate experiences—even materials as simple as Play-Doh, paint, puppets, and books—gives children an opportunity to engage in meaningful and enjoyable activities and parents an opportunity to interact with their children in a relaxed and competent fashion.

PATHWAYS OUT OF HOMELESSNESS FOR FAMILIES

Homeless families are heterogeneous and therefore take diverse pathways into and out of homelessness. An estimated 40 percent of families experience an event or a series of events such as job loss, domestic violence, or eviction that precipitates a rapid decline to homelessness, whereas others experience a "slow slide" and have a less stable history of housing. Considering the current context of homelessness, in which the demand for affordable housing far exceeds the supply and jobs providing wages adequate for

self-sufficiency are also in short supply, many families make their way to stable housing with primarily economic and housing assistance. However, most families need a wide range of support at least in the short term, including aids such as emergency food assistance, clothing for school and work, medical care, child care, and transportation. Mental health care should be provided for those who need it because mental health is an essential personal resource for parenting and self-sufficiency. Professionals and researchers have noted the importance of “responding to the self-articulated needs of the clientele” (Dail 1990, 305) in order to help homeless mothers to have a sense of control over their lives and to participate in finding solutions.

—Julia C. Torquati

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☐ PARIS

The Paris urban area, comprising the city and its suburbs, has a particularly well-developed provision of “*bas seuil*” (“low threshold”) services, so called because access to them is virtually unrestricted. It is not conditional, for example, on participating in approved integration activities (i.e., engaging in some common activities, such as cleaning shelter

rooms, or some personal project, such as training to improve their job skills or participating in a program for recovering health), having a job, making a financial contribution, or even possessing a valid residence permit. This is the case for meal distributions, day centers, mobile services, and most emergency shelter beds. A 2001 survey conducted by the National Institute of Statistics and Economic Research (INSEE) found that while the Paris urban area is the place of residence for roughly 16 percent of the nation's population aged eighteen or over, it accounts for 31 percent of all homeless people in that age range. It is also where 40 percent of the nation's free meals are distributed. In public shelters, emergency beds that users must vacate each morning account for 37 percent of all shelter bed spaces in the capital. Paris also has larger-scale public shelters: 16 percent of them can accommodate more than fifty persons, while barely 3 percent of provincial facilities are that large.

HOMELESS DEMOGRAPHICS

The homeless in Paris generally present the same characteristics as in France as a whole. They are predominantly male and younger than the general population; a high proportion are nonnationals or unemployed or both. Some features, however, are specific to the Paris urban area.

Compared with other major urban areas in France, Paris's proportion of homeless people "sleeping rough" or in improvised shelters is twice as high (12 versus 6 percent). In Paris, almost twice as many have slept in an emergency shelter that must be vacated the next morning (22 versus 12 percent). They are also more likely to be allocated hotel rooms, but less likely to be accommodated in housing provided by voluntary organizations, than their counterparts in other cities.

The proportion of women among people staying in shelters—whether required to leave the next morning or not—or sleeping in the street, though still low, is higher in Paris than in the rest of France. The capital has fewer homeless couples and children.

For France as a whole, the proportion of nonnationals among French-speaking homeless people is

higher than in the housed adult population. This is even more true of the Paris region, where it reaches 42 percent (as opposed to 14 percent for people with stable housing). The proportion in the emergency shelters is even higher and would be still higher if non-French speakers, who are not generally covered by the survey, had been included. This reflects the special role that Paris occupies in the trajectories of migrants.

In addition, 36 percent of homeless people in Paris have been so for at least 13 months (as opposed to 27 percent in the other urban areas).

While accommodation conditions in Paris are harder and periods of homelessness last longer, finding work, on the other hand, is relatively easier. Thirty-five percent of homeless people interviewed in the capital had work, either on a contract or non-contract basis, compared with 25 percent in the rest of France.

MENTAL HEALTH AND SUBSTANCE ABUSE

In 1996, V. Kovess and C. Mangin-Lazarus conducted a survey in central Paris on a sample of 838 homeless persons. The questionnaire evaluated mental health on the basis of the Composite International Diagnostic Interview, or CIDI (Kovess, 2002).

These authors estimated the prevalence of psychiatric problems, over the year preceding the survey, at 29 percent of the total homeless population. Overall, 6 percent had schizophrenia or delusional disorders, and 24 percent had affective problems (fully 20 percent had depressive disorders). Overlapping somewhat with the above categories, 21 percent had problems with substance dependency or use: 11 percent with alcohol, 6 percent with drugs, and 4 percent with both. These rates are higher than in the general population, but both are well below 50 percent, thus confounding the stereotype of the homeless as mentally ill substance abusers. Kovess (2002) found these Parisian rates to be higher than those reported in the United States or Australia—except for substance disorders—but closer to those obtained by studies elsewhere in Europe. Alcohol-related disorders, however, had widely varying prevalences across countries, and were lower in Paris than else-

where (15 percent for the one-year prevalence [at some time during the previous year], compared with, for example, a point-prevalence (at the time of the study) of 26 percent in Madrid or a 40 percent one-year prevalence of alcohol use disorder in Los Angeles). In Paris, alcohol-related disorders appeared to be linked to place of birth, being more common among respondents born in France (60 percent of the sample). Arguably this is because the largest proportion of foreign-born respondents originated in Islamic countries and therefore consumed less alcohol or found its consumption harder to admit. Drug-related problems, though with a lower prevalence than in non-European studies, were closer to overall European levels and were more frequent among young people and males.

YOUNG ADULTS

In 1998, the French National Institute of Population Research (INED) conducted a sample survey of sixteen-to-twenty-five-year-olds using certain facilities in Paris and the inner suburbs: shelter accommodations, soup kitchens, and day centers (where users can shower, wash clothes, meet a social worker, and so on).

While most of these users were male, the proportion of females was greater at younger ages. While in the 1995 survey, women accounted for 17 percent of those aged eighteen and over, in the 1998 survey they comprised 37 percent of those sixteen and over. Young females were more likely than young males to be staying in long-stay shelters, and much less likely to be on the street. (The same can be said for the older homeless population collectively.)

Roughly six in ten young homeless people were French-born (as opposed to 88 percent of young



Maigret and the Homeless

Several of George Simenon's Inspector Maigret detective novels feature homeless individuals in Paris. The following is from Maigret and the Dossier.

'What d'you think about it, Maigret?'

'I think it's odd. It's pretty uncommon for a down-and-out to be attacked.'

Under the arch of the Pont Marie, up against the stone wall, a kind of nook had been contrived. It was shapeless and nameless, and yet it had apparently provided for some time past a resting-place for a human being.

The stupefaction of the Deputy Public Prosecutor was comical to behold, and Maigret could not help telling him:

'There are places like that under all the bridges. In fact you can see a shelter of this sort just opposite Police Headquarters.'

'And the police do nothing about it?'

'If we demolish them they spring up again a little further off . . .'

It was made of old boxes and pieces of tarpaulin. There was just enough room there for a man to lie curled up. The ground was covered with straw, torn blankets and newspapers, which exuded a strong smell in spite of the draught under the bridge.

The Deputy Public Prosecutor carefully avoided touching anything and it was Maigret who bent down to make a rapid inventory.

An iron cylinder with holes and a grill had served as a stove and was still covered with whitish ash. Beside it lay pieces of charcoal, picked up in heaven knows where. Turning over the blankets, the Superintendent uncovered a secret hoard: two hunks of stale bread, a few inches of garlic sausages and, in another corner, some books whose titles he read out in an undertone.

'Verlaine's *Sagesse* . . . Bossuet's *Oraisons Funèbres* . . .'

He picked up a journal which must have been lying about in the rain for a long time and which had probably been extracted from someone's dustbin. It was an old number of *La Presse Medicale*.

Source: Simenon, Georges. (1977). *Maigret and the dossier*. In *The twelfth Simenon omnibus* (p. 309). New York: Penguin Books.

housed people in the Ile-de-France administrative region of which Paris is the center), and seven in ten were French nationals. Many had experienced family breakdown. In this age range, two in three young housed people in Ile-de-France were still living with at least one parent, whereas one-third of young people in the INED survey had no regular contact with their mother; two-thirds had no such contact with their father. The father was more likely to be unknown or dead than for young people in settled housing. In addition, young people in the survey frequently reported having suffered abuse when chil-

dren (41 percent), and many had been placed in foster care (31 percent).

Other stressful life events were identified. 27 percent of females and 7 percent of males had been forced to have sexual intercourse; 57 percent of females and 46 percent of males had run away from home; 3 percent of females and 20 percent of males had spent time in prison.

Compared with their housed peers in Ile-de-France, the young homeless were more likely to have fathers who were manual workers (48 versus 29 percent) or self-employed as farmers, artisans, or shopkeepers (16 versus 10 percent). Geographical origin is influential here, since, for example, over 90 percent of fathers in the latter trades were born abroad or in the DOM-TOM (France's overseas departments and territories). One in four of the young homeless people reported having a mother who was economically inactive—compared with one in ten among their housed counterparts.

Over half of young homeless people—52 percent—had left the educational system without graduating, compared with their housed peers' rate of slightly less than 10 percent. Only 15 percent of homeless youths, mostly girls living in long-stay shelter, were continuing their education, compared with the 59 percent of youths continuing their education while housed.

The sources of income available to young homeless people differed somewhat from those of older homeless people. With few exceptions, the under-twenty-fives are not eligible for the Minimum Social Insertion Income (RMI), and women of that age are less likely to have dependent children, which would make them eligible for some social benefits. Consequently, very few sixteen- to twenty-four year-olds receive social benefits (only one in ten, versus nearly half of the older homeless). They are, however, more likely to receive help from the voluntary sector or from individuals (roughly four in ten, about double the rate among the older homeless), while roughly one-third have an income from employment, a proportion similar to the older homeless. Roughly two in ten, compared with less than one in ten for those aged 18 years and over, reported having no income from any source.

In addition to problems with eyesight and teeth, 52 percent of men and 60 percent of women among the young homeless reported at least one health problem, mainly respiratory, skin, and mental health troubles. Psychological disorders, which tend to have a high incidence during adolescence, have an extra importance here, as is reflected in the proportion of young people who reported at least one suicide attempt: 24 percent of males and 40 percent of females. Despite their higher levels of health care use than the general population—both primary health care and hospital stays—a number of their health care needs were unmet, dental and eyesight problems in particular.

DIFFERENCES RELATED TO THE ROLE OF PARIS

The special role Paris occupies in the French economy and in the country's migration flows helps to explain some of the differences between the homeless in the capital and elsewhere in France, and the specificities of the city's system of support services. Compared with the rest of France, homeless people in Paris are more likely to experience extremes of insecurity and to spend a longer time living in the street, though they are more likely to have work. They include a larger proportion of non-French individuals. The system of support for the homeless in Paris is characterized by higher proportions of "low threshold" services and of large-capacity shelters.

—*Maryse Marpsat and Jean-Marie Firdion*

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▣ PHILADELPHIA

As one of the largest cities in colonial America, Philadelphia's homelessness issues date back to the 1700s. *The "Lower Sort": Philadelphia's Laboring People, 1750–1800*, a study of the time done by Billy Smith, notes: "Laboring people often lived a hand-to-mouth existence, struggling to maximize their family income and to cut the cost of basic necessities" (quoted in Kusmer 2002, 15). Historian Kenneth Kusmer adds, "Those unable to make ends meet might find themselves sleeping in back alleys and begging on the street" (Kusmer 2002, 15).

In the 1800s, "soup societies" were important providers of food for people in poverty. For example, the Western Soup Society of Philadelphia, founded in 1837, served 15,000 quarts of soup to more than a

thousand residents as well as transients in its first winter of operation. The society began a school lunch program for fifty African-American students in 1849 and spent the then-considerable sum of \$5,300 in 1860 to build a "soup house." (Indeed, by 1862, there were so many "soup societies" in Philadelphia that they needed to hold a meeting to draw up geographic boundaries for their services.) By 1870, the Western Soup Society had expanded to provide fuel, clothing, and free night classes.

Philadelphia's skid row developed in the 1880s in the wards north of Market Street between Twelfth Street and the Delaware River, adjacent to the city's red light district and near the city's furnished-room section. It remained as skid row until its demolition in the 1970s.

ORIGINS AND NATURE OF CONTEMPORARY HOMELESSNESS IN PHILADELPHIA

In Our Way Home: A Blueprint to End Homelessness in Philadelphia, the Greater Philadelphia Urban Affairs Coalition (GPUAC) notes:

Philadelphia was once a city of neighborhood-based manufacturing jobs with good wages that supported families in modest homes in stable neighborhoods. Over the course of the past four decades, the city lost between 175,000 and 250,000 jobs. This economic "disinvestment" is at the roots of massive urban decay. . . . It is no surprise that poverty is most concentrated in those neighborhoods that have suffered from the most dramatic disinvestments, or that the vast majority of Philadelphia's homeless came from particularly blighted and unstable neighborhoods. (1998, 33)

As with other major urban areas, Philadelphia was hard hit by the loss of affordable housing between the 1970s and 1990s. The GPUAC notes that 52 percent of the city's 230,000 renters are unable to afford a two-bedroom apartment, and 43 percent cannot pay the rent on a one-bedroom apartment. Indeed, according to the GPUAC, minimum-wage workers need to work 103 hours a week to afford an unsubsidized, two-bedroom unit. Long lists for subsidized housing mean that some families wait up to three years for such apartments.

Again echoing the problems faced by other metropolitan areas, deinstitutionalization of mentally ill people in 1960s and 1970s—in tandem with the decline of the single-room occupancy (SRO) hotel—added to the homeless population. A rising epidemic of drug abuse further increased the number of homeless people. (Approximately 35 to 40 percent of Philadelphia’s homeless adults have drug problems.)

SERVICE PROVIDERS

Through the years, agencies in Philadelphia have moved from providing emergency food and shelter to a continuum of care (CoC) model that offers a variety of support services and transitional housing with the ultimate goal of employment and permanent housing. For example, in addition to operating shelters and feed programs, the nonprofit People’s Emergency Center has converted vacant houses into affordable homes that can be purchased by homeless families. Its Families First facility, opened in 2002, offers employment services, child care, and health care. Project H.O.M.E., one of Philadelphia’s oldest and largest service providers (and directed by one of the city’s foremost advocates for the homeless, Sister Mary Scullion), also bases its services on a CoC model. Project H.O.M.E.’s continuum starts with outreach to people living on the streets, moving them into entry-level and transitional supportive housing with access to health care, case management, and mental health and addiction recovery services. The agency’s permanent supportive housing in the form of single-room occupancy residences enables people to move into more independent living arrangements.

THE NUMBERS

During the year ending 31 October 2002, the Philadelphia Office of Emergency Shelter and Services served 23,950 people through its emergency shelter system, with an estimated 2,750 people living on the streets at some point during the year. On a daily basis, there are an estimated 6,500 homeless people in the city, the majority of whom were

young, single mothers with small children. On a yearly basis, the estimates of sheltered and unsheltered people range from 15,000 to 35,000, and a disproportionate 80 percent of homeless people are African-American. The Philadelphia Committee to End Homelessness (PCEH) faults city agencies for failing to do thorough, accurate census counts to establish the true magnitude of the homeless problem, noting:

The truth is, that despite a 1,000 percent increase in Philadelphia’s homeless budget over the last two decades—the vast majority of which has been reinvested into existing programs—the number of residents without housing remains stagnant. If Philadelphia is to be the first city to end homelessness, we first need to agree upon a starting point. We need a legitimate census of individuals and families without permanent housing. (Joyce 2003, 5)

ENDING HOMELESSNESS IN PHILADELPHIA

In 1998, the Homeless Program Committee of the Greater Philadelphia Urban Affairs Coalition, a consortium of public and private organizations and provider agencies, developed its blueprint to end homelessness. The blueprint included many ambitious goals, such as substantially increasing the job opportunities for homeless people and expanding the stock of affordable housing for families with very low incomes. The blueprint also noted that an important step in ending homelessness in the city would be to have the Office of Special Needs Housing’s Deputy Managing Director (known as Philadelphia’s “homeless czar”) focus more on overseeing the entire homeless service system—rather than playing a reactive role based on emergency shelter services.

Several years later, the Philadelphia Committee to End Homelessness (PCEH) issued its own action report in 2001, *The 2010 Plan to End Homelessness*. Seeming to challenge the entrenched service system that formed the basis of the GPUAC’s plan, the PCEH wrote:

Systems intended to help those experiencing homelessness have too often become irrelevant and drifted far from the needs and wants of the very people they are

commissioned to help. Habits develop. We spin our wheels. We forget that by continuing to do what we did yesterday, it will block our view of a better tomorrow. (2001, 5)

Mayor John F. Street seemingly satisfied both the GPUAC and the PCEH by bringing in Rob Hess as the new Deputy Managing Director Office of Special Needs Housing in 2001. Hess, who had run Action for the Homeless and the Center for Poverty Solutions in Baltimore, brought a broad base of experience and ideas and approached the management of the service delivery system with the fresh perspective of an outsider. Also in 2001, Mayor Street introduced the Neighborhood Transformation Initiative, a \$1.6 billion, five-year plan aimed at restoring and rebuilding Philadelphia's neighborhoods and infrastructure—including 16,000 new housing units. The plan's ultimate aim is to bring Philadelphia back to being a city that attracts employers and skilled workers—a city whose homeless problems will be minimized by having a sufficient stock of affordable housing and employment opportunities that pay a “housing wage.”

—Marcy Ross

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☐ PHOTOGRAPHY

Invented in 1839, photography was among the many technological innovations of the modern industrial age. Fifty years later, photographs began to be used to expose the wretched conditions, including homelessness, that industrialization created. During the

Progressive Era, government and philanthropic agencies hired professional photographers to publicize their social reform agendas, and art photographers began to explore modern street life, including the homeless, as a subject for art. During the Depression of the 1930s, many documentary photographers were attracted to the subject of homelessness—an attraction that continues to this day. The effectiveness of photography as a tool for social change, however, remains open to question.

NINETEENTH-CENTURY PHOTOGRAPHY

The tradition of depicting “street cries,” tradespeople selling their wares on the street, began in the seventeenth century and continued into the nineteenth century when, not surprisingly, it was carried forward in photographic form. John Thomson's *Street Life in London* (1877), which presents thirty-six posed portraits of street vendors, belongs to this tradition. A fresher approach to portraying the urban poor began to appear in English and American illustrated newspapers in the 1860s. Articles about the recently formed slums in cities like London and New York were illustrated with artists' sketches printed as black-and-white wood engravings. Many of these images recapitulated themes from popular sentimental literature and paintings with subjects such as the abandoned mother or the picturesque bootblack, but others, of tenement fires and police raids, for example, were drawn directly from life. These latter images formed a point of departure for Jacob A. Riis (1849–1914), a social reformer who was the first to use photographs to arouse the conscience of a mass audience.

Riis, a newspaper reporter who had experienced homelessness first hand when he arrived in New York from Denmark, turned his attention to housing reform in the mid-1880s. That decade saw a huge influx of Southern and Eastern European immigrants, who created the world's densest slum on New York's Lower East Side. In 1887, after reading about the invention of a magnesium flash powder that made it possible to photograph in dark places, Riis enlisted two amateur photographers to substantiate his verbal descriptions of such infamous locales as

“Mulberry Bend” and “Gotham Court.” The following year, Riis learned to use the camera himself and soon compiled an inventory of more than 200 photographs of filthy tenements, cheap beer dives, and homeless children. A Christian moralist, Riis believed that a decent home was the key to a good life, and he blamed greedy landlords for condemning the poor to appalling housing at exorbitant rents. His 1890 book, *How the Other Half Lives*, became a bestseller and launched his national reputation as an advocate for the poor. Riis lectured throughout the United States, shocking his audiences with projected lantern slides of back alleys and overcrowded boarding houses. His photographs in newspapers, magazines, and books appeared as small wood engravings and crude halftone reproductions. Although less dramatic than the life-size projected images, the reproductions still served as visual evidence of the dehumanizing conditions of the slum. Especially interested in the homeless, Riis waged a successful campaign to close the police station basements that were the last refuge for New York’s indigent and to build a municipal shelter in their stead.

SOCIAL WORK AND FINE ART PHOTOGRAPHY

Riis was a professional journalist and an inspired publicist, not an original political thinker or a skilled photographer. In the following generation, lawyers, bureaucrats, social workers, and professional photographers transformed Riis’s amateur efforts into systematic advocacy. After 1896, when halftone reproductions were routinely combined with text on the printed page, the demand for “social work photography” grew exponentially. Established charities such as the Children’s Aid Society and the Charity Organization Society hired photographers to document their programs. One of the first acts of New York City’s Department of Tenement Housing, founded in 1901, was to hire a photographer to support its claims against noncompliant landlords. In the department’s first annual report, Commissioner Robert W. DeForest quipped, “One good photograph in this class of work is worth several lawyers” (Yochelson 2000, 15).

The most famous photographer of the Progressive Era, Lewis Hine (1874–1940), worked for a wide range of social service agencies. In 1904, while teaching at New York’s Ethical Culture School, Hine was asked by the school’s superintendent to photograph newly arrived immigrants at Ellis Island. His sensitive portraits of people on the brink of a new life were intended to dispel the anti-immigrant sentiments of his students.

In 1916, Paul Strand (1890–1976) made an important series of photographs of New York’s homeless that became a landmark in American photographic history. Using a camera with a false lens that allowed him to capture his subjects unaware, Strand photographed people sitting on park benches in Five Points, the same neighborhood that Riis had photographed twenty-five years before. Shown at the art gallery “291” and published in the journal *Camera Work*, each image was titled “Photograph” to assert its identity as a work of modern art. Strand and his mentor Alfred Stieglitz (1864–1945) did not intend these blunt close-ups to evoke sympathy for their subjects but rather to provoke the ire of genteel art photographers who practiced pictorialism, an elegant style derived from European Impressionism and Art Nouveau. Although Strand became a social activist later in his life, these early works were ammunition in a war of aesthetics, not evidence in a campaign for reform.

DOCUMENTARY PHOTOGRAPHY

During the Depression, many art photographers embraced a documentary style to describe the American scene. At the same time, the United States government recognized that photography could affect public opinion and hired photographers to help promote an array of New Deal programs. Most ambitious was the Farm Security Administration’s photographic unit which, under the leadership of educator Roy Stryker (1893–1976), enlisted an elite corps of photographers to document the plight of the rural poor.

One of the most accomplished of these recruits was Dorothea Lange (1895–1965). A California portraitist, Lange abandoned her studio practice to por-

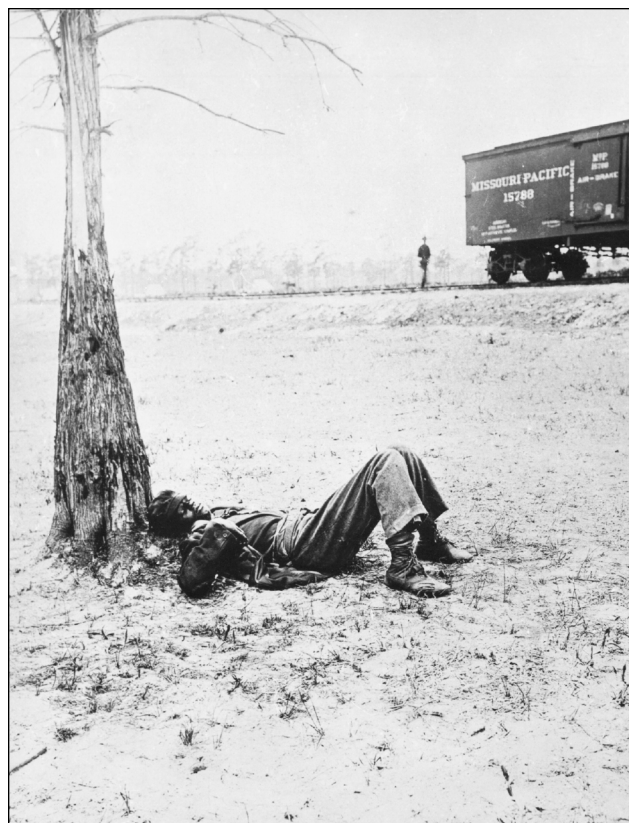
tray the migrant workers who had fled their Dust Bowl homes to search for employment on the West Coast. Her “Migrant Mother” (1936), which transformed a haggard, nursing mother into a modern-day Madonna, has become an icon of American photography. When published in a local newspaper, it brought immediate state aid for an encampment of destitute pea-pickers. Working with her husband, economist Paul S. Taylor, Lange expanded her message into a book-length polemic, *An American Exodus: A Record of Human Erosion* (1939). The book combined photographs with excerpts from Taylor’s interviews and government reports to argue that, as victims of forces beyond their control, the uprooted workers deserved government assistance to start a new life.

Surprisingly, there was no Dorothea Lange to document “Hoovervilles,” the shantytowns that arose during the Depression in parks and vacant lots in the nation’s big cities. For her Works Progress Administration project “Changing New York,” Berenice Abbott (1898–1991) photographed a Hooverville on the Lower East Side. One exposure shows a series of sturdy shacks built against a tenement wall, and a second reveals the orderly interior of a resident’s home. Without explanation, Abbott omitted both images from the final edit of her project.

Between the 1930s and the 1970s, documentary photography in the form of photojournalism flourished. By the 1950s, illustrated magazines such as *LIFE* reached more than 5 million American households, and leading photojournalists such as W. Eugene Smith (1918–1978) created multipage photo-essays, often touching on controversial issues of race and poverty. The central subject of postwar photojournalism, however, was America’s rising standard of living, not the plight of its poor.

THE 1980S: CRITICAL THEORY AND THE ATTACK ON DOCUMENTARY PHOTOGRAPHY

By the 1980s, the precipitous decline of manufacturing jobs and the deleterious effect of “white flight” on American cities had brought the problem of urban homelessness to the political fore. The response of



A hobo sleeping under a tree near a boxcar circa 1930.
Source: Underwood & Underwood/Corbis; used with permission.

photographers, however, was complicated by a strenuous theoretical attack on the validity of the documentary tradition, which emerged at the same time. Influenced by European postmodernism, these critics questioned the premise that photographs told the “truth.” They argued that the photograph was merely a two-dimensional, artificial construction, and that the photographer’s “vision” was conditioned by his economic and ideological context: that Jacob Riis’s photographs reveal his Victorian racialism, that the Farm Security Administration photographs expose New Deal paternalism, and that W. Eugene Smith’s photographs betray his overweening egotism.

To demonstrate this critical perspective, Martha Rosler devised “The Bowery in Two Inadequate Description Systems” (1981). Rosler sought to avoid the voyeurism of photographing homeless skid row alcoholics by photographing the empty doorways in which they slept. She exhibited her purposefully bland photographs with a text consisting of a list of

slang terms for drunkenness that derived from “within the culture of drunkenness,” not from the culture of art or journalism. Rosler’s project, “a work of refusal,” testified to what she saw as the futility of photography as a means of communication between photographer and subject and between photographer and audience (Rosler 1989, 323).

RECENT EFFORTS

Despite the chilling effect of the postmodern critique, some photographers have continued to explore the subject of homelessness, often with support from government and nonprofit organizations. Among the most noteworthy in recent years are Eugene Richards (b. 1944), Stephen Shamus (b. 1947), Margaret Morton (b. 1948), and Sebastiao Salgado (b. 1944).

In 1987, Consumers Union, publisher of *Consumer Reports*, hired Richards to prepare *Below the Line: Living Poor in America* (1987). The work combined interview excerpts and photographs to immerse the viewer directly into the lives of the poor. By using extreme close-ups, plunging perspectives, and jarring cropping, Richards exaggerated the chaotic lives of his often homeless subjects. He created a fictional intimacy with them to arouse emotion and action from his audience. His *Cocaine True Cocaine Blue* (1994) employed a similar strategy to reveal the devastating effects of the crack epidemic on America’s urban poor.

Shamus’s work was directly inspired by the accomplishments of Depression-era documentary photographers, and his books—*Outside the Dream: Child Poverty in America* (1991) and *Pursuing the Dream: What Helps Children and Their Families Succeed* (1997)—strive unabashedly to educate and inspire. Supported by the Children’s Defense Fund and the Chicago-based Family Resource Coalition, the two books recall Jacob Riis’s first two works, *How the Other Half Lives* (1890) and *Children of the Poor* (1892). They employ a problem-and-solution formula to expose a dramatic increase in poverty, particularly among children, and then to describe available social services.

In 1989, Morton began photographing the impro-

vised shelters that homeless people had built in public parks and abandoned lots on New York’s Lower East Side. These encampments, unseen on such a scale since the Hoovervilles of the 1930s, were routinely cleared by municipal law enforcement. For ten years, Morton documented the drama of building and clearing, and she photographed and interviewed the builders. Using a medium-format camera, she eschewed the jumpy, stop-action style of small-camera photographers. Her deliberately static, carefully composed photographs lend a feeling of stability to her subjects’ unstable lives. The project has yielded three books: *Transitory Gardens, Uprooted Lives* (1993), which focuses on plantings, ponds, and structures built not for shelter but for self-expression; *The Tunnel* (1995), which depicts a community living in darkness in an abandoned railroad tunnel; and *Fragile Dwelling* (2000), which summarizes the entire project.

In contrast to Morton’s focus on the relatively small homeless population of one city, Salgado’s subject is global homelessness. From 1993 to 1999, the Brazilian-born photographer traveled throughout Africa, Asia, and South America to document the vast numbers of refugees and migrants displaced by war, natural disasters, and industrialization. Produced to mark the millennium, Salgado’s traveling exhibition and book *Migrations: Humanity in Transition* carried an apocalyptic warning: “In its rawest form, individualism remains a prescription for disaster.” The epic scope, glamorous design, and universal message of the project recalls *The Family of Man*, the landmark 1955 Museum of Modern Art exhibition, which asserted the urgent need for all peoples to recognize their common humanity to avoid nuclear war. Both projects express the hope that powerful photographs can change the course of human events.

—Bonnie Yochelson

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▣ POORHOUSES

Early in the nineteenth century, the effects of the Industrial Revolution required a drastic change in the way public assistance was provided to the poor in the United States. The switch to a wage labor system resulted in many people living and working outside the communities in which they had previously been able to rely on extended families for support during hardships. As a consequence, more and more people found it necessary to apply for public assistance. When poor relief rolls grew rapidly, attempts were made to eliminate earlier forms of poor relief and substitute the widespread use of poorhouses. Growing out of the old almshouse tradition, this poorhouse system in America was modeled after the British workhouse system. However, practices governing the administration of poorhouses were modified significantly in the United States and resulted in a

uniquely American institution that was utilized well into the twentieth century.

EARLIER FORMS OF POOR RELIEF

The poor relief practices that preceded the widespread use of county poorhouses relied on a patchwork of alternatives. Foremost among these practices was the provision of “outdoor” relief to people who could remain in their own homes or continue to live with friends or relatives in the community. Application for such relief was made to a local elected official, usually called a Poor Master, who could provide such things as food, clothing, firewood, or a “chit” (voucher) for medical care.

People who were unable to support themselves were often cared for by someone who signed a contract to “keep paupers” in their own home or in a building that might have been bought or rented by the community for that purpose. Such annual contracts were bid for and usually awarded to those who agreed to charge the least for the service.

A less regulated arrangement, which allowed more opportunity for abusive treatment, involved auctioning off paupers at public auctions. A single pauper or a pauper family was to be cared for in the auction winner’s household for a year at a fixed rate of reimbursement. The lowest bidder thus assumed the financial obligation of feeding, clothing, and housing such people; but in return the caretaker was able to keep any profits from the labor of their charges.

Contracts generally involved somewhat more regulation and monitoring of the conditions under which dependent indigents lived than the auction system did. However, either contracts or auctions could result in an unscrupulous caretaker withholding adequate care for the purpose of keeping expenses down while requiring the maximum amount of work by any inmate who was considered even minimally able-bodied. Both of these arrangements resembled indentured servitude, an even earlier method of providing maintenance for people who could not support themselves.

From colonial times through the beginning of the nineteenth century, these early methods of poor relief had been considered quite adequate. But with

the dramatic increase in the number of people enrolling on the poor relief rolls during the first two decades of the 1800s, many began to argue that reliance on outdoor relief encouraged idleness and dependency. There was a growing belief that, while those who were legitimately unable to work (because of illness, handicaps, or age) were worthy of assistance, the relief rolls were being inflated by the growing ranks of the “unworthy” poor.

RATIONALE FOR ABANDONING EARLIER POOR RELIEF PRACTICES

The early 1800s were a period of great religious revival in the United States. Accompanying this revival was a fervent belief in social reform. There was a strong movement in favor of the prohibition of alcohol, for example. Armed with a belief that those unworthy poor currently depending on public relief of their poverty could be reformed—made into more responsible citizens and better Christians—reformers saw residence in a poorhouse as the place to begin such reform.

Several surveys were conducted to review the way poor relief was carried out in many parts of the United States and in Europe. These all seemed to indicate that a poorhouse or workhouse system would be much more efficient than outdoor relief or contracts for the care of paupers. It was felt that a consolidation of services in one place, as well as being able to purchase supplies in volume at discounted prices, would result in savings.

It was also believed that a poorhouse system would have a deterrent effect and that major savings would result from that effect. If many of those applying for outdoor relief were really capable of providing for themselves, denying such relief—and instead offering *only* poorhouse residence—was expected to discourage such people from unnecessarily burdening taxpayers with support that kept them in their homes without having to work. Those who did go to live in a poorhouse would be required to do whatever work was asked of them that fell within their capabilities. The planned and supervised labor of poorhouse inmates was expected to help make the institution more financially self-sufficient.

LEGISLATIVE REPORTS AND LAWS

The Quincy Report of 1821 in Massachusetts and the Yates Report of 1824 in New York were the results of state government surveys. These surveys purported to measure the relief rolls and describe current poor relief practices as a basis for making recommendations to the state legislature regarding what laws were needed to improve conditions of the poor and reduce expenses of maintaining them. These reports and the 1827 Report by the Board of Guardians of the Poor in Philadelphia all resulted in laws authorizing or requiring the establishment and utilization of poorhouses as a preferred form of poor relief. This trend was repeated throughout most of the already established states.

RELIEF AS A LOCAL RESPONSIBILITY

From the earliest colonial period, the most basic characteristic of poor relief was that it was an exclusively *local responsibility*. It was not until the passage of the Social Security Act in 1935 that “welfare” became a concern of the national government. (The only previous exceptions to this involved veterans and their dependents, subjugated Indians, and victims of natural disasters, etc.) The poorhouse laws of the 1820s marked virtually the first time that states addressed the subject.

New York provides a good example of the reluctance with which states pursued any poor relief role. The County Poorhouse Law enacted by the New York’s state legislature in 1824 required many counties to erect poorhouses and authorized the others to do so if they wished. This act broke with tradition only in making the support of the poor a county responsibility rather than a town or village responsibility. Funding was not provided by the state, and not until three decades later did the state make any attempt to administer or regulate such county poorhouses as were opened.

REGIONAL DIFFERENCES AND DIVERSITY OF BUILDINGS

The poorhouse was a ubiquitous institution, with poorhouses scattered throughout the country until

well into the twentieth century. The poorhouse was frequently the major employer in a small town. The stereotypical building was often an impressive source of civic pride, many being designed by famous architects. In spite of this, most poorhouses were located in rural areas outside the more populated areas of towns and cities.

However, as the country grew and expanded westward, this pattern of poorhouse design or utilization was frequently not followed. In the less densely populated and less industrialized western and southern states, some of the older contract systems persisted, and when a poorhouse was used, it often was merely a rented or purchased farmhouse. In southern states, the poorhouse campuses sometimes looked more like plantations—with a big house for the administrator and his family, separate facilities for staff, and small cabins for the inmates, who were thus more easily racially segregated. Along the frontier, more punitive attitudes toward paupers persisted for a long time, and the buildings utilized as poorhouses were often multipurpose buildings that also served as jails.

FUNCTIONS OF POORHOUSES

The early poorhouses in America served many purposes, depending on the types of people sent to them. Eventually, special purpose institutions evolved to serve the specific needs of the differing portions of this population. Poorhouses served as orphanages, shelters for homeless families, asylums for the mentally ill or mentally retarded, nursing homes for the aged or physically handicapped, hospitals, dormitories for the seasonally unemployed or temporarily injured on the job, homes for unwed mothers, and even shelters for victims of domestic violence.

Children

Children represented a special problem in poorhouses. Those concerned with the social reform of paupers quickly declared that a poorhouse was no place for children. It was felt that association with the “unworthy” poor, even if they were family members, was unlikely to help a child’s character development. Some inmates exhibited behavior that cre-

ated concern for the safety of children who were not segregated for their own protection.

As a result, many poorhouses quickly adopted the practice of “binding out” children to families in the community. Adoption was not a common practice until the twentieth century, and this binding out of children as indentured servants was the alternative. Many states passed legislation prohibiting the keeping of children in poorhouses from about three years old until about the age of seventeen years. This created such a significant need for placement of children that it stimulated the widespread establishment of orphanages.

The Mentally Ill

The need to provide for those who were called “lunatics” was undoubtedly the most difficult and persistent problem in poorhouse administration. Inmates who were mentally ill were generally physically segregated in separate buildings called asylums. With the science of treatment for mental patients still in its infancy in the mid-nineteenth century, conditions for their confinement in poorhouses was appalling, even in communities where there was an attitude of compassion toward them.

During the last half of that century, the work of advocates for reform—primarily the campaign led by Dorothea Dix and her associates—resulted in the establishment of thirty-two state hospitals for the mentally ill. Many states passed laws mandating that mentally ill poorhouse inmates be transferred to such facilities. However, this was resisted in some communities for economic reasons and many mentally ill patients remained warehoused in these local poorhouse asylums.

State Boards of Charity

After the Civil War, many states created organizations called state boards of charity. The purpose of these organizations was to improve the management of such institutions as poorhouses, orphanages, and mental hospitals. These boards provided guidelines for more standardized record keeping, administrative policies, and management procedures. They also focused attention on conditions in poorhouses. Many

investigations conducted in the 1850s and throughout the rest of the century revealed the need for drastic reforms to alleviate both abuse and inefficiency.

THE POORHOUSE EVOLVES

By 1935, the poorhouse inmate population had become much more narrowly defined. Those who remained were primarily the ill or frail elderly and some younger people who were permanently disabled. The institution had virtually become the prototype for what subsequently came to be called nursing homes. Indeed, when poorhouses were officially closed as poorhouses, they often continued to function—often in the same county-owned buildings—as nursing care facilities.

Impact of the Social Security Act

The passage of the Social Security Act in 1935 put in place the fundamental pieces of a “social safety net” that ultimately made poorhouses obsolete. The act provided retirement benefits and also contained the first national unemployment compensation program and aid to states for various health and welfare programs. The provision of these benefits met the needs of many who would otherwise have needed poorhouse placement.

HERITAGE OF THE POORHOUSE SYSTEM

As the ultimate irony, a review of the history of poorhouses in the United States reveals that the institution was both a solution to the problem of homelessness and one of the major causes of homelessness during the nineteenth century.

Specific people or specific groups of people, such as veterans, were exempted from having to go to the poorhouse—either by special laws or on a case-by-case basis. But many people who could have been enabled to live in their own homes or the homes of friends and relatives became homeless when such relief was denied. Given only the poorhouse as an alternative, many—out of fear or shame—refused to be institutionalized. They joined the ranks of what were derisively referred to as “tramps.”

The poorhouse system was a failure in many respects. It can be argued that it failed because it was based on the incorrect assumption that many, if not most, of those applying for poor relief were actually capable of supporting themselves or at least capable of doing substantial work. In reality, most of those who went to poorhouses were unable to do enough work to make the institutions self-supporting. Requests for relief did not decrease under the threat of poorhouse residence, and it never proved possible to eliminate outdoor relief for sizeable numbers of applicants for whom poorhouse residence was considered inappropriate.

Nevertheless, the poorhouse served as a prototype for many specialized institutions. It was within the administration of poor relief during the poorhouse era that the social work profession was born. And the poorhouse experience also demonstrated that it was not only more humane but also more cost-effective to offer support to people in their homes rather than requiring them to be institutionalized.

—Linda M. Crannell

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▣ POVERTY

See American Bar Association Commission on Homelessness and Poverty; Causes of Homelessness: Overview; Gentrification; Great Depression; Hidden Homelessness; Hunger and Nutrition; Panhandling; Poorhouses; Prevention of Homelessness: Overview; Social Welfare Policy and Income Maintenance; Soup Kitchens; Vagrancy; Workhouses

▣ PREVENTION OF HOMELESSNESS: OVERVIEW

Citizens, service providers, and researchers are united in believing that homelessness in a wealthy nation like the United States should be prevented. Ideas for preventing homelessness abound, but evidence about how well particular prevention strategies work, or would work were they to be tried, is sparse. This entry evaluates different approaches to preventing homelessness, using evidence from actual programs where they have been put to experimental test, and considering the evidentiary argument for other approaches.

TYPES OF PREVENTION

Prevention is often divided into primary prevention, or preventing an unwanted event from occurring in the first place, and secondary prevention, or ending an unwanted event or condition rapidly after it has occurred. Prevention programs are also often classified by the breadth or narrowness of their targeting: Universal prevention programs, like fluoride in drinking water, are applied to the entire population;

they are always forms of primary prevention. Selective and indicated prevention programs are applied to people at risk by virtue of their membership in some group or by virtue of their individual characteristics; these can be either primary or secondary prevention efforts.

Truly universal programs can be hard to evaluate, although if they are applied in some locales but not others, or at some times and not others, some inferences about their effectiveness are possible. Selective and indicated programs may be easier to evaluate, since some portion of the eligible group can simply be assigned to receive a program that is not (at least initially) available to others, and both groups can be followed to see what happens. But success in reducing a problem in the group that is treated may or may not hold much promise for reducing the rate of the problem in the overall population. That depends in part on how much that group contributes to the overall problem, how successfully those at risk are identified, and whether helping that group disadvantages anyone else. For example, a program to give priority to homeless people for a fixed supply of subsidized housing units means denying those units to others. If the people who are denied the units then become homeless, from the perspective of the population as a whole, homelessness has been reallocated rather than prevented. It is also important to realize that programs may have multiple goals—for example, ending homelessness for a group of people, moving them to self-sufficiency, and improving their quality of life. All those goals may be worthy, but it is important to distinguish among them.

UNIVERSAL PRIMARY PREVENTION PROGRAMS

Universal primary prevention strategies attempt to reduce the incidence, or new cases, of homelessness in the population. When the U.S. Conference of Mayors polled member cities in 2002 about what strategies the federal government should undertake to prevent homelessness, the one strategy that was mentioned in some form by all of the eighteen cities that responded was to increase the supply of affordable housing. Similarly, in a 1994 survey of nearly

4,000 service providers, local officials, and both homeless and formerly homeless people regarding fifteen potential federal actions to prevent homelessness, the federal Interagency Council on the Homeless found that providing more affordable housing was the top priority.

The U.S. Department of Housing and Urban Development (HUD) reported that in 1997, there were 5.4 million unassisted renter households (12.3 million individuals) with “worst-case housing needs.” That means that they had incomes below 50 percent of the area median and either paid over 50 percent of their incomes for housing or lived in seriously deficient units. In the words of the HUD report (2000), these households “face severe financial pressures—many are merely a missed paycheck or unexpected medical bill away from homelessness” (p. 13). The number of “worst-case” households grew through 1997, receded somewhat at the end of the economic expansion, and is likely on the rise again. Of the worst-case households in 1997, 4.2 million had incomes below 30 percent of the area income. There were only 36 housing units available and affordable for every 100 extremely low-income households.

Housing can be made affordable in a variety of ways. Because affordability is a function of both income and housing cost, one method is to raise the disposable incomes of those at the bottom of the income distribution. This could be accomplished by increasing the minimum wage, increasing government benefits including disability benefits and food stamps, increasing refundable tax credits such as the Earned Income Tax Credit, reducing taxes that fall most heavily on those at the bottom of the distribution, such as payroll taxes for social security, and/or assuming costs for items that compete with housing, such as medical care or child care. Providing education and job training that make individuals eligible for better jobs, and providing public-sector or subsidized jobs for those who are willing to work but cannot find employment, would also help. Many of these approaches are politically unpopular. Over the last twenty-five years, the government has increased the Earned Income Tax Credit, but it has restricted the eligibility, amounts, and duration of most direct

transfer payments, and it has allowed the inflation-adjusted value of the minimum wage to decline. Welfare reform has emphasized going to work rather than improving skills, even if low-wage jobs leave families in poverty.

Alternatively, the number of housing units affordable at a given income level could be increased. This could be accomplished by building more subsidized housing, providing additional vouchers that can be used to make existing units affordable, expanding tax credits and other incentives for creating affordable housing, requiring developers to make a proportion of units affordable, and a variety of other strategies. It is also important to guard against the loss of affordable housing by preserving and rehabilitating existing housing units. Special efforts may be necessary to create or maintain housing for individuals whose disabilities limit their prospects for earned income, such as efficiency apartments and single-room occupancy hotels. Here, too, political choices in the past decades have kept increases in the supply of affordable housing far below the level of need, as inflation-adjusted budgets for assisted housing have shrunk.

Yet another method of making housing affordable would be to extend the housing tax benefits that currently go predominantly to wealthy homeowners to renters. Cushing Dolbeare, housing expert, calculated that in 2002, housing tax benefits to individuals in the top fifth of the income distribution amounted to \$89 billion, whereas housing outlays to households in the bottom fifth amounted to only \$26 billion.

The argument that providing affordable housing would prevent homelessness is both logical and historical. The logical argument compares incomes and housing costs. According to the National Low Income Housing Coalition, there is no state in the nation where a full-time minimum wage worker can afford the fair market rent for a two-bedroom apartment using the HUD standard that households pay no more than 30 percent of their incomes for rent. Such a worker would need to work from 70 hours per week in Arkansas, to 146 hours per week in New Jersey. In no state in the nation can a disabled individual with Federal Supplemental Security Income (plus any state benefits) afford even half of the fair market rent

for a one-bedroom apartment. Additional logical evidence comes from the success of subsidized housing with or without services in ending homelessness for different groups, as described below under secondary prevention. The historical argument notes that homelessness on the massive scale we see today, and persisting through times of economic expansion as well as recession, is a relatively new phenomenon. Furthermore, the rise in homelessness coincided with a decline in housing affordable to people at the bottom of the income distribution.

Increases in the affordability of housing might be sufficient to prevent homelessness for most families, although housing by itself would not make families self-sufficient or prevent other social ills. Affordable housing alone might not be sufficient to prevent homelessness for groups with specialized needs, but it is likely to be a component of solutions for these groups.

It is important to note that not all apartments are available to all renters. Studies that send testers of different races but similar economic circumstances to apartments continue to find substantial discrimination against minority renters. A program to increase the enforcement of fair housing laws could play a role in reducing homelessness among minority group members, especially African-Americans, who are more likely than other groups to become homeless, even after controlling for poverty.

SELECTIVE AND INDICATED PRIMARY PREVENTION PROGRAMS

Selective prevention strategies attempt to prevent homelessness among groups who are at especially high risk, such as patients in mental hospitals. Indicated strategies attempt to prevent it among people who have individual risk factors, such as prior experiences of homelessness. Such strategies require identifying people at risk and targeting prevention efforts to them.

Targeting Housing Subsidies

Although many strategies to raise incomes are truly universal, as long as there are fewer subsidies than

are needed, most strategies to subsidize housing are likely to require some method for choosing the households to receive them. It is already the case that subsidies are generally confined to households with low incomes, and presumably this would not change, although there is some variation in how poor a household must be to be eligible. But to the extent that subsidies are intended to prevent homelessness, policymakers might also use selective strategies (which do not require individual screening) to target subsidies to groups at special risk by virtue of geography or life stage.

Psychologist Dennis Culhane and his colleagues showed that not only poverty, but also other characteristics such as housing conditions, unemployment rates, and rates of poor, African-American, and female-headed households with young children could be used to predict the neighborhoods from which a majority of homeless families came. Making housing subsidies selectively available in these neighborhoods and providing community development activities to improve employment opportunities and the quality of the housing stock might have more impact on homelessness than spreading subsidies more broadly.

Similarly, repeated studies have shown that homeless families are younger than other poor families. One study in New York found that a majority of the families entering shelters for the first time included a pregnant mother or an infant, and nearly half of the families had never had an apartment of their own for as long as a year. Establishing an apartment (paying first month's rent and security deposit and securing furniture and appliances) costs more than maintaining one. A program to help young families and first-time renters to obtain their first apartment might also avert homelessness. Ideas for such selective strategies should be tested empirically.

Eviction Prevention

A prevention strategy advocated by the Interagency Council on the Homeless, although not by the cities surveyed by the U.S. Conference of Mayors, is eviction prevention. Efforts to prevent homelessness among households on the verge of eviction make up

the most common type of indicated prevention program actually in place. For example, 82 percent of over 400 prevention programs funded by the Emergency Shelter Grants Program in fiscal 1991 offered back rent and utility payments, 41 percent offered mediation between landlords and tenants, and 20 percent offered legal services for indigent tenants; 40 percent also offered financial assistance to families faced with mortgage foreclosures. An evaluation by Judith Feins and her colleagues suggests that, overall, these and other activities undertaken by providers were successful in helping 205,000 clients and 65,000 families regain or retain permanent housing that year, although these figures are based on agency estimates, and there were often no follow-up data to determine whether homelessness was in fact forestalled.

A few more detailed studies of eviction prevention programs, which have not met the methodological standards for publication in peer-reviewed journals, suggest that these programs are promising. Studies often try to determine cost-effectiveness, that is, whether the costs to the government of providing preventive services outweigh the costs to the government of providing shelter. These cost analyses typically assume that eviction is prevented for 100 percent of families who receive services, and that 100 percent of such families would otherwise have been evicted and gone to shelters for the maximum number of days permitted in the locality. Such studies also tend to omit administrative costs, which are often greater than the amount of assistance provided. Under such assumptions, the programs are extraordinarily cost-effective, but Marybeth Shinn and her colleagues have shown that these benefits quickly shrink under more plausible assumptions. For example, in New York, 2001, they found that only a fifth of the families who were actually evicted went to shelters. Eviction prevention programs should be put to more rigorous experimental tests.

Eviction prevention programs are most often targeted to families rather than to single individuals, and they are not targeted to the worst-off families who are most likely to become homeless. This is because they typically require some evidence that the family will be able to continue rent payments

after an emergency infusion of cash and will be self-sufficient in the future. Thus, families with chronic rent shortfalls, who are most likely to become homeless, are ineligible. The fact that programs reach only a relatively well-off portion of those at risk for homelessness does not mean that they are not worthwhile, simply that other sorts of efforts are also needed.

Treatment for Substance Abuse and Mental Health

The second most popular strategy for federal action cited by half of the cities surveyed by the U.S. Conference of Mayors was to provide more or better treatment for substance abuse and/or mental health problems. Some respondents suggested using mainstream or existing services rather than tying these services to homelessness; most did not specify. Supportive service for physically and emotionally disabled individuals was also a priority for the Interagency Council. Substance abuse and mental health problems plague many homeless people, especially single adults, but there is little evidence that treating such problems prevents homelessness. Especially where the demand for substance abuse treatment exceeds the supply, the proposition that services prevent homelessness could and should be tested.

Discharge Planning

Another form of prevention, recommended by the Interagency Council but rarely by the cities in the U.S. Conference of Mayors report, is discharge planning for people released from institutions. Individuals in residential programs such as prisons, jails, mental hospitals, residential substance abuse treatment programs, and youths aging out of foster care have clearly had their previous housing arrangements disrupted and may have nowhere to go. It is clear that some people with serious mental illnesses and substance problems make institutional circuits among shelters, mental hospitals, jails, and the streets. It is less clear that substantial numbers of youths become homeless directly after leaving foster care, although having been in foster care in the past is a risk factor for homelessness among adults. But

brief efforts at discharge planning have yet to prove their efficacy.

Sociologist Michael Sosin and his colleagues studied people with histories of psychiatric hospitalization (sampled at free-meal programs in Chicago in 1991) and found no relationship between homelessness and having had living and treatment arrangements made at the last discharge. (Income was the most important predictor.) June Mann Averyt and her colleagues found that among individuals with prior episodes of homelessness discharged from mental hospitals in Philadelphia in 1997, there was no relationship overall between having an outpatient mental health contact within thirty days of discharge and subsequent repetitions of homelessness. However, there was a reduction in homelessness for the subsample who had had only one prior shelter stay. In this study, the relationship between discharge planning and showing up for an outpatient visit was not clear. The nine-month-long Critical Time Intervention, described below under indicated secondary prevention strategies, has had impressive success in helping mentally ill individuals leaving shelters to stay housed, but this is far more intense than what is usually meant by discharge planning.

SECONDARY PREVENTION

Research is more advanced for secondary prevention programs that aim to establish stable housing for individuals and families who are already homeless than for primary prevention programs. A number of models have been shown to work for a variety of groups.

Subsidized Housing

For families, the key ingredient in ending homelessness is subsidized housing. A 1998 study by Marybeth Shinn and her colleagues in New York found that five years after requesting shelter, 80 percent of families who received some form of subsidized housing were stably housed (defined as being in their own place for a year without a move). Among families who did not receive subsidized housing, only 18

percent were stable. Further, the stability rate for formerly homeless families who got the subsidized housing was identical to that for a random sample of families in the public assistance caseload. Factors that made no additional contribution to predicting stability, once subsidized housing was controlled, included education, work history, mental illness, substance abuse, health problems, history of incarceration, domestic violence, marriage, former teen pregnancy, early childhood experiences of poverty or foster care, and current social networks. Only age contributed, although trivially, to predicting stability. Families in this study received no special services. In 1997, Yin-Ling Irene Wong and her colleagues similarly found that both subsidized housing and the quality of the housing placement were related to lower levels of shelter re-entry. In a six-city study in 1995, psychologist Debra Rog and her colleagues found that 86 percent of families who received both subsidized housing and services were in the same housing eighteen months later. There were no differences by service model. Subsidized housing does not make families self-sufficient, but it appears to cure homelessness.

Housing and Services

Although people with serious mental illnesses or substance abuse disorders probably need more support than others to end their homelessness, subsidized housing is likely to be a critical component of their package, too. For example, subsidized housing and income predicted housing stability in a 1999 study by researcher Cheryl Zlotnick and her colleagues in Alameda County; case management did not. About half the participants in this study had substance abuse and/or mental health diagnoses. In a 1996 San Diego study by Michael Hurlburt and his colleagues in which some individuals with serious mental illness received subsidized housing and others did not, and members of both groups received either regular or comprehensive case management services, the subsidized housing was highly related to stability in independent housing, but the level of case management services was not.

Ezra Susser, psychiatrist and epidemiologist, and

his colleagues found in 1997 that a nine-month, three-phase “Critical Time Intervention” (CTI) reduced homelessness among individuals leaving a psychiatric program in a shelter in New York. It is unclear to what extent the services provided included links to housing. Also in New York, psychologists Tsemberis and Asmussen found in 1999 that a program that housed individuals with serious mental illness in their own apartments, without prerequisites for treatment or sobriety and with services under their control, reduced homelessness better than programs where participation in treatment was mandatory. Anecdotal information from an evaluation of Continuums of Care (CoCs), the local or regional systems mandated by HUD in 1995 to address homelessness, suggests that most providers believe that supportive services are critical, but that low/no demand housing has been successful where it has been tried.

Supportive evidence that housing with appropriate services reduces homelessness comes from Dennis Culhane and his colleagues’ analysis of shelter records in New York in 1999. They found increased turnover rates in family shelters when subsidized housing (mostly without services) became available, indicating that proportionally fewer families returned to the shelters. The demand for single-adult shelters also declined when supported housing for individuals with mental illness and with AIDS became available.

Reducing Domestic Conflict

A last strategy, which was suggested by the Interagency Council but not by the cities in the U.S. Conference of Mayors report, is ameliorating domestic conflict. This may have particular value for preventing homelessness among adolescents, who often report conflict and abuse in the families they have left, although there is no research on the question. Domestic violence is also high among poor families, both housed and homeless. Programs to reduce family violence could, over the long term, have some impact on the incidence of homelessness. Once domestic conflict has turned violent, the goal should probably be to remove victims from the household

rather than to stabilize a household in a way that leaves victims at continued risk.

Coordination among Systems

A recent evaluation by the sociologist Martha Burt and her colleagues of twenty-five communities with unusually high-functioning Continuums of Care provided no actual evidence that homelessness had been reduced. Even in communities that had attained high levels of integration between homeless-specific and mainstream services for several years, participants had to acknowledge that cooperation and coordination had not gotten them closer to the goal of ending homelessness. This led to a redoubling of efforts, but nowhere were there clear empirical results. The authors conclude, “Ultimately homelessness will not end unless this country produces more housing and makes it affordable to very poor people, including single people with disabilities” (2002, 149).

CURRENT STATUS AND FUTURE PROSPECTS

In sum, there is as yet little evidence that most primary prevention strategies work to prevent homelessness from occurring, in part because there has been little research. The situation is hardly better than it was in 1990, when the General Accounting Office entitled a report “Homelessness: Too Early to Tell What Kinds of Prevention Assistance Work Best.” Universal programs that increase housing affordability seem most likely to be successful on logical and historical grounds, and they might be applied selectively in communities at high risk. Eviction prevention may be promising for a select group of families, but requires more rigorous testing. The value of other selected and indicated programs has not yet been proved. Targeted programs are also likely to miss a substantial portion of those who become homeless.

There is more evidence for the success of a variety of secondary prevention strategies involving the provision of subsidized housing, sometimes with additional services, in ending homelessness for different groups. More research is needed on the types

and optimal organization of services—for example, whether mainstream services are better than specialized services and whether services should be controlled by consumers. Homelessness is unlikely to end until there is enough affordable housing for individuals and families at the bottom of the income distribution.

—Marybeth Shinn

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▣ PROGRAM EVALUATION RESEARCH

Evaluation research generally refers to a broad set of applied research methods focused on assessing the design, implementation, and/or effectiveness of social programs and policies. Programs and policies are the most common things evaluated, but strategies, systems, services, and processes can also be evaluated. In the homeless arena, evaluations have been commissioned by various levels of government and by foundations to examine the implementation and outcomes of specific types of treatment programs for homeless individuals with special needs (individuals with mental illness, families with multiple problems, veterans with alcohol and drug issues, etc.), a variety of housing programs for single adults and families, and systems integration efforts.

Evaluation shares a number of characteristics with research in general, but purposes of evaluation and research are different. Research is generally conducted to develop new knowledge and to test theories. Evaluations, on the other hand, are conducted to develop and improve programs, guide programming decisions, make certain that funds are being expended as intended, or to guide some future action. The results of evaluation studies are typically developed in reports for policymakers as well as communicated through briefings, fact sheets, and other mechanisms.

Although some form of evaluation research has been in existence since the early 1900s, evaluation emerged in the 1960s as a consistent part of social programming in the United States in conjunction with the proliferation of programs under President

Johnson's Great Society initiative. In the homeless area, evaluations have been most commonly funded by federal government agencies, as well as foundations, to assess the programs they have funded, especially those that are funded under the McKinney-Vento Homeless Assistance Act.

TYPES OF EVALUATION RESEARCH

There are a variety of different types of evaluations, usually falling under two main headings: formative evaluations and summative evaluations. Each can be done over a brief period of time or, as is more commonly done with homeless programs, can be conducted longitudinally, often spanning a year or longer. Each of these general categories are described below, with a description of the types of evaluations, the questions they can address, the methods used, and ways the information they provide can be applied.

Formative Evaluations

Formative evaluations focus on assisting in the design of a program, assessing and improving a program's implementation, and/or in designing an outcome evaluation. In contrast to evaluations that are focused on assessing the effectiveness of programs (described below), these types of evaluations are focused more on improving the chances that a program will be effective. Several of the major types of formative evaluation are described in turn.

Program Design and Development Evaluations

Needs assessments can guide the design and development of homeless programs. They are intended to determine the types and magnitude of needs of a specific population as well as mapping where the problem may exist. In the 1980s, many cities conducted homeless counts as rudimentary needs assessments to determine how many homeless individuals and families were in the community and thus to what extent there was a need for emergency shelter and other homeless services. These data, as well as data from subsequent studies of characteristics and needs of individuals, have been used in the

development of city Continuum of Care reports to guide planning and requests for support.

Needs assessments can help in determining not only whether a program is needed but also how that program might be best designed to meet those needs. For example, a community might conduct a needs assessment to determine how many homeless families are in need of special services for their children, what types of intervention might be needed, and whether and how they would access an intervention. Needs assessments can also be conducted to determine what services already exist, whom they serve, and whether they meet the need of a specific target group or groups.

There are a number of techniques to estimate the scope and nature of a problem, ranging in complexity, rigor, and expense. Data on needs can come from individual and/or group interviews with homeless individuals themselves and interviews with providers, and from administrative data (e.g., service data). When there is a need for precision in evaluating the incidence and prevalence of a problem, the studies are rigorous and often very complex. One notable example of a rigorous enumeration effort was Martha Burt's work in estimating the size of the homeless population in our nation (Burt and Cohen 1989).

Process Evaluations

Process evaluations are intended to study a program as it is being delivered, with the goal of improving its delivery and understanding the elements of the program. Process evaluations are typically conducted prior to an outcome evaluation to help shape the evaluation and determine its feasibility.

Process evaluations are often conducted qualitatively, with evaluators observing various aspects of program delivery and talking with program staff and participants. Interviews may be conducted individually or as focus groups and are usually unstructured or semistructured. Quantitative data also can be collected in process evaluations. For example, data may be collected through administrative and service records to monitor the use of services, determine the level of program participation, identify the participants who stay with the program and those who drop out, and so forth. Prospective quantitative data could

also be collected through interviews and surveys of the program participants.

Fidelity Assessments

Fidelity assessments are specific types of process evaluations that are conducted to monitor the integrity of program implementation. Fidelity assessments are typically conducted when a particular program model is being replicated, such as Assertive Community Treatment for individuals with serious mental illness, to ensure that the model is being implemented according to the original tenets. These assessments are sometimes conducted periodically to monitor the replication of the model; they are also sometimes conducted prior to an outcome evaluation to ensure that the intended program model will be tested for its effectiveness.

There is no prescribed method for conducting fidelity assessments. They typically involve multiple methods, including interviews of staff and participants, observations, and records reviews. Key ingredients or components of the models are assessed and rated for their absence or presence.

Summative Evaluations

Summative evaluations, also called outcome and effectiveness evaluations, are conducted to address accountability and/or to determine what is working for whom and at what costs.

In outcome studies, one is examining an intervention to determine if it is producing the desired effects or outcomes. Typically, the effects are measured with one or more outcome measures that are sensitive to change over time. If one was to examine a homeless program to determine if a program was helping individuals remain residentially stable, one might examine the extent to which there has been an increase in the number of days housed from before to after individuals participated in the program.

The most rigorous design for conducting outcome evaluations are randomized experiments. By randomly assigning individuals to receive a target intervention or a comparison intervention, the randomized experiment creates two groups of individuals who should be statistically equivalent. Any differ-

ences between the two groups on outcomes are more likely to be due to the differences in the treatment rather than to any preexisting differences in the groups studied. Such a design is said to have high internal validity; that is, the ability to control the differences between the groups to an extent that you can detect a difference between the two treatments if it exists.

In situations in which randomized studies are not possible, quasi experiments are typically conducted. These studies use different bases of comparison for the treatment intervention in an effort to determine the outcomes of the intervention. Among the most common basic designs are the following:

- *Nonequivalent group designs*, in which individuals receiving the treatment are compared with another group of individuals, ideally as similar as possible to those receiving the treatment. This group could include individuals on a waiting list for the treatment, individuals receiving treatment as usual, or individuals receiving a different treatment.
- *Time series designs*, in which the outcomes of individuals receiving the treatment are compared for a considerable period of time prior to and following receiving the treatment. These designs could also include a comparison group that is compared for the same time periods. The comparison is in the slopes of the change between the two groups.
- *Pre-post designs*, in which the individuals receiving the treatment are compared both before and after receiving the treatment.

Each of these designs, however, is open to threats to internal validity—challenges to the ability to attribute observed differences to the treatment. Evaluators attempt to design quasi experiments that are best able to handle the most plausible and likely threats to validity in that particular situation, or, at a minimum, to include data that will allow them to judge if the alternative explanations are valid.

COMMON ISSUES AND CHALLENGES

Evaluators face particular challenges in conducting evaluations of programs serving homeless individu-

als. Some of the more common challenges include the following:

Design problems, including difficulties in mounting randomized studies. Although randomized studies are difficult in most service areas, they are particularly difficult in the homeless arena. There can be perceived ethical concerns in randomly assigning individuals to the housing rather than using some other method of assignment, especially when the intervention involves some type of housing. In addition, there often can be logistical difficulties in conducting randomized studies for housing interventions. Housing decisions are often made quickly and do not provide the upfront time needed to follow a random assignment procedure. In these instances, quasi-experimental designs can substitute for randomized studies, and attempts can be made to design and analyze them with as much rigor as possible.

For both randomized experiments and quasi experiments, determining a comparison condition can be difficult. Having comparison conditions where the individuals do not receive any intervention (called no-treatment control groups) is generally not an option. Although a no-treatment control group provides the highest contrast to the treatment group, and thus the best chance to detect effects of the treatment, it is generally not considered ethical, especially in the case of housing conditions. Alternative treatment comparison groups or service as usual groups (i.e., “status quo”) are generally used. For randomized studies, individuals are assigned to either the target treatment or to the other treatment condition at random. In quasi-experimental studies that use a comparison group, typically participants are sought who are already receiving or will be receiving another service independent of the research.

Measurement challenges are common to most social problem and program areas and homelessness is no exception. Residential stability, for example, is difficult to measure due to problems of recall. When asking simple questions about how long a person has been homeless or the number of times that person has been homeless in a set period, it is difficult to collect data reliably, especially from individuals who have had chronic homelessness or who have

other conditions that make it difficult for them to accurately recall dates and times. Most studies, especially those that are of a significant magnitude, have used some version of a residential follow-back calendar to collect information on homelessness and housing history. This procedure typically provides prompts and other strategies to help individuals remember the various places they stayed over a period of time. Even this measure has some problems in reliability, but it is viewed as one of the best current ways of obtaining data on this construct. Other measurement difficulties involve concepts that the field is still trying to understand, such as engagement into treatment, satisfaction with services, and so forth. In these instances, qualitative research that can help us better understand these constructs is often beneficial.

Longitudinal studies of homeless individuals or even formerly homeless individuals need to invest a great deal of resources and creativity into follow-up strategies. There are a number of factors that complicate finding both individuals and families in a longitudinal study as well as barriers to their staying in a study. Locating individuals for follow-up interviews is complicated by their transience, the lack of a mailing address or a stable address, the lack of telephones, and so forth. In addition, individuals often have difficulty remaining in studies because of competing commitments and disabling conditions.

Fortunately, there has been a great deal of work done in this area. A number of researchers have developed techniques for helping track and stay in touch with individuals. These techniques can include having staff on the team whose sole job is to stay in contact with participants; ensuring that a great deal of contact information is collected at the first interview, including obtaining detailed contact information on individuals who are close to the individual and would likely know their whereabouts and on places he or she frequents; having toll-free numbers for the individual to call in and providing incentives for staying in touch; and providing incentives at each interview, ideally escalating over time. Experience in using these methods has indicated that multiple

methods are often needed, as there are so many factors that can affect the follow-up process.

MAJOR EVALUATIONS

Prior to the passage of the Stewart B. McKinney Act in 1987, few large-scale evaluations of programs for homeless individuals or families had been conducted. A notable exception was the evaluation of the Robert Wood Johnson Health Care for the Homeless Program initiated in 1985 that served as the spawning ground for the federal program of the same name. This evaluation was descriptive in nature and was the first effort to understand the nature of the health problems homeless individuals were facing and the access to care they had prior to and following the establishment of health care clinics.

Since the late 1980s, there have been a number of federally sponsored evaluations of homeless programs, generally involving multiple sites and longitudinal designs. Some have been largely descriptive, examining changes in individuals over time, whereas others have been exclusively randomized efforts. Among the programs that have been studied are HUD's Shelter Plus Care and Supportive Housing Program, mental health programs for individuals and mental health and psychiatric interventions for families, homeless prevention efforts for individuals with serious mental illness, the value of systems coordination for homeless individuals with serious mental illness, and substance abuse interventions for single adults as well as specifically for veterans. (References to these evaluations are provided in Further Reading to offer both substantive and methodological guidance.)

FUTURE DIRECTIONS

Evaluation can continue to contribute to our understanding of ways to best intervene to improve the lives of individuals who are homeless and to end the cycle of homelessness for individuals and society. As federal, state, and local budgets shrink, there is even a greater need for understanding the effects of our work and the ways in which it can be improved. With the goal of ending homelessness, our interventions

need to be evaluated according to this objective and to the process needed to get to this objective.

Areas where evaluation is needed include the following:

- *The cost-effectiveness of interventions.* Although there have been a few studies of costs and cost-effectiveness of homeless interventions, these types of studies are rarely conducted. More emphasis needs to be placed on understanding what resources it takes to effectively intervene in order to maximize the resources that are available.
- *The elements of interventions that work best.* Since many programs are already up and running, totally dismantling them in favor of a new program model is generally not advisable or feasible. Rather, it may be advantageous to have evaluations, especially those that include fidelity assessments, designed to identify the aspects of an intervention that work best. Infusion of these components into existing efforts may be feasible and may enhance service provision.
- *Understanding different subpopulations of homeless individuals and the nature of the interventions that work best for each group.* Such groups can include newly homeless individuals as well as chronically homeless individuals and individuals who are working, to name a few.
- *The ways in which federal, state, and local policies impact homeless individuals.* This type of evaluation can include subsidy programs, welfare programs, and zoning ordinances, among others.
- *Interventions to prevent homelessness.* Although there has been some work in this area, much more is needed to understand how programs and policies can be bolstered to block the pathways into homelessness.

—Debra J. Rog

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▣ PROSTITUTION

It is estimated that as many as 58 percent of homeless people engage in prostitution by trading sex for money, drugs, shelter, and other needs, like clothing and food. Estimates vary, at least in part because of different definitions of prostitution (“commercial sex” or “survival sex”), different sampling methods (most studies rely on convenience samples), different geographic areas, different data collection settings (street, shelter, or jail), and different target populations. The literature on prostitution and homelessness focuses on two particularly vulnerable groups: homeless adult women, and male and female homeless adolescents. Reported rates of prostitution are higher among male and female youth living on the streets (28 percent) and homeless women (22 percent) than among youth living in shelters (10 percent). Childhood physical and/or sexual abuse may be predisposing factors for prostitution, which in turn is associated with victimization, unsafe sexual practices, substance use, and other psychiatric disorders.

UNSAFE SEXUAL PRACTICES

Prostitution is associated with an increased risk for engaging in unsafe sexual practices (inconsistent contraceptive and condom use, multiple sexual partners, and needle sharing). In turn, unsafe sex places individuals at greater risk for unwanted pregnancy and for contracting sexually transmitted diseases (STDs) including the human immunodeficiency virus

(HIV) and other blood-borne viruses such as hepatitis B. Homeless youth often become sexually active at an early age and are likely to practice unsafe sex. The HIV infection rates, especially among young males living in the streets, may be two to ten times higher than in the general population. Among homeless female adolescents, teen pregnancy rates are still disproportionately high despite a recent decrease among the general adolescent population.

SUBSTANCE ABUSE AND OTHER PSYCHIATRIC DISORDERS

Approximately 70 percent of homeless adults exhibit a substance abuse disorder. Drug injection is a risk factor for homelessness and elevates the risk for unsafe sex and prostitution. Among homeless adults who use crack and/or heroin, 31 percent of the women and 9 percent of the men engage in prostitution. Among a male sample of street youth living in California, more than 50 percent reported being intoxicated on drugs and/or alcohol “most of the time” during their sexual encounters. Trading sex for drugs or money often serves as a makeshift solution to support an expensive drug habit and can evolve into a long-term pattern of prostitution. Youth are at a particularly high risk because the early onset of homelessness increases the possibility of a substance abuse disorder. Additionally, homeless individuals who display substance use disorders often exhibit psychiatric illnesses such as depression and posttraumatic stress disorder (PTSD), as well as conduct disorders.

SEXUAL AND PHYSICAL ABUSE HISTORIES

Many homeless people grew up in households characterized by high levels of conflict and abuse from which they ran away or were thrown away. Among homeless youth, the rates of sexual abuse prior to a first episode of homelessness range from 21 percent to 42 percent (compared to the rate of 1 to 3 percent reported by youth in the general population). Childhood sexual abuse increases the odds that a homeless person will trade sex, which is associated with a greater chance of being sexually victimized on the

streets (especially for females). Several factors appear to influence the relationship between childhood sexual abuse, entry into prostitution, and subsequent victimization, including becoming homeless at an early age, reporting early childhood sexual abuse, using drugs, and associating with deviant peers on the streets. Sexually abused youth who live on the streets were two to four times more likely to attempt suicide than non-victims. Drug use and assault while trading sex greatly increased the risk that a youth would attempt suicide. These data support the Risk Amplification model developed by sociologist Les Whitbeck and his colleagues in 1999, which stresses the role of street life in exacerbating the distress experienced by youth from abusive families.

SEXUAL ORIENTATION

Sexual orientation appears to increase the risk for engaging in prostitution. Bisexuality is associated with homelessness, trading sex for money, and unsafe sexual practices like multiple partners. Most homeless men who engage in survival sex identify themselves as homosexual or bisexual, and they are more likely than homeless heterosexual men to exchange sex for money or drugs. Prostitution by homeless men is frequently associated with rejection, prejudice, and isolation related to their sexual orientation. Homosexual and bisexual men have often experienced repeated verbal and physical abuse from parents, siblings, and peers because of their sexual orientation. Like other abused youth, they leave their families to avoid further abuse or they are thrown out because of their families' inability to accept their sexual orientation. Without a stable residence, they become involved in a transient lifestyle, and prostitution may seem like their only way to survive.

IMPLICATIONS FOR SERVICE DELIVERY AND ACCESS

It is essential to develop comprehensive and integrated strategies to reach out to marginalized homeless populations. A homeless youth may trade sex for drugs, thus increasing the risk of engaging in unsafe

sex while under the influence of drugs and/or alcohol. This also increases the risk that the youth will be victimized, which will compound the distress of any previous trauma. Young homeless people who prostitute themselves have described this cycle as a "slow suicide." The high prevalence of mental health problems calls for programs that include the assessment and treatment of substance abuse disorders along with medical care, HIV-risk-reduction programs, and vocational assistance. Furthermore, given the prevalence of street victimization, helping homeless individuals to establish safe residences is crucial. HIV-risk-reduction counseling, hepatitis B vaccinations, methadone maintenance, and needle-exchange programs have been associated with a decrease in unsafe sex, drug use, and prostitution. However, service is often fragmented and difficult for needy people to access. Case management approaches help homeless drug users to connect with services and resources that can support their recovery. Case management is associated with a decrease in drug injection, probably because a relationship with a case worker increases the chances that a drug user will stay in treatment.

—Sylvie Lombardo and Jason Forney

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▣ PUBLIC OPINION

As modern societies struggle to alleviate the problem of homelessness, the attitudes of the general public play an important role. Indeed, attitude shapes both behavior and opinion. For policymakers and service providers alike, knowing how someone is likely to behave toward a homeless person can be useful. And certainly, public attitudes inform public opinion on policy initiatives. Knowledge of public attitudes on issues of homelessness is a valuable source of information (because it predicts public opinion), useful in a range of activities from recruiting volunteers for an emergency shelter to passing new legislation to improve welfare benefits.

If coverage of homelessness in the popular media serves as a barometer of public opinion, it would appear that public interest in the subject waxes and wanes. Since the late 1980s, not only has such media coverage decreased, it also had expressed a more varied mix of views on the homeless, including many negative portrayals. According to some reports, during the 1990s the public began to suffer from “compassion fatigue” and lost interest in hearing about the homeless (Link et al. 1995, 533). While public policy

does not necessarily parallel public opinion directly, a temporal link has been established in a number of studies. Change in public opinion does appear to lead to subsequent change in related public policy; indeed, factors such as offering new opinion data to politicians compounds this effect. Advocates promoting new initiatives to help the homeless can serve their cause if they show evidence of likely public support. Lacking other evidence, however, policymakers can be swayed by media accounts of “compassion fatigue” without questioning their accuracy (note that such accounts in the media continued to appear periodically during the late 1990s and early 2000s). Studies examining the true state of public opinion can thereby play a role in the advancement of new policy initiatives.

ASSESSING PUBLIC OPINION TRENDS

A number of surveys have tracked public opinion on issues of homelessness in recent decades. The focus here is on several large telephone surveys, most of which used sophisticated sampling methods to obtain nationally representative samples—given the demographic restriction of households with telephones. (A number of earlier surveys, largely local and/or small scale, used a variety of sampling and measurement methods; see Toro and McDonnell 1992.)

A Matter of Compassion Fatigue?

In fact, several studies directly examining public opinion on the homeless have found little or no evidence to support the media’s charges of compassion fatigue dating from 1990. In a local survey (Buffalo, New York) completed in 1990—using an extensive instrument with demonstrated reliability that has been adapted in most subsequent nationwide surveys—Toro and McDonnell found that the American public was generally sympathetic towards the homeless. Almost all respondents (96 percent) considered homelessness a serious problem, most had personally done something to help the homeless, and most indicated a willingness to pay higher taxes to help the homeless. This study also found that respondents

were generally well informed about the characteristics of the homeless, rarely defaulting to stereotypical images. They did not, for example, overestimate the rates of mental illness among the homeless, although they did tend to guess high for substance abuse and criminality.

In 1995, Link and colleagues added to the evidence by showing through a review of studies of public opinion on homelessness that there was no evidence that public support for increased federal spending or willingness to pay more taxes to help homeless people had significantly changed from the late 1980s (when the first surveys were done) into the early 1990s. These findings are inconsistent with media reports during the same period that compassion fatigue and a decrease in sympathy for the homeless had occurred. Link's own nationwide survey (done in late 1990) found that the public was generally sympathetic toward the homeless and that increased contact with homeless people led to greater, not reduced, compassion.

More recent work by Tompsett, Toro, and colleagues has found that the public continues, into the twenty-first century, to demonstrate generally compassionate attitudes towards the homeless. These findings are based on surveys conducted throughout the United States in 1994 and again in 2001, using the same sampling methods and interview protocol. In fact, over this seven-year time frame, it appears that stereotypic views of the homeless actually decreased, while support for more housing and services increased. The existing studies all refute the media's suggestion of widespread compassion fatigue and indicate public support for initiatives aimed at helping the homeless. Not only are U. S. citizens generally sympathetic, they are even willing to make personal sacrifices to help the homeless. It appears that the American media are not the most accurate source of information on the state of public opinion.

PUBLIC PERCEPTION OF THE ROOTS OF HOMELESSNESS

Public opinion data on the perceived causes of homelessness can further guide the development of

policy by suggesting which approaches are most likely to win public support. Several studies in various developed nations indicate that these attributions for homelessness tend to fall into two broad categories: causes of a structural or economic nature, and individual causes. Surveys conducted by Barry Lee and colleagues revealed that individuals who view homelessness as stemming primarily from structural factors—such as lack of sufficient low-income housing, high rates of unemployment, and lack of government programs for the homeless—are more likely to support government action such as spending hikes and building low-income housing. Conversely, those who attribute homelessness or poverty to personal failings such as irresponsibility, laziness, or substance abuse may be less willing to support government programs for the homeless, or may only support programs directed at psychological problems.

What are the general attributional tendencies of the American public on this subject? They remain debatable: While some surveys have found that Americans attribute poverty to the poor themselves, other studies have found that they attribute homelessness to more structural causes.

Quite possibly, individuals may simultaneously hold conflicting views or they may believe a combination of factors to be responsible, explaining why responses to survey questions may fluctuate even for the same individual.

Indeed, in reality, both structural and personal factors do interact to cause homelessness. While a city may not have sufficient low-income housing to meet its residents' needs, personal factors—such as difficulty holding a job due to substance abuse—can determine which residents are more or less prepared to compete for that housing. However, if the public perceives a balance of factors causing homelessness, the nature of that balance can determine which policy initiatives will be given more weight.

On the whole, care should also be taken when comparing studies focusing on attributions for homelessness with those focusing on attributions for poverty. It has been noted that the public may have very different views of the poor versus the homeless, perhaps due to the different stereotypic images each

group invokes. These differences could in turn affect the public's logic in attributing causes for each.

PUBLIC OPINION DEMOGRAPHICS

Some of the variability in attributions may be due to demographic differences—differences that can shed light on the antecedents that shape attitudes. Examining the variability of American public opinion can guide policymakers by illuminating the potential reactions of various subpopulations. In particular, gender, age, and political affiliation have emerged across studies as relatively consistent predictors of attitudes toward the homeless, while race, religion, income, and socioeconomic status seem less reliable indicators.

Several studies have found that, compared to men, women tend to give more weight to structural factors and less to individual factors. They tend to consider homelessness a more serious problem, and they may be more cognizant of the role of family in the lives of homeless individuals. They also demonstrate more generally sympathetic attitudes, consider the homeless more trustworthy, and are less inclined to view them as stereotypical “street people.” What lies behind this difference in attitude? Compared to men, perhaps women are more affected by pathetic images of suffering homeless in the media, or they may be more responsive to the plight of homeless families. These differences may also reflect a broader “gender gap” across a variety of social issues (Manza and Brooks 1998, 1236). Generally women tend to vote more for liberal political candidates, which suggests that their attitudes toward the homeless may reflect different overarching political ideologies.

Across many public opinion surveys, older respondents have held more negative attitudes toward the homeless than their younger counterparts. They give generally less sympathetic responses; they favor individual over structural attributions, demonstrate less trust, and endorse restriction of some public rights of the homeless. They tend to consider homelessness a less serious problem, and assume a higher percentage of the homeless to be on public assistance. This pattern of responses could be connected to the experiences of older cohorts during the Depression and subsequent decades. During the



“You Get Thirty Days!”

From a 1903 article in The Berkshire Courier, headlined, “Judge Sanford Promises to Rid the Town of Travelling Bums.”

Daniel Moran, with a home in Balston Spa, N.Y. was in court Tuesday morning for drunkenness and was given one of the severest jolts of his tramp career. Moran was hauled out of a stall in Paul & Walker's stable, at their request, by Chief Smith at midnight Monday and cheerfully accepted the consequences of his arrest as far as imprisonment here went. He displayed a not-to-be wondered at familiarity with jail life and was not too drunk to ask for an extra blanket. Tuesday morning he was tried. He apparently remembered nothing of his previous night's experiences. He told the court he was a papermaker who had only stopped off here for a short time and had taken a little too much. He plead guilty.

Moran's trial was brief. Judge Sanford then told him to stand up, and the following dialogue took place:

The Court. “How much money have you?”

Moran. “Judge, I've got just enough to get out of town on. I have 50 cents and I am going to Pittsfield right off. I'll go out and take the first trolley—”

The court, interrupting unkindly. “No you won't take the trolley anywhere. You will go to the House of Correction for 30 days on the next train and the first drunken tramp to follow you in this court will go across the state to Bridgewater. We have been getting one of your class here about every day and it is going to stop.”

It is believed that owing to the fraternalism of tramps it will soon become known that Great Barrington is a good town to keep out of.

Source: *The Berkshire Courier*, August 20, 1903, p. 3.

Depression, many of the older respondents may have themselves experienced severe poverty and/or homelessness (and/or knew of many others who did). Given their experiences and the fact that they were able to overcome “bad times and prosper,” it may be common among these cohorts to feel that today's homeless “have it easy.” Furthermore, such cohorts and those experiencing the postwar 1950s and 1960s may have encountered homeless hoboes who were more likely to be white, disaffiliated, and alcoholic,



A Wary Welcome

This passage comes from Hidden Art of Homemaking, a memoir and how-to book by Edith Schaeffer, wife of the twentieth-century evangelical missionary Francis Schaeffer.

There was a railroad running through the town, Grove City, where Fran was pastor after he graduated from Seminary [in 1938]. Often hobos or tramps—rather derelict-looking older men, unshaven and ragged of clothing, who traveled by riding on the bottom of freight cars, or hidden inside an empty one—came to our back door, asking, “Cup of coffee, ma’am, and maybe some bread?”

“Wait a minute,” I’d reply, “just sit down there, I’ll fix you something.” It was too dangerous to invite such a stranger in, alone with small children; but it would have been wrong to send him away.

I would get out a tray, put the kettle on, and look in the fridge for some left-over soup. Into a small pan would go the soup, with the gas on under it. I would cut bread, enough for two big sandwiches (not too thin, he’ll be hungry) and wonder what sort of a home he had had when he was a little boy—and wonder who he is, or whether maybe he is an angel in disguise. . . .

“What will he *think* of all that, Mummy?” Priscilla would ask with big, wondering eyes.

“Well, perhaps he’ll remember something in his past—perhaps he had a very nice home once, where he had meals prepared for him. Anyway, he’ll stop and *think*, and we’ll give him this little Gospel of John to read while he is eating. He can take it away with him and, who knows, perhaps he’ll do a *lot* of thinking, and some day, *believe*. Anyway, he may realize we care something about him as a person, and that’s important.”

Source: Schaeffer, Edith. (1972). *Hidden Art of Homemaking*. Wheaton, IL: Tyndale.

in contrast to the homeless of today, who include a much higher percentage of poor families, teenagers, and others more “worthy” of sympathy. These different perceptions of the demographic profile of the homeless may lead older respondents to hold less sympathetic views of the homeless.

It seems only logical that political party affiliation or degree of political conservatism should be a significant predictor of attitudes towards the home-

less. Party platforms usually describe some level of commitment to social programs and often include formal statements on how candidates plan to address homelessness and/or poverty. Across surveys, conservative voters appear to attribute homelessness more to personal factors and liberal voters more to economic factors.

But in contrast to gender, age, and political orientation, the demographic factors of race, income, socioeconomic status, and religion do not appear to produce consistent effects across studies. It is possible that these variables have weaker effects than the more consistent predictors, making it difficult to detect their influence when other demographic variables are also accounted for. To date, there are relatively few public opinion surveys addressing the specific issue of homelessness, and methodological differences between these studies may make meaningful patterns hard to discern. For the time being, it would appear that further research on the nature of public opinion could contrast the development of attitudes in young, female, and liberal respondents with those of older, male, and conservative respondents.

INTERNATIONAL COMPARISONS

Research on homelessness, once largely confined to the United States, is now becoming more widespread in other developed nations of the world. Cross-national comparisons of public opinion can help reveal why rates of homelessness appear to vary among such nations. Western European countries, similar to the United States in many cultural and economic dimensions, tend to have very different social systems compared with the United States, which may affect the lives of the homeless. One study by Tompsett, Toro, and colleagues compared German and American attitudes. The researchers expected to find more sympathetic public attitudes in Germany, where government benefits for the homeless, among other subgroups, are quite generous. Indeed, not only were German respondents more generally compassionate and likely to attribute homelessness to economic factors than to personal failings, but the nation also evidenced a lower overall prevalence of homelessness. Germany’s greater attention to structural factors such as unemployment

and low-income housing perhaps was reflected both in a lower rate of homelessness and in the expressed public opinion of its citizenry.

In an ongoing expansion of the Germany–United States comparison, similar national telephone survey data have been collected in France, Belgium, Italy, Canada, and the United Kingdom. Compared to most of these other nations, American respondents cited more individualistic attributions and appeared generally less sympathetic toward the homeless, while simultaneously considering homelessness a more serious problem. Interestingly, British respondents, like Americans, cited more individualistic than economic attributions. They also viewed the homeless as less trustworthy than did the other Europeans. This may reflect media and political trends in the United Kingdom that more closely resemble those in the United States—for example, both nations experienced a dramatic conservative political shift during the 1980s, under American president Ronald Reagan and British prime minister Margaret Thatcher. The prevalence of homelessness in the United Kingdom is also more similar to that seen in the United States than in the other nations studied to date.

Overall, these findings are consistent with the view that Americans (and perhaps those in the United Kingdom to some extent) value individualism over egalitarianism, perhaps to the detriment of the homeless among them. While countries such as France or Germany tend to consider homelessness a burden to be shared by all citizens by way of government initiatives, deep-rooted individualist values may lead Americans to view homelessness as the fault of the homeless themselves. This tacit assumption may hinder efforts to raise support for the kinds of comprehensive benefits taken for granted in other countries—benefits which may account for their lower prevalence of homelessness. These contrasts also lend weight to the value of examining public opinion as a significant factor in predicting support for practical initiatives.

USES OF PUBLIC OPINION DATA

On the one hand, nationwide surveys effectively demonstrate that Americans do not suffer from “com-

passion fatigue” and that they do consider homelessness a serious problem to be faced. On the other hand, compared to most other Western countries, the American general public shows a greater tendency to blame the homeless for their own problems. Within America, different demographic groups express varying attitudes and opinions, and when these groups are tracked over time, some attitudes appear to change.

The exact nature of American public opinion regarding the homeless, therefore, may be difficult to pin down. So far, most of the studies that have made this attempt have used telephone surveys with regional or national samples. Future studies may find that different methodologies yield new insights. Further work in public opinion research may include polling to determine support for specific policies, or studies directed at determining support for policies focusing on specific aspects of preventing and alleviating homelessness. Intervention studies oriented toward influencing public policy could also be undertaken. Research thus far suggests that advocates for the homeless may find that public opinion data provide unexpected support for their initiatives. The public appears very concerned about and compassionate toward the homeless in the United States, and even more so in most other developed nations studied to date.

—Carolyn J. Tompsett and Paul A. Toro

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▣ RELIGION

See Appendix 4: Documentary History of Homelessness; Association of Gospel Rescue Missions; Goodwill Industries International; Missions; Salvation Army

▣ RESEARCH ON HOMELESSNESS: OVERVIEW

Research on homelessness has been conducted for over a century in the United States. This brief overview considers some of the questions researchers ask and the methods they employ to answer them. It also examines how both the methods researchers use and the responses of service systems shape our understandings of homelessness.

SURVEYS OF HOMELESS PEOPLE

Perhaps the most common approach to understanding homelessness involves interviewing currently homeless people. In what may have been the nation's first large-scale, systematic study of homelessness, Alice Solenberger profiled 1,000 homeless men who sought help from the city of Chicago from 1900 to 1903. Solenberger classified the respondents in her resulting book, with chapters on “homeless old

men,” “chronic beggars,” “confirmed wanderers or ‘tramps’,” and “homeless, vagrant and runaway boys.” She also described their disabilities or deficits, with chapters on “the crippled and maimed” and “the insane, feeble-minded, and epileptic.” The twin foci on classification and deficits, especially mental illness and substance abuse, have dominated many more recent studies as well.

The most comprehensive and sophisticated recent study of the characteristics of homeless individuals is the Urban Institute's (1999) national survey of homeless assistance providers and clients. The researchers interviewed over 4,000 randomly selected clients of sixteen types of homeless assistance programs in seventy-six urban and rural areas representative of the United States. Their report describes the characteristics of homeless families and single homeless individuals; their patterns of homelessness; their possible problems such as hunger, poverty, mental and physical health problems, substance abuse, adverse childhood experiences, and victimization; and the amounts and sources of their income.

The differences between these studies, nearly a century apart, reflect both a change in the nature of homelessness—female adolescents, women, and families with children have joined men and male adolescents among those seeking shelter—and advances in sampling methods. However, all such surveys are subject to some of the same limitations.

First, characteristics of homeless people vary depending on how homelessness is defined. Most researchers in the United States currently count as “homeless” those who sleep in shelters, public places, or places not usually considered suitable for human habitation, such as cars or abandoned buildings. People who double up with others because they have no place to go, or people in institutions with no dwelling to return to are usually classified as “precariously housed.” Adolescents are sometimes counted as homeless if they are away from home overnight without permission, even if they are in conventional housing with friends.

Second, their characteristics vary depending on how homeless people are selected for interview. For example, many surveys of homeless people exclude adolescents by design. Surveys of people who seek services—like Solenberger’s or the Urban Institute’s—exclude an unknown number who do not (although the bias is smaller when more types of programs are included). This restriction may affect the findings on characteristics. For example, if women with children are more likely to seek shelter than homeless men, they may be overrepresented in shelter samples. Or if women fleeing domestic violence go to safe houses run by an agency that does not also run homeless shelters, they may be missed. The characteristics of service systems can also affect clients or distort researchers’ findings. For example, if housing programs exclude people who use alcohol or drugs, some substance users may decline to come indoors. Others may understate their substance use, even when promised confidentiality by an independent researcher. If shelters for families exclude men, as is often the case, families may appear to be headed by single women when they are not, or were not before they sought shelter. Nonetheless, careful random samples such as the Urban Institute’s provide a far more representative picture of homelessness than haphazard or specialized samples, such as those of homeless people admitted to psychiatric emergency rooms.

Third, findings depend on the timing and design of a study. Studies of currently homeless people cannot differentiate between characteristics people may have had before they became homeless and ones that

arose only later. For example, homelessness may lead some people to abuse substances. People who report having ever been homeless also differ from the smaller, currently homeless group in other ways. A larger proportion of currently homeless people will have characteristics that make it difficult to regain housing, because such people remain homeless longer. Surveys of both groups are useful—the currently homeless for planning services, the once-homeless for thinking about causes and prevention—but they will yield different results.

A final issue in survey research has to do with how characteristics are defined and measured. This is especially the case for problems such as substance abuse. Far more people use alcohol and other substances than the number who qualify for clinical diagnoses of substance abuse or dependence, and far more people will have had the problem (however defined) in their lifetime than suffer from it currently. Thus, in considering the proportion of homeless people with one or another problem, it is important to understand how the problem is both defined and measured. Self-report measures can also be biased, as needy people offer answers they hope will garner good will or services.

It is also valuable to compare the homeless sample with other groups using the same measures. In the case of homeless families, a natural comparison group is families who receive welfare benefits. Studies that find high levels of problems among homeless mothers—such as depressive symptoms or exposure to trauma—often find similar levels of problems among housed women on welfare, although homeless women tend to use more substances, and both of these groups of women differ from middle-class women. Similarly, homeless children are somewhat worse off than other poor children in areas such as educational achievement, physical health, and sometimes mental health, but both groups are worse off than middle-class children. Psychologist Ann Masten has described this pattern as reflecting a “continuum of risk.”

In the case of single adults, there is no service system such as welfare from which a poor comparison group can be readily sampled. Differences between adults who are homeless and random samples of all

adults suggest substantially greater differences than for families, especially on dimensions of mental health and substance abuse. Homeless single adults also have substantially more mental health and substance problems than adults in families. But it is important to realize that some of these differences between single adults and families are shaped by social service systems themselves. For example, many adults in shelters for single individuals are in fact parents who have become separated from minor children, and some such adults are more troubled than those who have remained in family units.

Comparisons of people who are and are not homeless are sometimes used to infer information about causes of homelessness. Marybeth Shinn and colleagues compared families requesting shelter with a random sample of families receiving welfare in New York City. Demographic and housing factors were central in distinguishing the groups. Young African-American mothers, and those who were pregnant or had newborns, were more likely to become homeless. So were families who were doubled up, had moved frequently, lived in overcrowded dwellings, and lacked housing subsidies.

Findings from studies of homelessness among adults with serious mental illnesses have depended in part on how samples were constructed. For example, Michael Sosin and colleagues sampled people with histories of psychiatric hospitalization at free meal programs in Chicago. Neither mental health symptoms nor treatment and living arrangements at last discharge from the hospital differentiated between those who were homeless and those who were not. Income was most important. Carol Caton and colleagues compared individuals with schizophrenia at psychiatric treatment programs based in a shelter or a university. Individuals at the shelter had more substance abuse and mental health problems and greater disorganization in their families of origin. Those in university treatment programs were more likely to have a long-term therapist.

Two variants on gathering information by interviewing homeless individuals are noteworthy. Ethnographic methods, whereby researchers spend time with and study a small group of individuals intensively, gather far richer information at the expense of

a smaller and often less representative sample. Ethnographers also ask additional sorts of questions. For example, Kim Hopper studied not only homeless individuals but also the circumstances in which they lived and the service systems that dealt with them. Paul Koegel and colleagues examined the survival strategies of homeless adults and found, perhaps surprisingly, that mental illness and substance use had little relationship to day-to-day strategies for securing food or a place to sleep.

Longitudinal studies—those that follow people over time—have also yielded important insights. One is that homelessness is a temporary condition for most people who experience it; moreover, the condition is often episodic, as individuals move indoors when they can muster resources or can prevail upon friends or relatives, then move back to shelter or the streets when they cannot. However, for some people, especially those burdened by severe mental illness and substance abuse, homeless shelters are often one stop on an institutional circuit that may also involve mental hospitals, detoxification or treatment programs, and prisons or jails as well as the street. Longitudinal studies also provide important information about exits from homelessness. In a study of homeless adults by Cheryl Zlotnick and colleagues in California, entitlement income and subsidized housing were the most important predictors of returns to stable housing. Similarly, in Shinn's study of New York families, all of whom had access to entitlement income, subsidized housing was most important.

COUNTING PEOPLE WHO EXPERIENCE HOMELESSNESS

Researchers are often asked how many homeless people there are. Answers depend both on one's definition of homelessness, and, critically, on the period over which the count is taken. With respect to time, far more people are homeless over an extended period such as a year ("period prevalence") than on any given night ("point prevalence"), because homelessness for the vast majority of people is temporary, episodic, or both.

In the early 1980s, most estimates of numbers of people who were homeless were either politically

motivated guesses or counts of people in shelters, which were highly influenced by the availability of shelter beds. (Even as recently as 2002, the U.S. Conference of Mayors estimated that 30 percent of shelter requests in twenty-five cities surveyed went unmet.) By the late 1980s and early 1990s, a number of more sophisticated approaches were developed. One realization was that when counting homeless people, as when counting people in general, careful probability sampling is often better than complete, but necessarily less careful, enumeration. Researchers at this time took probability samples of street blocks and invested considerable energy in finding people in out-of-the-way locations in the middle of the night—with the difficulty that the people in question often worked hard not to be found. Researchers also took probability samples of multiple types of service programs and of clients within those programs. Because some people use no services and others use many, creating unduplicated counts and period prevalence estimates was difficult.

In the mid-1990s, cities developed shelter databases capable of tracking unduplicated counts of shelter users across time. Dennis Culhane and colleagues used these data to estimate that 3 percent of the populations of New York City and Philadelphia passed through shelters for adults and families in a three- to five-year period. These strategies essentially define homelessness in terms of shelter use and omit specialized shelters (such as those for adolescents or domestic violence) that are not part of the database. Culhane estimated that 3 percent of the populations of New York City and Philadelphia passed through shelters for adults and families in a three- to five-year period.

A completely different research strategy yielded corroborating evidence. Bruce Link and colleagues conducted a national telephone survey of adults living in households with telephones and asked whether the respondent had ever been homeless. Fully 7.4 percent of adults representing about 13.5 million adult residents of the United States said they had been homeless in their lifetimes, sleeping in shelters or public places. Almost half of these (3.1 percent of all adults) had been homeless between 1985 and 1990, although they may have

been doubled up rather than on the streets at that time. Link's figures are likely to be underestimates, because people who were currently homeless included those in institutions such as psychiatric hospitals or jails, or living in households without phones. This survey also provided information about the relationship of poverty to risk for homelessness. Adults were more likely to have been homeless if they had not graduated from high school (16.2 percent versus 5.9 percent for graduates), if they currently rented housing (12.6 percent versus 5.4 percent for homeowners), if they had ever received public assistance (19.8 percent versus 3.2 percent if they had not), and if they currently had incomes below \$20,000 (14.4 percent versus 5.2 percent if incomes were higher).

HISTORICAL AND POLICY ANALYSES

Another approach to understanding the causes of homelessness analyzes history and social policy. Historically, rates of homelessness have risen and fallen with economic cycles, with the “Hoovervilles” of the Great Depression disappearing when economic times improved. More recently, homelessness has risen even in relatively good economic times, as the gap between rich and poor has increased, and as housing costs have outstripped the resources of many families and individuals at the bottom of the income distribution.

The U.S. Department of Housing and Urban Development (HUD) has traditionally held that housing is “affordable” when households pay no more than 30 percent of their income for rent and utilities. In 1997, there were 5.4 million unassisted renter households (12.3 million individuals) with “worst case housing needs.” Such households have incomes below 50 percent of the area median and pay over 50 percent of their incomes for housing or live in seriously deficient units. The National Low Income Housing Coalition reports that there is no state in the nation in which a full-time, year-round minimum-wage worker can afford the fair market rent for a two-bedroom apartment while paying just 30 percent of income for rent. Similarly, there is no state in which an individual receiving federal and

state disability benefits (if any) can afford the fair market rent for a one-bedroom apartment.

Neighborhood conditions may also matter. Using a “geographic information system” approach, Dennis Culhane and colleagues (1996) traced the prior addresses of homeless families in three cities. In two cities, New York and Philadelphia, these addresses were more tightly clustered than addresses for poor families in general. The neighborhoods that contributed large numbers of families to shelters were disproportionately poor, had especially bad housing conditions, and had high concentrations of both African-Americans and female-headed families with young children.

SERVICES

Another important question for research is what can be done about homelessness. Services can be classified as intervention (services for people who are already homeless) or prevention (services to stop people from becoming homeless).

One kind of research simply describes types of services and the numbers of people they help. For example, the Urban Institute (1999) estimated that there were almost 12,000 programs nationwide that provide outreach, emergency shelter, housing, food, and health, mental health, and substance abuse treatment to homeless people, although many of these serve other groups as well. Food pantries were the most common type of program, followed by emergency shelters. On an average day in February 1996, an estimated 14 percent of poor people in the nation had contact with one or more of these programs.

Judith Feins and colleagues reported that federal Emergency Shelter Grant programs provided services aimed at preventing homelessness to over 200,000 clients in 1991. These services included mediation between landlords and tenants, back rent, utility payments, security deposits or first month’s rent for indigent tenants, payments or loans to owners facing foreclosure on homes, and referrals and counseling to both tenants and owners.

Of course, beyond the issue of whether programs reach poor or homeless people, a central research question is whether they are successful, however suc-

cess is defined. In the case of prevention, there is little evidence that services have actually forestalled homelessness. Part of the difficulty is in accurately distinguishing those at risk of homelessness from the far larger number of poor people. Because most people do not become homeless, it is important to track equivalent groups who do and do not receive services over time to determine whether homelessness has in fact been prevented. This has rarely been done. In 1990, the General Accounting Office published a report entitled *Homelessness: Too Early to Tell What Kinds of Prevention Assistance Work Best*. The situation is little better today.

More research has been conducted on interventions for people who are already homeless. Much of this research focuses not only on reducing homelessness but also on helping individuals achieve sobriety and control over mental disorders. Even where this is not the goal, studies often focus on individuals who have mental illness or substance abuse problems. Given the diversity of the homeless population, one must be careful when generalizing the results of studies. For example, interventions that work for people who are mentally ill may not work for others.

Many studies of interventions employ methods that make it difficult to assess their success. Specifically, studies that use nonexperimental or quasi-experimental designs often yield tentative or limited conclusions because they lack control groups which did not receive the intervention. For example, Debra Rog and colleagues found that 86 percent of families in six cities who were provided both Section 8 certificates (which subsidize housing) and services were still in the same Section 8 housing after eighteen months. However, there was no comparison group, and since families in New York who received subsidized housing without services did nearly as well over five years, it is difficult to draw conclusions about how much the services mattered in the intervention.

However, some studies on intervention strategies have used experimental designs in which clients are randomly assigned to an experimental group (the intervention of interest) or to a control group (usually receiving no intervention or only “typical services”). Such designs allow stronger inferences about

whether the intervention worked. However, even with an experimental design, one cannot be sure how long interventions work without following clients' progress over time. Studies with longitudinal designs (those that measure participants' progress at several points in time) are more powerful than cross-sectional designs (which measure it only once) for understanding how much a particular intervention matters and for how long. In one such study, Sam Tsemberis and colleagues randomly assigned 225 mentally ill participants to receive either an innovative "housing first" intervention or normal services in the continuum of care, then interviewed participants every six months for two years. Findings indicated that clients who had immediate access to independent apartments with services under their own control had better housing outcomes than those who did not receive the "housing first" intervention. Differences persisted throughout the two years. However, even an experimental design cannot fully control participants' access to other services.

Some innovative experiments have focused not just on individual programs but on entire systems of services. The ACCESS (Access to Community Care and Effective Services and Supports) study published in 2002 randomly assigned each of eighteen communities to one of two groups. The first received training to increase systems integration; the second was a no-treatment control group. The intervention aimed to increase cooperation and information exchange among programs at each site in order to enhance the quality and efficiency in service delivery. The researchers did not find differences between the experimental and control sites on client outcomes, but irrespective of the study groups, more integration was associated with reduced homelessness.

Noting that service providers often assume that they know the needs of homeless individuals, Olga Acosta and Paul Toro asked participants themselves to rate the importance and difficulty of obtaining various types of services, as well as their satisfaction with services. Findings suggested that service providers may focus too much on certain services that homeless people see as less important and easier to obtain—such as drug or alcohol treatment—than on services to fulfill other needs, such as physical safety.

Policymakers often want information on the cost-effectiveness, as well as the success, of particular types of services (prevention and interventions, for example) in order to guide funding decisions. Unfortunately, relatively few cost-effectiveness studies have been done in this area, and many fail to include all relevant costs or make unrealistic assumptions about costs.

PUBLIC ATTITUDES

A final area of research switches the lens from homeless people and the programs that serve them to public attitudes toward and knowledge (or misconceptions) about people who are homeless. This type of research can be especially informative to public officials and policy advocates who rely on or contend with public sentiments. Most research in this area has taken the form of short surveys about attitudes toward homeless individuals or one's willingness to help. Bruce Link and colleagues additionally asked participants in a national survey in 1995 to characterize homeless individuals. Perhaps surprisingly, respondents not only favored additional taxes and government spending, but also associated homelessness with substance abuse, criminal activity, irresponsible behavior, and laziness. A majority of participants viewed homeless people as spoiling the quality of urban life and supported restrictions on survival strategies such as panhandling and constructing temporary shelters such as tents in public parks. Another noteworthy aspect of Link's study is his comparison of his findings to previous surveys to determine whether public attitudes had changed over time. He found no evidence that they had.

Paul Toro and Dennis McDonell compared public perceptions of homeless individuals to actual characteristics of this population in a local study. They found that respondents were fairly accurate in their assessments, with only a few misconceptions, such as underestimating the amount of family contact and overestimating the prevalence of drug abuse.

THE CASE FOR MORE RESEARCH

Service providers often wonder whether resources devoted to research would be better spent on social

services. Researchers respond that society already devotes a great deal of money to unexamined services for homeless people. More research could help ensure wiser use of those funds. Information on the numbers and characteristics of the local population of poor and homeless people, and their unmet needs for services, can inform local planning efforts—although more information is already available about this than about other topics. Information on what services work, for what groups, and at what costs is critical to spending service dollars wisely. Only a small proportion of the services designed to prevent or end homelessness have been evaluated with any degree of rigor. Careful attention should be paid to which services prevent or end homelessness, and which lead to other valued outcomes. In the latter case, are such services more effective when attached to programs for homeless people, or when offered more broadly in the community? Rigorous research on homelessness prevention, with randomized studies and long-term follow-up, is especially important.

—Marybeth Shinn and Sean N. Fischer

See also Program Evaluation Research

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▣ RUSSIA

Homelessness in Russia has become more noticeable since the fall of the Soviet regime in 1991. *Bomzh*, a word derived from a Russian acronym indicating a person without a specific place of residence, used to appear only occasionally in newspapers but has now become a common term. *Bomzh* carries connotations similar to the English term *bum*.

Since 1991, increasing numbers of Russians have lost or abandoned their homes for a number of reasons and today survive by begging, collecting bottles, or doing odd jobs. Most homeless people live in large cities, most significantly in the capital city of Moscow and in St. Petersburg, and they find shelter

in railway and subway stations, abandoned buildings, basements, attics, and sheds. Homelessness has become a problem, as the number of homeless is increasing and many homeless people find little or no support in regaining official residence. Many suffer from chronic and potentially infectious diseases such as tuberculosis and cannot recuperate due to lack of medical attention. A significant number die on the streets from disease, malnutrition, or hypothermia.

Few studies have been conducted that have collected statistics on homelessness, and even the Russian government can only estimate the number of homeless adults, which it puts at between 100,000 and 300,000 in Moscow and approximately 55,000 in St. Petersburg. It is believed that most are male, are over the age of thirty, possess a basic technical education, engaged at some point in illegal activity such as petty theft, are divorced with one child, are chronically ill, and have no residence or job that is officially recognized.

BRIEF HISTORY OF ADULT AND CHILD HOMELESSNESS IN RUSSIA

Under the Soviet regime, it was declared that homelessness was not a social problem and that there were no homeless people, since everyone was guaranteed housing and a job. This claim was used by the regime as propaganda to promote the belief in the Soviet cause and in the Soviet Union's superiority over other nations. The existence of homelessness was simply denied.

Homelessness among Children

However, homelessness did exist during the Soviet period and most certainly before. During and after the Russian revolution of 1917, especially in the decade that followed the revolution, there were homeless children who had lost their parents. While many were put into orphanages, many lived in gangs, finding shelter in abandoned buildings. These children were referred to as *besprizornye* (waif, homeless child), as they are today. They survived by begging and stealing in public areas such as on the

streets, in train stations, and in markets. Homelessness among children was practically eliminated in the 1930s as a result of stringent regulations that forced street children into various types of institutions, depending on their reason for being caught. Most children were forced into orphanages and *internaty* (boarding schools for children with parents who are unable to provide them with proper care), while others, “charged with such crimes as theft, rape, assault, and murder” were tried in regular courts as adults (Ball 1994, 196).

Historically, homelessness was considered shameful. As a result, abandoned children as well as their families found themselves marginalized. Under Peter I (1672–1725), orphans were known as “children of shame,” born out of wedlock and abandoned as a result, and their mothers were viewed as sinners. Women in the eighteenth century often felt compelled secretly to murder children born out of wedlock in order to avoid the public shame of having to abandon them. In order to avoid this even greater sin, Peter I opened special hospitals to care for the abandoned.

Hospitals specializing in the care of foundlings continued to function as schools under Catherine II (1729–1796), teaching children morality, civic mindedness, and respect for authority. It was hoped that through such an education, orphans might be integrated more readily into society.

Under the Soviet regime, marginalization and even condemnation of abandoned children continued. In the early 1920s, many street children found themselves exposed to and quickly participating in petty theft in order to survive. As a result, the general public began to see any orphan as a potential criminal, thereby marginalizing all homeless children. Emotions towards these “waifs” included fear, revulsion, and pity: “Abandoned children vexed many people around them even when not stealing. . . . Caked with grime and clad in filthy garments, in newspaper, they inspired revulsion as often as pity” (Ball 1994, 72). Street urchins were seen as pitiful, unredeemable juvenile delinquents. The result was harsh action against all street children, including prison-like institutionalization and, according to one informant, execution.



A homeless boy in a shantytown in Moscow in 1990.
Source: Peter Turnley/Corbis; used with permission.

Homelessness among Adults

While under the Soviet regime all citizens were assigned housing, many people were homeless if they desired to live in a city other than the one for which they held rights to housing. This was most commonly the case among migrants from the countryside who found city life to be more desirable. The catch was that without housing rights, one was also not allowed officially to work. Without work privileges, one was not given housing. This led to Russians living in dormitories while searching for work or working in unofficial positions. People who were found drunk or otherwise inappropriately on the streets were arrested and jailed overnight in a special cell for drunks, and a note was sent to their manager, which could lead to loss of a job. If this

occurred on numerous occasions, a person could be institutionalized.

HOMELESSNESS IN RUSSIA TODAY

One of the reasons most frequently given for homelessness in Russia today is the privatization of apartments that began in the 1990s. Many families were unable to purchase the previously government-owned apartments they had been living in, and many families were deprived of their dwelling. Many of those who are poor, elderly, alcoholic, or mentally ill have become victims of apartment theft. This phenomenon involves the coercion of the victims into signing away their homes to others, thereby giving up their rights to a particular dwelling.

Another contributing factor to the homeless problem is the large prison population. Under the Soviet regime, former convicts were not allowed to reclaim their homes after incarceration. This practice has been declared unconstitutional, but few former convicts are aware of this change, and therefore they do not even attempt to reclaim their homes.

Factors that may lead to homelessness among children in contemporary Russia include family instability, alcoholism, depression, and poverty. These have reached extreme heights in Russia, so it is not surprising that the number of street children is rising at a critical rate. Among homeless children are those who have families but have chosen to live on the streets because at home they are neglected or abused. Their numbers can only be estimated, as some return home on occasion, only to resurface in shelters and prisons later again. These children resort to begging, stealing, prostitution, and drug trafficking for survival.

The Pull of the Cities

The numbers of homeless are greatest in the cities because of the cities' allure. In Russia, it is believed that life in the big city is a step up from rural life—that in the city, a person is free, and work in the city will pay for a “normal” life. Life in the city for the impoverished seems to hold more promise than life in the countryside. In a Russian city, the poor can

interact with the rich, can earn a salary, and can find shelter in public spaces. In the countryside, poverty may lead to starvation, with necessities frequently not delivered and salaries not regular. It is common for families to go for months without wages.

Russians see Moscow and St. Petersburg as modern and technologically advanced, and therefore as centers of opportunity. In fact, in 2003, approximately 98 percent of the street children in Moscow were from surrounding provinces. However, while there is the promise of progress and advancement in cities, so too there are the problems of violence, subversion, abuse, drugs, prostitution, crime, and exposure to extreme health hazards. The urban environment presents many obstacles that are at times insurmountable for the homeless. These include problems of resource distribution, exploitation, disease and, from a cultural perspective, discrimination and stigmatization. In short, while on the one hand the city offers hope for the destitute, it also threatens their slow demise in sundry ways.

Once in the city, a Russian may lose her or his passport or residence permit, documents people are required to carry with them at all times and without which in most cities, including Moscow, they cannot receive free social or medical care. Papers of official residence are called *propiska*. Losing your documents is equivalent to losing your citizenship rights, and there is no easy way to reclaim your official status without high fees. Without official documents, there is no way to find sanctioned work and therefore no sanctioned way of earning enough to pay for new documents. This leads to perpetuation of homelessness and criminality. St. Petersburg is working without the *propiska* system, which enables the city to offer more aid to the homeless.

Russia's homeless are faced with seemingly insurmountable problems. Shelter and aid for the homeless is negligible. Moscow has eight shelters, able to accommodate a total of 1,500 people, but that figure represents only 15 percent of Moscow's total homeless population, and the shelters are open only to those homeless who can prove that they are from Moscow. In St. Petersburg, there exists one outstanding shelter, *Nochlezhka*, the oldest and leading shelter, founded by Valerii

Sokolov, a former homeless person himself, in 1990. The Russian government has been unable to establish a coherent social policy regarding the homeless, who are left to suffer abuse and neglect.

Disease

Faced with life on Russia's streets, the homeless face lives of poverty and illness, which in turn threaten the well-being of all of Russia. Approximately 70 percent of Russia's homeless population suffers from tuberculosis, which is easily spread. Many homeless, including children, are detained in prisons, where the most extreme outbreaks occur. In prison, medicine is distributed, but incompletely, thereby creating drug-resistant strains of tuberculosis.

Young homeless feel forced to prostitute themselves, with little regard for the threat of sexually transmitted diseases, including HIV. In 1995, Russia had the highest number of reported syphilis cases seen in the twentieth century. This explosion is in part due to an increase in drug abuse as well as to lack of blood screening and prevention programs. Underlying the epidemic, however, is an unwillingness of Russia to acknowledge and confront the problem.

ANALYSIS

Russia's homeless population experiences problems unique to Russia. The harsh winters, social and economic instability, and the government's unwillingness to acknowledge and act on the seriousness of the situation leaves many homeless to lead the life of nomads, traveling and getting by on a day-to-day basis. For any Russian homeless person, it is close to impossible to become officially recognized as a citizen and be offered legal work, pay, and housing.



A homeless Russian in his tent in a tent city in Moscow in 1990.

Source: Peter Turnley/Corbis; used with permission.

Once homeless, many feel forced to take to begging and petty theft to survive. Because of the cultural taboo against homelessness, the Russian public remains ignorant of the crisis and of the effect it could have on all.

—*Clementine Fujimura*

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S

☐ SAFE HAVENS

Safe havens are a form of small-scale supportive transitional housing designed to assist chronically homeless people (generally no more than fifteen to thirty clients) suffering from severe mental illness and substance addictions. Housing men and women separately, safe havens offer an alternative for people who have met conventional shelters and programs with so-called resistance or noncompliance. By reducing expectations that might be objectionable—such as potentially intrusive intake procedures, program participation requirements, and curfews—safe havens serve individuals who often are unable or unwilling to make use of more mainstream options. Such relaxed expectations make for a low-demand setting.

Few safe havens have been documented in the scholarly literature. Research on safe havens has been limited by their founding principles; these grant both support and privacy for residents, who often deeply distrust conventional shelters and institutions. But two notable examples are featured in the literature, both for chronically homeless women.

Dennis Culhane (1992) studied a low-demand respite for twenty-four women developed by a group of nuns, the Sisters of Mercy, and Catholic Social Services in Philadelphia. Those in the target population had not been using existing social and health

services, nor were they using prescription drugs to modify and control their behavior. This project, Women of Hope, reportedly had great success in helping chronically homeless mentally ill women make the transition from street life. At first, many women used the facility primarily as a drop-in (or short-term “respite” from the street). Over time, many made more permanent moves. Between 1985 and 1991, approximately 120 women were brought in off the street.

A key element of Women of Hope’s approach was to impose no expectations for treatment or medication. Staff advised women about their options but believed that if they were forced to take medications, the women would return to the streets. Women were able to come and go as they pleased, and they were told that a bed would be held for them for two weeks after last contact. A number of them were unable to sleep in beds after many years on the street; some slept on the floor or in chairs. If any woman was deemed dangerous, admission to a psychiatric facility would be facilitated. Older women generally moved on to nursing homes; however, staff held no expectation that all women would eventually move on. Ten years after the facility opened, management of the project changed, and participation in treatment and programming is now mandatory.

Dennis Culhane’s article is but one of several written in the early 1990s that focused on the safe

haven model in the United States. In another paper, Frank Lipton (1993, 3–4) attempted to describe the parameters of a safe haven.

[A] haven does not merely refer to the literal place where refuge is provided but to certain characteristics which are necessary in order to make an individual feel safe and secure such as lack of excessive demands, consistency, easy accessibility, flexibility, continuity, individualized attention, ability to make choices, and cultural relevance.

A safe haven provides a sense of decency, caring and dignity. It's an environment which makes an individual feel comfortable and at home. It is free of violence, crime and victimization. A haven is the people one talks to for support, encouragement, and guidance; the activities one participates in, the services one can depend on; knowing that there's a place to sleep, food to eat, money to survive, clothes to wear, access to health care, medications to take.

Safe havens are, in a sense, a metaphor for community support systems. . . . Safe havens are proposed as a type of facility which would serve as a potential "portal of entry" to the service system. Safe havens are viewed as "transitional" housing programs which will provide individuals with the opportunity to develop essential skills, be linked to community based supports, and overcome the obstacles necessary to successfully obtain housing.

Of interest in this description is the clear emphasis on the safe haven as a transitional "portal of entry" to a range of services intended to lead to conventional housing. In the traditional housing continuum, linear progress is expected: first outreach and response, then options for emergency shelter, transitional housing, supportive housing, long-term housing, and eventually a return to open-market housing.

A Toronto facility for fifteen women is documented in *Safe Haven* (Bridgman, 2003). Inspired by the original Women of Hope project, and developed by the Women Street Survivors Resource Group (a group of frontline workers from women's shelters) with the Homes First Society, Savard's opened in 1997. It was premised on unlimited stay with a low-demand environment and high support from staff. This housing model allows time to engage individuals, assess their physical and mental

health needs and their social service needs, and help them link with appropriate community resources.

In contrast to the U.S. safe haven model, Savard's is understood as a potentially permanent housing option. Individuals may choose to move into more independent housing, but at their own pace. Savard's has very few rules, no compulsory programs, and no conditions for staying. One or two staff members serve as primary contacts with each woman to help ensure consistent and clear communication. Staff work with women within individualized time frames, often taking a "let-them-be" approach at first, then working toward a time when women may begin to identify goals.

Many of the women who live at Savard's have had intermittent contact with Toronto's shelter system but have "chosen" to live on the streets. Some have been barred from other shelters or placed on contracts that limit their hours of stay, due to their aggressive or so-called bizarre behaviors. They may also be excluded from existing supportive housing for the same reasons.

Whether they are used as a portal to other housing options or serve as a permanent housing solution for some people, safe havens offer a small-scale and flexible environment in contrast to many large-scale institutional approaches to sheltering mentally ill chronically homeless people.

—Rae Bridgman

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▣ SALVATION ARMY

The Salvation Army is an international human services organization—motivated by the Christian faith and inspired by the workings of the church—that aims to inspire pursuit of the Christian faith in all people. Founded by William Booth in 1867 under the name of “The Christian Mission,” the Salvation Army provides services for women and children, at-risk youth, families, the homeless, the incarcerated, and those suffering from drug addiction and/or substance abuse. Currently, the Salvation Army employs approximately 40,000 workers and about 1.5 million volunteers.

Salvation Army membership comprises adherents (those who consider the Salvation Army their place of worship), soldiers, and officers. Before they become members, soldiers are required to sign the Articles of War (a declaration of faith and practice). Officers must undergo a two-year course while in residence at one of the Salvation Army colleges in Chicago, Illinois; Suffern, New York; Atlanta, Georgia; or Rancho Palos Verdes, California. After graduating from these schools, officers are considered fully ordained ministers and commissioned officers, and they are assigned a place of service. Officers provide disaster relief and serve as youth leaders, counselors, teachers, and social workers. In addition, the League of Mercy—a Salvation Army visitation program—links volunteers, officers, and soldiers to those with special needs in hospitals, nursing homes, and prisons.

SUBSTANCE ABUSE SERVICES

Salvation Army adult rehabilitation centers (ARCs) make up the largest resident substance abuse rehabili-

tation program in the United States, with a total of 119 across the country. The program itself consists of a six- to twelve-month intense rehabilitation for adult males between the ages of twenty-one and sixty-five; during this time, participants are offered services such as counseling, group and individual therapy, Christian living classes and Bible study, medical screening, anger management, and literacy education. Before participants are allowed to enter the program, it must be determined that they are free of intoxicating substances, and they must express a serious desire to reconstruct their destructive lifestyles. Once a participant has become a member of the program, he is assigned a work therapy position that will help build self-esteem and prepare the participant for work in the job market once he has completed rehabilitation. Often work is assigned based on past work experience or abilities, and training is provided in certain areas.

Other services that the Salvation Army’s rehabilitation program provides are chapel services every Wednesday and Sunday night; mandatory weekly drug testing; family education classes in which spouses, parents, and siblings are invited to participate; relapse prevention, which consists of a twelve-week series of lectures that teach patients to identify the early stages of relapse, as well as in-house meetings run by patients; and chemical dependency classes, in which participants view pertinent films, as well as illustrated lectures and visiting speakers. A three-month reentry program that includes training in job acquisition or pursuing higher education is offered in some locations.

OTHER SERVICES

The Salvation Army offers services for women and children that are similar to those offered to men. Centers offer women group therapy, special high school classes, including vocational guidance, and day care for mothers while they work. Also provided are medical and counseling services for women suffering from substance abuse, emergency shelters and homes for pre-delinquent adolescent girls and other children, and foster homes and adoption services.

Youth programs offered by the Salvation Army include Sunday School, the Salvation Army Adven-



A man leaves the Salvation Army facility in Chicago in January 1949, accompanied by an Army worker. He has completed rehabilitation and is being taken to the train station to return home to Tennessee.

Source: Bettmann/Corbis; used with permission.

ture Corps for boys, Cub and Boy Scouts, Sunbeams and Girl Guards, as well as Salvation Army camps, which service youth and adults alike. There are more than fifty Salvation Army camps throughout the United States, and they are attended by over 100,000 people of all ages, races, and socioeconomic status every year. Along with youth services, the Salvation Army offers family services that include financial assistance, casework services, organization of Christmas and summer camp holidays, and counseling that assists with child-parent relationships, adolescent and marital problems, and unemployment.

CORRECTIONAL SERVICES

The Salvation Army has a lot of involvement with incarcerated men and women in jails and prisons

across the United States. Salvation Army officers visit correctional facilities and provide prisoners with worship services, Bible correspondence courses, spiritual guidance, and material aid. Often, those who have been convicted of minor offenses will be given the option of participating in community service programs at Salvation Army community centers as an alternative to incarceration or as an option for early release. In addition, in some areas prisoners may be paroled into the direct custody of the Salvation Army, and many Salvation Army rehabilitation centers serve as halfway houses where those who have been released can participate in work-release programs in order to facilitate their return to society.

PUBLICATIONS

The Salvation Army has a number of publications that it distributes to those who are interested in its projects and activities. These publications are as follows:

- *The War Cry* and *Young Salvationist*—magazines that include information about Salvation Army activities and program progress, as well as personal accounts by Salvation Army volunteers, soldiers, and officers.
- *Crest Books*—established in 1997 so that Salvationist voices and accounts could be preserved for other to read, *Crest Books* is a division of the Salvation Army National Publications Department. The division has published ten books since 1997.
- *Word & Deed*—a journal that discusses the fundamental issues at the heart of the Salvation Army cause.
- *The Church Beautiful*—an audio book, available on the Internet, that provides a detailed exploration of the Church and the beliefs at the core of the Salvation Army.

The Salvation Army is constantly working toward making the world a better place through ministry and the support of those in need. To find out more information about the Salvation Army and its many facets worldwide, one can visit the Salvation Army website at www.salvationarmyusa.org.

—Emily A. Colangelo

▣ SELF-HELP HOUSING

Homebuilding strategies that capitalize on the leadership and labor of the future residents, individually or in cooperating groups, are widely known as self-help housing initiatives. The term refers broadly to homebuilding in which some or all of the construction is undertaken by the future residents. It includes a spectrum of nonprofit approaches—variously known as sweat equity, owner building, participatory design and planning, community-based housing, and urban homesteading—to providing housing for the poor, working, and middle classes. Its scope is broad, encompassing government- or agency-assisted rural development schemes, inner-city rehabilitation projects, and upgrades to squatter settlements in developing countries.

Self-help housing relies on voluntary assistance from future residents and others, and on funding from a variety of sources such as government grants, tax incentives, subsidies, and private matching funds. It also depends on donations of land, construction materials, and technical support and guidance. Organizations such as Habitat for Humanity work with teams of volunteers, including prospective residents, to build new houses and renovate existing buildings. This kind of communal effort occurs on a very limited basis, however, despite the fact that self-help initiatives are often achieved at very reasonable costs.

The self-help model offers several advantages to users: control over the design and planning processes, the option to build incrementally as finances permit, and a sense of ownership and pride—not to mention access to affordable housing in areas where market prices would otherwise be prohibitive. Actual implementation, however, can often be difficult. Users may encounter obstacles to financing or to gaining the necessary development approvals. Local regulations may, for instance, prohibit occupation during construction, or otherwise limit cooperative building efforts. Self-help projects are often easier to implement in rural contexts where land prices are lower, many residents have building skills, and government regulations and enforcement are less onerous than in urban settings.

One notable example of self-help housing as

applied to homeless communities in North America is StreetCity in Toronto. In this project, a multi-sponsored group renovated a municipally owned vacant warehouse in direct consultation with homeless people, many of whom had lived on the streets for years. The renovation and construction cost approximately Can\$800,000 and created transitional housing for seventy chronically homeless single men and women. Funding for capital and operating costs came from many levels of provincial, metropolitan, and municipal governments. The project grew from an idea generated by a group of homeless and formerly homeless men and hostel workers. Some of the men worked as laborers on the construction crew. The facility opened while still under construction and operated as a hostel dormitory with forty homeless men sleeping on the second floor. The project required a relaxation of municipal and provincial building occupancy standards.

StreetCity was developed as supportive housing, with at least two staff on duty twenty-four hours a day, seven days a week, to help residents develop a cooperative, self-governing approach to their personal and group needs. While initially designed as transitional housing—a stepping-stone to more independent conventional housing—the facility in fact became home for many of its residents until it finally closed in 2003.

A second, more permanent three-story facility, also for seventy men and women, was modeled after StreetCity and opened in 1997. Residents named it Strachan House. Again, homeless and formerly homeless men were hired onto the construction crew; so were some women. A vacant, municipally owned warehouse was renovated for Can\$3 million. In keeping with the structure of conventional rooming houses, eleven communal “houses” were built under one roof with private bedrooms (each with a small refrigerator), and shared kitchens and washrooms. Wide public corridors opened out to informal common gathering areas linking the houses, and to a large central meeting space, the “Town Hall.”

The examples of StreetCity and Strachan House provide an alternative to many institutional shelter facilities for homeless women and men. They highlight the competence of street people to help in the design,

development, and maintenance of their housing. They also demonstrate that making vacant municipal buildings available to nonprofit housing initiatives is one way to address the needs of homeless people.

The self-help approach has been used in developing countries in many forms. In Cuba, for example, the concept has been successfully formalized, especially during the 1970s, when 80,000 dwellings were built by the *microbrigadas*: groups of workers from factories or offices. In a review of this nationwide initiative, Kosta Mathéy (1988) documents the effectiveness of these self-help housing teams. So successful were the *microbrigadas* that Fidel Castro reinstated them in the 1980s. Despite their architectural monotony, the apartment buildings they constructed were not perceived as ghettos because those who lived in them had been so involved in their construction.

In the developing world, millions of people live in informal settlements of self-made housing units. From the *bidonvilles* (“tin cities”) of Africa to the *pueblos jóvenes* (“young towns”) of Lima, Peru, these self-help settlements are understood by many researchers and activists as incipient communities that could become stable—if only provided with clean water, basic services, and security of tenure.

Until relatively recently, the great majority of the world’s peoples housed themselves. Within the contexts of industrialization and urbanization, housing provision has become professionalized; indeed, real estate is an industry. The many forms of what is now labeled “self-help housing” represent the survival of traditional, vernacular community-based housing for home use, not for resale to others.

—Rae Bridgman

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▣ SERVICE INTEGRATION

Service integration involves the coordination of public health and social services so that individuals can gain access to a wide range of services. These strategies include, for example, forming interagency coalitions to take action regarding barriers to care, and offering clients “one-stop shopping”: Agencies agree that clients’ entry into care through any one agency gives them access to all. Service integration is a response to the fragmentation that occurs when many local agencies provide different services, have different admissions criteria, and do not regularly communicate with each other. In such cases, clients are forced to go “service hunting” from one agency to another and rarely obtain all the help they need at any given time. Many policymakers and researchers have called for the integration of services for homeless persons because these individuals have a wide variety of needs: A homeless individual needs housing, of course, but he or she may also need case management support, dental and primary health care, help in obtaining disability “entitlement” income or in finding a job, and mental health or substance abuse treatment.

Some writers have argued that term *service integration* should apply only to the coordination of services for individual clients, while *systems integration* should denote administrative strategies geared toward changing the service delivery system as a whole. But many other writers have used both terms—and others, such as *continuum of care*—to

refer broadly to the integration of local human and social service systems. Moreover, some have argued that efforts at the case management level can eventually lead to changes in local systems of care. Here, the term *service integration* is used broadly, encompassing all these meanings.

SERVICE INTEGRATION AND ITS CRITICS

The idea of integrating human services first gained popularity during the 1960s and 1970s, when the rapid growth of the human services industry led to a fragmentation of services for clients. Integration at the agency level, advocates believed, would lead to integration of direct services for individual clients, and this, in turn, would lead to better client outcomes. Service integration has been an elusive goal for planners and policymakers, however. Michael Lipsky (1980) pointed out that the unwritten policies of day-to-day service delivery can undermine efforts to improve the coordination of human services. Roland Warren and his colleagues (1974) argued that powerful social service institutions with vested interests in resisting change can thwart new approaches to improving service delivery. Janet Weiss (1981) argued that the symbolic value of coordination can distract attention from the political work of negotiation and compromise that is necessary to integrate service systems. Earlier, Warren also contended that even when service integration efforts are successful, they may have little long-term impact on social problems that are shaped by national economic trends or public policy (1973).

KEY SERVICE INTEGRATION EFFORTS AND RESEARCH FINDINGS

Deborah Dennis and her colleagues (1998) have provided a useful review of federally and privately funded service integration efforts for persons with mental illness or substance abuse problems, including those who are homeless. Five of these are outlined here. The first, cosponsored by the Department of Housing and Urban Development, is the HUD–Robert Wood Johnson Foundation Program on Chronic Mental Illness. This program funded

efforts to develop local mental health authorities (LMHAs) to coordinate public-financed mental health services. Second are the homeless demonstration projects (to demonstrate the effectiveness or lack of effectiveness of a certain approach) funded by the McKinney-Vento Homeless Assistance Act, which aimed to coordinate outreach, case management, mental health and substance abuse treatment, and housing services for homeless persons. Third is the federal Health Care for the Homeless Program, which funds coordinated health care, outreach, and case management services for homeless individuals and families. Fourth is HUD’s Shelter Plus Care Program, which requires that communities applying for housing certificates for homeless persons must provide matching support services. Fifth, since the mid-1990s, HUD has required that communities requesting funds for most of its homeless programs submit a “Continuum of Care” plan for developing a comprehensive, coordinated system of care for homeless persons.

The most ambitious test of service (or system) integration theory was the ACCESS (Access to Community Care and Effective Services and Supports) federal research demonstration program, run by the Substance Abuse and Mental Health Services Administration from 1993 to 2000. The ACCESS program funded eighteen local sites in nine states. All sites developed homeless outreach teams to provide comprehensive services and treatment for homeless individuals with serious mental illnesses. Half of the sites (“integration sites”) were randomly selected to receive additional funds to develop a unified system of housing, treatment, primary health care, and other services for these individuals. More than 7,000 enrolled clients were interviewed at three different points, and extensive data were collected over time on the system of care in each of the eighteen sites. The findings, however, were inconclusive.

WHAT WE HAVE LEARNED ABOUT SERVICE INTEGRATION FOR HOMELESS PERSONS

In spite of a long-standing interest in service integration, there have been relatively few empirical efforts to test its effectiveness. Keith Provan and H. Brinton

Milward (1994) found that the exercise of weak or strong fiscal oversight of public funding had an effect on the type and extent of integration of mental health systems in local communities. Howard Goldman and his colleagues (1994) found that efforts to coordinate local mental health service systems could lead to expanded services and housing, but that these efforts did not lead to improved quality of life for clients. Robert Rosenheck and his colleagues, studying the ACCESS project (1998), found that clients at sites that were already better integrated than others before the start of the intervention described above were more likely to find and remain in housing. He and his colleagues, though, found that program efforts at the integration sites did not lead to better outcomes for clients than those achieved at the “non-integration” sites.

Given the lack of positive findings in relation to homeless persons, service integration initiatives are likely to be modest in the near future. The notion of service integration, however, is intuitively attractive to service providers trying to procure needed services for their homeless clients, and will continue to serve as one positive value around which they can organize their work.

—Michael Rowe

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▣ SERVICE UTILIZATION RESEARCH

Service utilization research studies patterns of service use and predictors of service use among potential service recipients. In recent years, considerable public scrutiny has been brought to bear on inequalities in access to health care related to race, poverty, geography, or personal characteristics of individuals. In addition, given resource scarcities within many serv-

ice delivery systems and the potential public policy importance of successfully targeting limited resources to persons with the greatest need, identifying the factors (personal, programmatic, or community-based) that facilitate or hinder the utilization of resources has become an important focus of health services research. The study of resource utilization among persons who are homeless is especially important because the failure to access and use services that are needed may negatively affect a variety of outcomes, such as social functioning, and may also lead to an increased risk of hospitalization and to a lower quality of life.

The 1973 model of health care utilization proposed by Ronald Anderson (UCLA School of Public Health) and John Newman (Georgia State University Center for Health Services Research) has influenced the study of service utilization for persons who are homeless. In their model, three types of factors combine to affect service use: (1) predisposing factors (that is, sociodemographic characteristics); (2) enabling factors (for example, income); and (3) need (or illness) factors. While in the ideal service delivery system, the level of need would be the predominant determinant of service use, a wide array of research suggests that a variety of predisposing and enabling factors must be taken into consideration to fully explain the utilization of services. The predisposing factors that have typically been studied include age, sex, marital status, race/ethnicity, level of education, and language. Enabling factors may include income, insurance status, and employment status, as well as community characteristics. Need or morbidity may include physical health status, drug and alcohol problems, mental health status, or other measures of need for service.

In addition to these factors, a number of researchers note the importance of particular program characteristics in providing services to persons who are homeless, particularly to individuals who may be resistant to receiving treatment. Because of this, service intensity; flexibility; the use of a non-threatening approach; repeated contact over an extended period; quick response capability to needs for food, housing, and money; and patience have been proposed as important characteristics of pro-

grams designed to be maximally accessible to homeless persons. For persons who are homeless, even more than for other service users, it is particularly important to take program characteristics into consideration as some of the barriers experienced by homeless persons (lack of transportation, lack of clean clothes and access to showers, lack of watches, or poor orientation to time) may combine to render the use of some traditional services (for example, office-based outpatient treatment) considerably more difficult. These services typically require patients to come to an office at set times, and these professional settings often connote certain expectations in terms of dress and hygiene.

From the outset, it is important to recognize that the population of the homeless is not homogeneous. For example, homeless families constitute up to one-third of the homeless population, which makes it important to distinguish between patterns of utilization of adults and of children. In addition, the large proportion of homeless persons with substance abuse or mental health needs, as well as the particular barriers to treatment experienced by people in these groups, suggests that these populations also need particular attention. This is in line with Johns Hopkins School of Hygiene and Public Health's William Breakey, who distinguished four groups of persons who are homeless: street people, homeless alcoholics, the situationally homeless, and the chronically mentally ill.

SERVICE UTILIZATION AMONG HOMELESS ADULTS

Among homeless adults, a variety of factors have been studied. The major reason reported for not obtaining treatment is a lack of insurance or an inability to pay. Approximately two-thirds of homeless persons have no form of health care coverage, which is associated with lower service utilization. Receipt of Medicaid coverage appears to increase access to medical care, as does actually receiving care, especially emergency room and inpatient hospitalization. However, having health insurance does not always lead to increased service utilization, especially in the case of mental health and substance

abuse services, and overall, Medicaid appears to have only a modest effect on the use of services by homeless adults.

Mental illness and substance abuse disorders are reported for significant proportions of the homeless population. The reported rates of mental illness and substance abuse disorders vary: About half to two-thirds of homeless people appear to meet the criteria for chronic substance dependence, and about one-quarter to one-third appear to meet the criteria for chronic mental illness. Another important subgroup is made up of those with mental illness who also have substance abuse disorders, a group that may include three-quarters of homeless persons with mental illness. The needs of homeless persons are great relative to the rest of the population. Almost 40 percent reported that they were in poor health, and more than half reported that they had a substance abuse disorder. However, there is a low use of medical services relative to the high need for these services. Most homeless people do not use services for medical, mental health, and alcohol and drug disorders, despite their high levels of need. Several explanations have been suggested for this relatively low rate of utilization. Some have suggested that this underutilization is related to their lack of insight into their psychiatric or substance abuse disorder. Acknowledging a personal psychiatric disorder is significantly associated with a greater likelihood of receiving mental health treatment, and only 10 percent of those individuals with a substance abuse problem or psychiatric disorder perceived their problem as serious. Others suggest that this low rate of utilization is associated with important discrepancies between the way homeless individuals perceive their needs and the way human service delivery professionals working with them see their needs. Whereas professionals tended to focus on mental health and substance abuse needs, homeless persons tended to identify housing and medical care as their most important needs. Psychiatric illness is over-represented in the homeless population and mental health remedies are underutilized proportionate to their needs.

There has been significant discussion about how to enhance the utilization of services by persons who

are homeless. Harvard Medical School's Barbara Dickey, for example, talks about a range of specialized programs that appear to be effective in engaging and treating persons who are homeless and mentally ill. These include specialized outreach, specialized treatment, and specialized housing services. SUNY Albany's Deirdre Oakley and Policy Research Associates Inc.'s Deborah Dennis suggest that model outreach programs feature a nonthreatening approach; flexibility in services offered; repeated contact over extended periods of time; a quick response to needs for food, housing, and money; and patience in motivating would-be clients to accept treatment and services.

Similarly, the Housing First model of specialized housing recognizes that with adequate support, individuals with mental illness or dual diagnoses can attain and maintain their own housing and function like other members of the community. These programs seek to serve the hard-to-serve—that is, persons with psychiatric disabilities, co-occurring substance use disorders, histories of incarceration or violence, or other difficulties—and offer them immediate access to an independent apartment of their own without requiring participation in treatment or sobriety as a condition for housing. The program is guided by two principles: (1) the separation of housing from treatment and (2) consumer choice, which incorporates ideas and practices that have emerged from advocates, philosophers, consumers, and service providers.

SERVICE UTILIZATION AMONG HOMELESS CHILDREN

In 1988, the lack of insurance for homeless children was particularly notable—35 percent of children in homeless shelters had no public or private insurance, and only 40 percent were covered under Medicaid. The same study reported that most homeless children had no usual health care provider and that about a quarter were not up-to-date in their immunizations. They were also considerably more likely to use the emergency room for health care, and they were also more likely to have been hospitalized in the past year.

In terms of needs, according to reports from parents, homeless children were two to four times more likely to be in fair or poor health than children who were not homeless. The University of Washington School of Public Health's Daniel Miller and Elizabeth Lin reported that almost half of homeless children had acute or chronic health problems, and Harvard Medical School's Ellen Bassuk and Lenore Rubin reported a higher incidence of developmental delays, severe anxiety, depression, and learning difficulties.

Among homeless children, the primary enabling factor related to service utilization was coverage by public insurance programs, most notably Medicaid. The primary finding in a number of studies was that increasing Medicaid eligibility yielded superior access across all domains of health care. This included increasing the proportion of children who had a usual source of health care and a usual health care provider as well as decreasing the frequency of unmet health needs and increasing the use of medical services. The State Children's Health Insurance Program (SCHIP) of 1997 extended health insurance to most children previously without insurance, even if their parents worked.

SPECIAL ISSUES RELATED TO PSYCHIATRIC DISABILITIES

Among persons who are homeless and who also have a psychiatric disability, a slightly different profile emerges in terms of utilization of services. Although the use of medical services is similar to what might be expected for other homeless individuals and few predisposing factors appear to significantly predict mental health service use, a variety of other factors have been identified. Receiving advice from outside the formal mental health treatment system appears to increase the likelihood of service use. In addition, acknowledgment of a mental health problem significantly increases the likelihood of receiving services. Individuals with a diagnosis of depression are slightly less likely to receive services than people with other diagnoses, and persons with a psychiatric disorder but not a substance abuse problem are more likely to receive

services than those who have "dual diagnosis" of both problems.

When Columbia University School of Public Health's Carol Caton studied men with schizophrenia who are homeless and compared them with men with schizophrenia who had never been homeless, a number of interesting contrasts emerged. More of the never homeless had recent prescriptions for neuroleptic medications. The men who were homeless were considerably more likely to be discharged from hospitals against medical advice and were less likely to report having help with discharge planning. Similarly, homeless people with serious mental illness appeared to have less access to needed care but, paradoxically, were also more likely to refuse treatment. This raises an often difficult issue with this population, because treatment resistance and treatment refusal become additional factors that affect service use.

SPECIAL ISSUES RELATED TO ALCOHOL AND SUBSTANCE USE

In their study of alcohol and substance use among the homeless, Paul Koegel of RAND (a nonprofit institution that works to improve policy and decision making) and his colleagues identified a range of variables tied to obtaining treatment for substance abuse. African-Americans are half as likely as whites and Hispanics are one-quarter as likely as whites to have obtained substance abuse treatment. In addition, persons who used shelters were five times more likely to have received services. Community also enters into the picture, as persons living in resource-poor environments were much less likely to receive substance abuse services. Two other factors influenced who received services: Persons with two or more kinds of dependencies were more likely to receive substance abuse treatment, and persons who acknowledged that they had a serious problem were more likely to get treatment than those who did not acknowledge their problem. The University of Pennsylvania's Dennis Culhane and his colleagues found, in addition, that non-veterans had a slightly higher rate of treatment for substance abuse diagnoses than veterans did.

—*Matthew Johnsen*

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☐ SHELTERS

In its primary sense, *shelter* refers to any human-made contrivance designed (or adapted) to provide protection from the elements. Across cultures, shelter varies markedly in material, durability, portability, and ownership. It also varies in occupancy; well into the Middle Ages, houses in Europe routinely included livestock as well as family members among their occupants. Whether cave or lean-to, tenement or palace, shelter buffers (and demarcates) culture against nature. King Lear may have been evicted

from his royal home, but he found shelter when Poor Tom shared his cave on the heath.

With respect to *homelessness*, its usage has generally been more restricted. Peter Rossi's well-known definition of *homeless*, for example, includes anyone who "lacks regular access to a conventional dwelling" (*Down and Out in America*, 1989). Researchers (though not all policymakers, as we will see) have tended to operationalize this as anyone "living in the street or in shelters." But that assumes that the genus "shelter" has been rigorously defined and catalogued and, as the Census Bureau discovered in its last two decennial efforts to include homeless persons in the national count, that is not the case. Aside from the difficulties raised by what we might call residential status—Are facilities for victims of domestic violence to be included? What about hospitalized persons who were homeless at the time of admittance and will be again when discharged?—there are the more obvious ones of coverage. Not all built structures that may function as shelters advertise themselves as such. Church basements and jails both may serve the purpose, but neither comes to the bureaucratic mind when mapping out the universe for a one-night count of the homeless poor. And that oversight underscores a recurring difficulty in the wrestling with the meaning of this term: Shelter may be defined categorically as a place whose purpose is formally avowed and acknowledged or as a function that may be fulfilled covertly and informally.

DESIGNATED VERSUS DE FACTO SHELTER

Designated shelter is any space that is advertised (or can be made known as) refuge for those without other alternatives. The space need not have been constructed for this purpose, as the examples of mothballed hospital buildings and surplus armories pressed into service in emergencies, well illustrate. Official public shelters obviously meet this criterion, whether they are actually operated by municipal or county agents or are run under contract by nonprofit organizations. Families who are displaced—whether owing to fire, eviction, health and safety violations, or informal ejection by primary tenants—may be temporarily housed in commercial facilities (typi-

cally motels), with the tab picked up by the Red Cross or public agencies. Designated shelter also includes missions or houses of hospitality operated under religious auspices, although they may be supported entirely by private contributions and voluntary labor and may not meet standards set for publicly supported operations. In small jurisdictions, the local jail (like its nineteenth-century counterpart) may still double as the designated shelter for that area. Sanctuary for victims of domestic violence still poses difficulties: Its purpose clearly meets the criterion of refuge to needy persons, but access is controlled, location may be clandestine, and the availability of the offer itself may be what enables a woman to choose "homelessness" as a condition of escape. And, of course, dwellings that would otherwise violate local occupancy codes may be allowed if tied to special circumstances of labor, as has long been true of seasonal, migrant farm workers.

De facto shelter is a more troublesome and anomalous affair. It includes spaces that have been bureaucratically set aside as refuges of last resort but are not formally recognized as shelters and so need not meet what can be costly (and, to would-be users, discouraging) requirements for equipment, amenities, services, entry information from applicants, and supervision. The contemporary invention of low-barrier, minimal-demand facilities, known as "safe havens," was a recognition that conditions in warehouselike shelters that scrutinize and register all residents may deter some of the most needy that they were meant to serve. Here, the addled, wary, and "service resistant" may find refuge from the street and an offer of more help. County-run "drop-in centers" (and their nonprofit counterparts) clearly serve the purpose of shelter in a similarly stripped-down, bare bones fashion. But so do spare rooms in a rectory selectively made available to stranded families, an empty jail cell routinely put to use as a place where known alcoholics can sleep off the latest bender, the basement of a county nursing home occasionally made available to homeless men on the road, or the extra bed in a sobering-up or detox facility that may accommodate a familiar client even if that client technically doesn't meet diagnostic criteria that night. In the extreme case, establishing an informal

de facto shelter may be an act of civil disobedience as well as of humanitarian concern, as with the shadow circuit of shelters operated by religious organizations that serve undocumented workers.

De facto shelter may also be described from the perspective of demand (the user) as well as supply (the provider). Historically, the best-known examples are freight-hopping and hobo encampments or “jungles.” Examining patterns of residential mobility in the lives of the sometimes officially homeless today reveals a variety of makeshift accommodations, many of which fall outside the usual compass of shelter. Whether relying upon the hospitality of friends and family who make available a spare room or couch; “misusing” emergency rooms, detox centers, or waiting areas in train stations or airports; or putting such transient resources as public campgrounds or parks to unintended use, these acts of generosity, technical trespass, and misappropriation serve to limn a world of shadow shelter that is rarely inventoried in official rosters. But they also serve as a reminder of the usual, kin-based options available to many of us who find ourselves temporarily without the wherewithal of self-support.

SHELTER IN HISTORICAL PERSPECTIVE

In colonial America, when mobility was restricted and strangers suspect, the earliest variety of designated shelter was the homes of neighbors, a set-up usually handled by clergy. Later, specially designated houses for those luckless enough to be without livelihood and family were sometimes supported by local funds. But such arrangements were predicated on frontier notions of belonging and community inclusiveness. The more common option for “vagrants,” runaway slaves, and even stranded strangers was the “calaboose”—a wing of the local jail.

The eighteenth-century establishment of almshouses, along with their penal counterparts (the bridewell, houses of correction, and the penitentiary), represented the recognition that a permanent provision for the dependent (and, at times, disorderly) poor would be needed. Some appreciation of just how miserable ordinary circumstances for the struggling poor were may be had by reading the

reports of various monitoring groups. Official visitors to nineteenth-century almshouses repeatedly recount their surprise in encountering residents for whom their sojourn there feels more like a vacation than a sentence to a place of confinement. Apart from the missions, which exacted their own price of admission, the other option for those stranded in large cities was the police station. In New York City, for example, designated precincts operated “tramp rooms”—elemental affairs offering “the soft side of a plank” or floor space, no questions asked—for overnight use. Especially in times of economic depression, thousands made use of these cramped and demeaning spaces. When they were unceremoniously shut down at the turn of the twentieth century, the city was forced to open a temporary shelter, first in the holds of a tethered barge in the East River and later on a pier, to handle those otherwise consigned to the street.

Municipal lodging houses and charitable facilities joined the missions later in the nineteenth century, bringing discipline, amenities (like showers and delousing), as well as official oversight to large-scale shelter operations. Work tests were still employed to winnow out the unworthy; even more demanding were the poor farms held up as the proper rehabilitative option for confirmed tramps. Recurrent unemployment, the result of a steady cycle of industrial depressions, meant that applicants for shelter periodically outstripped supply, and so the usual array of informal shelter was pressed back into service. In the Progressive Era, this meant park bathrooms, the waiting rooms of employment agencies, saloons, and a miscellany of cheap flophouses. But unusual demand also could prompt innovative public accommodations. The Ellis Island immigration compound was retrofitted for use as public shelter in the winter of 1915, during a time when the city also was forced to resort to unused space in jail cells and the municipal morgue.

Nothing tested American ingenuity or mettle the way the Great Depression did, and the provision of public shelters was no exception. Vast numbers of young men (and some women) took to the road, reinventing the lore and livelihood of the tramp. For the first time, federal assistance (to assist those who

did not meet local “settlement” requirements, usually a year’s residency) was made available. Under the auspices of the Federal Transient Service (FTS), work tests were abolished and congregate establishments brought into service to handle the unprecedented demand for emergency shelter. The City of Philadelphia boasted probably the largest such facility, accommodating some 4,200 overnight lodgers. Under the FTS, it also operated an alternative education program for young men housed aboard a converted naval vessel. Elsewhere, the FTS made use of unused army barracks, transient camps (most built from scratch by homeless men), private shelters run by the Salvation Army or religious missions, and refurbished rented properties. (Westchester County, New York, for example, turned an abandoned chocolate factory into a public shelter.) Most such facilities were outfitted with surplus furniture and recreational equipment obtained from the U.S. Army. Some exceptions aside, segregation on the basis of gender, household (singles versus families), and race was generally the rule in such facilities. Although in existence only two and a half years, an estimated one million people made use of FTS services; nearly half a million were actively registered in August 1934. When in September 1935 the program was liquidated, local demand for shelter and street homelessness both rose sharply in the ensuing months.

The Great Depression was also when the potentially destructive effect of prolonged stays in large congregate facilities was first documented. (Progressive Era commentators had earlier remarked on the “demoralizing” effects of lodging houses, but they were inclined to attribute demoralization to bad company—“confirmed vagrants”—rather than oppressive surroundings.) Termed *shelterization* by sociologists interviewing homeless men in Chicago, the effect (lethargy, inattention to time, lack of concern with the future or one’s responsibilities, no interest in returning to settled life) was worrisome enough that some wondered whether its casualties would ever resume productive livelihoods. The entry of the United States into World War II proved them wrong.

Intensified production for the war effort and the

option of soldiering itself all but depleted the ranks of the homeless in the early 1940s. The largely elderly and/or disabled residue would form the nucleus of those disreputable urban districts (and shabby retirement communities) known as “skid rows.” Publicly provided shelter placed a relatively insignificant role in such settlements. The bulk of a skid row’s residential stock was private flophouses, supplemented by missions and the jails. A good number of its denizens traveled an institutional circuit, much as their late-nineteenth-century counterparts had, “riding the loop” from jail to flophouse to detox facility to hospital and back again.

CONTEMPORARY SHELTERS

In the late 1970s, evidence began to mount that homelessness had outgrown its skid row confines and was presenting a more democratic face than at any time since the Great Depression. Cities and counties found themselves facing an unprecedented demand for facilities that had, in most cases, long since been mothballed or put to alternative uses.

Homeless accommodations grew rapidly in the late 1980s and early 1990s, prodded by enabling federal legislation and funding. Varieties of shelter multiplied as never before. By the mid-1990s, the nationwide bed capacity of homeless programs was estimated at over 600,000 (Burt, Aron, and Lee 2001, 244). Notably, nearly a third of that capacity was in the form of transitional or permanent housing—variants of lodging virtually unprecedented in the annals of homeless relief.

Armories had been briefly used for respite purposes in 1919 and were again put to use during the 1930s as daytime facilities for those with no place to go, with New York’s Mayor LaGuardia leading the way. Nearly fifty years later, the city reverted to armories again, this time as nighttime shelters. For a brief while, as historian Robert Fogelson notes (1989, 231), this meant that homeless people were put up in the Seventh Regiment Armory on Park Avenue, an elegant structure (and registered landmark) originally “designed to intimidate ‘the dangerous classes,’ not to accommodate them.”

The Stuart B. McKinney Act of 1987 inadver-

tently reopened the de facto shelter question when it included people living in doubled-up arrangements or in places “not designed for human habitation” as homeless. Strictly speaking, this meant that eligibility for shelter—and applications for federal assistance—was greatly expanded. In practice, most localities found it simply impractical to treat doubled-up households as technically homeless, unless such arrangements proved untenable and the imminent eviction of the secondary family was at issue.

A RIGHT TO SHELTER?

In a single American jurisdiction, New York, a de facto right to shelter has existed since the early 1980s. (Two other cities, Philadelphia and Washington, D.C., briefly recognized a right to shelter in the 1980s. The first was undone when the consent decree securing the right was allowed to lapse for fear of institutionalizing shelters; the second was reversed by referendum.) This situation is the direct result of lengthy class-action lawsuits—separately adjudicated for unattached singles and families—still (as of 2004) in litigation. In principle, this right has meant that a person’s self-declaration as homeless was sufficient to qualify for court-overseen provision of emergency shelter; in the case of families, it also meant preferential placement in affordable housing. In practice—and, lately, in court-approved policy—presumptive eligibility could be tempered by various rites of admission. These ranged from bureaucratic demand for proper documentation or the strong suggestion that one exhaust all informal alternatives first, to a cumbersome referral and transportation system. Such barriers could mean that would-be residents spent much of the night (or multiple nights, in the case of families) at intake and application centers waiting for placement. Increasingly, the trend is for “unconditional” shelter to be predicated on appropriate behavior while sheltered. For families, judicial oversight was provisionally transferred to a formal mediation body (the court-appointed Special Masters Panel). Families who refuse a third suitable housing placement can be “discharged” to that last apartment offer. In the case of singles, under a 2003 appellate court ruling, mis-

behaving residents could be barred from public shelter for varying durations, with no fallback option. But under cold weather emergency regulations, this ruling may result in the anomalous outcome of people “sanctioned” from municipal facilities one night being actively sought out on the streets the next, to be offered life-saving shelter.

SHELTER AND HOME

Surveys sometimes report that a substantial proportion of shelter residents come to view such places as home, if only from time to time. But that should not obscure the categorical differences between the two. What shelters are good for is temporary respite and, for a relatively favored few, rehabilitation and resettlement. For the vast majority, shelters are temporary way stations in what—short of an exit premised on securing affordable housing—turn out to be persisting cycles of residential instability. So long as the image of a homeless crisis could be sustained, the answer of emergency shelter seems to suffice, even as evidence mounts of its manifest insufficiency.

Two decades into what is proving to be the longest sustained period of widespread homelessness in the United States, seasoned commentators in the twenty-first century are moved to wonder whether the “homeless industry”—deeply invested in outreach, specialized services, a miscellany of programmatic shelters, and the funding necessary to keep all this operating—might itself be part of the problem. So long as fresh resources continue to be deployed in this emergency fashion, the prospects of ending homelessness—rather than redistributing it—may actually diminish.

Attitudes may be changing with respect to the “chronically” homeless, many of whom suffer from multiple disabilities or troubles. Efforts have intensified to relocate such people from shelters (or even directly from the street), by providing supported housing with appropriate services. Flexibility in rules and approaches to dealing with certain problems (especially substance use) appears to be critical to the success of such efforts and their ability to accommodate a range of clients.

—Kim Hopper

See also Municipal Lodging Houses; Poorhouses

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☐ SINGLE-ROOM OCCUPANCY HOTELS

Single-room occupancy (SRO) refers to habitation of small rooms by single persons. These rooms often provide private, secure, and affordable housing for low-income individuals. A room may be located in a single-family dwelling (e.g., a rooming house) or combined with hundreds of other rooms in a large building (e.g., a hotel).

TYPES OF SRO HOTELS

The growth of single-room occupancy dwellings accompanied the rapid urbanization that occurred after the Civil War. Speculators and builders constructed hotels that catered to single people who belonged to every social class. These entrepreneurs located the structures near transportation terminals, factories, and commercial centers. The quality of the room and its size varied within a hotel, but each builder or owner tended to specialize in a type of building geared toward a targeted income level of prospective occupant. The more prestigious and expensive hotels captured attractive sites, while the cheapest made do with the noisy and congested plots. The necessity of pedestrian travel kept the density of occupants within buildings high and physical

separation among units low. Hotel residents paid relatively high rents for a small dwelling, but enjoyed easy access to the full range of services that the new cities had to offer. They slept in their rooms, but passed the day in labor exchanges, lobbies, parks, taverns, museums, restaurants, libraries, and other public places. The wealthy tenant enjoyed more and better amenities than the poor tenant, but both participated in the same urban housing market. The SRO hotel marketplace had four segments: palace hotels for the very rich, mid-priced hotels for the emerging middle class, rooming houses for skilled workers, and lodging houses for the working person.

SROs AND THE HOMELESS

The homeless in the first half of twentieth-century America comprised not only the destitute poor, but also a wide range of seasonal migrant workers who traveled the rails to work sites across the country. These included lumberjacks, laborers, farm workers, and cowhands. They populated the lodging houses that clustered in areas on the edge of the new commercial and industrial centers—now referred to as skid row. The lodging houses were of various grades of quality. The most expensive dwellings included a full bath with a full range of services: a twenty-four-hour desk clerk, daily cleaning services, and meals. These hotels catered to the most prosperous clientele of working men. Workers might move among the different qualities of hotel accommodation depending on current employment, income, or taste. In the larger cities, some boarding houses catered to single women. Smaller-scale versions called boarding houses proved popular in small- and moderate-sized towns.

More commonplace were hotels that offered rooms with a window and a full bath for the full-time laborer and a windowless room with a sink for the hard-up pensioner. The least popular but cheapest lodging houses were the cage hotels. The owners of the cage hotels divided the floor space into rows of cubicle dwellings that resembled the basic design of public lavatory toilet stalls. Since more than half the rooms did not possess a window opening, the walls for each room remained open at the bottom and top to allow for the circulation of air. The wire



A man in his room in a single-room occupancy hotel in San Francisco in December 1999.
Source: Ed Kashi/Corbis; used with permission.

mesh that was placed at the openings to restrict crawling or climbing between rooms inspired the name of this type of hotel. Residents received a private, secure, and modestly lit place to sleep—but very little else. In the worst cases, as many as forty residents would share a single bathroom. Few tenants praised these units, but most preferred them to the still cheaper alternatives of dormitory shelters or to living on the streets.

The growth and prosperity of the lodging houses were closely tied to the migratory waves of seasonal employees who regularly flowed in and out of skid row. The demand for such labor declined in the 1920s and came to a virtual halt in the Great Depression. When prosperity returned with the successful war effort and postwar economic boom, the hotels lost their diverse clientele. Many buildings were abandoned or razed, and those that remained housed an increasing proportion of poor retirees and people with mental illness.

The Negative Stereotype of the SRO

Housing reformers, who believed that single-room accommodations represented both physically deficient and socially unacceptable living conditions, convinced local governments to outlaw substandard housing that failed to provide for the security and

safety of residents. Such efforts were powerfully reinforced by changing federal regulations, especially those tied with public housing and urban renewal programs that were implemented after 1949. Lodging houses proved an especially attractive target for removal as obsolete structures on now valuable locations. Campaigns that justified the removal of these buildings usually distorted the economic value of the buildings while they promoted the stereotype that single-room living fostered social pathology. Urban renewal efforts during the 1960s and 1970s across the United States accelerated the destruction of thousands of rooming and lodging houses, wiping out the market for low-

rent lodging for the urban single poor.

THE HOMELESS OF THE LATE TWENTIETH CENTURY

When homeless people started appearing in public places in the early 1980s, advocates worked hard to convince public officials and philanthropists that the new homeless did not fit the stereotype of the homeless person as seasonal worker, a concept derived a generation earlier to justify the elimination of single-room housing on skid row. The local advocates and caretakers initially built dispersed emergency shelters only to realize that even when their poor clientele secured employment, they earned too little to afford even the cheapest studio apartments. The advocates found themselves trying to develop the range of housing options for the single poor that the SRO dwellings on skid rows had offered the working poor fifty years before.

SROs AS A RESOURCE FOR THE HOMELESS

Advocates and providers in cities that had retained portions of the single-room housing units undertook efforts to rehabilitate the remaining buildings under nonprofit management. Educational and lobbying efforts persuaded federal administrators at the

Department of Housing and Urban Development (HUD) and members of Congress to sponsor legislation that removed the policies outlawing SRO-type buildings. Additionally, new legislation approved a program that would fund the rehabilitation and new construction of SRO buildings to provide supportive housing for the homeless. This important turnaround stopped the destruction of a valuable portion of the housing supply for the vulnerable poor.

The U.S. Department of Housing and Urban Development (HUD) currently offers funds to subsidize the rehabilitation and construction of buildings that consist largely of single rooms designed to serve the needs of the homeless poor. Federal administrators and many local homeless caretakers recognize the economic efficiency and social value of well-managed SRO buildings. The single room provides a platform for autonomy, security, and freedom when tied to a community that includes a range of housing and employment choices.

Single-room occupancy hotels work best when located near centers of commercial activity where residents can access important public services. Municipal building and zoning codes often prohibit the construction of new SRO residential hotels inexpensive enough to shelter low-wage service workers and vulnerable poor people.

—Charles Hoch

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▣ SKID ROW CULTURE AND HISTORY

Skid row derives from “skid road,” the rough-and-tumble waterfront street in nineteenth-century Seattle

where logs were skidded to the sawmills. Although it is now pejoratively associated with seedy mid-twentieth-century urban districts littered with drunken derelicts, skid row has a complex history. Its beginnings stretch back to 1850, and its development is tied to America’s westward expansion, the rapid exploitation of the country’s natural resources, the fluidity of unskilled labor, and the increasing differentiation of urban space.

MIGRANT WORKERS IN THE NINETEENTH CENTURY

Over the course of the nineteenth century, large pools of labor were often needed where none were locally available. Men were recruited from elsewhere to dig canals in the new western states during the 1820s and 1830s. They followed the logging frontier as it moved from New England to the Great Lakes to the Pacific Northwest. The building of America’s vast railroad network across empty prairies and over rugged mountain ranges required armies of men. Agricultural settlement followed railroad construction, and soon thereafter the need for seasonal farm labor began to grow. By the 1890s, 200,000 migrant workers annually followed the wheat harvest as it progressed through the spring and summer from Texas to Canada.

Many of these laborers were the storied American hobo who plied an annual circuit of outdoor jobs that might take them from ice cutting in Wisconsin to railroad work camps in Montana to orange picking in California. Other migrant workers followed jobs only part of the year: Farmers from marginal one-crop farms in Arkansas, for example, used their slow seasons to help farmers in Kansas with their busy ones. Factory hands sometimes moved on to other cities or worked the harvest when their industries were in their slack periods. For example, manufacturing in New York just after the turn of the century employed 170,000 fewer men in January than in October. Still other men took to the road not by annual design but rather because an economic downturn threw them off the land or out of factory work or, conversely, because they were lured away from farms and towns by construction jobs in the nation’s fast-growing cities.



A hobo tastes the mulligan stew at a hobo camp at Charlton and West Streets in New York City during the early 1930s.

Source: Bettmann/Corbis; used with permission.

HOUSING MIGRANT WORKERS IN THE CITY, 1850 TO 1910

Both as destinations and as transportation junctions, cities were focal points for itinerant laborers and transient working men, and a variety of services arose to accommodate them. In the 1850s, groupings of boarding houses and saloons were already common in many cities, and men looking to stay only a night or two in a city were soon able to opt for inexpensive hotels and even saloon backrooms. By the 1870s, police stations routinely provided overnight lodgings for some of the most desperate men.

Eventually, cheap lodging houses served the bulk of tramping workers and formed the nucleus of the emerging skid rows. First appearing in New York in the 1870s and then spreading rapidly to other cities, they were usually large spaces, above street level, offering shelter by the night. Initially makeshift operations in unused lofts or converted warehouses, they were a lucrative business, and it was not long before buildings were being erected specifically for the purpose. New York had more than 300 cheap lodging houses by the late 1880s. During the 1907–1908 winter, up to 60,000 men found cheap lodgings nightly in Chicago, and more than 40,000 men found cheap lodgings in San Francisco during December 1913.

Cheap lodgings came in many varieties. Some

places offered bunk beds for ten cents, separate cots for fifteen. Others just strung hammocks from posts and beams. The bottom-of-the-line—“flops,” as they were called—charged only three cents or less and simply spread paper on the floor for the men, a single wood stove providing heat during cold winter nights. The “cubicle” or “cage” lodging house was the most common by the turn of the century; these lodgings had only tiny partitioned rooms covered by chicken wire to deter thieves, but they afforded the men at least a modicum of privacy and dignity.

SKID ROW'S HEYDAY, 1880 TO 1920

The concentrations of cheap lodging houses attracted ancillary transient men's services. Employment agencies took up whole streets nearby, their window signs and sidewalk placards advertising railroad jobs or harvest work. Some agencies had arrangements with saloons and lodging houses to send customers to each other. Additional services, such as cheap cafes, secondhand clothing stores, and pawnshops, along with diversions like saloons, pool halls, and vaudeville-style theatres, completed the commercial structure of the cheap lodging areas.

The result was that concentrated and highly distinctive transient men's quarters formed in cities throughout the nation's industrial and migrant work regions during the late nineteenth century, especially in the short period from the mid-1880s to the mid-1890s. Among the most important of these were New York's Bowery, Chicago's West Madison Street, Minneapolis's Gateway, Omaha's Douglas Street, Denver's Larimer Street, and San Francisco's South of Market. This was skid row in its heyday. Especially in western cities, the men were likely to refer to it as “the main stem.” It was always juxtaposed to the central business and warehouse districts and in close proximity to the docks or rail depots, part of an interwoven fabric of areas on the urban margin that included red-light districts, connected to and yet standing apart from the social and economic mainstream.

Despite their high population turnover, the skid rows fostered a sense of community and identity. Men on the tramp felt at home in them. They were

neighborhoods in the simplest meaning of the term. For men who were rootless and otherwise unaffiliated in the normal sense—that is, through home, family, church, and clubs—the welcoming services on skid row were crucial in the development of their social identity. It was their own piece of turf in an often hostile city, a place where they could attend to their needs without venturing into the conventional world.

Social interaction on skid row was opportunistic. Lodging houses discouraged transients from lingering during the day. Indeed, Minneapolis passed an ordinance in 1910 requiring the establishment of a lodging house to serve men who worked at night and needed a daytime flop. The cheap eateries along the main stem encouraged quick turnaround at their counters and were probably not conducive to fraternizing. The sidewalks offered more in the way of social opportunities for the men. Here they could gather to converse or to read the job notices posted at employment agencies. Public parks in the vicinity of the main stem were also important gathering areas, extensions of the tramping community.

The saloon, however, was unquestionably the major social focal point on skid row, just as it was for the working man everywhere. More than just a source of drink, it was an indoor venue where the men could sit and relax, smoke, or play cards. It was a haven, a rest stop for hoboes fresh from a journey hiding in boxcars or clinging precariously to their undercarriages. Bartenders would often hold a seasonal laborer's winter stake for safekeeping. Employers stopped in saloons to look for temporary help. Many establishments provided lunch simply for the price of a schooner of beer. The saloon, in short, was an all-purpose social center for tramping workers.

CHARACTERISTICS OF THE SKID ROW POPULATION, 1880 TO 1920

Most of those attracted to skid row were working men passing through as part of a migrant or shifting work life. Of the rest, some did not travel much at all except perhaps to leave one skid row for another, often working odd jobs, such as loading or unloading warehouses or washing dishes in restaurants. Others

who lingered on the main stem, however, only occasionally took jobs and sometimes not at all; they were a motley group of old-timers, alcoholics, and men with physical or psychological handicaps who begged for handouts.

The population was overwhelmingly male. Some cage hotels might accept women along with men and a few female-only lodging houses appeared, but in general unmarried women had other options. They were more willing than men to stay at home with parents or siblings. They also had opportunities for live-in domestic employment that men rarely had. "Respectable" rooming houses for women were common in downtown areas apart from skid row, and social agencies that helped with housing and other needs paid much more attention to women, who in turn were more likely than men to seek them out.

The men on skid row were overwhelmingly white. Lodging houses and the other services generally discriminated against black homeless men, who consequently tended to board with families in black residential areas. The skid row population was mostly native-born or immigrants from the British Isles. Those newly arrived from eastern and southern Europe seemed to have shorter migrant work lives and to find support mechanisms within the communities of their countrymen and cultures more easily. Most men on skid row were laborers without skills, but tradesmen and clerks or salesmen were not uncommon when the economy faltered. Finally, these were mostly men in the prime of life, in their twenties, thirties, and forties, following an active work life that was a transitional passage to a more settled existence.

No one has tried to follow the career paths of tramps and hoboes. It would be extremely hard to do so with the data available. We can only presume that most migrant workers eventually found their way to the mainstream, else the skid row population would have gotten noticeably older during the pre-1920 period, and there is no evidence that it did. The contemporary sociologist and one-time hobo, Nels Anderson, wrote that most hoboes themselves expected to settle down in the near future, and the limited contemporary statistical data on tramps (i.e., John McCook's "tramp census" done in the 1890s)



Lodging houses (often called hotels) were a common feature of skid rows until most were torn down or converted to other uses in American cities in the 1960s and 1970s. Here, a man stands at the entrance to the Lakewood Hotel, a lodging house on the Bowery, circa 1938.

Source: Alexander Alland, Sr./Corbis; used with permission.

indicate that the typical tramp had not been on the road more than a year.

CITIES RESPOND TO SKID ROW, 1880 TO 1920

As the casual promiscuity of the pre-industrial city gave way to more specialized land use, stricter standards of behavior evolved for city streets and sidewalks. Urban police, who dealt with the threat of the “dangerous classes” and with the implications of a rapidly changing urban geography, stepped up their actions against unattached and homeless workingmen, and patrolmen began to focus on cheap lodging houses, skid row sidewalks and alleyways, nearby parks, and even rail yards whenever outbreaks of crime or labor unrest raised concerns in the community at large.

Reformers tried more constructive ways to deal with skid row. They developed an ambitious model housing idea as an answer to both cheap lodgings and the indiscriminate overnight housing of homeless men in police stations. Municipally operated lodging houses, fixtures in most cities with large transient worker populations by the early twentieth century, started out with the idea that the city should deter the shiftless worker while helping the honest but destitute one. They usually required the men to earn their stay by chopping wood or doing street repairs, and they made some effort to direct them to real jobs. However, they also required the men to take showers and then sent them out to job interviews with fumigated clothes whose unmistakable odor branded them. By 1920, most municipal lodging houses had shed any pretense to rehabilitating the men and were simply public flophouses.

Religious rescue missions were still another response to skid row. The first one appeared in New York in 1872, and by 1900 they were a feature of skid rows everywhere. The Salvation Army opened its first facility in 1891 and added forty-four more over the next decade. The missions provided hot meals and occasionally overnight lodging, but in either case the men were first expected to sit through a religious service and afterward show some gratitude for the lessons imparted. In general, tramping workers avoided the missions.

SKID ROW IN TRANSITION, 1920 TO 1940

By the 1920s, several factors had combined to change the character of migrant work and with it, skid row. Mechanization in agriculture and lumbering eliminated the need for most of the seasonal laborers, as did the decline in railroad construction. What casual unskilled work remained could be done by labor that was increasingly available as the population grew in what had earlier been outlying areas. The automobile also altered the style and patterns of travel for migrant workers. The U.S. Department of Labor estimated in 1926 that 65 percent of the harvest workers in Kansas came to the wheat fields by car or truck. No longer dependent upon the railroad, these men were less likely to pass through skid row or need its services.

The men on skid row therefore became a smaller and more select group. Fewer were the transient young working men for whom skid row was part of a peripatetic life stage in the interval between adolescence and marriage, and more were men enamored of life on the road or, more importantly, a stationary group working at odd jobs in and around the city who in the tramping vernacular were called the “home guard.” The main stem was beginning its transformation into skid row.

The Great Depression of the 1930s created a new public awareness of skid row, which was inundated in these years with unemployed men. Even women and families were no longer an uncommon sight on skid rows. State and city governments helped unattached homeless men first by increasing support to the municipal lodging houses and then by establishing dormitory-style shelters in and around skid row in abandoned school buildings and factories. In 1933, Congress created the Federal Transient Program, which added federally run shelters to skid row. The Works Progress Administration superseded the federal shelter program in 1935, but its programs focused on families or on single men without a history of tramping. For many of the unemployed men on skid row, particularly the home guard, lodging houses, inexpensive hotels, and even the missions remained the housing of choice.

Even though most men on skid row did not stay in them, shelters nonetheless became the new symbols of skid row for the outside world. Skid row was becoming identified with welfare. Shelter men in the Depression years were not independent agents in the labor marketplace. They were on skid row but did not want to be, while the home guard men they mingled with did want to be there and saw no real future beyond it. Skid row was therefore no longer a way station in a progressive work life for its denizens but rather an unwanted siding, or even a dead end.

POPULATION CHANGE ON SKID ROW, 1940 TO 1965

The wartime industrial buildup and the end of the Great Depression eradicated the unemployment problem that had brought so many men to skid row.

While the return of servicemen after the war led to some temporary increases in skid row populations, veterans were not likely to end up on skid row because there were government benefits such as the GI Bill to ease their transition to civilian life. In the meantime, automation in agriculture, manufacturing, transportation, and warehousing continued to reduce the need for seasonal, migrant, and unskilled labor, while labor unions provided security for workers who in the age of the main stem might have turned to migrant work. As a result, skid row’s population declined rapidly. Detroit’s fell by 17 percent between 1940 and 1950, New York’s by 50 percent between 1949 and 1964. Chicago’s West Madison Street skid row, once among the largest in the country, housed only 13,000 men by the late 1950s, probably less than a quarter of the number who had stayed there a half-century earlier.

The men who remained on skid row—mostly the home guard, the handicapped, and pensioners—were an older group, although still overwhelmingly white and native-born. A census of New York’s Bowery lodging houses in 1930 had revealed that three-quarters of the men were under fifty years of age, but by the mid-1960s most of the men were over fifty. Half of skid rowers in Minneapolis in 1958 were past fifty, while in 1940 only a third had been. As the population got older, it became even less mobile. Over half of the men on Chicago’s skid row in 1958 had lived there continuously for at least a year, two-thirds of the men on the Gateway in Minneapolis did not leave the Twin Cities area during a twelve-month period from 1957 to 1958, and almost 90 percent of the men on Philadelphia’s skid row in 1960 had lived there off and on for at least a year—and almost 50 percent for at least five years.

SKID ROW IN DECLINE, 1950 TO 1965

As the population dwindled in the years after World War II, skid row lost the hustle and bustle that had come from the constant turnover of migrant workers. Unlike the main stem’s dense concentration of lodging houses and other places serving homeless men, skid row blocks were now likely to be a pastiche of scattered services mixed in with empty lots, vacant

spaces, boarded-up frontages, and storage facilities and other low-end businesses unrelated to homeless men's needs but attracted to the area by cheap rents. On the main stem at the turn of the century, hundreds of robust men constantly crowded the sidewalks on both sides of the street, block after block. Fifty years later, skid row street scenes were less animated, projecting a more passive population of men interacting in small groups. The men were more exposed, more vulnerable, with a less sure claim to the area.

Skid row now seemed a refuge for men who somehow had not and would not fit in. Indeed, the typical skid row man of the 1950s was thought to be a hopeless alcoholic. Even the sociologists and psychologists—whose own studies of skid row showed that many of the men were not alcoholics and that some did not drink at all—could not see past the alcoholism that was the most glaring aspect of skid row life even though it did not define the lives of the majority of the men there. In fact, however, homeless men were more sober and socially adaptable than outsiders believed. Many still worked at least part of the time, even if at menial, day-to-day jobs. Hardly pathological or anomic, the skid row community was built around personal independence, a degree of self-respect, and lasting friendships. Like the main stem, it was still a highly functional area of low-cost housing and other services for poor unattached working men.

The police, always a presence on skid row, now helped to define its spatial boundaries and to some extent the skid row experience itself. Patrolmen acted less in the interests of homeless men than in response to the sensibilities of the larger public, in particular those who worked near skid row and encountered it daily. The street scenes that the police saw involved relatively small groups of men—isolated situations, easily dealt with. Officers often got to know many of the men individually, even adopting a paternalistic attitude toward them, and were more tolerant of certain behaviors on skid row than they were elsewhere, such as men staggering about or lying on the sidewalk. Still, skid rowers had to be prepared at almost any time to be picked up by police patrols, charged with vagrancy, drunkenness, or disorderly conduct and then fined or jailed, and

sometimes both. Confronting the police had preoccupied tramping workers in the days of the main stem as well, but those men were less likely to be frequently arrested and jailed. Skid row men in the 1950s and 1960s were hapless objects of police manipulation, passing regularly through a humiliating criminal justice process.

The men increasingly retreated indoors, to the few bars and theaters that were open to them, as well as to the single-room occupancy hotels and much depleted flophouses and cage hotels in which many of them stayed more or less continuously. Hotel proprietors now commonly allowed the men to sit in the lobby and watch television. Even the tiny hotel rooms or cubicles became places for men to socialize or to sit alone, perhaps eating a can of soup warmed over a hot plate.

THE END OF SKID ROW, 1965 TO 1980

The deterioration of skid row in the postwar years invited municipal “clean-up” efforts. Skid row occupied areas downtown that were prime candidates for urban renewal schemes and interstate highway routes, as cities seeking to revive their downtowns in an age of expansive suburban development mounted campaigns to clear away their “blighted” neighborhoods. Kansas City, Los Angeles, Sacramento, Denver, Minneapolis, New York, Philadelphia, and Detroit had all razed large segments of their skid rows by 1960 or were contemplating doing so. Half of the single-room occupancy hotels in central Los Angeles were torn down between 1970 and 1985. Only one remained in New York City's Bowery in 1987.

Skid rows had virtually disappeared by the 1980s. Their demolition reflected the long history of urban efforts to deal with skid row—from the municipal lodging houses and missions to Depression-era programs and postwar welfare or police interventions—by presuming dysfunction and pathology rather than accepting a legitimate lifestyle. The destruction of skid rows abruptly uprooted their inhabitants, leaving them to fend for themselves. Cities gave only lip service to organized relocation services. The men, some of whom might have lived in the same cage

hotel for years, drifted off to single-room occupancy hotels elsewhere in the city or to shelters and missions.

The dislodged and scattered skid row veterans now found themselves surrounded by the new homeless—"street kids," destitute mothers with children, deinstitutionalized mentally ill persons, the chronically unemployed, and others. Racial and ethnic diversity was greater, drug use common, and violence no longer unusual. Homelessness in the American city now meant something markedly different from the distinctive streetscape and ambience that had characterized skid rows for over a century.

—John C. Schneider

See also Bowery, The; Chicago Skid Row; Great Depression

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▣ SOCIAL SUPPORT

As social beings, people generally maintain a social network, that is, a web of relationships that, among other functions, offers support of various kinds. Family, friends, colleagues, and helping professionals contribute to a person's pool of social resources. But are homeless people's social support networks different from those of non-homeless individuals? How does the duration of homelessness affect social support? Are social support variables correlated with variables, such as mental health, within this population? Have social service interventions been successful in improving social support networks? And how important is social support in helping people exit homelessness and improve their lives?

SOCIAL SUPPORT CONCEPTS

A few terms and constructs are helpful in understanding social support networks.

The Structure of Networks

When researchers analyze the structure of a given person's social network, they often gauge it by five features, beginning with *size*, or the number of people it contains. *Composition* refers to the relationship of each supporter to the target person. For example, in studies of homeless individuals, researchers note the ratio of professionals to "natural supporters" (family members and friends) in the target person's network. *Density* refers to the number of links between network members: How many of them know each other? Dense networks often are more supportive than less dense ones—unless the target person is trying to step out of an accustomed role in the network, for example, when a person decides to marry someone outside the network. *Multiplexity*

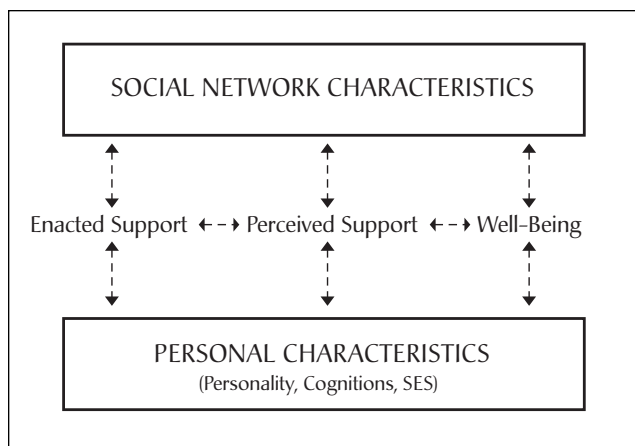


Figure 1. Schematic Presentation of Relationship between Social Support Constructs and Other Variables

refers to the multidimensionality of a person's relationships. For example, spousal bonds typically are quite multidimensional; spouses are usually lovers, financial partners, child-rearing partners, and friends. On the other hand, one normally has a unidimensional relationship with one's mechanic, a connection that is strictly limited to car repair. In general, multidimensional bonds are more satisfying and influential in a person's life than unidimensional ones. The final term, *reciprocity*, refers to the extent to which the flow of support is mutual. In totally reciprocal relationships, the parties support each other fairly equally. These tend to be more satisfying than non-reciprocal relationships, in which support flows primarily in one direction.

The Function of Networks

Functional support has two major categories: enacted support and perceived support. *Enacted support* refers to specific behaviors that have actually been provided to the target person. *Perceived support*, on the other hand, is the target person's perception that help would be available if needed. Both enacted and perceived support can serve *instrumental* and *emotional* needs. Instrumental support includes concrete activities such as lending money, providing transportation, taking care of a sick child, or teaching a skill. Emotional support is typically more intangible: offering comfort during a crisis,

encouragement after a failure, or help in making a life decision, for example.

Recent research has shown that the target person's beliefs, social skills, and personality have a direct impact on both types of support. With regard to enacted support, some individuals are better at requesting help, or they have personal qualities that motivate others to offer help. On the other hand, individuals with a history of optimism and positive social relationships tend to report more perceived support, regardless of the amount of enacted support actually received.

The Role of Conflict and Abuse

Interpersonal conflict and abuse can be seen as the opposite of social support. Research has consistently shown that conflict and abuse, both physical and emotional, have very negative impacts on well-being, particularly physical and mental health.

Figure 1 illustrates the links between various social support dimensions and other concepts such as personality and well-being. Bidirectional arrows have been used, because insufficient research has been done to determine the predominant causal direction between the constructs. For example, increasing the amount of enacted support probably increases the level of perceived support. On the other hand, the causal processes can operate in the opposite direction; that is, individuals who are more optimistic and report having more support available typically engender more enacted support from others.

THE SOCIAL NETWORKS OF HOMELESS AND HOUSED INDIVIDUALS

How do homeless people's social support networks differ from those of their non-homeless peers? A number of studies, beginning in the 1980s and continuing over the next twenty years, have addressed this question—but two important methodological limitations must be noted when interpreting their results. First, not all researchers have controlled for potentially important factors such as socioeconomic status. Second, most of the studies were cross-sectional (based on one point in time) rather than

longitudinal (spanning a longer period). Causal inferences usually cannot be made from cross-sectional data. Thus, researchers cannot determine with any certainty whether social support problems cause homelessness, or whether homelessness causes social support problems.

Structure

As for size, many studies reported that homeless individuals have smaller networks than housed individuals; however, at least three studies reported no such difference after controlling for socioeconomic status. In regard to composition, two studies reported fewer relatives, but more friends, in homeless people's networks; but again, two others, which controlled for socioeconomic status, found no such difference. Another study reported that homeless women actually had more recent contact with their families than did housed women who were also poor; however, the families of the women who became homeless women were less willing (or able) to provide temporary or permanent housing than the families of the women who remained housed. Research on the density, multiplexity, and reciprocity factors is scant. However, one study of injection drug users found less dense networks for homeless participants—who also reported more friends in their networks, particularly other drug users and sex partners.

Function

In four out of five studies, homeless individuals reported less enacted support than housed individuals. Similarly, homeless individuals reported less perceived support than housed individuals in five out of six studies.

Conflict

Homeless individuals, particularly women, have experienced more family conflict, including physical abuse, than non-homeless persons in four out of five studies. Similarly, seven studies indicated that the social network problems in many homeless individ-

uals had begun in childhood. Compared to housed samples, homeless individuals reported more parental separation (due to runaway behavior, foster care, or institutional care) and less parental support.

In summary, compared to housed individuals, homeless individuals typically have smaller networks, less enacted support, less perceived support, and more conflict.

LINKS BETWEEN DURATION OF HOMELESSNESS AND SOCIAL STRUCTURE

How does the length of time spent homeless affect one's social support network? Relatively few studies have addressed this question, particularly with regard to density, multiplexity, and reciprocity. Four studies did find that networks tended to shrink as the homeless episode lengthened. Also, three studies reported that the composition of the social network changed with the length of time homeless. Individuals were more likely to name other homeless people as part of their social network, and to identify with a homeless lifestyle as the length of their time homeless increased.

Function

One study reported a decline in enacted support as the duration of homelessness increased, but no decline in perceived support. However, five other studies did report a decline in perceived support as the length of time homeless increased.

Conflict

Studies have not addressed the issue of whether conflict increases with the length of time homeless. However, one study did find that greater conflict was associated with becoming homeless at a younger age. In summary, research indicates that the size of social networks decreases with the length of time homeless. Similarly, both enacted and perceived support decrease with the length of time homeless. The implication of these results is that society and its institutions should do all in their power to minimize the length of time individuals are homeless.

CORRELATING SOCIAL SUPPORT WITH MENTAL HEALTH

Are the various social support constructs correlated with the mental health of homeless individuals? A number of studies have examined this relationship—but again, causal inferences cannot be drawn because most were cross-sectional, not longitudinal. For example, a correlation between depression and smaller social networks does not signify which is cause and which is effect.

Structure

Network size was positively correlated with mental health in one study of homeless youth and in three studies of homeless adults. In addition, one study found that a reduction in network size increased depression in a sample of homeless women living in a shelter. As for composition, one study reported that participants with few kin in their network reported more stress, more physical health problems, and more psychological distress. Another study linked lack of family contact with more behavior problems in homeless children. The presence of deviant peers in the networks of homeless youth was associated with substance use, criminal behavior, and risky sexual behaviors in two studies.

Function

Enacted support, particularly emotional support, was positively related to mental health in three studies, although one study found no such link. Also, another study found no relationship between enacted support and substance abuse. Perceived support was positively correlated with mental health in both homeless children and homeless adults. Greater perceived support was also correlated with less stress in one study, and higher quality of life in two studies.

Conflict

Greater family conflict and physical violence were associated with more psychopathology in homeless children in one study. Parental abuse and family

conflict were also associated with criminal behavior, substance abuse, and risky sexual behavior in homeless youth. In summary, larger social networks, more enacted support, and more perceived support were all positively related to mental health; greater conflict was related to negative behaviors. However, because these studies did not collect longitudinal data, causal inferences cannot be made. Only one study has collected longitudinal data and used structural equation modeling to determine the causal relationship between social support and other variables within the homeless population. In that study, perceived support by natural supporters had a small positive causal effect in increasing stable housing. However, there was no clear-cut causal pattern between social support and mental health in that study.

EFFECTIVENESS OF INTERVENTIONS TO INCREASE SOCIAL SUPPORT

Only a few studies have examined the effectiveness of interventions in increasing social support among the homeless population, and all of those have focused on homeless persons suffering from severe mental illness. None of them evaluated an intervention whose treatment components were specifically aimed at increasing social support. Rather, they simply included social support as an outcome variable.

Assertive community treatment (ACT) increased the size of the professional network in two studies. However, neither ACT nor intensive case management had any effect on the size of the natural support network in two studies. A hostel outreach program did increase the size of the natural support network and the number of reciprocal relationships in one study, but this study lacked a control group. No studies found that ACT or intensive case management had any effect on enacted or perceived support levels.

THE ROLE OF SOCIAL SUPPORT IN ENDING HOMELESSNESS

Does social support really help to end homelessness? No study to date has adequately addressed this ques-

tion with a comprehensive measure of social support which captures all of the social support constructs (structure, function, and conflict). All of the studies discussed below only measured one or two of the social support constructs.

Structure

One study reported that having contact with one's family had no impact on exiting homelessness. However, another study showed that a larger network, both informal and professional, increased the probability of exiting homelessness. Conversely, two studies found that having more homeless individuals in one's network decreased the probability of ending homelessness. Also, greater density was associated with exiting homelessness in another study. In addition, it is important to note that homeless individuals with a larger social network are more likely to use social services.

Function

One study reported that the receipt of financial assistance from one's network (enacted, instrumental support) was positively correlated with an exit from homelessness. Perceived support was positively correlated with exiting homelessness in another study. Perceived support was also positively correlated with using social services in one study.

Conflict

No studies have investigated the role of conflict in exiting homelessness. However, greater conflict does increase the probability that a homeless person will come into contact with the social service system. In summary, social support may have a small positive effect in helping individuals to exit homelessness, but more research is needed. The most important role of social supporters, however, may be the facilitation of contact with the social service system. Finally, the reader is reminded that research has shown that the receipt of entitlements and other welfare benefits are much more important than social support in ending homelessness.

RESEARCH: CURRENT FINDINGS, FUTURE DIRECTIONS

Despite mixed research results, some conclusions can be drawn about the social networks of homeless people:

- Most homeless people are not socially isolated.
- Although the networks of homeless individuals are smaller than those of the general population, they may not be any smaller than the networks of other poor people.
- Homeless individuals report less enacted and perceived support than other low-income people.
- The longer people remain homeless, the smaller and less supportive their natural support networks become.
- Lack of social support is correlated with such negative outcomes as longer homeless episodes and greater psychopathology.
- Although social support has a small positive effect in helping individuals exit homelessness, financial resources, including entitlements and other welfare benefits, are more important.

CAVEATS AND UNANSWERED QUESTIONS

Much of the work on homelessness and social support has used small "convenience samples," rather than representative samples. Thus, conclusions reached in one study may not generalize to other groups of homeless people. Moreover, many findings cited here are based on a single study, and should be replicated with other samples. Even so, because the homeless population is very heterogeneous, findings that apply to one segment may not apply to another.

Few studies have measured all, or even most, of the social support dimensions in the same study. Thus, researchers have little information on the relationship of various support dimensions to each other, or the comparative magnitude of correlations of various social support dimensions with other variables such as mental health. More longitudinal research is needed to determine the causal relationship between social support and other variables (such as finding stable housing and mental health) within the homeless population.



An old man asleep in a wheelchair on the Bowery in October 2003.

Source: Karen Christensen; used with permission.

Several studies have documented the negative consequences that can occur when professional social support attempts fail or are rejected by the recipient. Yet only a few studies have investigated what factors facilitate social support agreement—that is, agreement between a provider and a recipient that intended support was actually perceived as such. No such agreement research has been done with homeless samples. Also, natural support often affects the decision to seek professional help in many groups. Yet, few studies have investigated the relationship between natural support and professional support in homeless individuals.

Lastly, more research is needed on the effects of various interventions to increase social support within the homeless population. Similar interventions with other populations have focused on skill development, repairing the existing social support network, or creating a new social network. All three approaches seem appropriate for homeless individuals, if carefully chosen. Researchers and practitioners must therefore work together to develop comprehensive assessment tools, so that they can channel individuals to the appropriate social support intervention. Future researchers also need to assess whether their interventions actually increase social support in addition to having positive effects on other factors such as finding stable housing and mental health.

—Robert J. Calsyn

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▣ SOCIAL WELFARE POLICY AND INCOME MAINTENANCE

The fundamental cause of homelessness is insufficient income relative to the cost of housing. Thus both the creation and prevention of homelessness are closely related to the terms and sufficiency of public benefit programs that augment income. Indeed, the eligibility rules and benefit levels of such programs shape the characteristics of homeless populations. To notice that in the United States there are very few homeless people sixty-five years of age or older or with major physical impairments, or to observe that the majority of homeless adults are people without children in their custody, is to see artifacts of income maintenance policy that favors the old, the severely disabled, and custodial parents.

To say that income maintenance policy favors certain groups is also to say that the system is based on categorical distinctions. For the most part, eligibility for public income maintenance in the United States is predicated on membership in a specific category defined by statute and administrative rules. Old-age benefits are for those who meet the definition of aged; disability benefits are for those who meet the medical and vocational standards that define a work disability; benefits for children and their legal caretakers require recipients to be members of those categories. Except as discussed later under the rubrics

of unemployment insurance and general assistance, there are no income maintenance programs for hale, non-elderly adults without children.

Income maintenance is an ungainly but necessary term. It covers two very different tracks (or tiers) of income support that are distinguished from each other by the history of wage earning required for eligibility. One track consists of insurance-like programs, notably Old-Age and Survivors Insurance (OASI; what Americans refer to colloquially as “Social Security”), Social Security Disability Insurance, and Unemployment Insurance. Eligibility for these programs requires a significant history of payroll deductions—contributions from wages to the public funds that support the programs—which is why these programs are described as insurance-like. The other track consists of so-called welfare programs. These are means tested. That is, eligibility hinges on falling below a threshold for current earnings and accumulated wealth. Welfare programs are for very poor people, and their benefits are substantially inferior to those of the insurance-like programs.

On the whole, the U.S. income maintenance system rewards consistent workers over episodic workers. For example, a sighted, work-disabled person with a history of regular payroll deductions will qualify for Social Security Disability Insurance, for which the average benefit was \$834 per month in 2002. In the absence of such a work history, in 2002 the same individual, if possessed of little or no savings, would have gotten \$545 per month from Supplemental Security Income, a welfare program. If that person had even \$3,000 in savings above any equity in a home, he or she would not qualify for any benefits at all until such savings were “spent down” to the allowable maximum. The U.S. income maintenance system is not generous, particularly on the welfare side.

In addition to categories and tracks, the income maintenance system in the United States is distinguished by its fragmentation. Indeed, it is hardly a system at all. The various components of income maintenance are established, funded, and administered by federal, state, and local (primarily county) governments. This political, fiscal, and administrative fragmentation creates notable differences in

rules and benefits and makes it difficult to generalize about income maintenance. Even so, it is fair to say that insurance-like programs usually are funded and administered by the federal government and thus have considerable uniformity in benefits and eligibility rules throughout the country. Welfare programs, on the other hand, usually are funded and administered by two or more levels of government, and benefit levels and eligibility rules vary widely among political jurisdictions.

The different tax bases that support the various programs create incentives for liberal or strict eligibility and adequate or minimal benefits. Programs that draw on the federal government’s broad authority to tax and borrow and its ability to spread costs over a national population usually are entitlements; that is, they are benefits that must be paid to anyone who meets the program’s eligibility requirements, regardless of the government’s ability to pay without borrowing. In contrast, state and local programs usually are capped: Frequently reliant on unpopular and often inequitable sales and property taxes collected from a relatively small population, they pay benefits from fixed budgets. Once these allocations are exhausted, such programs are not legally obliged to pay benefits.

The differences in funding sources among the programs also create incentives for their sponsors to shift costs. Typically, local governments are anxious to shift costs upward by moving beneficiaries to programs funded by the state or federal government. States, likewise, are anxious to move costs to the federal budget. For sixty years after the passage of the Social Security Act of 1935, the federal government accepted this role as part of its duty to balance the resources of wealthy and poor states. But as discussed below in connection with Supplemental Security Income and Temporary Assistance for Needy Families, in the 1990s Congress passed back to the states and counties the responsibility for supporting certain groups of indigent people. In the case of Supplemental Security Income, there is good evidence that this has increased the prevalence of literal homelessness and residential doubling up.

A final introductory observation is important. Although income maintenance programs sometimes

are characterized as forming a social safety net or aiming primarily to help people in need, they also intend to enforce the obligation to work. This is particularly important in the U.S. system, which, following the tradition of nineteenth-century British Poor Law, relies implicitly or explicitly on the principle of “less eligibility” to determine policy. *Less eligibility* is an antiquated term rarely heard today, but the concept is everywhere apparent in debates about income maintenance policy. It means that those in need should find an income maintenance program to be a “less eligible” choice than paid labor as an income source. That is, the terms of participation and the level of benefits in any program should deter applicants from depending on them as an alternative to work. Thus, unlike the income maintenance systems of more fully developed welfare states such as those in Scandinavia, even U.S. insurance-like programs replace a relatively small fraction of a former worker’s monthly wage.

UNEMPLOYMENT INSURANCE

Each state operates an unemployment insurance (UI) program. Although the federal government helps fund these, each state determines, by and large, who qualifies and what benefits they receive. UI is an exception to the typical federal funding and uniform administration of insurance-like benefits. Average weekly benefits vary a great deal by state, ranging from \$174 per week in Alabama in May 2003 to \$359 per week in Massachusetts. Since benefit levels are based on previously earned income, UI tends to support best those who need it least and to reproduce regional wage differences.

In recent years, considerably less than 40 percent of those who were unemployed in a given month received UI benefits. This figure is so low because of the initial and continuing eligibility requirements that are typically imposed by UI programs. Generally, claimants must work in employment covered by the UI taxation system, have a history of earnings spread over the previous fifty-two weeks, be “able and available for work,” and not have been discharged from prior employment due to misconduct, have voluntarily left prior employment without good

cause, or have refused “suitable work.” Unless extended by federal authority, benefits typically last only twenty-six weeks.

These requirements are especially problematic for members of the unskilled, sporadically employed, persistently poor population from which homeless people are drawn. For example, while 98 percent of all U.S. workers are in employment that is covered by the UI taxation system, those in the day-labor market or the informal economy are not.

GENERAL ASSISTANCE

The majority of homeless adults in the United States are single men in the prime of life, chronologically speaking. There are several reasons for this, but none more important than the eligibility boundaries of UI, discussed above, and the fact that the federal system of categorical aid does not provide for non-elderly, non-disabled adults without minor children. In some state and local jurisdictions, these uncategorized people may qualify for a program usually known as general assistance (GA), general relief, or home relief. However, most GA programs are also categorical. They provide benefits mainly to those who are waiting for a ruling on their eligibility for a federal program, have been suspended or disqualified from federal aid or, in the case of disability and age, are not quite impaired enough or old enough to qualify for federal benefits. In some states, benefits are time limited, and some GA programs (Pennsylvania’s is one) are both categorical and time limited.

There is no federal participation in the administration or financing of GA programs. States and localities decide whether to run them, what the benefits should be, who should qualify, and under what circumstances they should be eligible. In some states, there is a constitutional requirement to provide GA; in others, the decision is in the hands of the state legislature or county boards. In some states (Pennsylvania, for example), GA is administered by the state with uniform requirements throughout the state’s political subdivisions. In others, counties are obliged to operate GA, but there may be great differences among the programs (as in California). In yet other states, there is no duty to operate GA, and

counties may or may not elect to do so (as in Illinois). A survey conducted in 2003 by Philadelphia Community Legal Services found that twenty-two states either administer GA programs or require localities to do so, and fourteen others have programs that operate at local discretion.

Because the federal government is not involved in GA programs and thus does not monitor them, it is very difficult to find clear and consistent information about them. Moreover, because these programs are so various, it is hard to generalize about them even when information is available. Still, GA programs share one very important characteristic: low benefit levels. Typically, the benefit level for a single person is well under \$400 per month and sometimes less than \$200 per month. GA is at the bottom of the barrel insofar as income maintenance is concerned.

Since the recession of the early 1990s, a number of states have eliminated or sharply curtailed the availability of GA. The political logic of this is not hard to see. Public revenues decline during recessions, and when state and local governments look for ways to retrench, they focus on those programs for which other levels of government provide no support. When a program has a federal financial match or a maintenance-of-effort provision that invokes a penalty when a state reneges, the state loses federal dollars if it fails to ante up its share. GA lacks this disincentive. When a state or a county eliminates or cuts back GA, it saves every dollar not spent—at least on the surface. In fact, some studies of GA retrenchment in Michigan, Ohio, and Pennsylvania have found subsequent increases in the prevalence of homelessness. One might reasonably presume that this entailed increased costs for shelter and other services for homeless people, but these were unmeasured.

OLD AGE AND SURVIVORS INSURANCE (OASI)

While most Americans know very little about their country's income maintenance system, almost everyone has heard of Social Security. This is the colloquial term used to refer to federal old-age pensions, established in 1935. In fact, Social Security is

more than a pension program for the officially old, as it also provides pension benefits to spouses (even divorced spouses in the case of long marriages) and death benefits to surviving children as old as twenty-two.

For present purposes, two simple facts about Social Security will make clear its impact on homelessness. First, as with other insurance-like programs, benefits are related to a history of wage earning. A formula determines the precise benefit for each person, and anyone with a Social Security number can go to the Social Security Administration's web page (www.socialsecurity.gov) and have his or her future benefit calculated on the basis of contributions to date. But to qualify for Social Security at all, an applicant must have worked forty quarters (ten years) in covered employment, which, as noted in connection with UI, does not include off-book or casual work. Second, an applicant must have reached official old age, which is between the ages of sixty-five and sixty-seven (depending on the applicant's year of birth).

Put simply, then, Social Security provides reasonably well for retired persistent workers. Along with Supplemental Security Income, discussed below, it is the principal reason why so few people sixty-five years of age and older are found in homeless populations. Social Security does not support them in splendor, but it does pay the rent.

SOCIAL SECURITY DISABILITY INSURANCE

Social Security Disability Insurance (DI) is a federally funded and administered program created in 1954, although its full implementation did not occur until 1956. It is a long-term disability program, meaning that it covers only those with impairment(s) and consequent work disability that is expected to last quite awhile—at least twelve months, to be specific. Impairments that usually disable people for shorter periods (broken bones, soft-tissue injuries, serious viral infections, and so forth) would not qualify someone for DI.

Because it requires long-term impairment to qualify and because the application process usually extends over many months, DI does not prevent the

rapid downward mobility that can attend job loss by work-disabled people with modest income and savings. Because short-term disability insurance is not a public benefit in the United States unless an injury occurs on the job (and is covered by a state-administered workers' compensation program), workers disabled for weeks or months, but less than a year, can lose their savings if not covered by a private plan. Private coverage for short-term disability is extremely uncommon in the unskilled and semi-skilled sectors of the labor force from which most homeless people are drawn.

Even people with long-term impairments do not necessarily qualify for DI. To be eligible, an applicant must not only meet the medical criteria but also have a fairly substantial work history in covered employment. (The length of the work history requirement varies by age at the onset of disability.) If a person fails this work history test, as would a high percentage of homeless people, he or she must turn instead to Supplemental Security Income.

SUPPLEMENTAL SECURITY INCOME

Supplemental Security Income (SSI) is a means-tested federal program that provides cash assistance to the elderly, blind, or disabled who lack the work history to qualify for its insurance-like counterparts or whose benefits from these programs fall below a minimum level because of insufficient covered work. Over one-third of all SSI beneficiaries also receive OASI or DI benefits.

The early history of SSI illustrates the planned shift of income maintenance costs between levels of government. Legislated in 1972, SSI paid its first benefits in January 1974. However, the program was not created *de novo*, but rather consolidated under federal funding and administration three existing programs that were federal-state partnerships: Old Age Assistance and Aid to the Blind, created in 1935, and Aid to the Permanently and Totally Disabled (APTD), which paid benefits beginning in March 1950. These programs were intended to help states eliminate the need for the notorious local poorhouses that still existed (mainly in the South) and to pay a benefit high enough to provide a moderately decent

existence to those not expected to work due to age and impairment. In turn, SSI was created to relieve the states of the substantial cost of their share of these earlier three programs and to facilitate the systematic transfer of poor people from state mental hospitals to community care settings. This process of deinstitutionalization began in earnest in California and New York during the mid-1960s using the financial vehicles of APTD (to pay rent and subsistence) and Medicaid, created in 1965 (to cover medical and psychiatric care).

The recent history of SSI's disability category illustrates some conflicts involved in cost shifting and a categorical approach to income maintenance. (This discussion also applies to DI, which employs the same impairment criteria and evaluation process.) Unlike official old age, which is easily documented, work disability involves complex judgments about the severity of medical and psychiatric conditions and their relationship to the performance of occupationally relevant activities. Moreover, some kinds of impairments are particularly difficult to evaluate, especially those for which severity is determined largely by self-reported pain or other phenomena that cannot be independently verified. Put simply, the disability category has a boundary that is relatively easy to stretch. To limit eligibility and thus costs, disability programs intensively investigate the medical basis of claims. The application process is protracted and complicated and deters many potential claimants, especially those with persistent mental illness.

Such rigor is employed because a system that provides no benefits to someone who is poor but uncategorized creates an incentive for members of that group to file disability claims, as the disability category is the only one susceptible to manipulation. A single man or woman who does not qualify for UI or who has exhausted those benefits and who lives in an area without GA has no income maintenance alternatives when work cannot be found—unless, of course, he or she can claim a work disability. Further, even if that person does live in a jurisdiction with GA, it is in his or her interest to get SSI rather than GA because of the huge difference in the value of benefits. Perhaps equally important, it is in the inter-



In October 1987, thousands of demonstrators in Washington, D.C., protest homelessness and call for a restoration of funds to the Department of Housing and Urban Development.

Source: Bettmann/Corbis; used with permission.

est of the state or county to shift that person from GA to SSI so that more money comes into the jurisdiction to be spent and so that the federal government pays the cost of the benefit. Thus, beginning in the 1980s, with the size of homeless populations rising dramatically and local costs mounting, states and counties began systematically to provide case advocacy and legal services to GA beneficiaries and shelter residents who wanted to apply for SSI. They emphasized advocacy on behalf of applicants with major mental illnesses and drinking and other drug problems because these were people who often had trouble following through on the application process and because these problems are common among homeless people, especially among single men.

The diagnostic ambiguity of drug addiction and alcoholism (DA&A) in particular created a very serious technical problem for the SSI program (and the DI program). Sometimes working under contracts with state and local governments (as in Chicago), lay advocates and attorneys pressured the federal courts to clarify the rules to permit more such people to qualify. By 1987, cooperative federal district courts had dramatically liberalized the criteria for qualifying for SSI or DI due to DA&A. The result was that between the mid-1980s and 1996, the number of DA&A recipients on SSI grew from

under 10,000 to almost 200,000. (The relative growth among DI recipients was also very large, but of a smaller absolute magnitude.)

Alarmed by this growth and other aspects of the program for drug addicts and alcoholics, in 1994 Congress borrowed an administrative tactic from GA programs and limited benefits to this group to three years in a lifetime. In March 1996, effective on 1 January 1997, Congress eliminated DA&A as an impairment that could qualify someone for SSI (or DI). A study in nine counties and five states of what happened to approximately 1,800 former SSI DA&A beneficiaries found that homelessness and residential doubling up

increased dramatically, especially among those who lost benefits and were once more uncategorized for purposes of assistance.

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

The elimination of the DA&A impairment category in SSI was a little-noticed feature of the 1990s movement for welfare reform. Although *welfare* refers to any means-tested form of assistance, when Americans think of welfare, they usually think of assistance to poor families. From 1935 until 1996, such assistance was provided under the rubric of Aid to Families with Dependent Children (AFDC), renamed from Aid to Dependent Children (ADC) in 1961, when part of the benefit was dedicated to the adult caretaker. In 1996, AFDC was replaced by Temporary Assistance for Needy Families (TANF), a program with different principles and potentially very different implications for beneficiaries and state governments.

It is sometimes observed that TANF represents a radical devolution of policy authority because it gives the states considerable discretion in operating the program. While this is certainly true, many state AFDC programs had already adopted some of

TANF's provisions through federal waivers of national program rules. The waiver provision is quite old (it dates from a 1939 amendment to the Social Security Act), and many states had actively pursued its application to AFDC beginning in the mid-1980s. Thus, even before the 1996 Personal Responsibility and Work Opportunity Reconciliation Act established TANF, what had initially been a fairly uniform national program (save for benefit levels set by the states) had become quite variegated. For present purposes, the main differences between TANF and AFDC are as follows:

Whereas AFDC was an entitlement, TANF is capped. Each state receives an annual sum fixed by formula. If this block grant is exhausted, the federal government has no obligation to provide more. Because the funding formula is based on a year (1993) when caseload levels were high, the potential limitations of this approach to funding have yet to be tested. However, during the halcyon years of the mid-1990s, few states created rainy-day welfare funds for use in sharp economic downturns, and the recession of the first years of the twenty-first century may prove this shortsighted.

Whereas AFDC recipients could get benefits indefinitely, receipt of TANF is limited to five years in a lifetime. There are exceptions to the time limit, but from the beginning, a great concern about TANF has been the possibility that many families would run out of benefits while their prospects for a decent subsistence remained bleak. The best evidence to date suggests that this may be an acute problem before long.

Federal funding for a state's TANF program is linked to that state's ability to place welfare household heads in jobs. This policy intended to motivate states to develop effective welfare-to-work programs. Unfortunately, many studies now show that while large numbers of welfare heads of household have found work, it is most often poorly paid and of insecure tenure, failing to provide stable earnings above the poverty line. The result is that families face staggering rent burdens, even after leaving welfare, and are often precariously housed.

As the phrase "personal responsibility" in its enabling legislation indicates, TANF places a great

deal of emphasis on the putative individual sources of impoverishment and welfare use. As a result, federal regulations permit (and sometimes demand) that state programs use a variety of sanctions to ensure that household heads go to work or training and limit their future fertility; that children are immunized and attend school, and so forth. Unless a state legislature declares that it does not adopt the rule (as some have done), adults convicted of a drug felony after August 1996 are permanently ineligible for TANF. We know very little about the consequences of this ban to date. One 1998 Pennsylvania study of women with children who were TANF-ineligible drug felons found that twenty-three of the twenty-six women interviewed had been homeless or nearly so in the period just prior to arrest.

A final important point about TANF is the inadequacy of its benefits to the cost of housing in most states. While a relatively generous state such as Minnesota gives a family of four \$903 per month and a family of three \$763, a less open-handed state such as Maryland provides merely \$481 and \$399 respectively to families of these sizes. The fair-market rent for a one-bedroom apartment in Minneapolis-St. Paul in 2002 was \$674 per month; a two-bedroom apartment, which is much more appropriate in size for a family of four, was \$862—95 percent of the value of the family's cash benefits. In Baltimore, where the monthly fair-market rent is \$564 for a one-bedroom apartment and \$688 for a two-bedroom, the TANF benefit does not cover the going rent.

TANF has thus failed to stop the now thirty-year-long erosion of the real value of welfare benefits for families. The result is a huge amount of doubling up and overcrowding in the most rundown housing—and residential instability. While homelessness is more common among adults without children, the percentage of homeless families grew substantially during the 1990s, and the low ratio of the value of welfare benefits to housing costs was a major reason.

CASH OR IN-KIND ASSISTANCE

In November 2002, voters in San Francisco elected to reform the county's GA program so that homeless

beneficiaries would receive “care not cash,” as the local electioneering slogan put it. Recipients are now to get shelter and human services, not a check. This is but the most recent episode in a decades-old controversy about whether cash payments are harmful to many who receive them.

Until the Great Depression (1929–1941), policymakers and those who worked directly with poor people generally took as axiomatic the danger of cash relief. It was widely believed that poor people were given to extravagance and vice or were incompetent consumers who needed the protection of assistance dispensed as grocery vouchers, wood or coal, transportation tokens, and so forth. The magnitude of the Depression and the large numbers of lifelong workers who were made indigent and often homeless stimulated adoption of the cash payment principle in federal programs. This outlawed in-kind assistance for federal beneficiaries, thus forcing reluctant jurisdictions (mainly in the South) to comply or lose federal contribution to assistance grants. Many GA programs continued to provide only or mainly in-kind assistance, however, particularly when dealing with homeless people and the residents of postwar skid rows.

Despite the cash payment principle, federal programs did permit the oversight of benefits in some cases. Most important, a 1939 amendment to the Social Security Act permitted the use of representative payees, third parties who receive recipients’ checks and assume a quasi-fiduciary responsibility for their proper use. Originally intended as a mechanism to provide for the non-institutional support of indigent orphans, the use of representative payment was expanded to permit caseworkers to control grants to the children of alcoholic mothers under ADC, for example. In the mid-1960s, when California began to provide benefits under APTD to persons with mental illness who did not live in institutions, and to a small number of severely impaired alcoholics, several counties experimented with representative payment under a federal waiver permitting them to do so. SSI, the successor to APTD, adopted representative payment from the beginning, requiring all recipients in the DA&A program to have a payee. In 1994, DI adopted this rule for alcoholics

and addicts only. This was the first application of such oversight in an insurance-like program. (Under the assumption that beneficiaries have earned their way, insurance-like programs tend to treat their beneficiaries as workers rather than paupers and thus do not condition benefits with behavioral requirements.)

In recent years, representative payment has become part of the case management role in some GA programs, and this is likely to become more common, although there are few good data on how well representative payment works if the aim is to prevent behavior such as substance use. However, there is some evidence from a federal demonstration project that representative payment does reduce homelessness among people with both severe mental illness and substance use disorder, and many practitioners who work with homeless people strongly favor direct rent payment to landlords who properly maintain their units.

LOOKING AHEAD

Income maintenance policy has a huge impact on both the prevention and creation of homelessness. In the United States, very few homeless people qualify for the more adequate insurance-like programs, and of the welfare programs, only SSI—and in a very few, mostly rural, counties, TANF—pay benefits that cover the rent of even the most modest housing. These programs therefore leave their beneficiaries with staggering rent burdens relative to income.

None of this will change in the foreseeable future. Rather, at all levels of government, American income maintenance policy will almost certainly continue to promote the employment of welfare recipients through job-search and training programs linked to other services, such as mental health and substance abuse treatment. Increasingly, case management and representative payment strategies will be used to “motivate and protect” beneficiaries. If history is a reliable guide, the results will be indifferent, and shelters will continue to be populated disproportionately by the uncategorized poor. Should large numbers of TANF recipients exhaust their benefits or lose them as the result of administrative sanc-

tions, states are likely to develop their own programs to provide basic relief. Indeed, thirty states have already created separate state programs under TANF that rely only on state funds. Should this response be inadequate, family stays in shelters may soar.

—Jim Baumohl

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☐ SOUP KITCHENS

Soup kitchens are community-based feeding programs whose central focus is to serve meals, generally breakfast, lunch, and/or dinner, one or more days per week. Some, though by no means all, allow the individuals to stay between meals as the dining room becomes a kind of day center. Minimally staffed, soup kitchens often function largely with the help of volunteers. They are also often the site of food banks where people can obtain a grocery bag of foods as they run low at the end of the month.

Soup kitchens fill a gap created in American society since the decline of cash welfare programs, such as General Assistance, in the 1980s. The result of this retreat is that poor people in many cities of North America are forced to use shelters as their bedrooms and soup kitchens as their dining rooms. The soup kitchen functions as a kind of oasis during the daytime, as these people meet their needs for food and shelter. Unlike city parks, libraries, and coffee shops, whose staff may be chilly to the person on the street, soup kitchens are a welcome niche within the urban landscape.

The people who eat at soup kitchens are often referred to as “guests,” a term that has religious connotations in Christian ideology. The word can suggest a down-and-out person who may be an angel, testing the wealthier person’s willingness to share their food. The host-guest relationship is therefore laden, in its ideal form, with a sense of mutuality, in contrast to the worker-client relationship.

Soup kitchens are generally conducted as a barrier-free service: Anyone can come in, sit down, and eat. There are no intake forms or diagnostic interviews to endure. As long as the person is not overtly intoxicated or behaving violently, he or she is welcome. In the laissez-faire environment of a soup kitchen, guests create an ambience of sociability and acceptance. Natural leaders emerge, forming the basis of an indigenous social support network (Glasser 1988).

Many soup kitchen guests are alone in life. No longer living with their families or working full time, they are left with many hours to fill each day. Although some guests participate in lively social groups in the dining room, others sit by themselves sipping coffee or reading. They appear to be attracted to the soup kitchen in search of sociability, which Georg Simmel defined as human interaction for its own sake, without any “significant” content (Frisby 1984, 124–125). Soup kitchen etiquette frowns on asking people for many details about their past (Glasser 1988). Conversations tend to focus on the immediate, such as the meal at hand, other agencies, or a big public event in the news.

The sociability of the soup kitchen is enhanced by the breaking of bread together. The very word



Children eating Thanksgiving dinner at the Los Angeles Mission on 21 November 2001.

Source: Reuters NewMedia Inc./Corbis; used with permission.

companion is derived from the Latin, by way of French, referring to one who eats bread (*pain*) with others (*com*) (Farb and Armelagos 1980). The community of the soup kitchen can also be a person's major social group. For some, that group also becomes the community of mourners at the time of their death.

Soup kitchens, in addition to their sociability, are also characterized by acceptance of physical, psychological, and social problems—acceptance to a degree that is rarely seen in contemporary U.S. society. People who are talking to themselves, who may be quietly intoxicated or high, limited intellectually, or have recently been released from prison—all sit with each other in the dining room, with little friction among them. No “case conferences” are held, and rarely are these problems even commented on by the staff. There is a philosophy of *deprofessionalism*, a term used by Nancy Scheper-Hughes (1983) to refer to the conscious omission of the usual professionalism characteristic of most health and social service agencies. Here there is no labeling, no diagnosis, no treatment plan.

In another function of the soup kitchen, a staff member may serve as the keeper of an individual's finances. In cases where the person is poor but not homeless, this system, known as the Payee Program, serves as a form of homelessness prevention. The

staff member receives the guest's checks (often Social Security or Veterans Administration payments), pays the rent and other bills at the beginning of the month on behalf of the person, and then doles out the rest of the money in small installments. The program is utilized by people whose chemical addictions or mental illness make it impossible for them to handle their own money.

Soup kitchens are frequently the sites of research on the homeless and very poor. For example, in the U.S. Census of 2000, soup kitchens were one of the service sites in which homeless individuals—who would not have been enumerated within a household—were counted (Smith and Smith 2001). Another example is a study of the prevalence of substance misuse in a soup kitchen population (Magura, Nwakeze, Rosenblum, and Joseph 2000). However, a problem with generalizing from a soup kitchen population to a homeless population is that many guests of soup kitchens, while poor, are not in fact homeless.

A CRITICAL VIEW

What is the wisdom of public policy that requires a society to rely so extensively on minimally funded, informal organizations such as soup kitchens to feed homeless and other people living in poverty? Historically, the contemporary rise of soup kitchens and shelters began in the 1980s and coincided with the general retreat in U.S. society from cash welfare programs (Glasser 1988). The current policy of giving poor people only in-kind assistance, in contrast to cash aid, is in many ways a throwback to the pre-Social Security Act poorhouses and poor farms, in which individuals and families eked out a meager existence in an institutional-like setting, separated from their own abode (Poppendieck 1998).

Soup kitchens and shelters also became de facto day and night centers for the mentally ill who had formerly been institutionalized in state mental hospitals. In effect, a small number of soup kitchen staff, shelter workers, and community volunteers are left with the formidable job of seeing to the well-being of individuals with chronic mental illness.

Ironically, the soup kitchen may be one of the

few places in American society today where members of the vast middle class have any direct contact with the poor. Youth from schools and religious groups, community service teams from the business world, and groups of retirees can be found in soup kitchens, cooking and cleaning. They often talk about their experiences in positive terms and remark that they enjoy their opportunity to meet “the poor.” But given the high degree of segregation of U.S. society by social class, we may ask whether the soup kitchen and shelter “industry” exist to some extent in order to satisfy the needs of the middle class to give alms. More importantly, does this kind of charity divert attention from remedying the structural forces of inequality that are pivotal in causing poverty?

THE FUTURE

The soup kitchen dining room may be seen as an urban village, where people gather during the day, in a kind of town plaza. Here, guests create a community that is largely unregulated by professional staff. For many homeless individuals, the dining room of a soup kitchen becomes a refuge from the realities of the street.

Eating in a soup kitchen is an adaptation to life in poverty, as it stretches the little cash most poor people have and widens the variety of their diet. Further, the sociability within the dining room mitigates the loneliness in the lives of many soup kitchen guests. However, soup kitchens are typically minimally funded and are staffed by individuals with variable types of training and background to serve the needs of individuals with a great number of personal problems who come to their door each day. It is possible that as soup kitchens become permanent features of society, professionals in the field of health and human services will discover that they are ideal places in which to reach those most in need.

—Irene Glasser

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☐ SOUTH AFRICA

Homeless people have become more visible in South Africa. They can be seen waiting in long lines at soup kitchens, sleeping in overnight shelters, and standing at traffic lights while holding dirty signs that read, “Starving, homeless, no food, no job, please help.” South Africa has about 3 million homeless people and about 15 million shack dwellers. The number of homeless people in the inner city of Johannesburg, the largest city, “is about 7,500 of whom 36 percent are women, 49 percent are men and 15 percent are children. They are predominantly from ethnic groups previously exploited under apartheid [racial segregation]. About 1,300 homeless people live in organized homes and shelters” (Olufemi 1998, as cited in UNCHS 2000, 50).

Homeless people are classified as those living in squatter or shack housing (temporary homeless); those living on the streets (transient or chronic homeless); those who are homeless immigrants (as opposed to refugees); those displaced by natural or human-made disasters; those rendered homeless by sociocultural or economic factors; and those who are homeless by choice.

City and provincial housing officials in Johannesburg regard the homeless as people who lack adequate land, shelter, and secure tenure (the security of legal protection against being evicted or harassed); have unfavorable financial conditions; live in squat-

ter settlements and backrooms; live in slum conditions; and lack access to municipal services.

MANIFESTATIONS

In South Africa, the homeless may live without houses; in substandard housing; in shacks or rooftop and pavement dwellings; in cardboard boxes; in hostel accommodations; in temporary (unorganized) shelters such as bus and railway stations, halls, and taxi ranks; and in organized city shelters.

CAUSES

Factors contributing to homelessness in South Africa include the past policy of apartheid, which was enforced through the following:

- Restrictive migration laws and the migrant labor system, which entrenched divisions between families and marginalized many African households, particularly women and children
- Residential segregation policies, which separated racial groups, leaving the majority of the African population to live in inadequate housing
- The Mines Act of 1911 and the Land Act of 1913, which excluded Africans from holding jobs in certain categories and from owning land. This pushed men to be wage laborers, further perpetuating poverty.
- The Homeland policy, which fragmented the traditional African family, resulting in social dislocation, which was manifested in social ills such as domestic violence, breakdown of relationships, alcohol dependence, drug abuse and violent behavior, and homelessness

Other factors contributing to homelessness include the following:

- Unemployment (about 85 percent of homeless people are unemployed) and poverty
- Poor access to decent and affordable housing
- Changing demographic structures, such as single parenthood (female-headed households) and child- and grandparent-headed households due to HIV/AIDS

- HIV/AIDS (4.7 million South Africans live with HIV/AIDS. Among the homeless population at least two of every five homeless persons are HIV positive.)

INITIATIVES

The 1994 National Housing White Paper and the 1997 Housing Act of South Africa reiterated security of tenure, reduction of homelessness, and provision of housing subsidies as the cornerstones of the government's approach to providing housing to people in need. The subsidy types are the following:

- Individual subsidy, which gives individuals access to housing on existing property or property not located in a project approved by a provincial housing development board
- Project-linked subsidy, which provides housing opportunities for individuals on an ownership basis within housing projects
- Consolidation subsidy, which benefits persons who received assistance from the state before the introduction of a World Bank housing subsidy program that provided lots or land or building and including infrastructures such as water, electricity, and sewage (services). Subsidies can be used for upgrading or building a structure.
- Institutional subsidy, which is available to social housing institutions that create affordable housing and secure tenure
- Relocation assistance, which provides an option to defaulting borrowers who are in arrears and cannot afford the option of rehabilitating mortgage loans
- Discount benefit scheme, which promotes home ownership among tenants of state-financed rental stock, including formal housing and rental stock
- Rural subsidy, which addresses informal land rights and ensures secure tenure

Most subsidies were delivered to poor people living in inadequate housing or squatter settlements. About 84 percent and 11 percent of these subsidies were project-linked and individual subsidies, respectively. No street homeless people have access to these housing and subsidy options. Rather, the Transitional Housing Programme and the Better Build-

ings Programme (parts of the Johannesburg inner-city regeneration program) have been initiated by local government to address street homelessness. Transitional housing is meant to bridge the gap between the homeless and affordable housing in the inner city. It is a temporary accommodation (eighteen to twenty-four months). However, the Transitional Housing Program is being reviewed because of abuse. The buildings of the Better Buildings Programme are abandoned buildings owned by landlords who owe rents and are defaulting on taxes. (The programme was originally known as the “Bad Buildings” Programme.) The Johannesburg inner city has about 120 buildings of this type. They have been vandalized and invaded by homeless people. The city intends to acquire these buildings and renovate them to accommodate the homeless.

Nongovernmental organizations, such as Partnership for Inner City Urban Regeneration, Central Johannesburg Partnership, People’s Dialogue, Urban Sector Network, and Faith Based Organisations, have worked with the street homeless. The South African Homeless People’s Federation (SAHPF), which comprises about 100,000 households, 1,200 savings collectives, and over 1,000 homeless communities, has addressed the homelessness problem by providing decent and affordable housing for its members, who are mostly poor female shack dwellers with an average monthly income of R700 (R = South African Rand) (about \$70 in U.S. currency).

COMMITMENT VERSUS REALITY

South Africa, through its housing policy, is committed to reducing homelessness by providing secure tenure and adequate housing. Since 1994, 1.2 million housing subsidies have been approved; 4.2 million people have obtained secure tenure and access to improved sanitation and water. However, even with the delivery of over 1.3 million housing units in 2002 and a subsidy increase from R16,000 to R20,300 with a matching personal savings of R2,439, homelessness is still increasing, and the housing deficit stands at 3.7 million units.

Many poor people still live without secure tenure in inadequate shelters, on the streets, and in shacks

without access to any basic necessity. The homeless are excluded from the political economy in which policies are formed. Homeless people should be mainstreamed into such policies through a holistic context of homelessness within the framework of poverty and exclusion.

—Olusola Olufemi

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▣ SPAIN

One of Spain’s foremost social problems is the difficulty its citizens have in finding and maintaining a home. Of the nation’s 40 million inhabitants, 21 percent suffer from some degree of poverty, with average per capita incomes less than US\$7,075. Of these, about one-fifth are extremely poor, with incomes less than US\$3,537 (EDIS, 1996). But Spain’s expenditures on welfare programs account for only 22 percent of its gross domestic product, compared with the European Union (EU) average of 28 percent. Moreover, its jobless rate is higher

(11.6 percent versus 8 percent for the EU), and of those who do work, about a third have only precarious employment.

Still, Spain has a strong tradition of property ownership, with 81 percent of homes occupied by their owners despite the fact that the average home costs its buyer about six years' gross salary. Housing prices skyrocketed 70 percent between 1997 and 2002, while salaries rose only 12 percent. Family rentals comprise some 11 percent of Spain's homes, and here too, prices are high. On average, tenants pay 56 to 80 percent of their wages on rent. Further squeezing the lower classes, Spain's social housing policy is undergoing setbacks. Construction of low-priced state-subsidized housing declined from 20,000 units in 1997 to just over 7,000 in 2002. That year, subsidized units accounted for barely 2 percent of Spain's total housing stock—compared with, for example, 35 percent in the Netherlands and 21 percent in the United Kingdom.

WHO ARE THE HOMELESS?

In Europe, the most widely agreed-on definition of the homeless refers to “all those who cannot access or maintain dignified accommodation, suitable to their personal situation and providing a stable living framework, either for financial reasons or due to other social barriers or because they are unable to live an independent life” (Cabrera 2000, 24). Within these parameters, four categories can be distinguished in the Spanish context.

1. Those who are homeless in the strictest sense of the word, living on the streets or in abandoned premises, perhaps in alternation with temporary stays in hostels. These comprise some 30,000 of Spain's homeless (Cabrera, Iglesias, and Linares 2000).
2. People living in “infra-accommodations” such as makeshift shacks, caves, or abandoned vans comprising some 280,000 of the homeless total (Cortés and Paniagua 1997).
3. Those living in more standard homes but under very crowded conditions, with less than ten square meters per occupant: some 460,000 fami-

lies, or 1,840,000 people (Cortés and Paniagua 1997). There are an estimated 350,000 illegal and homeless immigrants without accommodation (Cáritas Española, internal report). A 2003 *El País* survey cites the figure of 300,000 families accommodated in homes that are in poor or makeshift condition.

4. Those temporarily displaced because of family breakup, violence, mortgage nonpayment, accident, and so on. If this category also includes young people who live in crowded conditions with little immediate hope of becoming independent, it is estimated to account for 4 percent of Spain's total population, or about 1,600,000 people (Cortés and Paniagua 1997).

Based on the most optimistic figures from these various sources, observers may conclude that in Spain 8 percent of the population does not have a stable or dignified home—a figure in line with European averages.

Most Spanish institutions tend to work with people in the first category who also lack family or neighborhood support networks—which is especially serious in the case of the chronically mentally ill. Without adequate social support, these people have been driven to despair and to destructive behavior such as violence, depression, or addictions. Termed “people in extreme exclusion,” they are few in number, but their situation is qualitatively very serious, and they are a growing factor for homeless service provision.

The typical shelter user is a 45-year-old male (80 percent are male), separated or divorced, with employment and alcoholism problems. But since the 1980s, shelters have seen a greater variety of homeless: men and women in their thirties; drug addicts; young and middle-aged women with problems deriving from divorce, violence, or sexual abuse (many with children to look after); the mentally ill; and people with fairly high educational backgrounds (Sánchez Morales 1999). The nation has seen an exponential increase in the number of immigrants resorting to the homeless service network, in the absence of services tailored for them. These numbers rose 24 percent in 1999 (Cabrera, Iglesias, and Linares 2000), another 40 percent in

2000 and, in some city centers, an additional 80 to 90 percent in 2001 (Cáritas Española, internal report). They come from North Africa (32.5 percent), elsewhere in the EU—primarily Portugal (28.1 percent)—along with Eastern Europe (17.2 percent), sub-Saharan Africa (11.8 percent), Latin America (9.8 percent), and Asia (0.5 percent).

CURRENT SERVICES

Spain's homeless support network is primarily urban—just 9 percent of its service centers are in towns with fewer than 5,000 inhabitants. Most are private; only 11 percent are publicly run. They are mainly oriented to single men; 48 percent of shelters do not accept couples or families; 22 percent do not accept women at all; 71 percent do not accept children. They are short on trained human resources; 80 percent of shelter staff are volunteers, and in 30 percent of centers there is not a single professional. Their budgets are low, in the range of US\$18 per person per day for all shelter expenses (a hospital stay would cost about US\$1,800 daily).

Since the 1990s, new methodologies have been introduced, such as on-the-ground work (working with people in extreme conditions who live permanently on the streets in order to establish a relationship of trust to enable them to use the medical and social facilities available to them); day centers (open-access centers that are open during the day, where such people can have a cup of coffee and a shower, look for job ads in the newspapers, establish friendships with others, receive help from social workers and/or psychologists, and participate in literacy, painting, and theater workshops); sheltered apartments (apartments housing 4–8 people, generally coming from shelters, under the supervision of some institution, in order to gradually attain greater autonomy); and other approaches that take an integrated view of the homeless person (Cabrera, Iglesias, and Linares 2000).

Homeless people's high degree of mobility prevents them from receiving regional government aid, such as reinsertion benefits—minimum income, since it is paid for by the regional governments, is granted only if the person lives permanently in the

same province for between one and five years. Most have no fixed revenues, and only the sick or disabled can apply for a pension, typically about US\$282 per month.

MEASURES FOR IMPROVEMENT

Above all, Spain's homelessness problem calls for greater government involvement, especially concerning housing policies and social protection. Homelessness might be eased by replacing the subsidies system, annual grants, and aid with programs provided by nongovernmental organizations. Specific services for immigrants should also be established. Further efforts might include government partnerships with the private sector, with companies helping to finance social welfare projects or facilitate employment inclusion. Greater coordination is needed among the various government agencies working in this sector, as is more research and exchange of results. Homeless service centers might adjust their practices to better suit current user profiles, and work more closely with the social and community environment to prevent city centers from becoming "ghettos" (Cabrera, Iglesias, and Linares 2000).

—*Esperanza Linares*

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▣ ST. LOUIS

Homelessness is a serious and continuing problem in St. Louis, Missouri. Local government reports indicate that each year, some 25,500 people are homeless in the metropolitan area comprised by the city and the county of the same name. These two entities are distinct, non-overlapping geopolitical bodies, although the city is surrounded by the much larger St. Louis County with its ninety-one municipalities. The city's population is far smaller than the county's, yet homelessness is more prevalent there, with an estimated 18,000 people homeless annually—almost two-thirds the combined total. Despite the dual government entities, St. Louis functions in many ways as one metropolitan area and homelessness is a concern of both jurisdictions.

Most homeless people in St. Louis sleep in shelters run by private nonprofit or faith-based groups. Compared to cities such as New York, Washington, D.C., and San Francisco, homelessness tends to be much less visible in St. Louis. Still, some homeless individuals can be seen in streets, parks, and abandoned and condemned buildings. There are also a large number of at-risk people who are avoiding homelessness only by living doubled up.

HOMELESS DEMOGRAPHICS IN GREATER ST. LOUIS

In general, most homeless people in St. Louis are unemployed and currently not married, with the average age of homeless adults being in the thirties. People of color comprise 85 percent, up from about 65 percent in the mid-1980s. The vast majority of these individuals are African-Americans. The average level of education is at about the eleventh grade, and income is typically low, often less than \$350 per month. About one-half have experienced at least one prior episode of homelessness. A majority of St. Louis's homeless women—almost 69 percent, according to one study—are caring for dependent children. Children, meanwhile, are estimated to comprise at least 30 percent of the total homeless population in the city.

Like their counterparts elsewhere, homeless people in St. Louis face a number of serious unmet human needs: affordable housing, income support, and employment assistance.

Other problems, such as mental health issues, are common among the homeless. In St. Louis, slightly over half have current mental health disorders. Of these disorders, about half are especially serious, and about a third are less so: depression, anxiety, and posttraumatic stress, for example. Those with severe mental illness are more likely to experience a range of other problems, including poor physical health, abuse, and longer periods of homelessness.

Substance abuse problems are also increasingly prevalent. Recent studies have found that as many as three-fourths of homeless adults in St. Louis City have either alcohol or drug problems or both disorders. These problems coexist at a high rate with mental health disorders among the homeless; one study placed the rate at more than 50 percent. Not surprisingly, physical health also tends to be problematic.

Research and service planning initiatives in St. Louis also tend to identify a third homeless subpopulation: women with dependent children—three children, on average. But although many of these women are eligible, only about one-third of them receive income benefits from programs such as Tem-

porary Assistance for Needy Families, or TANF. (About a fifth of them receive social security income or disability payments.) A surprisingly high proportion of homeless mothers—almost half—also face a current mental health disorder. Depression is the most common problem, followed by anxiety and posttraumatic stress disorders. Alcohol and drug abuse disorders are also common, affecting about one-fourth to one-half of homeless women. Unfortunately, the vast majority of homeless women have also experienced physical or sexual abuse at some point during their lifetime.

CAUSES OF HOMELESSNESS

Homelessness across the nation is the result of interacting factors—societal and institutional as well as community and individual. Undoubtedly, a similar set of causes underlie homelessness in St. Louis. Poverty is a general problem in the area, especially in the city itself, where almost one in four persons lives in poverty. Unemployment is also a factor, particularly among semiskilled and unskilled workers, people of color, and persons with disabilities. Much of the housing stock, especially in the city, is older, and some is in decay or being torn down. Although some new housing is being developed, there has been a loss in the total number of units affordable for low-income persons.

Institutional factors also contribute to homelessness. Public assistance remains at low levels in Missouri, as compared to other states. The need for mental health and substance abuse services is far greater than the available resources. At the same time, these service systems tend to be slow to respond to the needs of specific populations, such as persons with co-occurring mental health and substance abuse disorders, a group overrepresented among the homeless.

SERVICE INITIATIVES

Although the demand for services far outstrips the existing resources, there exist a number of needed and innovative services for homeless people in St. Louis. Both the city and the county governments operate independent homeless services network

boards. These boards are staffed by local government employees but include representatives from a large number of homeless service providers and mainstream agencies in order to monitor, coordinate, and plan homeless services in the area. The Housing Resource Center, funded by the city and the county, provides information, referral, and triage to persons seeking shelter. There are some specialized outreach services, especially in the areas of mental health, substance abuse disorders, and domestic violence. Personnel from these outreach teams identify, engage, assess, and link homeless people with follow-up services. Local municipalities also work collaboratively with Community Alternatives, a community-based mental health agency which specializes in homeless services, and the University of Missouri. These partnerships provide and evaluate innovative and evidence-based services—such as assertive community treatment and integrated substance abuse treatment teams—for homeless people with co-occurring disorders. St. Patrick's Center is another large multiservice center operating a variety of programs for homeless people, including housing and utility assistance, job programs, and a large drop-in center. The city and county are also working to jointly fund an Internet service that will help homeless people and service providers quickly identify openings in local low-income housing units.

—Gary Morse

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▣ STREET LIFE

See Panhandling; Street Youth and Violence; Stressful Life Events; Survival Strategies; Work on the Streets

▣ STREET NEWSPAPERS

“Street papers” refer to publications that address social issues and are sold by homeless and formerly homeless vendors or given free to the public. Street papers first appeared in the United States and abroad during the late 1980s and the 1990s. Even though editorial styles differ between papers, street papers are united in their attempts to increase public awareness about poverty issues and to empower homeless people through employment and other opportunities.

STREET PAPERS AND AMERICAN ALTERNATIVE MEDIA

Street papers are rooted in America’s rich history of alternative publications that serve socially and politically marginalized groups. Alternative media fill a gap in the media system by discussing issues that are generally ignored by mainstream media.

Historically, the American alternative media have communicated information both internally to minority groups and externally to the public. From the Civil War to the present day, abolitionists, utopians, pacifists, immigrants, feminists, and working-class radicals have used alternative media to voice causes and strengthen community ties. In fact, during the political movements in the 1960s, most

issues were first communicated to audiences through alternative media.

Street papers are directly related to the yellow journalism press and radical workers’ media that proliferated from the early 1800s through the mid-1900s. The papers emerged largely in response to mainstream publications that ignored issues affecting common people. Many mainstream newspapers and magazines were reaching out to a politically middle-of-the-road readership and avoided covering topics such as workers’ strikes and slum conditions. In response to this lack of coverage, the yellow journalism and workers’ papers investigated issues such as workers’ rights, living conditions of the urban poor, government corruption, and abuses by capitalist businesses. One such paper was Cincinnati’s *Hobo News*, published by the International Brotherhood Welfare Association from the late 1910s to the early 1920s. The paper printed items such as labor news and the personal stories of hoboes.

One prominent predecessor of contemporary street papers was *The Catholic Worker*, a New York-based newspaper founded in 1933 by Dorothy Day, a pacifist and journalist. The paper was connected to the wider Catholic Worker movement that Day also established. The movement established houses of hospitality in the poorer areas of cities and rural areas, where they are still providing food, clothing, and shelter to those in need. The paper, which still costs a penny a copy, continues to address the important social and political issues of the day. Today there are other Catholic Worker communities in areas across the country that distribute their own journals and newsletters on a local level.

THE SOCIAL CONTEXT OF THE DEVELOPMENT OF STREET PAPERS

Even though street papers are grounded in America’s rich history of alternative media, they emerged directly out of the social and political environment of the 1980s. Homelessness in the United States worsened during the worldwide recession of the early and late 1980s for a number of reasons, including the shutting down of social welfare programs, the privatization of public housing, a general decrease in

affordable urban housing, and financial deficits at the local, state, and federal levels.

It is difficult to estimate the exact number of homeless people for several important reasons. First, it is difficult to define homelessness because homeless people live in situations ranging from shelters and friends' homes to automobiles. Studies that count only the number of people on the streets or in shelters do not capture other situations. Second, homelessness is usually a temporary condition. The most accurate figures are those that measure how many people experience homelessness over time rather than the number of homeless people on a given night. According to Clinton Administration estimates, between 1989 and 1994, 7 million people were homeless on different occasions. The numbers increased by the late 1990s, and after the economic recession of the late 1990s, the Urban Institute estimated that 3.5 million people, 1.35 million of them children, were likely to experience homelessness in any given year.

As the number of homeless people increased from the early 1980s to the late 1990s, mainstream American media began to cover homelessness more frequently. Researchers who study the American media's coverage of homelessness point out that the economic recession of the early 1980s was the point at which the media began to use the term "homeless person." In fact, the phrase "homeless people" as a narrative category did not even appear in the *New York Times Index* until 1983, when it replaced older categories such as "vagrancy." Homelessness coverage in major American newspapers and magazine increased again in 1986, when the national Hands Across America homelessness charity event was held.

The mainstream media frequently covered homelessness negatively as it increased from the early 1980s onward. For example, media researchers on homelessness have found that some journalists portray homeless people as criminals in negative news reports that describe, for instance, homeless people who are drug addicts or harass passersby on the street. Researchers also found that the mainstream media, which tend to cover homelessness mostly during holiday seasons and cold-weather spells in the contexts of charities, often blame homeless peo-

ple for their situation and focus on individual qualities, like hard work, which supposedly could remove them from homelessness. When the media address homelessness as the result of an individual's shortcomings, they do not analyze the wider social, political, and economic reasons for the existence of homelessness. Coupled with the increasing numbers of homeless people, these trends in the mainstream media's coverage led to the development of street papers.

OVERVIEW OF AMERICAN STREET PAPERS

Although every street paper speaks to a geographical region's readership and particular homelessness situation, street papers emerged all over America for three main reasons. First, most seek to provide alternative coverage about homeless people in order to educate the public about the condition's larger social and political causes. Second, street papers aim to become one solution to homelessness by giving the homeless and formerly homeless vendors who sell the papers opportunities to earn income and develop job skills. Finally, many papers are connected to wider initiatives and social networks that provide housing assistance, drug and alcohol counseling, and other services.

There are currently more than fifty street papers in forty-seven cities across the United States and Canada. They take many forms, including newspapers, magazines, and newsletters, and tend to fall into two categories.

The first category includes the many papers that are written about homelessness and only include information of interest to a homeless audience. Such publications might have variable deadlines and might be written by a combination of homeless people and paid and unpaid employees. Some street papers, such as Chicago's *Journal of Ordinary Thought*, publish only material written by homeless people and persons from other marginalized groups. These types of papers, which are often run by charities, are sometimes published as newsletters or stapled black-and-white booklets.

The second category of street papers includes for-profit papers that have glossy covers, color photo-



A homeless man reads the *Hobo News* (published from 1937 to 1948) in a hobo camp in New York City, circa 1938.

Source: Alexander Alland, Sr./Corbis; used with permission.

graphs, graphics, and a variety of editorial features. They are often run by full- or part-time paid staff. These types of street papers generally seek to appeal to mainstream audiences by including current event news, entertainment news, book reviews, personal ads, personality profiles, advice columns, and other similar features. Homeless or formerly homeless vendors often buy the magazines at a reduced cost and then sell them at a higher cost. However, they might have fewer opportunities to write for the paper. In many cases, they contribute items such as poems, photographs, drawings, interviews, and short narratives in special sections set aside for that purpose. These papers might also highlight a certain vendor during each issue with a photograph, interview, and testimonies from the vendor's loyal customers.

EMERGENCE OF AMERICAN STREET PAPERS

The number of street papers in the United States and Canada steadily increased from the late 1980s

into the 1990s. The American street paper movement traces its beginnings back to New York City's *Street News*, which was established in October 1989. Founded by Hutchinson Persons, a rock musician from Elyria, Ohio, the paper began publication with 2,000 vendors and a monthly circulation of 100,000. It is still published today on an occasional basis. The paper's development and editorial style provided a model for many street papers in the United States and abroad.

When Persons founded the paper, *Street News* was financially underwritten by Street Aid, a non-profit New York social advocacy agency that Persons founded in 1989 to help the homeless. The newspaper included virtually no advertising and carried columns and stories about New York life. Celebrities, staff writers, and freelance writers penned the articles and other features. In addition, homeless people contributed articles, poetry, and short stories, and helped with the editing process. By the time that *Street News* went for-profit in August 1992, the paper was published twice a month and approximately 200,000 issues a month were sold by 2,000 vendors. The paper experienced financial problems and underwent ownership changes in the early and mid-1990s, but it survived. Today, the forty-page paper, which costs \$1.00, is published periodically and sold in the New York metro area and by mail subscription to readers elsewhere.

EXAMPLES OF SUCCESSFUL AMERICAN STREET PAPERS

The success of *Street News* inspired other individuals, organizations, and cities to establish street papers. The success of many street papers reflects the important role that they fill in American media culture.

One prominent American street paper is San Francisco's *Street Sheet*, which was founded in December 1989 by volunteers at San Francisco's Coalition on Homelessness. The paper seeks to present information on homeless people that is not available in other news venues. It also aims to function as a space for homeless people's expression. The paper originally appeared as a newsletter with a run of 500 copies. The paper expanded to a tabloid



Homeless Journalists Hone Their Reporting Skills

SAN FRANCISCO (ANS)—The homeless often have to settle for second best, but not when it comes to their own newspapers.

These street-based, free publications, which provide a forum for low-income and homeless people around the country, have traditionally been long on personal essays and short on hard news. That's changing in San Francisco, where an innovative training program is helping homeless writers hone the tools of their trade.

It should come as no surprise that people with well-developed street smarts make for smart reporters.

More than 60 would-be correspondents have already completed the four-month program, called Raising Our Voices. All the graduates either are or have been homeless, are surviving on poverty-level income or are providing services to the poor.

For four hours every Tuesday, students learn the tools of the journalism trade: how to search public records and verify information, and the basics of Web and desktop publishing. Students also learn what makes a good story and how to write well.

By improving the quality and scope of information in papers like *Street Sheet*, which is a local sponsor of the program, organizers hope policy-makers, the mainstream media and other readers will pay more attention to the needs of America's poor.

"The main thing we're trying to do is public education, and we feel there's a level of instruction that can be gained by allowing people who are experiencing poverty to share with the public," said Chance Martin, editor of *Street Sheet* and a graduate of the program.

It turns out the students, many of whom live in shelters, are especially adept at investigative reporting. Because of their hard-earned street smarts, homeless men and women are not afraid of potentially dangerous situations

that more mainstream reporters may shun, said Belinda Griswold, program director at the Media Alliance, which hosts the program.

Adam Clay Thompson, a staff writer for the San Francisco *Bay Guardian* who teaches in the program, says the students are insightful, informed and as talented as any of the students he's taught at local community colleges.

"They've done incredible things—things that daily newspaper reporters don't seem to do anymore, like dredging up quantities of records on charities they thought weren't performing responsibly," he said.

Students have broken stories on a police crackdown on Food Not Bombs, a group that feeds the homeless on city streets, and are about to publish a story on a social services agency whose financial procedures are in question, said Griswold.

The reporting model used in the program is "new journalism," which, unlike the objective stance sought by the mainstream media, advocates telling stories from a particular point of view. It's the approach used by many alternative publications, including the *Bay Guardian*, for which Thompson writes. But it's not a license to fabricate facts or hang a public official out to dry without evidence, he said. "We do struggle for fairness and being able to back up anything that the writer is going to say."

Raising Our Voices, which is free and includes dinner, may find its greatest long-term benefit in the personal satisfaction it affords reporters. Martin, who worked his way up from homeless advocate to *Street Sheet* contributor to newspaper editor, said the program countered the hopelessness of poverty.

"A person who's gone through homelessness—I've been there—it's devastating as far as the impact on self-confidence," he said. "Regardless of what the instructor said, I was happy with what I wrote. It gave me a shot in the arm."

Source: "Street-Smart Homeless Journalists Hone Reporting Skills," American News Service, n.d.

size and increased its print run in late 1990. With a monthly circulation of 36,000, *Street Sheet* accepts no advertising and is funded by vendor and mail subscription sales.

Founded in 1992 by Boston's Homeless Empowerment Project, *Spare Change* first appeared as an eight-page paper published once a month; the current sixteen-page biweekly newspaper has a print run of more than 12,000 copies. People who are

homeless or at risk of being homeless help write, produce, distribute, and sell the paper. More than sixty vendors purchase the paper for \$.35 and resell it for \$1.00. The paper's Writer's Fund, which is supported by donations and grants, allows the newspaper to pay writers who are homeless or living below the poverty line.

With its slogan, "News that Empowers" and a circulation of 25,000, Chicago's *StreetWise* is one of



The Big Issue of Britain

Britain's street paper, *The Big Issue*, was cofounded in 1991 by Gordon Roddick, vice-president of The Body Shop, and John Bird, a friend of Roddick's who had been homeless and a printer. The Body Shop initially funded the venture, providing that Bird would edit the magazine and that it would eventually become independent from The Body Shop. *The Big Issue* appeared in September 1991 as a monthly London magazine written by nine volunteers and part-time workers. Thirty homeless vendors sold the first run of 50,000 copies.

The Big Issue is now a glossy weekly magazine with a national circulation of 253,465. It has independent international, regional British, and Irish editions. The editorial, which is written by freelancers, paid staff, and volunteers, includes personality profiles, political commentary, and arts reviews. One central feature is "Street Lights," which includes several pages of poems, short stories, and articles written by homeless people.

Following financial mismanagement and the late-1990s' recession, *The Big Issue* reduced its staff size and moved its primary editorial offices from London to Manchester. However, as the world's largest street paper, the magazine sets an example by educating audiences about homelessness and giving homeless people employment options.

—Teresa L. Heinz

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the largest American street papers. Staffed by full-time and part-time journalists and volunteers, *Street-Wise* was founded in 1992 with the mission to provide employment to homeless people and enable them to reach self-sufficiency. After first hiring vendors in 1994, the paper expanded steadily and has since employed more than 3,600 vendors. It produced its first color edition in 1995, and the following year it expanded from a monthly to a biweekly publication with advertising. In 1998, the publica-

tion established the Work Empowerment Center as an information center for employment opportunities.

The rich diversity of these publications is reflected by other American street papers. *Hasta Cuando*, a free Chicago street paper, is bilingual. Miami's monthly *Homeless Voice* is the only paper attached to a shelter. Seattle's bimonthly *Real Change*, which has a circulation of more than 25,000, is part of the larger Real Change Homeless Empowerment Project. In addition to the paper, the project includes a homeless speaker's bureau, a homeless art gallery and studio, computer facilities, and activist organizing projects. In Cincinnati, homeless and formerly homeless people write the majority of the material for the monthly *StreetVibes*, which is a sister paper of Cleveland's *Homeless Grapevine*.

DIFFICULTIES FACED BY STREET PAPERS

Even though many street papers have become important parts of their communities, street papers often battle issues of financial survival and anti-homelessness legislation that make it difficult for vendors to sell the paper.

Like other alternative publications, some street papers are funded by public donations as well as social, political, and religious organizations. Some accept no advertising, but most include advertisements as one source of revenue.

Street papers have frequently been targets of anti-homelessness legislation. *Street News* battled such legislation in January 1994, when New York City's Transit Authority announced that it would crack down on the number of homeless people in the subways. This was part of a citywide effort to remove panhandlers and unlicensed vendors from the subways. The law heavily damaged the publication for a time, because 70 percent of its readership bought the newspaper on the trains.

Cleveland's *Homeless Grapevine* faced similar difficulties in the 1990s. Established in 1991 by a former Kent State University student, Fred Maier, the magazine was written by freelance and homeless writers and sold by homeless vendors. By the mid-1990s, the *Grapevine* was under police scrutiny for

violating Cleveland's peddling ordinance. The ordinance required vendors to acquire licenses and wear identification badges before they could sell goods on city streets. After a *Grapevine* vendor was ticketed for selling the magazine without a license, the American Civil Liberties Union of Ohio argued that the licenses violated the First Amendment and constituted prior restraint against the paper, and the charges were later dropped. The monthly magazine, which now has a circulation of 5,000, is sold by twenty vendors who purchase the magazine for \$.20 and sell it for \$1.00.

THE FUTURE OF STREET PAPERS

As street papers become an established part of the media landscape, they are embracing opportunities for growth and change. The street paper movement was strengthened in the 1990s when papers joined together in coalitions. Following the lead of the International Network of Street Newspapers (INSP), which was founded in 1994, thirty-seven street papers from the United States and Canada met in Seattle in September 1997 to form the North American Street Newspaper Association (NASNA). The organization's objective was to create a more united movement of street papers, uphold ethical standards for street papers, and provide assistance for new paper start-up projects. NASNA hosts an annual conference that includes skills-building workshops and other opportunities.

Helping to further expand the street paper movement, the Internet is making it possible for papers to publish electronically and share information, thus lowering production costs. The Street News Service (SNS) is jointly run by NASNA and AlterNet.org, an online magazine project of the Independent Media Institute. SNS archives features, essays, and news articles written by homeless and low-income writers. The material, which is also carried on AlterNet.org's website, is collected from street papers nationwide for use in member street paper and alternative publications.

Street papers demonstrate how effectively alternative publications can serve as mouthpieces for marginalized groups. As they educate readers, street

papers are bases for further community building and political activism.

—Teresa L. Heinz

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STREET YOUTH AND VIOLENCE

Street youth is a term used to characterize young people who have run away or been expelled from their homes and/or spend all or much of their time in public locations. Most of these youth lack permanent residences, spend a great deal of time without shelter, and suffer from conditions of extreme deprivation. As a result, street youth are forced into risky lifestyles, spending much of their time in dangerous locations, where they often become involved in a range of violent activities, including assaults, robberies, and group fights. Their participation in violence is influenced by a host of factors: family histories, poverty, violent values, violent peers, and other street experiences, among them.

BACKGROUND FACTORS

To begin to understand street youth violence, it is important to explore the family backgrounds from which these youth are often drawn. Research suggests that many street youth grow up in families that utilize ineffective child-rearing strategies. First, there is evidence that parents of street youth do not monitor their children effectively and fail to recognize and sanction deviant behavior when it occurs. As a consequence, street youth may fail to develop self-control, leaving them more likely to be insensitive, physical, impulsive, short sighted, risk takers with low frustration tolerance. Evidence suggests that street youth with low self-control are more likely to engage in violent behaviors on the street.

Second, there is evidence that street youth are drawn from families in which there is a great deal of

domestic violence. Further, many street youth have been repeatedly physically and/or sexually assaulted while living at home. These violent experiences not only influence street youth's decisions to leave their homes for the streets, but also increase the likelihood of their being involved in violent offenses once on the street. These backgrounds provide models for aggressive interaction styles and serve to train street youth for violent behavior. Street youth may incorporate their parents' aggressive behaviors, generalize it to other contexts, and adopt violence as a strategy for settling disputes or gaining compliance from others. These ideas about using violence to solve problems may also evolve into broader values that favor violence, leaving street youth more prone to violent behavior.

HOMELESSNESS

The experience of being homeless also increases the likelihood of violence. This relationship can be explained in a number of ways. First, homelessness places street youth in dangerous locations and risky situations in which violence is more likely to occur. Being on the street increases the likelihood that street youth will meet and associate with people who are themselves violent offenders. This exposure to violent offenders increases the probabilities that street youth will become involved in violent altercations. Second, being homeless severs a street youth's ties to the conventional society. This isolation from the larger society can weaken street youth's moral constraints and lower the inhibitions that restrict the use of violence.

The poverty associated with homelessness can also contribute to violent behavior on the street. First, the lack of financial resources can lead to violence. The inability to escape the stressful circumstances of homelessness can increase an emotional arousal that is often expressed as anger and can lead to aggressive behavior. Second, there is evidence that perceptions of injustice and unfairness over economic circumstances can generate feelings of resentment and hostility that street youth may express in the form of violent crime. Third, economic factors can motivate instrumental offenses like robbery through which

street youth attempt to obtain through violent means the resources they lack. Insufficient income can also alter street youth's perceptions of legal sanctions for engaging in violent behavior. Street youth without resources are less likely to view the penalties for violent behavior as severe, which decreases the potential deterrent effect of legal sanctions.

VALUES SUPPORTIVE OF VIOLENCE

There is also evidence that street youth acquire attitudes and values that are supportive of violent behavior, which in turn increases the likelihood of violent behavior occurring. Attitudes favoring violence can stem from a number of sources. The emotional arousal caused by the stress of living under negative economic circumstances can expand rules regulating aggression. Further, homelessness socially isolates street youth from the conventional society, leaving them more likely to interact with violent peer groups that communicate rules supportive of violence. Street youth can also learn when and where violence is appropriate by observing the violent behavior of their peers. Peers can also provide social rewards for engaging in violence, creating situations in which street youth engage in violence in an attempt to gain acceptance from their peers. Peer support for violence can also serve to reduce the fear of legal punishment and decrease street youth's evaluations of the severity of legal sanctions for violent behavior. Perceiving the chances of apprehension low, and the penalties slight, street youth are free from the threat that legal sanctions might pose for engaging in violent activities.

Street youth are also more likely to be supportive of violence when they have used it successfully in previous situations. Previous violent episodes contribute to the learning and acceptance of violent values because people are likely to attempt to rationalize or justify past behavior. The dangerous nature of the street also contributes to street youth's attitudes favoring violence. In locations where violent behavior is common, rules may evolve from expectations that aggression is necessary for personal safety. The adoption of these rules can reduce risk because those who are aggressive may be more able to avoid vic-

timization than those who are cautious when approaching potentially violent situations. Being victimized by violence on the street can also lead street youth to adopt rules supportive of violence. The victimization experience, much like that of observing violent peers, serves to educate the victim that violence is an effective method of conflict management. Victimization can also leave victims more likely to condone retaliation, legitimizing the use of violence in the future.

The violent values that street youth acquire influence the way that they proceed in a dispute and escalate a conflict to violence. As a result of their aggressive rules, street youth are much more sensitive to harm than are members of the general public. Further, once street youth perceive harm, their violent rules make it more likely they will demand some sort of reparation for the harm than would members of the general public, thus escalating the conflict. Street youth's violent values also leave them much more willing than members of the general public to use force to settle the dispute if their demands for reparations are not met.

The rules supportive of violence adopted by street youth appear to call for violent responses under a number of different circumstances, including situations in which perceptions of self or codes of honor are violated. Street youth who are called derogatory or offensive names are more likely to react with violence. Further, street youth who perceive that they have not been shown the proper deference or respect by others also may respond with violence. Similarly, there appear to be rules of retributive justice calling for violent retaliation in response to past wrongs. Street youth who are the victims of assault are expected to avenge a defeat with violence. Those wronged in illegal business transactions (e.g., drug deals) are expected to engage in violence to settle scores. Street youth are also sensitive to those who provide information on their behavior to various authorities and target informants for violence.

PEER GROUPS

Street youth also have rules regarding group participation and violence. Street youth peer groups

develop rules around appropriate targets for victimization that include other street groups and those associated with them. Groups can also develop norms regarding guardianship and expectations surrounding the protection of one another, as well as the use of violence as a method of defending the honor of the group. In some cases, there may be expectations regarding group rivalries, including disputes over turf or territory.

Street youth groups may also provide a subculture of rules regarding violence and substance use. In certain situations, street youth may be expected to use drugs and/or alcohol and act aggressively, while in others street youth may be expected to use these substances and engage in collective relaxation. The use of drugs and/or alcohol can prepare street youth to engage in robberies and assaults. Drugs and alcohol also can create feelings of invulnerability and distort perceptions of risk, making violent offenses more likely.

A significant number of street youth, as many as half, become involved to some extent in street gangs. For those in gangs, violence is often associated with gang encounters or gang membership. Gang membership is also associated with increased contact with the criminal justice system and the use of more deviant subsistence strategies. However, those street youth not involved in gangs tend to limit their interaction with gangs and avoid gang territories, colors, and signs.

There is no consensus among researchers as to whether street youth groups are themselves gangs. Some researchers suggest that many of the important features emphasized by those doing research on gangs are not necessarily present in street youth groups. Street youth groups are not consistently territorial, are not necessarily male dominated, contain youths from a diversity of class backgrounds, and do not increase the levels of group-related crimes. Others have observed that street youth groups have the characteristics consistent with what gang researchers have defined as compressed gangs. Like compressed gangs, street youth groups tend to have a small number of members, are narrow in age range, and have low membership stability and loose group cohesion.

Street youth groups appear to be primarily formed for the sake of survival. Street youth tend to

congregate in areas where there are other offenders, and in these groups street youth find safety. While the number of situations involving group violence is low for street youth groups, these situations provide opportunities for both personal and group recognition and symbolically function to define group boundaries by demonstrating who is part of the group and who is not.

POLICY AND PREVENTION

Street youth violence presents a number of challenges to service providers and policymakers. Researchers have argued that economic and social support programs are required to help prevent child maltreatment, ineffective parenting strategies, domestic violence, and youth leaving home for the streets in the first place. The vulnerability of street youth to violence on the street also points to the need for street-based outreach workers, drop-in centers, and safe houses to provide immediate protection and opportunities for crisis intervention. It has been suggested that these short-term interventions must be linked to more long-term comprehensive programs that focus on the range of factors that are linked to violence. Among these are programs that focus on the personal problems associated with the traumatic childhood backgrounds and the street experiences that lead youth to manage their problems through violence. These types of programs need to be connected to the provision of educational and employment opportunities as well as quality affordable long-term housing to assist youth in getting off the street; reducing their sense of anger, deprivation, and hostility; and buffering them from the street elements that lead to violence.

IMPLICATIONS

Street youth are an “at risk” population for a range of violent behaviors. Their violence stems from a host of family background and street factors. The home experiences of street youth, including ineffective parental supervision and being the victims of child abuse, create impulsive, short-tempered, risk-taking children who take to the street viewing violence as

an acceptable method of conflict management. On the street, the anger and frustration associated with the stresses of poverty can lead to negative emotions being resolved through violence in a dangerous environment populated by other violent offenders. Being on the street cuts street youth off from the moral values of the conventional society and places them in a situation in which peers offer them protection, educate them in violence, and provide support for aggressive behavior while reducing the fear of legal sanctions. The violent values acquired at home and on the street provide guidelines as to when violent behavior is expected and influence how street youth react in conflict situations. The complex causal process requires a multifaceted approach to prevention and treatment to combat street youth homelessness and violence.

—Stephen W. Baron

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☐ STRESSFUL LIFE EVENTS

Stressful life events can be defined as experiences that play a key role in one's life and that frequently cause significant changes for the person involved. Some typical examples are divorce, birth of a child,

a new job, and suffering some kind of aggression. It is important to note that there are no universal positive or negative events; rather, events have different meanings in our lives depending on various circumstances, such as type of event, previous experiences, personal characteristics, and social support. Despite these individual differences in meaning, in the last two decades of the twentieth century, research has recorded the effects of stressful life events on the development and persistence of various mental disorders and other psychological problems. Similarly, some people have been observed not only to resist the impact of this kind of event in a very adaptive manner, but also to develop and become more resistant to them over time, showing resilience when faced with stressful life events.

STRESSFUL LIFE EVENTS AND HOMELESSNESS

Recently, much research has focused on the relationship between these vital events and homelessness. In general, events related to economic or work crises, losses or the breaking up of social relations, and victimization processes in various vital points of the lives of homeless persons have received the most attention. The studies carried out in the attempt to clarify these relationships reveal important methodological advances: Sampling strategies have been designed to guarantee that the samples are representative, employing increasingly sophisticated comparison groups and more precise measuring instruments.

Research has focused on determining the number and type of events experienced by homeless people in comparison with groups from the general population and with groups of people from economically deprived households. Similarly, the differences between the main subgroups of the homeless population have been studied, with special attention to women, children and young people, and those with chronic and severe mental disorders. The overview of the role played by stressful life events in the onset and persistence of homelessness has been completed by taking into account the subjective viewpoint of the homeless persons.

Stressful Life Events in Infancy and Adolescence

The main results of studies of stressful life events suffered in childhood by homeless persons are consistent in pointing out that these individuals frequently present indicators of dysfunctional homes, such as histories of physical and/or sexual abuse in infancy, parent substance abuse or mental illness, running away from home, foster care, and institutionalization.

With regard to physical abuse, Stein, Leslie, and Rierdan (2002) find that almost one-third (31 percent) of the women who took part in their study had suffered physical abuse in childhood. This percentage escalates in the studies carried out with the adolescent population: Tyler and Cauce (2002) find that almost one-half (47 percent) of the adolescents who participated in their study (372 homeless youths, between 13 and 21 years of age) had suffered from this type of abuse. In the results of the work of Craig and Hodson (1998), carried out in London, this percentage reaches 66 percent, but drops to one-third when considering the household adolescents who participated in the study.

With regard to sexual abuse in childhood, the percentages found in the homeless population also seem higher than those of the general population. For example, Wong and Piliavin (2001) find 13.9 percent of sexual abuse in childhood in their sample (430 persons selected by a "multi-stage design"). Among adolescents, the results are also alarming: Almost 30 percent of the homeless adolescent population had suffered this type of abuse during their childhood. Moreover, as expected, among adolescent women, these percentages are even higher: Noell et al. (2001) find that 39 percent of the adolescents who participated in their study (216 women under 21 years of age) had suffered recent sexual abuse, and Tyler and Cauce (2002) report an even more serious situation, with the number of adolescent women who had been sexually assaulted reaching 44 percent.

Homeless individuals who are mentally ill make up another group that seems to suffer an especially high rate of sexual abuse in childhood. In a work in which they compare data of the homeless population with and without mental disorders (RAND's Course of Homelessness Study [COH]), Sullivan, Burnam,

and Koegel (2000) find higher rates of physical and sexual abuse in childhood in those persons who presented mental disorders.

The data on growing up away from home during childhood ratify the lack of family structure experienced by these individuals in the earliest years of their lives. Koegel, Melamid, and Burnam (1995), also using data from the Course of Homelessness Study, point out that 46 percent of the homeless persons who participated in their study were not raised by their parents, and 20 percent had been educated in institutions, which is very near the 28 percent mentioned by Wong and Piliavin (2001).

In London, Craig and Hodson (1998) find rates of institutionalization of 40 percent during childhood among homeless adolescents, much higher than the 4 percent of their sample of adolescents living in a household. The situation is very similar in other European cities: In a qualitative study carried out in Madrid, Rome, Copenhagen, Lisbon, and Brussels, the results reveal levels of dysfunction and family breakup comparable with the data from the United States or the United Kingdom (Leonor, Muñoz, Vázquez, et al., 2000).

When studying homeless families, very similar results are observed with regard to the parents' growing up away from home during their childhood. Bassuk et al. (1997) point to foster care as a differentiating element between homeless mothers and mothers in economically disadvantaged households.

Another indicator of the disturbing family situation experienced in childhood is the high proportion of runaways among these individuals: Wong and Piliavin (2001) point out that 27 percent of the homeless persons who participated in their study had run away from home and stayed away for at least one week in their childhood or adolescence.

Various studies have addressed other events in childhood that have been reported as highly prevalent among homeless people, such as parent substance abuse, which would affect between one-third and one-half of those studied, or homelessness in childhood, affecting 16.2 percent. In both cases, the percentages are clearly higher than those of the general population.

When comparing the homeless population with

people whose economic resources are scarce but who live at home, the differences become blurry. There is no complete agreement in this respect, although some results reveal some differences among the young homeless and household populations. Bassuk et al. (1997) only found differences between both populations in foster care and in mothers' use of drugs.

Taking all the above data into account, stressful life events in childhood have been revealed to be risk factors for homelessness. Some authors have even gone so far as to identify a relationship between the number of events experienced and the age of first homelessness. It appears that a higher concentration of adverse events in childhood corresponds with a decrease in the age at which a person becomes homeless.

Stressful Life Events in Adulthood

As could be expected, economic problems are the main stressful events that affect homeless people in adulthood. Various studies coincide in reporting the loss of jobs and personal economic crises as having affected the immense majority of homeless people. Complementarily, events that reveal a state of poor physical or mental health of homeless persons should also be considered: illnesses, hospitalizations, substance abuse, and so forth are well-established events in research. Other life events, such as experiencing physical or sexual violence in adulthood, being robbed, having been in jail at some time in their life, and attempted suicide, have also been included in the studies. Indeed, homelessness itself is a stressful event in its own right and increases the vulnerability of homeless individuals to certain other stressful life events, such as the risk of suffering physical or sexual abuse. The lack of social networks to support or protect them, drug or alcohol use, and mental disorders or physical limitations (conditions that are frequently associated with homelessness) increase the risk of victimization. Taking into account that the issues related to the economic and health situation of homeless people have been addressed in detail in other sections of this encyclopedia, it is more appropriate to focus attention in this entry on those stressful events that

are liable to provoke victimization processes in homeless adults.

Upon exploring the exposure to violence in a representative and stratified sample of homeless people, Fizpatrick, LaGory, and Ritchey (1999) point out that in the previous six months, 22 percent of those included in the study had been robbed and 14 percent had been assaulted.

Wong and Piliavin (2001) find that 65 percent of the homeless participants had suffered some form of victimization in the previous twelve months, and almost one-third of them (31 percent) had experienced physical violence.

Looking at the data on women, again a situation of even higher vulnerability can be observed. Just one datum may be sufficiently indicative: According to Noell et al. (2001), the life prevalence of rape in homeless women exceeds 50 percent (53 percent).

But here, the differences with other economically deprived groups are not so clear. When comparing data on victimization in homeless mothers with those of mothers receiving economic aid, Bassuk et al. (1997) find no differences between the samples, with the percentages of victimization in both cases being very high.

Other studies have addressed the impact of life events in homeless people's current situation: for example, in the psychiatric symptoms experienced by these individuals or in suicide attempts. A low number of stressful life events and, in particular, "a happy childhood" are predictors of a lower number of psychiatric symptoms in homeless persons (Cal-syn and Morse 1992). On the other hand, many authors have indicated a relation between a higher frequency of stressful life events suffered both in childhood and in adulthood and the amount of psychological distress currently experienced. Along these lines, a higher number of stressful life events seems to be related to an increased frequency of thoughts about suicide and suicide attempts.

PERCEIVED CAUSALITY

It is important to be aware of homeless persons' perception of the causality of the various events, that is, their perception of the likelihood that some event may

have influenced the etiology or persistence of their homelessness. This kind of information is also important because the manner in which people interpret such events may influence their emotional reactions to them and their coping strategies. Specifically, in the case of the homeless, the perceived degree of control and attributional style may play an important role in the persistence of homelessness. From this perspective, the main results indicate that when attempting to explain their own situation, homeless people assign a very relevant role to events related to economic problems and to the breakup of affective and social relationships. These data are repeated in various European cities and are independent of whether or not the persons involved have some mental disorder.

TENDENCIES IN EVENT CLUSTERS

In the last few years, research using empirical procedures, especially multivariate statistical methods, has been done that has attempted to establish groups of life events that differentially affect the diverse subgroups of homeless people. Some of these works have focused on various stressful life events: legal problems, a history of homelessness, economic problems (Humphreys & Rosenheck 1995), victimization, criminal history and history of housing problems (Solarz & Bogat 1990), problems in childhood (abuse, being raised away from home, etc.), institutionalization in adulthood (prison, psychiatric hospitalization), loss of home, victimization, and so forth (Muñoz et al., 2003).

The principal results of this group of studies coincide in indicating empirically the existence of some subgroups among homeless people, despite the different variables employed. Thus, in all the studies, a first subgroup composed of people who are characterized mainly by economic problems, but who maintain appropriate psychosocial and general functioning in their lives, is identified. The identification of this first subgroup is extremely interesting because it helps discard the prevalent notion that all homeless people present severe mental disorders, alcohol or drug problems, and a much deteriorated general functioning.

A second subgroup that tends to appear in all the studies presents as one of their main characteristics

alcohol abuse accompanied by very significant health problems. This subgroup could be the one that best corresponds with the classic stereotype of the homeless person: an elderly person who has problems with alcohol, exhibits a high degree of physical deterioration, and is probably in a situation of chronic homelessness.

Finally, a third subgroup emerges—a multiproblem group—whose situation is especially alarming because of the multiple problems these individuals accumulate and the deterioration they present in various areas from a very early age. Some of these studies have indicated that this group presents an important accumulation of stressful life events, especially in childhood. This accumulation of stressful life events is accompanied by a very significant deterioration of health (both physical and mental), drug and alcohol use, suicide attempts, and so forth.

FUTURE PATHS FOR INTERVENTION AND RESEARCH

The significant conclusions of these studies are as follows: First, homeless persons suffer a large number of stressful life events throughout their lives in comparison with the general population. However, differentiation from other groups who are economically deprived but living at home is not so clear. Second, life events are not homogeneously distributed in the homeless group. As we have seen, women, young people, and people with mental disorders accumulate a higher number of negative events throughout their lives. In this sense, it is especially interesting to identify empirical groups as a function of stressful life events experienced: groups with economic problems, chronic groups, and multiproblem groups. Third, the results seem to indicate that the occurrence of stressful life events is not distributed uniformly throughout these persons' lives. Although homeless persons suffer an important number of stressful life events while they are out on the streets, it is very relevant that most of their stressful experiences accumulated fundamentally in childhood and adolescence, in any case, before becoming homeless and in one way or another are direct causes of victimization processes.

Better knowledge of the social reality of the home-

less should lead to more efficient preventive intervention and approaches to planning research that are adjusted to the requirements of the problems encountered. In the specific case of homelessness, the results indicate the appropriateness of placing emphasis on preventive interventions that would lead to the reduction of the number of persons who become homeless, because individuals who have suffered stressful life events in childhood (abandonment, abuse, etc.) make up a group that is very vulnerable to homelessness. Once a person has suffered homelessness, the interventions and their effectiveness criteria should be sensitive to the various types of problems of the main subgroups. Hence, there is a need to plan specialized services for persons with economic problems and appropriate social functioning (i.e., good receivers of social and work-related aid and of independent housing), for chronic persons with severe health and social functioning problems (probably requiring alternative protected and long-term residential homes), and for youths who are multiproblematic and very socially deteriorated—who will probably reject the typical services for homeless persons and will need new kinds of resources.

Lastly, research seems to reveal the lack of conjugation of the social and personal variables in multivariate designs that could identify the vulnerability and protective factors that affect the persons who experience homelessness. The role that variables such as resistance to frustration and, especially, resilience may play in the understanding of homelessness deserves special attention, as does the design of more effective alternatives of prevention and intervention.

—Manuel Muñoz, Carmelo Vázquez,
and Sonia Panadero

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☐ SURVIVAL STRATEGIES

All people must negotiate ways to satisfy basic human needs, and homeless people are no exception. However, the homeless routinely face serious chal-

allenges to survival that housed people generally do not confront or at least not with the same degree of urgency. Such challenges include securing food and shelter on a consistent basis, establishing reliable social relationships, and even finding a measure of meaning and sense of self-respect. The resources and support requisite for attending to such basic human needs are generally taken for granted by most domiciled citizens; homeless people must scramble daily to meet these needs. Doing so entails the employment of a variety of survival strategies that address material, social or relational, and psychological needs.

The survival strategies employed by the homeless vary according to such personal characteristics as age, gender, family status, ethnicity, and time spent on the street. In addition, survival routines of homeless people in any locale are embedded in specific organizational, political, and ecological contexts that encourage some strategies while simultaneously constraining the pursuit of others.

Ethnographic research has provided a window into the survival strategies of the homeless. This research is important because the illumination of the daily struggles of homeless people facilitates understanding of life on the street, which in turn can help dispel false perceptions of the homeless and suggest alternative programs for assisting different categories of homeless people based on their street experiences. These studies show us that the homeless are not merely passive actors, responding indifferently to the conditions that confront them, but are active participants in the construction of their daily lives.

MATERIAL SURVIVAL STRATEGIES

Although most cities and communities provide some facilities and support for the homeless, particularly shelter, food, and clothing, not all homeless people utilize these support structures. Some do so on a regular basis, of course, but many use these services only intermittently, and some hardly at all. Moreover, the non-monetary forms of support provided are seldom sufficient to sustain the homeless, even those who are regular service users. Consequently, they must turn to other venues and activities in order to enhance their prospects of material subsistence.

Table 1. Taxonomy of Material Survival Strategies

| | |
|--|---|
| 1. Institutionalized assistance | |
| | Institutionalized labor (working for street agencies) |
| | Income supplements |
| | Public assistance |
| | Assistance from family and friends |
| 2. Wage labor | |
| | Regular work |
| | Day labor |
| 3. Shadow work | |
| | Selling or peddling (sales work) |
| | Selling junk and personal possessions |
| | Selling illegal goods or services |
| | Selling drugs |
| | Prostitution |
| | Selling plasma |
| | Soliciting public donations |
| | Panhandling or begging |
| | Performing in public |
| | Scavenging |
| | Scavenging for food |
| | Scavenging for salable goods |
| | Scavenging for money |
| | Theft |

Source: Adapted from Snow, D. A., Anderson, L., Quist, D., & Cress, T. (1996).

Table 1 displays an empirically grounded taxonomy of the different material subsistence or survival strategies the homeless engage in. The taxonomy is derived primarily from research (ethnographic and survey) conducted in various U.S. cities (Austin, Texas; Detroit, Michigan; Philadelphia, Pennsylvania; and Tucson, Arizona), but is of broader generality. Few of the homeless engage in all of the survival strategies listed, but most engage in at least two or more of them. Because material survival for most homeless people is contingent on employing a number of these strategies, the homeless have been characterized as *bricoleurs*—that is, as people who opportunistically cobble together various means of subsistence in order to make ends meet.

As indicated in the above taxonomy, institutionalized assistance constitutes one possible source of income for the homeless. It can be secured through two basic means: institutional labor and income supplements. The former is work provided to homeless

clients by organizations such as soup kitchens, shelters, or drug and alcohol rehabilitation facilities. The number of homeless employed in such a fashion is usually a small fraction of the population, largely because relatively few such slots exist.

Income supplements, whether received from the government or from family or friends, are a much more common form of assistance. Governmental programs include Social Security, Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), which replaced Aid to Families with Dependent Children (AFDC), unemployment compensation, and general assistance. Although the number of homeless people receiving public assistance varies from state to state, relatively few receive public assistance and even fewer count it as their primary source of income. Support from family and friends is more common, although again, few homeless people say that this is their most important source of income.

An alternative source of income comes from wage labor. Wage labor takes two forms: regular work and day labor. Regular work can be conceived of as traditional employment, with regulated rates of pay, times, and locations of work. Often this type of employment is hard for homeless people to procure because they lack a contact address or telephone number, have trouble meeting expectations of dress and appearance, lack transportation to and from work, or have scheduling conflicts with shelters or other street agencies on which they depend.

Day labor offers a more flexible, informal type of employment structure. The obstacles posed by regular work are often not at issue. In addition, day labor typically pays at the end of each day in contrast to regular work. However, whether or not day labor is available depends on one's geographical location and prevailing economic conditions, thus making it a sporadic and often unreliable option for the homeless.

The third category of material survival strategies is shadow work. It is compensatory, non-wage labor pursued in the shadow of more conventional work. It is not regulated or routinized like wage labor; rather, it is characterized by an innovative and opportunistic exploitation of available resources. The flexibility of

shadow work makes it an attractive alternative to wage labor for the homeless. Those engaging in shadow labor develop their own personal repertoire of shadow work to supplement income from institutionalized assistance and wage or day labor. As indicated in Table 1, there are four basic types of shadow work: selling or peddling, soliciting public donations, scavenging, and theft.

Selling or peddling, which can be thought of as street sales work, consists of selling junk or personal goods, illegal goods and services, and plasma. The junk or personal goods the homeless sell consist of whatever salable objects they have purchased, received as gifts, scavenged, or stolen. Sometimes the selling of scavenged goods becomes relatively routinized, as with the Greenwich Village magazine vendors chronicled in Mitchell Duneier's 1999 book *Sidewalk*. Some of the homeless do sell illegal goods (such as drugs) or services (generally prostitution). Heterosexual prostitution occurs, but homosexual prostitution may be more common because of the large percentage of homeless who are men. Cash can also be garnered by selling plasma to blood banks or plasma centers.

Soliciting public donations, primarily through panhandling or public performance, constitutes the second major category of shadow work. Panhandling is often considered the most tangible expression of homelessness in modern society because of its visibility and its direct engagement of other citizens. However, not all homeless people engage in panhandling. The researchers Barrett Lee and Chad Farrell report that panhandlers are more likely to be isolated, troubled, and disadvantaged than the homeless who do not panhandle. While there is a conception among the general public that panhandlers intimidate their marks into giving a donation, some affably perform small services, such as holding open doors to bank ATMs, in hopes of increasing the likelihood of receiving a donation. Other homeless people attempt to get donations by performing in public—for example, by singing songs to elicit tips from passersby.

Scavenging, the third type of shadow work, involves searching through discarded material for food, for usable or salable items, or for money. Many

of the homeless regard scavenging, particularly the variant known on the streets as dumpster diving, as one of the baser forms of shadow work. For those who undertake it, dumpster diving is not a simple matter, as to be successful involves not only knowing when and where to look, but also what to look for in terms of edibility or salability. When an individual finds a good dumpster, he or she often revisits it. Such knowledge is also relevant to other forms of scavenging, such as searching for and collecting aluminum cans—one of the most commonly scavenged and profitable items because there is a market outlet for returned aluminum cans in most communities in which the homeless reside. When such external markets don't exist, the homeless often sell to each other or to other pedestrians by laying their scavenged goods out on the sidewalk.

The last category of shadow work is theft and related criminal activities such as burglary or fencing stolen goods. Although this has not been a widely researched topic, one study comparing the rates of arrest of domiciled and homeless males in one city found that nearly 90 percent of the felonies for which the homeless were arrested involved theft or burglary for the purpose of theft. Given the impoverishment of the homeless and the abundant opportunity for theft in most cities, with large numbers of convenience stores and gas stations in which goods can be easily stolen, it is hardly surprising that theft would be a salient form of shadow work for some of the homeless.

SOCIAL OR RELATIONAL SURVIVAL STRATEGIES

Another important category of survival strategies is the negotiation of social relationships, particularly friendships with other homeless people. Fieldwork has shown that most of the homeless do not live in social isolation, but that their street friendships are somewhat different from friendships born under other circumstances. Homeless street relationships are paradoxical in that they can serve many important functions in the lives of homeless people, yet also be sources of uncertainty.

One important function of personal relationships



The “Rules of Conduct” posted in a public bathroom in New York City in 2003 seek to control the activities of homeless persons and others in public facilities.

Source: Karen Christensen; used with permission.

on the streets is that they can provide a measure of safety and security. Street ties often help individuals secure material resources, such as food or money. For example, some groups of homeless companions pool money in a “group bank” for all members to share. Companions also provide one another with entertainment in the form of joking, storytelling, or singing. A person may also get help gaining entrance to certain programs through street connections. In some group situations, such as in homeless camps, there may be a sense of community and reciprocal obligation. For example, scavenged or purchased food may be prepared and eaten together; residents may share chores, suggesting a division of labor; and sometimes members function as caretakers for sick campmates.

Friendships often develop quickly, but they may be quite fleeting. These relationships serve both expressive and instrumental functions. Companions, friends, or associates function as a non-stigmatizing reference group and may provide homeless people with self-validation. However, because many homeless people cycle on and off the streets, the relationships can be unstable, and many are superficial, often imbued with a greater sense of intimacy by participants than actually exists. Gatherings of people make it easy to “buddy up” to make daily rounds or for sleep buddies. However, buddies may not even



Finding a New Life in the Circus

CALI, Colombia (ANS)—Back in 1997, Victor, 14, caught his first break. One of the hundreds of children who eke out an existence on the streets of Cali, he began taking classes at Circo Para Todos—Circus for Everyone—the world’s only professional circus school for street children like Victor.

The problem was that he wasn’t very good. Nicknamed “Squint” by his friends, he fumbled repeatedly while trying to juggle two balls in the air. “He was all hunched over and couldn’t see very well,” recalled Felicity Simpson, one of the founders of Circo Para Todos. But that soon changed.

“Within weeks, he threw himself into acrobatics—literally,” Simpson continued. “Now everyone calls him ‘the acrobat.’ And what’s more, he’s gotten his act together and moved back into his house with his mother.”

Simpson, 36, a British circus artist, is full of these stories, as is her partner and co-founder of Circo Para Todos, local artist Hector Fabio Cobo. Now in their fifth year, they have seen more than 150 boys and girls ages 7 to 21 go through at least part of their four-year program of studies, including juggling, tightrope walking, somersaulting and stilt-walking, as well as folk music, dance and theater. Another 1,000 have opened a window onto these arts through workshops.

Like Victor, many of them have experienced what Cobo calls “the transformational power of art,” changing in both body and spirit while they “learn to make something of their lives.” These youthful performers are among the nearly 50 percent of children who live in poverty in Cali, a city where more than half of youngsters ages 12 to 17 have no access to schooling. Cali also boasts Latin America’s second-highest murder rate: An astonishing 78 percent of homicides are committed by minors, and an estimated 3,000 children, many of them homeless, belong to street gangs.

The results of their participation in Circo Para Todos are just now being seen, not only in the anecdotes the school’s directors happily spin off, but in the international attention the project is attracting.

French sociologist Brigitte Bailly will soon publish her doctoral thesis written at the Sorbonne in Paris on the social significance of Circo Para Todos. Diana Pérez, whose docu-

Source: “Street Kids Run Away to the Circus and Find a New Life,” American News Service, n.d.

mentary “Two Margaritas” toured with the hit film on Cuban music, “The Buena Vista Social Club,” is currently making a film on the school. And 14 of the group’s “veterans,” most of whom will form the first graduating class in June of next year, have just finished their first European tour—including 10 days at the world’s largest arts event, the Edinburgh Festival.

But the thousands of spectators who saw them in Scotland and England cannot imagine how long the road out of Cali has been for these 14 teen-agers. It all began when Simpson was herself a teen-ager, in West London.

But it was in Brazil that she met Cobo, who also wanted to join a circus. Before too long, eight “dissidents” from the National Circus School joined in, and the Intrepida Trupe was born.

The group did workshops across Brazil with street children. Simpson soon saw what she calls “enormous, untapped potential.” She also saw that teaching for a few days or weeks did more harm than good, since it “unfairly raised expectations, and then we’d be on our way.”

“On tour, in dressing rooms, Hector Fabio and I started putting pencil to paper, with the idea of settling in Colombia and starting a school for disadvantaged children,” Simpson recalled.

At first, the two did workshops in the city’s grimmest district, called la Olla, which literally means “the pot,” but in Colombian slang means “the dregs.” One of the drugs of choice in this crowded, chaotic neighborhood is glue, sniffed in bottles. “We had to tell the kids to leave their bottles at the door before doing a forward roll,” said Simpson. “But then some of them started deciding on their own to leave it behind, since they wanted to take the workshops.”

Cobo and Simpson saw the importance of the child’s power to decide, a central idea in the school to this day, where even graduation dates are fixed in part by the students themselves.

In 1995, the Scottish Catholic International Aid Fund learned about the project. “It was innovative, an alternative to delinquency and the lack of opportunities these children face,” said Ian Menzies, schools officer for the charity. The

know one another’s names. Nicknames, often ones that describe personal characteristics, are commonly used in place of people’s legal names.

While a sense of intimacy may be associated with these relationships, a lack of trust in others, including close companions, is pervasive. In addition,

although sharing is important in intimate relations, individuals sometimes fear their companions are exploiting them. Even though social relationships can help the homeless get by on a daily basis, group obligations can also prevent individual members from pursuing their own economic interests, to the

fund decided to support the project. In 1997, the United Kingdom's National Lotteries Charities Board also offered 250,000 pounds over a five-year period—the board's first international grant. Later, London's Children of the Andes also came on board. As for local financial support, both directors admitted there was little to none.

But Circo Para Todos now had a warehouse to teach from, a formal curriculum and relationships with state-run institutions for children without families who otherwise would be on the streets. The latter proved important. "We couldn't have children directly off the street studying at the school," said Cobo, "or we would need police here as well." These children are legally committed to the institutions where they live and their rules, including a ban on drug use. Over time, some of them have even been reunited with their families.

But both the institutions and the families are not always sure if a circus school is what the children need. One of the state-run homes was just for girls. After letting eight girls into the school circus, the home changed its mind. "They thought that girls shouldn't be doing something like that and should be learning to sew or clean instead," recalled Fernando Febles, a Cuban gymnastics instructor at the school. The girls were pulled out of the school, and there are still more boys than girls in Circo Para Todos. "Mothers also ask, 'What will my son live on afterwards?'" added Febles.

Actually, some of those set to graduate are already earning money as instructors in public schools. Cobo hopes to create salaries for them within the school, so they can stay on and teach the younger students. And, as sociologist Bailly pointed out in her study, the school trains the children in such a wide variety of disciplines that future employment opportunities range from music to advertising.

But outside observers like Bailly, and the circus children and directors themselves, insist that much of what this circus earns for its members cannot be measured in dollars, or pesos.

Bailly echoes his impression, in sociologists' terms. "If you think of it, street children everywhere are seen as victims before puberty, and as threats to society afterwards," said the academic. "And so programs for these children either offer them institutional protection or repression. In both cases,

their potential abilities and capabilities are almost completely denied.

"This project has a completely different logic," concluded Bailly. "The school sees these children as students who can be motivated by the search for physical and artistic competence."

On another level, Simpson notes that circus training itself offers tools for being a good citizen. "When you're making a human pyramid, for example, you absolutely must learn to trust the people above and below you, as well as be trustworthy yourself," said the instructor.

Bailly's study stressed that the circus teaches cooperation and solidarity, attributes sorely missing in Colombia's fractured, war-torn society. Or, put in their own words, several students admitted that they "fight less" since being in the school.

One of these is Luis, a 15-year-old with energy to spare. Several years ago, Cobo pulled him aside after a rehearsal. "I told him, 'Look, you've got to find another way of getting the girls here to pay attention to you, other than hitting them,'" Cobo recalled.

Cobo found himself asking the boy if he had been the victim of violence, at home when he was small, out on the streets or in the state-run institution where he had ended up. Both of them broke down in tears during the telling as it became clear that Luis was violent because others had been violent toward him.

But the hitting didn't stop.

"Finally I told Luis he had to leave the circus and come back when he was ready to stop the violence," Cobo recalled. Six months later, the boy walked through the doors of the warehouse where the school is housed. "I want to stay in the circus and I'm ready to change," he announced. He did, and he has.

In a similar vein, the French sociologist insists that Circo Para Todos also "validates national identity" through teaching folk music and dance, which gives the children "a more positive picture of their country and themselves, especially given the constant portrayal of Colombia as a drug-trafficking, criminal community in the media."

extent that in some instances street relationships may actually impede exit from the streets.

PSYCHOLOGICAL SURVIVAL STRATEGIES

All humans must secure some measure of existential

and identity-oriented meaning in their lives, but homeless people often find this task more challenging than domiciled people do. This is not only because of the resource deficits that characterize homelessness, but also because they are objects of recurrent stigmatization and negative attention. Con-

sequently, surviving in the streets requires various psychological adaptations as well as material and relational adaptations. These psychological adaptations are overlooked in much research on the homeless, but they clearly are fundamental to making it on the streets.

One way in which some of the homeless deal with their plight psychologically is to explain their situations in a way that preserves or secures a measure of self-respect, such as attributing their plight to bad luck. In other words, they construct causal accounts that rescue rather than further demean their sense of self. However, it is arguable that often their plight may appear so depressing that the excessive use of alcohol or drugs may come to function as the primary means of psychological escape.

A second major form of psychological adaptation involves identity work. Typically, identity work entails various activities that individuals or groups engage in so as to project or maintain particular desired identities. Such activities may entail procuring or arranging physical setting or props, the arrangement of appearance through cosmetic face work, association with selected individuals or groups, and identity talk, or the verbal construction of identities. Since the homeless seldom have the financial and social resources requisite for successfully pursuing the first three identity strategies, the primary way in which they try to project and maintain a favorable personal identity is through identity talk. Additionally, identity talk is nurtured by the structure of life on the streets in the sense that “hanging out” with street peers is an important aspect of street life that provides a context for identity talk.

Three types of identity talk are common in the discourse of the homeless: distancing, embracement, and fictive storytelling. Distancing is talk that separates oneself from roles, associations, or institutions that imply an identity not consistent with one’s self-conception, as when a homeless individual asserts that “I can tell you about the homeless, but I am not one of them.” Homeless people may talk in this way so as to separate themselves from the negative social identities of their peers or associations, from the roles homeless people are perceived as playing, and from the institutions that deal with them.

Embracement, by contrast, is talk that embraces the roles, associations, or points of view or ideologies that are congruent with homelessness. Embracement allows homeless people to actively confirm the social identities associated with their specific situations, as when a homeless man claims that he is “an expert dumpster diver.” Here, unlike with distancing, one’s social identity and self-conceptions are harmonious. When this is the case, the homeless are likely to embrace ascribed roles such as bum or tramp. They may embrace identities that are positively tied to relationships or associations with others or that are congruent with adherence to a certain ideology, such as being a member of Alcoholics Anonymous.

Fictive storytelling is the third form of identity talk. It involves telling stories regarding one’s past, future plans, or accomplishments that are fictitious. Fictive storytelling sometimes takes the form of embellishing one’s past or present experiences in order to verbally present and assert a positive personal identity. Sometimes the homeless also engage in fantasizing by spinning future-oriented fabrications that positively frame the teller in situations that are removed from the teller’s past or present.

Together, these three forms of identity talk facilitate the construction and maintenance of positive personal identities, thereby helping homeless people to secure a measure of self-respect in a sea of despair.

ACTIVE AGENTS

This entry has provided an overview of three sets of survival strategies—material, social or relational, and psychological—that homeless people variously engage in to manage life on the streets. There are other variants of these strategies that we have not discussed, such as collective engagement in social protest campaigns and individual resistance and defiance, but the strategies discussed provide a sense of the more general ways in which the homeless negotiate the world in which they find themselves. These strategic activities reveal homeless people to be more active and resourceful agents than one would assume given how they are represented in many popular portraits of them.

—*Jill Leufgen and David A. Snow*

See also Panhandling

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☐ SWEDEN

Sweden is a comparatively well-developed welfare state with a housing stock that is modern, of high standard, and well maintained. Of its 4.3 million dwellings, 40 percent are rented, and about half of these are public housing. The right to needs-tested social assistance includes contributions to (reasonable) housing costs, and there are means-tested housing allowances for pensioners and families with

dependent children. Still, the homelessness rate in Sweden is not lower than the European average.

BACKGROUND

Starting in the late 1940s, a comprehensive housing policy was implemented in Sweden by Social-Democratic governments in order to counteract housing shortage, homelessness, and unequal or unhealthy housing conditions. State subsidies and large municipal housing companies that allocated dwellings according to needs and waiting time were cornerstones in this strategy. However, in the 1990s this policy was dismantled. Housing provision and allocation were deregulated in 1993, and the general housing subventions were, from 1995 on, gradually replaced by provisional contributions targeting special housing for students and the elderly. Since 1994, housing production in Sweden has been “extremely diminutive” (Boverket 2002, 23).

Meanwhile, the municipalities have closed their housing assignment agencies and directed their housing companies to prevent economic loss and residualization, rather than homelessness. In 2002, only 9 of the 289 municipalities in the country still organized housing queues, despite the fact that more than half of the population lived in municipalities with a shortage of housing. Public and private landlords always had equal rent levels, but today they also have similar letting policies and practices of tenant selection and evictions.

NUMBERS, DEVELOPMENT, FEATURES

Homelessness in Sweden is not mapped on a regular basis, and homeless people in general have not been counted since the then-existing housing queues were analyzed in 1990. In 1993 and 1999, respectively, the National Board of Health and Welfare arranged national surveys of homeless clients who, during a certain week, were in touch with primarily local social authorities or nongovernmental organizations. The number resulting from this methodology was about 10,000 in 1993 and 8,400 in 1999, but the definition was more narrow in 1999.

People aged twenty-one and above who are

temporarily housed through the local social authorities at a certain date have been counted annually since 1998. Their number has increased continuously and amounted to 12,600 in 2002. There are also indications that the number of rough sleepers has grown in the big cities in recent years, although these tendencies are hard to validate. Many local social authorities regularly count their homeless clients, but taken together, these surveys give a mixed image of the development of homelessness.

Among the homeless clients targeted by the national counts in 1993 and 1999, more than two-thirds were reported to be substance abusers, and one-third to have mental disorders. On the other hand, the majority of people assisted with temporary housing are reported *not* to be substance abusers. Moreover, people who are homeless but do not need training or support have no reason to contact local social authorities, since these cannot provide permanent housing and most services target substance abusers. Hence, the number and qualities of other homeless people, who stay with friends and relatives or in illegally sublet homes, are unknown and cannot even be estimated.

CAUSES

In Sweden, poverty is a necessary but not sufficient condition for homelessness. Family breakdown, moving to a new town to find work, and eviction due to rent arrears are common causes of *becoming* homeless. There is no right to housing, no social housing for the poor and, in general, no system for securing precedence in the regular housing market for the most needy. All landlords—public as well as private—are free to select the tenants they want, provided that they do not explicitly discriminate on ethnic or religious grounds. Once homeless, poor families and individuals therefore have to compete for vacant flats with others, who may be more attractive to the landlords. Hence, local shortage of vacant rental flats reduces their chances.

The criteria by which private and public landlords judge housing applicants provide information on why people *remain* homeless. Those who lack sufficiently high regular income, have publicly

documented debts, previously had rent arrears, or were subjected to neighbor complaints or evictions are consistently rejected. Due to the landlords' careful screening of housing applicants, people with such records or people who simply cannot prove their housing skills or rent-paying ability are in reality blacklisted, even where vacancy rates are high. Since the landlords also can veto subtenants, such applicants must resort to more or less legitimate subletting or lodging.

PREVENTION AND SERVICE INITIATIVES

Local social authorities are obliged to see to that nobody within their jurisdictions is left in need. Hence, they arrange emergency shelter and often also provide training and transitional housing or fund nongovernmental organizations to supply shelter, temporary housing, and support. Dwellings are rented and sublet to homeless clients without tenancy rights and on special terms, although they are charged full rent. The size of the "secondary housing market" made up of this housing for the homeless doubled between 1990 and 2001, when it comprised 16,000 dwellings. Different types of shelter and temporary housing are often locally organized as a "staircase of transition," in which homeless clients are expected to advance while being trained in housing skills, and where a regular dwelling is the ultimate goal. However, there is growing evidence that the staircase system fails to provide permanent housing for its residents/clients. This is due to the fact that the risks of rule-breaking and subsequent eviction are high, and that most municipalities fail to commit or persuade landlords to eventually accept their clients as regular tenants.

Since 1999, the government has been funding local projects against homelessness. Through this initiative, the number of small shelters for homeless women and for people with so-called dual diagnosis is slowly growing. Another local device is eviction prevention through joint home visits by landlords and social workers to tenants who did not pay rent on time or attracted neighbors' complaints. Mobile outreach teams targeting rough sleepers now exist in several big city centers.

FROM HOUSING POLICY TO CONTAINING PROBLEMS

In place of a national housing policy, more targeted, local “homelessness policies” have emerged in Sweden, often centered around a “staircase of transition.” Nevertheless, homelessness grows rather than decreases. Several observers have concluded that to reduce homelessness, a right to housing and certain regulation of housing allocation are necessary measures. The current policy approach implies rather that homeless people are contained and controlled, while rough sleeping tends to be tolerated as an unavoidable by-product of maintaining discipline in shelters.

—Ingrid Sahlin

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SYDNEY

Known as the “harbor city,” Sydney is Australia’s largest urban center, with a population of over 4 million people; it is also the capital city of the state of New South Wales (NSW). Homelessness is a significant community and political issue in Sydney, one that gained particular prominence prior to the Olympic Games held there in 2000. The need for increased visitor and participant housing, as well as the desire to present a clean image to the world, cut into the already stretched supply of housing (both public and private) for low-income earners and those on welfare.

THE SIZE OF THE PROBLEM

The generally accepted definition of homelessness in Australia includes people living in “inappropriate” housing, as well as those with no housing at all. Thus, it includes not only those “sleeping out,” but also those in refuges or boardinghouses, and those staying with friends or relatives because no other suitable accommodation is available.

There is little precise information available for the number of homeless in Sydney, but one study conducted by NSW Shelter in 2000 estimated that about 700 people in the Sydney metropolitan area were sleeping out on any given night in September 2000.

Data collected by the City of Sydney, which com-

prises much of the inner urban area where homeless people tend to congregate, appear to show that the level of homelessness is increasing. Anecdotal evidence from various community groups and services providers confirms this upward trend. The number of people receiving referrals to accommodation from the City of Sydney's Homeless Persons Information Centre more than tripled from 5,166 in 1995 to 17,853 in 1999. In all likelihood, these figures underestimate the level of homelessness, since the City counts only the number of people seeking assistance and not those who are fending for themselves or who seek assistance from the area's other support organizations.

The 1996 census conducted by the Australian Bureau of Statistics found that there were 29,608 homeless people in New South Wales on the night of the count.

WHO ARE THE HOMELESS?

The data indicate that the homeless fall into two predominant groups: lone males and women with children, the latter group often fleeing domestic violence. Data from the Supported Accommodation Assistance Program (SAAP) for NSW in 2001–2002 show that the vast majority of SAAP support services were provided to lone males 25 years and older (44 percent of total support periods provided), females with children (15 percent), lone males under 25 (13 percent), lone females 25 and over (13 percent), and lone females under 25 (11 percent).

Of the reasons people gave for seeking assistance from these SAAP service providers, 18 percent were fleeing domestic violence, 11 percent had experienced a relationship or family breakdown, 11 percent were having financial difficulties, 10 percent were unable to access their usual accommodation, 10 percent had been evicted or their previous accommodation no longer existed, and 9 percent were seeking assistance due to problems related to drug, alcohol, or other substance abuse.

ASSISTANCE AND PREVENTIVE PROGRAMS

The SAAP is the main homeless-specific program operating across Australia. It is a joint Common-

wealth-State initiative and provides funding to more than 1,200 community organizations, allowing them to assist homeless people with housing and other support services. The Commonwealth also funds a range of other programs and benefits that directly or indirectly support people who are homeless.

Both the New South Wales government and the various local government councils that cover Sydney operate and support a number of specific homelessness initiatives and programs. For example, the NSW Department of Housing provides short-term temporary accommodation for the homeless and assists them in gaining access to low-cost private rental housing. The Department of Community Services has responsibility not only for the SAAP and associated services in NSW, but also for a range of other community support programs that either directly or indirectly affect the welfare of those who are homeless. NSW Health is involved with a host of hospital and community health services, including basic health care, mental health clinics, sexual health services, drug/alcohol/detoxification services, and the provision of counseling. These and other government departments work closely with the local councils to provide support and assistance for those in need.

At the local level, the City of Sydney runs the Homeless Persons Information Centre, which is aimed at linking those in need with appropriate emergency accommodation. The City of Sydney's Homeless Brokerage Program helps to provide backup accommodations when homeless people are unable to access emergency shelters due to a shortage of beds. The program also provides funding to community organizations so that they can buy temporary housing in the private sector. The City also has an outreach strategy that puts trained workers on the streets of Sydney to provide direct support and assistance to homeless people. Other councils in the Sydney metropolitan area also provide a range of services and assistance to the homeless in their jurisdictions.

While receiving considerable government support and funding, the nongovernment sector of New South Wales—including community and charitable groups—also contributes substantial financial and

other resources of its own for the programs and services it provides to the homeless.

TOWARD A MORE COORDINATED APPROACH

Available evidence suggests that there are still substantial gaps in the services and accommodation provided to the homeless. One common criticism of the present approach is that it focuses on services rather than on early intervention or prevention strategies. Other criticism points to the poor coordination and integration of support and services across levels of government, and the subsequent problems such disorganization creates.

Some steps have already been taken to help improve this situation, such as the state government's "Partnership Against Homelessness" initiative and the "Inner City Homelessness—Strategic Implementation Plan." The Commonwealth's National Homeless Strategy is also a step in the direction of a more coordinated and holistic approach to homelessness.

—Greg McIntosh

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T

▣ TOKYO

Similar to most urban areas throughout Japan, Tokyo experienced low levels of homelessness during the nation's postwar economic boom from 1960 to 1992. The homelessness that did exist was largely concentrated in day labor ghettos called *yoseba*. Tokyo's largest *yoseba*, San'ya, is located on the city's working-class east side; its smaller *yoseba* include Takadanobaba on the west side and Harappa in the suburb of Kawasaki. With the onset of the Great Heisei Recession in 1993, unemployment and homelessness in Tokyo's *yoseba* began to increase dramatically. It soon flowed outside of these districts and into major subway and rail stations, shopping districts, riversides, and parks in hubs throughout the city, such as Shinjuku, Ueno, Ikebukuro, Hibiya, Asakusa, and Shibuya.

By the mid-1990s, bankrupt small-business owners had joined older unemployed blue-collar and low-skill service workers to form a sizable and visible homeless population. It was also popularly believed that large numbers of "suit homeless" (white-collar workers) had lost their jobs and descended to the streets, but both survey and ethnographic research have shown few such cases. Although the problem of homelessness was largely ignored during the period of economic growth and the early years of the recession, it grasped national

attention in 1996 when about 200 de facto residents of Shinjuku train station, one of Tokyo's busiest, clashed with over 1,000 police who were trying to evict them to clear the way for construction of a moving walkway to the new headquarters of the Tokyo Metropolitan Government.

THE SCALE OF HOMELESSNESS IN TOKYO

Since the early 1990s, the Tokyo Metropolitan Government (TMG) has periodically conducted extensive counts of persons living on the streets and in shelters. Although it is likely that these figures significantly underestimate the actual homeless population, given the difficulty of counting each member of this mobile and often hard-to-find population, the TMG's statistics show a consistent growth in the street and shelter populations throughout the 1990s. For example, approximately 461 homeless persons were counted in 1993; 3,300 in 1995; 4,300 in 1998; and 5,798 in 1999. Tokyo is Japan's most populous urban area (12,064,101 residents in 2000), but the second largest one, Osaka (8,805,081 in 2000), actually encompasses the country's largest homeless population, estimated at about 8,660 persons in 2000. Osaka has a much larger construction industry and day laborer population than Tokyo, while the latter has a larger and more vibrant service sector that has been less prone

to high unemployment amid the recession and subsequent restructuring.

CHARACTERISTICS OF TOKYO'S HOMELESS POPULATION

In 2000, the TMG commissioned local researchers and activists to conduct a survey of approximately 1,000 homeless persons living in Tokyo. Respondents were overwhelmingly male (98.5 percent) and middle-aged, with an average age of 55 and about 85 percent between the ages of 40 and 65. About 40 percent were born in Tokyo, and another 40 percent migrated there from rural parts of Japan by their twenties, living most of their working years in Tokyo. About 60 percent of respondents had only completed junior high school—which, however, is not necessarily considered a low level. Compulsory education in Japan ends with junior high school, and secure and decent paying jobs for junior high graduates were plentiful during the period of economic expansion. Although the vast majority of homeless persons in Tokyo are currently middle-aged and older male blue-collar workers, groups such as younger persons, women, and service workers are appearing on the streets in increasing numbers.

SURVIVING ON THE STREETS OF TOKYO

People who are homeless in Tokyo forge a variety of subsistence strategies to survive. The recently homeless tend to be more mobile and sleep in storefronts, stations, and underpasses using only blankets, newspapers, and cardboard boxes. Those who have been homeless for longer periods are more likely to build more stable residences, such as tents or small huts made of plywood and tarps, in parks or on riversides. For example, upwards of 1,000 such makeshift abodes line the paved embankments of the Sumida River running through Tokyo's east side. However, the TMG does not allow the development of these residences to go unchecked. Forced expulsions occur in most parks and riversides at least once a month, and on a more regular basis in prime spaces such as Ueno Park, which is imperial ground and a tourist attraction. These expulsions are conducted for the

nominal purpose of maintaining health and safety standards, but they serve to disrupt the lives of encampment residents who must periodically dismantle, move, and rebuild their homes elsewhere. About one-half of persons surveyed in the TMG-commissioned study had some source of work-generated income, with about 60 percent in day labor jobs and the remainder taking on various forms of "shadow work" such as recycling, scavenging and selling used books, and standing in line to purchase baseball game tickets for scalpers.

Judging from reports in the Japanese media, street violence towards homeless persons—such as severe beatings and the hurling of objects such as fireworks—seems to be more common in Tokyo and other Japanese cities than in the United States. These acts, often perpetrated by mischievous teenagers but sometimes by drunken businessmen, can be attributed to a lack of education about homelessness, general neglect of the homeless problem by authorities, and a strong distaste for those who stray from the norms of mainstream society. Given the high level of street violence, the older age of homeless persons, and the paucity of medical services available to persons living on the street, the number of street deaths among the homeless appears to be higher in Japan than in other industrialized countries.

UNIQUE FEATURES OF HOMELESSNESS IN TOKYO

In general, Tokyo's homeless problem does not differ dramatically from that of other major Japanese cities such as Osaka, Yokohama, Nagoya, and their suburban areas. In all areas, the homeless are generally single men, middle-aged or older, with blue-collar occupational origins, suggesting that the structural roots of the homeless problem are fundamentally similar throughout the nation. However, there appear to be greater local differences in the way the homeless adapt to their conditions, reflecting the particular features of each area. Given Tokyo's status as the political center of Japan and home of the emperor, the homeless there face more restrictions in terms of places they are allowed to inhabit and the frequency of expulsions. As a result, homeless persons in Tokyo

are more likely to be mobile and less likely to live in fixed arrangements such as makeshift shacks. In addition, Tokyo's relatively healthy service-based economy provides a more ample source of income for homeless persons. Those in Tokyo are more likely to work day labor jobs in shipping and construction, whereas homeless persons in other urban and suburban areas are more likely to secure income from collecting and selling recyclables and other used items, such as books and magazines.

—Matthew D. Marr

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☐ TORONTO

The capital of the Canadian province of Ontario, Toronto has a population of 4.7 million in its greater metropolitan area and 2.4 million in the city proper. Homelessness became an increasingly visible problem in Toronto during the 1990s, and the city has more homeless people than any other in Canada.

FEATURES OF THE HOMELESS POPULATION

Toronto has a comprehensive registration system that provides reliable information on people using shelters (also known as "hostels" in Canada), excluding shelters reserved for abused women. As of 2003, about 4,000 individuals stayed in more than fifty homeless shelters each night. Statistics on a recent eleven-year time span are revealing. Between 1988 and 1999, the annual number of individuals using shelters increased from 22,000 to 30,000. Shelter users included adults not accompanied by children (60 percent), youth aged fifteen to twenty-four (23 percent), and parents with children (17 percent). Toronto is one of the few Canadian cities with a significant number of homeless families; the number of children using the shelter system rose from 2,700 in 6,200 in those same eleven years.

Many shelter users are newly homeless: 57 percent of people entering shelters in 1999 had never stayed in one before. However, recurrent homelessness is increasingly common; those logging more than five shelter stays in one year rose from 10 to 16 percent. About 18 percent of shelter users during that period were long-term residents with stays of one year or more; most of these were single men. Single-



A Healthier Homeless Life in Toronto

TORONTO (ANS)—It's never easy to be homeless, but life on the streets of Toronto apparently is healthier than in Philadelphia, Boston or New York.

Homeless men in those three U.S. cities are about twice as likely to die as their Canadian counterparts, according to a study by Dr. Stephen Hwang of St. Michael's Hospital in Toronto, who believes contrasting crime rates and different health care systems both play significant parts.

Hwang found that the death rate among homeless men in Toronto was 58 percent lower than among homeless men in Philadelphia, 48 percent lower compared with Boston and 39 percent lower compared with New York.

Hwang, a physician with the St. Michael's Hospital Inner City Health Research Unit and assistant professor of medicine at the University of Toronto, used Toronto to compare death rates because it's the biggest Canadian city and has the largest homeless population.

"On any given night, there are 4,000 people using homeless shelters," he said. "Toronto also has weather conditions and a landscape comparable to U.S. cities."

He has cared for homeless people in Boston and visits a Toronto homeless shelter each week. "When I came to Toronto I wanted to see if the differences in social structures had an effect on death rates in homeless people," he explained. "I suspected it would be lower (in Canada), but I didn't expect the magnitude of differences that I got in the study."

Source: "Canadian Homeless Men Fare Better Than U.S. Counterparts," American News Service.

He attributes the differences in death rates to several factors, including Canada's much lower crime rate. American homeless men ages 18 to 24 are five times more likely to be murdered than those in Toronto. "A homicide is less common in Canada than in the U.S., and this applies as much to homeless people as people not out in the street," he said.

Homeless men in Toronto also may have fewer concurrent health problems, such as intravenous drug use. The death rate from AIDS is also higher among the homeless in American cities. And chronic homelessness, which itself may increase the risk of death, is also more common in the United States than in Toronto.

Hwang pointed to the different health care systems as another explanation for the difference in mortality rates between the two countries. "In Canada there's universal health care, whereas in the U.S. most homeless people have no health care insurance and so are subject to spotty or irregular health care," he said. That may result in patients waiting until a health problem becomes more severe before seeking help.

"Despite that the U.S. spends more than twice per capita for health care than Canada does, the Canadian health care system serves the disadvantaged members of society better," Hwang said. "The bottom line is that there are features of Canadian society that cushion the adverse effects of poverty."

parent families remain in shelters for an average of one to two months.

Many shelter residents come from outside Toronto, and 14 percent are immigrants to Canada. Among homeless youth and adults without children, the racial distribution is approximately 73 percent white, 15 percent black, 5 percent Aboriginal (referring to the indigenous population), and 7 percent other races. The number of non-shelter residents living on Toronto's streets at any one time has not been accurately determined, but probably ranges in the hundreds.

CAUSES OF HOMELESSNESS IN TORONTO

The roots of Toronto's homelessness are similar to those identified in many U.S. cities. Poverty and a

lack of affordable housing are major contributing factors. About one in five people in Toronto lives in poverty, and more than 63,000 households are on the waiting list for subsidized public housing. Rental costs have increased steadily due to a growing population, elimination of rent controls, and a near-total lack of recent rental housing construction. From 1995 to 2000, average rents in Toronto increased by 29 percent, but average wages increased by only 9 percent.

Substance abuse and mental illness are common among the city's homeless youth and single adults. Over the course of a lifetime, 52 percent have mood disorders such as major depression, bipolar disorder, or dysthymia; 10 percent have posttraumatic stress disorder; and 6 percent have psychotic disorders. At any given time, a substance use disorder—alcohol

and/or drug abuse or dependence—is present in 52 percent, and 31 percent have a concurrent mental illness. However, only 6 percent of homeless youth and single adults have been admitted to a psychiatric inpatient facility in the previous year.

Each year, Toronto receives more than 10,000 people who are claiming refugee status in Canada. These individuals usually have few financial supports and can easily become homeless; one-quarter of the city's homeless families are refugee claimants.

SERVICE AND PREVENTION INITIATIVES

Recognition of homelessness as a significant problem in Toronto was stimulated by the report of the Mayor's Homelessness Action Task Force in 1999. This report recommended coordinated action at the city, provincial, and federal levels. At the city level, provision of shelter services and the development of service and prevention programs are led by the Department of Community and Neighbourhood Services.

The demand for shelter beds increases greatly during winter months. The Toronto Street Helpline received over 91,000 calls in 2000, mostly from people seeking shelter for the night. Since the late 1980s, community and faith-based groups have responded to this need by creating a network of almost fifty volunteer-staffed, part-time winter shelter and meal programs known as the "Out of the Cold" program. This system supplements the city's network of year-round shelters.

In 1999, the federal government's National Homelessness Secretariat created the Supporting Community Partnerships Initiative (SCPI) to address homelessness in cities across Canada. Over three years, this initiative allocated the equivalent of \$35 million in U.S. dollars to the city of Toronto. Priority was given to capital funding to build transitional housing and to upgrade facilities at shelters and drop-in centers. SCPI funds will likely play a key role in supporting future service initiatives.

The Ontario Ministry of Health administers a system of universal health insurance for residents of the province. Although almost all homeless people in Toronto are eligible for insurance, certain barriers to accessing appropriate health care persist. Some

homeless people do not possess a health card, which is required at the time of service as proof of insurance coverage, and many cannot afford dental care or prescription drugs. Efforts are underway to improve coordination and integration of services between health care providers, homeless shelters, and other homeless service providers. Between 1999 and 2001, the Ministry of Health allocated \$21 million for the construction and operation of about 1,000 supportive housing units in Toronto for people who have a serious mental illness and are homeless or at risk of becoming so.

OUTLOOK IN THE TWENTY-FIRST CENTURY

Homelessness remains a persistent problem in Toronto, and there is little evidence that the number of homeless people in the city has stabilized or that the underlying causes have been addressed. Experience in Toronto also indicates that universal health insurance is vital but not sufficient to address the health care needs of homeless people. The future of homelessness in Toronto will be greatly influenced by the degree to which local, provincial, and federal governments sustain a shared commitment to addressing this issue.

—Stephen W. Hwang

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☐ TRAUMA AND VICTIMIZATION

Homelessness is inextricably linked to poverty, stress, violence, and a range of traumatic experiences. Trauma and victimization represent severe forms of stress that may have long-lasting consequences. While stress can be toxic to individuals, families, and communities, it does not generally engender the same intense feelings of betrayal, overwhelming powerlessness, helplessness, and terror that trauma and victimization do, or bring the threat of annihilation. Psychiatrist Judith Herman describes a traumatic event as one that is characterized by overwhelming powerlessness that devastates the human capacity for adaptation. She and Bessel van der Kolk, another psychiatrist, have pointed out that, unlike stress, trauma and victimization often result in severe psychological and biological harm in victims. Unfortunately, our society has only recently begun to acknowledge the pervasive and harmful effects of violence on its victims.

TRAUMA, VICTIMIZATION, AND HOMELESSNESS

Trauma and victimization are omnipresent in the lives of homeless people. Their lives are typically characterized by extreme poverty, economic hardship, residential instability, and racism—all of which may lead to subtle and overt forms of victimization. In addition to their exposure to these systemic forces in our society, which are intrinsically victimizing and traumatic, homeless people are faced with more frequent, intense, and unpredictable stressors compared to their housed counterparts. Many of these experiences, including homelessness itself, random violence, physical or sexual abuse, abrupt separations, and sudden catastrophic illness, may be traumatic.

Homelessness is a devastating and often traumatic event that is frequently compounded by violence and victimization. Losing a home also means losing one's neighborhood, support system, daily routine, privacy, and feelings of safety, comfort, and familiarity. Many homeless people have lived in poor communities riddled with both random and interper-

sonal violence, and are already suffering from some of the invidious effects of these experiences. It is also not uncommon for women and their children to lose their homes because they are fleeing an abusive relationship or for teenagers to run away from abusive home environments. Once a person is living on the streets, the likelihood of victimization increases over time. Many homeless people living in the rough are physically abused and emotionally isolated. The street homeless may also be subject to incarceration by police for vagrancy, disorderly conduct, and offenses related to substance use. They may be further victimized in jail, setting the stage for severe posttraumatic responses to these experiences.

Abrupt separations, which are particularly common in homeless families, are another source of trauma. Interpersonal violence may lead to abrupt out-of-home placement of children. Family separations may also occur when shelter rules exclude men and teenage boys. These rules rob families of their strength and supportive qualities as a unit and may traumatize both children and parents.

Homeless people suffer from more acute and chronic medical illnesses than their housed counterparts. These illnesses tend to be exacerbated by their lack of a home (for example, from exposure to the elements) and by their compromised access to health care. Often they receive services only when these illnesses have progressed, which necessitates more intensive treatment or even hospitalization. Treating conditions such as cellulitis, hypertension, and diabetes is extremely challenging when patients are living on the streets or in shelters. Sudden catastrophic illness or severely debilitating chronic conditions are very stressful and often traumatic.

Homeless people's experiences of trauma and victimization are not limited to the specific period of homelessness. Many are the victims of complex and repeated trauma that predates their first homeless episode.

EFFECTS OF INTERPERSONAL VIOLENCE

Adult Individuals

Experiences of trauma and victimization pervade the lives of homeless solitary adults both before and

after they become homeless. Carol North, a psychiatrist, and her colleagues surveyed 900 homeless adults in St. Louis and found that 40 percent of both men and women in the sample had experienced at least one violent trauma, and for most of them, this had occurred before they became homeless. Thirty-three percent of the women and 20 percent of the men surveyed had posttraumatic stress disorder (PTSD); 75 percent of that group had developed PTSD prior to becoming homeless. Traumatic experiences for men were primarily assaults and for women rape. In addition, 92 percent of the men and 98 percent of the women reported one or more symptoms of PTSD in their lifetime, which indicates that they had been exposed to some type of trauma.

Nancy Jainchill, a psychologist, and her colleagues found that the relationship between abuse experiences and homelessness was similar for men and women. In her survey of homeless residents of therapeutic community shelters in New York City, she found high rates of abuse in both men and women, with the majority reporting the first episode prior to the age of fifteen years. Social worker Deborah Padgett and her colleagues found victimization rates as high as 56 percent in 1992 survey of 1,260 homeless adults in New York City.

Families and Children

A staggering number of homeless and extremely poor women and children have been exposed to violence and its far-reaching consequences. They have faced oppressive circumstances and endured unspeakable abuses, including being sexually or physically abused in childhood or adolescence, being a victim of crime, and witnessing violence.

A 1998 National Institute of Mental Health (NIMH)-supported study conducted by Ellen Bassuk, a psychiatrist, and her colleagues at the National Center on Family Homelessness (NCFH) reported that 92 percent of homeless mothers and 82 percent of low-income, housed mothers had been severely physically and/or sexually abused at some point in their lives. Approximately two-thirds of the women had histories of being in a battering relationship and about one-third were in such a relationship at the

time of their admission to a shelter. These women were fleeing violent perpetrators. Many homeless women also report having experienced some form of violent victimization as children. Two-thirds of the women in the same study had been physically assaulted as children, and 43 percent had been sexually assaulted at least one time before the age of twelve years.

Trauma and violence are also related to multiple episodes of homelessness. Based on longitudinal data, Bassuk and her colleagues reported higher baseline rates of interpersonal violence, especially during childhood, in women whose families had suffered multiple episodes of homelessness. The women in these families reported higher rates of childhood sexual abuse and violence from strangers than those who had not been homeless before. Sexual molestation during childhood was also an important predictor of recidivism. Prospectively, first-time-homeless mothers who experienced partner violence after being rehoused were more than three times as likely to experience a second homeless episode.

Trauma affects both victims and witnesses. Many children in homeless families have been exposed to terrifying scenes of domestic violence. Each year, an estimated 3.3 million children in the United States witness violent assaults against their mothers, usually at the hands of their father or their mother's intimate partner. Mothers who have experienced violence or abuse frequently become emotionally numb and unaware of the connection between their violence/abuse experiences and the physical and mental health consequences of those experiences. Similarly, they are unlikely to recognize the impact that witnessing or experiencing violence has on their children, who are often the hidden victims in domestic violence. Whether or not the children are directly abused, witnessing the threats and assaults to their mothers has an emotional impact on them that is similar to the effect of direct victimization.

Runaway/Homeless Youths

Many of the unaccompanied (runaway/homeless) youths living on the streets have experienced severe physical and sexual abuse. These children are often

fleeing from chaotic, unsafe, disruptive home environments. A 1997 study from the U.S. Department of Health and Human Services reported that 46 percent of these youths had been physically abused and 17 percent had been forced into sexual activity by a member of their household. Researchers Marjorie J. Robertson and Paul A. Toro report that the rates of PTSD, conduct disorder, and major depression were three times as high in unaccompanied homeless youths as in a comparison sample of youths who had not left home. Once on the streets, many youths survive by exchanging sex for food and money, putting them at high risk of sexual and physical abuse and of contracting HIV. They are also more vulnerable to violent and abusive treatment.

EFFECTS OF TRAUMA AND VIOLENCE

The profound effects of trauma and violence are underacknowledged. Violence and trauma shape a person's belief system, feelings, and self-perception. Herman and van der Kolk describe how trauma takes a toll on a person's body, on mental and emotional responses, on relationships with others, and on society. Repeated violence and violence at the hands of a known perpetrator often have a stronger impact than a one-time occurrence. Van der Kolk, Diana Russell, a psychologist, and others have found that those who have been traumatized are at a higher risk of future victimization because of the psychobiological failures of natural protective mechanisms associated with the trauma response.

Effects on Relationships

Trauma and victimization disrupt critical attachments, especially when the perpetrators are trusted intimate family members or close friends. When individuals have been abused by someone they know, they may find it difficult to believe in the reality of the betrayal, and it may lead to a loss of trust in others. Traumatic experiences that occur at critical developmental junctures interfere with normal developmental processes and produce pervasive mistrust, decreased autonomy, and a debilitating fear that is not easily reversed. The lack of trust engen-

dered by traumatic abuse is protective within the context of the abusive experience because it shields victims from developing expectations that others will protect and care for them. This protection, however, undermines their ability to form trusting relationships that might make a positive difference in their lives, which sometimes impedes the process of seeking help.

Mental and Emotional Responses

The mental and emotional effects of trauma on an individual are determined in part by the individual's age, the nature and duration of the violence or trauma, the individual's relationship to the perpetrator, and the response and availability of supports. Trauma arrests the normal course of development and has its most profound effect in the first decade of life. Herman points out that repeated trauma and violence in childhood both forms and deforms the personality, while repeated trauma in adulthood erodes the structure of the personality that has already been formed.

Chronic exposure to abuse and violence affects the normal integration of cognitive and emotional functions. This disruption in normal integrative processes has profound effects on an individual's ability to interact with others, to cope with stresses, and to manage the demands of everyday life. For homeless people who are struggling to regain some stability in their lives, this can be catastrophic. Van der Kolk reports that chronic exposure to violent or traumatic experiences permanently alters an individual's adaptive capacity and rigidifies certain mental processes.

A range of mental health issues can result from trauma and victimization. These include posttraumatic stress disorder (PTSD), anxiety, panic disorder, major depression, substance abuse and dependence, somatization, psychotic disorders, eating disorders, or any combination of these problems. Psychobiological reactions generated by trauma and violence can easily overwhelm an individual's capacity to bear feelings and to regulate affect. Emotions no longer alert individuals to possible danger—they immediately trigger a “fight or flight” response.

When this happens, an individual may resort to seemingly inappropriate strategies to manage overwhelming feelings—strategies that may have helped and been adaptive during the traumatic event itself, but that now function maladaptively.

Posttraumatic Stress Disorder (PTSD)

Women, men, and children react to violence and abuse in complex ways. The trauma response involves both biological and psychological mechanisms that interact to produce an array of bio-behavioral changes in the individual. The effect of violence on a particular individual varies according to the extent, nature, and timing of the experience. Differences may be due to the developmental stage at the onset of the traumatic experience, the relationship between the perpetrator and the survivor, the frequency and duration of the abuse, the severity of the force used and the harm inflicted, the nature of the response by others to the traumatized individual, and the individual's temperament and coping style.

Victims of physical or sexual abuse, domestic violence, and other traumas frequently develop PTSD. Dissociation is a hallmark of PTSD and helps survivors manage intense, overwhelming feelings. PTSD is also characterized by intrusive remembering (nightmares, flashbacks, or physiological reactivity), avoidance (emotional constriction, detachment, or difficulty remembering), and hyperarousal (disrupted sleep, poor concentration, or hypervigilance). Periods of agitation may alternate with emotional numbness. When victims dissociate at the moment of the traumatic event, they are more likely to develop PTSD. In contrast, those exposed to extreme stress may develop intrusive symptoms but not the dissociation, avoidance, and hyperarousal characteristic of trauma and PTSD.

The bio-behavioral changes related to PTSD may have serious health and mental health effects. People with PTSD suffer disproportionately from chronic medical conditions and nonspecific somatic complaints. They organize their lives around the trauma, seeking to avoid the intrusive and distressing recollections of the original abuse. Physiological arousal may trigger trauma-related memories, just as the

memories may activate the physiological responses associated with the trauma.

Somatic Responses

Trauma produces psycho-biological changes in the individual and the resulting "physio-neurosis" is ever present. The body has a lower threshold for stimulation and it experiences enduring hypersensitivity to physical stimuli—for example, touch and sound. Van der Kolk, his colleagues, and others report that bodies express what they cannot verbalize, that is, the "body keeps the score" of traumatic insults. Memories of the trauma are stored in the deepest, most inaccessible parts of the brain. Since survivors often cannot speak directly about the full effects of their traumatic experiences, their memories are often experienced as body pains, intense emotions or images, or as reenactments of the trauma. "Body memories" often occur in the injured parts of the body (for example, the genitals and the stomach).

In addition, traumatic memories can be transformed into physical symptoms not easily recognized as indicative of trauma or abuse. These include chronic pain, gynecological difficulties (in women), gastrointestinal problems, asthma, heart palpitations, headaches, and musculoskeletal problems. Chronic danger and anticipation of violence stress the immune and other bodily systems, leading to increased susceptibility to illness. Bassuk and others have found, not surprisingly, that trauma survivors report high rates of body pains and various medical conditions. Trauma survivors may also cope with overwhelming emotions by "somatizing" their feelings, expressing them as physical ailments or somatic complaints that are more easily described than overwhelming feelings.

SERVICE USE

A sense of helplessness and hopelessness is often a consequence of a traumatizing event. The erosion of the ability to trust and the sense that nothing can be done severely impede the use of services by homeless victims of violence. Overall, homeless persons' use of services is low relative to their need, and this

is especially true for those who have experienced trauma or violence. PTSD affects service use because providers may be viewed as untrustworthy and neither safe nor understanding. Early abuse and betrayal are related to a heightened negative perception of providers, fear, and a reluctance to enter into a relationship with a service provider who may not understand the individual's experiences.

The lack of stable, affordable housing further reduces the accessibility of services, and the lack of coordination and integration among agencies that provide homeless services presents an additional barrier to access. The burden of integrating care may fall on the homeless person, and homeless people who have experienced trauma may not be able to summon sufficient organizing capacities to obtain proper care—especially in a system that is already extremely fragmented.

Access to appropriate services is often limited, and the services traumatized individuals may access may not be responsive to the impact of violence and victimization on their emotional, physical, and mental well-being.

Trauma-Informed and Trauma-Specific Services

Unfortunately, many service providers who have contact with homeless people do not recognize or understand the multiple complex and insidious impacts of violence. Trauma symptoms may not be readily apparent or may be misunderstood when masked by seemingly unrelated behavior or physical conditions. Standard approaches to medical and mental health problems may be retraumatizing to those who have experienced violence or trauma. This may compromise their recovery. Only recently have providers begun to understand that violence is normative in the lives of homeless people and that its effects are generally long-term and debilitating.

Trauma-informed services are based on an empowerment model that emphasizes the importance of reducing the power differential between client and provider. Negotiated, collaborative, respectful relationships of providers with clients minimize the possibility of revictimization within the service context. Implementing trauma-informed

services requires a fundamental change in agency structure, culture, and practice. It requires an administrative commitment to developing standardized policies and procedures that facilitate recovery. Trauma-informed services and programs utilize staff who are well versed in the dynamics of trauma. Safety is a major priority and interventions are aimed at supporting client strengths.

Trauma-specific services consist of therapeutic interventions that directly and specifically target the effects of trauma. Although effective models of trauma-specific care have been developed, they are often not available in shelters and other service settings that assist homeless people. Trauma-specific services are often available only through referral to professionals who have been specifically trained in the methods. These services include Eye Movement Desensitization and Reprocessing (EMDR), hypnosis, and relational psychotherapy. Short-term psychoeducational group models have also been developed to provide trauma-specific treatment in structured settings. These groups have a clearly defined beginning and end and are oriented toward understanding the dynamics of trauma and PTSD, identifying and managing triggers, and developing coping strategies. Effective group models include the Trauma Recovery and Empowerment Model (TREM), the Atrium model, and Seeking Safety.

—Suzanne Piening and Ellen Bassuk

See also Stressful Life Events; Youth, Homeless

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▣ UN-HABITAT

UN-HABITAT (Habitat), formerly known as the United Nations Center for Human Settlement, was created in 1978 and authorized by the General Assembly to work toward developing environmentally sustainable towns and cities and providing adequate shelter for all people. From its inception in 1978 through 1997, Habitat worked almost solitarily in its efforts to prevent and rectify problems that stemmed directly from urban growth. In the five years between 1997 and 2002, as a direct result of half the world's population becoming urban dwellers during the previous twenty years, Habitat instituted a period of growth and modification so that it would be better suited to identify and solve future problems. Two of Habitat's policies—Habitat Agenda and the Millennium Declaration—helped provide a basis for these modifications.

Habitat receives its approximately \$300 million budget from four sources. Eighty percent comes from contributors from partners for technical cooperation; 10 percent comes from mandatory contributions from governments and other partners, such as local authorities and foundations; 5 percent come out of the regular U.N. budget; and 5 percent comes from voluntary contributions from governments. Every two years, the Governing Council, composed

of fifty-eight member states, evaluates Habitat's work and relationships with partners and reports back to the General Assembly. The Council is also responsible for providing policy guidance, direction, and supervision to Habitat.

ORGANIZATIONAL STRUCTURE

Habitat operates in three main divisions: the Shelter and Sustainable Human Settlements Development Division, the Monitoring and Research Division, and the Regional and Technical Cooperation Division. The Shelter and Sustainable Human Settlements Development Division coordinates Habitat's advocacy functions. Its departments include the Shelter Branch, which focuses on water, sanitation, and access to basic services; the Training and Capacity Branch, which serves to strengthen local authority and management through training and organization development; and the Urban Development Branch, which runs Habitat's Global Campaign on Urban Governance, as well as the Safer Cities Program, the Urban Management Program, the Risk and Disaster Management Program, and the Localizing Agenda 21 program.

Habitat's Monitoring and Research Division runs three subdivisions: the Monitoring Systems Branch, which keeps watch over the conditions of human set-



The first-day cover stamp and envelope marking the United Nations Conference on Human Settlements, 28 May 1976.

Source: Steve Present/Corbis; used with permission.

tlements; the Policy Analysis, Synthesis, and Dialogue Branch, which aims to enhance Habitat's policies and report publications; and the Urban Economy and Finance Branch, which deals with employment issues in urban areas and different ways to develop housing finance systems.

The Regional and Technical Cooperation Division is responsible for overseeing Habitat's technical programs and projects around the world, as well as its regional offices.

PROGRAMS

Habitat heads up and is involved in a number of programs that work to promote sustainable living and adequate shelter for all people; these programs include Best Practices and Local Leadership, Cities Alliance, Gender Policy, Global Urban Observatory and Statistics, Housing Policy, Housing Rights, International Forum on Urban Poverty, Land and Tenure Section, "Localizing Agenda 21," Managing Water for African Cities, Risk and Disaster Management, "Safer Cities," Sustainable Cities Program, Training and Capacity Building Branch, Urban Economy and Finance Branch, Urban Environment Forum, Urban Management Forum, and Urban Transport Forum. Each of these programs targets a specific aspect of urban issues and works to ensure that future problems surrounding urban living do not arise.

Habitat is also involved in two important campaigns aimed at improving urban living conditions

and promoting human rights. The Global Campaign for Secure Tenure was designed to provide adequate shelter for all people, to promote the rights of women and the poor, and to advocate the idea that women and their capabilities are necessary for the development of successful shelter policies. The Global Campaign on Urban Governance was started in 1997 in order to support the Habitat Agenda plan to create "sustainable human settlements in an urbanizing world," help eradicate poverty through improved urban governance, and develop and promote fundamental principles of good urban governance.

Habitat holds World Habitat Day every year on the first Monday of October, with a special theme such as water and sanitation for cities. During the course of the day, the Habitat Scroll of Honour and World Habitat Day awards are presented to individuals, institutions, and others who have demonstrated serious commitment and put forth considerable effort toward promoting sustainable urban development and adequate shelter for all.

PUBLICATIONS

Habitat produces a number of reports and periodicals. Published alternately every two years, *The Global Report on Human Rights* and *The State of the World's Cities* are reports that provide information about the ever-changing status of the urban world through analysis of the impact of both social and economic trends and developments as well as changes in information and communication technologies on human settlements.

Habitat also publishes and distributes three periodicals: *Habitat Debate*, *Water for Cities*, and *UMP e-Newsletter*. These publications contain breaking news in the urban world, as well as articles updating Habitat's program and policy developments.

The ultimate goal of UN-HABITAT is to "improve the lives of at least 100 million slum dwellers by the year 2020," as put forth in its Millennium Declaration. Additional information about UN-HABITAT and its program goals is available at the organization's website, www.unhabitat.org

—Emily A. Colangelo

▣ UNITED KINGDOM

The United Kingdom (U.K.) has established legislation and relatively well-developed service provision in relation to homelessness, and there is an abundance of literature on homelessness dating back as far as the origins of social inquiry into inequality and poverty. Also, the political processes associated with the causes of homelessness in the U.K. are traditionally analyzed according to welfare ideologies and changing political regimes (e.g., Conservative governments of 1979–1997 and the New Labour government post–1997). Given the history of the U.K. welfare state, changes in policies and interventions are an important consideration because they directly and indirectly impact the causes of homelessness.

DEFINING HOMELESSNESS

Homelessness is defined by statute in the U.K. Yet, because of the wide range of issues that may result in the occurrence of homelessness, no single definition has been applied in the literature. Rather, the bulk of the research takes a commonsense approach to defining homelessness. Under such an approach, the circumstances go beyond legal definitions and include (a) rooflessness (i.e., street homelessness or “rough sleeping”); (b) living in emergency/temporary accommodation (hostels or night shelters); (c) living long-term in institutions (other accommodation not available); (d) bed and breakfast or similar accommodation unsuitable for the long term; (e) informal, insecure, and/or impermanent accommodation with friends, or under notice to quit; (f) intolerable physical conditions, including overcrowding; and (g) involuntary sharing (e.g. abusive relationships) (Fitzpatrick et al. 2000). As such, recent emphasis in defining homelessness has focused on place-based definitions, and away from significance-based definitions.

HOMELESSNESS AND DECENTRALIZED GOVERNMENT

Another factor influencing the causes of homelessness is the decentralization of government. Briefly,



A homeless young man writing in his personal journal on a London street in July 2003.

Source: Karen Christensen; used with permission.

the United Kingdom of Great Britain and Northern Ireland consists of the four principalities of England, Scotland, Wales, and Northern Ireland, all historically governed centrally from London. Under devolution, or the implementation of autonomous self-governing systems, a Scottish Parliament was created in 1999, followed by National Assemblies for Wales and Northern Ireland (subject to suspension in the light of political change), and a Greater London Assembly. Scotland has always had the greatest degree of autonomy from London, and this is increasingly the case in post-devolution. The Welsh and Northern Ireland assemblies have some policy responsibility for housing and have undertaken reviews of homelessness in those principalities, causing the role of regional government to play an important part in determining access to housing and support services.

GENERAL AND NATIONAL TRENDS

In response to the increase in homelessness in the 1980s, a number of large-scale studies explored the nature and causes of homelessness in the U.K. For example, in national studies of homelessness, Anderson, Kemp and Quilgars (1993), Drake, O'Brien and Biebuyck (1981), Niner (1989), and O'Callaghan et al. (1996) have demonstrated that

the single most common characteristic is *poverty*. Other smaller-scale studies have been conducted, and the patterns emerging have supported those reported in the large-scale investigations (Fitzpatrick et al. 2000).

Subpopulations

More recently, there has been a trend toward exploring subpopulations of homelessness. This results, in part, from research investigating changes in the composition of the population. Main subpopulations explored include family and youth homelessness, street homelessness (rooflessness) and rural homelessness. It should be noted that factors causing homelessness across these groups differ somewhat in scope and nature.

Causes of Homeless: Identifying Risk Factors

Increasingly it is accepted that, for individuals and households, homelessness arises through a combination of events reflecting life experiences, as well as the broader social and economic factors mentioned above. Acknowledged causes of homelessness include housing supply/demand (linked to demographic trends); the operation of the housing system; poverty, unemployment, and social security; and changing trends in family formation and fragmentation. However, the key factors are poverty and unemployment. Other risk factors—increasing the probability of housing instability for people most affected by poverty and unemployment—include (a) criminal activities and/or incarceration; (b) previous service in the armed forces; (c) lack of a social support network; (d) debts, especially rent or mortgage arrears; (e) causing nuisance to neighbors; (f) alcohol misuse; and (h) mental and physical health problems (Fitzpatrick et al. 2000, 28).

For people considered in the “at risk” group, a number of distal factors have been identified as precipitating episodes of homelessness. These include (a) leaving the parental home after arguments (young homeless people); (b) relationship breakdown; (c) widowhood; (d) discharge from the armed forces; (e) leaving care; (f) leaving prison; and (g) a sharp dete-

rioration in mental health or an increase in alcohol or drug misuse (Fitzpatrick et al. 2000).

POLICIES AND PROGRAMS

A significant development occurred in March 2002, with the introduction of a government Homelessness Directorate in England that is overseen by Lord Jeffrey Rooker, Minister of State for the Office of the Deputy Prime Minister for Housing, Planning and Regeneration. In a background statement on its website (http://www.odpm.gov.uk/stellent/groups/odpm_homelessness/documents/page/odpm_home_601541.hcsp), the directorate states that it

brings together the Rough Sleepers Unit, the Bed and Breakfast Unit, and a new homelessness team responsible for tackling homelessness which also advises local authorities on the development of homelessness strategies. All three teams are supported by a Policy, Communications and Secretariat Team that works across Government departments ensuring that related policies and legislation help to prevent and tackle homelessness, and a Performance & Monitoring and Finance Team that supports the front line delivery teams in the Directorate by managing the funding of local authorities and voluntary organisations. The Team also delivers performance monitoring across the Directorate, ensuring that all programme activity is focused on achieving our key targets.

More than a Roof: A Report into Tackling Homelessness, issued by the Department for Transport, Local Government and the Regions in March 2002, outlines the directorate’s mandate for developing new and more strategic approaches to resolving the problems of homelessness in England. The report calls for effective partnerships between local authorities and voluntary (nonprofit) organizations serving the homeless as the best means for creating these new strategic responses. To support these efforts, the directorate has allocated £60 million (US\$108 million) in 2004–2005 and in 2005–2006, with £45 million of the funds going to local government councils and £15 million going to voluntary organizations. The “Best Value” government initiative calls for an assessment of the efficiency and effectiveness of government services and grants. The

results of such evaluations determine allocations for future years.

Scotland and Wales each has its own set of strategies to combat homelessness. In 2001, Scotland enacted the Housing Bill to improve housing conditions and developed both a “Homeless Strategy” and a Homelessness Task Force to recommend solutions to Scotland’s homeless problems. Wales’s National Assembly finalized its National Housing Strategy in 2001, and a Homelessness Commission now advises the National Assembly on legislation to improve poor housing and alleviate homelessness in Wales.

Voluntary Associations

More than a dozen major voluntary organizations work on policy initiatives and programs to solve U.K. homelessness issues. Among the most active are Shelter and Carr-Gomm. Shelter works each year with more than 100,000 homeless and “badly housed” people in England and Scotland. The organization has some fifty housing advocacy projects across Britain and a toll-free national helpline to provide information and advocacy on housing rights and options. It also operates a street homelessness outreach project and transitional services for families who are moving from homelessness into a new home. Carr-Gomm also provides a wide range of housing and support services in England and Scotland, primarily for individuals with mental, physical, or emotional difficulties. These services include shared housing situations, “move-on” facilities (short-term apartments that help people transition into their own apartments), and work training.

THE FUTURE

Issues surrounding homelessness have been extensively explored in the United Kingdom, resulting in a large evidence base on the causes of homelessness. While the literature covers a spectrum of issues affecting the general causes of this problem, gaps still remain in the understanding of issues impacting subpopulations of homeless people. Further exploration of the factors underlying the causes of homelessness will be important, along with continued



British Prime Minister Margaret Thatcher on Entitlements

I think we’ve been through a period where too many people have been given to understand that if they have a problem, it’s the government’s job to cope with it. “I have a problem, I’ll get a grant.” “I’m homeless, the government must house me.” They’re casting their problem on society. And, you know, there is no such thing as society. There are individual men and women, and there are families. And no government can do anything except through people, and people must look to themselves first. It’s our duty to look after ourselves and then, also to look after our neighbour. People have got the entitlements too much in mind, without the obligations. There’s no such thing as entitlement, unless someone has first met an obligation.

Source: *Women’s Own* magazine (1987, October 3).

efforts to develop innovative and effective strategies to solve the problems of homelessness.

—Julie Christian and Isobel Anderson

See also London; United Kingdom, Rural

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☐ UNITED KINGDOM, RURAL

Homelessness in the United Kingdom is generally assumed to be an urban phenomenon, dominated by the sites and sights of on-street homeless people in inner cities. Such a focus not only neglects more hidden aspects of urban homelessness but also fuels the broad presumption that homelessness does not exist in rural areas. Rurality in the United Kingdom encompasses a complex configuration of spaces, ranging from pressured extended suburbs through farming regions to the more remote peripheries. Together these spaces often constitute an object of desire for city dwellers; they are places to visit and perhaps to move out to. Rural places thus take on an imagined character as happy, healthy, problem-free regions—certainly not the focus of significant social problems. Homelessness in rural areas is therefore very much a matter of “out of sight, out of mind.”

Two major studies, one by Christine Lambert and colleagues in 1992 and one by Paul Cloke, Paul Milbourne, and Rebekah Widdowfield between 1999 and 2001, have sought to provide research evidence for the existence and nature of rural homelessness in the United Kingdom. Such research is hampered by inadequate statistical data on this issue, data restricted to on-street counts of “rough sleepers,” and local authorities’ records of households they judge to be homeless and in “priority need” under the 1996 Housing Act. Rough sleeper counts are carried out in larger urban centers and provide no data for rural areas where, in any case, homelessness seldom takes the form of countable “roofless” people on the street. Local authority data are more useful in rural settings, although it is broadly accepted that they undercount homeless populations. They exclude households that do not report their homeless condition to the local authority, and also those who may be homeless but are not perceived as having a high-priority need—such as young single people and childless couples.

The study by Lambert et al. calculated that in 1989–1990, 14,590 households were recorded as homeless and in priority need by English local authorities in rural areas, this representing some 12 percent of the homeless total for England in that year. Moreover, rates of homelessness were found to be growing faster in rural areas than elsewhere—a trend that was confirmed in an update of the study in 1994. The study by Cloke et al. analyzed similar data for 1996–1997, finding that the overall level of homelessness in rural England was 35 per 10,000 households. While this figure represents a higher rate than that recorded by official statistics in the United States, it remains below the corresponding levels for urban areas of England (57 per 10,000). Nevertheless, some 16,000 households were accepted by rural local authorities as being in situations of “priority homelessness,” a figure that represents 14.4 percent of the total for England. Not only had the levels of rural homelessness increased proportionately during the 1990s, but in the so-called deep rural areas homelessness had risen in absolute terms by 12 percent, while it had fallen in London by 27 percent and in urban areas more generally by 18 percent.

These studies, then, established the existence of homelessness in England’s green and pleasant land, but they also revealed important geographical variations in the incidence and nature of rural homelessness. For example, the vast majority of local authorities recording the highest levels of homelessness were concentrated in the southwest, south, and east of England. Follow-up surveys of local authority homelessness officers suggested that complex local circumstances exert significant impact on the experience of homelessness in rural spaces. Much of the variation is governed by local housing markets. In rural areas close to cities, homelessness results from strong competition for private-sector housing stock, leading to increased property prices and private rental levels, and escalating pressures on a dwindling stock of subsidized public housing. In more remote areas, housing pressure is often associated with local tourism issues, particularly second home or holiday home ownership and seasonal lettings. Other local circumstances also influence levels of rural homelessness, such as a predominance of seasonal or

casual employment, the location of military, penal, or health-related institutions, and even proximity to stopping-off points for the so-called New Age Travellers—itinerants who lead a communal, nomadic lifestyle.

These survey data, though useful in suggesting broad patterns of rural homelessness, reveal little of the experiences of homeless people in rural areas. The study by Cloke et al. therefore undertook in-depth interviews with people who were then homeless, or who had been so, in rural areas of southwest England. The life histories that emerged confirmed that many of the experiences of rural homeless people occur as a response to by now predictable circumstances—for example, loss of work and income, breakdown of relationships, processes of deinstitutionalization, and the often disastrous cocktail of affordable housing shortages and “benefit traps” (where homeless people, such as those under eighteen years of age, are excluded from receiving housing benefits from the state).

However, these interviews also revealed that rurality itself often plays a crucial part in people’s experiences of homelessness, not least as an essential factor in a web of complex mobilities that characterize rural homelessness. In one stereotype, rural homeless people are expected to *move out* of villages and small towns, where the lack of appropriate housing, emergency facilities, or earning opportunities represents a space of no future prospects, and where being known and recognized as homeless is often stigmatizing. However, the interviews suggest that many rural homeless people desire to stay in their “home” area, where familiarity, close ties, and other connections are deemed beneficial. This can lead to a *move within* a rural area, even if this means a series of short-distance, short-stay moves, which for young people often involves “sofa surfing.” There is also clear evidence in these interviews of rough sleeping in rural areas, although this seems to be largely restricted to men in the summer months.

Contrary to traditional wisdoms, the research by Cloke et al. suggests a notable trend: some homeless people *move into* rural areas seeking casual work, environmental benefits, greater privacy and freedom,

and an escape from perceived urban problems. Often, however, this might be more appropriately viewed as a *move through* rural living, as some interviewees led highly mobile and transient lifestyles. Rural areas, for example, often form part of “circuits” of homelessness—country places of rest, meeting with others, or even “vacationing,” interspersed with sojourns in more urban locations with higher levels of facilities and support.

Rural homelessness, then, is influenced by a complex mix of factors: infrastructural overload, personal crises, and migrational affinities with rurality. The cultural politics of rurality often render such homelessness invisible, as the plight of rural homeless people is ignored, thought to be impossible, or argued away. The further recognition of rural homelessness may therefore have as much to do with understanding how rural areas are perceived as “purified spaces,” constructed culturally as devoid of serious social issues, as with understanding the specific material circumstances of homeless people themselves. Only with such recognition will responses to rural homelessness be granted the priority they deserve.

—Paul Cloke and Paul Milbourne

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URBAN INSTITUTE

The Urban Institute (UI) is a nonprofit organization that researches and analyzes social, economic, and governmental issues in the United States. UI was originally started in 1968 by President Lyndon Johnson to “monitor and evaluate” his Great Society programs and projects. Initially, UI worked mostly on issues like poverty, finance, unemployment, education, welfare reform, and urban housing shortages and decay. Today, UI conducts research that focuses primarily on social and economic trends and on the causes and effects and costs versus benefits of certain governmental policies and initiatives.

As stated on their website, UI’s research is guided by seven tenets which are as follows: (1) Pick the right issues, (2) choose or create the right methodologies, (3) assemble the right team, (4) follow the facts wherever they lead, (5) find the right words, (6) subject findings to outside review, and (7) reach the right audiences. Funding for the Urban Institute comes from government agencies, foundations, and institutions like World Bank, and this funding, while serving many other purposes, allows the institute to employ a sizeable staff of about 400 people. This large team works and conducts research in each of the institute’s ten policy centers, as well as working together on large cross-center projects. The main issues that the policy centers and the institute in general are currently focusing research on are health policy online, public housing transformation, tax policy, crime in America, long-term care for the elderly, jumpstarting the economy, at-risk teens, Medicare, Social Security, Washington, D.C., welfare reform, and the working poor.

POLICY CENTERS

The Urban Institute’s policy centers are where the majority of its research on specific issues takes place. A list of UI policy centers and their main areas of focus as stated on the UI website is as follows:

The Education Policy Center. This policy center researches many facets of education reform, including such topics as school vouchers, after-school programs, special efforts toward integration of international students, and teacher certification and recruitment. It also evaluates current national educational programs and propositions for updates and/or replacement programs.

The Health Policy Center. The Health Policy Center researches the dynamics of the health care system and the ways in which the health care market affects financing and costs of, as well as access to health care.

The Income and Benefits Policy Center. This center researches the ways in which social insurance, taxes, income, and employee benefit programs affect the behavior and well-being of families.

The International Activities Center. This center performs research to help policymakers and citizens in Central and Eastern Europe, the former Soviet Union, and the developing world strengthen their governments’ performance.

The Justice Policy Center. The Justice Policy Center conducts research to inform the public about issues surrounding crime, justice, and community safety.

The Labor and Social Policy Center. This center researches and examines important topics such as employment, social services, job training, domestic violence, income security, education, income and family trends, and homelessness.

The Center on Nonprofits and Philanthropy researches the roles and impact of nonprofit organizations in democratic societies and analyzes trends in operations and finances of charitable organizations in the United States.

The Center on Metropolitan Housing and Communities investigates forces affecting quality of life in communities, access to opportunities that these

forces offer residents, and the impacts of public policies on communities and housing. This center also co-sponsors the National Neighborhood Indicators Partnership.

The Population Studies Center studies the United States population growth and change in response to shifts in the economy, the changing roles of men and women in families, and new policy initiatives. This center works on such issues as immigration, mortality, adolescent risk behavior, child care and welfare, and sexual and reproductive health.

Assessing the New Federalism. This multiyear project researches and analyzes the evolution of responsibility for social programs from the federal government to the states, with a specific focus on health care, job training, income security, and social services.

The Urban-Brookings Tax Policy Center. This center researches and analyzes United States tax policy by providing facts, analyses, and commentary on fair, simple, and efficient taxation, long-term implications of tax policy choices, state tax issues, and social policy in the tax code.

UI research is conducted either as projects of individual policy centers or as cross-center projects requiring the efforts of multiple policy centers. UI receives much of its information from primary sources such as the U.S. Census Bureau and other government agencies. UI policy centers also conduct interviews with public officials and businesses in order to obtain firsthand information and distribute it to the public.

Because UI has partnerships with federal, state, and local agencies and organizations, the types of people who are generally involved with UI and its research are economists, lawyers, public policy analysts, demographers, political scientists, sociologists, and communications experts. UI research findings are generally directed to those at the forefront of legislation decisions, such as policymakers and non-profit advocacy organizations, as well as those who

are in search of such information for more personal use, such as college students and private stakeholders. UI findings are made available to the public through online databases.

PROGRAMS

Three important programs that UI is responsible for are CityScape, First Tuesdays, and the National Neighborhood Indicators Partnership. CityScape is a radio show that “explores the changing face of American cities.” Broadcast on National Public Radio (NPR), it is a co-production between UI and WAMU radio. The content of past shows has focused on topics and issues such as nursing home standards, performing arts in communities, low-wage workers, community development and neighborhood revitalization, and teacher recruitment.

First Tuesdays is a program that takes place on the first Tuesday of every month from October through June each year. Members of the press, the business community, social service agency representatives, government officials, and UI researchers meet to discuss and lay on the table major policy issues and urban issues of concern.

The National Neighborhood Indicators Partnership (NNIP) is a joint effort between UI and local partners, which aims to spread information about neighborhood conditions through information systems for use in policymaking and community building. The goals of the program are to create initiatives that use data to fuel community change, and to provide direct technical assistance to groups in other cities so that they can create programs and partnerships like the NNIP.

The Urban Institute is an important organization and one that is necessary if we are to keep tabs on community developments, trends, and costs and benefits, urban and otherwise. For further information on the Urban Institute, one may visit their website at <http://www.urban.org>.

—Emily A. Colangelo

V

▣ VAGRANCY

The concept of vagrancy has existed for centuries, but over time it has been used to describe different groups of people. Whether called hoboes, tramps, bums, skid rowers, the homeless, bag ladies, or urban nomads, the terms *vagrancy* and *vagrants* have universally implied that those so labeled not only are wanderers without homes but are also likely to participate in criminal activity. Although some of the terms used today to describe vagrancy may imply sympathy toward the individual vagrant, the word *vagrancy* is always pejorative and carries with it an implication that the vagrant is an undesirable member of society. Modern U.S. vagrants are far less likely to wander from city to city than vagrants in the post-Civil War period and during the Great Depression of the 1930s. Today, they more commonly remain in the same city for long periods of time or even permanently.

HISTORY OF VAGRANCY LAWS

Vagrancy became a social issue in England during the fourth century CE, when transition to a capitalist economy from a feudal, agrarian one resulted in dislocation, particularly of the poor, as people moved around in search of work or residential stability. By

1349, it had been criminalized through enactment of “poor laws.” By 1530, during the reign of Henry VIII, Parliament had made it a crime to be vagrant, meaning to be without visible means of support or domicile while able to work. This set the precedent that vagrancy was based on one’s status; no specific action was required to be guilty of the crime. Revisions of the poor laws in 1572 resulted in a similar law being enacted in Scotland two years later. In 1824, Parliament set punishments for those defined as idle or disorderly.

The American colonies enacted similar laws, as did the states after independence from England. In the United States, such laws came to be known as “tramp acts.” In 1642, the Plymouth colony, followed by the other twelve colonies, attempted to discourage vagabondage through the passing of these acts. After independence, the first state to pass a tramp act was Virginia (1776), followed by North Carolina in 1784, South Carolina in 1787, Massachusetts in 1788, and Vermont in 1797. California, which became a state in 1850, passed its first vagrancy law in 1872; the law changed very little until it was declared unconstitutional more than one hundred years later in 1983 in *Kolender v. Lawson*.

These acts were attempts to deal with poverty in a way that offered relief to those deemed deserving who could not work (local residents, primarily dis-



The cover of Harper's Weekly illustrating the story, "The Little Vagrant."

Source: Corbis; used with permission.

abled men, widows, and children) while denying it to the undeserving who would not work (vagrant strangers). The aid was provided by religious and civic groups rather than by the government, and the notion that it should go only to those who could not work had strong religious overtones. There were also financial considerations. Charitable groups were concerned that vagrants would gravitate to areas where aid was more easily obtained and where the amounts of charity were more generous. Providing relief for the indigent remained primarily the responsibility of private agencies until the 1930s. Only after the creation of social security and public assistance did aid to the aged and the indigent become the responsibility of various levels of government. Residency remained a valid restriction for public assistance until 1969, when the Supreme Court declared

in *Shapiro v. Thompson* that the length-of-residence restrictions states and local communities ordinarily placed on eligibility were unconstitutional.

By the beginning of the twentieth century, more than twenty states had criminalized vagrancy or loitering. Initially, those who lacked visible means of support were ordered to leave town out of fear that they would become community burdens and would engage in criminal conduct. This order to leave was backed up by the penalty of arrest, and, to further discourage vagrants, conviction on vagrancy charges often involved hard labor. In 1896, one vagrant in Kentucky was offered for sale by the sheriff to the highest bidder for a period of nine months. In Seattle, Washington, twenty-eight vagrants arrested on 4 January 1901 were given the choice of leaving town or serving time in the city jail, which meant working on the roads as part of an inmate chain gang. Such sentences remained common in southern states until the 1960s, although by the 1940s, due primarily to technological changes, the need for casual labor in other parts of the nation was reduced, and sentences to road work or harvesting were less common.

FROM THE CIVIL WAR TO THE GREAT DEPRESSION

In the years immediately after the Civil War and continuing through the serious economic depressions the United States experienced in the 1870s, 1890s, and 1930s, thousands of men (and a few women—the numbers of female vagrants have always been difficult to estimate because many dressed as men for comfort and for physical safety) traveled from place to place, some in search of work, some in search of crime, and some in search of adventure. The writer Josiah Flynt (1869–1907), who tramped across the United States, estimated in the 1890s that about 60,000 men were on the road.

Beginning with Civil War veterans who rode the rails without paying their fares, vagrants have been associated with the railroads in the public's mind. The Civil War veterans were followed by tramps and hoboes (many uprooted by the war even if they were not veterans) who used the newly laid ribbons of rail to travel faster and further from home than ever

before. Railroad vagrancy was dangerous; estimates were that almost 24,000 trespassers, most of whom were hoboes, were killed and an equal number injured between 1901 and 1905. Many observers believed that the numbers of hoboes riding the rails during the Great Depression were even larger than after the Civil War. The Interstate Commerce Commission (ICC) reported that between 1929 and 1939, about 27,000 trespassers (most presumed to be vagrants) were killed or injured on railroad property.

The U.S. Senate held hearings on unemployed vagrants in 1933, and many police, including those employed by railroads, strongly recommended that all vagrants be arrested and fingerprinted, rather than merely warned off private property. Although this never became law, the Federal Emergency Relief Administration's (FERA) Transient Services set budgets for state-controlled relief centers to which vagrants could go for shelter or meals. An estimated 1 million persons received FERA services before the agency closed in 1935. Reflecting the close association between vagrancy and railroads, many of the FERA centers were near railroad freight terminals. Not until the 1960s, when the hobo was replaced by the stationary homeless who often camped in urban transportation centers, would the railroads again become as synonymous with vagrancy as during the post-Civil War era and the Great Depression.

The use of tramp acts and loitering laws was not confined to the railroads. Vagrancy laws were used after the Civil War to keep former slaves in a state of quasi slavery. In 1865, for example, Alabama broadened its vagrancy statute to include runaways, stubborn servants or children, and laborers or servants who loitered or refused to comply with any contract for a term of service. Many police departments used tramp acts and loitering laws to control those the public viewed as dangerous or nuisances—who were often members of racial or ethnic minorities. One did not need to be a stranger to town; merely hanging around seemingly unemployed or not occupied in some gainful activity was sufficient to incur police attention. Thus, during the 1920s and 1930s, more than 70 percent of the Mexicans arrested by the Los Angeles Police Department were taken into custody for either alcohol-related offenses or vagrancy. A

1923 report on Mexican crime found that it was common for police officers “to ‘vag’ a man or a woman who has been suspected of some serious offenses, but who cannot be convicted for lack of evidence” (Escobar 1999, 129). On one occasion in 1927, when a number of Mexicans congregated at a popular plaza seeking work, more than 450 men, all but 86 of whom were Mexican, were arrested on vagrancy charges, and many spent several days in jail.

LEGAL CHALLENGES TO VAGRANCY

Beginning with the so-called rights revolution of the 1960s and 1970s, the concept of vagrancy began to be questioned, and laws that outlawed loitering were overturned by the courts. The appeals were usually based on one of two factors: The laws outlawed a status rather than an act, or the laws were too vague for the average person to know what behavior constituted a violation. In 1962, the U.S. Supreme Court ruled in *Robinson v. California* that while a state could prohibit the use or possession of drugs, it could not criminalize the status of being a drug addict. Ten years later, in *Papachristou v. Jacksonville*, the Supreme Court struck down Florida's vagrancy law as overly broad, arguing that a person of ordinary intelligence would have no idea what conduct was forbidden and that, taken literally, a person out for a leisurely but aimless stroll could be stopped by the police and arrested as a vagrant.

These legal challenges coincided with a major change in the definition of who was a vagrant. Although there had been homeless people sleeping in public places in the two decades following World War II, during those years vagrancy was thought to be primarily a problem of elderly males, often alcoholics, living in cubicle and single-room occupancy (SRO) hotels on skid rows in cities around the nation. By the 1970s, the face of homelessness had changed, due to a number of issues including urban renewal, gentrification, and rising rents, to include Vietnam-era veterans, many with drug and mental health problems, and, more obviously, women—many elderly and frequently carrying all their possessions in shopping bags. These young men and elderly ladies often made their homes in bus or rail-

road stations, on steam grates, in church doorways, or in other public places. They were soon joined by homeless families, often made up of minority women with young children, who camped out at welfare centers around the nation. By 1984, a Department of Housing and Urban Development report estimated that there were 250,000 persons living on the streets or in shelters on any given night. In 1996, the Urban Institute estimated that on an average night, 470,000 persons in the United States were sleeping in shelters, and that a much larger number, close to 2 million, had experienced homelessness during the previous year.

NEW EFFORTS TO CURB VAGRANCY

The rise in homelessness received considerable newspaper and television coverage, resulting in a high level of social and political attention. At the same time, the court decisions that had decriminalized public drunkenness and loitering resulted in police no longer taking people into custody or forcing them to move to less visible parts of a community. Sympathy for the homeless became mixed with fear of shabbily dressed people lugging shopping bags, pushing supermarket carts, and often muttering or shouting at no one in particular. The result has been renewed efforts to criminalize the behaviors often associated with vagrancy.

These efforts, often at the urging of members of the business community, have concentrated on prohibiting sleeping in public spaces and limiting panhandling—activities that fall under the rubric of “quality of life” crimes because they are seen as frightening to the public and, in the case of sleeping in public places, as representing a health hazard for the sleepers and those in the immediate area.

Sleeping outdoors, or “camping,” differs substantially from sleeping in the old skid rows hotels that were almost always located in poor, rundown, or industrial areas of cities and were virtually invisible to the public. Camping occurs in public areas, often in prime downtown parks and, in some cities, adjacent to city halls, where the campers sometimes include entire families. Cities have attempted to address camping by providing temporary or perma-

nent shelter, but they also rely on the police to enforce a series of ordinances that outlaw the conduct that camping entails rather than the status of vagrancy. Thus, sleeping or lying on pathways, defecating or urinating in public, and setting up tents or tent-like structures are banned under these ordinances. Health issues raised by the camps include the mental stability of some of the campers and the fear of infectious diseases that may fester within the areas. Many cities with warm climates, including Los Angeles and Santa Monica in California, Phoenix in Arizona, and Miami in Florida, have been in the forefront of attempts to outlaw camping. San Francisco was alleged in 2002 and 2003 to have developed a plan to arrest people for possessing shopping carts, but if it existed, it was never implemented. Cities with climates less conducive to year-round outdoor living are more likely to face issues of individuals camping in doorways or out-of-the-way locations, rather than in the tent cities that have developed in cities with warmer climates.

Cities have also enacted laws against “aggressive panhandling,” defined by a combination of factors meant to determine the coerciveness of the actions of the panhandler. These laws have been challenged on the grounds that what makes panhandling “aggressive” cannot be clearly defined. Some of the factors that define aggressive are the time at which the solicitation occurs (nighttime is viewed as more dangerous and frightening); location (citizens are seen as more vulnerable to solicitation in transit vehicles or facilities, at transit stops, or at automatic teller machines; whether solicitation occurs on public or private property is also an issue); and the behavior of the panhandler (blocking paths, following the person being solicited, and using threatening, obscene, or abusive language are all considered aggressive). Some of the panhandling restrictions also consider the truthfulness of the solicitation, outlawing false claims to be in need or pretending to be a military veteran or in some way disabled.

Although narrowly constructed laws in this area have been upheld by the Supreme Court (*Ward v. Rock Against Racism*), advocates for the homeless argue that they are little more than attempts to sub-

stitute sleeping and panhandling for vagrancy as a way to remove poor people from the view of others. Supporters of the laws argue that they offer protection to the public—including both the homeless and the domiciled who use the streets and parks for non-residential purposes. Although the terms to describe vagrancy have changed and the issues today are more urban than rural, more secular than religious, and national in scope rather than local, those who are without a legal residence and who cannot or will not work continue to be a focus of legal, social, and political attention.

—Dorothy Moses Schulz

See also Great Depression; Panhandling; Skid Row Culture and History

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☐ VETERANS

Most societies consider veterans of military service a special subgroup by virtue of the sacrifices they have made and the often extraordinary risks they have incurred in defense of their nation. As a result, governments make particular benefits and services available to them and the public takes responsibility for assuring the well-being of this special group of citizens. It is thus a matter of concern that veterans are represented in great numbers among homeless Americans.

RISK FACTORS FOR VETERAN HOMELESSNESS

The first national study of homelessness among U.S. veterans was based on survey data gathered in 1987. Forty percent of homeless men reported past military service, compared with only 34 percent of men in the general population. Further analyses confirmed that veterans were 1.4 times as likely to be homeless as other men, and that approximately 200,000 were homeless on any given night.

By far the greatest risk of homelessness was among those who served in the post-Vietnam all-volunteer army from 1972 to 1980. These men were about four times as likely to be homeless as their non-veteran peers. In contrast, veterans in the age group that served *during* the Vietnam period were only 1.4 times as likely, matching the overall average. World War II-era veterans had a slightly *lower* rate: They were only nine-tenths as likely to be homeless as non-veterans. These data indicate that combat exposure is not the strongest determinant of homelessness among veterans of various war eras; indeed, post-Vietnam veterans had the least combat exposure but the greatest risk of homelessness. Rather, the key factors seem to be related to their pre-military experience and status. World War II veterans are a highly representative cross-section of their age group in the society at large. So are Vietnam veterans, partly because of deliberate policies to make the draft as fair as possible. In contrast, veterans of the all-volunteer force have been shown to have more psychiatric and substance abuse disorders than non-



A homeless veteran makes his way along a street in midtown Manhattan in October 2003 with his possessions piled in a grocery cart.

Source: Karen Christensen; used with permission.

veterans in their age group. Many seem to have entered the military because they lacked desirable options in the civilian labor market. Moreover, negative public opinion on the Vietnam conflict made military service unpopular and recruiters could not be selective in the post-Vietnam era.

This finding was replicated in two subsequent studies, one based on data from the Shelter-night survey in the 1990 census, the other on a 1996 national survey. While the gap has diminished, veterans are still twice as likely as non-veterans to be homeless, by these measures of the 1990s. This risk is far higher than was observed among veterans of the Vietnam era and before.

Vietnam Service and Posttraumatic Stress Disorder

These findings seem counterintuitive to many homeless service providers who assist Vietnam veterans suffering from posttraumatic stress disorder (PTSD). A number of studies have found that while there *are* high rates of Vietnam service and PTSD among those who are homeless, these rates are no higher than those found in non-homeless, low-income vet-

erans. Available data indicate that among veterans, just as among other men, the antecedents of homelessness include poverty, social isolation, and substance abuse. Thus Vietnam military service does not seem to be an especially strong predictor of homelessness, although it is quite common among homeless men.

Survey data from homeless veterans themselves lend some support to these epidemiological findings. For example, among those who had always had a home previously, an average of 12.5 years elapsed between military discharge and their first homeless episode. When asked if they thought their military service had contributed to their becoming homeless, 59 percent

responded “no,” 25 percent “somewhat,” and only 16 percent “very much.” When asked to name particular aspects, the most common response was not combat exposure, but that military service had increased their substance abuse.

VETERANS AMONG HOMELESS WOMEN

Between 3.1 percent and 4.4 percent of homeless women were veterans, according to data from the 1996 survey and from a large clinical program conducted in the late 1990s in eighteen U.S. cities—a program not under the auspices of the Veterans Administration (VA). This seemingly small proportion is actually quite substantial given that only 1.2 percent of all American women are veterans. Thus their statistical risk of homelessness some three to four times greater than that of their non-veteran peers and is fairly consistent across all age groups. These unexpected findings parallel those for male veterans of the all-volunteer army. Indeed, females have always served on a voluntary basis. The same factors that prompt some people to volunteer for military service—unstable family situations, few oppor-

tunities for civilian employment—may also place them at high risk of homelessness after discharge. It seems that when these veterans complete their military service, they may find themselves further cut off from social supports and thus at greater risk of becoming homeless.

THE CHANGING PROPORTIONS OF VETERANS AMONG HOMELESS AMERICANS

National surveys conducted about a decade apart by Martha Burt of the Urban Institute provide insight into the shifting proportions of veterans among homeless American men. In these analyses, birth cohorts (i.e., samples sharing similar dates of birth) of men assessed in 1987 were compared with the same birth cohorts in 1996, so that changes in the proportion of veterans in various age groups in the general population were not mistaken for changes in the risk of homelessness.

Comparing matched age cohorts, Burt found that the overall percentage of homeless men who were veterans declined by 9 percent, from 45 to 36 percent. More specifically, the figure dipped slightly in the post-Vietnam age group (from 31 to 29 percent), dropped a bit more in the age group that served during the period *between* the Korean and Vietnam conflicts (from 68 to 64 percent) and dropped even more significantly in the Korean and World War II-era age groups (from 75 to 65 percent). However, the proportion of veterans in the Vietnam-era age group *increased* slightly, from 38 to 41 percent). While encouraging overall, these data do not identify specific causes of these declines.

CHARACTERISTICS OF HOMELESS VETERANS AND NON-VETERANS

By many measures, veterans differ little from non-veterans among homeless populations. Veterans tend to be older, better educated, and have more days of recent employment than non-veterans. On the other hand, they have somewhat more severe alcohol problems—but similar levels of drug and psychiatric problems. A study of the military records of clients

treated in non-VA homeless case management programs (those not requiring VA eligibility) found that 6.9 percent had received bad conduct or dishonorable discharges, more than triple the general rate of such discharges (1.8 percent). Not surprisingly, homeless veterans had less successful military service than other veterans. Nevertheless, it is notable that in every era, homeless and non-homeless veterans are equally likely to have served in combat—with about 30 percent receiving fire during that service.

SERVICES FOR HOMELESS VETERANS

While homeless veterans receive assistance from many programs, the federal Department of Veterans Affairs bears special responsibility for addressing their needs, both through its mainstream health care and benefit programs, and through a nationwide network of specialized services. Like their housed peers, homeless veterans may be eligible for compensation for medical and psychiatric conditions precipitated by military service, for pensions, and for other education and housing benefits. As a result of their extreme poverty, they almost always qualify for free medical services at VA centers throughout the United States. Surveys have found that 24 percent of general psychiatry VA inpatients were homeless at the time of admission, as were almost 50 percent in inpatient substance abuse programs.

Since 1987, the VA has sponsored two major specialized programs. The Domiciliary Care for Homeless Veterans (DCHV) program based on VA's long-standing residential treatment units provided 5,500 episodes of care at thirty-five VA medical centers nationwide in 2001. The Health Care for Homeless Veterans (HCHV) program had contacts with 57,854 veterans at 134 VA medical centers in the 2001 fiscal year, and provided 5,093 episodes of residential treatment through contracts with commitment providers. Although they differ in several respects, both programs involve five core activities. First, both have outreach functions, identifying veterans among homeless persons encountered in shelters, soup kitchens, and other community locations. Second, they offer team psychosocial assessments to determine the needs of each veteran, and to give priority

to those who are most vulnerable. Third, they make referrals for medical and psychiatric inpatient and outpatient treatment. Fourth, both provide time-limited residential treatment, the DCHV in domiciliaries (and the HCHV in community-based halfway houses). Fifth, they offer follow-up case management, as budgets permit, to help veterans identify resources to facilitate their community integration.

Increasingly, these programs have formed partnerships with community providers, with the VA offering health care services and its partners, funded through both contracts and grants, providing transitional housing services. Treatment outcomes in these partnerships show that while contract residential treatment is linked with improvements in housing, psychiatric status, substance abuse, employment, and social support, it also costs more than treatment though it is limited to outpatient service provision.

To further enhance these core programs and to establish a full continuum of care, the VA has expanded its housing, financial support, and rehabilitative functions by collaborating with state and local providers—and with other federal agencies such as the Social Security Administration (SSA) and the Department of Housing and Urban Development (HUD). A VA-SSA joint outreach program showed that veterans were more than twice as likely to receive SSA benefits at joint program sites as at control sites. Moreover, receipt of SSA benefits resulted in improved housing outcomes and subjective quality of life measures, with no increase in alcohol or drug use. Similarly, a rigorous three-year experimental evaluation of the HUD-VA Supported Housing (HUD-VASH) program showed HUD-VASH veterans had 25 percent more nights housed than a standard care group and 36 percent fewer nights homeless (excluding institutional care in hospitals or jails), although there were no significant differences between treatment groups on any measures of psychiatric or substance abuse status or community adjustment.

VETERANS SERVICE ORGANIZATIONS (VSOs)

Since the Civil War, veterans have joined to create large, independent advocacy and support groups,

such as the Grand Army of the Republic, the American Legion, and the Veterans of Foreign Wars. Many of these VSOs have become prominent forces in American life and have promoted efforts to assist homeless veterans, often by making donations that support national VA programs.

The growth of homelessness among veterans has also stimulated the development of numerous smaller groups, many adopting a nonprofessional, “veterans helping veterans” philosophy. In 1990, an umbrella organization of such service providers, the National Coalition for Homeless Veterans (NCHV), was formed. With an estimated 200 chapters, the NCHV has formed partnerships with the VA as well as with state and local governments.

TOWARD ELIMINATING VETERAN HOMELESSNESS

While the stated goal of VA and many non-VA service providers is the total elimination of homelessness among citizens who served and sacrificed for their country, progress toward achieving this goal is limited. While hundreds of thousands of veterans have been assisted through these programs, and robust evidence demonstrates that program participation is associated with improvement in multiple life areas over the course of treatment, it does not seem likely that homelessness among veterans will be eliminated independently of a broad solution of the tragedy of homelessness in society as a whole.

—Robert A. Rosenheck, Wesley Kaspro, and Catherine Seibyl

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W

▣ WASHINGTON, D.C.

The issues of homelessness in Washington, D.C., have received a unique forum in comparison to other U.S. cities, by virtue of the city's role as the nation's capital. Demonstrations and vigils by advocates for the homeless in Washington, D.C., have drawn national attention since the 1970s, especially since the protests have often taken place in Lafayette Park—where many homeless people have resided through the years—located across the street from the White House.

EARLY ADVOCACY EFFORTS

During the 1970s, the number of homeless residents of Washington, D.C., increased significantly as thousands of low-income homes were abandoned or demolished by landlords or converted to higher-income units. Compounding the problem was the loss of half of the city's single-room occupancy (SRO) units. A range of community groups stepped in to identify and deal with the growing needs of the homeless population.

The Community for Creative Non-Violence

The best-known local advocacy group for the Washington, D.C., homeless during the 1970s and 1980s

was the Community for Creative Non-Violence (CCNV). In 1972 the CCNV opened a soup kitchen serving upwards of 300 homeless people a day, and by 1976 CCNV “began in earnest the task of securing adequate, accessible space, offered in an atmosphere of reasonable dignity, for every man, woman, and child in need of shelter” (CCNV History and Chronology, para. 5).

The CCNV's activities in the late 1970s put the group in the forefront of homelessness advocacy both in the District of Columbia and in the nation at large. As research scientist Kim Hopper has written,

If some charmed point of origin were to be designated for the inauguration of advocacy on behalf of the homeless poor in the United States, it would have to be the occupation of the National Visitors' Center . . . [by the CCNV] in November 1978. Federal police routed them after a few nights, but the warning shot had been fired and an undeclared war joined. (Hopper 2003, 178)

Mitch Snyder, the CCNV's spokesperson, became a nationally known figure after his fifty-one day fast (in tandem with CCNV's aggressive advocacy) in 1984 pressured the Reagan administration into agreeing to renovate CCNV's Federal City Shelter. In the same year, D.C. voters overwhelmingly passed the CCNV-sponsored “Right to Shelter Act,” which gave homeless people a legal right to shelter. It took four more years of CCNV battles and \$14 million in



An early morning rainswept view of the Community for Creative Non-Violence's 1,350-bed shelter for men, women, and children, located in Washington, D.C., a few blocks from the U.S. Capitol.

Source: Marcy Ross; used with permission.

federal funds, but the CCNV succeeded in opening the Federal City Shelter in 1988 as a 1,350-bed facility, which the organization continues to operate. The CCNV victories of the 1980s, however, were overshadowed by two painful losses in 1990—voters' repeal of the Right to Shelter Act (based on fears that it was too costly to enforce) and the subsequent suicide of Mitch Snyder.

Other Pioneering Groups

Although the CCNV snagged the lion's share of headlines in the 1970s and 1980, other organizations were also actively working to meet a broad range of needs in the District (as Washington, D.C., is termed locally) and continue to do so. For example, So Others Might Eat (SOME) opened a soup kitchen in 1970 that evolved into a meal program in 1978 that now has 15,000 community volunteers who prepare and serve 1,100 meals a day to homeless individuals. In the 1980s, SOME opened a transitional shelter for homeless men, an emergency shelter for abused elderly people, and an SRO residence. The organization also expanded to include a wide spectrum of medical and employment services. Since the 1980s, other food programs such as Miriam's Kitchen and Bread for the City have also broadened their mandates to offer a wider spectrum of services.

Other organizations have focused on particular needs or populations. For example, Calvary Women's Services has served women needing transitional housing and support services since 1983. The Community of Hope, founded in the 1980s, puts its emphasis on meeting the needs of homeless families, with transitional housing, health services, and enrichment programs for children. And in 1985, Christ House opened its doors to serve people who are ill and homeless.

POLICIES AND PROGRAMS IN THE 1990S AND BEYOND

After the Right to Shelter Act was defeated by District voters in 1990, government agencies sought new strategies to solve the issues of homelessness. The outcome was a plan known as the "DC Initiative" that represented "an agreement to transition the District's homeless care system from a shelter-based to a continuum of care approach" (U.S. Department of Housing and Urban Development 1998, 2). In 1994, the U.S. Department of Housing and Urban Development (HUD) and the District's Department of Human Services (DHS) entered into an agreement with the nonprofit Community Partnership for the Prevention of Homelessness (CPPH) to oversee the creation and management of the continuum of care through 1998, providing \$20 million in grant funds to CPPH. Although HUD found some deficiencies in the way CPPH monitored its subgrantees, CPPH's track record was strong enough that the agency was selected to continue overseeing the District's homeless continuum of care into 2004. The CHHP notes on their website that:

Between 1995 and 2003 the Partnership, DHS and other city agencies have transformed the public homeless system from one that was 88% emergency shelter with very few services to one that now offers a true continuum of care: 41% emergency shelter (the city still provides most emergency shelter), 30% transitional shelter and housing and 29% permanent supportive housing. In 1995 25% of all public beds offered only overnight shelter, but by 2003 just 11% of all beds are overnight-only. Services have been improved throughout the continuum of care. The number of beds available



Safe Haven for Refugee Families in Washington, D.C.

WASHINGTON, D.C. (ANS)—Strife caused by a mixed marriage—she is a Serb, he is Muslim—forced Zorica Omazic and her small family to flee war-torn Bosnia for America, the land of opportunity. But a run-down, roach-infested apartment in their new nation's capital, no less, was not part of their American Dream.

Omazic heard through contacts about Mary House, which provides shelter and support for immigrant families new to Washington, and "it was like a new beginning for us," Omazic said.

Sharon Murphy and her husband, Bill, have been providing housing for the homeless and needy since 1981, when they started Mary House to serve immigrants from El Salvador and Guatemala. The name comes from her husband's Catholic background, Murphy said.

"The bottom line with the story of Jesus' birth is that the innkeeper knew he didn't have any place to put this couple, but he found space (in a stable)," Murphy said. "And I said, 'What a symbolic story.' We live in a culture and a time where we invest a lot in explaining why we don't respond, rather than really digging deep and figuring out that there's always a way to respond."

Mary House's Bosnian Refugee Resettlement Program began when Murphy returned in July 1995 from a peace mission to Bosnia with a dream to provide safe haven and trauma assistance for immigrating refugee families.

All referrals come from community-based organizations in Washington that serve refugees, Murphy said.

The system at Mary House is to provide families a safe place to sort out their needs and then offer help where possible, Murphy said. These needs may include assistance in employment, medical care, day care and school, she said.

"The issues for the families we serve are not any different than for other families at risk; it's just that because they're refugee families, they have even greater obstacles," Murphy said.

Language was a major early obstacle, said Omazic, who now speaks fluent English. Mary House helped in ways that their original resettlement program didn't.

"We finally got some help," she said. "If you have problems with Medicaid, we didn't have any help from our sponsor; we were just given a piece of paper with the address and time of our appointment and that's it. Everywhere we had to go, we went alone, with no translator."

The Omazic family is one of about 35 now housed in

10 buildings scattered in neighborhoods throughout Washington, D.C. "Most of the places we buy are already apartment buildings that need to be fixed up or duplexes or row houses," Murphy said.

Their properties blend into the neighborhood; indeed, there is no sign proclaiming "Mary House" or anything to indicate that these buildings are anything but homes, which is a sign of respect for all concerned, Murphy said.

"From the moment someone comes into Mary House, you have the right to space called home and the neighbors have a right to their homes also, and we're trying to make sure we do that," she said.

Tenants pay rent way under the market, Murphy said. Single mothers pay \$250 monthly; couples pay \$350; and large families pay \$450. If rent is paid on time, then \$50 of their rent goes into a savings account established for them. If rent is not paid on time, Mary House gets that \$50.

"It establishes a savings account for them and a rental history, so when a family leaves Mary House after two years, they've got an actual savings account in a bank and a rental history to be able to go into the open market with," Murphy said.

They also leave with the kind of information to make their transition to American life much easier, through support services like tutoring, mentoring, a library program, a home ownership program and Street Law, a curriculum developed by a non-profit legal education group to help people understand their legal rights.

Funding such programs is possible through thrifty use of private donations and private foundations, Murphy said. The Mary House budget for 1999 is \$361,000, with just 3 percent going for administrative costs. There is no salaried staff.

Families may stay at Mary House for up to two years, which most opt for, she said. If they're actively saving to buy their own home, they may stay a third year. Last year four families moved out of Mary House into home ownership and eight currently are planning such a move, she said.

Omazic also wants that for her family.

"I hope that next year we'll be ready to find our own place," she said, noting that this is their second year in Mary House. "I think that after two years, we'll leave Mary House and leave a space for another family."

across the public system to adults, youth and families has expanded by 65% overall. Adult and youth beds have expanded by 26% overall and the overall number of units for families has expanded by 191%. (www.community-partnership.org/aboutus.html)

As CHHP readily admits, however, the problems of homelessness in Washington, D.C., are still far from being solved. As of 2001, CHHP estimated that some 16,340 people were homeless in the city. And the agency notes as well, "On any given day there are approximately 6,840 literally homeless persons in emergency shelters and transitional housing on the streets or awaiting shelter while staying in precarious housing" (www.community-partnership.org). Like a number of other major U.S. cities, the District is working on a formal 10-year plan to end homelessness that is expected to be released by 2004.

—*Marcy Ross*

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▣ WILDER RESEARCH CENTER

Homelessness and housing issues are major concerns of the Wilder Research Center, a nonprofit applied research group affiliated with the Amherst

H. Wilder Foundation in St. Paul, Minnesota. The Center conducts research studies and program evaluations for about 150 local, regional, and national organizations annually on issues including early childhood development, school success, neighborhood vitality, aging, mental health, crime and violence, welfare reform, and immigrants' experiences.

Wilder's first major research project, a door-to-door survey of St. Paul housing conditions in 1917, led to the city's first housing codes. More recently, Wilder has been conducting local studies of homelessness since the mid-1980s. This work has expanded in proportion to the growing problem of homelessness, growing public awareness of the damage done by homelessness to individuals and communities, and growing efforts to understand and end homelessness as a fact of life for thousands of Minnesotans each year.

THE MINNESOTA HOMELESSNESS SURVEY

Wilder Research Center has conducted five statewide surveys of people experiencing homelessness, in 1991, 1994, 1997, 2000, and 2003.

In 2000, more than 500 volunteers received two hours of interview training by satellite television broadcast carried at sixteen sites around the state. The training session provided instructions, tips to reduce interviewer bias, and a role-play exercise. Volunteers completed 2,500 interviews in thirty-six hours at 288 sites around Minnesota, including emergency shelters, battered women's shelters and safe homes, time-limited transitional housing programs, teen shelters and transitional programs, and forty-one non-shelter locations including food sites and encampments. Each respondent received five dollars at the completion of the interview. A census of providers showed that the interviews included 40 percent of all persons living in shelters. At larger shelter sites, survey participants are chosen by random sampling. All survey results are weighted to reflect the entire known sheltered population on the night of the survey.

One important methodological limitation of the statewide survey is the fact that it relies on a convenience sample of non-shelter locations; it does not include a comprehensive sampling of soup kitchens or

other feeding sites. However, virtually every shelter, safe house, voucher site, and transitional program is included in the survey and homeless outreach workers assist in the identification of street locations and drop-in centers where non-sheltered homeless persons can be found. In 2000, 92 percent of those asked to complete the survey agreed, both in shelters and in non-shelter locations, yielding a large enough sample for analysis of specific populations, such as military veterans, American Indians, African-Americans, and people with mental illness. Other strengths of the survey include an actively involved advisory group whose wide range of perspectives and organizations (advocates, service providers, shelter operators, state agency staff, and nonprofit organizations) enhances the practical value of study results. Volunteer interviewers learn about the issue through face-to-face interaction with people experiencing homelessness. They also lower the cost of this massive data collection project, since interviewers are not compensated for attending training and conducting interviews.

Over the years, the Minnesota Homeless Survey has provided documentation for many grant applications, resulting in tens of millions of dollars to support homeless programs and housing development.

SHELTER DATA COLLECTION SYSTEM—RAMSEY COUNTY

In another ongoing project, Wilder collects and reports common data elements about homeless adults and children who use emergency shelters and transitional housing programs in Ramsey County, where St. Paul is located. Shelter staff collect this information, either in person or through a self-administered questionnaire, both at intake and when people exit the shelter program. The shelter sites submit this information quarterly to Wilder Research Center, which aggregates and analyzes the data. The Center publishes annual reports that help funders, policymakers, and service providers understand trends in shelter use through unduplicated counts and make informed decisions about services, funding levels, and government policy. This project has received continuous and substantial support from fifteen participating organizations since it began in 1991.

MINNESOTA HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

In part as an outgrowth of this local shelter data project, Wilder Research Center serves as the coordinating agency for the statewide Homeless Management Information System (HMIS) begun in 2003. This Internet-based system will help improve service to clients by tracking individual needs and service usage. It will also assist service providers by consolidating state and federal reporting, and will strengthen planning for services related to homelessness by providing standardized and timely data on demand. Service providers, planners, and advocates around the state of Minnesota have participated in the planning for the system, which is being developed in response to a federal mandate. The planning group committed itself to developing a system that will not only meet the federal mandate, but will truly help people in the state access housing without jeopardizing the privacy of those experiencing homelessness, and without hampering the service providers who will be the primary users of the system.

ASSESSMENT, EVALUATION, AND EDUCATION

Wilder Research Center has conducted needs assessment studies in suburban areas, developing methods for documenting the number and characteristics of the homeless through unduplicated counts, the reasons for their predicament, and the services that might end or prevent it. These reports include discharges and exits from treatment centers, referrals for housing-related services, pre-applications for Section 8 (federally subsidized) housing, and intakes for housing services during a twelve-month period. Another needs assessment in 2003 focused on “homeless and precariously housed” American Indians in Duluth, Minnesota.

The Center also evaluates the results of a number of local and regional supportive housing programs, transitional housing programs, homelessness prevention projects, programs that serve homeless people, and housing affordability and stability projects. Examples of these include a mortgage foreclosure

prevention project and a public school effort to ensure continuity of education for children whose families are homeless.

Much of Wilder's homelessness research is available to the public on the Internet at www.wilder.org/research. Research staff frequently provide conference presentations, expert testimony, news media interviews, briefings for key decision makers, and other forms of information and education about homelessness. In 2003, the Wilder Foundation helped to convene a local conference on cost reduction in the development of affordable housing.

—*Greg Owen and Richard Chase*

☐ WOMEN

Homeless women in the United States were invisible throughout most of the twentieth century. In its early decades, they were a minor, little-noted presence in the hobo camps, skid rows, and missions that sheltered the enormous variety of destitute people who scraped by on the margins of U.S. society. They remained largely unacknowledged in the chronicles of Depression-era homelessness; and as sociologist Peter Rossi (1989) notes, "What few homeless women there were in the 1950s and 1960s must have kept out of sight" (p. 35). But in the 1970s and 1980s, as homelessness overflowed the boundaries of marginal neighborhoods and revealed the diversity of late-twentieth-century poverty, homeless women became a visible fact of urban life. The emblematic figure was the "shopping-bag lady"—an elderly, unkempt, deranged, and isolated woman who carried her possessions in filthy shopping bags rumored to conceal bank books that recorded millions in secret wealth. Most were seen as both repulsive and mysterious, beyond rationality, unknowable. Writings and photographic essays on homeless women in the 1980s began to demystify shopping-bag women, documenting their struggles to meet basic survival needs while exploring the fascination they exerted, particularly in relation to a feminist consciousness of women's unresolved ambivalence about power and vulnerability.

While popular culture and the feminist gaze

were focused on the shopping bag lady, urban bureaucracies were documenting astonishing increases in other kinds of female homelessness. Younger women with children, disproportionately women of color, appeared in rapidly growing numbers as candidates for shelter, eventually eclipsing older women both in numbers and in the public imagination of homelessness. They were part of a surge in homelessness that reflected the global economic changes reshaping the U.S. industrial structure and labor markets through deindustrialization and the expansion of urban service economies. In many cities, the resulting transformation of local housing markets produced both gentrification and homelessness. In the context of the neoliberal policies that dismantled state-supported safety nets and of ongoing changes in family and household forms, these processes have expanded the proportion of people in poverty, shunting many impoverished men to the margins of the labor force, into shadow work (selling plasma or drugs, scavenging) or incarceration, while "feminizing" household poverty and concentrating its effects in communities of color. Both men and women have been affected, but gender (along with race) has mattered in how they have experienced poverty and in what pathways they took from poverty to homelessness.

GENDER AND HOMELESSNESS

Research since the 1970s has shown that many of the contrasts between homeless women and their male counterparts have remained unchanged. A 1976 study of New York City's only municipal women's shelter reported that the fifty-two homeless residents were "poorer, younger, better educated, more often black, and more frequently married" than homeless men (Bahr & Garrett, 1976, p. 135). Women were also more likely to have children and to come from disrupted homes but less likely to have serious substance abuse problems. In subsequent decades, research showed local variations in specific characteristics but largely reaffirmed these contrasts; it also documented higher rates of psychiatric difficulties (hospitalization or symptoms) among homeless women.

Studies in the 1990s found additional differences: Homeless women—particularly those with mental illness—consistently report higher rates of childhood physical or sexual abuse (depending on the definition and the measure used, rates range from 23 percent to 74 percent) than homeless men. Some scholars interpret this finding as evidence of a gender-specific cause of women’s homelessness, though studies reporting similar rates in comparison groups of non-homeless women render the causal role of such experiences uncertain. For women who experience domestic violence as adults, the link to homelessness may be more direct, although its independent effect is unclear.

During the last decades of the twentieth century, homelessness grew faster among women than men, and the number of homeless families increased. In the 1980s and early 1990s, approximately 15 to 25 percent of all homeless adults were women. A national survey carried out in 1996 by sociologist Martha Burt found that the proportion had grown to almost 33 percent, and further increases occurred after 2000. In New York City, the nightly shelter census leaped from 21,000 to 38,000 between 1998 and 2002, as single adults (overwhelmingly men) increased 14 percent to 8,000 and homeless families increased 105 percent to 9,097, with 13,400 (mainly female) adult members. No longer invisible, women have come to outnumber men in New York’s sheltered homeless population. And their increased numbers make their diversity more apparent: Family status, age, and disability delineate subgroups whose contrasting characteristics reflect distinctive experiences of homelessness.

FAMILY STATUS

Family issues index important differences among homeless women. Burt’s survey shows that the two major subgroups defined by family status—unaccompanied women and those with children—were similar in size but differed in age, race/ethnicity, and duration of homelessness: Women with children were more likely to be women of color, younger, and more recently homeless than unaccompanied women. Numerous local studies report similar con-



Women with infants or children begging on streets is not an uncommon sight in many cities. Here, a young woman with an infant is begging in a tourist area of Athens, Greece, in July 2003.

Source: Karen Christensen; used with permission.

trasts. Findings on mental illness are inconsistent, though most indicate that women with children have fewer and/or less severe psychiatric problems than women who are homeless alone.

A closer look at family status reveals additional complexities. *Unaccompanied* homeless women include nonmothers and mothers of adult children, but most are mothers of minor children living elsewhere. And many homeless women *accompanied* by children also have at least one child living with others. Moreover, family status fluctuates: In a study of 10,474 women in New York City shelters, 689 women (28 percent) who were in “singles” shelters had also stayed in family shelters; and 618 women (7.7 percent) who stayed in family shelters had also stayed in singles shelters.

Women’s familial and intimate relationships—with parents, partners or spouses, and children—both shape and are shaped by their homeless experiences. Some family events—leaving an abusive partner, divorce, the death of a spouse or coresiding parent, or a custody loss that disqualifies a mother for welfare benefits or housing subsidies—lead directly to housing loss and homelessness. When women live with parents or other relatives, pregnancy and childbirth may also precipitate homelessness if the expanding family overstrains relationships and household capacity.



Homeless Women Become Self-Advocates

Already down on their luck, and often blaming themselves for their predicament, homeless women rarely see themselves as experts on anything, much less as effective self-advocates for change.

But members of a group called Roofless Women don't agree. In fact, said the Boston-based group's coordinator Mikala Bemberry, "When I talk to legislators as an individual woman, they tell me they don't hear from us as a group. It seems like all we ever hear on Capitol Hill is that they don't hear from us."

Run by women who at one time or another were homeless, Roofless Women's goal is to encourage homeless women to find their voices, tell their stories and get politically engaged. "Homeless women must speak up in unison," said Bemberry.

One of the first lessons taught by the group's shelter outreach workers is to correct the misconception that homeless people can't vote because they lack an address. Actually, said Bemberry, they can register using a shelter or day treatment facility address, the same addresses they may use to collect any government benefits they might be entitled to.

The group came out of a University of Massachusetts research project in the 1990s, when six homeless women were recruited to attend college and conduct research into homelessness. They surveyed about 125 other homeless women to create a picture of their lives.

Bemberry became involved with the group in 1997 when she herself was homeless and heard that a presentation of research results at the Massachusetts state house would include an opportunity for audience members to address legislators.

"I read about that presentation, and I wanted to speak at the open mike," Bemberry said. "My son and I had been

homeless for two years, and I was ineligible to stay in a shelter because the money I made in a part-time cafeteria job put me over the income limits," she said. The job did not, however, provide her enough income to afford housing on her own.

This kind of story, along with survey information that showed 70 percent of women blame themselves for homelessness and that many became homeless because of domestic violence, pointed to a need for homeless women to speak out.

Roofless Women says it was needed not only because homeless women are a rightful political constituency, but to help break down stereotypes of homeless women as manipulators of the system who choose not to work.

With several small foundation grants and a home at the Women's Institute for Housing and Economic Development, Roofless Women's only paid staffer is Bemberry, who works with a core committee of seven to raise money and plan strategy.

Efforts focus on shelter outreach during which Roofless Women members share their own stories and survey results with shelter residents. "We let women know the facts about homelessness," said Bemberry. "We share the survey results and try to convey the message that they're not alone and that they're not at fault." The group stresses the importance of voting and contacting legislators to share their frustrations and needs, Bemberry added.

But encouraging people to come forward and ask for help when they already blame themselves for their status has proved a hurdle for the organization, Bemberry said. "They don't want to be the one to go up and say 'Help me; I'm poor.'" To help ease the process, the group will soon begin providing postcards and postage so women can write to

Source: Karen Pirozzi, "Homeless Women Urged to Become Voting Self-Advocates," American News Service, n.d.

Homelessness affects women's intimate and family relationships as well. Among poor mothers, the stresses of homelessness may increase the risk of involuntary separation from children by negatively affecting parenting practices—for example, when shelter rules (about mealtime, discipline, bedtime, and so on) contravene family practices and undermine parental authority or when surveillance by shelter staff reveals parenting problems that remain unexposed in housed families. Homelessness also leads some mothers to "voluntarily" place children

with relatives or others to protect them from the shelter environment. And for some mothers, both homelessness and family separations may be the result of personal mental health or substance abuse problems.

Homelessness influences family processes in other ways, too. Shelters are often distant from the kin and friends in a mother's network of child care and support. Nonmothers also report that homelessness estranges them from family and friends, either because shame prevents them from revealing their homelessness to relatives and others or because home-

legislators with the support and assistance of Roofless Women members.

"The homeless get beaten down," said Marcia Shannon, a Roofless Women Core Committee member who has been homeless. "You don't know it's okay to advocate for yourself, that you're entitled to certain rights."

In her shelter outreach on behalf of Roofless Women, Shannon tells other women that their voices can help destroy the stereotypes working against them. "I want people to know that women in shelters are not lazy, not ignorant, not sitting in the shelter all day doing nothing," Shannon said. She also wants people to realize the difficult adjustments necessary for shelter living, the fact that mothers must be with their children constantly, that children may naturally regress and misbehave in such stressful situations, that it's difficult to share a room with people you don't know and maybe don't like.

"It's not that we're not grateful for the shelter," Shannon said. "It's just that it's important for women to be able to talk about their experiences, and it's helpful for policy makers to get a better understanding of what it's like to be homeless."

Tricia Simpson, outreach coordinator for the Massachusetts Coalition for the Homeless, agreed. "Any organizing is crucial. I don't think any organization can do legislative work, policy work without the voices of women."

Simpson recounted a conversation with a state legislator who refused to meet with her because none of his constituents had expressed concern about the issue of homelessness. "But anyone going through this is unlikely to have the wherewithal to call her legislator," Simpson said. "The internalized shame is very strong. People assume it's their fault they became homeless. This presents a huge challenge for Roofless Women, but we need groups like that."

lessness places demands on relationships already strained by unmet needs. Thus, while overburdened relationships may push a woman toward homelessness, once she arrives there, homelessness further weakens the fibers of relationship and support.

AGE

Age is related to a woman's family status, but it also has other implications for how women experience homelessness. In the 1996 Urban Institute survey, 15

percent of unaccompanied homeless women were fifty-five or older. Some older women approximate the "shopping bag lady" stereotype: isolated, reluctant to accept contact or help except on her own terms, ensconced in an alternative reality structured by mental illness. And research has found high rates of psychiatric problems in this group: In a New York study of older homeless women, 42 percent showed evidence of psychotic symptoms and 27 percent reported past psychiatric hospitalizations; a study in Virginia found that 48 percent of homeless women over fifty had received mental health or substance abuse services, and 40 percent were receiving Supplementary Security Income (SSI) or Social Security Disability (SSD) benefits. However, older women with indicators of psychiatric disorders are a minority; the group as a whole is more generally characterized by extreme poverty, a variety of physical problems, and isolation from family and friends.

For some older homeless women, critical life events precipitated homelessness (for example, being the last caretaker as parents or other relatives died or losing a live-in job); for others, the cumulative effect of smaller events (such as illness, rent increases, family conflicts, job loss, or divorce) led to homelessness. Women in their fifties and early sixties are particularly vulnerable since unless they are severely disabled, they do not qualify for the social security benefits that can protect women only slightly older than they are from homelessness.

Older homeless women have often confounded service delivery efforts except at the lowest level of demand—drop-in or shelter services that impose few rules and ask few questions. A New York study found that fewer than half in a sample of 201 older homeless women became housed after two years; those who did had higher baseline levels of social support, community services, and entitlements benefits than those remaining homeless. They were also less likely to be psychotic and had shorter histories of homelessness. The study notes the "apparent lack of suitable housing options for older homeless women as evidenced by the high percentage of women who received no housing offers, and by the large number that rejected offers that were made" (Cohen et al., 1997, p. 73). Descriptive accounts indicate that in the



A woman in the Plaka neighborhood of Athens searches through trash outside a tourist hotel in July 2003.

Source: Karen Christensen; used with permission.

absence of viable alternatives, some women remain in shelters until the infirmities of age lead them to nursing homes or hospice care.

Very young homeless women constitute another age-defined group with distinctive characteristics and needs. One study of New York City families on public assistance found homeless women far more likely than others to be pregnant (35 percent versus 6 percent) or to have given birth in the last year (26 percent versus 11 percent); another New York study found young homeless mothers with infants at particularly high risk for recurrent homelessness. Frequently these women have been residing in family situations that are unable to accommodate additional members, and having young children adds to the financial and social strains that make it difficult for them to establish a stable residence on their own. Pregnant homeless women are also at risk for pregnancy complications, poor birth outcomes, and having children with medical and developmental problems. In addition to prenatal care, they may need parenting supports (since homelessness often cuts women off from support networks that are particularly important for new mothers), mental health services (for those who have experienced trauma and victimization), substance abuse programs that do not require separating mothers from children, and some continuity of services after they become rehoused to foster linkages to resources and support.

DISABILITIES

Despite public perceptions that homelessness is caused by psychiatric disorders, most homeless women do not have major mental illnesses, although they do have higher rates of many symptoms and disorders than homeless men, other poor women, or women in the general population.

Actual rates of mental health problems among homeless women vary widely, depending on the indicators and measures used, the subgroups considered, and the type of illness or distress studied. Psychiatric hospitalization, symptoms of distress, and a diagnosis of mental disorders are all commonly used as indicators of psychiatric problems. In a comprehensive review in 1996 of the relevant research, psychologist Marjorie Robertson and epidemiologist Marilyn Winkleby report that homeless women consistently score higher on symptoms of distress and depressed mood than women in the general population. They caution, however, that these scales may measure reactions to traumatic events and difficult environments as well as ongoing psychiatric conditions, and that these scales do not necessarily reflect major mental disorders. In studies of psychiatric hospitalization for homeless women, rates ranged from 8 percent to 35 percent, compared to 3 percent among women in the general population. Diagnoses of several specific psychiatric disorders (schizophrenia, major depression, bipolar disorders, alcohol disorders, and drug disorders) are also higher among homeless women than among women in the general population or among other poor women.

There are subgroup differences as well, with unaccompanied women experiencing more problems: They have higher hospitalization rates (10 to 27 percent) than women with children (2 to 14 percent) and higher rates of schizophrenia and bipolar disorder. Rates of major depression are high in all subgroups.

The psychiatric profile of homeless women has not been static. In the 1990s, studies began to report elevated rates of disorders not previously identified among homeless women. When the profile of post-traumatic stress disorder (PTSD)—a diagnosis developed after the Vietnam War to encompass

symptoms once described as wartime psychosis or shell shock—was applied to victims of sexual and physical abuse, PTSD acquired a female face. Not surprisingly, among homeless women, who often have histories of victimization, rates of PTSD are high: In studies in St. Louis, Missouri, and Worcester, Massachusetts, over one-third were diagnosed with PTSD. Women's growing use of illegal drugs during the 1990s also contributed to the changing diagnostic profile of homeless women. While the prevalence of drug and alcohol abuse remains lower among women than among men in both homeless and non-homeless samples, substance abuse is a prominent issue for many homeless women, both accompanied and unaccompanied by children.

Less attention has been given to homeless women's physical health problems. Homeless adults experience acute illnesses, chronic physical conditions, and various communicable diseases much more frequently than the general population. Many acute problems (including respiratory infections, trauma, and skin ailments) emerge directly from the conditions of homelessness, and several chronic problems (like hypertension and diabetes) are exacerbated by these conditions and by limited access to health care. Communicable diseases like TB and HIV are also more prevalent among the homeless than the general population. In several studies, women with AIDS were disproportionately represented among the homeless: A study of HIV infection among homeless drug users found rates of 32 percent among Hispanic women and 38 percent among African-American women living on the streets; and in a New York study of sheltered homeless adults, AIDS contributed to a death rate among homeless women in the twenty-five- to forty-four-year-old age group that was fifteen times higher than that of other New York women. Despite high rates of sexually transmitted diseases (STDs), pelvic inflammatory disease (PID), and abnormal Pap smears, few homeless women receive regular gynecological care; pregnant homeless women are at particular risk for complications and poor birth outcomes, yet they are far less likely to receive prenatal care than poor housed women. And among homeless women and men, the rates of traumatic injury (such as broken

limbs and burns) are up to thirty times higher than in the general population.

Why do homeless women experience so many physical and mental health problems? Homelessness itself is often responsible for psychological distress and demoralization, as well as for various specific health conditions—skin ailments, peripheral vascular diseases, infections, and so on. Other problems, such as severe psychiatric disorders and chronic health conditions, can interfere with a woman's ability to maintain income and housing, making her more vulnerable than her healthier peers to acute episodes and exacerbations, as well as to the disruption of livelihood, family ties, and housing stability that often precedes homelessness.

STRATEGIES AND PROBLEMS OF SURVIVAL

The literature includes only a few accounts of women's experiences and survival strategies on the streets and in shelters. Women on the streets face theft of their possessions and a variety of assaults on their person and dignity, reflecting both an absence of basic facilities for women—toilets, showers, safe sleeping spaces, places to store possessions—and the vulnerability of these women to harassment and violence. Even in the context of food lines, shelters, or drop-in centers, women may be victimized by down-and-out men, security staff, and others who frequent these institutions. In the broader world they also face harassment by police, store security personnel, business proprietors, and other gatekeepers who protect regular users of public space from close encounters with homelessness. In rare extreme instances, they are at risk from thrill-seeking predators who believe the lack of a protected domicile makes them fair game for robbery and sexual assault. The 1996 Burt survey found that solitary homeless women are particularly vulnerable, experiencing robbery, theft of possessions, assault, and sexual attacks at notably higher rates than women with children.

Shelters proliferated in the 1980s and 1990s. Early accounts of homelessness in New York and other large cities reported that public shelters for unaccompanied women were less massive and dangerous than some of the gigantic and unruly institu-

tions sheltering homeless men, but regimentation, demeaning encounters with staff, and pervasive harassment deterred many women from using them. In some locales, nonprofit agencies developed twenty-four-hour drop-in centers offering showers, meals, and protection from the elements, or small, privately run shelters specifically catering to homeless women. These alternatives were often spartan but left a woman's dignity intact. Most women—whether homeless alone or with children—have preferred indoor accommodations, despite the lack of privacy and inadequate facilities, to the dangerous autonomy of the streets.

Ethnographic accounts document additional difficulties of survival even in relatively protected shelter settings. The usual shelter context is one in which everything from laundry vouchers to an extra meal portion has to be negotiated with staff who are fearful of encouraging “dependency,” where a woman is surrounded by the troubles, illness, and sometimes anger of others who are also trying to cope with homelessness, and where shelter rules—about when to sleep, get up, or shower, who can eat what and where, what one may possess and where it may be kept—produce feelings of powerlessness, resignation, and anger. At the same time, some women develop friendships and supportive relationships with other shelter guests or receive genuinely helpful services and support from the staff.

SERVICE NEEDS AND SERVICE UTILIZATION

In the mid-1970s, sociologist Theodore Caplow introduced his colleagues' study of homeless and disaffiliated women by noting that “for a sizeable minority, disaffiliation culminated a long series of wrong choices and personal failures, drunkenness and desertion, shoplifting and marital violence, abused children and neglected obligations. For this group, strongly represented in the Women's Shelter sample, there is little that anybody can do. . . .” Caplow depicted disaffiliated but still housed women as less blameworthy victims of age and infirmity who “could lead happier, and more useful lives if they had higher incomes, better housing, and a safer environment” (Bahr & Garrett, 1976, pp. xvi, xvii).

While efforts to distinguish the deserving from undeserving poor continue to inform policy debates, research on services has shifted focus from “wrong choices and personal failures” to the distinctive concerns of homeless women, including physical health problems, separated children, and the trauma of victimization. Noting that women often experience the settings where help is offered as stigmatizing, disempowering, or frightening, observers have suggested that the often reported “service resistance” of homeless women might better describe the settings than the women, who respond favorably to low-demand approaches that allow them to accept help on their own terms in settings that offer them a sense of security and community.

The growth of family homelessness has altered the service landscape. Public attitudes are more generous toward children, who cannot be blamed for their plight. Not surprisingly, homeless women with children are not only more likely to receive income supports and Medicaid insurance than men or solitary women; they also tend to be directed to service-intensive transitional shelters that provide case management, mental health and substance abuse services, parenting education, and job search or job training services. While families often benefit from these intensive services, the role of these services in fostering exits from homelessness is less clear-cut. Critics suggest that requiring homeless women to “graduate” from transitional shelter programs in order to be eligible for housing referrals and subsidies may unduly prolong homelessness, and that homelessness could be more effectively addressed if similar services were offered to stressed, but still-housed, families as an alternative to entering the homeless services system or in conjunction with housing subsidies that facilitate an immediate move to permanent housing. In fact, the most rigorously designed studies have demonstrated that subsidized permanent housing is the most effective response to family homelessness.

Research shows that rental subsidies, supportive services, and the availability of diverse housing options are also keys to residential stability for unaccompanied homeless adults, including those with severe psychiatric disorders. While women

have been included in this research, the few studies that have specifically focused on women's success in exiting from homelessness have emphasized that limited housing options, often mismatched to preferences, undermine their housing stability.

ISSUES FOR THE FUTURE

Twenty-five years of recent experience with homelessness makes it clear that for the largest portion of the population that becomes homeless, affordable housing and income supports can avert homelessness and restore residential stability. Many of the additional transitional services that have been developed—case management, parenting supports, child care, treatment programs, and health care—can improve the quality of life for women and their families but may be most effectively provided in the context of permanent housing rather than as “housing readiness” services. For women with particular vulnerabilities (young pregnant women, mothers with severe mental illnesses, and older homeless women with psychotic disorders), supportive safe spaces or transitional programs may be useful interim steps out of homelessness. But if the goal is to establish residential stability, the sooner permanent housing is obtained, the more effective the other services will be.

Thus much of what homeless women need is the same as what poor communities more generally need: housing, income, jobs, quality schools, child care, and health care services. Without these basics, it will remain difficult to tease out the causes of homelessness from its consequences and to tailor special assistance around the needs and problems remaining once all are afforded the basic human requisites for life, health, and dignity.

—Susan M. Barrow

See also Child Care; Child Support; Children, Impact of Homelessness on; Families; Family Separations and Unifications; Parenting; Prostitution

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▣ WORK ON THE STREETS

The homeless are among the most marginalized and socially excluded groups in society. Not having a safe and secure physical space places them at a severe disadvantage in terms of being able to compete for and maintain employment. Although beliefs

persist that homeless people *choose* this lifestyle, and that certain segments of the population refuse to work and would rather collect public assistance, research indicates that such beliefs are false. Indeed, few homeless people are on welfare, and there is also little evidence of the avoidance of work by the homeless; many hours are spent toiling for, in many cases, limited dollars. Recent research on homeless youth in Canada, for instance, suggests that an overwhelming majority express a preference for a regular job over their current money-making activities, such as panhandling, squeegee cleaning, sex work, or selling drugs (Gaetz and O'Grady 2002). Such work is considered to be a short-term economic strategy. Similar findings have been made in Britain, where homeless youth were shown to hold conventional beliefs about work, home, and the family (Jones 1997). The problem is therefore not about motivation, a rejection of the world of work, or the attractiveness of government benefits (in many jurisdictions the homeless are not eligible for welfare). That so few homeless people are employed at regular jobs in the formal economy raises questions regarding the social and economic exclusion of the homeless, and the barriers they face in getting work.

A useful way of thinking about this is to consider the range of resources that most people draw on to support their own employment. Most people do not have to worry about whether they will eat and do not need to be concerned about where they will sleep. A home provides shelter, safety from strangers (the homeless are among the most criminally victimized segments of the population), warmth and refuge, and the ability to keep oneself and one's clothing relatively clean. Having an address, telephone, and money for transportation means that conducting job searches are easier, and that at a minimal level, one is more attractive to employers. Having an alarm clock and regular daily routines (e.g., for eating and sleeping) allows one to adjust to the rigors of scheduled work. Of course, home is more than merely a physical space. Most people can also count on a broad and diverse range of social supports to provide emotional support and encouragement, nurturing and mentoring, and in some cases, the connections needed to get work. It goes without saying, then, that proper nutri-

tion, rest, good hygiene, and personal safety, as well as structure to one's day and social supports, all play a key role in supporting a person's ability to find a job and keep it.

The homeless compete in a labor market where they are at a severe disadvantage, even when competing for the most basic minimum wage jobs. It is not just that many lack basic educational qualifications; the compromised physical and mental health of many people who are homeless also affects their ability to work. There is bountiful evidence that as a whole, the homeless are poorly nourished and tend to be susceptible to illness, injury, and trauma. Those with diagnosed mental illnesses are likely to face unique barriers to employment, and for them the future presents special challenges. In addition the fact that a number of people who are homeless are dealing with substance abuse issues complicates their ability to work, just as alcoholism and other forms of drug addiction challenge those who are domiciled.

The weak social capital of the homeless is also important to consider. Typically, their social support networks consist of other people who are homeless and are geared to keeping them alive and potentially safe in the short term. These networks are not necessarily useful in preparing them for a job search, using the connections that so many people rely on to get work, preparing a resume or for an interview, or providing the appropriate supports for keeping a job.

Perhaps the key determinant of employability—the one that underpins many of the rest—is housing. A lack of housing makes the search for work difficult—no address to put on an application (the address of a shelter is not likely to impress most employers), no phone to receive calls for interviews, no place to rest and prepare for interviews. Living on the streets makes maintaining personal hygiene problematic and limits the ability of the homeless to prepare for, and properly present themselves at, job interviews. A home is a central piece of the employment equation. A lack of safe shelter means that even if a homeless person does obtain a job, it becomes difficult to reproduce one's energy for work daily. Without a place to come home to that is safe, without a place at which to clean up, to eat, sleep, rest and

relax, to regenerate and prepare for the next day, no one can be expected to maintain employment long. All of these factors, then, compromise the ability of even the most motivated of the homeless to successfully compete for jobs, and then to keep them once hired. As a result, when people who are homeless do get work, it tends to be low-paying, temporary work at the margins of the formal economy, where employment and safety standards are weakest.

THE ECONOMY OF THE HOMELESS

Being largely excluded from the formal economy, people who are homeless engage in a flexible and variable (and sometimes criminal) set of economic strategies—largely undertaken within the context of the street—in order to make money to survive. This includes taking short-term and/or odd jobs, collecting materials for recycling, panhandling (begging), small-scale entrepreneurship (such as selling jewelry or other handmade goods on the street), squeegee cleaning, petty crime, and drug dealing. They also may rely on other sources of income, such as getting money from friends or partners, money from family, living off their last paycheck, selling personal belongings, working with ticket scalpers, and participating in experiments (drug trials).

Many others—both male and female—are involved in aspects of the sex trade, which involves a range of ways of making money, including street prostitution, working for escort services, exotic dancing, Internet sex, and phone sex. There is an established body of research that points to the fact that many people who are homeless engage in sex for money in order to survive (Kral et al. 1997), and a great many others barter sex at one time or another simply for a place to sleep at night or for company. Research has shown that involvement in these activities is a direct response to the situational adversity (hunger, no job or shelter) that is connected to life on the streets (Hagan and McCarthy 1997).

A flexible economic strategy is key to economic survival on the streets and is an adaptive response to an inherently unstable lifestyle. In fact, chaos and instability are in many ways the defining features of the lives of the homeless. Lack of safe, secure hous-

ing means that the quest for shelter can be a daily challenge. Getting food becomes a daily issue, and three meals a day at structured times is a rare luxury.

One of the consequences of the chaotic lifestyle of the homeless is that long-term thinking and planning become more difficult, as short-term needs must be met. The immediate priorities of food, shelter, and security loom much larger than is typically the case for the domiciled, who are generally more able to focus on longer-term goals (education, career) because they have more adequate supports. The highly flexible income-generating strategies of the homeless, then, become focused around meeting immediate needs (e.g., to buy food at a fast-food restaurant) and have the advantage of generally providing cash in hand on a daily basis.

Not only are the income-generating strategies of the homeless flexible, they are also socially patterned. Whom we call homeless includes a diverse population in terms of place of origin, age, causes of homelessness, class background, ethnoracial background, and sexual orientation. In large cities, the homeless are often organized in terms of distinct (but usually overlapping) street-based cultures, which may characteristically adopt different approaches to shelter, drug use, and social relationships, and significantly, may engage in distinct subsistence activities.

Just as work is stratified within the broader society, the same situation is also true among the homeless. That is, in spite of a flexible strategy for survival, many homeless people do identify themselves in terms of a primary work activity that is closely tied not only to a preference for a particular mode of income generation, but one which also reflects their preferred social and cultural networks and expressions. The experiences that people who are homeless had before becoming street-involved, as well as the challenges they face while they are homeless, are profoundly related to how they make money (regardless of its legal status) and affect their ability to gain and maintain employment in the formal economy. People adopt specific income-generating strategies that may offer little remuneration (such as panhandling), are isolating (recycling), or may involve personal risk (sex trade) because social, psychological,

and economic circumstances place severe pressure on their ability to generate income in other more lucrative, safe, or legitimate ways.

POLICY IMPLICATIONS

This article suggests some clear policy implications and raises serious questions about prevailing assumptions concerning the role of employment and employment training as a catalyst for leaving the streets. Traditional approaches for helping the homeless focus on individual inadequacies and capacities, rather than the structural factors that precipitate their homelessness. In formulating employment policies or in developing programs, it is not always recognized that people who are homeless do not face the challenge of employment with the same level of personal and social resources necessary to obtain and maintain employment. We should also question the wisdom of the belief that if we limit or restrict opportunities to engage in certain economic activities (e.g., panhandling) that people who are homeless will automatically move into paid employment. Research shows that this is not likely to occur (O'Grady and Greene 2003).

Strategies must begin with a more thorough understanding of how people wind up on the streets in the first place and what keeps them there. Interventions that address social supports such as housing, counseling and health care are more likely to have a positive and long-term impact for many people who are homeless (particularly those involved in squeegeeing, panhandling, or the sex trade) than law enforcement strategies, admonitions to get a job, and mainstream employment programs.

—*Stephen Gaetz and Bill O'Grady*

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▣ WORKHOUSES

From its beginnings in the early seventeenth century, until the second quarter of the twentieth century, the workhouse was one of the primary forms of publicly funded relief available to the destitute of Britain. Following the establishment of a national workhouse system through the Poor Law Amendment Act of 1834, the workhouse gained a fearsome reputation. Entering the workhouse eventually was seen as the ultimate degradation—a stigma that even today lingers in the consciousness of the British nation.

THE 1601 POOR LAW ACT

In 1601 an Act for the Relief of the Poor laid the foundation of England’s “Old” Poor Law. The act established the parish as the administrative unit responsible for poor relief, with parish officials called overseers collecting poor-rates (a local property tax) and allocating relief. It also required the provision of materials such as flax, hemp, and wool to provide work for the able-bodied poor; the setting to work and apprenticeship of children; and the relief of the “impotent poor”—the old, the blind, the lame, and so on. Relief could be in the form of bread or money and could also include the provision of “houses of dwelling.”

EARLY WORKHOUSES

Following the 1601 act, workhouses gradually began to appear in places such as Dorchester (1617), Reading (1624), Sheffield (1628), Abingdon (1631), Taunton (1631), and Cambridge (around 1634)—most of these were in towns involved in textile production. In 1647, the London Corporation of the

Poor was established and operated a number of workhouses until 1660. These early establishments varied in their operation. In addition to providing work, some provided accommodations for the impotent poor or training for children.

In 1696, the eighteen parishes of Bristol combined to promote a parliamentary act setting up a corporation to manage poor relief and operate a joint workhouse. In fact two were set up—the Mint Workhouse accommodated the aged, boys, and infants, while the New Workhouse housed 100 girls who were taught to read and to spin. Other urban corporations rapidly followed. Most of these workhouses used existing buildings, but purpose-built establishments were erected at Exeter, Tiverton, and Hull. As at Bristol, the emphasis was often on sheltering and training poor children.

KNATCHBULL’S ACT

Knatchbull’s Act of 1723 enabled joint workhouses to be set up by neighboring parishes. It also embodied the “workhouse test”—that the prospect of workhouse should act as a deterrent, with relief available only to those who were desperate enough to accept the unpleasant workhouse regime of work, discipline, and Spartan conditions. By 1732, around 700 workhouses were in operation. Parliamentary reports in 1776–1777 list a total of almost 2,000 parish workhouses in operation in England and Wales—in approximately one parish in seven.

“Farming” the Poor

Under Knatchbull’s Act, the running of workhouses could be contracted out to a third party who would undertake to feed and house the poor, charging the parish a weekly rate for each inmate. The contractor could also provide the inmates with work and keep any income generated. This system was known as “farming” the poor. As it was in the contractor’s interest to keep costs low and to maximize his income from paupers’ work, conditions in farmed workhouses were notoriously hard. Contractors often used rented premises for the duration of their contract rather than purpose-built accommodations.



Selection from *The Warden* (1855) by Anthony Trollope

The *Warden*, by Victorian novelist Anthony Trollope, revolves around the finances of an almshouse, Hiram's Hospital. The warden of Hiram's Hospital, Mr. Septimus Harding, is accused of profiting at the expense of the bedesmen, and when the story is taken up by a London newspaper he resigns his post. A national debate ensues, and romance blossoms between Harding's daughter and his major critic. This selection comes from Chapter 1 of *The Warden*, which was the first of Trollope's acclaimed Barchester novels.

In the year 1434 there died at Barchester one John Hiram, who had made money in the town as a woolstapler, and in his will he left the house in which he died and certain meadows and closes near the town, still called Hiram's Butts, and Hiram's Patch, for the support of twelve superannuated woolcarders, all of whom should have been born and bred and spent their days in Barchester; he also appointed that an alms-house should be built for their abode, with a fitting residence for a warden, which warden was also to receive a certain sum annually out of the rents of the said butts and patches. . . .

From that day to this the charity had gone on and prospered—at least, the charity had gone on, and the estates had prospered. Woolcarding in Barchester there was no longer any; so the bishop, dean, and warden, who took it in turn to put in the old men, generally appointed some hangers-on of their own; worn-out gardeners, decrepit grave-diggers, or octogenarian sextons, who thankfully received a comfortable lodging and one shilling and fourpence a day, such being the stipend to which, under the will of John Hiram, they were declared to be entitled . . . ; but if they may be considered as well-to-do in the world according to their condition, the happy warden was much more so. The patches and butts which, in John Hiram's time, produced hay or fed cows, were now covered with rows of houses; the value of the property had gradually increased from year to year, and century to century, and was now presumed, by those who knew anything about it, to bring in a very nice income; and, by some who knew nothing about it, to have increased to an almost fabulous extent. . . .

Times had been when the poor warden got nothing but his bare house, for the patches had been subject to floods, and the land of Barchester butts was said to be unproductive; and in these hard times the warden was hardly able to make out the daily dole for his twelve dependents. But by degrees things mended; the patches were drained, and cottages began to rise upon the butts, and the wardens, with

fairness enough, repaid themselves for the evil days gone by. In bad times the poor men had had their due, and therefore in good times they could expect no more. In this manner the income of the warden had increased; the picturesque house attached to the hospital had been enlarged and adorned, and the office had become one of the most coveted of the snug clerical sinecures attached to our church. . . .

Hiram's Hospital, as the retreat is called, is a picturesque building enough, and shows the correct taste with which the ecclesiastical architects of those days were imbued. It stands on the banks of the little river, which flows nearly round the cathedral close, being on the side furthest from the town. The London road crosses the river by a pretty one-arched bridge, and, looking from this bridge, the stranger will see the windows of the old men's rooms, each pair of windows separated by a small buttress. A broad gravel walk runs between the building and the river, which is always trim and cared for; and at the end of the walk, under the parapet of the approach to the bridge, is a large and well-worn seat, on which, in mild weather, three or four of Hiram's bedesmen are sure to be seen seated. Beyond this row of buttresses, and further from the bridge, and also further from the water which here suddenly bends, are the pretty oriel windows of Mr. Harding's house, and his well-mown lawn. The entrance to the hospital is from the London road, and is made through a ponderous gateway under a heavy stone arch, unnecessary, one would suppose, at any time, for the protection of twelve old men, but greatly conducive to the good appearance of Hiram's charity. On passing through this portal, never closed to any one from six a.m. till ten p.m., and never open afterwards, except on application to a huge, intricately hung, mediæval bell, the handle of which no uninitiated intruder can possibly find, the six doors of the old men's abodes are seen, and beyond them is a slight iron screen, through which the more happy portion of the Barchester *élite* pass into the Elysium of Mr. Harding's dwelling.

Source: Trollope, Anthony. (1855). *The Warden*. Retrieved 20 October 2003, from <http://www.bibliomania.com/0/0/53/2383/frameset.html>

RURAL INCORPORATIONS

In the mid-eighteenth century, a number of rural incorporations were set up in East Anglia. The first

was in 1756 when twenty-eight Suffolk parishes promoted an act to form the Carlford and Colneis Incorporation and set up a House of Industry at Nacton. Incorporation workhouses were generally large,

purpose-built establishments, providing accommodation for 200 or 300, together with a workplace and facilities for children and for the sick or infirm. The sexes were normally segregated, although some quarters for married couples were often included. Life in these establishments was often far from harsh—some even came to be known as “pauper palaces.”

GILBERT’S ACT

Gilbert’s Act of 1782 gave parishes additional powers for combining their poor relief resources. Such unions of parishes could set up a common workhouse, although this was to be for the benefit only of the old, the sick and infirm, and orphan children. Able-bodied paupers were not to be admitted but found paid employment near their own homes, with landowners, farmers, and other employers receiving allowances to bring wages up to subsistence levels.

The Speenhamland System

Originating in the 1782 act, a growing practice around this time of supplementing low wages from the poor rates became known as the Speenhamland system, named after a Berkshire parish. It was here, in 1795, that magistrates decided to supplement wages on a scale that varied with price of bread and number of children in a family. Many felt that the system led to able-bodied laborers believing that they were entitled to parish relief when out of work and lacking industry and respect for their employer when working.

THE PRESSURE TO REFORM

By the late 1820s, there was increasing dissatisfaction with the relief system, particularly from the well-represented land-owning class who felt the burden of growing poor-rates. There was growing unrest, too, among the poor, particularly in rural areas—this went as far as rioting and the attacking of workhouses in the short-lived “Captain Swing” riots, named after the supposed author of threatening letters sent to landowners. In 1832, the British Government appointed a Royal Commission to review matters. The commission conducted a massive coun-

trywide survey of current practice and opinion, and their report led to the passing of the Poor Law Amendment Act of 1834—what became known as the “New” Poor Law.

THE NEW POOR LAW

The 1834 act aimed to deter the able-bodied from claiming relief but provide a refuge for the ailing and the helpless. It revived the “workhouse test”—that relief should only be given to those willing to accept the regime of the workhouse—in the belief that this would encourage thrifty habits to provide for sickness, bereavement, and old age. Another of its principles was that of “less eligibility”—that conditions in the workhouse should never be better than those of “an independent labourer of the lowest class.”

Unlike earlier legislation, the new act imposed a uniform workhouse system across the whole of England and Wales and so had an enormous impact. The country was divided into groups of parishes called “unions,” each administered by a locally elected Board of Guardians and financed from the local poor-rates. Overall operation of the system was supervised by a central Poor Law Commission.

Union Workhouses

Passage of the new laws was followed by a huge nationwide building program. By 1841, 320 new union workhouses had been erected, most accommodating between 200 and 400 people. A further 175 unions converted existing premises to workhouses.

The design of the new buildings was intended to embody the guiding principles of classification, segregation, and supervision. On admission, inmates were bathed, put into uniform, and allocated into one of seven classes:

- Aged or infirm men
- Able-bodied males above 13 years
- Boys aged from 7 to 13 years
- Aged or infirm women
- Able-bodied females above 16 years
- Girls from 7 to 16 years
- Children under 7 years

Inmates in each class, even members of the same family, lived in completely segregated areas of the workhouse. Many workhouse buildings were in the form of a “+” or a “Y,” with wings for each class radiating from a central hub. The areas between the wings were divided into segregated exercise yards. From the hub, the workhouse master could observe every part of the site.

Life in the Workhouse

Life in the union workhouse was characterized by dull repetitive routine and hard work for the able-bodied. For women this usually involved domestic duties such as washing, cleaning, and cooking. For men it included stone breaking, oakum picking (the unpicking of old ropes), and agricultural work. Discipline was strict and food was plain, consisting largely of gruel (thin porridge), bread and cheese, with a small amount of meat two or three times a week. Although in many respects workhouse life could be compared to that in a prison, entry was essentially always voluntary and inmates could leave at any time with a few hours’ notice.

OPPOSITION TO THE NEW ACT

The 1834 act received much criticism. The leading newspaper the *Times* claimed that the bill would “disgrace the statute-book.” In the north of England, partly fueled by economic depression, an “Anti-Poor Law” movement prevented the formation of some unions and the establishment of workhouses, in some cases until the late 1840s.

A number of scandals were exposed, the most notorious of which was that at the Andover workhouse in 1845, inmates had resorted to scavenging for decaying meat from the bones that they had been set to grind up for fertilizer. The case received enormous publicity, and the repercussions were considerable.

As a result of this and other bad publicity, together with a desire by the government to make poor law administration more directly accountable to Parliament, the Poor Law Commission was abolished in 1847 and replaced by a new Poor Law

Board. The Poor Law Board was itself succeeded in 1871 by the Local Government Board.

IRELAND

In July 1838, an act “for the more effectual Relief of the Destitute Poor in Ireland” was passed. It was closely based on the model that existed for England and Wales, with the formation of 130 Poor Law unions providing relief centered on the workhouse. Following the Great Famine of 1845–1849, during which the workhouse system virtually collapsed under the pressure of numbers arriving at its doors, a further thirty-three unions were created, mostly in the west of Ireland.

SCOTLAND

In 1844, a Commission of Enquiry appointed to consider the operation of poor laws in Scotland reported that poor relief was generally confined to the old, infirm, disabled, and mentally ill. Relief to the able-bodied in Scotland was rare. The commission proposed keeping relief organized at the parish level although parishes, particularly in urban areas, could unite for poor relief purposes, including the establishment of poorhouses. These proposals were put into effect in the 1845 Act for the . . . Relief of the Poor in Scotland and around seventy poorhouses were eventually constructed.

VAGRANTS

Although the 1834 act made no provision for accommodating wandering vagrants, they came to represent a significant component of the workhouse population. This was especially so in the wake of the Irish famine, which brought a great influx of Irish refugees into England. The majority of workhouses eventually erected special accommodation for these “casuals.” They were allowed only one or two nights’ stay and required to perform a certain amount of work—often stone breaking—before being released. The average distance between workhouses of about fifteen miles—a day’s walk—often led to vagrants moving around a circuit of workhouses in a particular area.

HOSPITALS

Most workhouses included an infirmary (for treatment of the sick) and a hospital (for care of the aged and infirm). Care was often very basic, although improved from the 1860s after a medical journal, *The Lancet*, exposed the dire conditions in some of London's workhouse hospitals. In the latter half of the nineteenth century, the workhouse increasingly became the primary source of medical services for the poor, including those not resident in the workhouse. In some cases, the growth of medical facilities far overshadowed the workhouse provision, with some workhouse sites evolving into major hospitals.

THE 1905 COMMISSION

The main aim of the 1834 act—the ending of relief outside the workhouse—was never accomplished. Even in the 1840s, almost 80 percent of expenditure was on out-relief. The workhouse population increasingly comprised an unhappy assortment of the elderly, the chronic sick, those with mental problems, and unmarried mothers.

By the start of the twentieth century, change was in the air. Two factors contributed to this. The first was the election of a significant number of women as Guardians—since the 1860s, women had been active in improving workhouse conditions, particularly through bodies such as the Workhouse Visiting Society. The second, in 1892, was the lowering to £5 the property rental value necessary to qualify for Guardian election, which facilitated the election of working-class people as board members.

In 1905, a Royal Commission was appointed to review the poor relief system. The commission was famously split and in 1909 it published

- a majority report that proposed a new Poor Law authority in each county, together with the replacement of workhouses by more specialized institutions for children, the old, the unemployed, and the mentally ill.
- a minority report that advocated the complete breakup of the Poor Laws and the transfer of functions to other authorities to provide care for various groups. Its aim was the prevention of destitution rather than its relief.

Although no new legislation directly resulted from the commission's work, a number of significant pieces of social legislation took place in its wake. In 1909, an old age pension was introduced. In 1911, unemployment insurance and health insurance began in a limited form.

THE END OF THE WORKHOUSE

From 1913, the term *workhouse* was replaced by *poor law institution* in official documents, but the institution lived on for many more years. The economic depression following the World War I put a tremendous strain on the system, with some unions effectively becoming bankrupt. In 1926, the Conservative government began a reform program, culminating in 1928 with the passing of the Local Government Act that brought about many of the measures proposed by the 1909 report. The act, which came into force in 1930, abolished the 643 Boards of Guardians in England and Wales and transferred their powers and responsibilities to local councils.

Although the workhouse was officially no more, many carried on into the 1930s virtually unaltered as Public Assistance Institutions. However, physical conditions did improve a little for the inmates, the majority of whom continued to be the old, the mentally deficient, unmarried mothers, and vagrants.

The real end of the workhouse came with the instigation of the new National Health Service Act in 1948. Even then, however, many former poor-law buildings still carried the stigma from their workhouse days. Indeed, many of these “new” hospitals maintained “Reception Centres for Wayfarers”—casual wards for vagrants—up until the 1960s.

—Peter Higginbotham

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▣ YOUTH, HOMELESS

Homelessness among young people in the United States is a serious and complex problem. The population of homeless youth, which is large and widespread, seems to have disproportionately high rates of medical, emotional, and behavioral problems. Homelessness also can interrupt education and normal socialization of youth; such interruption will likely diminish their ability to live independently in the future.

LIMITATIONS OF LITERATURE

Literature on homeless youth is sparse and much less rigorous than literature on homeless adults or families. Most research on homeless youth comes from large urban areas; such research may not generalize to rural areas or smaller cities. Although recent researchers have begun studying the strengths and competencies of homeless youth, most of the professional literature has focused on the problems and deficits of homeless youth.

Capturing a complete and accurate picture of homeless youth is difficult, and the profile changes, depending on how studies are conducted. Contradictory findings about homeless youth often result, depending on whether one studies *formerly* homeless or *currently* homeless youth. Formerly homeless

youth can be identified from among a sample of housed youth in the general population. This approach is useful to create minimum estimates of population size, and it presents a more complete profile of the larger homeless youth population and of likely risk factors for homelessness. Unfortunately, it underrepresents youth who have longer histories of homelessness or institutional stays who are less likely to be included in household surveys.

In contrast, studies of currently homeless youth are the most common and provide a sort of “snapshot” of homeless youth on a given day. Because cross-sectional samples of currently homeless youth represent the potential service population, such samples are useful for assessing needs and planning services. Unfortunately, these studies tend to produce a profile that overrepresents youth who have more chronic histories of homelessness, and, as a consequence, findings overstate or exaggerate the levels of problems in the general homeless youth population. In addition, despite their utility, findings from cross-sectional samples often present inconsistent or contradictory results among themselves, depending on the source of the samples. Youth who are drawn from shelters are often younger and less likely to have previous histories of homelessness. Youth who are drawn from non-shelter or “street” locations generally yield a much more “deviant” profile, especially if they include those who are eighteen or older. Youth

seeking treatment in medical clinics or other treatment settings are often different from other homeless youth, depending on the condition for which they seek treatment.

Nevertheless, despite its limitations, recent literature suggests that homeless youth constitute a large and diverse population.

DEFINITIONS

Defining “homeless youth” may seem fairly straightforward, but it is, in fact, a rather complicated task. Most researchers studying homeless persons tend to focus on those who are literally homeless. Here the term *homeless youth* refers primarily to youth who have spent at least one night either in an emergency shelter or “on the streets”—that is, in places outdoors or in improvised shelters without parental supervision. Whereas an unknown number of youth experience homelessness as part of a homeless family (i.e., with one or more parents), the term *homeless youth* used here includes only youth “on their own,” without supervision of a parent or legal guardian.

Age is another important factor in defining homeless youth. Across the literature, ages have varied widely. Here the term *homeless youth* will generally refer to those between the ages of twelve and seventeen, although many studies have included young adults up to ages twenty-one or twenty-four. However, to the extent that studies of homeless youth include persons who are eighteen and older, the profile of homeless youth becomes more similar to the profile of homeless adults.

The term *homeless youth* represents all youth who have spent at least one night literally homeless, regardless of the conditions under which they separated from their most recent residence.

Homeless youth are a heterogeneous group that includes youth described with a variety of terms in research and popular literature. These terms include *runaways*, who have left home without permission of parents or guardians; *throwaways*, who have been forced to leave home by their parents or guardians; *institutional youth*, who have extensive histories of foster care, group home, or other institutions; and

street youth, who have spent at least some time living on the streets. Whereas some homeless youth have experienced only a single episode of homelessness for only a few days, others have experienced long or repeated episodes of homelessness that can last for a year or longer.

The research literature documents significant numbers of youth actually living “on the streets” (i.e., not in shelters), primarily in certain large metropolitan areas on the east and west coasts. Although street youth have been studied in areas such as Los Angeles, San Francisco, Seattle, and New York City, such youth have rarely been studied in midwestern and southern communities. Although street youth may represent an unknown proportion of all homeless youth, this subgroup is of obvious concern, and much research has focused on it. Street youth generally show the most complex histories of life disruptions and personal problems. This subgroup also often has longer histories of homelessness and is less likely to use traditional social services.

The history of homelessness varies, depending on whether youth are sampled from shelters or from the streets. Most homeless youth in shelters have been homeless for relatively short periods of time and have not experienced prior homeless episodes. In contrast, street youth usually demonstrate patterns of episodic (i.e., multiple episodes adding up to less than one year) or chronic (i.e., being homeless for one year or longer) homelessness.

HOW MANY HOMELESS YOUTH ARE THERE?

The methodological problems in estimating the number of homeless persons in the United States have been widely debated. Notwithstanding these debates, studies consistently estimate that the size of the homeless youth population is substantial and widespread. For example, based on a survey of youth in U.S. households in 1992 and 1993, researchers estimated that more than 1 million youth ages twelve to seventeen (or 5 percent of that age group) experienced literal homelessness during the previous year. The prevalence of homelessness was higher for males than females, but the rates did not otherwise

vary significantly by sociodemographic factors, family poverty status (determined by the parent's reported income), or geographic area. Youth with a history of recent homelessness were found throughout the nation and across urban, suburban, and rural areas. Nevertheless, homeless youth appear to be most concentrated and visible in major cities.

CHARACTERISTICS OF HOMELESS YOUTH

No typical homeless youth exists, and youth homelessness has no single cause. The literature offers varied explanations for why youth become homeless in the first place or why they may remain so. Only with difficulty can we determine the degree to which any particular characteristic or experience might be a primary cause or a contributing factor to youth homelessness.

Generally, young males are significantly more likely than young females to experience homelessness. Shelters tend to include more females or even numbers of males and females. In contrast, street youth tend to include more males. The vast majority of homeless youth appear to be age thirteen or older, although several studies have identified small numbers of homeless youth on their own who are as young as age nine.

In the 1992–1993 national household survey of formerly homeless youth, no significant differences by race or ethnicity were found. Nevertheless, some local studies suggest that members of certain racial or ethnic minorities (especially African-Americans and Native Americans) are overrepresented relative to the local communities.

The rates of gay or bisexual orientation among homeless youth vary across studies and communities. In several studies, 3 to 10 percent of youth have reported their sexual orientation as gay, lesbian, or bisexual. However, studies that include older youth, more men (who generally have higher rates than women for gay or bisexual orientation), or youth who came from areas with significant concentrations of gay or bisexual persons in the larger community (such as Hollywood, San Francisco, or New York City) have reported higher rates of gay or bisexual orientation (16 to 38 percent).



A homeless teen sits on a New York City street with her belongings and her dog in October 2003.

Source: Karen Christensen; used with permission.

Many homeless youth have had interrupted or difficult school histories, and many are currently not attending school. In several studies, 25 to 35 percent of youth reported being held back a year in school, and in two studies of California street youth, about 25 percent reported participation in special education or remedial classes. One study found a high rate (28 percent) of attention deficit disorder. Although a history of school problems is prominent in the literature, its contribution to youth homelessness is unclear. School problems are often hypothesized to be a precipitant of family conflict that results in a runaway response. Other scholars suggest that school difficulties are merely symptoms of more pervasive family problems.

Many homeless youth report disrupted family histories, which may contribute to the risk for homelessness. Many youth have parents who have divorced or never married, and in some cases youth report never actually knowing their own fathers or their own mothers. Many grow up in single-parent or blended families, and many have been formally placed outside of the home by officials or have lived with relatives other than their parents for substantial periods of time.

Again, the profile of homeless youth depends on the source of the sample. According to a national household survey, formerly homeless youth are *not*



Selection from *Oliver Twist*: Oliver Escapes to London

Oliver Twist is perhaps the most famous literary tale about a homeless youth. In the excerpt below, Oliver escapes from the miserable conditions of the workhouse where he lives as an orphan and escapes to London in hopes of better fortune.

Oliver reached the stile at which the by-path terminated; and once more gained the high road. It was eight o'clock now. Though he was nearly five miles away from the town, he ran, and hid behind the hedges, by turns, till noon; fearing that he might be pursued and overtaken. Then he sat down to rest by the side of the milestone, and began to think, for the first time, where he had better go and try to live.

The stone by which he was seated, bore, in large characters, an intimation that it was just seventy miles from that spot to London. The name awakened a new train of ideas in the boy's mind. London!—that great large place!—nobody—not even Mr. Bumble—could ever find him there! He had often heard the old men in the workhouse, too, say that no lad of spirit need want in London; and that there were ways of living in that vast city, which those who had been bred up in country parts had no idea of. It was the very place for a homeless boy, who must die in the streets unless someone helped him. As these things passed through his thoughts, he jumped upon his feet, and again walked forward.

He had diminished the distance between himself and London by full four miles more, before he recollected how much he must undergo ere he could hope to reach his place of destination. As this consideration forced itself upon him, he slackened his pace a little, and meditated upon his means of getting there. He had a crust of bread, a coarse shirt, and two pairs of stockings, in his bundle. He had a penny too—a gift of Sowerberry's after some

funeral in which he had acquitted himself more than ordinarily well—in his pocket. "A clean shirt," thought Oliver, "is a very comfortable thing; and so are two pairs of darned stockings; and so is a penny; but they are small helps to a sixty-five miles' walk in winter time." But Oliver's thoughts, like those of most other people, although they were extremely ready and active to point out his difficulties, were wholly at a loss to suggest any feasible mode of surmounting them; so, after a good deal of thinking to no particular purpose, he changed his little bundle over to the other shoulder, and trudged on.

Oliver walked twenty miles that day; and all that time tasted nothing but the crust of dry bread, and a few draughts of water, which he begged at the cottage-doors by the road-side. When the night came, he turned into a meadow; and, creeping close under a hay-rick, determined to lie there, till morning. He felt frightened at first, for the wind moaned dismally over the empty fields; and he was cold and hungry, and more alone than he had ever felt before. Being very tired with his walk, however, he soon fell asleep and forgot his troubles.

He felt cold and stiff, when he got up next morning, and so hungry that he was obliged to exchange the penny for a small loaf, in the very first village through which he passed. He had walked no more than twelve miles, when night closed in again. His feet were sore, and his legs so weak that they trembled beneath him. Another night passed in the bleak damp air, made him worse; when he set forward on his journey next morning, he could hardly crawl along.

Source: Dickens, Charles. (1839). *Oliver Twist* (pp. 35–36), London: R. E. King & Co. Ltd.

more likely to come from impoverished families. In contrast, local studies of currently homeless youth suggest that disproportionate numbers of homeless youth may come from lower-income or working-class families and neighborhoods. These findings suggest that although family poverty may not be related to homelessness among youth per se (given findings from the national household survey), family poverty may be related to repeated or more chronic homelessness among youth (given local studies).

Youth consistently report family conflict as the primary reason for their homelessness. Sources of

conflict vary but tend to include conflicts with parents over issues such as the youth's relationship with a stepparent or a parent's partner, sexual activity or sexual orientation, pregnancy, school problems, and alcohol or drug use.

Many homeless youth report neglect and physical or sexual abuse in their former homes, and they often report that such maltreatment precipitated separations either because the youth left to avoid abuse or because the authorities removed them from the home. Across studies of homeless youth, rates of sexual abuse range from 17 to 35 percent, and phys-

ical abuse ranges from 40 to 60 percent. Compared to housed youth, homeless youth have also reported that their parents were more physically and verbally aggressive toward them and that they were more verbally aggressive toward their parents.

For many youth, homelessness appears to be part of a long pattern of residential instability. Consistently, homeless youth report repeated moves during their lifetimes. Studies report that many homeless youth have repeated contacts with public social service systems, many of which occurred at early ages. Across several studies, rates of placement in foster care or group homes have ranged from 21 to 53 percent. In addition, many youth have been hospitalized for mental health or emotional problems.

Some evidence suggests that youth in residential placements (such as foster care or group homes) or in institutional settings (such as juvenile detention) are at higher risk for homelessness. Also, youth who “age out” of the foster care system can experience homelessness if appropriate supports are not in place.

HEALTH PROBLEMS

Homeless youth appear to have a wide range of health and behavior problems, including medical, mental, and alcohol or drug use problems. Whereas some of these problems appear to be long-standing, others are probably worsened by the stressful experiences of homelessness.

Like homeless adults, homeless youth appear to be at greater risk than their housed counterparts for a variety of medical problems, and their health often deteriorates while they are homeless. They suffer disproportionately from traumatic injury from accidents or physical or sexual assault, skin infestations, sexually transmitted diseases and other infectious diseases, nutritional disorders, and other conditions. In particular, youth on the street often sleep too little, and when they do, it is often in an unsafe, unclean, or overcrowded environment. They usually have little money and eat poorly. Among health professionals who treat homeless youth, a specialization in “street medicine” has developed because of the patient mix and the concentration of health problems that are less common in conventional pediatric practices.

The literature reveals high rates of sexual activity among homeless youth. They seem to be more sexually active than housed youth and tend to have initiated sexual activity at a younger age.

Studies suggest that many young women who experience homelessness have been pregnant at least once (from 27 to 44 percent), and many of these have reported giving birth (6 to 22 percent). As many as 10 to 20 percent of homeless young women are pregnant at the time of interview. Young women who are pregnant while homeless are at risk for low-birth-weight babies and high infant mortality because they are unlikely to get prenatal care and may not have adequate health and dietary habits.

Homeless youth present a high-risk profile for human immunodeficiency virus (HIV) infection (and other blood-borne infections such as hepatitis B and C). Specific high-risk sexual and drug use behaviors include having multiple sex partners and high-risk sexual partners, engaging in survival sex, using condoms minimally, engaging in intranasal and injection drug use, sharing syringes or other paraphernalia, and having sex while high. Risk behaviors for HIV exposure appear to be more common among youth who are older, who have been homeless longer, and who are not staying in shelters. Despite knowledge about HIV transmission modes, many homeless youth do not use protection against exposure. Recent seroprevalence studies (those that include drawing blood to test) in clinical samples suggest that HIV is already a widespread health problem among homeless youth and young adults in some urban areas with high HIV rates in the general population.

As with homeless adults, the assessment of mental health status among homeless youth is difficult. Only with difficulty can we determine whether an emotional problem at any given point in time is more causally associated with an underlying emotional or mental disorder, the demands of homelessness, chronic stresses such as family violence or parental substance abuse, the youth’s own use of alcohol or other drugs, or combinations of these.

In any event, a number of studies have documented higher rates of emotional and mental health problems among homeless youth compared to housed youth. Rates of serious disorders (such as

depression, mania, and psychosis) assessed with standardized diagnostic instruments range from 19 to 50 percent. Other disorders have been documented as well, including posttraumatic stress disorder. Homeless youth consistently report high rates of lifetime suicide attempt (16 to 48 percent). The co-occurrence of substance abuse disorders and serious mental health problems has also been documented. A range of conduct problems is common among homeless youth, and rates of conduct disorder range from 48 to 93 percent. Although many such problems seem to have predated initial homelessness, some may develop or become worse as a result of experiences while homeless.

Consistently, homeless youth report greater use of alcohol and other drugs compared to their housed counterparts, and the majority seem to have used alcohol or illicit drugs before their first experience of homelessness. Whereas many youth report only occasional drug or alcohol use, others cycle in and out of more hard-core alcohol or drug use, which can complicate any intervention effort.

Rates of substance use seem to vary dramatically by history of homelessness, with street youth showing the highest rates, followed by sheltered youth and then housed youth. As with the U.S. general population of youth, rates of substance use and abuse by homeless youth increase with age.

Many studies suggest that parental alcohol or other drug use may be a significant contributor to youth homelessness. Some youth report leaving home because their parent or stepparent had an alcohol or drug problem that led to arguments or physical violence.

SURVIVAL WHILE HOMELESS

After they are on their own, homeless youth face extraordinary economic problems. Many youth have difficulty meeting basic needs. Shelters can provide a safe place to spend the night and can serve as sites from which to mount special programs and therapeutic interventions. However, some homeless youth and young adults never use shelters or use them only intermittently. At times, appropriate and accessible shelter beds for youth are not available. In addition,

shelter staff sometimes exclude youth who are most in need of intervention because staff members lack adequate training or appropriate facilities to deal with youth who have special needs. Anecdotal reports suggest that youth most likely to be excluded from shelters are those who pose a threat to institutional routine or safety, that is, those who are intoxicated, suicidal, actively psychotic, or those with HIV. In addition, many youth may choose not to use shelters because there are too many demands on their behavior or the programs are too structured.

Many homeless youth have reported spending the night in abandoned buildings (squats) or in places such as doorways, alleys, parks, under bridges, on rooftops, and in crawl spaces under houses. Some street youth form groups in which individuals take turns staying awake overnight to keep guard. Some youth also report pooling scarce cash resources to share a rented room for the night.

Homeless youth often get their food from shelters or free-meal programs or from panhandling. Yet, many street youth report difficulty getting adequate food, and some have days with nothing to eat. Many have trouble finding a place to clean up, to obtain medical care, or to find clothing. Youth often report little if any income, which comes from legal sources such as odd jobs or family gifts and from illegal sources, such as having sex for money and selling drugs.

In studies of street youth, many report illegal behaviors. However, some of these behaviors may be strategies for survival. Some illegal behaviors provide basic needs directly (for example, breaking into an abandoned building for a place to stay), whereas others generate income to meet basic needs (for example, selling drugs). Many homeless youth (both males and females) have reported trading sex for money, drugs, or necessities such as food or a place to stay.

LONG-TERM OUTCOMES

The few longitudinal studies suggest that homeless youth may experience more serious negative outcomes over the long term, including higher rates of divorce, arrest, mental disorders, alcohol and drug

use, and poor work histories. Since the mid-1970s, scholars and service providers have expressed concern that homeless youth would become a new generation of homeless adults. Although no longitudinal studies have assessed this question directly, recent cross-sectional studies indicate that 9 to 26 percent of homeless adults were first homeless as children or youth.

INTERVENTION STRATEGIES

Homeless youth in the United States are a large and diverse population. No typical homeless youth exists, and no single cause for youth homelessness exists. Although the majority return to their homes within a short period of time, an unknown number do not.

The high rates of medical and mental health problems, substance abuse, and other special needs among homeless youth suggest a great need for services. However, homeless youth face many barriers to services. Most homeless youth are survivors of difficult situations, and many are skeptical and distrustful toward adults, including health professionals. In particular, some street youth may be unwilling to come into formal service sites or to eventually return to a family or foster home in which they could lose a great deal of control over their everyday lives. In addition, interventions may have to take place in the context of a youth's mental health, substance use, or behavior problems.

Strategies are needed to reduce the amount of harm a youth encounters while homeless. For the diverse population of currently homeless youth, an array of appropriate emergency and transitional services is needed. For the longer term, however, strategies are also needed to reduce the numbers of youth who become homeless.

—Marjorie J. Robertson

See also Children, Education of; Children, Impact of Homelessness on; Family Separations and Unifications; Foster Care

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Z

▣ ZIMBABWE

Situated in Southern Africa and with a population of 14 million, Zimbabwe has a serious problem of homelessness, which is especially acute in its twenty-four urban centers. Zimbabwe's official definition of homelessness emphasizes legal home ownership. A household that legally owns a house is not considered homeless. Homelessness is thus equivalent to "houselessness." Further, to qualify for inclusion in the official housing stock, a "house" has to meet stringent criteria that require conformity to minimum standards, approval for residential purposes, and location in an area zoned "residential."

AN URBAN PHENOMENON

This definition restricts homelessness to urban areas. Nonurban areas have no title deeds for buildings and do not require building permits. Even on private land, title deeds are for land, not buildings. Consequently, when the national housing crisis is officially documented, it is only the urban problem that is captured in detail. Nevertheless, there is an increasingly

rural dimension to homelessness, which affects over 2 million people (see section below on causes).

FEATURES OF THE HOMELESS POPULATION

Zimbabwe has an urban population of 4.6 million. The national urban housing stock in 2002 was 600,000 units. Taking into account the annual urban population growth, the average household size, and the household formation rate, the cumulative urban housing deficit comes to 1 million units for the five-year period 2001 to 2005. To offset this deficit, 200,000 housing units need to be produced annually, but the actual annual housing production has never exceeded 25,000 units.

Homelessness by Criteria

Table 1 presents statistics from a 2001 to 2002 Centre for Architectural Research and Development Overseas

Table 1. Homelessness by Criteria

| <i>Criteria</i> | <i>Number</i> | <i>Notes</i> |
|----------------------------|---------------|--|
| Housing ownership | 200,000 | No legal ownership |
| Housing standards | 150,000 | Substandard |
| Land | 300,000 | No legal ownership |
| Social welfare eligibility | 60,000 | Beneficiaries of per capita grants in institutions |
| Citizenship | 30,000 | International refugees |

(CARDO) study (Kamete, 2002) funded by the UK government's Department for International Development. Along with "houselessness," landlessness is also increasing. Ironically, this is largely attributable to the government's land-reform program, which has displaced thousands of people from seized farms and rural areas. Seventy-five percent of the homeless are in the low-income category. Middle- and high-income groups contribute 21 and 4 percent, respectively.

Housing Conditions

The CARDO study investigated housing conditions for specific quintiles (Table 2). As shown, the homeless population includes roofless vagrants, street children, and residents of substandard houses.

CAUSES

Systemic causes of homelessness in Zimbabwe are economic, demographic, political, sociocultural, and natural.

The national economic crisis is a major cause of homelessness. It has widened the affordability gap (the cheapest house now costs more than thirty times the annual minimum wage) and crippled the ability of housing delivery systems to improve supply. From a peak of some 25,000 units per annum in 1992, national housing production had by 2003 slumped to below 10,000 units per annum.

Demographic causes include rural-to-urban migration and natural increases. The rural-urban influx, which rose dramatically after independence in 1980, continues unabated. The new arrivals exert a strain on available housing. Consequently, demand outstrips supply, thereby contributing to increased housing costs and the mushrooming of unauthorized settlements and slums.

Nearly half of the 2.9 percent annual increase in the national urban population is attributable to people born and raised in urban areas. Almost all of these continue to stay there, forming new households that add to the oversubscribed demand for housing.

Since 2000, politics has become a significant cause of homelessness. This period coincides with two direct causes of homelessness: land redistribution and politically motivated violence. Over 250,000 households accounting for more than 2 million people have been evicted from over 3,000 white-owned commercial farms seized by the government in the land-redistribution program. This figure exceeds 14 percent of the national population. Political violence in rural areas has created an influx of refugees. Most

Table 2. Housing Circumstances in Quintiles

| <i>Quintile</i> | <i>Circumstances</i> | <i>Location</i> | <i>People affected</i> |
|-----------------|--|--|---|
| 1 | <ul style="list-style-type: none"> • Roofless | <ul style="list-style-type: none"> • Pavements • Bridges • Abandoned buildings • Public areas | <ul style="list-style-type: none"> • Vagrants • Street children • Mentally ill • Evictees |
| 2 | <ul style="list-style-type: none"> • Unauthorized • Rudimentary structures • No services | <ul style="list-style-type: none"> • Squatter camps • Transit camps • Public spaces • Open spaces • Abandoned buildings | <ul style="list-style-type: none"> • Low-income workers • The unemployed • Pensioners • Street children |
| 3 | <ul style="list-style-type: none"> • Slums • Substandard • Poorly serviced • Overloaded facilities | <ul style="list-style-type: none"> • Colonial high-density areas • Institutional accommodation • Domestic quarters • Backyard shacks • Commercial farms • Mining settlements • Communal areas | <ul style="list-style-type: none"> • Low-income workers • Lodgers • Retired • Retrenched • Self-employed • Students • Communal, resettlement farmers |
| 4 | <ul style="list-style-type: none"> • Officially approved • Fully serviced • Generous space provision | <ul style="list-style-type: none"> • Post-colonial high-density areas • Colonial medium-density areas | <ul style="list-style-type: none"> • Owners • Tenants |
| 5 | <ul style="list-style-type: none"> • Officially approved • Fully serviced • Generous space provision | <ul style="list-style-type: none"> • Medium-density areas • Low-density areas | <ul style="list-style-type: none"> • Owners • Tenants |

have had their homesteads destroyed. By mid-April 2002, more than 50,000 people had been displaced.

Fundamental changes in the social system are also contributing to homelessness. The extended family, which used to offer mutual security and support, is disappearing. This is most pronounced in urban areas. Economic difficulties have been forcing people to withdraw into smaller family units. This partly explains the upsurge of child-headed households and urban street children.

Between 1999 and 2001, rural Zimbabwe experienced three major natural disasters that caused homelessness, in the form of cyclone-induced floods that hit the eastern and southern parts of the country, rendering more than 250,000 people homeless.

PREVENTION AND SERVICE INITIATIVES

Individual, Household, and Community Levels

At the lower levels, lodging, sharing, squatting, renting, and joining community-based organizations (CBOs) like housing cooperatives and savings associations are the most common responses to homelessness. At the community and neighborhood levels, in addition to the formation of CBOs, coping strategies include lobbying for favorable policy and action in areas such as land, finance, and regulations.

Local Government and National Levels

At the higher levels, the responses to homelessness usually have policy, strategic, and action components. The following analysis will be done in the framework used by United Nations Centre for Human Settlements (UNCHS, 2000). This framework, developed by the urban planner Bill Edgar and his colleagues, identifies three approaches—the emergency approach, the transitional/support approach, and the permanent/reintegration approach.

The *emergency approach* is suited to disasters. It is designed to provide short-term relief to homelessness arising out of natural or human-made calamities. For the government to channel resources toward the provision of temporary shelter for the displaced

people, the state president must declare the event a national disaster.

In most cases, the civil society does not wait for the government to proclaim a situation a national disaster. Organizations like the Red Cross, the Salvation Army, and the Zimbabwe Council of Churches often move in immediately after a calamity. Amani Trust is a nonprofit organization that provides services for the rehabilitation of victims of human rights violations, particularly torture, repressive violence, and institutionalized violence. It has been instrumental in helping evicted farm workers and victims of political violence by providing “safe houses.”

The *transitional/support approach* is a short- to medium-term strategy aimed at providing temporary relief while a permanent solution is being sought. The most visible representations of this approach are the state-provided Transit or Holding Camps set up outside Harare to accommodate homeless people rounded up from the streets and unauthorized settlements. Currently, there are three of these “temporary” camps.

Additionally, hostel-type accommodations are provided in institutions for the aged, children, and refugees. Except for the old, inmates are regarded as temporary and are expected to leave and lead a normal life after rehabilitation or assistance.

Street children dominate the transitional/support approach. All the institutions involved have the hope of reintegrating the children into society through support, training, and eventual family reunification. The children, who are forcibly removed from the streets, are sheltered in “drop-in” and training centers.

The *permanent/reintegration approach* is long-term and seeks to find a lasting solution to homelessness. Backing it are a host of legal, administrative, regulatory, and policy instruments. These are implemented by respective government agencies, in particular those that oversee local government, finance, land, and planning. The provision of housing for the general population is considered to be the responsibility of the government. Other actors such as cooperatives, savings clubs, and local and international nongovernmental organizations serve specific constituencies.

OUTLOOK IN THE TWENTY-FIRST CENTURY

With no letup in the systemic causes of homelessness, the future will likely see homelessness mounting and becoming more complex across society and space. The establishment of permanent organizations with housing as their focus is likely to result in homelessness becoming entrenched in the policy agenda. However, it is unlikely that the official definition of homelessness as “houselessness” will change.

—Amin Y. Kamete

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Appendix 1

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PLAYS

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- Nevinson, M. W. (1911) *In the workhouse—A play*.
- Smith, J. W. (1993). *Riot or this bloody crew—A play based on the Selbourne and Headley Workhouse Riots of 1830*.

Appendix 2

Filmography of American Narrative and Documentary Films on Homelessness

NARRATIVE FILM: 1896–1910

- A Sweet Little Home in the Country.* (1902). American Mutoscope and Biograph Co.
- The Accommodating Cow.* (1902). American Mutoscope and Biograph Co.
- Almost a King.* (1903). American Mutoscope and Biograph Co.
- Bad Soup.* (1903). Siegmund Lubin.
- Burlesque Tramp Burglars.* (1905). Lux.
- The Clubman and the Tramp.* (1908). American Mutoscope and Biograph Co.
- Cohen's Advertising Scheme.* (1904). Edison Mfg. Co.
- The Cook's Revenge.* (1901). Siegmund Lubin.
- A Delusion.* (1902). American Mutoscope and Biograph Co.
- Dog Factory.* (1904). Edison Mfg. Co.
- Down Where the Wurzburger Flows.* (1903). Edison Mfg. Co.
- Easy Money.* (1908). Siegmund Lubin.
- Foxy Grandpa Shows the Boys a Trick or Two with the Tramp.* (1902). American Mutoscope and Biograph Co.
- The Fraudulent Beggar.* (1901). Siegmund Lubin.
- The Golf Girls and the Tramp.* (1902). Edison Mfg. Co.
- Halloween Night at the Seminary.* (1904). Edison Mfg. Co.
- Happy Childhood.* (1903). Siegmund Lubin.
- Happy Hooligan April-Fooled.* (1901). Edison Mfg. Co.
- Hooligan at the Sea Shore.* (1901). Edison Mfg. Co.
- How Happy Jack Got a Meal.* (1909). Siegmund Lubin.
- How the Tramp Got Lunch.* (1909). Edison Mfg. Co.
- How They Fired the Bum.* (1900). American Mutoscope and Biograph Co.
- Hubby to the Rescue.* (1904). Siegmund Lubin.
- Lunch Time.* (1908). Siegmund Lubin.
- A Magical Tramp.* (1908). Selig Polyscope Co.
- The Magical Tramp.* (1903). Siegmund Lubin.
- Meandering Mike.* (1901). American Mutoscope and Biograph Co.
- On a Milk Diet.* (1902). American Mutoscope and Biograph Co.
- On the Benches of the Park.* (1901). American Mutoscope and Biograph Co.
- Only a Tramp.* (1909). Hepworth Mfg. Co.
- Pie, Tramp and the Bulldog.* (1901). Edison Mfg. Co.
- Poor Algy.* (1905). Edison Mfg. Co.
- Pranks of Buster Brown and His Dog Tige.* (1904). Edison Mfg. Co.
- A Scarecrow Tramp.* (1903). Edison Mfg. Co.
- The Sleeper.* (1902). American Mutoscope and Biograph Co.
- Spirits in the Kitchen.* (1899). American Mutoscope and Biograph Co.
- Then the Tramp He Woke Up.* (1908). American Mutoscope and Biograph Co.
- The Tramp and the Bather.* (1897). American Mutoscope Co.
- The Tramp and the Burglar.* (1900). American Mutoscope and Biograph Co.
- The Tramp and the Crap Game.* (1900). Edison Mfg. Co.
- The Tramp and the Giant Firecracker.* (1898). American Mutoscope Co.
- The Tramp and the Muscular Cook.* (1898). American Mutoscope Co.
- The Tramp and the Nursing Bottle.* (1901). Edison Mfg. Co.
- The Tramp and the Purse.* (1908). Hepworth Mfg. Co.
- The Tramp Caught a Tartar.* (1898). American Mutoscope Co.

The Tramp Gets Whitewashed. (1900). American Mutoscope and Biograph Co.
The Tramp Hypnotist. (1908). Selig Polyscope Co.
Tramp in a Millionaire's Bed. (1897). American Mutoscope Co.
The Tramp in the Barber Shop. (1903). Siegmund Lubin.
Tramp in the Haunted House. (1900). American Mutoscope and Biograph Co.
The Tramp in the Kitchen. (1898). Edison Mfg. Co.
A Tramp in the Well. (1900). American Mutoscope and Biograph Co.
Tramp on a Farm. (1904). Paley and Steiner.
The Tramp Trapped. (1898). American Mutoscope Co.
Tramping on a Rolling Globe. (1903). Siegmund Lubin.
The Tramp's Dinner. (1897). American Mutoscope Co.
The Tramp's Dream. (1899). Siegmund Lubin.
The Tramp's Dream. (1907). Hepworth Mfg. Co.
The Tramp's Dream of Wealth. (1907). Hepworth Mfg. Co.
The Tramp's First Bath. (1903). Siegmund Lubin.
The Tramp's Last Bite. (1898). American Mutoscope Co.
The Tramp's Miraculous Escape. (1901). Edison Mfg. Co.
The Tramp's Nap Interrupted. (1901). Siegmund Lubin.
The Tramp's Revenge. (1905). Siegmund Lubin.
The Tramp's Strategy That Failed. (1901). Edison Mfg. Co.
The Tramp's Surprise. (1903). Siegmund Lubin.
The Tramp's Unexpected Skate. (1901). Edison Mfg. Co.
The Ugly Tempered Tramp. (1900). American Mutoscope and Biograph Co.
The Vanishing Tramp. (1908). Selig Polyscope Co.
Weary Raggles. (1898). American Mutoscope Co.
When We Were Twenty-One. (1900). American Mutoscope and Biograph Co.
Wrestling Pony and Man. (1896). American Mutoscope Co.

NARRATIVE FILM: 1911–1928

According to Hoyle. (1922). David Butler Productions.
Beggars of Life. (1928). Paramount Famous Lasky Corp.
Blue Blazes. (1922). Doubleday Productions.
Buchanan's Wife. (1918). Fox Film Corp.
Bucking the Line. (1921). Fox Film Corp.
Burn 'Em Up Barnes. (1921). Mastodon Films.
The Circus. (1928). Charles Chaplin Productions.

The City of Comrades. (1919). Goldwyn Pictures Corp.
The City of Purple Dreams. (1918). Selig Polyscope Co.
The Clean Heart. (1924). Vitagraph Co. of America.
Come Again Smith. (1919). Jesse D. Hampton Productions.
The Derelict. (1917). Fox Film Corp.
The Desert Flower. (1925). First National Pictures.
The Dixie Merchant. (1926). Fox Film Corp.
The Docks of New York. (1928). Paramount Famous Lasky Corp.
The Fibbers. (1917). Essanay Film Mfg. Co.
The Five Dollar Baby. (1922). Metro Pictures Corp.
Framing Framers. (1917). Triangle Film Corp.
Free Air. (1922). Outlook Photoplays.
Good Morning, Judge. (1928). Universal Pictures.
He Comes Up Smiling. (1918). Douglas Fairbanks Pictures Corp.
The Idle Class. (1921). First National.
The Innocent Cheat. (1921). Ben Wilson Productions.
The Kid. (1921). First National.
Kid Auto Races at Venice. (1914). Keystone.
The Lights of New York. (1922). Fox Film Corp.
The Limited Mail. (1925). Warner Brothers Pictures.
Love Aflame. (1917). Universal Film Mfg. Co.
The Love Net. (1918). World Film Corp.
Loves' Old Sweet Song. (1923). Norca Pictures.
Miss Nobody. (1926). First National Pictures.
The Old Homestead. (1915). Famous Players Film Co.
Outcast. (1922). Famous Players-Lasky.
Pals First. (1918). Yorke Film Co.
The Princess of Patches. (1917). Selig Polyscope Co.
The Red Lily. (1924). Metro-Goldwyn Pictures.
Smoldering Embers. (1920). Frank Keenan Productions, Inc.
The Street of Forgotten Men. (1925). Famous Players-Lasky.
That Something. (1920). Hermann Film Corp.
Thou Shalt Not Kill. (1915). Circle Film Corp.
The Tramp. (1915). Essanay.
The Vagabond. (1916). Lone Star-Mutual.
A Yellow Streak. (1915). Columbia Pictures Corp.

NARRATIVE FILM: 1929–1945

The Bowery. (1933). 20th Century Pictures, Inc.
Boy Slaves. (1939). RKO Radio Pictures, Inc.
Chicken Wagon Family. (1939). 20th Century Fox.
City Limits. (1934). Monogram Pictures Corp.
The Courageous Dr. Christian. (1940). Stephens-Lang Productions.

Cross Streets. (1934). Invincible Pictures Corp.
East of the River. (1940). Warner Bros. Pictures, Inc.
Exposed. (1938). Universal Pictures Co.
Father Steps Out. (1941). Monogram Productions Inc.
The Ferocious Pal. (1934). Sol Lesser.
Friendly Neighbors. (1940). Republic Pictures Corp.
The Girl from Avenue A. (1940). 20th Century Fox.
Girls of the Road. (1940). Columbia Pictures Corp.
The Grapes of Wrath. (1940). 20th Century Fox.
The Great McGinty. (1940). Paramount Pictures, Inc.
Hallelujah, I'm a Bum. (1933). Feature Productions, Inc.
He Learned About Women. (1932). Paramount Publix Corp.
I Am a Criminal. (1938). Monogram Pictures Corp.
Johnny Come Lately. (1943). Cagney Productions, Inc.
Lady for a Day. (1933). Paramount Pictures.
Man's Castle. (1933). Columbia Pictures Corp.
Midnight Court. (1937). Warner Bros. Pictures, Inc.
Modern Times. (1936). Charles Chaplin Film Corp.
Mountain Rhythm. (1939). Republic Pictures Corp.
My Man Godfrey. (1936). Universal.
Newsboys' Home. (1938). Universal.
One More Spring. (1935). Fox Film Corp.
Street of Memories. (1940). 20th Century Fox.
The Struggle. (1932). D. W. Griffith, Inc.
Sullivan's Travels. (1941). Paramount Pictures, Inc.
Tomorrow's Children. (1934). Foy Productions, Ltd.
Under Age. (1941). Columbia Pictures Corp.
The Way of All Flesh. (1940). Paramount Pictures, Inc.
What a Man. (1930). Sono-Art Productions.
Wild Boys of the Road. (1933). Warner Bros. Pictures, Inc.
Working Girls. (1931). Paramount Publix Corp.

NARRATIVE FILM: 1946–1979

Across the River. (1965). Debema Productions.
Barefoot in the Park. (1967). Paramount Pictures.
Bound For Glory. (1976). MGM/UA.
The Checkered Coat. (1948). 20th Century Fox.
The Daughter of Rosie O'Grady. (1950). Warner Bros. Pictures, Inc.
The Enormous Midnight. (1967). Junque Films.
Emperor of the North. (1973). 20th Century Fox.
Follow That Dream. (1962). Mirisch Co.
The Giving. (1991). Northern Arts Entertainment.
The Hostage. (1966). Heartland Productions.
Imitation of Christ. (1970). Andy Warhol.
The Incident. (1967). Moned Associated, Inc.
Indecent Desires. (1968). Mostest Productions.

The Man Who Wagged His Tail. (1961). Falco Films.
Midnight Cowboy. (1969). MGM/United Artists.
Oliver Twist. (1948). Home Vision.
The Panic in Needle Park. (1971). 20th Century Fox.
Pocketful of Miracles. (1961). MGM.
Salt of the Earth. (1953). Independent Productions Corp.
Surfside Sex. (1967). Howard Farber Films Distribix, Inc.
Travelin' Trains. (n.d.). Eric Moffad and Green Frog Video.
Yellow Bird. (1969). Century Cinema Corp.

NARRATIVE FILM: 1980–2002

A Hobo's Christmas. (1987). Bridgestone Group.
The Billion Dollar Hobo. (1998). United American Video.
Bobby G. Can't Swim. (1999). Cineblast Productions Inc.
Catching Out. (2003). Worthy Entertainment.
The Caveman's Valentine. (2000). Universal.
The Children of Times Square. (1986). ABC.
The City/La Ciudad. (1999). North Star Films.
Curly Sue. (1991). Warner Bros.
Dennis the Menace. (1993). Warner Bros.
Down and Out in Beverly Hills. (1986). Touchstone Pictures.
Fisher King. (1991). Columbia.
Home Alone II. (1992). 20th Century Fox.
I Am Sam. (2001). Warner Bros.
Life or Something Like It. (2002). 20th Century Fox.
Life Stinks. (1991). MGM.
On the Right Track. (1981). 20th Century Fox.
Stone Pillow. (1985). Gaylord Productions/Schaefer-Karpf Productions/CBS.
Suspect. (1987). Tri-Star.
Trading Places. (1983). Paramount.
With Honors. (1994). Warner Bros.

DOCUDRAMA

Samaritan: The Mitch Snyder Story. (1986). CBS Television.

DOCUMENTARY FILM

101 Rent Boys. (2000). Cinemax.
Almost Home. (1995). Fanlight Productions.
The American Hobo. (2003). Super Chief Films.
Back Wards to Back Streets. (1987). Public Policy Productions.

- Dark Days.* (2000). Picture Farm.
Down and Out in America. (1986). Lee Grant.
The Heart of Loïsaida. (1979). Reaven and Matias.
Home. (1986). Cobo, Hill, and Johnson.
Home Less Home. (1991). Bill Brand Productions.
Homeless '99. (1999). Film Foetus, Inc.
The Homeless Home Movie. (1997). Pat Hennessey.
Hope on the Street. (2003). KQED.
Housing Court. (1985). Sarokin and Matias.
It Was a Wonderful Life: Hidden Homeless Women.
(1993). Michele Ohayon.
Jupiter's Wife. (1994). Michel Negro Ponte.
On the Bowery. (1955). Lionel Rogosin.
Orphan Trains. (1995). PBS.
- Out in the Cold.* (2002). Martin Bedogne and Eric Criswell.
Repetition Compulsion. (1997). Ellie Lee.
Riding the Rails. (1999). PBS.
Shadow Children. (1991). Peregrine Productions.
Shelter. (1997). KCTS/TV.
Skid Road. (1990). KCTS/TV.
Squatters. (1984). Charles Koppelman.
Streetwise. (1985). Angelika Films/Joseph Saleh.
Takeover: Heroes of the New American Depression.
(1990). Peter Kinoy and Pamela Yates.
Taylor's Campaign. (1997). Raindog Films.
Temporary Dwellings. (1991). Michael Regis Hilow.
The Young on the Run. (1989). Gary R. Thieman.

Compiled by Amanda F. Grzyb (with additional suggestions by David Levinson).

Appendix 3

Directory of Street Newspapers

ARGENTINA

Diagonal. Libertad 246 1 B, Buenos Aires.

<http://www.periodicodiagonal.org.ar>

Hecho. Pasaje San Lorenzo 371, Buenos Aires.

<http://www.hechoenbsas.com>

AUSTRALIA

Big Issue Australia. GPO Box 4911 VV, Melbourne,

Victoria 3001. <http://www.bigissue.org.au>

AUSTRIA

Asfalter. Glockengasse 10, 5020 Salzburg.

<http://www.asfalter.at>

Augustin. 1040 Wien, Mostgasse 7/3.

<http://www.augustin.bus.at>

Megaphon. Steyrergasse 147, A-8010 Graz.

<http://www.megaphon.at>

BRAZIL

Ocas. Rua Sampaio Moreira, 110-casa 9, Brasilia.

<http://www.ocas.org.br>

CANADA

Calgary Street Talk. 128 7th Avenue, SE, Calgary, Alberta T2G OH5.

<http://www.calgarystreettalk.com>

La Quete. 729, cote d'Abraham; 2 estage, Quebec, (Quebec) G1R 1A2. <http://www.archipelentraide.com/laquete/accueil.htm>

L'Itineraire. 1907 rue Amherst, Montréal, Québec H2L 3L7.

Long Haul. c/o End Legislated Poverty, 211–456 West Broadway, Vancouver, British Columbia V5Y 1R3.

Our Voice. 10527–96th Street, Edmonton, Alberta

T5H 2H6. <http://www.bissellcentre.org/ourvoice/>

Street Feat. Bloomfield Centre; #214 2786 Agricola Street, Halifax, Nova Scotia B3K 4EL.

<http://www.streetfeat.ns.ca/>

CZECH REPUBLIC

Novy Prostor—No Borders. Pod Svahem 147 00,

Praha 4. <http://1street.cz/>

DENMARK

Hus Forbi. Copenhagen. <http://www.husforbi.dk/>

GAMBIA

Mango News. GTC office, Bakadaji Hotel, PO Box 4587 Bakau, The Gambia.

GERMANY

Asphalt. Knochenhauerstr. 42 30159 Hannover.

<http://www.asphalt-magazin.de/BISS>, Munich.

<http://www.biss-magazin.de/>

Hempels Strassenmagazin. Schaßstraße 4, 24103 Kiel.

<http://hempels-ev.de/>

Hinz & Kunzt. Altstädter Twiete 1–5 20095 Hamburg.

<http://www.hinzundkunzt.de/hk/>

Tagessatz. Obere Karspüle 18 37073 Göttingen.

<http://www.tagessatz.de/content/start.html>

Trott War. Hauptstatter Str. 138a 70178 Stuttgart.

<http://www.trott-war.de/>

ITALY

Terre di Mezzo +Altreconomia. p.za Naples n. 30/6
20146 Milan. <http://www.terre.it/daylite.htm>

NAMIBIA

Big Issue Namibia. Windhoek.
<http://www.bigissue.com/tbint.html>

NETHERLANDS

Straatnieuws. Utrecht. <http://www.straatnieuws.nl/>
Z Magazine. Amsterdam.
<http://www.zmagazine.nl/zmag/>

RUSSIA

Depths. St. Petersburg. <http://www.nadne.ru>
Depths Siberia. Novosibirsk. <http://www.nadne.ru>

SOUTH AFRICA

Big Issue Cape Town. PO Box 5094, Cape Town
8000. Email: bissuect@iafrica.com
Homeless Talk. Johannesburg. <http://www.homelessstalk.org.za>

SPAIN

Milhistorias (y la tuya). Madrid. Email: tc@rais-tc.org

SWEDEN

Aluma. Göran Olsngatan 1, 211 22 Malmö.
<http://www.aluma.nu/>
Faktum. Stampgatan 50 . 411 01 Göteborg.
<http://www.faktum.nu>
Situation Stockholm. Döbelnsgatan 52; Box 190 26,
104 32 Stockholm.
<http://www.situationstockholm.se>

SWITZERLAND

Surprise. Steinenschanze 4, CH - 4051 Basle.
<http://www.surprise-ch.org>

UKRAINE

Way Home. 42 Bolshaya Arnautskaya Str., Box 25,
Odessa, Ukraine 65011.
<http://www.wayhome.org.ua>

UNITED KINGDOM

Big Issue. 1–5 Wandsworth Road, Vauxhall, London
SW8 2LN. <http://www.bigissue.com>
Big Issue in Scotland. Mic Village, 71 Oxford Street,
Glasgow G5 9EP. <http://www.bigissuescotland.com>
Big Issue in the North. 135/141 Oldham Street, Man-
chester M4 1LL.
<http://www.bigissueinthenorth.com>

UNITED STATES*Arizona*

City Life News. P.O. Box 7971, Tucson, AZ 85725.
<http://www.tucsonmarchforlife.org/news.htm>

California

Homeward. A Street Journal, P.O. Box 2430, Sacra-
mento, CA 95812. [http://users.cwnet.com/
shochome/homeward/index.html](http://users.cwnet.com/shochome/homeward/index.html)
L.A. Can. 548 S. Spring St; #935, Los Angeles, CA
90013.
Making Change. P.O. Box 3622, Santa Monica, CA
90408.
Poor Magazine. 255 9th Street, San Francisco, CA
94103. <http://www.poormagazine.org>
Street Forum. P.O. Box 16111, Stanford, CA 94309.
Street Light. 4019 Goldfinch, PM Box #255, San
Diego, CA 92103.
Street Scene. 6043 Hollywood Boulevard, Los Ange-
les, CA 90028–5459.
Street Sheet. 468 Turk Street, San Francisco, CA
94102. <http://www.sf-homeless-coalition.org>
Street Spirit. 65 Ninth Street, San Francisco, CA
94103–1401.

Colorado

Denver Voice. P.O. Box 40726, Denver, CO 80204.
<http://www.eoncity.net/cactionnow/id33.htm>

Connecticut

Center Talk. 900 Grand Avenue; 2nd floor, New
Haven, CT 06511–4974.

District of Columbia

Peace Times. P.O. Box 26048, Washington, DC 20001.

Florida

Homeless Voice. P.O. Box 292577, Davie, FL 33329-2577. <http://www.homelessvoice.org/>

Georgia

Atlanta Union of the Homeless Newsletter. 363 Georgia Avenue, SE; 2nd floor, Atlanta, GA 30312-3139.

Illinois

Hasta Cuando & Mesh. 1638 W. Greenleaf; #3-B, Chicago, IL 60626.
Journal of Ordinary Thought. 1313 E. 60th Street, Chicago, IL 60637. <http://www.jot.org>
StreetWise. 1331 South Michigan Avenue, Chicago, IL 60605. <http://www.streetwise.org/>

Kansas

Change of Heart. 2905 Moccasin Drive, Lawrence, KS 66049.

Kentucky

Lexington Homeless Voice. P.O. Box 324, Lexington, KY 40588. <http://www.fchap.org/>
Street News. 712 E. Muhammad Ali Boulevard, Louisville, KY 40202. <http://www.homelesscoal.org/>

Maryland

Loaves and Fishes. P.O. Box 808, Elkton, MD 21922-0808. <http://www.meetingground.org/>
Street Voice. P.O. Box 39521, Baltimore, MD 21212-4195.

Massachusetts

Homeless People's Network. 102-R Prospect Street; 3rd floor, Somerville, MA 02143. <http://aspin.asu.edu/hpn/>
Spare Change News. 1151 Massachusetts Avenue, Cambridge, MA 02138. <http://www.homelessempowerment.org/>
Survival News. 95 Standard Street, Mattapan, MA 02126.
What's Up. 23 Dartmouth Street, Boston, MA 02116. <http://www.whatsupmagazine.org/>

Minnesota

Minnesota Crossroads. P.O. Box 14324, St. Paul, MN 55114. <http://www.openskypress.org/>

Missouri

What's Up Magazine. P.O. Box 3209, St. Louis, MO 63130. <http://www.whatsupstl.com/>

Nevada

Voice. 1581 N. Main Street, Las Vegas, NV 89101.

New Hampshire

Under the Bridge Street News. P.O. Box 3431, Manchester, NH 03105-3431. <http://www.geocities.com/nhutbp2001/welcome.html>

New Mexico

Your Voice. 1112 San Pedro NE; #230, Albuquerque, NM 87110.

New York

BIG News. 302 E. 45th St, 4th floor, New York, NY 10017. <http://www.mainchance.org/bignews/index.html>
Street News. 15 Gloria Court, Port Richmond, NY 10302. <http://hometown.aol.com/streetnews143/streetnews.htm>
Upward. 302 E. 45th St. 4th Floor, New York, NY 10017.

North Carolina

News From Our Shoes. P. O. Box 411, Raleigh, NC 27602. <http://www.newsfromourshoes.com/>

Ohio

Homeless Grapevine. 2012 West 25th Street; #717, Cleveland, OH 44113-4131. <http://www.neoch.org/grapevine.htm>
StreetVibes. 1506 Elm Street, Cincinnati, OH 45210. <http://homeless.cincy.com/pages/content/streetvibes.html>

Oregon

Street Roots. 1231 SW Morrison St., Portland, OR 97205. <http://www.streetroots.org>

Appendix 4

Documentary History of Homelessness

The topic of homelessness (including wanderlust, begging, vagrancy, hobos, tramps, and skid row) has a rich and deep documentary history. These documents, dating back well over 2,000 years, include sacred texts, laws, edicts, declarations, poems, ballads, traveler's tales, social welfare surveys, sociological and anthropological reports, magazine articles, fiction and nonfiction written by the homeless, judicial briefs and decisions, and statements of government and organizational policy.

The following collection of twenty-three documents, included here either in whole or in part, provides only a sampling of this rich history. The documents pertain mainly to homelessness in the United States and Britain, with some additional material from Germany and Italy and several recent documents also pertaining to Europe as well as to international efforts. The earliest is from the Book of Genesis in the Old Testament, while the most recent is the 2003 U.S. Conference of Mayors' call to end homelessness in ten years.

Some of these are not easily available, and several older ones are in obscure publications now out of print. They have never been pulled together as a collection, and as a group they tell us something about the lives of homeless people over time and about societal perceptions of and responses to homelessness. Several of the documents are included in part because they are related to and inform our understanding of other documents, and all the documents provide primary source content relevant to entries in the encyclopedia. Each document is preceded by a short introduction that discusses why the document is important in the history of homelessness, places the document in its historical context, and cross-references to relevant entries in the encyclopedia.

The documents, in chronological order, are the following:

Document 1. Biblical Passages Relevant to Homelessness.

Document 2. Chaucer, Geoffrey. (c. 1383). "The Begging Friar and the Pardoner." *Canterbury Tales*. In Ribton-Turner, C. J. (1887). *A History of Vagrants and Vagrancy and Beggars and Begging*. London: Chapman & Hall, pp. 576–577.

Document 3. Three Classification Schemes (1500, 1561, 1627).

Germany in 1500. Luther, Martin. (1528). *The Book of Vagabonds and Beggars*. Translated by J. C. Hotten, 1860. In Ribton-Turner, pp. 544–546.
London in 1561. *The Fraternitey of Vacabondes*.

(1575/1561). London: John Awdeley. In Ribton-Turner, pp. 593–595.

Venice in 1627. Nobili, Giacinto. (1627). *Il Vagabondo overo sferza de Bianti e Vagabondi*. In Ribton-Turner, pp. 557–560.

Document 4. Harman, Thomas. (c. 1567). A Caveat or Warening for Commen Corsetors, vulgarely called Vagabones. In Ribton-Turner, C. J. (1887). *A History of Vagrants and Vagrancy and Beggars and Begging*. London: Chapman & Hall, pp. 468–469.

Document 5. An Act for the Relief of the Poor. Anno xliiii. Reginae ELIZABETHÆ. CAP. II. (1601).

Document 6. “The Cunning Northern Beggar.” From the *Roxburgh Collection of Ballads*, compiled by Robert Harley, London. (c. 1635). In Ribton-Turner, C. J. (1887). *A History of Vagrants and Vagrancy and Beggars and Begging*. London: Chapman & Hall, pp. 609–612.

Document 7. Chambers, James. (1820). “The Poor Poetaster.” *The Political Works of James Chambers, Itinerant Poet, With the Life of the Author*, pp. 133–142. Ipswich: Printed and sold by the editor, C. Ragan.

Document 8. The Poor Law Amendment Act of 1834—*An Act for the Amendment and better Administration of the Laws relating to the Poor in England and Wales*. (1835). London: George Eyre and Andrew Spottiswoode, Printers to the King’s most Excellent Majesty.

Document 9. Mayhew, Henry. (1861–1862). *London Labour and the London Poor; A Cyclopædia of the Condition and Earnings of Those That Will Work, Those That Cannot Work, And Those That Will Not Work*. London: Griffin, Bohn and Company.

Document 10. Riis, Jacob. (1890). *How the Other Half Lives*. New York: Charles Scribner’s Sons.

Document 11. Booth, Charles. (1902–04). *Life and Labour of the People in London*. London; pp. 204–237. Reprinted by AMS Press, Inc., 1970.

Document 12. Higgs, Mary. (1906). *Glimpses into the Abyss*, pp. 224–231; 319–327. London: P. S. King & Son.

Document 13. Rice, Stuart A. (1918). The Homeless. *Annals of the American Academy of Political and Social Science*, 77(166), 140–153.

Document 14. Stiff, Dean (Nels Anderson). (1930). *The Milk And Honey Route*. New York: The Vanguard Press.

Document 15. Gibbs, Philip. (1935). *England Speaks*, pp. 30–43. Garden City, NY: Doubleday, Doran & Company.

Document 16. Benson, Ben. (1937). “How to go to California without a Dollar.” *The Hobo News* (Spring).

Document 17. *Camp La Guardia News, IV(IV)*, May, 1937.

Document 18. United States Fair Housing Act. Sec. 800. [42 USC 3601 note].

Document 19. Summary of the Stewart B. McKinney Homeless Assistance Act (U.S. Public Law 100–77, 42 U.S.C. 119).

Document 20. European Social Charter (revised). (1966). Council of Europe, Strasbourg, 3.V.1996.

Document 21. Istanbul Declaration on Human Settlements of 1996.

Document 22. Resolutions of the United Nations Housing Rights Programme. (April–May 2003):

“Women’s equal ownership, access to and control over land and the equal rights to own property and to adequate housing.”

“Adequate housing as a component of the right to an adequate standard of living.”

“Global campaigns on secure tenure and urban governance.”

Document 23. U.S. Conference of Mayors. Resolution No. 22. Endorsing 10 Year Planning Process to End Chronic Homelessness. 71st annual meeting, June 2003, Denver, Colorado.

Document 1: Biblical Passages Relevant to Homelessness

The relationship between religion and homelessness is one that has received relatively little attention in the study of homelessness but, nonetheless, is one that is old and deep in the human experience. The notions of being cast out, wandering, begging, lost in the wilderness, and pilgrimage play prominent roles in world religions including Judaism, Buddhism, Hinduism, Christianity, and Islam. So, too, does the idea of caring for the poor and homeless and

aiding the sick and disabled. The selections that follow are from the Old and New Testaments (KJV) and touch on several of these themes including being cast out, wandering in the wilderness, being homeless, and caring for the poor and homeless.

See entries: Association of Gospel Rescue Missions; Goodwill Industries International; Salvation Army

Genesis 3

¹Now the serpent was more subtil than any beast of the field which the LORD God had made. And he said

unto the woman, Yea, hath God said, Ye shall not eat of every tree of the garden?

²And the woman said unto the serpent, We may eat of the fruit of the trees of the garden:

³But of the fruit of the tree which is in the midst of the garden, God hath said, Ye shall not eat of it, neither shall ye touch it, lest ye die.

⁴And the serpent said unto the woman, Ye shall not surely die:

⁵For God doth know that in the day ye eat thereof, then your eyes shall be opened, and ye shall be as gods, knowing good and evil.

⁶And when the woman saw that the tree was good for food, and that it was pleasant to the eyes, and a tree to be desired to make one wise, she took of the fruit thereof, and did eat, and gave also unto her husband with her; and he did eat.

⁷And the eyes of them both were opened, and they knew that they were naked; and they sewed fig leaves together, and made themselves aprons.

⁸And they heard the voice of the LORD God walking in the garden in the cool of the day: and Adam and his wife hid themselves from the presence of the LORD God amongst the trees of the garden.

⁹And the LORD God called unto Adam, and said unto him, Where art thou?

¹⁰And he said, I heard thy voice in the garden, and I was afraid, because I was naked; and I hid myself.

¹¹And he said, Who told thee that thou wast naked? Hast thou eaten of the tree, whereof I commanded thee that thou shouldest not eat?

¹²And the man said, The woman whom thou gavest to be with me, she gave me of the tree, and I did eat.

¹³And the LORD God said unto the woman, What is this that thou hast done? And the woman said, The serpent beguiled me, and I did eat.

¹⁴And the LORD God said unto the serpent, Because thou hast done this, thou art cursed above all cattle, and above every beast of the field; upon thy belly shalt thou go, and dust shalt thou eat all the days of thy life:

¹⁵And I will put enmity between thee and the woman, and between thy seed and her seed; it shall bruise thy head, and thou shalt bruise his heel.

¹⁶Unto the woman he said, I will greatly multiply thy sorrow and thy conception; in sorrow thou shalt bring forth children; and thy desire shall be to thy husband, and he shall rule over thee.

¹⁷And unto Adam he said, Because thou hast hearkened unto the voice of thy wife, and hast eaten of the tree,

of which I commanded thee, saying, Thou shalt not eat of it: cursed is the ground for thy sake; in sorrow shalt thou eat of it all the days of thy life;

¹⁸Thorns also and thistles shall it bring forth to thee; and thou shalt eat the herb of the field;

¹⁹In the sweat of thy face shalt thou eat bread, till thou return unto the ground; for out of it wast thou taken: for dust thou art, and unto dust shalt thou return.

²⁰And Adam called his wife's name Eve; because she was the mother of all living.

²¹Unto Adam also and to his wife did the LORD God make coats of skins, and clothed them.

²²And the LORD God said, Behold, the man is become as one of us, to know good and evil: and now, lest he put forth his hand, and take also of the tree of life, and eat, and live for ever:

²³Therefore the LORD God sent him forth from the garden of Eden, to till the ground from whence he was taken.

²⁴So he drove out the man; and he placed at the east of the garden of Eden Cherubims, and a flaming sword which turned every way, to keep the way of the tree of life.

Genesis 4

¹And Adam knew Eve his wife; and she conceived, and bare Cain, and said, I have gotten a man from the LORD.

²And she again bare his brother Abel. And Abel was a keeper of sheep, but Cain was a tiller of the ground.

³And in process of time it came to pass, that Cain brought of the fruit of the ground an offering unto the LORD.

⁴And Abel, he also brought of the firstlings of his flock and of the fat thereof. And the LORD had respect unto Abel and to his offering:

⁵But unto Cain and to his offering he had not respect. And Cain was very wroth, and his countenance fell.

⁶And the LORD said unto Cain, Why art thou wroth? and why is thy countenance fallen?

⁷If thou doest well, shalt thou not be accepted? and if thou doest not well, sin lieth at the door. And unto thee shall be his desire, and thou shalt rule over him.

⁸And Cain talked with Abel his brother: and it came to pass, when they were in the field, that Cain rose up against Abel his brother, and slew him.

⁹And the LORD said unto Cain, Where is Abel thy brother? And he said, I know not: Am I my brother's keeper?

- ¹⁰And he said, What hast thou done? the voice of thy brother's blood crieth unto me from the ground.
- ¹¹And now art thou cursed from the earth, which hath opened her mouth to receive thy brother's blood from thy hand;
- ¹²When thou tillest the ground, it shall not henceforth yield unto thee her strength; a fugitive and a vagabond [some translations use the word "vagrant"] shalt thou be in the earth.

Genesis 21

- ¹And the LORD visited Sarah as he had said, and the LORD did unto Sarah as he had spoken.
- ²For Sarah conceived, and bare Abraham a son in his old age, at the set time of which God had spoken to him.
- ³And Abraham called the name of his son that was born unto him, whom Sarah bare to him, Isaac.
- ⁴And Abraham circumcised his son Isaac being eight days old, as God had commanded him.
- ⁵And Abraham was an hundred years old, when his son Isaac was born unto him.
- ⁶And Sarah said, God hath made me to laugh, so that all that hear will laugh with me.
- ⁷And she said, Who would have said unto Abraham, that Sarah should have given children suck? for I have born him a son in his old age.
- ⁸And the child grew, and was weaned: and Abraham made a great feast the same day that Isaac was weaned.
- ⁹And Sarah saw the son of Hagar the Egyptian, which she had born unto Abraham, mocking.
- ¹⁰Wherefore she said unto Abraham, Cast out this bondwoman and her son: for the son of this bondwoman shall not be heir with my son, even with Isaac.
- ¹¹And the thing was very grievous in Abraham's sight because of his son.
- ¹²And God said unto Abraham, Let it not be grievous in thy sight because of the lad, and because of thy bondwoman; in all that Sarah hath said unto thee, hearken unto her voice; for in Isaac shall thy seed be called.
- ¹³And also of the son of the bondwoman will I make a nation, because he is thy seed.
- ¹⁴And Abraham rose up early in the morning, and took bread, and a bottle of water, and gave it unto Hagar, putting it on her shoulder, and the child, and sent her away: and she departed, and wandered in the wilderness of Beersheba.
- ¹⁵And the water was spent in the bottle, and she cast the child under one of the shrubs.

- ¹⁶And she went, and sat her down over against him a good way off, as it were a bow shot: for she said, Let me not see the death of the child. And she sat over against him, and lift up her voice, and wept.
- ¹⁷And God heard the voice of the lad; and the angel of God called to Hagar out of heaven, and said unto her, What aileth thee, Hagar? fear not; for God hath heard the voice of the lad where he is.
- ¹⁸Arise, lift up the lad, and hold him in thine hand; for I will make him a great nation.
- ¹⁹And God opened her eyes, and she saw a well of water; and she went, and filled the bottle with water, and gave the lad drink.
- ²⁰And God was with the lad; and he grew, and dwelt in the wilderness, and became an archer.

Deuteronomy 8

- ¹All the commandments which I command thee this day shall ye observe to do, that ye may live, and multiply, and go in and possess the land which the LORD sware unto your fathers.
- ²And thou shalt remember all the way which the LORD thy God led thee these forty years in the wilderness, to humble thee, and to prove thee, to know what was in thine heart, whether thou wouldest keep his commandments, or no.
- ³And he humbled thee, and suffered thee to hunger, and fed thee with manna, which thou knewest not, neither did thy fathers know; that he might make thee know that man doth not live by bread only, but by every word that proceedeth out of the mouth of the LORD doth man live.
- ⁴Thy raiment waxed not old upon thee, neither did thy foot swell, these forty years.
- ⁵Thou shalt also consider in thine heart, that, as a man chasteneth his son, so the LORD thy God chasteneth thee.

Deuteronomy 15

- ¹¹For the poor shall never cease out of the land: therefore I command thee, saying, Thou shalt open thine hand wide unto thy brother, to thy poor, and to thy needy, in thy land.

Deuteronomy 24

- ¹⁴Thou shalt not oppress an hired servant that is poor and needy, whether he be of thy brethren, or of thy

strangers that are in thy land within thy gates:

¹⁵At his day thou shalt give him his hire, neither shall the sun go down upon it; for he is poor, and setteth his heart upon it: lest he cry against thee unto the LORD, and it be sin unto thee.

¹⁶The fathers shall not be put to death for the children, neither shall the children be put to death for the fathers: every man shall be put to death for his own sin.

¹⁷Thou shalt not pervert the judgment of the stranger, nor of the fatherless; nor take a widow's raiment to pledge:

¹⁸But thou shalt remember that thou wast a bondman in Egypt, and the LORD thy God redeemed thee thence: therefore I command thee to do this thing.

¹⁹When thou cuttest down thine harvest in thy field, and hast forgot a sheaf in the field, thou shalt not go again to fetch it: it shall be for the stranger, for the fatherless, and for the widow: that the LORD thy God may bless thee in all the work of thine hands.

²⁰When thou beatest thine olive tree, thou shalt not go over the boughs again: it shall be for the stranger, for the fatherless, and for the widow.

²¹When thou gatherest the grapes of thy vineyard, thou shalt not glean it afterward: it shall be for the stranger, for the fatherless, and for the widow.

²²And thou shalt remember that thou wast a bondman in the land of Egypt: therefore I command thee to do this thing.

Deuteronomy 26

¹²When thou hast made an end of tithing all the tithes of thine increase the third year, which is the year of tithing, and hast given it unto the Levite, the stranger, the fatherless, and the widow, that they may eat within thy gates, and be filled;

Leviticus 19

³³And if a stranger sojourn with thee in your land, ye shall not vex him.

³⁴But the stranger that dwelleth with you shall be unto you as one born among you, and thou shalt love him as thyself; for ye were strangers in the land of Egypt: I am the LORD your God.

Leviticus 23

²²And when ye reap the harvest of your land, thou shalt

not make clean riddance of the corners of thy field when thou reapest, neither shalt thou gather any gleaning of thy harvest: thou shalt leave them unto the poor, and to the stranger: I am the LORD your God.

Psalms 107

¹O give thanks unto the LORD, for he is good: for his mercy endureth for ever.

²Let the redeemed of the LORD say so, whom he hath redeemed from the hand of the enemy;

³And gathered them out of the lands, from the east, and from the west, from the north, and from the south.

⁴They wandered in the wilderness in a solitary way; they found no city to dwell in.

⁵Hungry and thirsty, their soul fainted in them.

⁶Then they cried unto the LORD in their trouble, and he delivered them out of their distresses.

⁷And he led them forth by the right way, that they might go to a city of habitation.

⁸Oh that men would praise the LORD for his goodness, and for his wonderful works to the children of men!

⁹For he satisfieth the longing soul, and filleth the hungry soul with goodness.

¹⁰Such as sit in darkness and in the shadow of death, being bound in affliction and iron;

¹¹Because they rebelled against the words of God, and contemned the counsel of the most High:

¹²Therefore he brought down their heart with labour; they fell down, and there was none to help.

¹³Then they cried unto the LORD in their trouble, and he saved them out of their distresses.

¹⁴He brought them out of darkness and the shadow of death, and brake their bands in sunder.

¹⁵Oh that men would praise the LORD for his goodness, and for his wonderful works to the children of men!

¹⁶For he hath broken the gates of brass, and cut the bars of iron in sunder.

¹⁷Fools because of their transgression, and because of their iniquities, are afflicted.

¹⁸Their soul abhorreth all manner of meat; and they draw near unto the gates of death.

¹⁹Then they cry unto the LORD in their trouble, and he saveth them out of their distresses.

²⁰He sent his word, and healed them, and delivered them from their destructions.

²¹Oh that men would praise the LORD for his goodness, and for his wonderful works to the children of men!

²²And let them sacrifice the sacrifices of thanksgiving, and declare his works with rejoicing.

- ²³They that go down to the sea in ships, that do business in great waters;
- ²⁴These see the works of the LORD, and his wonders in the deep.
- ²⁵For he commandeth, and raiseth the stormy wind, which lifteth up the waves thereof.
- ²⁶They mount up to the heaven, they go down again to the depths: their soul is melted because of trouble.
- ²⁷They reel to and fro, and stagger like a drunken man, and are at their wit's end.
- ²⁸Then they cry unto the LORD in their trouble, and he bringeth them out of their distresses.
- ²⁹He maketh the storm a calm, so that the waves thereof are still.
- ³⁰Then are they glad because they be quiet; so he bringeth them unto their desired haven.
- ³¹Oh that men would praise the LORD for his goodness, and for his wonderful works to the children of men!
- ³²Let them exalt him also in the congregation of the people, and praise him in the assembly of the elders.
- ³³He turneth rivers into a wilderness, and the watersprings into dry ground;
- ³⁴A fruitful land into barrenness, for the wickedness of them that dwell therein.
- ³⁵He turneth the wilderness into a standing water, and dry ground into watersprings.
- ³⁶And there he maketh the hungry to dwell, that they may prepare a city for habitation;
- ³⁷And sow the fields, and plant vineyards, which may yield fruits of increase.
- ³⁸He blesseth them also, so that they are multiplied greatly; and suffereth not their cattle to decrease.
- ³⁹Again, they are minished and brought low through oppression, affliction, and sorrow.
- ⁴⁰He poureth contempt upon princes, and causeth them to wander in the wilderness, where there is no way.
- ⁴¹Yet setteth he the poor on high from affliction, and maketh him families like a flock.
- ⁴²The righteous shall see it, and rejoice: and all iniquity shall stop her mouth.
- ⁴³Whoso is wise, and will observe these things, even they shall understand the lovingkindness of the LORD.

1 Samuel 2

- ⁷The LORD maketh poor, and maketh rich: he bringeth low, and lifteth up.
- ⁸He raiseth up the poor out of the dust, and lifteth up the beggar from the dunghill, to set them among princes,

and to make them inherit the throne of glory: for the pillars of the earth are the LORD's, and he hath set the world upon them.

- ⁹He will keep the feet of his saints, and the wicked shall be silent in darkness; for by strength shall no man prevail.

Isaiah 58

- ⁷Is it not to deal thy bread to the hungry, and that thou bring the poor that are cast out to thy house? when thou seest the naked, that thou cover him; and that thou hide not thyself from thine own flesh?
- ⁸Then shall thy light break forth as the morning, and thine health shall spring forth speedily: and thy righteousness shall go before thee; the glory of the LORD shall be thy rear guard.
- ⁹Then shalt thou call, and the LORD shall answer; thou shalt cry, and he shall say, Here I am. If thou take away from the midst of thee the yoke, the putting forth of the finger, and speaking vanity;
- ¹⁰And if thou draw out thy soul to the hungry, and satisfy the afflicted soul; then shall thy light rise in obscurity, and thy darkness be as the noon day:
- ¹¹And the LORD shall guide thee continually, and satisfy thy soul in drought, and make fat thy bones: and thou shalt be like a watered garden, and like a spring of water, whose waters fail not.

Matthew 5

- ¹And seeing the multitudes, he went up into a mountain: and when he was set, his disciples came unto him:
- ²And he opened his mouth, and taught them, saying,
- ³Blessed are the poor in spirit: for theirs is the kingdom of heaven.
- ⁴Blessed are they that mourn: for they shall be comforted.
- ⁵Blessed are the meek: for they shall inherit the earth.
- ⁶Blessed are they which do hunger and thirst after righteousness: for they shall be filled.
- ⁷Blessed are the merciful: for they shall obtain mercy.
- ⁸Blessed are the pure in heart: for they shall see God.
- ⁹Blessed are the peacemakers: for they shall be called the children of God.
- ¹⁰Blessed are they which are persecuted for righteousness' sake: for theirs is the kingdom of heaven.
- ¹¹Blessed are ye, when men shall revile you, and persecute you, and shall say all manner of evil against you falsely, for my sake.

- ¹²Rejoice, and be exceeding glad: for great is your reward in heaven: for so persecuted they the prophets which were before you.
- ¹³Ye are the salt of the earth: but if the salt have lost his savour, wherewith shall it be salted? it is thenceforth good for nothing, but to be cast out, and to be trodden under foot of men.
- ¹⁴Ye are the light of the world. A city that is set on an hill cannot be hid.
- ¹⁵Neither do men light a candle, and put it under a bushel, but on a candlestick; and it giveth light unto all that are in the house.
- ¹⁶Let your light so shine before men, that they may see your good works, and glorify your Father which is in heaven.
- ¹⁷Think not that I am come to destroy the law, or the prophets: I am not come to destroy, but to fulfil.
- ¹⁸For verily I say unto you, Till heaven and earth pass, one jot or one tittle shall in no wise pass from the law, till all be fulfilled.
- ¹⁹Whosoever therefore shall break one of these least commandments, and shall teach men so, he shall be called the least in the kingdom of heaven: but whosoever shall do and teach them, the same shall be called great in the kingdom of heaven.
- ²⁰For I say unto you, That except your righteousness shall exceed the righteousness of the scribes and Pharisees, ye shall in no case enter into the kingdom of heaven.
- ²¹Ye have heard that it was said of them of old time, Thou shalt not kill; and whosoever shall kill shall be in danger of the judgment:
- ²²But I say unto you, That whosoever is angry with his brother without a cause shall be in danger of the judgment: and whosoever shall say to his brother, Raca, shall be in danger of the council: but whosoever shall say, Thou fool, shall be in danger of hell fire.
- ²³Therefore if thou bring thy gift to the altar, and there rememberest that thy brother hath ought against thee;
- ²⁴Leave there thy gift before the altar, and go thy way; first be reconciled to thy brother, and then come and offer thy gift.
- ²⁵Agree with thine adversary quickly, whiles thou art in the way with him; lest at any time the adversary deliver thee to the judge, and the judge deliver thee to the officer, and thou be cast into prison.
- ²⁶Verily I say unto thee, Thou shalt by no means come out thence, till thou hast paid the uttermost farthing.
- ²⁷Ye have heard that it was said by them of old time, Thou shalt not commit adultery:
- ²⁸But I say unto you, That whosoever looketh on a woman to lust after her hath committed adultery with her already in his heart.
- ²⁹And if thy right eye offend thee, pluck it out, and cast it from thee: for it is profitable for thee that one of thy members should perish, and not that thy whole body should be cast into hell.
- ³⁰And if thy right hand offend thee, cut it off, and cast it from thee: for it is profitable for thee that one of thy members should perish, and not that thy whole body should be cast into hell.
- ³¹It hath been said, Whosoever shall put away his wife, let him give her a writing of divorcement:
- ³²But I say unto you, That whosoever shall put away his wife, saving for the cause of fornication, causeth her to commit adultery: and whosoever shall marry her that is divorced committeth adultery.
- ³³Again, ye have heard that it hath been said by them of old time, Thou shalt not forswear thyself, but shalt perform unto the Lord thine oaths:
- ³⁴But I say unto you, Swear not at all; neither by heaven; for it is God's throne:
- ³⁵Nor by the earth; for it is his footstool: neither by Jerusalem; for it is the city of the great King.
- ³⁶Neither shalt thou swear by thy head, because thou canst not make one hair white or black.
- ³⁷But let your communication be, Yea, yea; Nay, nay: for whatsoever is more than these cometh of evil.
- ³⁸Ye have heard that it hath been said, An eye for an eye, and a tooth for a tooth:
- ³⁹But I say unto you, That ye resist not evil: but whosoever shall smite thee on thy right cheek, turn to him the other also.
- ⁴⁰And if any man will sue thee at the law, and take away thy coat, let him have thy cloak also.
- ⁴¹And whosoever shall compel thee to go a mile, go with him twain.
- ⁴²Give to him that asketh thee, and from him that would borrow of thee turn not thou away.
- ⁴³Ye have heard that it hath been said, Thou shalt love thy neighbour, and hate thine enemy.
- ⁴⁴But I say unto you, Love your enemies, bless them that curse you, do good to them that hate you, and pray for them which despitefully use you, and persecute you;
- ⁴⁵That ye may be the children of your Father which is in heaven: for he maketh his sun to rise on the evil and on the good, and sendeth rain on the just and on the unjust.
- ⁴⁶For if ye love them which love you, what reward have

ye? do not even the publicans the same?

⁴⁷And if ye salute your brethren only, what do ye more than others? do not even the publicans so?

⁴⁸Be ye therefore perfect, even as your Father which is in heaven is perfect.

Matthew 25

³¹When the Son of man shall come in his glory, and all the holy angels with him, then shall he sit upon the throne of his glory:

³²And before him shall be gathered all nations: and he shall separate them one from another, as a shepherd divideth his sheep from the goats:

³³And he shall set the sheep on his right hand, but the goats on the left.

³⁴Then shall the King say unto them on his right hand, Come, ye blessed of my Father, inherit the kingdom prepared for you from the foundation of the world:

³⁵For I was an hungred, and ye gave me meat: I was thirsty, and ye gave me drink: I was a stranger, and ye took me in:

³⁶Naked, and ye clothed me: I was sick, and ye visited me: I was in prison, and ye came unto me.

³⁷Then shall the righteous answer him, saying, Lord, when saw we thee an hungred, and fed thee? or thirsty, and gave thee drink?

³⁸When saw we thee a stranger, and took thee in? or naked, and clothed thee?

³⁹Or when saw we thee sick, or in prison, and came unto thee?

⁴⁰And the King shall answer and say unto them, Verily I say unto you, Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me.

⁴¹Then shall he say also unto them on the left hand, Depart from me, ye cursed, into everlasting fire, prepared for the devil and his angels:

⁴²For I was an hungred, and ye gave me no meat: I was thirsty, and ye gave me no drink:

⁴³I was a stranger, and ye took me not in: naked, and ye clothed me not: sick, and in prison, and ye visited me not.

⁴⁴Then shall they also answer him, saying, Lord, when saw we thee an hungred, or athirst, or a stranger, or naked, or sick, or in prison, and did not minister unto thee?

⁴⁵Then shall he answer them, saying, Verily I say unto you, Inasmuch as ye did it not to one of the least of these, ye did it not to me.

⁴⁶And these shall go away into everlasting punishment: but the righteous into life eternal.

Luke 2

The Birth of Jesus

¹In those days Caesar Augustus issued a decree that a census should be taken of the entire Roman world.

²(This was the first census that took place while Quirinius was governor of Syria.)

³And everyone went to his own town to register.

⁴So Joseph also went up from the town of Nazareth in Galilee to Judea, to Bethlehem the town of David, because he belonged to the house and line of David.

⁵He went there to register with Mary, who was pledged to be married to him and was expecting a child.

⁶While they were there, the time came for the baby to be born,

⁷and she gave birth to her firstborn, a son. She wrapped him in cloths and placed him in a manger, because there was no room for them in the inn.

Luke 4

¹And Jesus being full of the Holy Ghost returned from Jordan, and was led by the Spirit into the wilderness,

²Being forty days tempted of the devil. And in those days he did eat nothing: and when they were ended, he afterward hungered.

³And the devil said unto him, If thou be the Son of God, command this stone that it be made bread.

⁴And Jesus answered him, saying, It is written, That man shall not live by bread alone, but by every word of God.

⁵And the devil, taking him up into an high mountain, shewed unto him all the kingdoms of the world in a moment of time.

⁶And the devil said unto him, All this power will I give thee, and the glory of them: for that is delivered unto me; and to whomsoever I will I give it.

⁷If thou therefore wilt worship me, all shall be thine.

⁸And Jesus answered and said unto him, Get thee behind me, Satan: for it is written, Thou shalt worship the Lord thy God, and him only shalt thou serve.

⁹And he brought him to Jerusalem, and set him on a pinnacle of the temple, and said unto him, If thou be the Son of God, cast thyself down from hence:

¹⁰For it is written, He shall give his angels charge over thee, to keep thee:

¹¹And in their hands they shall bear thee up, lest at any

time thou dash thy foot against a stone.

¹²And Jesus answering said unto him, It is said, Thou shalt not tempt the Lord thy God.

¹³And when the devil had ended all the temptation, he departed from him for a season.

Document 2: Chaucer, Geoffrey. (c. 1383). "The Begging Friar and the Pardoner"

The wandering, begging religious figure is a common feature of many religions including Christianity, Buddhism, and Hinduism. This early account of the begging friar from Chaucer's *Canterbury Tales* also describes a Pardoner, who gave indulgences in return for contributions to the church.

The Begging Friar and the Pardoner

A Frere ther was, a wanton and a mery,
A Limitour, a ful solempne man . . .
Thereto he strong was a champioun,
And knew wel the taverns in every toun,
And every hosteler and gay tapstere,
Better than a lazar or a beggere,
For unto swiche a worthy man as he
Accordeth nought, as by his faculte,
To haven with sike lazars acquaintance.
It is not honest, it may not avance,
As for to delen with no swiche pouraille,
But all with riche, and sellers of vitaille.
And over all, ther as profit shuld arise,
Curteis he was, and lowly of servise.
Ther n'as no man nowher so virtuous.
He was the beste begger in all of his hous:
And gave a certaine ferme for the grant,
None of the bretheren came in his haunt.
For though a widewe hadde but a shoo,
(So plesant was his *In principio*)
Yet wold he have a ferthing or he went . . .
With him ther rode a gentil PARDONERE,
Of Rouncevall, his frend and his compere
That streit was comen from the court of Rome . . .
His wallet lay beforne him in his lappe
Bret-ful of pardon come from Rome al hote . . .
But of his craft, fro Berwike unto Ware,
Ne was ther swiche an other pardonere.
For in his male he hadde a pilwebere,

Which, as he saide, was oure ladies veil:
He saide, he hadde a gobbet of the seyl
Thatte seinte Peter had, whan that he went
Upon the see, till Jesu Crist him hent.
He had a crois of laton ful of stones,
And in a glas he hadde pigges bones.
But with these relikes, whanne that he fond
A poure person dwelling up on lond,
Upon a day he gat him more moneie
Than that the persone gat in monethes tweie.
And thus with fained flattering and japes,
He made the persone, and the peple, his apes.

Document 3. Three Classification Schemes

*Germany in 1500. Luther, Martin. (1528).
The Book of Vagabonds and Beggars*

*London in 1561. The Fraternity of Vacabondes.
(1575/1561). London: John Awdeley*

Venice in 1627. Nobili, Giacinto. (1627)

Attempts to classify the homeless into categories seems to have been always part of efforts to explain, punish, and prevent homelessness and care for the homeless. The three schemes presented here are from obscure documents relating to London and Germany in the sixteenth century and Venice in the seventeenth. All of these have been reprinted in Ribton-Turner, C. J. (1887). *A History of Vagrants and Vagrancy and Beggars and Begging*. London: Chapman & Hall. Later attempts at classification can be found in Documents 9 and 12.

See entries: Germany; Homelessness, Definitions and Estimates of; Homelessness, Patterns of; Italy; London

The Mendicant Brotherhood (1500)

Here follows a pretty little book, called *Liber Vagatorum*, written by a high and worthy master, *nominee Expertus in Truffis*, to the praise and glory of God, *sibi in refrigerium et solacium*, for all persons' instruction and benefit, and for the correction and conversion of those that practise such knaveries as are shown hereafter; which little book is divided into three parts. Part the first shows the several methods by which mendicants and tramps get their livelihood, and is subdivided

into xx chapters, *et paulo plu*—for there are xx ways, *et ultra*, whereby men are cheated and fooled. Part the second give some *notabilia* which refer to the means of livelihood afore-mentioned. The third part presents a vocabulary of their language or gibberish, commonly called Red Welsh or Beggar lingo.

The beggars are divided into the following classes:

The *Bregers*, or beggars who simply ask an alms for God's or the Holy Virgin's sake.

The *Stabulers*, or bread gatherers, who beg bread from the peasants and have their hats and cloaks full of signs of all the saints.

The *Lossners*, or liberated prisoners, who pretend they have been captives among the infidel for several years.

The *Klenknors*, or cripples, who sit at the church doors and attend fairs and church gatherings, with real or simulated sore or broken limbs.

The *Dobissers or Dopfers*, or church mendicants, carrying about an image of the Virgin or some other saint, passing themselves off as friars, and begging money or contributions of various kinds for a church or chapel.

The *Kammesierers*, or learned beggars. Young scholars or young students on the tramp.

The *Vagierern* (strollers), clad in yellow garments, who profess to exorcise the devil for hail, for storm, and for witchcraft.

The *Grantners*, or knaves with the falling sickness.

The *Dutzers*, who pretend to have been ill for a long time, and say that they must obtain a certain sum in alms from each of three pious men each day.

The *Schleppers*, or false begging priests.

The *Gickisses*, or blind beggars.

The *Schwanfelders or Blickschlahers*, or naked beggars.

The *Voppers*, or demoniacs, for the most part women, who allow themselves to be led in chains as if they were raving mad.

The *Dallingers*, or hangmen, who pretend to do penance for having been hangmen.

The *Dutzbetterins*, or lying-in women, who pretend to have been recently confined, or that they have been pregnant with a monster which they must support.

The *Suntvegers*, or pretended murderers, who say they have taken a man's life in self-defence, and unless they bring money at the right time they will have their heads cut off.

The female *Suntvegers*, who pretend they formerly had led a loose life of which they now repent.

The *Bil-wearers* or pretended pregnant women.

The *Jungfrauen* (virgins), or pretend lepers.

The *Mumnsen*, beggars who go about under the pretence of begging.

The *Ubern Sonzen Ganger*, or pretended noblemen and knights, who say they have suffered by war, fire, or captivity, or have been driven away and lost all they had.

The *Kandierers*, or pretended mercers, who make people believe they had once been merchants over the sea.

The *Veranerins*, or baptized Jewesses, who have turned Christians.

The *Christianiers Calmierers*, or pretended pilgrims.

The *Seffers*, or salvers, who smear themselves all over with salve as if their mouth and face had broken out in sores.

The *Schweigers*, or jaundiced, who smear themselves with dung to give themselves the appearance of the yellow sickness, or other dreadful disease.

The *Burkhart*, who tie their hands to their throat and say they have St. Anthony's penance or that of any other saint.

The *Platschierers*, or blind harpers, who play on the lute in front of churches and tell lies as to the origin of their blindness.

The Fraternity of Vagabonds (1561)

The Fraternitie of Vacabondes. As wel of ruflyng Vacabondes, as of beggarly, of women as of men, of Gyrles as of Boyes, with their proper names and qualities. With a description of the Crafty Company of Cousoners and Shifters.

Wherunto also is adioyned the XXV. Orders of Knaues otherwise called a Quartern of Knaues. Confirmed for ever by Cocke Lorell. Imprinted at London by Iohn Awdeley, 1575, (originally published about 1561).

An Abraham Man

An Abraham man is he that walketh bare armed, and bare legged, and fayneth hum selfe mad, and caryeth a packe of wool, or a stycke with baken on it, or such luke toy, and nameth himselfe poore Tom.

A Ruffeler

A Ruffeler goeth with a weapon to seeke seruice, saying he hath bene a Seruitor in the wars, and beggeth for his

reliefe. But his chiefest trade is to robbe poore wayfar-
ing men and market women.

A Prygman

A Prygman goeth with a stycke in hys hand like an idle
person. His propertye is to steale cloathes of the hedge,
which they call storing of the Rogeman: or else filch
Poultry, carrying them to the Alehouse, which they call
the Bowsyng In, & ther syt playing at cardes and dice,
tyl that is spent which they haue so filched.

A Whypiacke

A Whypiacke is one, that by coulor of a counterfaite
Lisence (which they call a Gybe, and the seales they call
Iarckes) doth vse to beg lyke a Maryner. But his chiefest
trade is to rob Bowthes in a Faire, or to pilfer ware from
staules, which they cal heauing of the Bowth.

A Frater

A frater goeth with a like Lisence to beg for some Spit-
tlehouse or Hospital. Their pray is commonly upon
poore women as they go and come to the Markets.

A Quire Bird

A Quire bird is one that came lately out of prison, &
goeth to seek seruice. He is commonly a stealer of
Horses, which they terme a Priggar of Paulfreys.

An Vpright Man

An Vpright man is one that goeth with the trunchion of a
staffe, which staffe they cal a Filtchman. This man is of so
much authority, that meeting with any of his profession,
he may cal them to accompt, & commaund a share or
snap vnto him selfe, of al that they haue gained by their
trade in one moneth. And if he doo them wrong, they
haue no remedy against him, no though he beate them as
he useth commonly to do. He may also commaund any of
their women, which they call Doxies, to serue his turne.
He hath ye chiefe place at any market walke, & other
assembles, & is not of any to be controlled.

A Curtall

A Curtall is much like the Vpright man, but hys author-
ity is not fully so great. He vseth commonly to go with

a short cloke, like to grey Friers, & his woman with him
in like liuery, which he calleth his Altham if she be hys
wife, & if she be his harlot, she is called his Doxy.

A Palliard

A Palliard is he that goeth in a patched cloke, and hys
Doxy goeth in like apparel.

An Irish Toyle

An Irish Toyle is he that carieth his ware in hys wallet,
as laces, pins, poyntes, and such like. He vseth to shew
no wares vntill he haue his almes. And if the good man
and wife be not in the way, he procureth of the children
or seruants a fleece of wool, or the worth of xijd. Of
some other thing, for a peniworth of his wares.

A Iack Man

A Iackeman is he that can write and reade, and sometime
speake latin. He vseth to make counterfaite licenses
which they call Gybes, and sets to Seales, in their lan-
guage called Iarckes.

A Swygman

A Swygman goeth with a Pedlers pack.

A Washman

A Washman is called a Palliard, but not of the right
making. He vseth to lye in the hye way with lame or
sore legs or armes to beg. These men ye right Pilliards
wil often times spoile, but they dare not complain.
They be bitten with Spickworts, and sometime with rats
bane

A Tinkard

A Tinkard leueth his bag a sweating at the Alehouse,
which they terme their Bowsyng In, and in the meane
season goeth abrode a begging.

A Wylde Roge

A wilde Roge is he that hath no abiding place but by his
coulour of going abrode to beg, is commonly to seeke
some Kinsman of his, and all that be of hys corporation
be properly called Roges

A Kitchen Co

A Kitchen Co is called an ydle runagate Boy.

A Kitchen Mortes

A Kitchen Mortes is a Gyrle, she is brought at her full age to the Vpright man to be broken, and so she is called a Doxy, vntil she come to ye honor of an Altham.

Doxies

Note especially all which go abroade working laces and shirt stringes, they name them Doxies.

A Patriarke Co

A Patriarke Co doth make marriages, & that is until death depart the married folke, which is after this sort: When they come to a dead Horse or any dead Catell, then they shake hands and so depart euery one of them a seuerall way.

The Company of Cousoners and Shifters

Under this head are described The CURTESY MAN who will humble salutations and low curtesy begs on behalf of "certaine of us . . . which haue come lately from the wars, . . . wher as we haue bene welthely brought up." The CHEATOUR OF FINGERER. A professional gamester disguised as a countryman who with the aid of a confederate fleeces young men at taverns, and the RING FALLER who drops gilt copper rings in the streets and claims half the estimated value from the finder.

Troll Hazard of Tritrace

Troll hazard of tritrace, is he that goeth gaping after his Master, looking to and fro tyl he haue lost him. This Knaue goeth gasyng about lyke a foole at euery toy, and then seeketh in euery house lyke a Maisterles dog, and when his Maister nedeth him, he is to seeke.

Obloquim

Obloquium is hee that wyll take a tale out of his Maisters mouth and tell it him selfe. He of right may be called a malapert knaue.

Il Vagabondo overo sferza de Bianti e Vagabondi (1627)

In 1627, Giacinto Nobili, a Dominican mock of Viterbo, who wrote under the pseudonym of Rafaele Frianoro, published at Venice, under Papal sanction, a work entitled Il Vagabondo overo sferza de Bianti e Vagabondi, the materials of which he appears to have drawn from some of the arch-vagabonds of the period. He divides vagabonds into thirty-four classes:

Bianti, or Blessed, bearers of false bulls, indulgences, relics, &c.

Felsi, or Cozeners, or false prophets, who gave out that they were inspired by God and gifted with the spirit of prophecy. They declared that there were concealed treasures in houses guarded by evil spirits, which could only be discovered through the medium of the sacrifices, prayers, and fastings of their confraternity, and that to search for these treasures in any other way would be to risk one's life.

Affrati, or false monks, who, though they had never been ordained, nevertheless had the hardihood to celebrate mass, saying wherever they went that it was their first mass, in order to obtain more in alms or offerings. The Inquisition made short work of these rascals whenever they fell into its power.

Falsi Bordoni, or false pilgrims, who sold medals and shells and solicited alms because they said they could not conscientiously live on their own means during their pilgrimage, through fear or breaking their vow.

Acaptosi, or Redeemed Slaves, who pretended to have escaped from slavery and wanted money to redeem their relations.

Affarfanti, or Charlatans, who invented miraculous events, stating that they had committed monstrous sins for which they had been punished by incurable disorders, until they were healed of them through having made a vow to wander through the world, for the purpose of recounting the effects of divine justice and of God's infinite mercy towards miserable sinners.

Accoponi, or Ulcerated, who made ulcers on their legs with powder, toast, and hare's blood.

Allacrimanti, or Weepers, who owed their name to the facility with which they shed tears at will, principally in the presence of women. They did not solicit anything, but always had their arms extended to receive offerings.

Ascioni, or Stupid, who simulated madmen, or deaf

and dumb people. They did not ask for anything, but kept their hands extended to receive alms.

Accadenti, or Epileptics, who pretended to have fits whenever they were in the midst of a number of people from whom it seemed likely they would get alms.

Cagnabaldi, or Exchangers, who persuaded people to exchange pearls, rings, &c., for pinchbeck.

Mutatori, or Lenders, who professed to lend money without interest.

Attremanti, or Tremblars, who shook in every limb, pretending to be impotent or paralytic.

Admiranti, or Reciters of False Miracles, who pretended that an image of the virgin, or some other saint in a distant locality, had shed tears, or sweated, or inclined its head; they then sold a facsimile of it, which they declared had worked a miracle.

Acconii, or Image-bearers of Saints, who carried images of the saints on their breasts to be kissed by the faithful.

Attarantati, or Bitten, who pretended to be bitten by tarantulas, and to be in consequence smitten with a form of madness. They indulged in the most extravagant capers and did not solicit anything; the companion who conducted them, however, accepted alms.

Apprezzenti, or Bread-eaters, who pretended to eat nothing else. They sold all the whole loaves they collected and eat only the pieces.

Cocchini, or tattered rogues, answering to our shallow coves or shivering jimmies, who went naked, even in winter, and collected clothes and money, though they pretended to prefer nudity and poverty for the love of God.

Spettrini, or False Priests, resembling the English frater, who pretended to collect for hospitals, and pocketed the money.

Iucchi or *Ribattezzati*, Christianised or Rebaptised Jews, visions or incredible miracles. In every town they came to they caused themselves to be rebaptised, and by this means drew valuable gifts from their sponsors and others.

Falpatori, or Masters of Arts, aged or impotent rascals, who taught children the art of cheating.

Affarinati, or Flourerers, who begged flour to make holy wafers to be used at the celebration of masses for the living and dead.

Allampadati, or Lampists, who during Passion Week and at the great festivals begged oil for the lamps which are lighted in front of the host, or the images of the virgin.

Reliquiarii, or Vendors of False Relics.

Pauliani, or Paulists, who pretended to descend from the Apostle Paul, and drove away snakes and eat and drank venomous things, for which they swallowed antidotes beforehand.

Allacerbanti or *Protobianti*, or Head Rogues, who often cheated one another.

Calciarii, or Advisers of Pregnant Women, who made pregnant women believe that they would miscarry or meet with other misfortunes unless they made offerings of tapers, wine, bread, and anything else in season, which these rascals appropriated.

Lotori, or Bathers, who pretended to be in possession of miraculous water which would make infants grow to an extraordinary degree, or cause them to die.

Crociarii, or Saffroners, rogues who sold saffron in places where it did not exist, and cheated people as to its value.

Comparizanti, or Searchers for Godfathers, who endeavored to relieve themselves of the expenses of childbirth and nursing, and at the same time to curry favour with the rich by making them sponsors for their children.

Affamiglioli, or Fathers of Families who carried about a number of children.

Poveri Vergognosi, or Respectable Poor ashamed to beg.

Morghigeri, or Bellringers, who carried a lamp and a bell and asked alms for their prayers.

Testatori, or Testators, who pretended to be ill and bequeath money to their protectors.

Religious superstition appears to have been the keynote of most of these forms of rascality.

Document 4: Harman, Thomas. (c. 1567). "A Caveat or Warening for Commen Corsetors, vulgarely called Vagabones"

Variouly referred to as an argot, cant, or lexicon, the real or imagined unique languages attributed to traveling and homeless people over the centuries by observers have always fascinated the public. Believing that these peoples spoke "secret" languages both romanticized the traveling way of life and helped to mark travelers as a separate category of people. There is reason to believe that the lexicon attributed to traveling peoples, hoboes, tramps, and others was perhaps less important to the people themselves than to outsiders. All social groups that

persist over time whether they be occupational, ethnic, fraternal, etc., develop and use their own lexicon in private. Traveling peoples were no different.

The following list of terms is believed to be the first written list produced in England, by Thomas Harman in 1566 or 1567. Harman was one of a number of pamphleteers in Elizabethan England who studied and wrote of the under-life—beggars, thieves, prostitutes, cheats—of the time. His work and that of others are considered to be early forms of the novel and the rich descriptions of social life influenced Shakespeare and other dramatists and writers. Another example of argot for hoboos and tramps in the United States in the early twentieth century is provided in Document 13.

See entries: Literature, Hobo and Tramp; Skid Row Culture and History; Workhouses

Nab, a head.
 Nabchet, a hat or cap.
 Glasyers, eyes.
 A smelling chete, a nose.
 Gan, a mouth.
 A commission, a shierte
 Drawers, hosen.
 A mofling chete, a napkin.
 A belly chete, an apern.
 Dudes, clothes.
 A lag of dudes, a bucke of clothes.
 A slate of slates, a sheete or sheets.
 Lybbege, a bed.
 Bunge, a purse.
 Lowre, money.
 Mynt, golde.
 A bord, a shylling.
 Halfe a borde, sixpence.
 Flagg, a groate.
 A wyn, a penny.
 A make, a halfe peny.
 Bowse, drynke.
 Bene, good.
 Benshyp, very good.
 Bufe, a dog.
 The lightmans, the daye.
 The darkemans, the nyght.
 Rome vyle, London.
 Dewse a vyle, the countrey.

Rome mort, the Quene.
 A gentry cofe, a noble or gentleman.
 A gentry morte, a noble or gentle woman.
 The quyer cuffyn, the Justicer of peace.
 The Harman beck, the counstable.
 The harmans, the stockes.
 Quyerkyn, a pryson house.
 Quier crampringes, boltes or fetters.
 Tryninge, hanginge.
 Chattes, the gallowses.
 A prattling chete, a tounge.
 Crashing chetes, teeth.
 Hearing chetes, eares.
 Fambles, handes.
 A fambling chete, a ryng on thy hand
 Quier, nought.
 A gage, a quarte pot.
 A skew, a cuppe.
 Pannam, bread.
 Cassan, cheese.
 Yaram, mylke.
 Lap, butter milke or whey.
 Pek, meate.
 Poppelars, porrage.
 Ruff pek, baken.
 A grunting chete or a patricos kynchen, a pyg.
 A cakling chete, a cocke or capon.
 A Margery prater, a hen.
 A roger or tyb of the buttery, a goose.
 A quakinge chete or a red shanke, a drake or duck.
 Grannam, corne.
 A lowhinge chete, a cowe.
 A bleting chete, a calfe or sheepe.
 The high pad, the high waye.
 The ruffmans, the wodes or bushes.
 Crassing chetes, apels, pearces, or anye other frute.
 To fylche, to beate, to stryke, to robbe.
 To nyp a bounge, to cut a pursse.
 To skower the cramp rings, to weare boltes or fetters.
 To heve a bough, to robbe or rifle a boeweth.
 To cly the gerke, to be whipped.
 To cutte benle, to speake gently.
 To cutte bene whydds, to speake or geve good wordes.
 To cutte guyre whyddes, to geve evell wordes or evell language.
 To cutte, to saye.
 Quaromes, a body.
 Prat, a buttocke.
 Stampes, legges.
 A caster, a cloke.

A togeman, a cote.
 A prauncer, a horse.
 Autem, a church.
 Salomon, a alter or masse.
 Patrico, a priest.
 Nosegent, a nunne.
 A gybe, a writing.
 A larke, a seale.
 A ken, a house.
 A staulinge ken, a house that wyll receive stolen ware.
 A bousing ken, a ale house.
 A lypken, a house to lye in.
 A lybbege, a bedde.
 Glymmar, fyre.
 Rome bouse, wyne.
 Lage, water.
 A skipper, a barne.
 Strommell, strawe.
 A gentry cofes ken, a noble or gentleman's house.
 A gygger, a doore.
 To towre, to see.
 To bowse, to drynke.
 To maunde, to aske or require.
 To stall, to make or ordaine.
 To cante, to speake.
 To myll a ken, to robbe a house.
 To prygge, to ride.
 To dup the gyger, to open the door.
 To couch a hogshead, to lye down and sleepe.
 To nygle, to have to do with a woman carnally.
 Stow you, holde your peace.
 Bynge a waste, go you hence.
 To the ruffian, to the devell.
 The ruffian cly the, the devyll take thee.

The following cant words are also used in the work, although not included in the vocabulary:

Abraham men, those that feign themselves to have been mad.
 Autem mortes, married women, "they be as chaste as a cow."
 Baudye baskets, women who go with baskets and cap cases on their arms.
 Beck, a constable.
 Bena bowse, good drink.
 Beray dung, dirty.
 Booget, a traveling tinker's basket.
 Bottel of strawe, a truss.
 Bucks, baskets.

Chete, a thing.
 Clapper dudgeon, another name for a palliard.
 Cly, to take, or have.
 Cofe, an individual.
 Cranke, the falling evil.
 Cuffin, a man.
 Dell, a young wench.
 Dock, to deflower.
 Doxes, unchaste girls.
 Factors, tax-gatherers.
 Frater, a pretended collector of alms from some benevolent object.
 Freshe water mariners, sham sailors.
 Gerry, excrement.
 Gyllot, a prostitute.
 Jarkeman, one who makes writings and set seals for licenses and passports.
 Kynchin co., a young boy brought up to vagabondage.
 Kynching morte, a little girl brought up to vagabondage.
 Lycke, to beat.
 Lyp, to lie down.
 Morte, a woman.
 Nase, drunken.
 Pallyard, a beggar with manufactured sores.
 Pelte, clothes.
 Prigger of prauncers, a horse stealer.
 Prygges, a name applied to drunken tinkers.
 Quire bird, one who has lately come out of prison.
 Rome, good.
 Togemans, a cloak.
 Watch: my watch, me; our watch, us.
 Whyddes, words.
 Whip Jacke, a sham sailor.
 Wylde roge, a born beggar.

Document 5: *An Act for the Relief of the Poor. Anno xliii. Reginae ELIZABETHÆ. CAP. II. (1601)*

The notion that the local community should support the poor in the community goes back nearly 2,000 years in England. It reflected the communal nature of life in rural England, which called for cooperation particularly in farming. From the fourteenth into the sixteenth centuries, wool was England's major farm product with large tracts of grazing land held by wealthy

families and worked by local peasants. Those who could not find work became homeless and moved about the countryside and moved to cities in search of work or charity. Population growth and famine in the late 1500s dramatically increased the number of wandering poor, many of whom could no longer be supported under the traditional system.

The official reaction was a series of “Poor Laws” enacted from 1563 to 1601 during the Elizabethan period. The Act for the Relief of the Poor of 1601 brought together the new policies of these earlier acts and remained the law until replaced in 1834 by the Poor Law Amendment Act of 1834 (See Document 8). The 1601 Act distinguished between the deserving (the elderly and the very young, the infirm, and families who occasionally found themselves in financial difficulties due to a change in circumstance) and the undeserving (criminals such as highwaymen or pickpockets, migrant workers who roamed the country looking for work, and beggars) poor. The Act also codified the 1572 compulsory local poor law tax, the 1576 idea of workhouses for the poor, and the 1597 post of overseer of the poor.

These laws were the first step in creating a welfare state in England, with the government (now the local governments and in the twentieth century the county governments) responsible for the poor. The new laws did not alleviate poverty and by the early nineteenth century poverty and homelessness had become so severe that local communities could no longer cope. A new law in 1834 reformed the system and when it too proved inadequate, another new system was promulgated in 1929.

See entries: United Kingdom; United Kingdom, Rural; Vagrancy; Workhouses

An Act for the Relief of the Poor (1601)

Be it enacted by the Authority of this present Parliament, That the Churchwardens of every Parish, and four, three or two substantial Housholders there, as shall be thought meet, having respect to the Proportion and Greatness of the Same Parish and Parishes, to be nominated yearly in *Easter* Week, or within one Month after *Easter*, under the Hand and Seal of two or more Justices of the Peace in the same County, whereof one to be of

the *Quorum*, dwelling in or near the same Parish or Division where the same Parish doth lie, shall be called Overseers of the Poor of the same Parish: And they, or the greater Part of them, shall take order from Time to Time, by, and with the Consent of two or more such Justices of Peace as is aforesaid, for setting to work the Children of all such whose Parents shall not by the said Churchwardens and Overseers, or the greater Part of them. be thought able to keep and maintain their Children: And also for setting to work all such Persons, married or unmarried, having no Means to maintain them, and use no ordinary and daily Trade of Life to get their Living by: And also to raise weekly or otherwise (by Taxation of every Inhabitant, Parson, Vicar and other, and of every Occupier of Lands, Houses, Tithes impropriate, Propriations of Tithes, Coal-Mines, or saleable Underwoods in the said Parish, in such competent Sum and Sums of Money as they shall think fit) a convenient Stock of Flax, Hemp, Wool, Thread, Iron, and other necessary Ware and Stuff, to set the Poor on Work: And also competent Sums of Money for and towards the necessary Relief of the Lamé, Impotent, Old, Blind, and such other among them being Poor, and not able to work, and also for the putting out of such Children to be apprentices, to be gathered out of the same Parish, according to the Ability of the same Parish, and to do and execute all other Things as well for the disposing of the said Stock, as otherwise concerning the Premises, as to them shall seem convenient:

II. Which said Churchwardens and Overseers so to be nominated, or such of them as shall not be let by Sickness or other just Excuse, to be allowed by two such Justices of Peace or more as is aforesaid, shall meet together at the least once every Month in the Church of the said Parish, upon the *Sunday* in the Afternoon, after Divine Service, there to consider of some good Course to be taken, and of some meet Order to be set down in the Premises; and shall within four Days after the End of their Year, and after other Overseers nominated as aforesaid, make and yield up to such two Justices of Peace, as is aforesaid, a true and perfect Account of all Sums of Money by them received, or rated and sessed and not received, and also of such Stock as shall be in their Hands, or in the Hands of any of the Poor to work, and of all other Things concerning their said Office, and such Sum or Sums of Money as shall be in their Hands, shall pay and deliver over to the said Churchwardens and Overseers, newly nominated and appointed as aforesaid; upon Pain that everyone of them absenting themselves without lawful Cause as

aforesaid from such Monthly Meeting for the Purpose aforesaid, or being negligent in their Office, or in the Execution of the Orders aforesaid, being made by and with the Assent of the said Justices of Peace, or any two of them before-mentioned, to forfeit for every such Default of Absence or Negligence twenty Shillings.

III. And be it also enacted, That if the said Justices of Peace do perceive, that the Inhabitants of any Parish are not able to levy among themselves sufficient Sums of Money for the Purposes aforesaid; That then the said two Justices shall and may tax, rate and assess, as aforesaid, any other of other Parishes, or out of any Parish, within the Hundred where the said Parish is, to pay such Sum and Sums of Money to the Churchwardens and Overseers of the said poor Parish, for the said Purposes, as the said Justices shall think fit, according to the Intent of this Law: And if the said Hundred shall not be thought to the said Justices able and fit to relieve the said several Parishes not able to provide for themselves as aforesaid; then the Justices of Peace, at their General Quarter-Sessions, or the greater Number them, shall rate, and assess as aforesaid, any other of other Parishes, or out of any Parish within the said County, for the Purposes aforesaid, as in their Discretion shall seem fit.

IV. And that it shall be lawful, as well for the present as subsequent Churchwardens and Overseers or any of them, by Warrant, from any two such Justices of Peace as is aforesaid, to levy as well the said Sums of Money and all Arrearages, of everyone that shall refuse to contribute according as they shall be assessed, by Distress and Sale of the Offenders Goods, as the Sums of Money or Stock which shall be behind on any Account to be made as aforesaid, rendering to the Parties the Overplus, and in Defect of such Distress, it shall be lawful for any such two Justices of the Peace, to commit him or them to the common Gaol of the County, there to remain without Bail or Mainprize, until payment of the said Sum, Arrearages and Stock: and the said Justices of Peace or any of them, to send to the House of Correction or common Gaol, such as shall not employ themselves to work, being appointed thereunto as aforesaid: and also any such two Justices of Peace to commit to the said Prison every one of the said Churchwardens and Overseers, who shall refuse to account, there to remain without Bail or Mainprize, until he have made a true Account, and satisfied and paid so much as upon the said Account shall be remaining in his Hands.

V. And be it further enacted, That it shall be lawful for the said Churchwardens and Overseers, or the greater Part of them, by the Assent of any two Justices

of the Peace aforesaid, to bind any such Children as aforesaid to be Apprentices, where they shall see convenient, till such Man-child shall come to the Age of four and twenty Years, and such Woman-child to the Age of one and twenty Years, or the Time of her Marriage; the same to be as effectual to all Purposes as if such Child were of full Age, and by Indenture of Covenant bound him or her self. And to the Intent that necessary Places of Habitation may more conveniently be provided for such poor impotent People; Be it enacted by the Authority aforesaid, that it shall and may be lawful for the said Churchwardens and Overseers, or the greater Part of them, by the Leave of the Lord or Lords of the Manor, whereof any Waste or Common within their Parish is or shall be Parcel, and upon Agreement before with him or them made in Writing, under the Hands and Seals of the said Lord or Lords, or otherwise, according to any Order to be set down by the Justices of Peace of the said County at the General Quarter Sessions, or the greater Part of them, by like Leave and Agreement of the said Lord or Lords in Writing under his or their Hands and Seals, to erect, build and set up in fit and convenient Places of Habitation, in such Waste or Common, at the general Charges of the Parish or otherwise of the Hundred or County as aforesaid, to be taxed, rated and gathered in Manner before expressed, convenient Houses of Dwelling for the said impotent Poor; and also to place Inmates or more Families than one in one Cottage or House; one Act made in the one and thirtieth Year of her Majesty's Reign, intituled, *An Act against the erecting and maintaining of Cottages*, or any Thing therein contained, to the contrary notwithstanding: Which Cottages and Places for Inmates shall not at any Time after be used or employed to or for any other Habitation, but only for Impotent and Poor of the same Parish, that shall be there placed from Time to Time by the Churchwardens and Overseers of the Poor of the same Parish, or the most Part of them, upon the Pains and Forfeitures contained in the said former Act made in the said one and thirtieth Year of her Majesty's Reign.

VI. Provided always, That if any Person or Persons shall find themselves grieved with any Sess or Tax, or other Act done by the said Churchwardens, and other Persons, or by the said Justices of Peace; that then it shall be lawful for the Justices of Peace at their General Quarter Sessions, or the greater Number of them, to take such Order therein as to them shall be thought convenient; and the same to conclude and bind all the said Parties.

VII. And be it further enacted, That the Father and Grandfather, and the Mother and Grandmother, and the

Children of every poor, old, blind, lame, and impotent Person or other poor Person not able to work, being of a sufficient Ability, shall, at their own Charges, relieve and maintain every such poor Person in that Manner, and according to that Rate, as by the Justices of Peace of that County where such sufficient Persons dwell, or the greater Number of them, at their General Quarter Sessions shall be assessed; upon Pain that every one of them shall forfeit twenty Shillings for every Month, which they shall fail therein.

VIII. And be it further hereby enacted, That the Mayors, Bailiffs, or other Head Officers of every Town and Place Corporate and City within this Realm, being Justice or Justices of Peace, shall have the same Authority by Virtue of this Act, within the Limits and Precincts of their Jurisdictions, as well out of Sessions, as at their Sessions, if they hold any, as is herein limited, prescribed and appointed to Justices of the Peace of the County, or any two or more of them, or to the Justices of Peace in their Quarter-Sessions, to do and execute for all the Uses and Purposes in this Act prescribed, and no other Justice or Justices of Peace to enter or meddle there: and that every Alderman of the City of *London* within his Ward, shall and may do and execute in every Respect so much as is appointed and allowed by this Act to be done and executed by one or two Justices of Peace of any County within this Realm.

IX. And be it also enacted, That if it shall happen any Parish to extend itself into more Counties than one, or Part to lie within the Liberties of any City, Town, or Place Corporate, and Part without, that then, as well the Justices of Peace of every County, as also the Head Officers of such City, Town or Place Corporate, shall deal and intermeddle only in so much of the said Parish, as lieth within their Liberties, and not any further: And every of them respectively within their several Limits, Wards, and Jurisdictions, to execute the Ordinances before-mentioned concerning the Nomination of Overseers, the Consent to binding Apprentices, the giving Warrant to levy Taxations unpaid, the taking account of Churchwardens and Overseers, and the committing to Prison such as refuse to account, or deny to pay the Arrearages due upon their Accounts; and yet nevertheless, the said Churchwardens and Overseers, or the most Part of them, of the said Parishes that do extend into such several Limits and Jurisdictions, shall, without dividing themselves, duely execute their Office in all Places within the said Parish, in all Things to them belonging, and shall duly exhibit and make one Account before the said Head Officers of the Town or Place Cor-

porate, and one other before the said Justices of Peace, or any such two of them, as is aforesaid.

X. And further be it enacted by the Authority aforesaid, That if in any Place within this Realm there happen to be hereafter no such Nomination of Overseers yearly, as is before appointed, That then every Justice of Peace of the County, dwelling within the Division where such default of Nomination shall happen, and every Mayor, Alderman and Head Officer of City, Town or Place Corporate, where such Default shall happen, shall lose and forfeit for such default five Pounds, to be employed towards the Relief of the Poor of the said Parish or Place Corporate, and to be levied as aforesaid, of their Goods, by Warrant from the General Sessions of the Peace of the said County, or of the same City, Town, or Place Corporate, if they keep Sessions.

XI. And be it also enacted by the Authority aforesaid, that all Penalties and Forfeitures, before-mentioned in this Act to be forfeited by any Person or Persons, shall go and be employed to the Use of the Poor of the same Parish, and towards a Stock and Habitation for them, and other necessary Uses and Relief, as before in this Act are mentioned and expressed; and shall be levied by the said Churchwardens and Overseers, or one of them, by Warrant from any two such Justices of Peace, or Mayor, Alderman, or Head Officer of City, Town or Place Corporate respectively within their several Limits, by Distress and Sale thereof, as aforesaid; or in Defect thereof it shall be lawful for any two such Justices of Peace, and the said Aldermen and Head Officers within their several Limits, to commit the Offender to the said Prison, there to remain without Bail or Mainprize till the said Forfeitures shall be satisfied and paid.

XII. And be it further enacted by the Authority aforesaid, that the Justices of Peace of every County or Place Corporate, or the more Part of them, in their General Sessions to be holden next after the Feast of *Easter* next, and so yearly as often as they shall think meet, shall rate every Parish to such a weekly Sum of Money as they shall think convenient; so as no Parish be rated above the Sum of Sixpence, nor under the Sum of a Halfpenny, weekly to be paid, and so as the total Sum of such Taxation of the Parishes in every County amount not above the rate of Two-pence for every Parish within the said County: Which Sums so taxed shall be yearly assessed by the Agreement of the Parishioners within themselves, or in Default thereof, by the Churchwardens and Petty Constables of the same Parish, or the more Part of them: Or in Default of their Agreement, by the Order of such Justice or Justices of Peace as shall

dwelt in the same Parish, or (if none be there dwelling) in the Parts next adjoining.

XIII. And if any Person shall refuse or neglect to pay any such Portion of Money so taxed, it shall be lawful for the said Churchwardens and Constables, or any of them, or in their Default, for any Justice of Peace of the said Limit, to levy the same by Distress and Sale of the Goods of the Party so refusing or neglecting, rendering to the Party the Overplus: And in Default of such Distress, it shall be lawful to any Justice of that Limit to commit such Person to the said Prison, there to abide without Bail or Mainprize till he have paid the same.

XIV. And be it also enacted, That the said Justices of Peace at their General Quarter-Sessions to be holden at the Time of such Taxation, shall set down what competent Sums of Money shall be sent quarterly out of every County or Place Corporate, for the Relief of the poor Prisoners of the King's Bench and Marshalsea, and also of such Hospitals and Almshouses as shall be in the said County, and what Sums of Money shall be sent to every one of the said Hospitals and Alms-houses, so as there be sent out of every County yearly twenty Shillings at the least, to each of the said Prisons of the King's Bench and Marshalsea; which Sums ratably to be assessed upon every Parish, the Churchwardens of every Parish shall truly collect and pay over to the High Constables, in whose Division such Parish shall be situate, from Time to Time, quarterly, ten Days before the End of every quarter; and every such Constable at every such Quarter-Sessions in such County, shall pay over the same to such two Treasurers, or to one of them, as shall by the more Part of the Justices of Peace of the County be elected to be the said Treasurers, to be chosen by the Justices of Peace of the said County, City or Town, or Place Corporate, or of others which were assessed and taxed at five Pounds Lands, or ten Pounds Goods, at the least, at the Tax of Subsidy next before the Time of the said Election to be made; and the said Treasurers so elected to continue for the Space of one whole Year in their Office, and then to give up their Charge, with a due Account of their Receipts and Disbursements, at the Quarter-Sessions to be holden next after the feast of *Easter* in every Year, to such others as shall from Year to Year, in Form aforesaid, successively be elected Treasurers for the said County, City, Town or Place Corporate; which said Treasurers, or one of them, shall pay over the same to the Lord Chief Justice of *England*, and Knight Marshal for the Time being, equally to be divided to the Use aforesaid, taking their Acquittance for the same, or in Default of the said

Chief Justice, to the next antientest Justice of the King's Bench, as aforesaid: And if any Churchwarden or High Constable, or his Executors or Administrators, shall fail to make Payment in Form above specified, then every Churchwarden, his Executors or Administrators, so offending shall forfeit for every Time the Sum of Ten Shillings; and every High Constable, his Executors or Administrators, shall forfeit for every Time the Sum of twenty Shillings: the same Forfeitures, together with the Sums behind, to be levied by the said Treasurer and Treasurers by way of Distress and Sale of the Goods as aforesaid, in Form aforesaid, and by them to be employed towards the charitable Uses comprised in this Act.

XV. And be it further enacted, That all the Surplusage of Money which shall be remaining in the said Stock of any County, shall by Discretion of the more Part of the Justices of Peace in their Quarter Sessions, be ordered, distributed and bestowed for the Relief of the Poor Hospitals of that County, and of those that shall sustain Losses by Fire, Water, the Sea, or other Casualties, and to such other charitable Purposes, for the Relief of the Poor, as to the more Part of the said Justices of Peace shall seem convenient.

XVI. And be it further enacted, That if any Treasurer elected shall willfully refuse to take upon him the said Office of Treasurership, or refuse to distribute and give Relief or to account, according to such Form as shall be appointed by the more Part of the said Justices of Peace, that then it shall be lawful for the Justices of Peace in their Quarter-Sessions, or in their Default, for the Justices of Assize, at the Assizes to be holden in the same County, to fine the same Treasurer by their Discretion; The same Fine not to be under three Pounds, and to be levied by Sale of his Goods, and to be prosecuted by any two of the said Justices of Peace whom they shall authorise. Provided always, That this Act shall not take Effect until the Feast of *Easter* next.

XVII. And be it enacted, That the Statute made in the nine and thirtieth Year of her Majesty's reign, intituled, *An Act for the Relief of the Poor*; shall continue and stand in Force until the Feast of *Easter* next; and that all Taxations heretofore imposed and not paid, nor that shall be paid before the said Feast of *Easter* next, and that all Taxes hereafter before the said Feast to be taxed by Virtue of the said former Act, which shall not be paid before the said Feast of *Easter*, shall and may after the said Feast of *Easter* be levied by the Overseers and other Persons in this Act respectively appointed to levy Taxations, by Distress, and by such Warrant in every

Respect, as if they had been taxed and imposed by Virtue of this Act' and were not paid.

XVIII. Provided always, That whereas the Island of *Fowlness* in the County of *Essex*, being environed with the Sea, and having a Chapel of Ease for the Inhabitants thereof, and yet the said Island is no Parish, but the Lands in the same are situated within divers Parishes far distant from the said Island; Be it therefore enacted by the Authority aforesaid, That the said Justices of Peace shall nominate and appoint Inhabitants within the said Island, to be Overseers for the poor People dwelling within the said Island, and that both they the said Justices and the said Overseers shall have the same power and authority to all Intents, Considerations and Purposes for the Execution of the Parts and Articles of this Act, and shall be subject to the same Pains and Forfeitures, and likewise that the Inhabitants and Occupiers of Lands there shall be liable and chargeable to the same Payments, Charges, Expences and Orders, in such Manner and Form as if the same Island were a Parish: In Consideration whereof, neither the said Inhabitants, or Occupiers of Land within the said Island, shall not be compelled to contribute to the Relief of the Poor of those Parishes wherein their houses or lands which they occupy within the said Island are situated, for or by Reason of their said Habitations or Occupings, other than for the Relief of the poor People within the said Island, neither yet shall the other Inhabitants of the Parishes wherein such Houses or Lands are situated, be compelled, by Reason of their Resiancy or Dwelling, to contribute to the Relief of the poor Inhabitants within the said Island.

XIX. And be it further enacted, That if any action of Trespass or other Suit shall happen to be attempted and brought against any Person or Persons, for taking of any Distress, making of any Sale, or any other Thing doing, by Authority of this present Act, the Defendant or Defendants in any such Action or Suit shall and may either plead Not guilty, or otherwise make Avowry, Cognisance or Justification for the Taking of the said Distresses, Making of Sale, or other Things doing by Virtue of this Act, alledging in such Avowry, Cognisance, or Justification, that the said Distress, Sale, Trespass or other Thing, whereof the Plaintiff or Plaintiffs complained, was done by Authority of this Act, and according to the Tenor, Purport and Effect of this Act, without any Expressing or Rehearsal of any other Matter or Circumstance contained in this present Act: To which Avowry, Cognisance or Justification, the Plaintiff shall be admitted to

reply, That the Defendant did take the said Distress, made the said Sale, or did any other Act or Trespass supposed in his Declaration, of his own Wrong, without any such Cause alledged by the said Defendant; whereupon the Issue in every such Action shall be joined, to be tried by Verdict of twelve Men, and not otherwise, as is accustomed in other Personal actions: And upon the Trial of that Issue the whole Matter to be given on both parties in Evidence, according to the very truth of the Same; and after such Issue tried for the Defendant, or Nonsuit of the Plaintiff after Appearance, the same Defendant to recover treble Damages, by reason of his wrongful Vexation in that Behalf, with his Costs also in that Part sustained, and that to be assessed by the same Jury, or Writ to enquire of the Damages, as the same shall require.

XX. Provided always, That this Act shall endure no longer than to the End of the next Session of Parliament.

Document 6: "The Cunning Northern Beggar" From the *Roxburghe Collection of Ballads*, compiled by Robert Harley. (c. 1635)

This ballad collected from northern England in the 1600s is an early example of homeless autobiography. It should be read with James Chambers "The Poor Poetaster" in Document 7.

See entries: Autobiography and Memoir, Contemporary Homeless; Literature, Hobo and Tramp; United Kingdom, Rural

The Cunning Northern Beggar

The Cunning Northerne Begger,
Who all the By-standers doth earnestly pray,
To bestow a penny upon him to-day.
To the Tune of Tom of Bedlam.
I am a lusty begger
And live by others giving,
I scorne to worke
But by the highway lurke,
And beg to get my living:
I'le 'ith wind and weather,
And weare all ragged Garments,
Yet though I'm bare,
I' free from care;
A fig for high preferments.
For still will I cry good your worship good sir,
Bestow one poore denied sir;

Which when I've got
 At the Pipe and Pot,
 I soone will it casheere sir.
 I have my shifts about me,
 Like Proteus often changing
 My shape when I will,
 I alter still,
 About the Country ranging;
 As soone as I a Coatch see,
 Or Gallants by come riging,
 I take my Crutch
 And rouse from my Couch,
 Whereas I lay abiding.
 And still doe I cry, &c.
 Now like a wandring Souldier
 (That has 'ith Warres bin maimed,
 With the shot of a Gunne)
 To Gallants I runne
 And begg Sir helpe the lamed,
 I am a poore old Souldier,
 And beter times once viewed,
 Though bare now I goe,
 Yet many a foe,
 By me hath bin subdued.
 And therefore I cry, &c.
 Although I nere was further
 Then Kentish Street in Southwarke,
 Nor ere did see
 A Battery
 Made against any Bulwarke,
 But with my Trulls and Doxes,
 Lay in some corner lurking,
 And nere went abroad
 But to beg on the road,
 To keepe my selfe from working.
 And always to cry, &c.
 Anon I'm like a saylor,
 And weare old Canvas cloathing,
 And then I say
 The Dunkerks away,
 Tooke all and left me nothing:
 Six ships set all upon us,
 'Gainst which wee bravely ventur'd,
 And long withstood,
 Yet could doe no good,
 Our ship at length they enter'd.
 And therefore I cry good your worship good sir
 Bestow one poore denier sir:
 Which when I've got,
 At the Pepe and Pot, &c.

The second part. To the same tune.
 Sometime I like a Cripple,
 Upon the ground lye crawling,
 For money I begge,
 As wanting a legge
 To beare my corps from falling,
 Then seeme I weake of body,
 And long t' have been diseased,
 And make complaint,
 As ready to faint,
 And of my griefes increased,
 And faintly I cry good your worship good sir,
 Bestow one poore denier sir,
 Which when I've got,
 At the Pipe and Pot,
 I soone will it casheere sir.
 My flesh I so can temper,
 That it shall seeme to feister,
 And looke all or'e
 Like a raw sore,
 Whereupon I sticke a plaister.
 With blood I daub my face then,
 To faigne the falling sicknesse,
 That in every place
 They pittie my case,
 As if it came through weakenesse,
 And then I doe cry, &c.
 Then as if my sight I wanted,
 A boy doth walke beside me,
 Or else I doe
 Grope as I goe
 Or have a Dog to guide me:
 And when I'm thus accounted,
 To th' highway side I hie me
 And there I stand
 With cords in my hand,
 And beg of all comes nye me.
 And earnestly cry good for worship good sir
 Bestow one poore denier, &c.
 Next to some country fellow,
 I presently am turned,
 And cry alacke
 With a child at y back,
 My house and goods were burned:
 Then me my Doxes followes,
 Who for my wifes believed,
 And along wee two
 Together goe,
 With such mischances grieved.
 And still we doe cry good your worship, &c.

What though I cannot labour,
 Shall I therefore pine with hunger
 No, rather then I
 Will starve where I lye.
 I'le beg of the money monger.
 No other care shall trouble
 My minde, or grieffe disease me,
 Though sometimes the slash
 I get, or the lash,
 Twill but a while displease me,
 And still I will cry good your worship good sir
 Bestow one, &c.
 No tricks at all shall scape me
 But I will by my maunding
 Get some reliefe
 To ease my grieffe,
 When by the highway standing:
 Tis better be a Begger,
 And aske of kinde goode fellows
 And honestly have
 What we doe crave
 Then steale and go to 'th' Gallowes.
 Therefore 'Ile cry good your worship good sir,
 Bestow one poore denier sir.
 Which when I've got
 At the Pipe and Pot,
 I soone will it casheere sir.
 FINIS.

Document 7: Chambers, James. (1820). "The Poor Poetaster"

From *The Political Works of James Chambers, Itinerant Poet, With the Life of the Author*

In his poem, "The Poor Poetaster," poet James Chambers (b. 1748) provides much detail about the lives of the poor and homeless in England in the late eighteenth and early nineteenth centuries. A poetaster is an inferior poet.

See entries: Autobiography and Memoir, Contemporary Homeless; Literature, Hobo and Tramp; United Kingdom, Rural

To the Reader

Many, probably, on hearing the character and appearance of the Author of these Poems, may prepossess themselves very unfavourably as to the worth of them. But as prejudice (as many of his readers will doubtless allow from experience) is often erroneous, and

reversed, after an accurate examination, it is earnestly hoped, and sanguinely anticipated, that it will, after a perusal, meet with a defeat, however obdurately it may be implanted in the mind, when candour, with deliberate and unbiased feelings advances, and foil the abrupt conceptions originating in an unreasonable and ungrounded opinion.

The author truly lives in a despicable state of wretchedness, appareled in the most unsightly, and filthy rags; but as the addition of fine splendid robes conveys no refinement of sentiment to the wearer, neither can the tattered weeds of indigence smother, enervate, or contract the genuine vigor of poetic effusion, emanating from real genius.

We mean no disparagement to virtuous wealth, but poverty is by no means degenerating or lessening to the mind of the owner.

Pigmies are pigmies still, tho' perch'd on Alps,
 And pyramids are pyramid in vales.
 Each man makes his own stature. Virtue alone
 Outbinds the pyramids, her monuments shall last
 When Egypts fall. Young

Since then the garb cannot delineate the mind, affluence add, nor indigence diminish, (when combined with content,) the sterling flowings of the heart, impartiality, prompted by humanity, will admit of no such obstacles to a circumstanced candid decision.

Some Christians shun a nightly Fair,
 And say there works of darkness are,
 Ebriety and fornication
 Abound in this our christian nation,
 Blasphemy, luxury, and pride,
 Disgrace the Fairs at Whitsuntide.
 I hope, my friends each vice will cease,
 And Fairs and Markets not disgrace,
 That virtues in their stead may reign,
 And discord ne'er our bosoms pain,
 With plenty may we be supplied,
 And peace enjoy at Whitsuntide.

The Poor Poetaster

I, the poor Poetaster, bewail my hard fate,
 Sad losses and cares have depress'd me of late,
 My cash is dispers'd, friends seem to turn foes,
 I've walk'd till I'm weary, and worn out my clothes.
 My stockings are torn as I walk in the dirt,

And some months I've existed without any shirt.
 My feet they go wet, and my neck takes much cold,
 And rustics despise me because mean and old;
 As to pay for a bed I've of late not been able,
 By permission I've slept on some straw in a stable;
 Friends lent me a cloth to preserve me from harm,
 In sharp freezing weather I sometimes lie warm;
 I lodg'd in a calf's-crib by leave of a friend,
 Gelid snow and short straw did promiscuously blend;
 The boys did insult me, they filched my store,
 They my property spoil-'tis my fate to be poor:
 From place then to place I was harass'd about,
 Ston'd, robb'd, and insulted by every base lout;
 While I was at Church they play'd a sad joke,
 They stole all my nets, and my pitcher they broke;
 I mov'd to a whin-shed, 'twas worse still indeed,
 They filch'd my good books, now I've not one to
 read;

Into a cold pig-stye I sometimes did creep,
 Undress'd me, and there on the damp floor did sleep,
 Stones came in the day, and snow in the night,
 Which hurt me and chill'd me, forbidding delight,
 Dire foes to insult me exerted their spite;
 When under a corn-hole I often reclin'd,
 There was a low ceiling was nightly confin'd,
 A bed in the straw-stack I made down below,
 The rain pour'd upon me-I'm sprinkled with snow;
 Ye gentry, who on a soft down bed repose,
 Consider poor bards who in gelid air dose;
 On Sunday when I to sacred courts went,
 Louts and morts, to filch from me, the precious hours
 spent;

Again in the hog's cote I slept among strife,
 Was mobb'd out of town, and escap'd for my life'
 In barns I'm surrounded too oft by the mob,
 And slyly they enter, they spoil and they rob.
 A farmer of late was to me very kind,
 For in his new building by leave I reclin'd;
 I, by a dire scold, was chas'd out with all speed,
 As they wanted the place the turkies to feed;
 By hurry and bustle my money I lost,
 I'm cashless and starving-how poor bards are
 cross'd;

My writings I lately had dropp'd near the yard,
 Of them I've not heard-sure my fate it is hard;
 In a large open shed I reclin'd day and night,
 The muse to invoke, to rhyme verses, and write;
 In a wagon I take my nocturnal repose,
 No covering alas! but my old tatter'd clothes,
 No blanket nor rug, me to screen from the storm,

Keen pinching air breathes-how can one lay warm;
 My sufferings are grievous in these trying times,
 Though noted for making and speaking of rhymes,
 And tho' some friends in Suffolk still kindly behave,
 Yet I'm so reduc'd, I this country must leave,
 Yet favours I'd prize, and most grateful would be
 To gentry benign, who shew kindness to me;
 If life should permit, soon to Ipswich I'll go,
 In search of new friends, and to Colchester too:
 Good Christians, no doubt, of compassionate heart,
 Will sympathize with me-choice favours impart;
 Should schemes prove abortive, to Cambridge

I'll go,

Relate my sad tale of ineffable woe,
 Perhaps I a weekly collection may find,
 My frame to sustain, and to sooth my sad mind;
 If Providence kind, recent friends does not raise,
 I in a dread workhouse must finish my days,
 Must cease turning verses, and nodding choice
 twine,

While some fellow-mortals in these branches shine.
 'Tis true workhouse rulers plain viands prepare,
 And paupers industrious in wholesome food share,
 A hot dinner three times a week they provide,
 Good pudding and meat, and some butter besides,
 Each one that's mature has a pint of small beer,
 Of ale each a pint, three or four times a year;
 Half a bed on a garret, with covering warm,
 Would there be my lot, to defend me from harm,
 By day I must dwell where there's many a wheel,
 And a female's employ'd to sit down and reel,
 A post with two ringles is fix'd in the wall,
 Where orphans when lash'd, loud for mercy do call'
 Depriv'd of fresh air, I must there commence spinner,
 If I fail of my task, I lose a hot dinner'
 Perhaps at the whipping post then shall be flogg'd,
 And lest I escape my leg must be clogg'd,
 While tyrants oppress I must still be their slasve,
 And cruelly used, though well I behave;
 'Midst swearing and brawling my days I must spend,
 In sorrow and anguish my life I must end;
 Of this cruelty I've had experience before,
 And wish, their keen lash to come under no more;
 The young, they encourag'd the old to abuse,
 They both youth and age do inhumanly use,
 Friendless orphans they beat, while for mercy they'd
 cry'd,

The blood it gush'd forth-they in agony dy'd,
 Dropp'd down on the floor, no more did they rise,
 Which struck timid minds with a sudden surprise'

I too was abus'd, 'twill again be the case,
 If a great happy change has not taken place'
 For numbers of years I have versus compos'd,
 In hopes to find solace, ere life shall be clos'd,
 A baleful requital for all labours past
 'Twill be, if in prison I breathe out my last;
 If I must submit, then farewell blooming trees,
 Farewell gliding streamlets, and zephyr's soft
 breeze,
 I now bid adieu to the cool sylvan shades,
 Adieu! tuneful muses, and fine florid glades,
 Farewell all connections in country and town!
 Farewell worthy gentry, of fame and renown!
 Kind neighbours farewell! you no more will me see,
 If those direful mansions reserv'd are for me;
 But sure wealthy friends, when they see I look old,
 And view my bare limbs thus expos'd to the cold,
 Replete with philanthropy soon will be kind,
 Impart some relief to compose my sad mind
 Procure me a dwelling-place and a good fire,
 With all needful blessings, this life can desire,
 I then would not envy the rich nor the great,
 But strive to prepare for a more blissful state.
 I wish for a garden, fruit trees, and a vine,
 And though on coarse viands and herbage I dive,
 Secure in my dwelling none dare me molest,
 A hymn I'd compose, in tranquility rest;
 The Scriptures I'd search, which are worthy esteem,
 And moments most precious I'd strive to redeem;
 Rich grace and free mercy should then be my theme,
 In bright vernal hours-when by power divine,
 Sol's clear fulgid rays most pellucid shall shine;
 When gay florid scenes decorate fertile fields,
 Meads beauties display-each bright scene solace
 yields,
 When cheer'd plumed choirists their dulcet notes
 raise,
 In accents melodious chant heaven's high praise,
 I'd walk for fresh air in the fine open glades,
 And crop precious herbs in the cool sylvan shades,
 To plant in my garden, selecting the best
 For chemists of art, to distil or digest;
 Or anodynes form, which will give present ease,
 I'd exert every nerve, the kind gentry to please,
 Yet tho' worthy friends I've express'd my desire,
 All hope still declines this my wish to acquire,
 I'm incessantly troubled, while foes me oppress-
 From gentry benign, I'd solicit redress;
 From this wretched station, kind friends, me release,
 Sarcasms and insults obtrude on my peace;

Confine me in prison, recluse from man's sight,
 That I, like JOHN BUNYAN, experience may write,
 Or study Acrostics, or various kinda,
 Fair Ladies to please, and sooth gentlemen's minds;
 Plain verses and sonnets in gaol I might rhyme,
 The lone muse assisting, I'd this spend my time,
 Or like one in Newgate, replenish'd by Lore,
 Who took a survey of America's shore,
 Surmounded dire foes, and increased his store;
 Or let me exist in a drear exile state,
 I'd either prefer to my sufferings of late;
 But rather than pass through more drear scenes
 of woe,
 Or into some mansions of industry go,
 'Mongst Belial's sons of contention and strife,
 To breathe out the transient remains of my life;
 In a neat market town I'll reside for awhile,
 There friends t' oblige, fleeting moments beguile,
 A chamber or garret I'll cease to refuse,
 Like a mean Grub-street bard there in solitude muse.

Document 8: The Poor Law Amendment Act of 1834

An Act for the Amendment and better Administration of the Laws relating to the Poor in England and Wales

This act is one of the most significant pieces of social legislation in British history as it did away with a mix of poor laws dating back nearly 500 years and replaced them with a unified strategy for helping the poor and dealing with poverty that was based on the Union workhouse. The 1601 Poor Law Act (see Document 5) placed responsibility for caring for the poor with the local parish, and local homeowners were expected to provide for the poor, who often lived in their own homes in the community. The 1834 Act changed the system by stipulating that the poor receiving parish assistance (orphans, widows, unmarried poor women, the aged, infirm, homeless) had to now live in workhouses and perform work. Parishes were also allowed to form unions to build and manage workhouses. Life was often grim and work hard in workhouses and they were roundly criticized by social reformers. The Local Government Act of 1929 abolished them and the care

of the poor was given over to the counties.

See entries: United Kingdom; United Kingdom, Rural; Vagrancy; Workhouses

An Act for the Amendment and better Administration of the Laws relating to the Poor in England and Wales (14th August 1834)

WHEREAS it is expedient to alter and amend the Laws relating to the Relief of poor Persons in England and Wales: Be it therefore enacted by the King's most Excellent Majesty, by and with the Advice and Consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the Authority of the same, That it shall be lawful for His Majesty, His Heirs and Successors, by Warrant under the Royal Sign Manual, to appoint Three fit Persons to be Commissioners to carry this Act into execution, and also from Time to Time, at pleasure, to remove any of the Commissioners for the Time being, and upon every or any Vacancy in the said Number of Commissioners, either by Removal or by Death or otherwise, to appoint some other fit Person to the said Office; and until such Appointment it shall be lawful for the surviving or continuing Commissioners or Commissioner to act as if no such Vacancy had occurred.

2. And be it further enacted, That the said Commissioners shall be styled "The Poor Law Commissioners for England and Wales;" and the said Commissioners, or any Two of them, may sit, from Time to Time as they deem expedient, as a Board of Commissioners for carrying this Act into execution; and the said Commissioners acting as such Board shall be and are hereby empowered, by Summons under their Hands and Seal, to require the Attendance of all Such Persons as they may think fit to call before them upon any Question or Matter connected with or relating to the Administration of the Laws for the Relief of the Poor, and also to make any Inquiries and require any Answer or Returns as to any such Question or Matter, and also to administer Oaths, and examine all such Persons upon Oath, and to require and enforce the Production upon Oath of Books, Contracts, Agreements, Accounts, and Writings, or Copies thereof respectively, in anywise relating to any such Question or Matter; or, in lieu of requiring such Oath as aforesaid, the said Commissioners may, if they think fit, require any such Person to make and subscribe a Declaration of the Truth of the Matters respecting which he shall have been or shall be so examined:

Provided always, that no such Person shall be required, in obedience to any such Summons, to go or travel more than Ten Miles from the Place of his Abode: Provided also, that nothing herein contained shall extend or be deemed to extend to authorize or empower the said Commissioners to act as a Court of Record, or to require the Production of the Title, or of any Papers or Writings relating to the Title of any Lands, Tenements, or Hereditaments not being the Property of any Parish or Union.

3. And be it further enacted, That the said Commissioners shall cause to be made a Seal of the said Board, and shall cause to be sealed or stamped therewith all Rules, Orders, and Regulations made by the said Commissioners in pursuance of this Act; and all such Rules, Orders, and Regulations, or Copies thereof, purporting to be sealed or stamped with the Seal of the said Board, shall be received as Evidence of the same respectively, without any further Proof thereof; and no such Rule, Order, or Regulation, or Copy thereof, shall be valid, or have any Force or Effect, unless the same shall be so sealed or stamped as aforesaid.

4. And be it further enacted, That the said Commissioners shall make a Record of their Proceedings, in which shall be entered in Writing a Reference to every Letter received, from whence, its Date, the Date of its Reception, and the Subject to which it relates, and a Minute of every Letter written or Order given by the said Commissioners, whether in answer to such Letters received or otherwise, with the Date of the same, and a Minute of the Opinion of each of the Members of the Board of Commissioners, in case they should finally differ in Opinion upon any Order to be given or other Proceeding of the Board; and such Record shall be submitted to One of His Majesty's Principal Secretaries of State once in every Year, or as often as he shall require the same.

5. And be it further enacted, That the said Commissioners shall, once in every Year, submit to One of the Principal Secretaries of State a general Report of their Proceedings; and every such general Report shall be laid before both Houses of Parliament within Six Weeks after the Receipt of the same by such Principal Secretary of State if Parliament be then sitting, or if Parliament be not sitting then within Six Weeks after the next Meeting thereof.

6. And be it further enacted, That the said Commissioners shall from Time to Time or at such Times as any One of His Majesty's Principal Secretaries of State shall direct, give to the Principal Secretary of State

requiring the same such Information respecting their Proceedings, or any Part thereof; as the said Principal Secretary of State shall require.

7. And be it further enacted, That the said Commissioners shall and they are hereby empowered from Time to Time to appoint such Persons as they may think fit to be Assistant Commissioners for carrying this Act into execution, at such Places and in such Manner as the said Commissioners may direct, and to remove such Assistant Commissioners, or any of them, at their Discretion, and on every or any Vacancy in the said Office of Assistant Commissioner, by Removal or by Death or otherwise, to appoint, if they see fit, some other Person to the said Office: Provided always, that it shall not be lawful for the said Commissioners to appoint more than Nine such Assistant Commissioners to act at anyone Time, unless the Lord High Treasurer, or the Commissioners of His Majesty's Treasury for the Time being, or any Three or more of them, shall consent to the Appointment of a greater Number.

8. And be it further enacted, That no Commissioner or Assistant Commissioner appointed as aforesaid shall during his Continuance in such Appointment be capable of being elected or sitting as a Member of the House of Commons.

9. And be it further enacted, That the said Commissioners may and they are hereby empowered from Time to Time to appoint a Secretary, Assistant Secretary or Secretaries, and all such Clerks, Messengers, and Officers as they shall deem necessary, and from Time to Time, at the Discretion of the said Commissioners, to remove such Secretary, Assistant Secretary or Secretaries, Clerks, Messengers, and Officers, or any of them, and to appoint others in their Stead: Provided always, that the Amount of the Salaries of such Secretary, Assistant secretary or Secretaries, Clerk, Messengers, and Officers shall from Time to Time be regulated by the Lord High Treasurer, or the Commissioners of His Majesty's Treasury, or any Three or more of them.

10. And be it further enacted, That no Commissioner to be appointed by His Majesty, nor any Assistant Commissioner, Secretary, or other Officer or Person to be appointed by the said Commissioners, under and by virtue of the Provisions of this Act, shall continue to hold his respective Office or exercise any of the Powers given by this Act for a longer Period than Five Years next after the Day of the passing of this Act, and thenceforth until the End of the then next Session of Parliament; and from and after the Expiration of the

said Period of Five Years, and of the then next Session of Parliament, so much of this Act as enables His Majesty to appoint any Commissioner" or Commissioners shall cease to operate or have any Effect whatsoever.

11. And be it further enacted, That every Commissioner and Assistant Commissioner to be appointed from Time to Time as aforesaid shall, before he shall enter upon the Execution of his Office, take the following Oath before One of the Judges of His Majesty's Courts of King's Bench or Common Pleas, or One of the Barons of the Court of Exchequer; (that is to say,)

'I A. B. do swear, That I will faithfully, impartially, and honestly, according to the best of my Skill and Judgment, execute and fulfill all the Powers and Duties, of a Commissioner [*or Assistant Commissioner, as the Case may be,*] under an Act, passed in the Fifth Year of the Reign of King *William* the Fourth, intituled [*here, set forth the Title of this Act*].'

And the Appointment of every such Commissioner and Assistant Commissioner, together with the Time when and the Judge or Baron before whom he shall have taken the Oath aforesaid, shall be forthwith published in the *London Gazette*; and a Notification of such Appointment and of the taking of such Oath shall from Time to Time be sent, under the Hands and Seal of the said Commissioners, to the Clerk of the Peace of every County in *England* and *Wales*, who shall and is hereby required as soon as conveniently may be to cause the same to be advertized once in some Newspaper published or circulated in such County; and such Notification as aforesaid shall be kept and preserved by such Clerk of the Peace with the Records of such County.

12. And be it further enacted, That it shall be lawful for the said Commissioners to delegate to their Assistant Commissioners, or to any of them, such of the Powers and Authorities hereby given to the said Commissioners (except the powers to make General Rules) as the said Commissioners shall think fit; and the Powers and Authorities so delegated, and the Delegation thereof, shall be notified in such Manner, and such Powers and Authorities shall be exercised at such Places, for such Periods, and under such Circumstances, and subject to such Regulations as the said Commissioners shall direct; and the said Commissioners may at any Time revoke, recall, alter, or vary all or any of the Powers and Authorities which shall be so delegated as aforesaid, and, notwithstanding the Delegation thereof, may act as if no such Delegation had

been made; and the said Assistant Commissioners may and are hereby empowered to summon before them such Persons as they may think necessary for the Purpose of being examined upon Oath (which Oath such Assistant Commissioners are hereby empowered to administer) upon any Question or Matter relating to the Poor or their Relief or for the Purpose of producing and verifying upon Oath any Books, Contracts, Agreements, Accounts, and Writings, or Copies of the Same, in anywise relating to such Question or Matter, and not relating to or involving any Question of Title to any Lands, Tenements, or Hereditaments not being the Property of any Parish or Union, as such Assistant Commissioners may think fit, but so that no such Person shall be required, in obedience to any such Summons, to go or travel more, than Ten Miles from the Place of his Abode; provided nevertheless, that in lieu of requiring such Oath as aforesaid the said Assistant Commissioners may, if they think fit, require such Person to make and subscribe a Declaration of the Truth of the Matters respecting which he shall have been or shall be so examined; and all Summonses and Orders made by any such Assistant Commissioner in pursuance or exercise of such delegated Powers and Authorities shall be obeyed, performed, and carried into effect by all Persons as if such Summons or Order had been the Summons or Order of the said Commissioners, and the Breach, Nonobservance, or Nonperformance thereof shall be punishable in like Manner.

13. And be it further enacted, That if any Person, upon any Examination under the Authority of this Act, shall willfully and corruptly give false Evidence, he shall be deemed guilty of Perjury, and if any Person shall make or subscribe a false Declaration, he shall, on being convicted thereof, suffer the Pains and Penalties of Perjury, and if any Person shall wilfully refuse to attend in obedience to any Summons of any Commissioner or Assistant Commissioner, or to give Evidence, or shall wilfully alter, suppress, conceal, destroy, or refuse to produce any Books, Contracts, Agreements, Accounts, and Writings, or Copies of the same, which may be so required to be produced before the said Commissioners or Assistant Commissioners, every Person so offending shall be deemed guilty of a Misdemeanor.

14. And be it further enacted, That it shall be lawful for the said Commissioners, in any Case where they see fit, to order and allow such Expences of Witnesses, and of or attending the Production of any Books, Contracts, Agreements, Accounts, or writings, or Copies thereof,

to or before the said Commissioners or Assistant Commissioners, as such Commissioners may deem reasonable, to be paid as follows; that is to say, out of the Poor Rates of the respective Parish or Union which in the Opinion of the said Commissioners shall be interested or concerned in such Attendance or Production respectively in all Cases in which such Witnesses shall not go or travel more than Ten Miles from the respective Parish or Union which shall be interested or concerned as aforesaid, and in all other Cases the Expences so ordered or allowed shall be deemed as Part of the incidental Expences attending the Execution of this Act, and be paid accordingly.

15. And be it further enacted, That from and after the passing of this Act the Administration of Relief to the Poor throughout *England* and *Wales*, according to the existing Laws, or such Laws as shall be in force at the Time being, shall be subject to the Direction and Control of the said Commissioners; and for executing the Powers given to them by this Act the said Commissioners shall and are hereby authorized and required, from Time to Time as they shall see Occasion, to make and Issue all such Rules, Orders, and Regulations for the Management of the Poor, for the Government of Workhouses and the Education of the Children therein, and for the Management of Parish poor Children under the Provisions of an Act made and passed in the Seventh Year of the Reign of His late Majesty King George the Third, intituled An Act for the better Regulation of Parish poor Children of the several Parishes therein mentioned within the Bills of Mortality, and the superintending, inspecting, and regulating of the Houses wherein such poor Children are kept and maintained, and for the apprenticing the Children of poor Persons, and for the Guidance and Control of all Guardians, Vestries, and Parish Officers, so far as relates to the Management or Relief of the Poor, and the keeping, examining, auditing, and allowing of Accounts, and making and entering into Contracts in all Matters relating to such Management or Relief, or to any Expenditure for the Relief of the Poor, and for carrying this Act into execution in all other respects, as they shall think proper; and the said Commissioners may, at their Discretion, from Time to Time suspend, alter, or rescind such Rules, Orders, and Regulations, or any of them: Provided always, that nothing in this Act contained shall be construed as enabling the said Commissioners or any of them to interfere in any individual Case for the Purpose of ordering Relief.

16. And be it further enacted, That no General Rule

of the said Commissioners shall operate or take effect until the Expiration of Forty Days after the same, or a Copy thereof, shall have been sent, signed and sealed by the said Commissioners, to One of His Majesty's Principal Secretaries of State; and if at any Time after any such General Rule shall have been so sent to such Principal Secretary of State, His Majesty, with the Advice of His Privy Council, shall disallow the same or any Part thereof, such General Rule, or the Part thereof so disallowed, shall not come into operation, if such Disallowance be notified to the said Commissioners at any Time during the said Period of Forty Days, but if such Disallowance be made at any Time after that Period, such Disallowance shall, by One of His Majesty's Principal Secretaries of State, be notified to the said Commissioners, and from and after such Disallowance shall have been so notified then such General Rule, so far as the same shall have been so disallowed, shall cease to operate, subject however and without Prejudice to all Acts and Transactions under or in virtue of the same previously to such Disallowance having been so notified.

17. And be it further enacted, That all General Rules for the Time being in force at the Commencement of every Session of Parliament, and which shall not previously have been submitted to Parliament, shall from Time to Time, within One Week after the Commencement of every such Session, be laid by One of His Majesty's Principal Secretaries of State before both Houses of Parliament.

18. And be it further enacted, That a written or printed Copy of every Rule, Order, or Regulation of the said Commissioners shall, before the same shall come into operation in any Parish or Union, be sent by the said Commissioners, by the Post, or in such Manner as the Commissioners shall think fit, sealed or stamped with their Seal, addressed to the Overseers of such Parish, the Guardians of such Union or their Clerk, and to the Clerk to the Justices of the Petty Sessions held for the Division in which such Parish or Union shall be situate; and such Overseers, Guardians, or their Clerk, and Clerks to the Justices aforesaid, are hereby required to keep and preserve, notify, and give Publicity to such Rules, Orders, and Regulations, in such Manner as the said Commissioners shall direct, and also to allow every Owner of Property or his Agent, or any Rate-payer, in every such Parish or Union, to inspect the same at all reasonable Times, free of any Charge for such Inspection, and to furnish Copies of the same, being paid for such Copies at and after the

Rate of Three-pence for every Folio of Seventy-two Words, and to allow Copies or Extracts thereof to be taken on being paid for so doing after the Rate of Three Halfpence for every Folio of Seventy-two Words; and in case any such Overseer, Guardian, Clerk, or Clerk to the Justices, to whom such Rules, Order, or Regulations, or Copies thereof, shall be sent as aforesaid, shall neglect to keep and preserve, notify and give Publicity to the same in the Mode prescribed or directed by the said Commissioners, or shall refuse such Inspection, or to furnish or allow such Copies thereof to be taken as aforesaid, every Person so offending shall for every such Offence be subject and liable to a Penalty not exceeding the Sum of Ten Pounds nor less than Forty Shillings, to be recoverable in the same Manner as any Penalties are by this Act directed to be recovered: Provided also, that if any such Rule shall after the same shall have come into operation be disallowed in manner herein-before mentioned, or revoked by the said Commissioners, then and in every such Case the said Commissioners shall send, by the Post, or in such Manner as they shall think fit, to every Parish or Union affected by the said Rule, Notice of such Disallowance or Revocation; such Notice of Disallowance or Revocation to be addressed, kept, preserved, notified, and publicly inspected, and Copies thereof furnished or allowed to be taken, in such and the same Manner and subject to the same Penalties as are herein-before mentioned respecting the Rules, Orders, and Regulations of the said Commissioners.

19. And be it further enacted, That no Rules, Orders, or Regulations of the said Commissioners, nor any Bye Laws at present in force or to be hereafter made, shall oblige any Inmate of any Workhouse to attend any Religious Service which may be celebrated in a Mode contrary to the Religious Principles of such Inmate, nor shall authorize the Education of any Child in such Workhouse in any Religious Creed other than that professed by the Parents or surviving Parent of such Child, and to which such Parents or Parent shall object, or, in the Case of an Orphan, to which the Godfather or Godmother of such Orphan shall so object: Provided also, that it shall and may be lawful for any licensed Minister of the Religious Persuasion of any Inmate of such Workhouse, at all Times in the Day, on the Request of such Inmate, to visit such Workhouse for the Purpose of affording Religious Assistance to such Inmate, and also for the Purpose of instructing his Child or Children in the Principles of their Religion.

20. And be it further enacted, That no Order or Reg-

ulation made by any Assistant Commissioner shall be in force unless and until the same shall have been adopted by the said Commissioners, and sealed or stamped with their Seal, and thereupon every: such Order or Regulation shall be considered as made by the said Commissioners; and that no Rule, Order, or Regulation of the said Commissioners, except Orders made in answer to the Statements and Reports hereinafter authorized to be made by Overseers or Guardians to the said Commissioners, shall be in force until the Expiration of Fourteen Days after a written or printed Copy of the same shall have been sent by the said Commissioners, sealed or stamped, and addressed as lastly hereinbefore is mentioned.

21. And be it further enacted, That, except where otherwise provided by this Act, all the Powers and Authorities given in and by a certain Act of Parliament passed in the Twenty-second Year of the Reign of His late Majesty King *George* the Third, intituled *An Act for the better Relief and Employment of the Poor*, and in and by a certain other Act passed in the Fifty-ninth Year of the Reign of His said late Majesty, intituled *An Act to amend the Laws for the Relief of the Poor*, and all Acts for amending such Acts respectively, and also all the Powers and Authorities given by every other Act of Parliament, general as well as local, for or relating to the building, altering, or enlarging of Poorhouses and Workhouses, and to the acquiring, purchasing, hiring, holding, selling, exchanging, and disposing thereof—or of Land whereon the same may have been or may hereafter be erected, and of preparing such Houses for the Reception of poor Persons, and the dieting, clothing, employing, and governing of such Poor, and the raising or borrowing of Money for any of the Purposes aforesaid, and for repaying the same, and all Powers of regulating and conducting all other Workhouses whatsoever, and of governing, providing for, and employing the Poor therein, and all Powers auxiliary to any of the Powers aforesaid, or in any way relating to the Relief of the Poor, shall in future be exercised by the Persons authorized by Law to exercise the same, under the Control, and subject to the Rules, Orders, and Regulations of the said Commissioners; and the said Commissioners and Assistant Commissioners respectively, and every of them, shall be entitled to attend at every parochial and other local Board, and Vestry, and take Part in the Discussions, but not to vote at such Board or Vestry: Provided always, that nothing herein contained shall be construed to give the said Commissioners or Assistant Commissioners any power to order the build-

ing, purchasing, hiring, altering, or enlarging of any Workhouse, or the purchasing or hiring of any Land at the Charge or for the Use of any Parish or Union, save and except so far as such powers are expressly given by this Act.

22. And whereas by the said Act made and passed in the Twenty-second Year of the Reign of His late Majesty King *George* the Third it is (among other things) enacted, that the Rules, Orders, and Regulations specified and contained in the Schedule thereunto annexed should be duly observed and enforced at every Poorhouse or Workhouse to be provided by virtue of the said Act, with such Additions as should be made by the Justices of the Peace of the Limit wherein such House or Houses should be situate, at some Special Session, provided that such Additions should not be contradictory to the Rules, Orders, and Regulations established by that Act, and provided that the same should not be repealed by the Justices at their Quarter Sessions of the Peace; and it is expedient that such Additions, or other Rules, Orders, or Regulations, under that or any local or other Act, should not in future be made without the Sanction of the said Commissioners; be it therefore enacted, That no Additions or Alterations shall hereafter be made to or in the Rules, Orders, and Regulations contained in the Schedule to the said recited Act, and no Rules, Orders, and Regulations shall hereafter be made under the Authority of the said recited Act, or of any Act made for altering, amending, or extending the same, or any local or other Act relating to Poorhouses, Workhouses, or the Relief of the Poor, until the same shall have been submitted to and approved and confirmed by the said Commissioners; and that the same, when so confirmed, shall be legally valid and binding upon all Persons; and no Justice or Justices shall have Power to repeal the same.

23. And be it further enacted, That it shall be lawful for the said Commissioners, and they are hereby empowered, from Time to Time when they may see fit, by any Writing under their Hands and Seal, by and with the Consent in Writing of a Majority of the Guardians of any Union, or with the Consent of a Majority of the Rate-payers and Owners of Property entitled to vote in manner herein-after prescribed, in any Parish, such last-mentioned Majority to be ascertained in manner provided in and by this Act, to order and direct the Overseers or Guardians of any Parish or Union not having a Workhouse or Workhouses to build a Workhouse or Workhouses, and to purchase or hire Land for the Purpose of building the same thereon, or to purchase or

hire a Workhouse or Workhouses, or any Building or Buildings for the Purpose of being used as or converted into a Workhouse or Workhouses; and, with the like Consent, to order and direct the Overseers or Guardians of any Parish or Union having a Workhouse or Workhouses, or any Buildings capable of being converted into a Workhouse or Workhouses, to enlarge or alter the same in such Manner as the said Commissioners shall deem most proper for carrying the Provisions of this Act into execution, or to build, hire, or purchase any additional Workhouse or Workhouses, or any Building or Buildings for the Purpose of being used as or converted into a Workhouse or Workhouses, or to purchase or hire any Land for building such additional Workhouse or Workhouses thereon, of such Size and Description, and according to such Plan, and in such Manner as the said Commissioners shall deem most proper for carrying the Provisions of this Act into execution; and the Overseers and Guardians to whom any such Order shall be directed are hereby authorized and required to assess, raise, and levy such Sum or Sums of Money as may be necessary for the Purposes specified in such Order, by such Powers, Ways, and Means as are now by Law given to or vested in Churchwardens and Overseers or Guardians of the Poor for purchasing or hiring Land, or for building, hiring, and maintaining Workhouses for the Use of the Poor, in their respective Parishes or Unions, or to borrow Money for such Purposes under the Provisions of this or any other Act or Acts.

24. And be it further enacted, That for the better and more effectually securing the Repayment of any Sum or Sums of Money which may be borrowed for the Purposes aforesaid, with Interest, it shall be lawful for the said Overseers or Guardians to charge the future Poor Rates of such Parish or Union with the Amount of such Sum or Sums of Money: Provided always, that the Principal Sum or Sums to be raised for such Purposes, whether raised within the Year or borrowed, shall in no Case exceed the average annual Amount of the Rates raised for the Relief of the Poor in such Parish or Union for Three Years ending at the *Easter* next preceding the raising of such Money; and that any Loan or Money borrowed for any of the Purposes aforesaid shall be repaid by annual Installments of not less than One Tenth of the Sum borrowed, with Interest on the same, in anyone Year.

25. And be it further enacted, That it shall be lawful for the said Commissioners, and they are hereby empowered, without requiring any such Consent as

aforesaid, by any Writing under the Hands and Seal of the said Commissioners, to order and direct the Overseers or Guardians of any Parish or Union having a Workhouse or Workhouses, or any Building capable of being converted into a Workhouse or Workhouses, to enlarge or alter the same, according to such Plan and in such Manner as the said Commissioners shall deem most proper for carrying the Provisions of this Act into execution; and the Overseers or Guardians to whom any such Order shall be directed are hereby authorized and required to assess, raise, and levy such Sum or Sums of Money as may be necessary for the Purposes specified in such Order, by such Powers, Ways, and Means as are now by Law given to or vested in Churchwardens and Overseers or Guardians of the Poor for altering, enlarging, and maintaining Workhouses for the Use of the Poor in their respective Parishes or Unions: Provided always, that the Principal Sum or Sums to be raised for such Purposes, and charged upon any Parish, shall not exceed in the whole the Sum of Fifty Pounds, nor in any such Case exceed One Tenth of the average annual Amount of the Rates raised for the Relief of the Poor in such Parish for the Three Years ending at the *Easter* next preceding the raising of such Money.

26. And be it further enacted, That it shall be lawful for the said Commissioners, by Order under their Hands and Seal, to declare so many Parishes as they may think lit to be united for the Administration of the Laws for the Relief of the Poor, and such Parishes shall thereupon be deemed a Union for such Purpose, and thereupon the Workhouse or Workhouses of such Parishes shall be for their common Use; and the said Commissioners may issue such Rules, Orders, and Regulations as they shall deem expedient for the Classification of such of the Poor of such united Parishes in such Workhouse or Workhouses as may be relieved in any such Workhouses and such Poor may be received, maintained, and employed in any such Workhouse or Workhouses as if the same belonged exclusively to the Parish to which such Poor shall be chargeable; but, notwithstanding such Union and Classification, each of the said Parishes shall be separately chargeable with and liable to defray the Expence of its own Poor, whether relieved in or out of any such Workhouse.

27. And be it further enacted, That in any Union which may be formed under this Act it shall be lawful for any Two of His Majesty's Justices of the Peace usually acting for the District wherein such Union may be situated, at their just and proper Discretion, to direct,

by Order under their Hands and Seals, that Relief shall be given to any adult Person who shall from old Age or Infirmity of Body be wholly unable to work, without requiring that such Person shall reside in any Workhouse: Provided always, that One of such Justices shall certify in such Order of his own Knowledge, that such Person is wholly unable to work, as aforesaid; and provided further, that such Person shall be lawfully entitled to Relief in such Union, and shall desire to receive the same out of a Workhouse.

28. And be it further enacted, That when any Union of Parishes for the Administration of the Laws for the Relief of the Poor shall be proposed to be made or shall be made under the Provisions of this Act, it shall be lawful for the said Commissioners, and they are hereby required, from Time to Time, by such Means and in such Manner as they may think fit, to inquire into and ascertain the Expence incurred by each Parish proposed to form Part of such Union for the Relief of the Poor belonging to such Parish, whether such Relief shall have been given in or out of any Workhouse, for the Three Years ending on the Twenty-fifth Day of *March* next preceding such Inquiry, and thereupon the said commissioners shall proceed to calculate and ascertain the annual average Expence of each Parish for that Period; and the several Parishes included or proposed to be included in such Union shall from the Time of effecting the same contribute and be assessed to a common Fund for purchasing, building, hiring, or providing, altering or enlarging, any Workhouse or other Place for the Reception and Relief of the Poor of such Parishes, or for the Purchase or renting of any Lands or Tenements, under and by virtue of the Provisions of this Act, of or for such Union, and for the future upholding and maintaining of such Workhouses or Places aforesaid, and the Payment or Allowance of the Officers of such Union, and the providing of Utensils and Materials for setting the Poor on work therein, and for any other Expence to be incurred for the common Use or Benefit or on the common Account of such Parishes, in the like Proportions as on the said annual Average of the said Three Years such Relief had cost each such Parish separately, until such Average shall be varied or altered as herein-after provided: Provided always, and the said Commissioners are hereby authorized, if they shall so think fit, but not otherwise, from Time to Time, either upon the Application of the Guardians of such Union or of the Overseers of any Parish forming Part of the same, or without such Application, to cause a like Inquiry and Calculation to be

made and Average ascertained for the Three Years ending on the Twenty-fifth Day of *March* next preceding such Inquiry; and from and after the ascertaining of any such Average, or of any succeeding Average, the respective Parishes of such Union shall contribute and be assessed to the common Fund thereof, for the Purposes aforesaid, in the Proportions which the Expence of such Parishes shall be found to have borne to each other during such Period upon the Average which shall have been so last ascertained, until a like Inquiry shall be again made, and a new Average and Proportion ascertained for the future Assessment of such Parishes.

29. And whereas in divers Unions formed under the said recited Act made and passed in the Twenty-second Year of the Reign of His late Majesty King *George* the Third, intituled *An Act for the better Relief and Employment of the Poor*, or under Local Acts of Incorporation, the whole of the Expence as well of upholding the united Workhouses therein as of maintaining and relieving the Poor of the respective Parishes of such Unions, is assessed upon such Parishes in the respective Proportions fixed at the Period when such Unions were formed, and in others a Part of such Expences is so levied, and a Part subjected to Variations at stated Periods: And whereas some of the Parishes of such Unions have contributed and still continue to contribute, as their fixed Proportion of the general Fund, a Sum much larger and others a Sum much less than the actual Expence incurred for the Relief of the Poor belonging to them respectively; for Remedy thereof be it enacted, That it shall be lawful for the said Commissioners, as soon as conveniently may be after the passing of this Act, to cause an Inquiry to be made and an Account rendered, as far as it may be practicable to render the same, by the Visitors, Directors, acting Guardians, or other Officers of such Parishes or Unions respectively, of the Expence incurred for the Relief of the Poor belonging to each Parish within any such Union, whether such Poor shall have been relieved in or out of such Parish respectively, or in or out of any united Workhouse, and whether such Expence has been paid by the general Fund of such Union or the parochial funds of any of the Parishes thereof, or by any private Rate, or general Subscription in lieu of a Rate among the Rate-payers of any such Parish, and whether passed through the Books or paid under the Control or the Managers or Officers of such Union, or not, for the Period of Three Years ending on the Twenty-fifth Day of *March* One thousand eight hundred and thirty-four, including therein a due Proportion of the Expence of

maintaining the united Workhouses and Establishment of such Union, calculated according to the actual Expence otherwise incurred for the Relief of the Poor belonging to each such Parish; and the average annual Amount of such Expence shall be deemed and taken to have been the annual Expence incurred by such Parish on account of its Poor, notwithstanding such Parish may have contributed a greater or smaller Sum than such annual Average to the general Funds of the Union during such Period; and such annual Average, so ascertained as aforesaid, shall, if the said Commissioners shall see fit, and to such Extent only as they may direct, be deemed and taken as the fixed Proportion to be contributed and paid by each such Parish respectively towards a common Fund for the future hiring, maintaining, and upholding, repairing, altering, or enlarging of any Workhouse, and the renting of any Land used by such Union at the passing of this Act, and for the purchasing, building, hiring, maintaining, upholding, repairing, altering, or enlarging of any new Workhouse or Workhouses, or other Place for the Reception and Relief of the Poor belonging to the Parishes of such Union, and for the renting or Purchase of any Lands or Tenements under or by virtue of the Provisions of this Act, and the Payment or Allowance of any Officers of such Union, and the providing of Utensils or Materials for setting the Poor on work therein, and for any other Expence to be in future incurred for the common Use or Benefit of such Parishes, and in addition to the Cost or Proportion of Cost of the Poor of such Parishes who shall be maintained or relieved in or out of any Workhouse of such Union, for which each such Parish shall in future be charged separately; any Provision or Enactment in the said recited Act or in any such Local Acts to the contrary notwithstanding: Provided always, and the said Commissioners are hereby authorized, if they see fit, but not otherwise, upon the Application of the Guardians of any such last-mentioned Union, or of the Overseers of any Parish forming Part of the same, or without such Application, from Time to Time to cause all Inquiry and Calculation to be made, and Average ascertained, for the Three Years ending on the Twenty-fifth Day of *March* next preceding such Inquiry, of the Expence incurred by each such Parish, as well in respect of its Contribution to such common Fund as of the Cost or Proportion of Cost of its Poor which shall have been maintained or relieved in or out of any Workhouse of such Union during such Period of Three Years; and from and after the ascertaining of such Average or of any succeeding Average the respec-

tive Parishes of such Union shall contribute and be assessed to the common Fund thereof, for the Purposes of which such common Fund is herein-before declared to be applicable, in the Proportions which the Expence of such Parishes shall be found to have borne to each other during such Period, upon the Average which shall have been so last ascertained, until a like Inquiry shall be again made, and a new Average and Proportion ascertained for the future Assessment of such Parishes to such common Fund: Provided always, that nothing herein contained shall extend to any Parishes already formed or hereafter to be formed into a Union for the Purposes of Settlement or rating, or where the annual Assessment is directed to be indifferently proportioned between the several Parishes coming such Union.

30. And for facilitating the Inquiries directed by this Act, be it enacted, That unless and until they shall be proved to the Satisfaction of the said Commissioners to be incorrect, the Returns made to Parliament of the Sums expended for the Relief of the Poor of any Parish for the last Three Years previous to the passing of this Act shall be deemed to be the actual Expence incurred by each such Parish respectively during that Period for the Purposes aforesaid, and on account of the Poor belonging to such Parish respectively, and shall be taken as the Ground on which such Averages shall be calculated and ascertained.

31. And be it further enacted, That from and after the passing of this Act so much of the said recited Act made and passed in the Twenty-second Year of the Reign of His late Majesty King *George* the Third, intituled *An Act for the better Relief and Employment of the Poor*; as provides that no Parish, Township, Hamlet, or Place which shall be situate more than Ten Miles from any Poorhouse or Workhouse to be provided under the Authority of that Act shall be permitted to be united for the Purposes therein mentioned with the Parishes, Townships, Hamlets, and Places which shall establish such Poorhouse or Workhouse as therein mentioned, and as limits the Class or Description of Persons who shall be sent to such Poorhouse or Workhouse; and so much of a certain Act made and passed in the Fifty-sixth Year of the Reign of His said late Majesty King *George* the Third, intituled *An Act to repeal certain Provisions in Local Acts for the Maintenance and Management of the Poor*; as repeals all Enactments and Provisions contained in any Act or Acts of Parliament since the Commencement of the Reign of His late Majesty King *George* the First, whereby any Parish, Township, or Hamlet at a greater

Distance than Ten Miles from any House of Industry or Workhouse shall thereafter be empowered or authorized to become Contributors to or to take the Benefit of such House of Industry or Workhouse, shall be and the same is hereby repealed.

32. And be it further enacted, That it shall be lawful for the said Commissioners, from Time to Time, as they may see fit, by Order under their Hands and Seal, to declare any Union, whether formed before or after the passing of this Act, (except when united for the Purposes of Settlement or rating,) to be dissolved, or any Parish or Parishes, specifying the same, to be separated from or added to any such Union, and, as the Case may be, such Union shall thereupon be dissolved, or such Parish or Parishes shall thereupon be separated from or added to such Union accordingly; and the said Commissioners shall in every such Case frame and make such Rules, Orders, and Regulations as they may think fit for adapting the Constitution, Management, and Board of Guardians of every such Union, from or to which there shall be such Separation or Addition as aforesaid, to the altered State of the same, and every such Union shall after any such Alteration be constituted, managed, and governed as if the same had been originally formed in such altered State; and in case any Union shall be wholly or partially dissolved as aforesaid, then the Parishes constituting, or, in case of a partial Dissolution, separated from any such Union, shall thenceforth be subject to be reunited, or united with other Parishes or Unions, or otherwise dealt with according to the Provisions of this Act as the said Commissioners shall think fit: Provided always, that in every such Case the said Commissioners shall and they are hereby required to ascertain the proportionate Value to every Parish of such Union of the Workhouses or other Property held or enjoyed by such Union for the Use of the Poor or Benefit of the Rate-payers therein, and also the proportionate Amount chargeable on every Parish in respect of all the Liabilities of such Union existing at the Time of such Dissolution or Alteration of the same, and the said Commissioners shall thereupon fix the Amount to be received, or paid or secured to be paid, by every Parish affected by such Alteration; and the Sum to be received, if any, by such Parish, shall be paid, or, as the said Commissioners shall direct, be secured to be paid, to the Overseers or Guardians of the same, for the Benefit of such Parish, and in diminution of the Rates thereof and of the Expence attending such Alteration; and the Sum to be so paid or secured to be paid by every such Parish shall be raised, under the

Direction of the said Commissioners, by the Overseers or Guardians of such Parish, or charged on the Poor Rates of such Parish, as the said Commissioners may see fit, and shall be paid or secured for the Use and Benefit of the Union from which the same Parish shall have been so separated, or of the Persons or Parishes otherwise entitled thereto, as the Case may be: Provided always, that no such Dissolution or Alteration of the Parishes constituting any such Union, nor any Addition thereto as aforesaid, shall in any Manner prejudice, vary, or affect the Rights or Interests of Third Persons, unless such Third Persons, by themselves or their Agents, shall consent in Writing to such Dissolution or proposed Alteration or Addition; and that no such Dissolution, Alteration, or Addition shall take place or be made unless a Majority of not less than Two Thirds of the Guardians of such Union shall also concur therein; and in every such Case, when the said Majority of the Guardians of such Union shall so concur in such proposed Alteration, the Terms on which such Concurrence shall have been given, if approved by the said Commissioners, shall be binding and conclusive on the several Parishes of such Union.

33. And be it further enacted, That in any Union already formed or which may hereafter be formed in pursuance of or under the Provisions of this Act it shall and may be lawful for the Guardians elected by the Parishes forming such Union, by any Writing under the Hands of all such Guardians, to agree, subject to the Approbation of the said Commissioners, for or on behalf of the respective Parishes forming such Union, that for the Purposes of Settlement such Parishes shall be considered as One Parish; and in such Case such Agreement, having been first signed by the said Guardians, shall be signed and sealed by the said Commissioners, and One Part thereof shall be deposited with the said Commissioners, and a Counterpart or Counterparts thereof, signed by the said Guardians, and signed and sealed by the said Commissioners, deposited with the Clerk of the Peace of the County, Riding, Division, District, or Liberty in which the Parishes of such Union shall be respectively situate; and the said Clerk of the Peace shall and is hereby required, upon the Receipt of such Agreement, or Counterpart or Counterparts thereof, to file the same with the Records of such County, Riding, Division, District, or Liberty; and from and after the depositing of the same as aforesaid the said Agreement shall for ever thereafter be binding on each of such Parishes, and shall not be revoked or annulled; and the Settlement of

a poor Person in anyone of the Parishes of such Union shall be considered, as between such Parishes, a Settlement in such Union, and the Expence of maintaining, supporting, and relieving every such poor Person, and all other Expences of maintaining, supporting, and relieving the Poor to which anyone of such Parishes shall be liable after the depositing of such Agreement, Part or Counterpart, as aforesaid, or of ascertaining, litigating, or adjudging the Settlement of any poor Person in any of such Parishes, shall form Part of the general Expences and be paid out of the common Funds of such Union: Provided always, that wherever such Agreement is entered into as aforesaid the Rate or Proportion of Contribution to such common Funds to be thereafter paid by each of the Parishes of such Union shall be ascertained and fixed in like Manner as in and by this Act is provided for in Cases where any Union of Parishes is made or proposed to be made under the Provisions thereof, and shall not be subject to further Variation.

34. And be it further enacted, That where the Parishes of any Union shall be situate within the same County, Riding, Division, District, or Liberty, under the Jurisdiction of the same Justices of the Peace, it shall and may be lawful for the Guardians elected by the Parishes forming such Union, by any Writing under the Hands of all such Guardians, to agree, with the Approbation of the said Commissioners, for or on behalf of the respective Parishes for which they shall so act as Guardians, that, for the Purposes of raising in common the necessary Funds for the Relief of the Poor of such Union, such Parishes shall be considered One Parish; and in such Case such Agreement, having been first signed by the said Guardians, shall be signed and sealed by the said Commissioners, and One Part thereof deposited with the said Commissioners, and a Counterpart or Counterparts thereof signed by the said Guardians, and signed and sealed by the said Commissioners, deposited with the Clerk of the Peace of the County, Riding, Division, District, or Liberty, Counties, District, or Districts, in which the said Parishes of such Union shall be situate; and the said Clerk or Clerks of the Peace shall and is and are hereby required upon the Receipt of such Agreement, Part or Counterpart, to file the same with the Records of such County, Riding, Division, District, or Liberty, or Counties, District, or Districts; and from and after the depositing and filing of such last-mentioned Agreement or Counterpart, the same shall be for ever binding upon such Parishes, and shall not be revoked or annulled.

35. And be it further enacted, That from and after such depositing and filing of the said Agreement, Part or Counterpart, the said Guardians shall, under such Regulations as the said Commissioners shall in that respect prescribe, proceed to ascertain and assess the Value of the Property in the several Parishes of such Union rateable to the Relief of the Poor, and to cause to be made such Surveys and Valuations of the said Property, or any Part thereof, as may be necessary, from Time to Time, to make a fair and just Assessment upon the said united Parishes in respect of such Property so rateable as aforesaid; and all Rates grounded on every such Valuation or Assessment shall be made, allowed, published, and recovered in such and the same Manner as Rates for the Relief of the Poor are now by Law made, allowed, published, and recovered; and the Rate-payers shall have the like Power of Appeal against such last-mentioned Rates as any Persons now have against Rates made for the Relief of the Poor.

36. And be it further enacted, That from and after any such common Rate shall have come into operation the Proportions of Contribution fixed at the Period of uniting such Parishes, or existing at the Time of such last-mentioned Agreement for a common Rate, shall wholly cease; and all Expenditure in respect of the Poor of such Union or chargeable in any way on the Poor Rates of the respective Parishes thereof, shall be deemed and be the common Expenditure of such Union, and be chargeable upon and paid out of the common or general Fund to be raised upon such Parishes under such common Rate, according to the Valuation or Assessment of the rateable Property in such Parishes so ascertained, confirmed, and allowed by the said Justices from Time to Time in manner herein-before provided: Provided-always, that the Expence of every such Valuation shall at all Times be a Charge on the common Rate of such Parishes: Provided always, that in case any Parish of any Union, at the Period of entering into such Agreement for the Purposes of Settlement or a common Rate, shall not be represented by a Guardian elected solely by such Parish, such Parish shall not be bound by any such Agreement, unless a Majority of the Owners of Property and Rate-payers in such Parish, entitled to vote in the Manner provided by this Act, shall, by their Votes in Writing, testify their Assent to such Agreement in such Form as the said Commissioners shall prescribe; and in case such Assent shall not be so given, such Parish shall be wholly omitted from such Agreement, and be liable to pay such Proportion only of the com-

mon Assessment as it was bound to pay upon the forming of the Union of such Parishes.

37. And be it further enacted, That from and after the passing of this Act no Union or Incorporation of Parishes shall be formed under the Provisions of the said Act made and passed in the Twenty-second Year of the Reign of His late Majesty King *George* the Third, without the previous consent of the said Commissioners, testified under their Hands and Seal.

38. And be it further enacted, That where any Parishes shall be united by Order or with the Concurrence of the said Commissioners for the Administration of the Laws for the Relief of the Poor, a Board of Guardians of the Poor for such Union shall be constituted and chosen, and the Workhouse or Workhouses of such Union shall be governed, and the Relief of the Poor in such Union shall be administered, by such Board of Guardians; and the said Guardians shall be elected by the Rate-payers, and by such Owners of Property in the Parishes forming such Union as shall in manner herein-after mentioned require to have their Names entered as entitled to vote as Owners in the Books of such Parishes respectively; and the said Commissioners shall determine the Number and prescribe the Duties of the Guardians to be elected in each Union, and also fix a Qualification without which no Person shall be eligible as such Guardian, such Qualification to consist in being rated to the Poor Rate of some Parish or Parishes in such Union, but not so as to require a Qualification exceeding the annual Rental of Forty Pounds, and shall also determine the Number of Guardians which shall be elected for any One or more of such Parishes, having due Regard to the Circumstances of each such Parish: provided always, that One or more Guardians shall be elected for each Parish included in such Union; and such Guardians, when so elected; shall continue in Office until the Twenty-fifth Day of *March* next following their Appointment, or until others are appointed in their Stead, and on such Twenty-fifth Day of *March*, or if that Day should fall on a *Sunday* or *Good Friday* then on the Day next following, or within Fourteen Days next after the said Twenty-fifth Day of *March* in every Year, such Guardians shall go out of Office, and the Guardians for the ensuing Year shall be chosen; and in the event of any Vacancy occurring in such Board by the Death, Removal, or Resignation, or Refusal or Disqualification to act, of any elected Guardian between the Periods of such first and the next and any subsequent annual Election, or in case the full Number of Guardians shall

not be duly elected at such subsequent Election of Guardians for the Time being, the other or remaining Members of the said Board shall continue to act until the next Election, or until the Completion of the said Board, as if no such Vacancy had occurred, and as if the Number of such Board were complete; and every Justice of the Peace residing in any such Parish, and acting for the County, Riding, or Division in which the same may be situated, shall be an *ex officio* Guardian of such united or common Workhouses, and shall, until such Board of Guardians shall be duly elected and constituted as aforesaid, and also, in case of any Irregularity or Delay in any subsequent Election of Guardians, receive and carry into effect the Rules, Orders, and Regulations of the said Commissioners; and after such Board shall be elected and constituted as aforesaid every such Justice shall *ex officio* be and be entitled, if he think fit, to act as a Member of such Board, in addition to and in like Manner as such elected Guardians: Provided always, that, except where otherwise ordered by the said Commissioners, and also except for the Purpose of consenting to the Dissolution or Alteration of any Union or any Addition thereto, or to the Formation of any Union for the Purposes of Settlement of rating, no *ex officio* or other Guardian of any such Board as aforesaid shall have Power to act in virtue of such Office except as a Member and at a Meeting of such Board; and no Act of any such Meeting shall be valid unless Three Members shall be present and Concur therein: Provided also, that nothing herein contained shall prevent such Owners and Rate-payers from re-electing the same Persons or any or either of them to be Guardians for the Year next ensuing, nor from electing as a Guardian any Person who may already have been chosen as a Guardian of any other Parish.

39. And be it further enacted, That if the said Commissioners shall, by any Order under their Hands and Seal, direct that the Administration of the Laws for the Relief of the Poor of any single Parish should be governed and administered by a Board of Guardians, then such Board shall be elected and constituted, and authorized and entitled to act, for such single Parish, in like Manner in all respects as is herein-before enacted and provided in respect to a Board of Guardians for united Parishes; and every Justice of the Peace resident therein, and acting for the County, Riding, or Division in which the same is situated, shall be and may act as an *ex officio* Member of such Board.

40. And be it enacted, That in all Cases of the Election of Guardians under this Act, or wherever the Con-

sent of the Owners of Property or Rate-payers in any Parish or Union shall be required for any of the Purposes of this Act except when otherwise expressly provided for in this Act, the Votes of such Owners and Rate-payers shall be given or taken in Writing, collected, and returned in such Manner as the said Commissioners shall direct; and in every such Case the Owner, as well as the Rate-payer, in respect of any Property in such Parish or Union, shall be entitled to vote, and the Owner shall have the same Number and Proportion of Votes respectively as is provided for Inhabitants and other Persons in and by an Act made and passed in the Fifty-eighth Year of the Reign of His said late Majesty King *George* the Third, intituled *An Act for the Regulation of Parish Vestries*, and in and by an Act to amend the same, made and passed in the Fifty-ninth Year of His said late Majesty; and the Rate-payers: under Two hundred Pounds shall each have a single Vote; and the Rate-payers rated at Two hundred Pounds or more, but under Four hundred Pounds, shall each have Two Votes, and the Rate-payers rated at Four hundred Pounds or more shall each have Three Votes; and the Majority of the Votes of such Owners and Rate-payers which shall be actually collected and returned shall in every such Case be binding on such Parish; and for the Purpose of ascertaining the Number of Votes to which each such Owner shall be entitled, the aggregate Amount of the Assessment for the time being of any Property belonging to such Owner in such Parish, or on any Person or Persons in respect of the same, to the Poor Rate, shall be deemed to be and be taken as the annual Value of such Property to such Owner; and where any such Owner shall be the *bond fide* Occupier of any such Property, he shall be entitled to vote as well in respect of his Occupation as of his being such Owner: Provided always, that it shall be lawful for any Owner from Time to Time, by Writing under his Hand, to appoint any Person to vote as his Proxy; and every such Appointment shall remain in force until revoked or recalled by such Owner; but no Owner shall be entitled to vote, either in Person or Proxy, unless he shall, previous to the Day on which he shall claim to vote, have given a Statement in Writing of his Name and Address, and the Description of the Property in the Parish as Owner whereof, or Proxy for the Owner whereof, he claims to vote, and if such Proxy, the original or an attested Copy of the Writing appointing him such Proxy, to the Overseers of such Parish; and the said Overseers are hereby required to enter in the Rate Books of such Parish, or in some other Book to be from

Time to Time provided for that Purpose, the Names and Addresses of the Owners and Proxies who shall send such Statements, and the Assessment of the Rate for the Relief of the Poor of the Property in respect whereof they respectively claim to vote: Provided also, that every Person who shall not vote, or who shall not comply with the Directions to be made by the said Commissioners for the giving, taking, or returning of Votes, shall be omitted in the Calculation of Votes, and considered as having had no Vote on the Question whereon he might have voted: Provided also, that no Person shall be deemed a Rate-payer, or be entitled to vote, or do any other Act, Matter, or Thing as such, under the Provisions of this Act, unless he shall have been rated to the Relief of the Poor for the whole Year immediately preceding his so voting or otherwise acting as such Rate-payer, and shall have paid the Parochial Rates and Assessments made and assessed upon him for the Period of One whole Year, as well as those due from him at the Time of so voting or acting, except such as shall have been made or become due within the Six Months immediately preceding such voting or acting: Provided always, that in Cases of Property belonging to any Corporation Aggregate, or to any Joint Stock or other Company, no Member of such Corporation, or Proprietor of or interested in such Joint Stock or other Company, shall be entitled to vote as such Owner in respect thereof; but any Officer of such Corporation, joint Stock or other Company, whose Name shall be entered by the Direction of the governing Body of such Corporation or Company in the Books of the Parish, in the Manner herein-before directed with respect to the Owner of Property, shall be entitled to vote in respect of such Property in the same Manner as if he were the Owner thereof.

41. And be it further enacted, That all Elections of Guardians, Visitors, and other Officers, for the Execution of any of the Powers or Purposes of the said recited Act made and passed in the Twenty-second Year of the Reign of His said late Majesty King *George* the Third, intituled *An Act for the better Relief and Employment of the Poor*; or of any Local Act of Parliament relating to Poorhouses, Workhouses, or the Relief of the Poor, or any Act to alter or amend the same respectively, shall hereafter, so far as the said Commissioners shall direct, be made and conducted according to the Provisions of this Act: Provided always, that it shall be lawful for the said Commissioners, if they shall so think fit, from Time to Time, with the Consent of the Majority of the Owners of Property and Rate-payers of any Parish,

or of any Union now existing or to be formed under the Provisions of this Act, to alter the Period for which the Guardians to be appointed under the Provisions of this Act for such Parish or Union, or any of them, would under the Provisions of this Act hold Office, for such other Period or Periods as to the said Commissioners, with such Consent as aforesaid, shall seem expedient, and also to make such Alterations in the Number, Mode of Appointment, Removal, and Period of Service of the Guardians, or any of them, of any Parish, or of any Union now existing or to be formed under the Provisions of this Act, as to the said Commissioners, with such Consent as aforesaid, shall seem expedient.

42. And be it further enacted, That the said Commissioners may and are hereby authorized, by Writing under their Hands and Seal, to make Rules, Orders, and Regulations, to be observed and enforced at every Workhouse already established by virtue of the said recited Act made and passed in the Twenty-second Year of the Reign of His said late Majesty King *George* the Third, intituled *An Act for the better Relief and Employment of the Poor*, or any General or Local Act of Parliament, or hereafter to be established by virtue of such Acts or of any of them, or of this or any other Act of Parliament relating to the Relief of the Poor, for the Government thereof; and the Nature and Amount of the Relief to be given to and the Labour to be exacted from the Persons relieved, and the Preservation therein of good Order, and from Time to Time to suspend, alter, vary, amend, or rescind the same, and make any new or other Rules, Orders, and Regulations, to be observed and enforced as aforesaid, as they from Time to Time shall think fit, and to alter, at their Discretion, any of the Rules, Orders, and Regulations contained in the Schedule to the said recited Act, and also to alter or rescind any Rules Orders, and Regulations heretofore made in pursuance of the said recited Act, or any Local Act of Parliament relating to Workhouses or the Relief of the Poor; and that all Rules, Orders, and Regulations to be from Time to Time made by the said Commissioners under the Authority of this Act shall be valid and binding, and shall be obeyed and observed as if the same were specifically made by and embodied in this Act, subject nevertheless to the said Power of the said Commissioners from Time to Time to rescind, amend, suspend, or alter the same: Provided always, that if any such Rule, Order, or Regulation shall be, at the Time of issuing the same, directed to and affect more than One Union, the same shall be considered as a General Rule, and subject and

liable to all the Provisions in this Act contained respecting General Rules.

43. And be it further enacted, That where any Rules, Orders, or Regulations, or any Bye Laws, shall be made or directed by the said Commissioners to be observed It or enforced in any Workhouse, it shall and may be lawful for any Justice of the Peace acting in and for the County, Place, or Jurisdiction in which Such Workhouse shall be situate, to visit, inspect, and examine such Workhouse at such Times as he shall think proper, for the Purpose of ascertaining whether such Rules, Orders, Regulations, or Bye Laws are or have been duly observed and obeyed in such Workhouse, as well as for such other Purposes as Justices are now authorized to visit Workhouses under and by virtue of a certain Act made and passed in the Thirtieth Year of the Reign of His said late Majesty King *George* the Third, intituled *An Act to empower Justices and other Persons to visit Parish Workhouses or Poorhouses, and examine and certify the State and Condition of the Poor therein to the Quarter Sessions*; and if in the Opinion of such Justice such Rules, Orders, Regulations, or Bye Laws, or any of them, have not been duly observed and obeyed in such Workhouse, it shall be lawful for such Justice to summon the Party offending in such respect to appear before any Two Justices of the Peace to answer any Complaint touching the Non-observance of such Rules, Orders, Regulations, and Bye Laws, or any of them, and upon Conviction before such Two Justices of the Party so offending such Party shall forfeit and be liable to such Penalties and Punishments as are hereinafter prescribed and provided against Parties wilfully neglecting or disobeying the Rules, Orders, or Regulations of the said Commissioners: Provided always, that where no such Rules, Orders, Regulations, or Bye Laws shall have been directed by the said Commissioners to be enforced and observed in the Workhouse of any Parish, nothing in this Act contained shall be construed to restrain or prevent any Justice of the Peace, Physician, Surgeon, or Apothecary, or the Officiating Clergyman of any Parish, from visiting such Workhouse, and examining and certifying the State and Condition of the same and of the Poor therein, in such Manner as they or any of them are authorized to do in and by the said last-recited Act.

44. Whereas the Jurisdiction of certain Cities, Boroughs, and Corporate Towns is not always co-extensive with the Parish in which it exists; be it therefore enacted, That every House or Building which shall be erected, purchased, or hired as and for a Workhouse,

together with all Premises and Appurtenances thereto belonging, and the Land or Lands occupied therewith, shall be deemed and held to be within and subject to the local Jurisdiction of such incorporated City, Borough, or Town to which they may respectively belong, though the same may be situated in such Part of the respective Parishes as may not be within the chartered Boundaries thereof.

45. And be it further enacted, That nothing in this Act contained shall authorize the Detention in any Workhouse of any dangerous Lunatic, insane Person, or Idiot, for any longer Period than Fourteen Days; and every Person wilfully detaining in any Workhouse any such Lunatic, insane Person, or Idiot, for more than Fourteen Days, shall be deemed guilty of a Misdemeanor: Provided always, that nothing herein contained shall extend to any Place duly licensed for the Reception of Lunatics and other insane Persons, or to any Workhouse being also a County Lunatic Asylum.

46. And be it further enacted, That it shall be lawful for the said Commissioners, as and when they shall see fit, by Order under their Hands and Seal, to direct the Overseers or Guardians of any Parish or Union, or of so many Parishes or Unions as the said Commissioners may in such Order specify and declare to be united for the Purpose only of appointing and paying Officers, to appoint such paid Officers with such Qualifications as the said Commissioners shall think necessary for superintending or assisting in the Administration of the Relief and Employment of the Poor, and for the examining and auditing, allowing or disallowing of Accounts in such Parish or Union, or united Parishes, and otherwise carrying the Provisions of this Act into execution; and the said Commissioners may and they are hereby empowered to define and specify and direct the Execution of the respective Duties of such Officers, and the Places or Limits within which the same shall be performed, and direct the Mode of the Appointment and determine the Continuance in Office or Dismissal of such Officers, and the Amount and Nature of the Security to be given by such of the said Officers as the said Commissioners shall think ought to give Security, and, when the said Commissioners may see Occasion, to regulate the Amount of Salaries payable to such Officers respectively and the Time and Mode of Payment thereof, and the Proportions in which such respective Parishes or Unions shall contribute to such Payment; and such Salaries shall be chargeable upon and payable out of the Poor Rates of such Parish or Union, or respective Parishes, in the Manner and Pro-

portions fixed by the said Commissioners, and shall be recoverable against the Overseers or Guardians of such Parish or Union, or Parishes, by all such Ways and Means as the Salaries of Assistant Overseers or other paid Officers of any Parish or Union are recoverable by Law; and all such Payments shall be valid, and shall be allowed in the Accounts of the Overseers or Guardians paying the same.

47. And be it further enacted, That every Overseer, Treasurer, or other Person having the Collection, Receipt, or Distribution of the Monies assessed for the Relief of the Poor in any Parish or Union, or holding or accountable for any Balance or Sum of Money, or any Books, Deeds, Papers, Goods, or Chattels relating to the Relief of the Poor, or the Collection or Distribution of the Poor Rate of any Parish or Union, shall once in every Quarter, in addition to the annual Account now by Law required, and where the Rules, Orders, and Regulations of the said Commissioners shall have come in force, then as often as the said Rules, Orders, and Regulations shall direct, but not less than once in every Quarter, make and render to the Guardians, Auditors, or such other Persons as by virtue of any Statute or Custom, or of the said Rules, Orders, or Regulations, may be appointed to examine, audit, allow, or disallow such Accounts, or in default of any such Guardian, Auditor, or other Person being so appointed as aforesaid, then to the Justices of the Peace at their Petty Sessions for the Division in which such Parish or Union shall be situate, a full and distinct Account in Writing of all Monies, Matters, and Things committed to their Charge, or received, held, or expended by them on behalf of any such Parish or Union, and if thereunto required by the Justices, Guardians, Auditors, or other Persons authorized in that Behalf, shall verify on Oath the Truth of all such Accounts and Statements from Time to Time respectively, or subscribe a Declaration to the Truth thereof, in manner and under the Penalties in this Act provided for Parties giving false Evidence or refusing to give Evidence under the Provisions of this Act; and all Balances due from any Guardian, Treasurer, Overseer, or Assistant Overseer, or other Person having the Control and Distribution of the Poor Rate, or accountable for such Balances, may be recovered in the same Manner as any Penalties and Forfeitures are recoverable under this Act: Provided nevertheless, that no such Proceeding shall exonerate or discharge the Liability of the Surety of any such Treasurer, Overseer, Assistant Overseer, or other Person as aforesaid.

48. And be it further enacted, That the said Com-

missioners may and they are hereby authorized and empowered, as and when they shall think proper, by Order under their Hands and Seal, either upon or without any Suggestion or Complaint in that Behalf from the Overseers or Guardians of any Parish or Union, to remove any Master of any Workhouse, or Assistant Overseer, or other paid Officer of any Parish or Union, whom they shall deem unfit for or incompetent to discharge the Duties of any such Office, or who shall at any Time refuse or wilfully neglect to obey and carry into effect any of the Rules, Orders, Regulations, or Bye Laws of the said Commissioners, whether such Union shall have been made or such Officer appointed before or after the passing of this Act, and to require from Time to Time the Persons competent in that Behalf to appoint a fit and proper Person in his Room; and that any Person so removed shall not be competent to be appointed to or to fill any paid Office connected with the Relief of the Poor in any such Parish or Union, except with the Consent of the said Commissioners under their Hands and Seal: Provided always, that no Person shall be eligible to hold any Parish Office, or have the Management of the Poor in any way whatever, who shall have been convicted of Felony, Fraud, or Perjury.

49. And be it further enacted, That any Contract which shall be entered into by or on behalf of any Parish or Union, for or relating to the Maintenance, Clothing, Lodging, Employment, or Relief of the Poor, or for any other Purpose relating to or connected with the general Management of the Poor, which shall not be made and entered into in conformity with the Rules, Orders, or Regulations of the said Commissioners in that Behalf in force at the Time of making and entering into the same, or otherwise sanctioned by them, shall be voidable, and, if the said Commissioners shall so direct, shall be null and void; and all Payments made under or in pursuance of any Contract not made and entered into in conformity with such Rules, Orders, or Regulations at any Period after the said Commissioners shall have declared the same to be null and void as aforesaid, shall be disallowed in passing the Accounts of the Overseer, Guardian, or other Officer by whom such Payments shall have been made.

50. And be it further enacted, That from and after the passing of this Act a certain Act made and passed in the Forty-fifth Year of the Reign of His said late Majesty King *George the Third*, intituled *An Act to amend an Act made in the Ninth Year of King George the First, for amending the Laws relating to the Settlement, Employ-*

ment, and Relief of the Poor, so far as the same respects Contracts to be entered into for the Maintenance and Employment of the Poor; shall be and the same is hereby repealed: Provided always, that nothing in this Act contained shall extend or be construed to extend to affect or make void any Bond or other Security which shall have been entered into or given before the passing of this Act, under or in pursuance of the Provisions of the said Act hereby repealed.

51. And be it further enacted, That so much of a certain Act made and passed in the Fifty fifth Year of the Reign of His said late Majesty King *George the Third*, intituled *An Act to prevent poor Persons in Workhouses from embezzling certain Property provided for their Use; to alter and amend so much of an Act of the Thirty-sixth Year of His present Majesty as restrains Justices of the Peace from ordering Relief to poor Persons in certain Cases for a longer Period than One Month at a Time; and for other Purposes therein mentioned, relating to the Poor*, as inflicts a Penalty on Persons having the Management of the Poor if concerned in providing or in any Contract for the Supply of any Goods, Materials, or Provisions for the Use of any Workhouse or Workhouses, or otherwise for the Support or Maintenance of the Poor for their own Profit, and all Remedies for the Recovery of such Penalties, shall apply and the same are hereby extended and made applicable to every Commissioner, Assistant Commissioner, Guardian, Treasurer, Master of a Workhouse, or other Officer to be appointed under the Provisions of this Act.

52. And whereas a Practice has obtained of giving Relief to Persons or their Families who, at the Time of applying for or receiving such Relief were wholly or partially in the Employment of Individuals, and the Relief of the able-bodied and their Families is in many Places administered in Modes productive of Evil in other respects: And whereas Difficulty may arise in case any immediate and universal Remedy is attempted to be applied in the Matters aforesaid; be it further enacted, That from and after the passing of this Act it shall be lawful for the said Commissioners, by such Rules, Orders, or Regulations as they may think fit, to declare to what Extent and for what Period the Relief to be given to able-bodied Persons or to their Families in any particular Parish or Union may be administered out of the Workhouse of such Parish or Union, by Payments in Money, or with Food or Clothing in Kind, or partly in Kind and partly in Money, and in what Proportions, to what Persons or Class of Persons, at what

Times and Places, on what Conditions, and in what Manner such Out-door Relief may be afforded; and all Relief which shall be given by any Overseer, Guardian, or other Person having the Control or Distribution of the Funds of such Parish or Union, contrary to such Orders or Regulations, shall be, and the same is hereby declared to be unlawful, and shall be disallowed in the Accounts of the Person giving the same, subject to the Exceptions hereinafter mentioned: Provided always, that in case the Overseers or Guardians of any Parish or Union to which such Orders or Regulations shall be addressed or directed, shall, upon Consideration of the special Circumstances of such Parish or Union, or of any Person or Class of Persons therein, be of opinion that the Application and enforcing of such Orders or Regulations, or of any Part thereof, at the Time or in the Manner prescribed by the said Commissioners, would be inexpedient, it shall be lawful for such Overseers or Guardians to delay the Operation of such Orders or Regulations, or of any Part thereof, for any Period not exceeding the Space of Thirty Days, to be reckoned from the Day of the Receipt of such Orders or Regulations; and such Overseers or Guardians shall, Twenty Days at the least before the Expiration of such Thirty Days, make a Statement and Report of such special Circumstances to the said Commissioners; and an Relief which shall be given by such Overseers or Guardians, before an Answer to such Report shall have been returned by the said Commissioners, if otherwise lawful, shall not be deemed unlawful although the same shall have been given contrary to such Orders or Regulations, or any of them; but in case the said Commissioners shall disapprove of such Delay, or think that for the future such Orders or Regulations ought to come into operation, notwithstanding the special Circumstances alleged by such overseer or Guardian, it shall be lawful for the said Commissioners, by a peremptory Order, to direct that from and after a Day to be fixed thereby such Orders and Regulations, or such Parts or Modifications thereof as they may think expedient and proper, shall be enforced and observed by such Overseers and Guardians; and if any Allowance be made or Relief given by such Overseers or Guardians after the said last-mentioned Period, contrary to any such last-mentioned Order, the Amount of the Relief or Allowance so given shall be disallowed in the Accounts of the Party giving the same: Provided also, that a quarterly Report of all such Cases as shall Occur in any Quarter shall at the End of every such Quarter, be laid by the said Com-

missioners before One of His Majesty's Principal Secretaries of State: Provided also, that in case the overseers or Guardians of any Parish or Union in which such Orders or Regulations shall be in force shall depart from them or any of them in any particular Instance or Instances of Emergency, and shall within Fifteen Days after every such Departure report the same and the Grounds thereof to the said Commissioners, and the said Commissioners shall approve of such Departure, or if the Relief so given shall have been given in Food, temporary Lodging, or Medicine, and shall have been so reported as aforesaid, then and in either of such Cases the Relief granted by such Overseers or Guardians, if otherwise lawful, shall not be unlawful or subject to be disallowed.

53. And be it further enacted, That an Act passed in the Thirty-sixth Year of the Reign of His late Majesty King *George* the Third, intituled *An Act to amend so much of an Act made in the Ninth Year of the Reign of King George the First, intituled 'An Act for amending the Laws relating to the Settlement, Employment, and Relief of the Poor,' as prevents the distributing occasional Relief to poor Persons in their own Houses, under certain Circumstances and in certain Cases;* and so much of an Act made and passed in the Fifty-fifth Year of the Reign of His late Majesty King *George* the Third, intituled *An Act to prevent poor Persons in Workhouses from embezzling certain Property provided for their Use, to alter and amend so much of an Act of the Thirty-sixth Year of His present Majesty as restrains Justices of the Peace from offering Relief to Poor Persons in certain Cases for a longer Period than One Month at a Time, and for other Purposes therein mentioned relating to the Poor;* as extends the Period for which occasional Relief may be ordered by any Justice or Justices to poor Persons at their own Homes; and so much of the said Act made and passed in the Fifty-ninth Year of the Reign of His late Majesty King *George* the Third, intituled *An Act to amend the Laws for the Relief of the Poor;* as empowers any Justice or Justices to order Relief in certain Cases for a limited Time, or in Cases of urgent Necessity, or in Cases where Parishes are under the management of Guardians, Governors, or Directors appointed by Special or Local Acts, or in Cases where Parishes have a Select Vestry, shall be and the same are hereby repealed.

54. And be it further enacted, That from and after the passing of this Act, the ordering, giving, and directing of all Relief to the Poor of any Parish which,

according to the Provisions of any of the said recited Acts, or of an Act passed in the First and Second Years of the Reign of His present Majesty, intituled *An Act for the better regulating of Vestries, and for the Appointment of Auditors of Accounts in certain Parishes in England and Wales*, or of this Act, or of any Local Acts, shall be under the Government and Control of any Guardians of the Poor, or of any Select Vestry, and whether forming Part of any Union or Incorporation or not, (but subject in all Cases to, and saving and excepting the Powers of, the said Commissioners appointed under this Act,) shall appertain and belong exclusively to such Guardians of the Poor or Select Vestry, according to the respective Provisions of the Acts under which such Guardians or Select Vestry may have been or shall be appointed; and it shall not be lawful for any Overseer of the Poor to give any further or other Relief or Allowance from the Poor Rate than such as shall be ordered by such Guardians or Select Vestry, except in Cases of sudden and urgent Necessity, in which Cases he is hereby required to give such temporary Relief as each Case shall require, in Articles of absolute Necessity, but not in Money, and whether the Applicant for Relief be settled in the Parish where he shall apply for Relief or not: Provided always, that in case such Overseer shall refuse or neglect to give such necessary Relief in any such Case of Necessity to poor Persons not settled nor usually residing in the Parish to which such Overseer belongs, it shall and may be lawful for any Justice of the Peace to order the said overseer, by Writing under his Hand and Seal, to give such temporary Relief in Articles of absolute Necessity, as the Case shall require, but not in Money; and in case such Overseer shall disobey such Order, he shall, on Conviction before Two Justices, forfeit any Sum not exceeding Five Pounds which such Justices shall order: Provided always, that any Justice of the Peace shall be empowered to give a similar Order for Medical Relief (only) to any Parishioner as well as Out-Parishioner, where any Case of sudden and dangerous Illness may require it; and any Overseer shall be liable to the same Penalties as aforesaid for disobeying such Order; but it shall not be lawful for any Justice or Justices to order Relief to any Person or Persons from the Poor Rates of any such Parish, except as herein-before provided.

55. And be it enacted, That from and after the passing of this Act the Master of every Workhouse, or such other paid Officer of the Parish or Union as the said Commissioners may direct, shall, on such Day and in such Form as the said Commissioners shall appoint,

take an Account of, and register in a Book to be provided at the Expence of the Parish or Union to which such Workhouse shall belong, and to be kept specially for that Purpose, the Name of every poor Person who shall on such Days be in the Receipt of Relief at or in such Workhouse, together with such Particulars respecting the Families and Settlement of every such poor Person, and his and their Relief and Employment, as the said Commissioners shall think fit; and in like Manner, on such Day as the said Commissioners shall appoint, the Overseer of the Poor of every such Parish shall register in a Book, to be provided and kept as aforesaid, the Name of every poor Person then in the Receipt of Relief in such Parish out of the Workhouse, together with such Particulars respecting the Family and Settlement of every such poor Person, and his and their Relief and Employments, as the said Commissioners shall think fit; and after such Account shall have been so taken and registered as aforesaid a similar Register and Account shall be kept by the like Persons respectively of all Persons who shall receive Relief at or in or out of a Workhouse, when and as often as such Relief shall be granted.

56. And be it further enacted, That from and after the passing of this Act all Relief given to or on account of the Wife, or to or on account of any Child or Children under the Age of Sixteen, not being blind or deaf and dumb, shall be considered as given to the Husband of such Wife, or to the Father of such Child or Children, as the Case may be, and any Relief given to or on account of any Child or Children under the Age of Sixteen of any Widow, shall be considered as given to such Widow: Provided always, that nothing herein contained shall discharge the Father and Grandfather, Mother and Grandmother, of any poor Child, from their Liability to relieve and maintain such poor Child in pursuance of the Provisions of a certain Act of Parliament passed in the Forty-third Year of the Reign of Her late Majesty Queen *Elizabeth*, intituled *An Act for the Relief of the Poor*.

57. And be it further enacted, That every Man who from and after the passing of this Act shall marry a Woman having a Child or Children at the Time of such Marriage, whether such Child or Children be legitimate or illegitimate, shall be liable to maintain such Child or Children as a Part of his Family, and shall be chargeable with all Relief, or the Cost Price thereof, granted to or on account of such Child or Children until such Child or Children shall respectively attain the Age of Sixteen, or until the Death of the Mother of such Child

or Children; and such Child or Children shall, for the Purposes of this Act, be deemed a Part of such Husband's Family accordingly.

58. And be it further enacted, That from and after the passing of this Act any Relief; or the Cost Price thereof, which shall be given to or on account of any poor Person above the Age of Twenty-one or to his Wife, or any Part of his Family under the Age of Sixteen, and which the said Commissioners shall by any Rule, Order, or Regulation declare or direct to be given or considered as given by way of Loan, and whether any Receipt for such Relief; or Engagement to repay the same, or the Cost Price thereof; or any Part thereof, shall have been given or not by the Person to or on account of whom the same shall have been so given, shall be considered and the same is hereby declared to be a Loan to such poor Person.

59. And be it further enacted, That in all Cases where any Relief shall have been given by way of Loan, or where any Relief or the Cost Price thereof, shall be treated as a Loan, under the Rules, Orders, and Regulations of the said Commissioners, or the Provisions of this Act, it shall be lawful for any Justice, upon the Application of the Overseers or Guardians of the Parish or Union providing such Relief; and upon Proof of the same having been given to or on account of any such Person, his Wife or Family as aforesaid, and of the same or any Part thereof still remaining due, to issue a Summons, requiring such Person, as well as the Master or Employer of such Person, or some Person on his Behalf, to appear before any Two Justices, at a Time and Place to be named in such Summons, to show Cause why, any Wages due, or which may from Time to Time become due, from such Master or Employer, should not be paid over in whole or in part to such Overseers or Guardians, and if no sufficient Cause be shown to the contrary, or if such Person, or some one on his Behalf, shall not appear on the Return of such Summons, then the said Justices shall, by Order under their Hands, direct the Master or Employer for the Time being from whom any Wages shall be due or from Time to Time become due or payable to such poor Person, to pay, either in one Sum or by such weekly or other Instalments as the said Justices shall in their Discretion think fit, taking into consideration the Circumstances of such poor Person and his Family, out of such Wages, to such Overseers or Guardians, the Amount of such Relief, or so much thereof as shall from Time to Time be due or unpaid; and the Payment to and Receipt of any such Overseer or Guardian shall be a

good Discharge to such Master or Employer for so much of any such Wages as shall be so paid by virtue of any such Order; and if any such Master or Employer shall refuse or neglect to pay to the Overseer or Guardian producing any such Order the Money thereby directed to be paid, according to the Terms of such Order, and at the Periods thereby fixed for such Payment, the same may be levied and recovered, and the Payment thereof from Time to Time enforced against such Master or Employer, in such and the like Manner as Penalties and Forfeitures are recoverable under this Act.

60. And be it further enacted, That from and after the passing of this Act so much of an Act passed in the Forty-third Year of the Reign of His said late Majesty King *George* the Third, intituled *An Act for consolidating and amending the several Laws for providing Relief for the Families of Militiamen in England when called out into actual Service*, as directs Overseers of the Poor, by Order of some One Justice of the Peace, to pay to the Family of any Person serving or enrolled as a balloted Man, Substitute, hired Man, or Volunteer in the Militia of *England*, a weekly Allowance, or as authorizes any Justice or Justices to order such Allowance to be paid under the Rules and Conditions in the said recited Act provided, or as in any way discharges such balloted Man, Substitute, hired Man, or Volunteer from the liability to maintain or repay the Costs of Maintenance of his Family or any Part thereof, or as prevents such Families or any Part thereof from being removeable to their Place of legal Settlement, or sent to any Workhouse, by reason of their receiving any Allowance or being chargeable, shall be and the same is hereby repealed.

61. And be it further enacted, That from and after the Period at which any Rule, Order, or Regulation of the said Commissioners shall come into Operation for the binding of poor Children Apprentices, in addition to such Assent or Consent, Order or Allowance of Justices, as are now required by Law, such Justices or any One Justice are and is hereby authorized and required to examine and ascertain whether the Rules, Orders, or Regulations of the said Commissioners then in force for the binding of poor Children Apprentices have been complied with, and to certify the same at the Foot of every such Contract or Indenture and of the Counterpart thereof, in such Form and Manner as the said Commissioners by such Rules, Orders, or Regulations may direct, and until so certified no such Contract or Indenture of Apprenticeship shall be valid: Provided

nevertheless, that nothing in this Act, or in any Rule, Order, or Regulation of the said Commissioners, shall affect the Jurisdiction of any Justices of the Peace over any Master or Apprentice during the Period of Apprenticeship.

62. And be it further enacted, That it shall and may be lawful for the Rate-payers in any Parish, and such of the Owners of Property therein as shall, in manner hereinbefore mentioned, have required their Names to be entered in the Rate Books of such Parishes respectively as entitled to vote as Owners, assembled at a Meeting to be duly convened and held for the Purpose, after public Notice of the Time and Place of holding such Meeting, and the Purpose for which the same is intended to be held, shall have been given in like Manner as Notices of Vestry Meetings are published and given, to direct that such Sum or Sums of Money, not exceeding Half the average yearly Rate for the three preceding Years, as the said Owners and Rate-payers so assembled at such Meeting may think proper, shall be raised or borrowed as a Fund, or in aid of any Fund or Contribution for defraying the Expences of the Emigration of poor Persons having Settlements in such Parish, and willing to emigrate, to be paid out of or charged upon the Rates raised or to be raised for the Relief of the Poor in such Parish, and to be applied under and according to such Rules, Orders, and Regulations as the said Commissioners Shall in that Behalf direct: Provided always, that no such Direction for raising Money for such Purpose as aforesaid shall have any Force or Effect unless and until confirmed by the said Commissioners, and that the Time to be limited for the Repayment of any Sum so charged on such Rates as aforesaid shall in no Case exceed the Period of Five Years from the Time of borrowing the same: Provided also, that all Sums of Money so raised as last hereinbefore mentioned, and advanced by way of Loan, for the Purposes of Emigration, or such Proportion thereof as the said Commissioners shall by any Rule, Order, or Regulation from Time to Time direct, shall be recoverable against any such Person, being above the Age of Twenty-one Years, who or whose Family, or any Part thereof, having consented to emigrate, shall refuse to emigrate after such Expences shall have been so incurred, or having emigrated shall return, in such and the like Manner as is hereinbefore provided with respect to Relief, or the Cost Price of Relief, given or considered to be given by way of Loan to any Person, his Wife or Family.

63. And be it further enacted, That where it shall be

lawful, under the Provisions of any of the herein-recited Acts, or of any Local Act, or of this Act, to raise or borrow any Sum or Sums of Money for the Purpose of purchasing, building, altering, or enlarging any Workhouse or Workhouses in any Parish or Union, or for purchasing Land whereon to build the same, or for defraying the Expences of the Emigration of poor Persons having Settlements in any Parish, and being willing to emigrate, it shall be lawful for the Overseers or Guardians of such Parish or Union, with the Consent of the said Commissioners, to be testified under their Hands and Seal, to make Application for an Advance of any Sum necessary for any such Purposes to the Commissioners appointed under an Act made and passed in the Fifty-seventh Year of the Reign of His late Majesty King *George* the Third, intituled *An Act to authorize the Issue of Exchequer Bills, and the Advance of Money out of the Consolidated Fund to a limited Amount, for the carrying on of Public Works and Fisheries in the United Kingdom, and Employment of the Poor in Great Britain, in manner therein mentioned*, and of any Act or Acts passed for amending or continuing the same; and the said Exchequer Bill Loan Commissioners are hereby empowered to make such Advances, upon any such Application as aforesaid, upon the Security of the Rates for the Relief of the Poor in such Parish or Union, and without requiring any further or other Security than a Charge on such Rates.

64. And be it further enacted, That from and after the passing of this Act no Settlement shall be acquired by Hiring and Service, or by Residence under the same, or by serving an Office.

65. And be it further enacted, That no Person under any Contract of Hiring, and Service not completed at the Time of the passing of this Act shall acquire, or be deemed or adjudged to have acquired, any Settlement by reason of such Hiring and Service, or of any Residence under the same.

66. And be it further enacted, That from and after the passing of this Act no Settlement shall be acquired or completed by occupying a Tenement, unless the Person occupying the same shall have been assessed to the Poor Rate, and shall have paid the same, in respect of such Tenement, for One Year.

67. And be it further enacted, That from and after the passing of this Act, no Settlement shall be acquired by being apprenticed in the Sea Service, or to a Householder exercising the Trade of the Seas, as a Fisherman or otherwise, nor by any Person now being such an Apprentice in respect of such Apprenticeship.

68. And be it further enacted, That no Person shall be deemed, adjudged, or taken to retain any Settlement, gained by virtue of any Possession of any Estate or Interest in any Parish, for any longer or further Time than such Person shall inhabit within Ten Miles thereof; and in case such Person shall cease to inhabit within such Distance, and thereafter become chargeable, such Person shall be liable to be removed to the Parish wherein previously to such Inhabitancy he may have been legally settled, or in case he may have subsequently to such Inhabitancy gained a legal Settlement in some other Parish, then to such other Parish.

69. And be it further enacted, That from and after the passing of this Act so much of any Act or Acts of Parliament as enables any single Woman to charge any Person with having gotten her with any Child of which she shall then be pregnant, or as renders any Person so charged liable to be apprehended or committed, or required to give Security, on any such Charge, or as enables the Mother of any Bastard Child or Children to charge or affiliate any such Child or Children on any Person as the reputed or putative Father thereof, or as enables any Overseer or Guardian to charge or make Complaint against any Person as such reputed or putative Father, and to require him to be charged with or contribute to the Expences attending the Birth, Sustentation, or Maintenance of any such Child or Children, or to be imprisoned or otherwise punished for not contributing thereto, or as in any way renders such reputed or putative Father liable to Punishment or Contribution as such, or as enables Churchwardens and Overseers, by the Order of any Two Justices of the Peace, confirmed by the Sessions, to take, seize, and dispose of the Goods and Chattels, or to receive the annual Rents or Profits of the Lands of any putative Father of Bastard Children, and so much of any such Act or Acts as renders an unmarried Woman with Child liable as such to be summoned, examined, or removed, or as renders the Mother of any Bastard liable as such to be imprisoned or otherwise punished, shall, so far as respects any Child which shall be likely to be born or shall be born a Bastard after the passing of this Act, or the Mother or putative Father of such Child, be and the same is hereby repealed.

70. And be it further enacted, That every Security given or Recognizance entered into by any Person or Persons, or his or their Surety, before the passing of this Act, to indemnify any Parish or Place as to any Child or Children likely to be born a Bastard or Bastards, whereof any single Woman shall be pregnant at

the Time of the passing of this Act, or to abide and perform such Order or Orders as might have been made touching such Child or Children, pursuant to an Act made and passed in the Eighteenth Year of the Reign of Her said late Majesty Queen *Elizabeth*, concerning Bastards begotten and born out of lawful Matrimony, shall be and the same are hereby declared null and void; and every Person who shall at the Time of the passing this Act be in Custody upon the Commitment of any Justice or Justices for not having given such Security or entered into such Recognizance shall be discharged (upon the Application of such Person) by any One of the Visiting Justices of the Gaol in which such Person shall be in Custody under any such Commitment.

71. And be it further enacted, That every Child which shall be born a Bastard after the passing of this Act shall have and follow the Settlement of the Mother of such Child until such Child shall attain the Age of Sixteen, or shall acquire a Settlement in its own Right, and such Mother, so long as she shall be unmarried or a Widow, shall be bound to maintain such Child as a Part of her Family until such Child shall attain the Age of Sixteen; and all Relief granted to such Child while under the Age of Sixteen shall be considered as granted to such Mother: Provided always, that such Liability of such Mother as aforesaid shall cease on the Marriage of such Child, if a Female.

72. And be it enacted, That when Any Child shall hereafter be born a Bastard, and shall by reason of the Inability of the Mother of such Child to provide for its Maintenance become chargeable to any Parish, the Overseers or Guardians of such Parish, or the Guardians of any Union in which such Parish may be situate, may, if they think proper, after diligent Inquiry as to the Father of such Child, apply to the next General Quarter Sessions of the Peace within the Jurisdiction of which such Parish or Union shall be situate, after such Child shall have become chargeable, for an Order upon the Person whom they shall charge with being the putative Father of such Child to reimburse such Parish or Union for its Maintenance and Support; and the Court to which such Application shall be made shall proceed to hear Evidence thereon, and if it shall be satisfied, after hearing both Parties, that the Person so charged is really and in Truth the Father of such Child, it shall make such Order upon such Person in that respect as to such Court shall appear to be just and reasonable under all the circumstances of the Case: Provided always, that no such Order shall be made unless the Evidence of the

Mother of such Bastard Child shall be corroborated in some material Particular by other Testimony to the Satisfaction of such Court: Provided also, that, such Order shall in no Case exceed the actual Expence incurred or to be incurred for the Maintenance and Support of such Bastard Child while so chargeable, and shall continue in force only until such Child shall attain the Age of Seven Years, if he shall so long live: Provided also, that no Part of the Monies paid by such putative Father in pursuance of such Order shall at any Time be paid to the Mother of such Bastard Child, nor in any way be applied to the Maintenance and Support of such Mother.

73. And be it enacted, That no such Application shall be heard at such Sessions unless Fourteen Days Notice shall have been given under the Hands of such Overseers or Guardians to the Person intended to be charged with *being* the Father of such Child of such intended Application; and in case there shall not, previously to such Sessions, have been sufficient Time to give such Notice, the hearing of such Application shall be deferred to the next ensuing General Quarter Sessions: Provided always, that whenever such Application shall be heard the Costs of the Maintenance of such Bastard Child shall, in case the Court shall think fit to make an Order thereon, be calculated from the Birth of such Bastard Child, if such Birth shall have taken place within Six Calendar Months previous to such Application being heard, but if such Birth shall have taken place more than Six Calendar Months previously to such Application being heard, then from the Day of the Commencement of Six Calendar Months next preceding the hearing of such Application: Provided also, that if upon the hearing of such Application the Court shall not think fit to make any Order thereon, it shall order and direct that the full Costs and Charges incurred by the Person so intended to be charged in resisting such Application shall be paid by such Overseers or Guardians.

74. And be it enacted, That if such Person so intended to be charged shall not appear by himself or his Attorney at the Time when such Application shall come on to be heard before such Court, according to such Notice, such Court shall nevertheless proceed to hear the same, unless such Overseers or Guardians shall produce an Agreement under the Hand of such Person to abide by such Order as such Court shall make thereon without the hearing of Evidence by such Court: Provided always, that such Court may, notwithstanding such Agreement, require that Evidence shall be given in

support of such Application, if it thinks fit, before such Order is made.

75. And be it enacted, That whenever such Overseers or Guardians shall have determined to make such Application as aforesaid it shall be lawful for One Justice of the Peace, at the Request of such Overseers or Guardians, to summon the Person so intended to be charged with being the Father of such Bastard Child to appear before him; and if such Justice shall be satisfied that such Person has any Intention to abscond or keep out of the way, in order to avoid the Consequences of such Application, such Justice may require such Person to enter into a Recognizance to appear and answer thereto, and in case such Person shall refuse or neglect to enter into such Recognizance, may commit such Person to the Gaol or House of Correction of the County, Riding, or Division within which such Parish shall be situate, until he shall enter into such Recognizance, or until such Application shall be heard.

76. And be it enacted, That if at any Time after the Expiration of One Calendar Month after an Order shall have been made in pursuance of such Application it shall appear to One Justice, upon the Oath of any One of such Overseers or Guardians, that the Payments directed to be made by such Order have not been made according thereto, and are in arrear, it shall be lawful for such Justice or any other Justice by Warrant under his Hand and Seal to cause such putative Father of such Bastard Child to be brought before Two Justices of the Peace; and in case such putative Father shall refuse or neglect to make Payment of such Sum of Money as shall appear to such Justices to be due from him under such Order, together with the Costs of Apprehension, it shall be lawful for such or any Two Justices to proceed to recover such Sum and Costs by Distress and Sale of the Goods and Chattels of such putative Father, or by attaching the Wages of such putative Father for the Recovery of such Sum; and Costs, in the same Manner as Wages may be attached under the Provisions of this Act.

77. And be it further enacted, That it shall not be lawful for any Person hereafter to be appointed in any Parish or Union to any Office concerned in the Administration of the Laws for the Relief of the Poor, or for any Person who after the Twenty-fifth Day of *March* One thousand eight hundred and thirty-five shall fill any such Office, to furnish or supply, for his own Profit or on his own Account, any Goods, Materials, or Provisions ordered to be given in Parochial Relief, or to furnish or supply any Goods, Materials, or Provisions

for or in respect of the Money ordered to be given in Parochial Relief to any Person in such Parish or Union; and every Person holding such Office shall, on Conviction before any Two Justices of the Peace, be subject to a Penalty of Five Pounds for such Offence, one Half of which Penalty shall be paid to the Informer, and the other Half in aid of the Poor Rates of such Parish or Union.

78. And be it further enacted, That all Sums of Money which shall be assessed by any Justices of the Peace on the Father, Grandfather, Mother, Grandmother, Child, or Children of any poor Person, for the Relief or Maintenance of such poor Person, under or by virtue of the Provisions of a certain Act passed in the Forty-third Year of the Reign of Her late Majesty Queen *Elizabeth*, intituled *An Act for the Relief of the Poor*, or of any Act to amend the same, or of this Act, and all Penalties and Forfeitures to which any Person so assessed by such Justices for such Relief or Maintenance shall be liable for any Default in paying the same by virtue of the Provisions of any of the said recited Acts or of this Act, shall be recoverable against every Person so assessed or charged in like Manner as Penalties and Forfeitures are recoverable under the Provisions of this Act.

79. And be it further enacted, That from and after the First Day of *November* One thousand eight hundred and thirty-four no poor Person shall be removed or removable, under any Order of Removal, from any Parish or Workhouse, by reason of his being chargeable to or relieved therein, until Twenty-one Days after a Notice in Writing of his being so chargeable or relieved, accompanied by a Copy or Counterpart of the Order of Removal of such Person, and by a Copy of the Examination upon which such Order was made, shall have been sent, by Post or otherwise, by the Overseers or Guardians of the Parish obtaining such Order, or any Three or more of such Guardians, to the Overseers of the Parish to whom such Order shall be directed: Provided always, that if such Overseers or Guardians as last aforesaid, or any Three or more of such Guardians, shall by Writing under their Hands agree to submit to such Order, and to receive such poor Person, it shall be lawful to remove such poor Person according to the Tenor of such Order, although the said Period of Twenty-one Days may not have elapsed: Provided also, that if Notice of Appeal against such Order of Removal shall be received by the Overseers or Guardians of the Parish from which such poor Person is directed in such Order to be removed within the said Period of Twenty-

one Days, it shall not be lawful to remove such poor Person until after the Time for prosecuting such Appeal shall have expired, or, in case such Appeal shall be duly prosecuted, until after the final Determination of such Appeal.

80. And be it enacted, That the Overseers or Guardians of the Parish giving such Notice of Appeal, or their Attorney, or any other Person authorized by them, shall, until such Appeal shall have been heard and decided, at all proper Times have free Access to such poor Person for the Purpose of examining him touching his Settlement; and in case it shall be necessary for the more effectual Examination of such Person that he should be taken out of the removing Parish, such Overseers or Guardians shall be permitted to remove him therefrom for the Time which may be necessary for that Purpose: Provided always, that the Expence of such Removal, and of his Maintenance during the same, shall be defrayed by the appellant Parish.

81. And be it further enacted, That after the First Day of *November* One thousand eight hundred and thirty-four, in every Case where Notice of Appeal against such Order shall be given, the Overseers or Guardians of the Parish appealing against such Order, or any Three or more of such Guardians, shall, with such Notice, or Fourteen Days at least before the first Day of the Sessions at which such Appeal is intended to be tried, send or deliver to the Overseers of the respondent Parish a Statement in Writing under their Hands of the Grounds of such Appeal; and it shall not be lawful for the Overseers of such appellant Parish to be heard in support of such Appeal unless such Notice and Statement shall have been so given as aforesaid: Provided always, that it shall not be lawful for the respondent or appellant Parish, on the hearing of any Appeal, to go into or give Evidence of any other Grounds of Removal, or of Appeal against any Order of Removal, than those set forth in such respective Order, Examination, or Statement as aforesaid.

82. And be it further enacted, That upon every such Appeal the Court before whom the same shall be brought shall and may, if they think fit, order and direct the Parish against which the same shall be decided to pay to the other such Costs and Charges as may to such Court appear just and reasonable, and shall certify the Amount thereof; and in case the Overseers of the Poor of the Parish liable to pay the same shall, upon Demand, and upon the Production of such Certificate, refuse or neglect to pay the same, the Amount thereof may be recovered from such Overseer in the same

Manner as any Penalties or Forfeitures are by this Act recoverable.

83. And be it further enacted, That if either of the Parties shall have included in the Order or Statement sent as hereinbefore directed any Grounds of Removal or of Appeal which shall in the Opinion of the Justices determining the Appeal be frivolous and vexatious, such Party shall be liable, at the Discretion of the said Justices, to pay the Whole or any Part of the Costs incurred by the other Party in disputing any such Grounds, such Costs to be recovered in the Manner herein-before directed as to the other Costs incurred by reason of such Appeal.

84. And be it further enacted, That the Parish to which any poor Person whose Settlement shall be in question at the Time of granting Relief shall be admitted or finally adjudged to belong shall be chargeable with and liable to pay the Cost and sixpence of the Relief and Maintenance of such poor Person, and such Cost and Expence may be recovered against such Parish in the same Manner as any Penalties or Forfeitures are by this Act recoverable: Provided always, that such Parish, if not the Parish granting such Relief, shall pay to the Parish by which such Relief shall be granted the Cost and Expence of such Relief and Maintenance from such Time only as Notice of such poor Person having become chargeable shall have been sent by such relieving Parish to the Parish to which such poor Person shall be so admitted or finally adjudged to belong: Provided always, that no Charges or Expences of Relief or Maintenance shall be recoverable under a suspended Order of Removal unless Notice of such Order of Removal, with a Copy of the same, and of the Examination upon which such Order was made, shall have been given within Ten Days of such Order being made to the Overseers of the Poor of the Parish to whom such Order is directed.

85. And be it enacted, That it shall be lawful for the said Commissioners and they are hereby empowered, from Time to Time as they may think fit, to require from all Persons in whom any Freehold, Copyhold, or Leasehold Estate, or any other Property or Funds belonging to any Parish, and held in Trust for or applicable to the Relief of the Poor, or which may be applied in diminution of the Poor Rate of such Parish, shall be vested, or who shall be in the Receipt of the Rents, Profits, or Income of any such Estate, Property, or Funds, a true and detailed Account in Writing of the Place where such Estate may be situate, or in what Mode or on what Security such other Property or Funds

may be invested, with such Details of the Rents, Profits, and Income thereof, and of the Appropriation of the same, and of all such other Particulars relating thereto, as the said Commissioners may direct and require; and such. Statement or a true Copy thereof shall, under the Regulations of the said Commissioners, be open for the Inspection of the Owners of Property and Rate-payers in such Parish: Provided always, that nothing hereinbefore contained shall apply to any Funds raised from Time to Time by the voluntary Contributions of the Inhabitants of any Parish.

86. And be it further enacted, That no Advertisement inserted by or under the Direction of the said Commissioners in the *London Gazette* or any Newspaper for the Purpose of carrying into effect any Provisions of this Act, nor any Mortgage, Bond, Instrument, or any Assignment thereof, given by way of Security, in pursuance of the Rules, Orders, or Regulations of the said Commissioners, and conformable thereto, nor any Contract or Agreement, or Appointment of any Officer, made or entered into in pursuance of such Rules, Orders, or Regulations, and conformable thereto, nor any other Instrument made in pursuance of this Act, nor the Appointment of any paid Officer engaged in the Administration. of the Laws for the Relief of the Poor, or In the Management or Collection of the Poor Rate, shall be charged or chargeable with any Stamp Duty whatever.

87. And whereas by an Act passed in the Twenty-second Year of the Reign of King *George* the Third, intituled *An Act for the better Relief and Employment of the Poor*, the Visitor and Guardian of the Poor of any Parish, Township, or Place which shall adopt the Provisions of the said recited Act are authorized thereby to borrow Money at Interest, for the Purposes mentioned in the said Act, and to secure such Money by a Charge upon the Poor's Rates of such Parish, Township, or Place, in Sums not exceeding Fifty Pounds each, in a certain Form contained in the Schedule to the said Act, or to that or to the like Effect, and which Security is directed and allowed to be assigned by Indorsement on the Back thereof, in a certain Form also contained in the said Schedule, or to that or the like Effect: And whereas Doubts have arisen touching the Liability of such Securities as aforesaid, and the Assignments or Transfers thereof, to Stamp Duty, and it is expedient to remove the same; be it therefore enacted and declared, That no Bond or other Security at any Time heretofore or to be at any Time hereafter made or entered into in pursuance of the said recited Act, nor any Assignment

or Transfer thereof, shall be charged or chargeable with, or be deemed to be or to have been subject or liable to, any Stamp Duty whatsoever; any thing in any Act contained to the contrary thereof notwithstanding.

88. And be it further enacted, That the said Commissioners shall and may receive and send by the General Post, from and to Places within the United Kingdom, all Letters and Packets relating solely and exclusively to the Execution of this Act, free from the Duty of Postage, provided that such Letters and Packets as shall be sent to the said Commissioners be directed to the "Poor Law Commissioners" at their Office in *London*, and that all such Letters and Packets as shall be sent by the said Commissioners shall be in Covers, with the Words "Office of Poor Law Commissioners, pursuant to Act of Parliament passed in the Fifth Year of the Reign of His Majesty King *William* the Fourth," printed on the same, and be signed on the Outside thereof, under such Words, with the Name of such Person as the said Commissioners, with the Consent of the Lords Commissioners of the Treasury, or any Three or more of them, shall authorize and appoint, in his own Handwriting, (such Name to be from Time to Time transmitted to the Secretaries of the General Post Office in *London* and *Dublin*,) and be sealed with the Seal of the said Commissioners, and under such other Regulations and Restrictions as the said Lords Commissioners, or any Three or more of them, shall think proper and direct; and the Person so to be authorized is hereby strictly forbidden so to subscribe or seal any Letter or Packet whatever, except such only concerning which he shall receive the special Direction of his superior Officer, or which he shall himself know to relate solely and exclusively to the Execution of this Act; and if the Person so to be authorized, or any other Person, shall send, or cause or permit to be sent, under any such Cover, any Letter, Paper, or Writing, or any Enclosure, other than what shall relate to the Execution of this Act, every Person so offending shall forfeit and pay the Sum of One hundred Pounds, and be dismissed from his Office; one Moiety of the said Penalty to the Use of His Majesty, His Heirs and Successors, and the other Moiety to the Use of the Person who shall inform or sue for the same, to be sued for and recovered in any of His Majesty's Courts of Record at *Westminster* for Offences committed in *England*, and in any of His Majesty's Courts of Record in *Dublin* for Offences committed in *Ireland*, and before the Sheriff or Stewartry Court of the Shire or Stewartry within which the Party offending shall reside, or the Offence shall be

committed, for Offences committed in *Scotland*; and if any Letter, Paper, or Writing, or other Enclosure, shall be sent under Cover to the said Commissioners, the same not relating solely and exclusively to the Execution of this Act, they are hereby strictly required and enjoined to transmit the same forthwith to the Secretary of the Post Office in *London*, with the Covers under which the same shall be sent, in order that the Contents thereof may be charged with the full Rates of Postage.

89. And be it further enacted, That all Payments, Charges, and Allowances made by any Overseer or Guardian, and charged upon the Rates for the Relief of the Poor, contrary to the Provisions of this Act, or at variance with any Rule, Order, or Regulation of the said Commissioners made under the Authority of this Act, shall be and the same are hereby declared to be illegal, any Law, Custom, or Usage to the contrary notwithstanding; and every Justice of the Peace is hereby required to disallow as illegal and unfounded all Payments, Charges, or Allowances contrary to the Provisions of this Act, or to any such Rule, Order, or Regulation of the said commissioners, which shall be contained in any Account of any Overseer of the Poor or Guardian which shall be presented for the Purpose of being passed or allowed: Provided always, that no Allowance by any Justice shall exonerate or discharge such Overseer or Guardian from any Penalty or legal Proceeding to which he may have rendered himself liable by having acted contrary to the Rules, Orders, and Regulations of the said Commissioners, or to the Provisions of this Act.

90. And be it further enacted, That the leaving of any Summons authorized to be issued by any Commissioner, Assistant Commissioner, or Justice of the Peace, under this Act, at the usual or last known Place of Abode of the Party to whom such Summons shall be directed, shall in every Case be deemed good and sufficient Service of such Summons

91. And be it further enacted, That so much of an Act made and passed in the Sixth Year of the Reign of His late Majesty King *George* the Fourth, intituled *An Act to repeal the Duties payable in respect (if the Spirits distilled in England, and of Licences for distilling, rectifying, or compounding such Spirits, and for the Sale of Spirits, and to impose other Duties in lieu thereof and to provide other Regulations for the Collection of the said Duties, and for the Sale of Spirits, and for the warehousing of such Spirits without Payment of Duty for Exportation*, as provides that if any

Master or Officer of any workhouse shall sell, use, lend, or give away, or knowingly permit or suffer any Spirits to be sold, used, lent, or given away, in any such Workhouse, or brought into the same, other than and except such Spirits as shall be prescribed or given by the Prescription and Direction of a Physician, Surgeon, or Apothecary, and to be supplied in pursuance of such Prescriptions from the Shop of some Apothecary, every such Master or such other Officer shall for every such Offence forfeit One hundred Pounds, and for the Second like Offence lose his Office; and so much of the said last-mentioned Act as provides that no Person shall carry or bring, or attempt to endeavour to carry or bring, any Spirits, except to be used in the way of Medicine, into any Workhouse, under the Pain of being imprisoned for every such Offence for any Time not exceeding Three Months; and also so much of the said last-mentioned Act as provides that every Master and chief Officer of every Workhouse shall procure One or more Copy or Copies of the Clauses in the said Act mentioned to be printed or fairly written and hung up in one of the most public Places in the Workhouse, and renew the same from Time to Time, so that it may be always kept fair and legible on pain of forfeiting the Sum of Ten Pounds for every wilful Default; or as enables any Justice of the Peace to demand a Sight of such Copy so hung: up in some public Place, to convict such Master or Officer of such Default; shall be and the same is hereby repealed.

92. And be it further enacted, That if any Person shall carry, bring, or introduce, or attempt or endeavour to carry, bring, or introduce, into any Workhouse now or hereafter to be established, any spirituous or fermented Liquor without the Order in Writing of the Master of such Workhouse, it shall be lawful for the Master of such Workhouse, or any Officer of the same acting under his Direction, to apprehend or cause to be apprehended such Offender, and to carry him or her before a Justice of the Peace, who is hereby empowered to hear and determine such Offence in a summary Way; and upon Conviction thereof the Party so offending shall forfeit and pay any Sum of Money not exceeding Ten Pounds for every such Offence, as such Justice may direct; and in default of Payment of the Penalty hereby imposed such Justice may and is hereby required to commit such Offender to the Common Gaol or House of Correction for the District in which such Workhouse shall be situate for any Space of Time not exceeding Two Calendar Months, unless such Penalty shall be sooner paid.

93. And be it further enacted, That if any Master of a Workhouse shall order any spirituous or fermented Liquor to be carried, brought, or introduced into any Workhouse, except for the domestic Use of himself or of any Officer of the said Workhouse, or their respective Families, or except by and under the written Authority of the Surgeon of such Workhouse, or of any Justice visiting the same, or of the Guardians of such Workhouse, or in conformity with any Rules, Orders, or Regulations of the said Commissioners; or if any such Master or any other Officer of any Workhouse shall carry, bring, or introduce into such Workhouse, or sell, use, lend, or give away therein, or knowingly permit or suffer to be carried, brought, or introduced, or sold, used, lent, or given away therein, any spirituous or fermented Liquor, contrary to the Rules, Orders, and Regulations of the said Commissioners; or shall punish with any corporal Punishment any adult Person in such Workhouse, or confine any such Person for any Offence or Misbehaviour for any longer Space of Time than Twenty-four Hours, or such further Space of Time as may be necessary in order to have such Person carried before a Justice of the Peace; or shall in any way abuse or ill-treat, or be guilty of any other Misbehaviour, or otherwise misconduct himself towards or with respect to any poor Person in such Workhouse; every such Master or Officer of a Workhouse so offending shall for every such Offence, upon the Complaint of the Overseers or Guardians of the Parish or Union to which such Workhouse shall belong, or of any such poor Person, and upon Conviction of such offence before any Two Justices, forfeit and pay such Sum of Money, not being more than Twenty Pounds, as such Justices may direct; and in default of Payment of the Penalty hereby imposed such Justices may and are hereby required to commit such Offender to the Common Gaol or House of Correction for the District in which such Workhouse shall be situate for any Space of Time not exceeding Six Calendar Months, unless such Penalty shall be sooner paid: Provided always, that if at the Time when any such Master or Officer of a Workhouse shall be so convicted of any such Offence there shall be due to him any Sum of Money or Salary in respect of his Employment as such Master or Officer of such Workhouse, or upon any Balance of Account from the Overseers or Guardians of the Parish or Union to which such Workhouse shall belong, it shall be lawful for such Justices, upon the Application of such Overseers or Guardians, by Order in Writing under their Hand to direct that such Sum of Money, Salary, or Balance, so far as the same

shall extend, or a sufficient Part thereof, shall be retained and applied for the Use of such Parish or Union by such Overseers or Guardians, in payment or part Payment of any such Penalty; and such Order shall be a good and valid Discharge to such Overseers or Guardians for so much Money as may by such Order be directed to be so retained and applied against the Claim or Demand of the Master or other Officer of such Workhouse in respect of any such Sum of Money, Salary, or Balance.

94. And be it further enacted, That the Master of every Workhouse shall cause One or more Copy or Copies of the Two preceding Clauses to be printed or fairly written, and hung up in One of the most public Places of such Workhouse, and renew the same from Time to Time, so that it be always kept fair and legible, on pain of forfeiting the Sum of Ten Pounds for every wilful Default.

95. And be it further enacted, That in case any Overseer, Assistant Overseer, Master of a Workhouse, or other Officer of any Parish or Union, shall wilfully disobey the legal and reasonable Orders of such Justices and Guardians in carrying the Rules, Orders, and Regulations of the said Commissioners or Assistant Commissioners, or the Provisions of this Act, into execution, every such Offender shall, upon Conviction before any Two Justices, forfeit and pay for every such Offence any Sum not exceeding Five Pounds.

96. Provided always, and be it further enacted, That no Overseer shall from henceforth be liable to any Prosecution or Penalty for not carrying into execution any illegal Order of such Justices or Guardians, any Law or Statute to the contrary notwithstanding.

97. And be it further enacted, That if any Overseer, Assistant Overseer, Master of a Workhouse, or other paid Officer, or any other Person employed by or under the Authority of the said Guardians, shall purloin, embezzle, or wilfully waste or misapply any of the Monies, Goods, or Chattels belonging to any Parish or Union, every such Offender shall, besides and in addition to such Pains and Penalties as such Person so offending shall, independently of this Act, be liable to, upon Conviction before any Two Justices, forfeit and pay for every such Offence any Sum not exceeding Twenty Pounds, and also Treble the Amount or Value of such Money, Goods, or Chattels so purloined, embezzled, wasted, or misapplied; and every Person so convicted shall be for ever thereafter incapable of serving any Office under the Provisions of this or any other Act in relation to the Relief of the Poor.

98. And be it further enacted, That in case any Person shall wilfully neglect or disobey any of the Rules, Orders, or Regulations of the said Commissioners or Assistant Commissioners, or be guilty of any Contempt of the said Commissioners sitting as a Board, such Person shall, upon Conviction before any Two Justices, forfeit and pay for the First Offence any Sum not exceeding Five Pounds, for the Second Offence any Sum not exceeding Twenty Pounds nor less than Five Pounds, and in the Event of such Person being convicted a Third Time, such Third and every subsequent Offence shall be deemed a Misdemeanor, and such Offender shall be liable to be indicted for the same Offence, and shall on Conviction pay such Fine, not being less than Twenty Pounds, and suffer such Imprisonment, with or without hard Labour, as may be awarded against him by the Court by or before which he shall be tried and convicted.

99. And be it further enacted, That all Penalties and Forfeitures by this Act inflicted or authorized to be imposed for any Offence against the same shall, upon Proof and Conviction of the Offences respectively before any Two Justices, either by the Confession of the Party offending, or by the Oath of any credible Witness or Witnesses, (which Oath such Justices are in every Case hereby fully authorized to administer,) or upon Order made as aforesaid, be levied, together with the Costs attending the Information, Summons, and Conviction, by Distress and Sale of the Goods and Chattels of the Offender or Person liable or ordered to pay the same respectively, by Warrant under the Hands of the Justices before whom the Party may have been convicted, or, on Proof of such Conviction, by a Warrant under the Hands of any Two Justices acting for the County, Riding, or Division (which Warrant such Justices are hereby empowered and required to grant); and the Overplus (if any), after such Penalties and Forfeitures, and the Charges of such Distress and Sale, are deducted, shall be returned, upon Demand, unto the Owner or Owners of such Goods and Chattels; and in case such Fines, Penalties, and Forfeitures shall not be forthwith paid upon Conviction, then it shall be lawful for such Justices as aforesaid to order the Offender or Offenders so convicted to be detained. and kept in safe Custody until Return can be conveniently made to such Warrant of Distress, unless the Offender or Offenders shall give sufficient Security, to the Satisfaction of such Justices as aforesaid, for his or their Appearance before such Justices on such Day or Days as shall be appointed for the Return of such Warrant of Distress,

such Day or Days not being more than Seven Days from the Time of taking any such Security, and which Security the said Justices as aforesaid are hereby empowered to take by way of Recognizance or otherwise; but if upon the Return of such: Warrant it shall appear that no sufficient Distress can be had thereupon, then it shall be lawful for any such Justices as aforesaid, as the Case may be, and they are hereby authorized and required, by Warrant or Warrants under their Hands, to cause such Offender or Offenders to be committed to the Common Gaol or House of Correction of the County, Riding, or Place where the Offender shall be or reside, there to remain; without Bail or Mainprize, for any Term not exceeding Three Calendar Months, unless such Penalties and Forfeitures, and all reasonable Charges attending the same, shall be sooner paid and satisfied; and the Penalties and Forfeitures; when so levied, shall be paid to or for the Use of the Parish or Union where such Offence shall have been committed, to be applied in aid of the Poor Rate of such Parish or Union.

100. And be it further enacted, That no Owner of Property, Rate-payer or Inhabitant of ally Parish or Union shall be deemed an incompetent Witness in any Proceeding for the Recovery of any Penalty or Forfeiture inflicted or imposed for any Offence against this Act, notwithstanding such Penalty or Forfeiture, when recovered, shall be applicable in aid of the Poor Rate of such Parish or Union.

101. And be it further enacted, That in all Cases in which any Penalty or Forfeiture is recoverable before the Justices of the Peace under this Act it shall and may be lawful for any Commissioner or Assistant Commissioner, or any Justice, to whom Complaint in Writing shall be made of any such Offence, to summon the Party complained against to appear before any Two Justices, and on such Summons the said Two Justices may hear and determine the Matter of such Complaint, and on Proof of the Offence convict the Offender, and adjudge him to pay the Penalty or Forfeiture incurred, and proceed to recover the same.

102. And be it further enacted, That where any Distress shall be made for any Sum of Money to be levied by virtue of this Act the Distress itself shall not be deemed unlawful, nor the Party making the same be deemed a Trespasser, on account of any Default or Want of Form in any Proceedings relating thereto, nor shall the Party distraining be deemed a Trespasser *ab initio* on account of any Irregularity which shall afterwards happen in making the Distress, but the Person

aggrieved by such Irregularity may recover full Satisfaction for the special Damage in an Action on the Case: Provided always, that no Plaintiff shall recover in any Action for any Irregularity, Trespass, or wrongful Proceedings, if Tender of sufficient Amends shall be made, by or on behalf of the Party who shall have committed or caused to be committed any such Irregularity, Trespass, or wrongful Proceedings, before such Action shall have been brought; and in case no such Tender shall have been made it shall and may be lawful for the Defendant in any such Action, by Leave of the Court where such Action shall depend, at any Time before Issue joined, to pay into Court such Sum of Money as he shall see fit, whereupon such Proceedings, or Orders and Judgment, shall be had, made, and given in and by such Court as in other Actions where the Defendant is allowed to pay Money into Court.

103. Provided also, and be it further enacted, That if any Person or Persons shall find himself, herself, or themselves aggrieved by any Order or Conviction of any Justice or Justices, where such Person or Persons shall be convicted in any Penalty or Penalties exceeding Five Pounds, or if any Person shall find himself aggrieved by any Order made under the Provisions of this Act on such Person as the putative Father of any Bastard Child, it shall be lawful for such Person or Persons to appeal to any General or Quarter Sessions of the Peace to be held in and for the County, Riding, or Division in which such Order shall have been made or Conviction taken place within Four Calendar Months next after the Cause of Complaint shall have arisen, or if such Sessions shall be held before the Expiration of One Calendar Month next after such Cause of Complaint, then such Appeal shall be made to the next following Sessions, either of which Court of Sessions is hereby empowered to hear and finally determine the Matter of the said Appeal, and to make such Order therein as to them shall seem meet; which Order shall be final and conclusive to and upon all Parties; provided that the Person or Persons so appealing shall give or cause to be given at least Fourteen Days Notice in Writing of his, her, or their Intention of appealing as aforesaid, and of the Matter or Cause thereof, to the Respondent or Respondents, and within Five Days after such Notice shall enter into a Recognizance before some Justice of the Peace, with sufficient Securities, conditioned to try such Appeal at the then next General Sessions or Quarter Sessions of the Peace which shall first happen, and to abide the Order of and pay such Costs as shall be awarded by the Justices at such Quar-

ter Sessions, or any Adjournment thereof; and such Justices, upon hearing and finally determining such Matter of Appeal, shall and may, according to their Discretion, award such Costs to the Party appealing or appealed against as they shall think proper; and their Determination in or concerning the Premises shall be conclusive and binding on all Parties to all Intents and Purposes whatsoever.

104. And be it further enacted, That no Action or Suit shall be commenced against any Commissioner, Assistant Commissioner, or any other Person for any thing done in pursuance of or under the Authority of this Act, until Twenty-one Days Notice has been given thereof in Writing to the Party or Person against whom such Action is intended to be brought, nor after sufficient Satisfaction or Tender thereof shall have been made to the Party aggrieved, nor after Three Calendar Months next after the Act committed for which such Action or Suit shall be so brought; and every such Action shall be brought, laid, and tried where the Cause of Action shall have arisen, and not in any other County or Place; and the Defendant in such Action or Suit may plead the General Issue, and give this Act and any special Matter in Evidence at any Trial which shall be had thereupon; and if the Matter or Thing shall appear to have been done under or by virtue of this Act, or if it shall appear that such Action or Suit was brought before Twenty-one Days Notice thereof given as aforesaid, or that sufficient Satisfaction was made or tendered as aforesaid, or if any Action or Suit shall not be commenced within the Time before limited, or shall be laid in any other County than as aforesaid, then the Jury shall find a Verdict for the Defendant therein; and if a Verdict shall be found for such Defendant, or if the Plaintiff in such Action or Suit shall become Nonsuit, or suffer a Discontinuance of such Action, or if, upon any Demurrer in such Action, Judgment shall be given for the Defendant therein, then and in any of the Cases aforesaid such Defendant shall have Costs, Charges, and Expences as between Attorney and Client, and shall have such Remedy for recovering the same as any Defendant may have for his or her Costs in any other Case by Law.

105. And be it further enacted, That no Rule, Order, or Regulation of the said Commissioners or Assistant Commissioners, or any of them, shall be removed or removeable by Writ of Certiorari into any Court of Record, except His Majesty's Court of King's Bench at *Westminster*; and that every Rule, Order, or Regulation which shall be removed by Writ of Certiorari into the said Court of King's Bench shall nevertheless, unless

and until the same shall be declared illegal by that Court, continue in full force and virtue, and be obeyed, performed, and enforced, in such and the same Manner, and by such and the same Ways and Means, and as if the same had not been so removed.

106. And be it further enacted, That no Application shall be made for any Writ of Certiorari for the Removal of any such Rule, Order, or Regulation, except to the Judges when sitting in the said Court, nor unless Notice in Writing shall have been left at the Office of the said Commissioners at least Ten Days previous to such Application being made, and in which Notice shall be set forth the Name and Description of the Party by or on behalf of whom and the Day on which it is intended to make such Application, together with a Statement of the Grounds thereof; and thereupon it shall be lawful for the said Commissioners to show Cause in the first Instance against such Application, and the Court may, if it shall so think fit, forthwith proceed to hear and determine the same upon the Grounds set forth in such Notice.

107. And be it further enacted, That previous to any Writ of Certiorari being issued the Party or Parties applying for the same shall enter into a Recognizance, with sufficient Sureties, before One of His Majesty's Justices of the Court of King's Bench, or before a Justice of the Peace of the County or Place in which such Person shall reside, in the Sum of Fifty Pounds, with Condition to prosecute the same, at his or their Costs and Charges, with Effect, without any wilful or affected Delay, and in default thereof or in the Event of such Rule, Order, or Regulation being deemed legal, to pay the said Commissioners their full Costs, Charges, and Expences, to be taxed according to the Course of the said Court of King's Bench; and if the said Rule, Order, or Regulation, so removed by the said Writ of Certiorari into the said Court of King's Bench, shall be declared legal by the said Court, the Commissioners entitled to such Costs, within Ten Days after Demand made of the Person or Persons who ought to pay the said Costs, upon Oath made of the making such Demand and Refusal of Payment thereof, may recover the same in the same Manner as any Penalties and Forfeitures are recoverable under this Act.

108. And be it further enacted, That if upon the Hearing of the Application the Court shall order a Writ of Certiorari to issue for bringing up any such Rule, Order, or Regulation, and the same, being brought into Court, shall be quashed as illegal, the said Commissioners shall forthwith notify the Judgment of the Court to all Unions,

Parishes, or Places to which such Rule, Order, or Regulation shall have been directed, and the same shall from the Time of receiving such Notice respectively be deemed and taken to be null and void to all Intents and Purposes whatsoever: Provided that such Judgment shall not have the Effect of annulling any Contracts made in pursuance or upon the Authority of any such Rule, Order, or Regulation which at the Receipt of such Notice respectively shall have been executed by either of the contracting Parties: provided also, that no Person shall be liable to be prosecuted, either by Indictment or by Civil Action, for or in respect of any Act done by him before the Receipt, of such Notice, under the Authority and in pursuance of such Rule, Order, or Regulation.

109. And be it further enacted, That in the Construction of this Act the Word "Auditor" shall be construed to mean and include every Person, other than Justices of the Peace acting in virtue of their Office, appointed or empowered to audit, control, examine, allow, or disallow the Accounts of any Guardian, Overseer, or Vestrymen, relating to the Receipt or Expenditure of the Poor Rate; the Words "General Rule" shall be construed to mean any Rule relating to the Management of the Poor or to the Execution of this Act which shall at the Time of issuing the same be addressed by the said Commissioners to more than One Union, or to more Parishes or Places than One not forming a Union, or not to be formed into or added to a Union under or by virtue of such Rule; the Word "Guardian" shall be construed to mean and include any Visitor, Governor, Director, Manager, Acting Guardian, Vestryman, or other Officer in a Parish or Union, appointed or entitled to act as a Manager of the Poor, and in the Distribution or ordering of the Relief to the Poor from the Poor Rate, under any General or Local Act of Parliament; the Words "Justice or Justices of the Peace" shall be construed to include Justices of the Peace of any County, Division of a County, Riding, Borough, Liberty, Division of a Liberty, Precinct, County of a City, County of a Town, Cinque Port, or Town Corporate, unless where otherwise provided by this Act; the Word "Oath" shall be construed to include the Affirmation of a Quaker, Separatist, or Moravian; the Words "Orders and Regulations" shall be construed to mean and include any Rule, Order, Regulation, or Bye Law relating to the Management or Relief of the Poor, or the Execution of this Act, which at the Time of issuing the same shall be addressed, directed, or applied to any One Parish or Union, or to any Number of Parishes which have been or by virtue of any Order shall be constituted a Union or added to a Union; the

Word "Officer" shall be construed to extend to any Clergyman, Schoolmaster, Person duly licensed to practise as a Medical Man, Vestry Clerk, Treasurer, Collector, Assistant Overseer, Governor, Master or Mistress of a Workhouse, or any other Person who shall be employed in any Parish or Union in carrying this Act or the Laws for the Relief of the Poor into execution, and whether performing One or more of the above-mentioned Functions; the Word "Overseer" shall be construed to mean and include Overseers of the Poor, Churchwardens, so far as they are authorized or required by Law to act in the Management or Relief of the Poor, or in the Collection or Distribution of the Poor Rate, Assistant Overseer, or any other subordinate Officer, whether paid or unpaid, in any Parish or Union, who shall be employed therein in carrying this Act or the Laws for the Relief of the Poor into execution; the Word "Owner" shall be construed to include any Person for the Time being in the actual Occupation of any Property, rateable to the Relief of the Poor, and not let to him at Rack Rent, or any Person receiving the Rack Rent of any such Property, either on his own Account or as Mortgagee or other Incumbrancer in possession; and the Words "Rack Rent" shall be construed to mean any Rent which shall not be less than Two Thirds of the full improved net annual Value of any Property; the Word "Parish" shall be construed to include any Parish, City, Borough, Town, Township, Liberty, Precinct, Vill, Village, Hamlet, Tithing, Chapelry, or any other Place, or Division or District of a Place, maintaining its own Poor, whether parochial or extra-parochial; the Word "Person" shall be construed to include any Body Politic, Corporate, or Collegiate, Aggregate or Sole, as well as any Individual; the Word "Poor" shall be construed to include any Pauper or poor or indigent Person applying for or receiving Relief from the Poor Rate in *England* or *Wales*, or chargeable thereto; the Words "Poor Law," or "Laws for the Relief of the Poor," shall be construed to include every Act of Parliament for the Time being in force for the Relief or Management of the Poor, or relating to the Execution of the same, or the Administration of such Relief; the Words "Poor Rate" shall be construed to include any Rate, Rate in Aid, Mulct, Cess, Assessment, Collection, Levy, Ley, Subscription, or Contribution raised, assessed, imposed, levied, collected, or disbursed for the Relief of the Poor in any Parish or Union; that the Words "General Quarter Sessions" shall extend to and be construed to include General or Quarter, Sessions, or Adjournment thereof for any County, Division of a County, Riding, Borough, Liberty, Division of a Liberty,

Precinct, County of a City, City, County of a Town, Cinque Port, or Town Corporate, unless where otherwise provided by this Act; the Word “Union” shall be construed to include any Number of Parishes united for any Purpose whatever under the Provisions of this Act, or incorporated under the said Act made and passed in the Twenty-second Year of His late Majesty King George the Third, intituled *An Act for the better Relief and Employment of the Poor*; or incorporated for the Relief or Maintenance of the poor under any Local Act; the Words “united Workhouse” shall be construed to mean and include any Workhouse of a Union; the Word “Vestry” shall be construed to mean any open, customary, or Select Vestry, or any Meeting of Inhabitants convened by any Notice such as would have been required for the assembling of a Meeting in Vestry, at which Meeting any Business relating to the Poor or the Poor Rate shall be transacted or taken into consideration, so far as such Business is concerned; the Word “Workhouse” shall be construed to include any House in which the Poor of any Parish or Union shall be lodged and maintained, or any House or Building purchased, erected, hired, or used at the Expence of the Poor Rate, by any Parish, Vestry, Guardian, or Overseer, for the Reception, Employment, Classification, or Relief of any poor Person therein at the Expence of such Parish; and wherever in this Act, in describing any Person or Party, Matter or Thing, the Word importing the Singular Number or the Masculine Gender only is used, the same shall be understood to include and shall be applied to several Persons or Parties as well as one Person or Party, and Females as well as Males, and several Matters or Things as well as one Matter or Thing, respectively, unless there be something in the Subject or Context repugnant to such Construction.

110. And be it further enacted, That this Act may be altered, amended, or repealed in this present Session of Parliament.

Document 9: Mayhew, Henry. (1861–1862). *London Labour and the London Poor; A Cyclopædia of the Condition and Earnings of Those That Will Work, Those That Cannot Work, And Those That Will Not Work*

Henry Mayhew (1812–1887) was one of seventeen children of a wealthy London family.

Unable to find or sustain a suitable career, he moved to Paris and became part of a young literary circle that in 1841 founded *Punch* magazine. In 1849 he began researching and writing as series of articles on the poor of London for the *Morning Chronicle* newspaper. In 1850, he stopped writing the series but continued to write on the London poor until 1852. His work was collected and published in four volumes as *London Labour and the London Poor* in 1861 and 1862. Mayhew’s work was controversial and path-breaking in that he took an ethnographic approach in actually visiting the poor districts of London, interviewing the poor, and letting their own words tell their stories in his articles. He also followed a geographic approach in studying crime among the poor and in Volume IV published a series of maps showing the distribution of crimes. The following selections are from that volume, *Those That Will Not Work*.

See entries: Ethnography; Homelessness, Definitions and Estimates of; London; Media; Public Opinion; United Kingdom; Vagrancy

Introduction and Classification by Henry Mayhew

I enter upon this part of my subject with a deep sense of the misery, the vice, the ignorance, and the want that encompass us on every side—I enter upon it after much grave attention to the subject, observing closely, reflecting patiently, and generalizing cautiously upon the phenomena and causes of the vice and crime of this city—I enter upon it after a thoughtful study of the habits and character of the “outcast” class generally—I enter upon it, moreover, not only as forming an integral and most important part of the task I have imposed upon myself, but from a wish to divest the public mind of certain “idols” of the platform and conventicler—“idols” peculiar to our own time, and unknown to the great Father of the inductive philosophy—and “idols,” too, that appear to me greatly to obstruct a proper understanding of the subject. Further, I am led to believe that I can contribute some new facts concerning the physics and economy of vice and crime generally, that will not only make the solution of the social problem more easy to us, but, setting more plainly before us some of its latent causes, make us look with more pity and less anger on those who want the fortitude to resist their influence; and induce us, or at least the more earnest among us, to

apply ourselves steadfastly to the removal or alleviation of those social evils that appear to create so large a proportion of the vice and crime that we seek by punishment to prevent.

Such are the *ultimate* objects of my present labours: the result of them is given to the world with an earnest desire to better the condition of the wretched social outcasts of whom I have now to treat, and to contribute, if possible, my mite of good towards the common weal.

But though such be my ultimate object, let me here confess that my immediate aim is the elimination of the truth; without this, of course, all other principles must be sheer sentimentality—sentiments being, to my mind, opinions engendered by the feelings rather than the judgment. The attainment of the truth, then, will be my primary aim; but by the truth. I wish it to be understood, I mean something *more* than the bare facts. Facts, according to my ideas, are merely the elements of truths, and not the truths themselves; of all matters there are none so utterly useless by themselves as your mere matters of fact. A fact, so long as it remains an isolated fact, is a dull, dead, uninformed thing; no object nor event by itself can possibly give us any knowledge, we must compare it with some other, even to distinguish it; and it is the distinctive quality thus developed that constitutes the essence of a thing—that is to say, that point by which we cognize and recognize it when again presented to us. A fact must be assimilated with, or discriminated from, some other fact or facts, in order to be raised to the dignity of a truth, and made to convey the least knowledge to the mind. To say, for instance, that in the year 1850 there were 26,813 criminal offenders in England and Wales, is merely to oppress the brain with the record of a fact that, *per se*, is so much mental lumber. This is the very mummery of statistics; of what rational good can such information by itself be to any person? who can tell whether the number of offenders in that year be large or small, unless they compare it with the number of some other year, or in some other country? but to do this will require another fact, and even then this second fact can give us but little real knowledge. It may teach us, perhaps, that the past year was more or less criminal than some other year, or that the people of this country, in that year, were more or less disposed to the infraction of the laws than some other people abroad; still, what will all this avail us? If the year which we select to contrast criminally with that of 1850 be not itself compared with other years, how are we to know whether the num-

ber of criminals appertaining to it be above or below the average? or, in other words, how can the one be made a measure of the other?

To give the least mental value to facts, therefore, we must generalize them, that is to say, we must contemplate them in connection with other facts, and so discover their agreements and differences, their antecedents, concomitants, and consequences. It is true we may frame erroneous and defective theories in so going; we may believe things which are similar in appearance to be similar in their powers and properties also; we may distinguish between things having no real difference; we may mistake concomitant events for consequences; we may generalize with too few particulars, and hastily infer that to be common to all which is but the special attribute of a limited number; nevertheless, if theory may occasionally teach us wrongly, facts without theory or generalization cannot possibly teach us at all. What the process of digestion is to food, that of generalizing is to fact; for as it is by the assimilation of the substances we eat with the elements of our bodies that our limbs are enlarged and our whole frames strengthened, so is it by associating perception with perception in our brains that our intellect becomes at once expanded and invigorated. Contrary to the vulgar notion, theory, that is to say, theory in its true baconian sense, is not opposed to fact, but consists rather of a *large* collection of facts; it is not true of this or that thing alone, but of all things belonging to the same class—in a word, it consists not of *one* fact but an *infinity*. The theory of gravitation, for instance, expresses not only what occurs when a stone falls to the earth, but when every other body does the same thing; it expresses, moreover, what takes place in the revolution of the moon round our planet, and in the revolution of our planet and of all the other planets round the sun, and of all other suns round the centre of the universe; in fine, it is true not of one thing merely, but of every material object in the entire range of creation.

There are, of course, two methods of dealing philosophically with every subject—deductively and inductively. We may either proceed from principles to facts, or recede from facts to principles. The one explains, the other investigates; the former applies known general rules to the comprehension of particular phenomena, and the latter classifies the particular phenomena, so that we may ultimately come to comprehend their unknown general rules. The deductive method is the mode of *using* knowledge, and the inductive method the mode of *acquiring* it.

In a subject like the crime and vice of the metropolis, and the country in general, of which so little is known—of which there are so many facts, but so little comprehension—it is evident that we must seek by induction, that is to say, by a careful classification of the known phenomena, to render the matter more intelligible; in fine, we must, in order to arrive at a *comprehensive* knowledge of its antecedents, consequences, and concomitants, contemplate as large a number of facts as possible in as many different relations as the statistical records of the country will admit of our doing.

With this brief preamble I will proceed to treat generally of the class that will not work, and then particularly of that portion of them termed prostitutes. But, first, who are those that *will* work, and who those that *will not* work? This is the primary point to be evolved.

Of the Workers and Non-Workers

The essential quality of an animal is that it seeks its own living, whereas a vegetable has its living brought to it. An animal cannot stick its feet in the ground and suck up the inorganic elements of its body from the soil, nor drink in the organic elements from the atmosphere. The leaves of plants are not only their lungs but their stomachs. As *they* breathe they acquire food and strength, but as animals breathe *they* gradually waste away. The carbon which is *secreted* by the process of respiration in the vegetable is excreted by the very same process in the animal. Hence a fresh supply of *carbonaceous* matter must be sought after and obtained at frequent intervals, in order to repair the continual waste of animal life.

But in the act of seeking for substances fitted to replace that which is lost in respiration, nerves must be excited and muscles moved; and recent discoveries have shown that such excitation and motion are attended with decomposition of the organs in which they occur. Muscular action gives rise to the destruction of muscular tissue, nervous action to a change in the nervous matter; and this destruction and decomposition necessarily involve a fresh supply of *nitrogenous* matter, in order that the loss may be repaired.

Now a tree, being inactive, has little or no waste. All the food that it obtains goes to the invigoration of its frame; not one atom is destroyed in seeking more: but the essential condition of animal life is muscular action; the essential condition of muscular action is the destruction of muscular tissue; and the essential condition of the destruction of muscular tissue is a supply of food fit-

ted for the reformation of it, or—*death*. It is impossible for an animal—like a vegetable—to stand still and not destroy. If the limbs are not moving, the heart is beating, the lungs playing, the bosom heaving. Hence an animal, in order to continue its existence, must obtain its subsistence either by its own exertions or by those of others—in a word, it must be *autobious* or *allobious*.

The procuration of sustenance, then, is the necessary condition of animal life, and constitutes the sole apparent reason for the addition of the locomotive apparatus to the vegetative functions of sentient nature; but the faculties of comparison and volition have been further added to the animal nature of Man, in order to enable him, among other things, the better to gratify his wants—to give him such a mastery over the elements of material nature, that he may force the external world the more readily to contribute to his support. Hence the derangement of either one of those functions must degrade the human being—as regards his means of sustenance—to the level of the brute. If his intellect be impaired, and the faculty of perceiving “the fitness of things” be consequently lost to him—or, this being sound, if the power of moving his muscles in compliance with his will be sufficient—then the individual becomes no longer capable, like his fellows, of continuing his existence by his own exertions.

Hence, in every state, we have two extensive causes of allobiism, or living by the labour of others; the one intellectual, as in the case of lunatics and idiots, and the other physical, as in the case of the infirm, the crippled, and the maimed—the old and the young.

But a third, and a more extensive class, still remains to be particularized. The members of every community may be divided into the *energetic* and the *an-ergetic*; that is to say, into the hardworking and the non-working, the industrious and the indolent classes; the distinguishing characteristic of the *anergetic* being the extreme irksomeness of all labour to them, and their consequent indisposition to work for their subsistence. Now, in the circumstances above enumerated, we have three capital causes why, in every State, a certain portion of the community must derive their subsistence from the exertions of the rest; the first proceeds from some *physical* defect, as in the case of the old and the young, the super-annuated and the sub-annuated, the crippled and the maimed; the second from some *intellectual* defect, as in the case of lunatics and idiots; and the third from some *moral* defect, as in the case of the indolent, the vagrant, the professional mendicant, and the criminal. In all civilized countries, there will neces-

sarily be a greater or less number of human parasites living on the sustenance of their fellows. The industrious must labour to support the lazy, and the sane to keep the insane, and the able-bodied to maintain the infirm.

Still, to complete the social fabric, another class requires to be specified. As yet, regard has been paid only to those who must needs labour for their living, or who, in default of so doing, must prey on the proceeds of the industry of their more active or more stalwart brethren. There is, however, in all civilized society, a farther portion of the people distinct from either of those above mentioned, who, being already provided—no matter how—with a sufficient stock of sustenance, or what will exchange for such, have no occasion to toil for an additional supply.

Hence all society would appear to arrange itself into four different classes:—

- I. Those that Will Work.
- II. Those that Cannot Work.
- III. Those that Will Not Work.
- IV. Those that Need Not Work.

Under one or other section of this quadruple division, every member, not only of our community, but of every other civilized State, must necessarily be included; the rich, the poor, the industrious, the idle, the honest, the dishonest, the virtuous, and the vicious—each and all must be comprised therein.

Let me now proceed specially to treat of each of these classes—to distribute under one or other of these four categories the diverse modes of living peculiar to the members of our own community, and so to enunciate, for the first time, the natural history, as it were, of the industry and idleness of Great Britain in the nineteenth century.

It is no easy matter, however, to classify the different kinds of labour scientifically. To arrange the several varieties of work into “orders,” and to group the manifold species of arts under a few comprehensive genera—so that the mind may grasp the whole at one effort—is a task of a most perplexing character. Moreover, the first attempt to bring any number of diverse phenomena within the rules of logical division is not only a matter of considerable difficulty, but one, unfortunately, that is generally unsuccessful. It is impossible, however, to proceed with the present inquiry without making some attempt at systematic arrangement; for of all scientific processes, the classification of the various phenomena, in connection with a given subject, is perhaps the most important; indeed, if we consider that the

function of cognition is essentially *discriminative*, it is evident, that without distinguishing between one object and another, there can be no knowledge, nor, indeed, any perception. Even as the seizing of a particular difference causes the mind to *apprehend* the special character of an object, so does the discovery of the agreements and differences among the several phenomena of a subject enable the understanding to *comprehend* it. What the generalization of events is to the ascertainment of natural laws, the generalization of things is to the discovery of natural systems. But classification is no less dangerous than it is important to science; for in precisely the same proportion as a correct grouping of objects into genera and species, orders and varieties, expands and assists our understanding, so does any erroneous arrangement cripple and retard all true knowledge. The reduction of all external substances into four elements by the ancients—earth, air, fire, and water—perhaps did more to obstruct the progress of chemical science than even a prohibition of the study could have effected.

But the branches of industry are so multifarious, the divisions of labour so minutes and manifold, that it seems at first almost impossible to reduce them to any system. Moreover, the crude generalizations expressed in the names of several arts, render the subject still more perplexing.

Some kinds of workmen, for example, are called after the *articles they make*—as saddlers, hatters, boot-makers, dress-makers, breeches-makers, stay-makers, lace-makers, button-makers, gloves, cabinet-makers, artificial-flower-makers, ship-buildings, organ-builders, boat-builders, nailers, pin-makers, basket-makers, pump-makers, clock and watch makers, wheel-wrights, ship-wrights, and so forth.

Some operatives, on the other hand, take their names not from what they make, but from the *kind of work they perform*. Hence we have carvers, joiners, bricklayers, weavers, knitters, engravers, embroiderers, tanners, curriers, bleachers, thatchers, limeburners, glass-blowers, seamstresses, assayers, refiners, embossers, chasers, painters, paper-hangers, printers, book-binders, cab-drivers, fishermen, graziers, and so on.

Other artizans, again, are styled after the *materials upon which they work*, such as tinmen, jewellers, lapidaries, goldsmiths, braziers, plumbers, pewterers, glaziers, etc., etc.

And lastly, a few operatives are named after the *tools* they use; thus we have ploughmen, sawyers, and needlewomen.

But these divisions, it is evident, are as unscientific as they are arbitrary; nor would it be possible, by adopting such a classification, to arrive at any practical result.

Classification of the Workers and Non-Workers of Great Britain.

Those Who Will Work.

- I. Enrichers, as the Collectors, Extractors, or Producers of Exchangeable Commodities.
- II. Auxiliaries, as the Promoters of Production, or the Distributors of the Produce.
- III. Benefactors, or those who confer some permanent benefit, as Educators and Curators engaged in promoting the physical, intellectual, or spiritual well-being of the people.
- IV. Servitors, or those who render some temporary service, or pleasure, as Amusers, Protectors, and Servants.

Those Who Cannot Work.

- V. Those who are provided for by some public Institution, as the Inmates of workhouses, prisons, hospitals, asylums, almshouses, dormitories, and refuges.
- VI. Those who are unprovided for, and incapacitated for labour, either from want of power, from want of means, or from want of employment.

Those Who Will Not Work

- VII. Vagrants.
- VIII. Professional Beggars.
- IX. Cheats.
- X. Thieves.
- XI. Prostitutes.

Those Who Need Not Work.

- XII. Those who derive their income from rent.
- XIII. Those who derive their income from dividends.
- XIV. Those who derive their income from yearly stipends.
- XV. Those who derive their income from obsolete or nominal offices.
- XVI. Those who derive their income from trades in which they do not appear.
- XVII. Those who derive their income by favour from others.

XVIII. Those who derive their support from the head of the family.

Document 10: Riis, Jacob. (1890). How the Other Half Lives

Jacob Riis (1849–1914) was a Danish immigrant who settled in New York in 1870. Poor and unemployed, Riis experienced poverty and homeless and often slept in police station lodging houses. Once he secured work as a police reporter for the *New York Tribune* in 1877, he devoted his career to documenting the life of poor and communicating their situation to the public. Riis was one the first reformers to view the poor as victims rather than as the cause of their own poverty.

Riis was an innovative photographer as well as a reporter and in 1889 his illustrated report on poverty in the city was published in *Scribner's Magazine* and the following year as the book-length *How the Other Half Lives*. The book led to the closing of the worst of police lodging houses and became a classic in the study of poverty and the social reform movement. Riis studied, wrote about and lectured on the poor for the remainder of his life. His other publications include *Children of the Poor* (1892) and *The Battle with the Slum* (1902).

The extract that follows provides a description of the lodging facilities available to the poor in the late nineteenth century in New York City.

See entries: Bowery, The; New York City; Skid Row Culture and History

The Cheap Lodging-Houses

1. WHEN it comes to the question of numbers with this tramps' army, another factor of serious portent has to be taken into account: the cheap lodging-houses. In the caravan series that line Chatham Street and the Bowery, harboring nightly a population as large as that of many a thriving town, a home-made article of tramp and thief is turned out that is attracting the increasing attention of the police, and offers a field for the missionary's labors beside which most others seem of slight account. Within a year they have been stamped as nurseries of crime by the chief of the Secret Police, the sort of crime that feeds especially on idleness and lies ready to the

hand of fatal opportunity. In the same strain one of the justices on the police court bench sums up his long experience as a committing magistrate: "The ten-cent lodging-houses more than counterbalance the good done by the free reading-room, lectures, and all other agencies of reform. Such lodging-houses have caused more destitution, more beggary and crime than any other agency I know of." A very slight acquaintance with the subject is sufficient to convince the observer that neither authority overstates the fact. The two officials had reference, however, to two different grades of lodging-houses. The cost of a night's lodging makes the difference. There is a wider gap between the "hotel"—they are all hotels—that charges a quarter and the one that furnishes a bed for a dime than between the bridal suite and the every-day hall bedroom of the ordinary hostelry.

2. The metropolis is to lots of people like a lighted candle to the moth. It attracts them in swarms that come year after year with the vague idea that they can get along here if anywhere; that something is bound to turn up among so many. Nearly all are young men, unsettled in life, many—most of them, perhaps—fresh from good homes, beyond a doubt with honest hopes of getting a start in the city and making a way for themselves. Few of them have much money to waste while looking around, and the cheapness of the lodging offered is an object. Fewer still know anything about the city and its pitfalls. They have come in search of crowds, of "life," and they gravitate naturally to the Bowery, the great democratic highway of the city, where the twenty-five-cent lodging-houses take them in. In the alleged reading-rooms of these great barracks, that often have accommodations, such as they are, for two, three, and even four hundred guests, they encounter three distinct classes of associates: the great mass adventurers like themselves, waiting there for something to turn up; a much smaller class of respectable clerks or mechanics, who, too poor or too lonely to have a home of their own, live this way from year to year; and lastly the thief in search of recruits for his trade. The sights the young stranger sees, and the company he keeps, in the Bowery are not of a kind to strengthen any moral principle he may have brought away from home, and by the time his money is gone, with no work yet in sight, and he goes down a step, a long step, to the fifteen-cent lodging-house, he is ready for the tempter whom he finds waiting for him there, reinforced by the contingent of ex-convicts returning from the prisons after having served out their sen-

tences for robbery or theft. Then it is that the something he has been waiting for turns up. The police returns have the record of it. "In nine cases out of ten," says Inspector Byrnes, "he turns out a thief, or a burglar, if, indeed, he does not sooner or later become a murderer." As a matter of fact, some of the most atrocious of recent murders have been the result of schemes of robbery hatched in these houses, and so frequent and bold have become the depredations of the lodging-house thieves, that the authorities have been compelled to make a public demand for more effective laws that shall make them subject at all times to police regulation.

3. Inspector Byrnes observes that in the last two or three years at least four hundred young men have been arrested for petty crimes that originated in the lodging-houses, and that in many cases it was their first step in crime. He adds his testimony to the notorious fact that three-fourths of the young men called on to plead to generally petty offences in the courts are under twenty years of age, poorly clad, and without means. The bearing of the remark is obvious. One of the, to the police, well-known thieves who lived, when out of jail, at the Windsor, a well-known lodging-house in the Bowery, went to Johnstown after the flood and was shot and killed there while robbing the dead.

4. An idea of just how this particular scheme of corruption works, with an extra touch of infamy thrown in, may be gathered from the story of David Smith, the "New York Fagin," who was convicted and sent to prison last year through the instrumentality of the Society for the Prevention of Cruelty to Children. Here is the account from the Society's last report:

5. "The boy, Edward Mulhearn fourteen years old, had run away from his home in Jersey City, thinking he might find work and friends in New York. He may have been a trifle wild. He met Smith on the Bowery and recognized him as an acquaintance. When Smith offered him a supper and bed he was only too glad to accept. Smith led the boy to a vile lodging-house on the Bowery, where he introduced him to his 'pals' and swore he would make a man of him before he was a week older. Next day he took the unsuspecting Edward all over the Bowery and Grand Street, showed him the sights and drew his attention to the careless way the ladies carried their bags and purses and the easy thing it was to get them. He induced Edward to try his hand. Edward tried and won. He was richer by three dollars! It did seem easy. 'Of course it is,' said his companion. From that time Smith took the boy on a number of

thieving raids, but he never seemed to become adept enough to be trusted out of range of the 'Fagin's' watchful eye. When he went out alone he generally returned empty-handed. This did not suit Smith. It was then he conceived the idea of turning this little inferior thief into a superior beggar. He took the boy into his room and burned his arms with a hot iron. The boy screamed and entreated in vain. The merciless wretch pressed the iron deep into the tender flesh, and afterward applied acid to the raw wound.

6. "Thus prepared, with his arm inflamed, swollen, and painful, Edward was sent out every day by this fiend, who never let him out of his sight, and threatened to burn his arm off if he did not beg money enough. He was instructed to tell people the wound had been caused by acid falling upon his arm at the works. Edward was now too much under the man's influence to resist or disobey him. He begged hard and handed Smith the pennies faithfully. He received in return bad food and worse treatment."

7. The reckoning came when the wretch encountered the boy's father, in search of his child, in the Bowery, and fell under suspicion of knowing more than he pretended of the lad's whereabouts. He was found in his den with a half dozen of his chums revelling on the proceeds of the boy's begging for the day.

8. The twenty-five cent lodging-house keeps up the pretence of a bedroom, though the head-high partition enclosing a space just large enough to hold a cot and a chair and allow the man room to pull off his clothes is the shallowest of all pretenses. The fifteen-cent bed stands boldly forth without screen in a room full of bunks with sheets as yellow and blankets as foul. At the ten-cent level the locker for the sleeper's clothes disappears. There is no longer need of it. The tramp limit is reached, and there is nothing to lock up save, on general principles, the lodger. Usually the ten- and seven-cent lodgings are different grades of the same abomination. Some sort of an apology for a bed, with mattress and blanket, represents the aristocratic purchase of the tramp who, by a lucky stroke of beggary, has exchanged the chance of an empty box or ash-barrel for shelter on the quality floor of one of these "hotels." A strip of canvas, strung between rough timbers, without covering of any kind, does for the couch of the seven-cent lodger who prefers the questionable comfort of a red-hot stove close to his elbow to the revelry of the stale-beer dive. It is not the most secure perch in the world. Uneasy sleepers roll off at intervals,

but they have not far to fall to the next tier of bunks, and the commotion that ensues is speedily quieted by the boss and his club. On cold winter nights, when every bunk had its tenant, I have stood in such a lodging-room more than once, and listening to the snoring of the sleepers like the regular strokes of an engine, and the slow creaking of the beams under their restless weight, imagined myself on shipboard and experienced the very real nausea of sea-sickness. The one thing that did not favor the deception was the air; its character could not be mistaken.

9. The proprietor of one of these seven-cent houses was known to me as a man of reputed wealth and respectability. He "ran" three such establishments and made, it was said, \$8,000 a year clear profit on his investment. He lived in a handsome house quite near to the stylish precincts of Murray Hill, where the nature of his occupation was not suspected. A notice that was posted on the wall of the lodgers' room suggested at least an effort to maintain his up-town standing in the slums. It read: "No swearing or loud talking after nine o'clock." Before nine no exceptions were taken to the natural vulgarity of the place; but that was the limit.

10. There are no licensed lodging-houses known to me which charge less than seven cents for even such a bed as this canvas strip, though there are unlicensed ones enough where one may sleep on the floor for five cents a spot, or squat in a sheltered hallway for three. The police station lodging-house, where the soft side of a plank is the regulation couch, is next in order. The manner in which this police bed is "made up" is interesting in its simplicity. The loose planks that make the platform are simply turned over, and the job is done, with an occasional coat of whitewash thrown in to sweeten things. I know of only one easier way, but, so far as I am informed, it has never been introduced in this country. It used to be practised, if report spoke truly, in certain old-country towns. The "bed" was represented by clothes-lines stretched across the room upon which the sleepers hung by the arm-pits for a penny a night. In the morning the boss woke them up by simply untying the line at one end and letting it go with its load; a labor-saving device certainly, and highly successful in attaining the desired end.

11. According to the police figures, 4,974,025 separate lodgings were furnished last year by these dormitories between two and three hundred in number, and, adding the 147,634 lodgings furnished by the station-houses, the total of the homeless army was 5,121,659, an average of over fourteen thousand homeless men for

every night in the year! The health officers, professional optimists always in matters that trench upon their official jurisdiction, insist that the number is not quite so large as here given. But, apart from any slight discrepancy in the figures, the more important fact remains that last year's record of lodgers is an all round increase over the previous year's of over three hundred thousand, and that this has been the ratio of growth of the business during the last three years, the period of which Inspector Byrnes complains as turning out so many young criminals with the lodging-house stamp upon them. More than half of the lodging-houses are in the Bowery district, that is to say, the Fourth, Sixth, and Tenth Wards, and they harbor nearly three-fourths of their crowds. The calculation that more than nine thousand homeless young men lodge nightly along Chatham Street and the Bowery, between the City Hall and the Cooper Union, is probably not far out of the way. The City Missionary finds them there far less frequently than the thief in need of helpers. Appropriately enough, nearly one-fifth of all the pawn shops in the city and one-sixth of all the saloons are located here, while twenty-seven per cent of all the arrests on the police books have been credited to the district for the last two years.

12. About election time, especially in Presidential elections, the lodging-houses come out strong on the side of the political boss who has the biggest "barrel." The victory in political contests, in the three wards I have mentioned of all others, is distinctly to the general with the strongest battalions, and the lodging-houses are his favorite recruiting ground. The colonization of voters is an evil of the first magnitude, nonetheless because both parties smirch their hands with it, and for that reason next to hopeless. Honors are easy, where the two "machines," entrenched in their strongholds, outbid each other across the Bowery in open rivalry as to who shall commit the most flagrant frauds at the polls. Semi-occasionally a champion offender is caught and punished, as was, not long ago, the proprietor of one of the biggest Bowery lodging-houses. But such scenes are largely spectacular, if not prompted by some hidden motive of revenge that survives from the contest. Beyond a doubt Inspector Byrnes speaks by the card when he observes that "usually this work is done in the interest of some local political boss, who stands by the owner of the house, in case the latter gets into trouble." For standing by, read twisting the machinery of outraged justice so that its hand shall fall not too heavily upon the culprit, or miss him altogether. One of the

houses that achieved profitable notoriety in this way in many successive elections, a notorious tramps' resort in Houston Street, was lately given up, and has most appropriately been turned into a bar-factory, thus still contributing, though in a changed form, to the success of "the cause." It must be admitted that the black tramp who herds in the West Side "hotels" is more discriminating in this matter of electioneering than his white brother. He at least exhibits some real loyalty in invariably selling his vote to the Republican bidder for a dollar, while he charges the Democratic boss a dollar and a half. In view of the well-known facts, there is a good deal of force in the remark made by a friend of ballot reform during the recent struggle over that hotly contested issue, that real ballot reform will do more to knock out cheap lodging-houses than all the regulations of police and health officers together.

13. The experiment made by a well-known stove manufacturer a winter or two ago in the way of charity, might have thrown much desired light on the question of the number of tramps in the city, could it have been carried to a successful end. He opened a sort of breakfast shop for the idle and unemployed in the region of Washington Square, offering to all who had no money a cup of coffee and a roll for nothing. The first morning he had a dozen customers, the next about two hundred. The number kept growing until one morning, at the end of two weeks, found by actual count 2,014 shivering creatures in line waiting their turn for a seat at his tables. The shop was closed that day. It was one of the rare instances of too great a rush of custom wrecking a promising business, and the great problem remained unsolved.

Document 11: Booth, Charles. (1902–1904). *Life and Labour of the People in London*

Charles Booth (1840–1916) was a British businessman, politician and social reformer who from 1886 to 1903 organized and directed a major survey of the poor and working class in London. His method was the social survey interview conducted by trained assistants, several of whom went on to become leading citizens of Britain. Booth himself lived among the poor and with working families as a method of developing questions that accurately and fully addressed working class life. The statistical results of the

research are summarized in several multi-volume collections, one of which is the two-volume *Life and Labour of the People in London* published in 1902–1904 and extracted below. The richer survey notes and comments compiled by his researchers remain unpublished as part of the Booth collection held by the Archives Division of the British Library of Political and Economic Science (London School of Economics). Booth was less successful as a politician in initiating programs for the poor but did succeed in laying the groundwork for a universal old-age pension system.

Booth's survey was one of several conducted in Victorian England in the late nineteenth century. Mayhew's *London Labour and the London Poor* (Document 9) is of the same genre as is Higgs's *Glimpses into the Abyss* (Document 12), although a more limited scale and with a rural focus.

See entries: Ethnography; Homelessness, Definitions and Number of; London; Media; Public Opinion; United Kingdom; Vagrancy

Common Lodging Houses

In studying the picture of London poverty set forth in varied colours on the map, the eye readily notices those black spots which betoken a miserable combination of poverty, vice and crime. If a more minute acquaintance is made with these dark places it will be found that in not a few of them, houses exist for accommodating the poorer classes of Her Majesty's subjects, and known as "Registered Common Lodging-houses." These houses are under the control of the local authority, which in the Metropolis is the Commissioner of Police, and are subject to periodical inspection by officers appointed for the purpose. They *may* be visited by these officers at any hour of the day or night, and they exist under strict conditions as to the number of lodgers that may be received, as to propriety regarding the separation of the sexes; as to the proper furnishing of the rooms; as to cleanliness, ventilation and other sanitary arrangements. Would that these regulations were always rigidly enforced! Sick persons can, at the option of the "deputy" in charge, be removed to the hospital or infirmary, and it is comparatively rare that anyone dies in a common lodging-house. The keepers also may be required to report regarding beggars and vagrants, but this provision is of little avail, if indeed it is ever made use of; they are also forbidden, under severe penalties,

not always very effectual, to harbour thieves and such bad characters.

The provision to be found in the Metropolis for those who are "homeless"—or perhaps it would be more accurate to say, those who enjoy no family life—has a wide range. From the luxury of the West End residential club to the "fourpenny doss" of Bangor Street or Short's Gardens is but a matter of degree. The club loafer in Piccadilly or Hyde Park Corner, and the unkempt and ill-clad vagabond sleeping away the summer day on the grass of St. James's Park, are often influenced by much the same desire—to attain the advantages of the associated life without the cares of housekeeping—and the election which the one has to undergo to pass as a "clubbable" man finds its counterpart in the unwritten law which makes certain common lodging-houses accessible only to the "game 'uns."

A proportion of those who make their home in the common lodging-houses do so of necessity, driven thereto by poverty, the victims of misfortune, or of irregularity or slackness of work. But many others voluntarily adopt this method of life; amongst them are men earning good wages—artisans, for instance, from the Midlands or the North—who seek a temporary abode while fulfilling engagements to work for short periods at a distance from their family or friends. Some inhabit these houses partly of necessity and partly of choice, and there are some again who have a particular motive of their own which differs altogether from the pressure of poverty, those who find it convenient to be able to shift their quarters at short notice and to preserve a stricter *incognito* than would be compatible with ordinary family life—individuals, who, abandoning patronymic and Christian name, adopt a varying *soubriquet* suited to, or known by, the company they frequent—passing perhaps as "the Slasher" in St. Giles's while recognized only as "Sir Garnett" in the lodging-houses of Westminster.

According to the report of the Chief Commissioner of Police issued in 1998, there were 995 common lodging-houses registered in the Metropolis, or, if we include the 5 houses which are under separate jurisdiction in the City, there were in the whole of London exactly 1000 houses, with accommodation in all for 31,651 persons.

It must not be supposed that all these houses, though under the same law, are of the same type or character. Some houses, though registered, are not labeled as "lodging-houses" but go by the more euphonious name of "chambers;" and in those of a better class, are to be

found many young clerks and shop assistants who wish to husband their resources (instead of a wife), and so be able, as it is said, “to cut a dash” in some other direction.

Some of the houses even aspire to the appellation of “hotel” and only differ from an ordinary hotel in the fact that several young men will occupy the same bedroom. In such chambers and “hotels” the sitting-rooms and smoking-rooms are often fairly good and the furniture comfortable, while meals of a superior quality are provided for the “young gentlemen” at prices varying from 4*d* to 1*s*, or even more. Accommodation of this kind is to be found in the neighbourhood of the large railway stations about the Euston Road, and near some of the suburban junctions used by travelers wishing to live cheaply while spending a few days in town. Many coffee-houses too, are registered, and let a few beds in connection with their other trade, reputably or otherwise—too often otherwise.

There are also philanthropic institutions, such as servants’ homes—shelters where some payment is required—which are registered in order to comply with the law, and others which, by providing supper, bed and breakfast at a nominal charge, seek to draw together and bring under religious influence those who seem to need ministrations of all kinds, and who may be expected to listen more readily when warmed and fed. It is, however, not with any of these that we are here concerned. They have made use of the law, but it is not for their sake that the law exists.

Still, however, there is, among legitimate specimens, a considerable variety, the difference showing itself in the character of the occupants and being connected in a general way with the neighbourhood in which the houses are situated.

In parts of South London, for instance, many respectable single men who are employed in the large engineering works or elsewhere live permanently in this way. If they cannot live more cheaply, they have at any rate more independence and less responsibility than in ordinary lodgings. In East London, too, there are houses similarly occupied by dock labourers and warehouse porters in fairly regular employment. The difference in the character of these houses and their occupants in different localities is shown by the extent of their interconnection with pauperism, for while in certain unions the workhouse population is recruited largely from their inmates, in other districts, where also common lodging-houses are found, little or no such connection is to be traced. But the variation is still more marked if the houses are considered individually, and the more scat-

tered they lie the more the individuality asserts itself, so that in a general way it may be said that where they are found in groups they mostly display those characteristics which we now propose to describe.

Our study of the facts applies mainly to the following groups of common lodging-houses:

| | |
|----------------|---|
| Central London | about 80 Houses in St. Giles’s and the Strand |
| East London | about 150 Houses in Whitechapel |
| South London | about 65 Houses in Southwark |
| West London | about 25 Houses in Westminster |
| West London | about 55 Houses in Notting Hill |

and applies in greatest detail to the Central London section, as will be seen further on.

In houses, such as we are concerned with, the kitchen is the common living room and provides the attraction of free social intercourse. A bright coke fire is kept burning day and night for cooking and general use. The furniture of this room, strong and of the roughest description, consists of a long table occupying the center of the room, with wooden benches on either side, and perhaps a few common chairs in addition. The cooking apparatus provided is of the simplest kind. A few frying-pans or gridirons serve in turn to prepare for table, herring, saveloy, rashers, steak, or other form of food belonging to a succession of guests. The quality or quantity of such food betokens as often reckless extravagance as extreme poverty, while the limited number of cooking utensils is used a source of discord. Of crockery there is next to none; a few old jam pots will often be the only provision for tea or coffee. Tin teapots are usually provided, but smaller articles, such as cutlery, are too portable to be used in common, and clasp knives will be produced from the pocket; spoons are not always thought of, and we have ample illustration of the fact that fingers were made before forks, whilst an old newspaper will often supply the want of a plate. Seated on and around the tables are to be seen groups of men engaged in games of chance or skill with dice or cards of an ancient appearance, or in recounting anecdotes and experiences too often ill-fitted for polite ears, varied with song, dance, and discussion—political or theological—while beer, gin, and tobacco abound. As the evening wears on, or morning approaches, the occupants drop off one by one to the sleeping rooms. These are usually, though not always, well-ventilated and contain rows of small iron bedsteads, arranged as

in hospital wards, only closer together, the number in each room being carefully adapted to the cubic space required by law. The bedsteads are provided with mattress, rug or blanket, and sometimes also with sheets, which are changed once a week. Somewhere around the premises, oftenest in an outside shed, there is a supply of water, washing tubs, and towels for general use, and other conveniences are generally adequate. For the class of houses we are describing, the prices vary from *3d* to *6d* a night, the most usual charge being *4d*. To each applicant for a night's lodging are given two numbers, one the number of his bed and the other of the room. Payment is required in advance, but some credit will be given to well-known customers who can be trusted to pay as circumstances permit. Weekly payment secures a reduction, equal usually to be one night or "Sunday free." Any person able to pay can obtain a night's lodging, no question is asked, and names are not taken. A man may lodge for years in a house and only be known to the landlord of his "deputy" by the number of the bed he occupies or a nickname given by the other lodgers. The landlord undertakes no responsibility for the safety of a lodger's clothing or other property, unless specially deposited with him, and anything brought to the house is at the owner's risk. A man must be very sharp to remain long in such places without being the victim of some petty theft, and it sometimes happens that people are robbed of all their clothing while asleep in bed.

All classes of the poor, from A through B and C to D and E, that is, from the disorderly non-industrial classes upwards through the casually and irregularly employed to those in receipt of constant pay, are to be found in these houses; but there can be no doubt that class A, the non-industrial and disorderly, predominates, and that classes B, C, D, and E, will each in turn account for a decreasing proportion.

In the large group of common lodging-houses which we find in St. Clement's, Notting Hill, a considerable number of the inmates belong to classes B and C, and appear to earn a precarious living by hawking flowers, both cut and in pots, in the wealthy district of South Kensington, and by haymaking, fruit and hop-picking, while a still larger number, undoubtedly of class A, gain a livelihood by begging or levying blackmail as best they can in such localities as Queen's Gate, Gloucester Road, and Cromwell Road. They prowl about the richer squares or terraces, and round the stations of the District Railway Company, and too easily impose on the soft-hearted by glib tales of woe. In this group, and still more

in that belonging to Westminster, are to be found discharged soldiers, as to whom more will be said in the next chapter. It would seem that they are mostly to be found in those houses which have for keeper or deputy a man who has also been in the service. Taking the group of houses which exist in St. Giles and round Covent Garden Market, we find that many of those who inhabit them are casual porters or labourers about the market, or small hawkers of fruit and flowers, while proximity to the theatres and advertising establishments makes these houses a convenient home for "Sandwich men" earning *1s* or *1s 2d* a day, or for those finding employment as theatrical "supers" at *1s 6d* a night. There are also many chances of picking up sixpence or a shilling by finding carriages or calling cabs, which tend to make the neighbourhood of the Strand attractive to the denizens of the common lodging-house. In the Whitechapel district many porters and dock labourers would seem to reside permanently in these houses, which, there as elsewhere, are the resort of the most brutal of their class. The houses in Southwark do not seem to show any particular features; their character is certainly no better.

While there are among the inhabitants of these houses many who never do an honest day's work of any kind, but live by gambling, thieving, or fraud, spending their lives alternately in the common lodging-house and the gaol, there are also a considerable number who excite our utmost pity—poor "derelicts of humanity" who, from sheer inability, whether mental or bodily, cannot work, or if they attempt to work are worse than useless. These would seem to spend their lives interchangeably between the common lodging-house, the night shelter, the casual ward, and the workhouse.

Herein we find the connection between the inmates of common lodging-houses and the pauper class, a connection not to be wondered at. But the extent of this connection is remarkable. The books of the relieving officer in a Central London Union show that out of 1518 persons admitted to the workhouse during the first nine months of 1889, no less than 746 came direct from common lodging-houses, only 16 came from houses where lodgers are taken in but which are not registered, 296 from casual wards as homeless persons, and only 460 from private houses. A similar examination of the books of an East End Union during four months ending February 18th, 1890, shows that out of 2654 persons, 1073 were from common lodging-houses; and in a West End Union, out of 1065 admitted, 616 came directly from these houses.

The common lodging-houses for females only would appear to be almost entirely occupied by women of the lowest class—thieves, prostitutes, and beggars, with a very small proportion of casual earners such as crossing-sweepers, basket-hawkers, charwomen, and, in the Notting Hill district, washerwomen. With regard to the houses for “married couples” the less said the better—there may be exceptions, but for the most part they are simply houses of accommodation, and a source of contamination and degradation to the districts in which they are to be found; only to be tolerated in so far as, or so long as, their suppression might encourage still worse developments and exhibitions of vice. In considering the worst of the common lodging-houses, it must not be forgotten that the streets of “furnished apartments” provide a still lower depth, and that any shelter vice may seek is better than that open depravity of the streets, of which we frequently have such fearful revelations.

In common lodging-houses social distinctions are recognized and even rigidly adhered to. The class divisions in this lowest society follow much the same lines as are to be found in the world outside. Though bearing all alike the stamp of poverty and suffering, the one as often as the other under the misfortune of detected crime, a man of education or literary attainments will hold himself far above the casual labourer or handicraftsman, and a broken-down clerk or shop-assistant would hesitate to frequent the company of common beggars.

Among the better educated section of the class, the employment of addressing envelopes and circulars affords a means of living. This is the only form of employment carried on in the common lodging-houses (unless indeed the lucrative occupation of begging-letter writing, of which there is no end, be dignified with the name of employment), and a large number of men, amounting to some hundreds, are to be found in some of the better houses in St. Giles’s and Whitechapel, thus engaged. By applying to one of the several large firms of envelope addressers, any man of sufficient education who presents a fairly respectable appearance can, as occasion serves, obtain his share of the work. A list of addresses is handed to him with a corresponding number of envelopes or wrappers. These are taken to the writing room provided at some of the better-class houses and there addressed. The pay is usually 3s per 1000; but under a process of competition, following the accustomed methods of “sweating,” this rate may, when work is slack, be reduced to 2s 6d or even 2s. This employment, as may be supposed, is irregular and pre-

carious, being most active at election times. When pressure occurs the work may continue all night.

The keepers of the low-class common lodging-houses can only be said to match the occupants. They, or rather their deputies, are too often men and women of the lowest grade whose ideas or morality and conduct are exceedingly elastic—nor is this to be wondered at, for any householder can register his house as a common lodging-house provided he complies with the statutory regulations. The certificate of character which may be demanded, signed by three inhabitant householders of the parish, is not difficult to obtain and is obviously of little value. Moreover it does not touch, except indirectly, upon the character of the deputy, the man with whom in most cases the actual management rests.

Reform in respect of the conditions under which these houses are registered is much needed, and it is to be desired that the provisions of the Statutes with regard to harbouring thieves or reputed thieves, and the exercise of surveillance over known tramps and vagrants, could be more uniformly and firmly enforced, as also the regulations against overcrowding. Such reform should be in the direction of a more efficient and careful selection of those who are registered as keepers, and should be extended to their deputies. Provision, too, should be made on the plan adopted in Glasgow, and in some model common lodging-houses in London, for the presence of “warders,” or responsible persons to maintain order and decency at night, or when the houses are crowded. Especial regard also should be had to construction and means of exit. Many of these houses are existing side by side with one another or in close contiguity; and ample facilities exist for communication between them at the backs, or in some instances, certainly not long since, even if they no longer exist, by underground passages. If any individuals “wanted” by the police, word is rapidly passed from house to house, and it is a simple matter to elude pursuit. A rabbit tracked through the intricate windings of his “bury” has less chance of escape from a ferret, than a criminal from the hands of an officer of justice, when once he has found refuge in certain streets where these houses lie thick.

It will have been seen that the St. Giles’s district of Central London is one of the principal centers of common lodging-house life, and during the last four years the St. Giles’s Charity Organization Committee have had under consideration no less than 255 cases of people frequenting them; 157 of the number were actually living in these houses at the same, and either applied for

assistance on their own initiative or were sent by charitable people and invited to tell their story. The remaining 98, who nearly all admitted that they had habitually lived in common lodging-houses, were selected from St. Giles's casual ward as, *prima facie*, capable of being assisted. This took place immediately after the Trafalgar Square excitement (of which the story is told in the next chapter), when the current chances of charitable relief seem to have attracted into the casual wards many of the class usually inhabiting common lodging-houses. Though facts regarding people of this description are exceedingly hard to ascertain with any degree of accuracy, the notes of cases recorded in the office of the committee make it possible to give some particulars of them, and they present a sad picture of misery and hopelessness, of vice and inability. Much trouble and pains were expended in trying to obtain the fullest information, as well as endeavoring to raise those who appeared capable of being helped to a condition of independence. Some refused to give information of any sort, others gave an inaccurate or false account of themselves, but some freely disclosed the true story of their lives. They were all asked to give names and addresses of references—former employers, friends, relatives, or anyone who might be able to give aid or information as to the past. Here, again, some refused or gave false references, whilst others genuinely complied. An analysis of the results will throw some light on the condition of the class generally:

Of the whole number (255) 41 refused to give any account of themselves or did not accept the invitation to come to the office; 34, after giving a certain amount of information, disappeared; 11 gave false references; 76 could give no reference, or such as they gave proved worthless; and only in 93 cases was any information at all valuable or trustworthy to be obtained. Of these 93, so far as information by reference went, 58 had previously borne a good character, while that of the remainder was doubtful or bad. Of those who had borne a good character, 28 owed their miserable position entirely to bodily infirmity; 14 had sunk into it for no apparent reason—they were simply “rolling stones;” while with regard to the rest want of energy and faults of temper accounted for the position of some, leaving only a very small minority of cases where slackness of work in the particular trade followed could be justly reckoned as the cause. Indeed, very few even alleged slackness or want of work as a cause of their distress until this became the question of the day in connection with the Trafalgar Square disturbance. Of 35 bad or doubtful characters as

to whom information was obtained, 9 were drunkards, 2 were thieves, and 1 woman was notoriously vicious. The 128 who refused inquiry, disappeared, or gave false references, must, we fear, most of them be added to the total of those whose antecedents would not bear investigation, making 197 out of 255.

Of those who gave false references or refused to give any, the information obtained was derived from their own statements, some of which were no doubt worthy of credit, while others contained no more truth than it suited the narrator to furnish, but whatever reliance is to be placed on the statements made, they may be summarized for what they are worth, and may be of some value as far as they relate to matters as to which there could be little object in deceit:

In 235 cases the people stated that they were

| | |
|---------------|-----|
| Married men | 28 |
| Single men | 148 |
| Widowers | 30 |
| Married women | 7 |
| Single women | 8 |
| Widows | 14 |

It will be seen that here is no family life.

Out of 228 cases, in which the ages varied from 14 to 66, there were

| | |
|-------------------|-----|
| Under 25 | 41 |
| Between 25 and 40 | 104 |
| Between 40 and 60 | 74 |
| Over 60 | 9 |
| [Total] | 228 |

These figures, too, tell their story. Old people seldom remain to live this life. Before old age is reached the workhouse or infirmary draws a veil over the closing scene, for these unhappy victims of crime, vice, infirmity or misfortune.

Including some of those whose failure in life was not attributable to bad character, there were in all 204 persons, whose condition might perhaps be accounted for, as follows:

| | |
|---|----|
| Confirmed loafing habits by preference | 35 |
| Failure in trade-irregularity of employment | 50 |
| Extravagance or improvidence of those who had been originally quite well off | 9 |
| Drink | 40 |
| Physical infirmity | 39 |

| | |
|--|-----|
| Mental incapacity, inability to learn | 6 |
| Uncontrollable temper | 2 |
| Thieves and confirmed beggars | 19 |
| Young people deserted by their relations | 3 |
| Lunatic | 1 |
| [Total] | 204 |

A prevailing characteristic of most was the love of drink, but this was, with but little doubt, engendered as often as not by the unhappy circumstances of their surroundings, and it would hardly be fair to state it as a primary cause of failure, except in the 40 cases where it was distinctly ascertained. In only 40 cases was it considered expedient to offer assistance, and it is doubtful if one-third of these have received any permanent benefit.

If such as these are not chosen from the best of those who inhabit common lodging-houses, neither do they fully represent the worst or most hopeless cases, for criminals seek aid by more direct means, and those whose cases will not bear investigation soon learn the uselessness of any application, and pass the word to their friends that “it’s no use telling lies to the like of them, they’re sure to find you out.”

On the whole, it must be said that the typical inhabitants of an ordinary common lodging-house belong to the lowest scale of humanity. Happily their numbers are small compared to the whole population, but that they have recently increased seems undeniable, and a fact which raises serious questions. The increase was very marked in 1888–9, and the police returns lately issued show a still further increase.

It is noteworthy that the multiplication of this unsatisfactory class in London has been accompanied by an increase in that form of charity which supplies free food and shelter without discrimination. To say that this class is brought into existence by unwise or ill-regulated charity would be too much. The roots undoubtedly lie deeper, and more complicated causes are involved. But that such charity concentrates and aggravates the evil who can doubt?

Homeless Men

The homeless class, whether casual workers or vagrants, seem to have been the source of as much anxiety to our forefathers as to ourselves. There are in every generation those who, without any other special defect of character, have a roving disposition and a general distaste for a quiet regular life or regular employment, be it brain work

or manual labour. Though at the outset, not necessarily either lazy or at all worthless, such men apt to drift into idle ways. The good intentions which may cause them to work, even vehemently, for a time, will not suffice to maintain that life of steady, unbroken, laborious routine which is demanded of those who would succeed. Failure is dubbed bad luck, habits of idleness follow in natural course, and at last these men become industrially, if not morally, worthless. In every generation, too, we find the race of “sturdy vagabonds and valiant beggars” ready to beg, borrow, and perhaps steal, rather than to work for their livelihood. These two classes, with the addition of those who from illness, infirmity, age, incompetence or misfortune, are thrown out of employment, are the sources whence homeless men are drawn.

These men, of whom there are always a large number in London, with some women and a few children, are closely associated with the dwellers in common lodging-houses and occasionally sojourn there, or elsewhere in the poorest quarters of the Metropolis, when their funds permit this escape from the cold comfort of the embankment or the parks, the shelter of an archway, or hospitality of some open staircase, or from the regulations of night refuse and casual ward. They are not hopeful subjects; not easy to raise out of this existence when they have once settled down to it.

Our ancestors took a severe view of vagrants of this description, and their presence doubtless at times threatened to become a serious social danger. In the reigns of the Tudors the desire to put an end to the vagrant difficulty is attested by the passing of Act after Act; the Tudor efforts culminating in the famous 43rd Elizabeth, reported to owe the outlines of its plan to the genius of Lord Bacon. But even his interference can hardly be said to have done much, and succeeding generations continued to legislate; planning, hoping and failing with depressing regularity. It is note-worthy how each in turn imagined that the fresh laws enacted would entirely suppress the evils at which they were aimed. Nevertheless, the evils still remain. By the formation of casual wards in 1864–5 it was no doubt hoped that the dream of the Poor Law Commissioners of 1834 would be at last fulfilled and that “the assurance that no one need perish from want would repress the vagrant and mendicant by disarming them of their weapon—the plea of impending starvation.” How remote is the realization of this dream needs no telling.

The numbers of those resorting to casual wards apparently varies in different districts according to the terms of relief—the period of enforced detention, the task of work, or the convenience or inconvenience of the

hours of discharge—all of which depend to some extent upon the decision of the local officials.

The dread of the unknown made the bath formerly a terror to the sturdiest vagabond; now familiarity has produced liking rather than contempt. In winter, the bath, which is heated to the taste of the bather, is appreciated for its warmth, in summer for its cleansing properties. Skilly, too, is an attraction in the cold weather. Skilly for breakfast and supper, and the bath on admission, are now universal in the casual wards of London; though there are many other points in which the regulations vary. Oakum picking is usually preferred by the casual to stone breaking, the associated wards to the cellular system, and the experienced vagrant will wend his way to the places where he expects pea soup for dinner rather than to those wards in which bread and cheese constitute the bill of fare. Beggars will ever be choosers if they can. If in any district the casual ward regulations are exceptionally strict, they are thought to bear hardly upon the unfortunate and deserving, and a demand arises for a kinder *regime* such a philanthropic refuges and night shelters usually provide. With free lodgings and, perhaps, a good hunch of bread, to which in some cases may be added whatever else by way of food the man can bring in, with few questions asked, and with the hope of further charitable assistance, it is not surprising that some of the refugees should present no statistics beyond the report “we are always full.” “What, do work for my breakfast! No, thank you! I can get it without that,” exclaimed a sturdy vagabond who applied for money to get a night’s lodging, and to whom the casual ward had been suggested. He had professed to have come up from the country to London to look for work. It can scarcely be denied that considerable inducement is offered to a very worthless class to come where so much provision is made for them, while even those disposed to work are tempted to return regularly to London as to a parent’s roof after any temporary job elsewhere. For instance, there was the case of a man who had been in a refuge in London, and from there had obtained work in Wales. This job finished, instead of seeking fresh work in the country, or finding none to his hand, he came straight back to London, spending on his fare a large part of his earnings, and applied for re-admission at the refuge; while another, an emigrant to Australia, falling out of work there, contrived to return, and straightway repaired to the refuge which had sent him out.

What manner of men are they to whom the night refuge, or casual ward, opens its doors? Let us test them by sample. From September 1888, to September 1889,

286 homeless men came before the St. James’s Committee of the Charity Organization Society, sent chiefly from the Ham Yard Hospice—a refuge under careful management, where the rule is adopted of insisting upon investigation in every case. It is not an “average sample drawn from the bulk,” but itself a selection of the better material to be found amongst this class. The regulations of any refuge become known; those who shrink from investigation, or who simply do not care to waste their time by going where nothing is to be got, keep away. Amongst those who do come, some refuse from the first to give any information, and so drop out of the list, while others decline to submit to the preliminary conditions. Nor is the information, and so drop out of the list, while others decline to submit to the preliminary conditions. Nor is the information obtained about these naturally selected cases, either complete or altogether trustworthy. It must be taken for whatever its value may be. Willingness to submit to investigation is not always the *prima facie* evidence in a man’s favour which it is often imagined to be, as men will often give references well knowing them to be false or unsatisfactory; they take their chance. Nor is refusal to answer questions in every instance as adverse a sign as might appear—a fact which only adds to the confusion. Another difficulty is looseness about names, not necessarily with intent to mislead, but obviously very misleading.

Such as it is, here is the information in regard to these 286 men:

As to Character.

| | |
|-----------------------|-----|
| Good character | 60 |
| Indifferent or fair | 146 |
| None, doubtful or bad | 80 |

Among those accounted bad, drink or gambling will be in most cases the *causa malorum*. On the whole, considering how hard it is for “an empty sack to stand upright,” and how apt character is to wither under investigation, these figures seem rather favourable and so far as they go indicate that these unfortunate men may possibly have been, at the outset, no worse morally than those who succeed.

As to Employment.

| | |
|--|-----|
| Claiming some profession or trade | 50 |
| Skilled labourers or artisans | 95 |
| Unskilled labourers | 130 |
| No particulars (except that of these, three were just out of prison) | 11 |

It is not easy to draw any very definite conclusions from such data, but the large proportion claiming a profession or trade (by trade is here meant buying and selling) is remarkable, and may perhaps be taken to support the view that want of mental capacity or of steadiness of character are the ruling causes of misfortune, for where most of anything is demanded there will the lack of it be most seriously felt.

As to Age.

| | |
|---------------------|-----|
| From 20 to 25 years | 55 |
| From 25 to 40 | 138 |
| From 40 to 60 | 74 |
| Over 60 | 5 |
| No age given | 14 |

The limit of age at the Hospice was sixty, which accounts for the small number over this age. Little reliance can usually be placed on statements of age, but, beyond the desire of a man who was otherwise ineligible to pass himself as below sixty, there seems no reason for falsification, and the large proportion of these men in the vigorous years of life is notable. The explanation probably lies in the extent to which this class, as it ages, settles down to workhouse life.

As to Marriage.

| | |
|----------------|-----|
| Single | 191 |
| Married | 60 |
| No particulars | 35 |

Though marriage is undoubtedly to some extent connected with success, it is too much to suppose that these figures are correct. The proportion of those who are not and never have been married is unreasonable. It seems that married men in trouble will very often deny wife and children for the time.

As to Birthplace.

| | |
|------------------------|-----|
| Londoners | 62 |
| Other parts of England | 134 |
| Scotch | 17 |
| Irish | 18 |
| Continental Foreigners | 15 |
| Americans | 5 |
| Indian or West Indies | 7 |
| No particulars | 28 |

Homeless men are naturally wanderers. The proportion of Londoners shown here is possibly above what

might ordinarily be expected in night refuges; many being at the time attracted from the regular population of the common lodging-houses into night shelters or the casual wards by exceptional chances of becoming in this way eligible for other forms of charitable relief.

Figures such as these are not enough in themselves to take us very far, but to anyone who has tried to help men of this class to find work and so retrieve their position, they suggest a good deal, and some general conclusions may be reached.

There are doubtless some good working men found on tramp who only need the opportunity of work to do well, but such individuals usually can and do "put themselves to labour" and trouble no one. Of those who fail to do this there are some—there may perhaps be many—who are respectable and willing to work, but lacking energy and "backbone," can neither "go" nor "stay," neither get work nor keep it; and on such the habit of a vagrant life grows. These can be helped by the strong hand of true friendship, but not I believe in any other way. Here is an instance: A man out of the St. Giles's casual ward was assisted to obtain work at a carriage builder's. For eighteen months it was never known when he took his wages on Saturday, whether he would come to work again on the Monday, and it was only by the unwearied efforts of a fellow-workman, through whose aid the work had been found, that he was induced to stick to his place. The man has literally been "dragged up" into regular work. When he did not appear, his friend would go to fetch him, and only after two years of this moral suasion, can it be reported that the man "is getting sensible"; he has taken a room of his own and is trying to be "a bit respectable." Of such efforts we have rarely any record; such help from the strong to the weak may be often given, but its action will generally lie outside of any society for the relief of distress. It will be given to those who receive it by their intimates, those of their own class, their working fellows.

Somewhat lower in the scale, morally, are those who, easy going and indolent, manage in some way to evade the pressure that drives others to labour. They may be capable enough. Their ideal is "to have a good master" in whose pleasant service "they would eat and drink of the best and no work would they do."

Then there are those who are "willing to do anything" and can do nothing; and saddest of all the men who can do just one thing and that a thing no longer wanted. For example, there was a man, with a wife and family, who had regular employment at one factory for twelve years in folding paper for packets of black lead.

Machinery for this purpose was invented to which a boy could attend. The man was thrown out of his employment, and though still only twenty-eight could not adapt himself to other work. He has fallen into the ranks of the casual painters and has never had regular work since. In busy times he helps to lay on paint which he does not know how to mix, and in slack times does nothing.

For such as these there is the casual labour market with its painful friction—a market of which the convenience to the hirer depends on the extent of its unemployed margin; on the readiness, that is, with which “a man” can be produced at a moment’s notice to perform some chance service for sixpence or a shilling; or to take a day’s work, or a week’s work, or work for the season, as the case may be; and, service rendered, pass quietly out of sight.

Casual labour plays no small part in the life of a great city. We have seen it at the docks and at the market, and besides this the amount required at the West End during the London season is very great indeed. It is not only at the large firms, shops, hotels, clubs and theatres that extra hands are employed, but the impetus in every trade during the season carries the work downward, so to speak, in every branch, and in May and June many men with little skill and with short and indifferent characters, or with none at all, find it easy in London to obtain employment in various ways. The exhibitions, of which every year lately has had at least one, have been a fruitful source of chance work. Besides the numbers of attendants, porters, waiters, &c., the Roman Coliseum at the Italian Exhibition and the battle-scenes of the Irish have alone employed some hundreds of men while the representations lasted. The Gladiator of ancient Rome, could he have seen the travesty of his dying agonies, would probably fail to sympathize with the sufferings of his poor imitator, who when the weather was wet must lie prostrate on the damp ground till the time arrived for carrying from the arena the dead body of the man he was trying to represent.

Whether the casual labour of the West End which hangs upon the skirts of wealth and ministers to luxury is an increasing element in London life, and whether the supply of such labour causes the demand for it or the demand the supply, may be hard to say. Increasing or not, and whatever its genesis, the thing is unwholesome and there is sadly too much of it.

Among the saddest cases of those who look to casual labour are discharged soldiers, army reserve men; and their number seems to be steadily on the increase. In a report drawn up in 1887 it is stated that, out of 293

homeless men who came before the St. James’s Committee in twelve months, 25 had been soldiers. In 1889 the returns show 77 out of 286, and of these 77 twenty stated that they had no work since they left the army. At the refuges army pensioners are most frequently found towards the end of the quarter; on receipt of their pension money they leave. After this is expended they may manage to exist on casual labour till towards the end of the next quarter, when they may again not know where to lay their heads. Of these 77 soldiers, thirty-six had left the army with distinctly good characters. There are few things more dispiriting than to watch the deterioration which befalls many of these soldiers, some of them quite young men still, often under thirty, with good conduct badges and good discharges who, from having no settled employment, and missing the accustomed control, gradually become more and more demoralized by the irregular life they lead. The deferred pay of £15 to £35 they seem to think will last forever, and until it is gone, often make no effort at all for the future. Realizing at last the hard facts of life for such as they, many of them feel bitter regret at having left the army and would fain re-enlist if they could.

The cases we have described have been hitherto such as are more or less able and willing to work, but among the homeless there are still more difficult subjects. There are those who are disabled or incapacitated for labour by age or bodily or mental infirmity; for whom, if relatives or friends do not intervene, there is ultimately no resource but the workhouse. Finally there are the “sturdy vagabonds” who, with the aid of irregular chance jobs, lean permanently on charitable assistance, the “valiant beggars” who subsist for the most part on the alms they collect from the charity of the public.

Here as with the casual workers we encounter a law of supply and demand, and again we do not know which evokes the other, the beggars or the charity; and again we can safely say that the relation, whatever its origin, is very unwholesome, and that there is far too much of it.

It is, however, an easy matter to lay down principles and make classifications. The difficulty as usual lies in applying them. Who are the incapable? who the worthless? How can you safeguard charity from fraud and yet leave it one spark of generosity? How work on the “general lines of well-considered principle” and not destroy spontaneity? The quality of charity, like mercy, “is not strained.” One thing, however, we may say. There should be no careless giving. Let those who give awake to the responsibilities involved, and if they decline to

accept the somewhat hard lines of thought-out principle, let them honestly seek their own experience. When they give, let them give sufficiently, and watch the consequences of every gift. [. . .]

There is now accommodation in the casual wards for about 1800 (1200 men and 600 women and children). On March 4th, 1888, the highest point was touched, when 1383 vagrants were received. In the refuges there is accommodation for about 1250 persons. None of the refuges are often full; the largest has not been full for many years.

It will be remembered that the year 1886 was one of great trade depression, and that its winter was marked by serious distress among the poor of London. The Lord Mayor called for aid, and £80,000 was subscribed and distributed with most demoralizing effect. The fund served but to attract the worthless and unnerve the struggling poor, while it mocked both by its insufficiency.

In 1887 trade did not improve, but as the year wore on, less food and money were given. It was the year of the Queen's Jubilee, remarkable for its long spell of splendid summer weather. The "unemployed" were very numerous, and more than ever habituated to idleness. The fine weather made camping-out pleasant rather than otherwise, and Trafalgar Square and St. James Park were occupied nightly; the police stepped among the sleeping groups; nothing was thought of it. The cost of the "doss" was saved, while a little money went a long way, for food was at its cheapest.

When October came, the weather changed suddenly, and the nights were frosty. But already camping-out had grown into a habit, and the expense of the night's lodging had been dropped out of the budget. The poor folk still slept out, and were content to life with only a newspaper between them and the cold stones. This state of things attracted attention. The newspapers published accounts of it, and the public imagination was aroused. Here at any rate was genuine distress. Some charitable agencies distributed tickets for food or lodging, others the food itself, taking cart-loads of bread into the Square. An American is reported to have scrambled loose silver amongst the crowd.

Under such stimulus the trouble grew worse, and again, as was the case with the Mansion House Fund, the organized societies for the relief of the poor had to push to the front and seek to deal with the distress and prevent the disorder which threatened as the result of its unregulated relief. Under their influence the mistake of 1886 was not repeated, but at the same time more rather than less was given, and we see in the swollen numbers

of those who were admitted to the casual wards evidence, according to the point of view taken, either of the sad need of such provision or of its baneful influence.

It is much to be feared that the more provision is made for the relief of this class, unless it be done with judgment, the greater will their numbers be. For whilst a man of simple vagabond habits is enabled to pass on from casual ward to refuge, and from one refuge to another during the winter, and to live by a few chance jobs of work in the summer, he will make no effort to improve; he is content with his position in life.

To deal with this difficulty it would seem to be essential that there should be co-operation and communication between refuge and refuge, and between them and the work-houses and casual wards, and if possible a common basis of action. To differentiate the treatment of those who apply for aid, according to their character and the circumstances of their case, is the object to be aimed at. The State can treat the sick differently from the rest, and make distinctions according to age; it might perhaps go further in suiting the relief to the case relieved; but its rules must be in effect deterrent and its action can do but little in so lifting up the fallen that they may be able to walk once more amongst independent men; nor can its machinery be well adapted for giving temporary relief in such a way as to prevent a fall or tide over a time of difficulty. Such action lies in the field of private charity, and of this field refuges and night shelters are the last hedge. These refuges have a special work to do. To fill them night after night with those for whom nothing can be done beyond what the State is bound to do, is to mis-apply valuable resources most wastefully.

It would not be desirable to assign any precise limits to the action of such institutions or to stereotype the methods pursued; but the means in each case should be strictly adapted to the ends. If it be temporary help that is aimed at, chronic cases should not share it; and still more should it be seen that the help given does not tend to make a chronic out of a temporary case. If the object be to give another chance under better auspices to those who have failed, but are honestly anxious to try again, a careful selection is imperatively necessary. A refuge having this aim cannot open its doors very widely.

The basis of combined action must be a sifting and classification of all applicants, so that they may be dealt with in the manner most suited to their peculiarities. The lowest strata, cases apparently hopeless, can only be left to the casual wards, and to the casual wards all refuges should regulate any cases which seem *prima facie* unfit

for their own action. Refuges would under these circumstances rightly be made superior in comfort to the casual wards, the occupants be allowed to remain in them for a longer time and given greater facilities of ingress and egress; and every care taken to avoid as much as possible anything tending to lower or degrade. Sedulously to protect those whom you seek to raise from the companionship of worthless characters is of the utmost importance. To attain this it would be necessary that every applicant should pass muster as *prima facie* suitable before admission, and until the *prima facie* case has been confirmed by inquiry, should be kept apart in some way. It might possibly be arranged that the reception of the doubtful but not hopeless cases should be the special duty of some refuges. They would provide as it were an ante-chamber to the house of help. It may be that the relieving officers might draw distinctions, and in place of the casual ward offer temporary accommodation in the workhouse to those who promised to be suitable cases for the helping hand of a refuge.

It would be best that the organization for each union should center in the Parish offices; that the refuges should be represented, and that everyone for whom anything better could be done should be accommodated otherwise than in the casual wards, in private refuges, or in the house, as the case may be. The accommodation in the house, and in any refuges which undertook temporary cases pending inquiry, would be available for a few days only; inquiry made, each case would be relegated to some other agency—or branch of the same agency it might be—or discharged, and if so discharged would become a casual-ward case. Some such system is needed. It is pleaded that it is derogatory and a contamination for unfortunate but respectable men to pass the workhouse doors at all; and that they will rather starve than submit to such a condition. But it is a lesser evil that they, and all who are proper objects for private aid, should for once come in contact with their worthless companions in distress than that, as is now the case, they should never be separated from them; for at present there is little to choose between the company at any refuge and that of the casual wards; the same inmates are well-known at each. Nor would the pride of any refuse to take the course suggested if it were the regular method, and if it were well-known that every workhouse was the starting-point of private charity.

To the action of such charity we assign no limits. It is not refuges alone that should associate themselves with the administration of the poor law. It is only in very

various ways that the manifold troubles of poverty can be met. We do not wish to assert that any case is absolutely hopeless; we only ask that the means should be adapted to the end, and that each charitable society should deal only with such cases as come within its proper scope; that each individual attempt should consciously range itself in line with other forms of public or private action, and so take its place in the general effort to deal with destitution.

Since the foregoing was written an attempt has been made to place the various refuges in communication with each other, and a committee on which most of these institutions are represented was formed to discuss the possible lines of united action. As a first step in this direction a census was taken on the night of Friday, January 16th, 1891, of all who were sleeping in these places, the results of which are given below. There are nine refuges or shelters affording amongst them accommodation for 818 men and 313 women, with further accommodation for 120 persons available for either sex according to the need. Thus there is room for 1,251 persons in all. Excepting the men's side of the Newport Market refuge, none of these places were quite full; some of them were less than half full. The rules of admission vary, but in every case some discretion is left with the acting superintendent, and I believe few, if any, were turned away on the night in question. On the whole the total numbers accommodated were 712 men, 193 women, and 33 children, or 938 persons in all. In the casual wards on the same night there were 688 men, 117 women, and four children, or 809 in all, the total accommodation being for 1800. As to the Salvation Army shelters no exact particulars were obtained. There are five of these shelters, one being in connection with a workshop, they stand on different ground from the refuges we are dealing with. I am informed, however, that they were by no means full at the time.

It may be interesting to recall the night of January 16th. It was very cold. After an almost continuous frost of seven or eight weeks there had been a slight thaw, but the frost had set in again and hardened the surface of the still solid ice. Part of the Serpentine was illuminated for skating. It was not a night when anyone would wilfully walk the streets. Either on this night or the night before it was that the watchers of the Salvation Army reported 164 homeless men lingering in need of shelter on or near Blackfriars Bridge; about these men it was afterwards explained that they were drawn thither by the hope of receiving tickets for coffee and shelter distributed at that place by a missionary. Of these tickets 100

to 200 were given away on certain nights in each week during the winter. This may not be the only enterprise of the sort, and outside of all organized provision of shelter for the homeless in the London streets it is likely that in bitter frost and fog very many of those who have 4d to spare and happen to be out late themselves will give it, at whatever sacrifice of principle, to provide a bed for a shivering wayfarer. The chance of some such stroke of luck, once or perhaps twice repeated, which would send them money in hand to the warm kitchen of some common lodging-house, may be enough to keep men in the streets at any rate till midnight. In such weather half-starved, ill-clad men could hardly pass the whole night without food and shelter and survive, and we are assured by the police that throughout the long frost there have been no cases of death from exposure. It is probable that frost and snow bring as many advantages as disadvantages to the very casual or homeless class. The sweeping of snow for the vestries or in front of private houses or on the ice, the putting on and lending of skates, provides profitable employment, and may enable many to go to common lodging-houses who would otherwise have been found in the casual wards or refuges. It is also possible that the severe frost has this year prevented many from coming up to London to share in the Christmas festivities provided by the benevolent. At any rate it is undoubtedly a fact that the casual wards and refuges have been less full this winter than they have usually been at the same season in other years. For instance, as against 809 persons in the casual wards on Friday, January 16th, 1891, the number of the corresponding Friday of 1890 was 853. At the same time it may be stated that even when the strain is greatest the supply of free shelter at the refuges and casual wards invariably exceeds the demand. It may be mentioned that most of the refuges, especially the larger ones, are open only during the winter months.

In addition to the refuges included in the census, there are some others which give shelter to special classes of persons, such for instance as the night reception houses in connection with some of the Rescue Homes.

Document 12: Higgs, Mary. (1906). *Glimpses into the Abyss*

Mary Higgs (1854–1937) was a social reformer in Victorian England. The daughter of a Congregational minister, she attended Girton Col-

lege and Cambridge University and taught science in the 1870s and 80s. She married a Congregational minister in 1879 and in 1891 gave up teaching and began working to improve the lives of poor and homeless women. She posed as a poor woman seeking employment to better understand their situation. In addition to writing about poor women she was a social activist who founded a women's lodging house, was involved in founding the National Association for Women's Lodging Houses, and opened a school for mothers. In addition to *Glimpses into the Abyss*, she also wrote, among others, *Five Days & Nights as a Tramp* (1905); *How to Deal with the Unemployed* (1904); *Mother Wareing* (190?); *Where Shall She Live?* (1910).

See entries: Ethnography; Media; Public Opinion; United Kingdom, Rural; Vagrancy; Workhouses

[. . .] women's lodging houses, open even to the prostitute, but under the care of wise, motherly women. Here it was impossible for a girl even to keep her own property; there was not a locker or any place to put anything away. Girls slept with their hats on their beds for security. Every-thing was "borrowed" or "made off with." A little care would keep a decent girl steady and safe, and bring many a wanderer back to goodness. Here everything tended to demoralisation. The sanitary arrangements were deficient. I cannot defend the shameless toilet in full view of an open door to the street, which we saw repeated, even to half-nudity, several times over. But this kitchen was the only place in which to wash and dress, and the door must needs be open. The constant talk was filthy—not on the part of all, but on that of many—and the life most were leading not in the least disguised. The more successful girls were sometimes out all night. Two or three came in very drunk and were piloted to bed by friends. Shameless expressions which cannot be repeated were used with regard to actions which decency conceals. Yet listening were other girls not so far gone in sin.

A young girl in a shawl, hardly more than a child, came in apparently on an errand, and stayed some time. She was asked if she was going to "mash for a quid." An old woman called "Old Mackintosh," from her wearing a long mackintosh cloak, and also affectionately called "Ma," was apparently the sport of the girls, and yet regarded with a sort of affection. They teased her and stole her things, and even hit her. She had a bad temper,

and scolded, which afforded them amusement; but if they went too far they made it up by embracing her. Poor woman! I fear drink was her trouble. They said she had hardly anything under her cloak. She seemed ravenously hungry, and how she got her living I don't know. One or two elderly women were apparently not prostitutes, but earned money by cleaning. It was, however, rather difficult to settle how they lived. One woman was very coarse and fat, with an ugly scar on her shoulder, which she exhibited in the morning when she indulged in the luxury of "a good wash," but was not clean. She put on a ragged bodice, the silk of which was hanging in shreds, and which had a big hole under the arm showing a great patch of bare flesh; yet over all she put a most respectable cloak, and a bonnet that would have done credit to a Quaker. I was astonished to see her emerge as almost a lady! Evidently the "clothes philosophy" is well understood in Slumdom for whatever purposes it is used. Indeed, it has given me somewhat of a shock to realise that many of these, even if dwellers in actual filth and disease, would not be distinguishable in any way from ordinary individuals.

Nothing was more noticeable in both lodging-houses than the existence of at least three descriptions of prostitutes. There was the apparently quiet, modest one, whom you would take to be a respectable girl. One of these gave an account of how "her boy" had met her and spent an hour or two trying to persuade her to go away and get work. He even cried! But apparently he did not move her. She promised him as a put-off. This quiet sort of girl is most to be dreaded; she may act as a tempter.

There was, in the second place, the good-natured girl, naturally affectionate. "Everyone likes me wherever I go," said the girl who had a home. This girl should have been a happy wife and mother. Her fate lies at the door of him who wronged her. Once in "the life," the ties of friendship and a vivacious, sociable disposition would draw her to it again and again.

The third kind may be the second gone to ruin, or those who, having had a worse bringing up, are naturally more shamelessly immoral. Drink has fascinations for them. They go "on the town" to get drink. One such, who was drunk over night, gave a long and involved history of her doings in the morning. She had received money and drink from three soldiers, but she declined to descend to the level of "Soldiers' Jinny," whose unmentionable doings were related at length. She left them and got more drink, piloted a couple to a "safe house" and was tipped for it, was treated to "bottled stout" much to her disgust, as she preferred other drink—came along

certain streets gloriously drunk, daring policemen, and arrived home happy, just sufficiently quarrelsome to get a free berth from everyone. She was a handsome dark girl of a low class. Her language was unspeakably foul, every sentence being interspersed with gory adjectives. She evidently expected admiration from her hearers for a sort of dare-devilry.

It was pitiable, as the evening went on, to see the state of many. Two elderly women in the other room carried on a maudlin conversation, just on the edge of a quarrel, the substance of which was that they "understood one another," and would not blab each other's secrets!

All the time this was going on a man, and sometimes other men, were in the passage frequently. There was in this passage a locked door, constantly unlocked, leading to the next door men's lodging house. Apparently the husband caretaker in our house was also caretaker in this, hence comings and goings. I have no reason to suppose there was any illicit communication as regards the house itself; but girls were frequently asked for by name, and the presence of a man or men was not desirable. The caretaker himself was familiarly addressed as "Pa."

The hours slowly wore away. One girl sat patiently for eleven o'clock to strike. She "never went out till eleven," she said. She was a quiet girl, not very good looking. About half-past eleven two girls in shawls came in and had something to eat. From conversation between them (they slept in our room), they seemed to be working girls who had been turned out of home. One worked at a mackintosh warehouse, the other, I think, at tin-plate. One at least intended to go to work in the morning, but was not up when I came away. And this was not wonderful, for with the best intentions youth and sleepiness would make them lie long in the morning; for at twelve, when I went to bed, only a few had gone upstairs, and right on till two o'clock at least the interruptions were far too numerous for rest.

Besides the usual comings and goings, locking and unlocking of doors, drunken stumbling upstairs, and loud good-nights exchanged, a tragedy that turned to a comedy was being enacted. A woman known as the "Mussel Woman," who carried an empty basket on her arm—which those who knew her called a "blind," as she hardly ever had anything to sell—came and claimed a lodging, having nothing to pay. After a good deal of "language," she was made to understand that she could not have it, whereupon she said she should "keep shouting all night" if they did not let her in. She was as good

as her word for half an hour at least, shouting at the top of her voice the most abusive personal language, and banging the door at intervals. I do not know whether seasons of quiet were due to police rounds, but she shouted and banged, and then desisted at intervals, for quite two hours. No sooner was everything quiet than she again appeared. Several angry colloquies took place with the deputy. Once she was let in, saying "Jinny" would pay for her, and came all round the beds looking for "Jinny" with the deputy. "Jinny" was not found, and she was again ejected, I believe; but finally a policeman intervened, said he could not have her in the street, and forced the lodging-house keeper to accept her, money or no money. I should not like the berth of a "deputy"; she could have had no rest till two at the earliest, yet was up cleaning and sweeping before seven.

Our beds and bedroom could not be called clean, yet were not dirty; at any rate in this respect, that we did not see any insects. That is a great deal to be thankful for. I woke after a brief and broken slumber at 6:30. All were young in my room save my companion and myself, and all slept soundly. There was nothing to tell the time, so I dressed without disturbing them, and on arriving downstairs found it was ten minutes past seven. I washed my face at the sink with my own soap and flannel, and sallied out in search of a clean and cheap breakfast. I succeeded beyond my expectation, finding on enquiry a small shop where I got a cup of coffee for 1/2d and a good substantial 1/2d bun. Thus fortified I spent a pleasant hour looking at pictures in shop windows and observing passers by, and returned about 8 o'clock to wake my friend. She had gone to bed at 9:30 the previous night with a bad headache, which was no better for a disturbed night, so we escaped as quickly as possible to fresh air and a cup of coffee, and then by tram to keep our appointment with the girl we wished to save.

We entered the house by the open door and sought the dining room to look for her, but were met by reproof on the part of the deputy. She said we had no right in when we hadn't slept there. She had allowed it as a favour the day before, but could not again permit it. To solve this difficulty my friend paid for her bed for the night, and was then of course free of the house. I had to leave her to wait to see the girl, and if possible to send her to her mother; and I am glad to say that she succeeded in dispatching her safely to the far-distant home, where I trust loving hearts may hold her too closely for return.

I have tried to tell a plain, unvarnished tale—in which nevertheless much is left out that would not bear printing—of the way in which these our young sisters

live. The pity of it is that though some may from sheer wickedness seek it, more—perhaps most—are drawn in by frivolity and misfortune. It may be exceedingly difficult to rescue them when contaminated, surrounded as they are by all those invisible ties of friendship which chain a woman's heart. We make elaborate institutions to rescue them, which are often surrounded by such restrictions that they defeat their own end.

Can we not do something to solve the problem by providing suitable and sufficient women's lodging-houses under good management, where freedom is not interfered with unduly, but influence for good is steady?

In Christian England a friendless girl should never want a friend and a home. And to guard our girls is to preserve our nation from the worst of evils—the corruption of a 'trade' based on greed and dishonour. Yet how else can a destitute girl get her living without a friend?

When all else is sold she sells herself to live!

Appendix VII

Immorality as Caused by Destitution among Women

The causes of immorality among women are deep-seated in modern life. They are due to—(1) widespread changes in sex relationship, combined with (2) changes in modes of life due to the industrial revolution, and complicated by (3) psychic developments in humanity itself.

(1) Suppose we take the largest and most universal change first. In modern civilisation the psychic relationships of man and woman are changing. Intensity has come into sex relationships. It is reckoned right, or at least pardonable, for men and women to do "for love" what may be against the dictates of common sense. To a large extent this is ephemeral, and belongs to the erotic age alone. Put necessarily the effect on the young of both sexes of the "novel" with its coloured picture of life, must be great, and greatest on the most emotional sex. Fictitious views of life influence minds just endeavouring to grasp life as a whole. A woman may be placed in circumstances of destitution in pursuit of the ideal life. It matters little to evolution that thousands of lives perish. The evolution of woman involves, like nil other evolutions, sacrifice.

(2) Let us now look at the second large factor—what is called the Industrial Revolution. It has been pointed out by Mrs Stetson, that hitherto man has been the eco-

conomic environment of woman. We are still in a transition period, but largely in the middle and working classes, women before marriage, and even after, are escaping to economic independence. This change is so vast and far-reaching (involving an adjustment of all our social institutions) that we can hardly yet appreciate it. Once begun, it must go forward. But at present, as half begun, it means in all directions the danger and sacrifice, of individual lives. Over against the problem of unemployed men, we now have unemployed women also—women not dependent, but on their own economic footing.

(3) Changes in sex relationship rapidly follow on changes in economic status. The attainment of economic status as distinct from economic value is imperceptibly modifying marriage and the family. Woman and man are partners. While the child becomes more and more the centre on which public interest focuses, at the same time the ties both of wife-hood and of parentage and of brotherhood and sister-hood are relaxed. Community interest and life replaces by degrees parental restraint and responsibility. Freedom has its blessings and also its penalties.

Let us trace a woman through her normal life and see what dangers of destitution beset her.

As at first born, the home is her support and natural habitat. But economic independence being possible at an early age, parental restraint is lighter. I have known cases of girls even of fourteen and sixteen leaving home, and with a companion or two, clubbing together and setting up house. They were then free to invite young men, with what consequences may be imagined. A girl in "lodgings" or "with friends" may easily become destitute through changes in employment.

In addition to these wandering children, parents often cast off girls on very slight grounds. To turn a child into the street, if the girl is out of work or supposed to be idle or disorderly, is by no means uncommon. It is so common that some provision for it should lie made in every town.

Short of actually leaving home, our girls are now exposed to the temptations of the free life of the street, of largely unrestricted intercourse, often under wrong conditions, with the other sex. This intercourse, however, cannot under modern circumstances, be prevented except by exceptional parents. It should be under healthy conditions and wise control. But at present it is a large factor in destitution, for the lad and lass spend their earnings largely on sex attraction and are penniless in emergencies sure to occur. Hasty and ill-considered

marriage may follow. A national education for motherhood is much to be desired; it is perilous and unwise to keep up the old conventional ideas as to "innocence" and "purity" being fostered by ignorance. Let us face the question boldly, and encourage the teaching of right and pure and true views of marriage. Forewarned is often forearmed. At any rate, at this period in life, orphanhood, or some change in family relations, step-fatherhood or motherhood being frequent, may throw the girl much on her lover. There is no reserve of maidenly provision as in many countries. The legislation of betrothal might even be a good thing, and the State might require at least a little forethought. More and more the State becomes the universal child-parent. It is time it studied its responsibilities.

Before our typical woman lie two paths. Into the usual one of marriage the vast majority of industrial women are carried. The marriage state still involves support, but also involves a change in economic relationship which more and more galls. Curious partnerships result where both are self-supporting, one or the other being predominant partner. In middle-class life still, conventions largely rule; but in industrial centres the marriage bond itself is much less binding than of old. Separations become more and more common. The amount of support that can be claimed by a wife is so insufficient that often they come together, again perhaps only to part. Both are often young. Before the man lives a long celibate life, he is under no vow—self-restraint is normally not attained. The large numbers of imperfectly mated men leading a life divorced from home ties constitute a grave social peril. In every town a great number of middle-class and many working men live free from social responsibility to support women, yet do partially support some at any rate, either as lovers, as betrothed sweethearts, or in less sacred relationships. Destitute and deserted wives are common, cast off sweethearts not a few; women derelicts abound; they are the "unemployed," alas not unemployed in sin, but a source of moral contagion in their easy life.

For the other career of womanhood is hard, and as yet a path not for the many, and therefore all the harder. A woman may attain economic independence; but she is sadly handicapped. Her wage is low, often lowered by dress expense; and her woman nature, especially under modern pressure of sentimental literature, demands satisfaction in husband and child. What wonder if she gives up the hard struggle and strays from this path. Society owes much to the women who toil on, cutting by degrees the stairs of progress. If they succeed in self-

support, how often age overtakes them as toilers; women's physical disabilities (created or complicated by a false civilisation) leave them stranded. The middle-aged unemployed female is a most serious national problem at present. It calls loudly for universal sisterhood. Drink too often claims the unloved and unlovable spinster. She can no longer spin; she must work under conditions in which she ages fast. Independence is hardly to be won. Our workhouses are full of derelict womanhood. Nor is the married woman always more fortunate. Industries often kill husbands when still young. Widows abound. It is extremely difficult to make a woman self-supporting with more than one, or at most with two children, in such a way as to secure sufficient food and clothes for these children. Into married destitution, if the husband lives, I need not enter; it is part of the unemployed problem, and a serious one.

How can we face these problems? They are on every hand. We have no effective State provision. The Tramp Ward is a mockery, a robbery and insult to womanhood. The common lodging-house is a snare and a trap. Surely it belongs to womanhood to befriend womanhood. It is little use to multiply Rescue Homes while we leave untouched the causes that are stranding more and more of our sisters.

What is needed in every town is an industry for destitute women; in every town a Shelter to pick up strays and guide them to self-support; in every town Women's Hostels under kind, wise, but not restrictive supervision; in every town provision for glad, free girl life, and joined to this distinct, clear, national purity teaching. What is needed is a pure, free, enlightened womanhood, ready to stand side by side with man to mother the world.

—Mary Higgs

[Read at Conference of Reformatory and Refuge Union and National Association of Certified Reformatory and Industrial Schools, Birmingham. June 27, 1905.]

Appendix VIII

Common Lodging-Houses Versus Shelters

The laws of evolution apply to social phenomena. Tested by these we see that *the Shelter*, the *Municipal Lodging-house*, and the *Rowton House* are replacing the *common lodging-house*. Is there any reason why they should not, when for the rich the hotel has replaced the

inn? It is a question of national moment what provision should be made for the floating population of men and women.

In smaller towns the common lodging-house is *disappearing* (see Minutes of Evidence before Vagrancy Committee, section 1752). In London the accommodation is *decreasing* (see *ibid.* section 5784). Is this to be deplored or hastened? The poor must sleep somewhere. Let us first of all distinguish between the *Free Charitable Shelter* and *Free Meals*, and the question of provision of adequate housing accommodation for our floating population.

The provision for *absolute destitution* belongs to the *State*. Only the State, or the State through the Municipality, can exercise sufficient authority to sift the incapable and "won't-works" from the simply "unemployed." The former should be in some State or State-subsidised institution, unless supported by relatives. The "won't-works" require coercion. Any form of charity that impedes right State action is harmful. It has arisen because the State has shirked its duty. The public should be satisfied that every *destitute* man and woman gets bed and board, with even-handed justice, in return for a task, if capable, or with proper care if incapable. Then Free Shelters and Free Meals would disappear.

But *provision* of proper accommodation for those who are struggling to earn their living is another matter. Hitherto it has grown up haphazard, sanitary regulations have slowly been made, still more slowly enforced, and are often a dead letter.

If the question of the common lodging-house were simply that of enforcing on the proprietor of a certain house, by means of adequate inspection, a certain standard of cleanliness and decency, there would still be reasons why a Municipal lodging-house or charitable Shelter would, if under strict supervision, be a better provision for the poor. I will tabulate these—

Common Lodging-House

Interested Management

Not to proprietary *interest* to put down vice and drunkenness, and to call in police. Interest to secure greatest number of lodgers.

Interest to provide *minimum* that will pass muster, e.g., usually no stoving apparatus to prevent vermin, and no lockers to prevent theft.

Imperfect sanitary arrangements, deficient arrangements for cooking and washing.

Deputy (usually chosen from inmates) exercises little control.

Regulations if made, hard to enforce, as *interest* is retention of lodgers.

Small number makes better provision not profitable.

Municipal Lodging-House Or Shelter

Disinterested Management

Against interest to have disturbances, and therefore desirable to prevent vice and drunkenness from commencement.

Interest to provide *maximum* consistent with cleanliness. Usually apparatus for stoving, and lockers for private property.

Sanitary arrangements considered in building. Proper arrangements for cooking and washing.

Management removes at once any warden suspected of ill conduct.

Regulations being made by management can be more easily enforced.

Larger number allows of better provision.

But it is not a question merely of the state of the common lodging-house. Bound up with this is the fact that around the common lodging-houses in each large town is growing up silently a great evil, a network of single "furnished rooms," which are the last refuge of evicted householders, but also the home of immorality. The insufficient provision of the common lodging-house is being silently largely supplemented by these. These evils are flagrant. Yet they cannot be *suppressed*. The homeless must have somewhere to go. The crowding of slum areas by "lodgers" is as grave an evil.

The "way out" is to *provide* in every town, under charge of the Municipality, *well-regulated sanitary and sufficient* accommodation. As a *national* provision is required, Municipalities of smaller towns might be encouraged by loans for building purposes and national credit, Government in return exercising care as to expense. Glasgow has shown that such enterprises:

- (1) Suppress the poor insufficient houses.
- (2) Provide adequate return on capital,
- (3) Lead to the rise of still better accommodation for working men.

A Municipal lodging-house should be linked to remedial agencies, and a chain should exist on routes of travel.

Especially for *women*, municipal lodging-houses are a *necessity*. With regard to the question of "bunks" versus "beds," it is strange that while on the one hand for sanitary reasons the Government allows plank beds and wire mattresses, it is about to enforce *for a class confessedly dirtier* (see Vagrancy Report, 335) a universal bed. The idea that "inspection" can keep beds clean without stoving is futile. Some of the vermin most troublesome to get rid of are microscopic. Also the idea that people undress to go to bed, and do not undress in a bunk, is not correct. The class that possess only "what they stand up in" possess no night garments. Women keep some of their garments on. Men may undress (for *protection* from vermin). All the garments not worn all night are usually tucked into the bed for fear of thefts. I have seen women undressing similarly in a bunk. The Salvation Army keeps its shelters spotlessly clean and free from vermin. Unless cleansing of the person is compelled by law, all that can be done for the lowest class; of all is to provide some easily cleansed resting-place (see p. 30). Something must be done to prevent the scandal of "sleeping out" in our wealthy cities.

The popularity of the Shelter shows it meets a social need. Also in connection with public institutions, remedial action and sorting into classes is possible, which is impossible in places provided for private profit. We should aim at getting every individual into a safe and sanitary shelter at night. How can a *destitute* woman find 3s. 6d. per week for bare shelter? If she pays this should not it entitle her to a place which is clean, where she can keep herself clean, and can *keep her self respect*?

Document 13: Source: Rice, Stuart A. (1918). "The Homeless"

This article by Stuart Rice, then the superintendent of New York's Municipal Lodging House, represented a significant advance in social policy about homelessness for its use of the four-tier classification system and its advocacy of a different approach for each type of homelessness. His call for a farm colony outside of the city came to fruition in 1934 with the establishment of a work camp at Camp La Guardia (see Document 17).

See entries: Bowery, The; Homelessness, Definitions and Estimates of; New York City; Skid Row Culture and History

The Homeless

Intelligent treatment of homeless men and women requires a vivid understanding of the reasons for their homelessness. Under present methods of industrial management this condition is demanded of a vast number of workers. By becoming or remaining homeless, they render specialized services of great importance to society. Nevertheless, the living and working conditions under which the services are performed react disastrously upon their character, even to make them subjects of social case treatment!

The truth of these statements is to be illustrated in the employment office districts of any large city. A recent inspection of the labor agencies from Fourteenth Street to Chatham Square, along the Bowery in New York, disclosed, in all, opportunities for fourteen men with families! And these were required to be "foreigners!" The thousands of other jobs offered (tacitly understood, not openly stated) were for "homeless men only."

The Homeless in Relation to Society and Industry

The writer has been a member of one of those unkempt companies you have seen slouching along the street from the labor agency to the railroad depot. He has made his abode in the bunk houses provided for these men. His experiences have led him to a real appreciation of the abnormal living conditions that are forced upon great masses of casual and seasonal workers throughout America. Many of the evils inevitably resulting from these unnatural conditions may be removed in individual cases by careful diagnosis and persistent social treatment. But the background of industrial organization (or disorganization) will be nowise be altered by the most careful case work. Either the men and women recorded in our own case files, or thousands of others like them, will still be compelled to live abnormal lives in order that they may live at all.

Homeless men are demanded to build the bridges and tunnels, the irrigation systems and railroads, to harvest our forests and embank our rivers. They are the pioneers of modern industry. They go hither and thither to the rough, unfinished, uncomfortable places of the world, to provide homes and civilized comforts for those of us who follow. Meanwhile they live in bunk houses. Homeless women are preferred to do the "dirty work" in our public institutions and to scrub and clean at night in our hotels. Generally only they are willing to accept the work and the hours demanded.

Homeless men, for the most part, make up our "labor reserve." This reserve is highly essential. If some workers were not unemployed in slack or normal conditions of industry, additional hands could not be employed in periods of increased activity. The homeless are usually the less efficient. Furthermore, they are without dependents. Socially and economically, therefore, as things now are, it is advantageous for society that they shall be the first employees discharged when reductions in force are essential and likewise the last to be reemployed.

Homelessness and intermittent employment, therefore, go together. They are the major characteristics demanded by society of a large number of its workers. But certain other characteristics are encouraged. In the absence of organized social control over industry a restless instability of temperament is desirable to afford fluidity to the labor supply. Employees' indifference to cleanliness is fortunate for numerous employers who find it impracticable to supply bunk houses with running water. Even the periodical debauch in the city after pay day has psychological results which prove convenient to the employer. Men or women without money are docile. How otherwise could they be induced to return to jobs affording no chance of normal living? These unfortunate developments of habit and character we attempt to combat in individuals by social case treatment. Yet, they are in a sense vital elements in our patients' professional training!

Classification of the Homeless

It is convenient to use the following grouping employed by Mrs. Alice Willard Solenberger: (1) the self-supporting; (2) the temporarily dependent; (3) the chronically dependent; (4) the parasitic.

We may say with approximate correctness that in the order named, these classes mark the degrees of progressive deterioration through which every homeless individual *tends* to pass. That more men and women of the first two groups do not actually pass into the third and fourth is a sure evidence of fundamental human character. Everything in the lives of homeless men and women drives them in the direction of chronic dependency and parasitism. Many fight on against odds, day after day, to retain their precarious foothold upon the social ladder; others go down in the struggle, their spirits unbroken to the end. Still others, "exhausted by three or four generations of overwork, on the slightest menace of lowering prices the first to be discharged," prove easy victims to the disintegrating tendencies of their environment.

The General Aims of Case Treatment

The first requirement in social treatment of the homeless adult is to check his progressive deterioration toward chronic dependency or parasitism. Existing facilities for constructive treatment are very meager. Our efforts are everywhere counteracted by the encouragement which society gives to the very tendencies in our patient that we desire to eliminate. If we are dealing with large numbers of the homeless we cannot expect a restoration to normal living in more than a small proportion of cases. The best work we can do at present, therefore, is to assist the bulk of our patients to "hold their own."

Another general objective is in reality a matter of diagnosis rather than treatment. In any group of homeless individuals there may be singled out proper cases for specialized treatment in which homelessness is a favor of minor significance. The sick, insane, feeble-minded, blind, handicapped, inebriate and immigrant are regarded as such typical cases in the volume of which this article forms a part. All of these are found among the homeless applicants for shelter or relief at any municipal lodging house or charity application bureau. Many lost and broken fragments of families may be recovered from among the homeless. Married men or women, and boys who have run away from homes, will always be discovered if applicants are carefully interviewed. As soon as the facts in these cases are ascertained, the problems become those of family case treatment and should be referred to a family agency.

With the development of facilities for diagnosis and with the building of additional agencies for specialized treatment, the social function of an agency or institution for the homeless will become primarily that of a clearing house. In every way afforded them social case workers should further the breaking up of our homeless groups into its component parts.

Treatment of the Self-Supporting

The most numerous group of homeless, employed persons with whom I am acquainted is that which is known at the New York Municipal Lodging House as "the Saturday night clean-ups." The registration of applicants is proverbially largest on Saturday nights. The men responsible for the increase are generally employed through the week, usually at odd jobs that must be "caught" each morning. Consequently, by

seeking a free bed and meals at the Municipal Lodging House on Saturday night, the earnings of that day may be reserved for Sunday's living expenses. Some wish to "see the doctor"; others want to "get a bath and fumigation," in order to rid themselves of vermin acquired in cheap commercial lodging houses; still others desire to have their clothing washed in the laundry of the institution. Women frequently are led to our doors from the same motives.

The problem here represented is primarily one of labor and housing rather than of social case work. There is no formula of social case treatment for the needs of these men and women. Most of them are independent in attitude and fairly self-satisfied regarding their economic and social status. They will not accept services from the institution other than those they request. If molested by "social service busy-bodies" they will not return, and whatever opportunity existed for their physical and moral sanitation will have been lost. However, if their "clean up" is supplemented by a friendly but impersonal welcome the institution may at least continue to be a very important agent in community sanitation.

A group of self-supporting men and women more susceptible to case treatment than those described above, is illustrated by the low paid hospital helper employees of the public charitable institutions of New York City. Customarily they are recruited from the patients and inmates of the institutions themselves. They work for a much lower rate of compensation than is paid for equivalent services elsewhere, and they are recognized officially by the City of New York as a distinct type of semi-dependent employee.

In his dual capacity of employer and landlord, the head of an institution is in a position to render social service to these employees of a kind impossible when they are patients, inmates, or applicants for relief. The Municipal Lodging House recognized this fact in the formulation of a definite policy regarding the filling of positions within the institution; so far as efficiency in administration permits, the Social Service Bureau is the employing agency for these house positions. Lodgers who show possibilities of reclamation become our employees. As soon as they are promoted, and eventually are placed in permanent outside employment, carefully selected for its influence upon their habits. In this manner, similar opportunities are continually made for other lodgers.

It is most essential for the success of this program of social service to employees that group loyalty and

group interests be developed. Frequent meetings of employees should be held at which common problems of organization and management may be discussed in a democratic way. Outdoor athletic sports are invaluable as a means of promoting loyalty. Holidays may be the occasion of gatherings at which songs, instrumental music, recitations and special features will supplant the institutional atmosphere with that of a community festival.

If regular recreational and educational opportunities are not to be had at the institution they will be sought in the corner saloons. Various clubs are practicable. A large reading and smoking room provided with books, papers, magazines, writing materials and games is a popular success at our Municipal Lodging House. I was once complimented by an unpaid employee for the choice selection of Greek and Latin poets upon our shelves. He chanced to be a former Yale man. The books (received in a donation of cast-off materials) had given him many hours of intellectual pleasure!

Supervision of employees' expenditures is helpful in many instances. Some have never learned the value of money and spend it foolishly. Others are unable to withstand the temptations of drink. Employees at the Municipal Lodging House are encouraged to deposit their earnings with me for the purchase of necessities, for transfer to a bank, or for investment in War Savings Stamps. A positive gain in self-respect is evident in the individual who has purchased clothing or accumulated savings. In some cases I have found it desirable to keep employees continuously in debt to me by advancing them money for legitimate objects. The amount due is later deducted from their salaries. The invitation to membership in the Red Cross was recently accepted by five-sixths of the hospital helper employees of the Municipal Lodging House, but a small proportion of whom were receiving in excess of twenty dollars per month.

The development of a system of credit or of token money, such as has been found effective at Sing Sing, would be of the utmost value in the rehabilitation of these men and women. The object of such a system would be to pay employees in the things they require—tobacco, clothing, shoes, moving picture tickets, etc. The present cash salary payment is in reality an inducement to spend the month's wages in one grand debauch. Saloon keepers in the neighborhood of public institutions habitually ascertain when employees are to be paid and are shortly after in possession or a large part of their earnings.

Appeals for assistance are often received from men or women who have paid employment but who are temporarily without funds. It should be the policy of a social agency to extend whatever credit is needed by these individuals for necessities. This should be a business transaction throughout and the suggestion of charity eliminated. The individual to whom credit is advanced may be placed upon his honor to repay the loan when he is paid. Upon their verbal promise to repay the institution, a number of men holding positions receive maintenance at the New York Municipal Lodging House every month. The independent and self-respecting manner in which some of these men walk up to the counter to pay their bills speaks for the effectiveness of the method.

The Temporarily Dependent

The demoralizing effect of involuntary unemployment on individual character is not due to the absence of employment itself, but rather to the inevitable *consequences* of its absence. It is due to the enforced lowering of living standards and to the worry and uncertainty of seeking another job. Even the most callous man or woman is sensitive to continued rebuffs in a fruitless search for work. I know of nothing that will so quickly shatter the self-respect that is essential to a freeborn individual.

A period of unemployment from which these consequences are removed, in other words a *vacation*,—is considered to be of greatest value for the worker's reinvigoration. It follows that if unemployment could be relieved of its present physical and material results, it might become a boon rather than a curse to the worker.

The responsibility for finding a new job, therefore, must be lifted from the individual who is out of work, and placed upon an employment exchange. It logically flows that the responsibility for his efficient physical maintenance while unemployed must also be removed from the individual. He may then utilize his period of unemployment as a time of physical and mental reinvigoration. Good food, recreational facilities and positive educational opportunities in a broad sense may result in a refreshed, better equipped individual when the next job is found, rather than in a weakened, discouraged and less efficient worker.

There is an apparent danger that in this shifting of responsibility the unemployed individual may become pauperized. No system which maintains a worker in physical and mental efficiency during idleness can have

this result to the same degree as one which allows him to deteriorate and lose physical and mental efficiency. Nevertheless, he should be made to feel his own responsibility toward the agency that has assumed the risks of his unemployment. A work requirement clearly sufficient to pay the costs of the advantages received is one means of avoiding any pauperizing tendency. If this is impracticable, the individual should be obligated to repay this expense when he is one more employed.

Many periodical drinkers may be classed as temporarily dependent during lapses from sobriety for the reason that during the greater part of the time they are self-supporting. Their contact with social agencies usually occurs immediately following a periodical spree while they are still recovering from its effects. The victim is invariably repentant. Advice, moral suasion and "preaching" at this time are usually quite useless, as the convalescent will go farther in his self-denunciation than the social worker in his "preaching." The first necessity is to restore him to a condition of physical efficiency. Good food, sleep, rest and fresh air are essential. When he is once more ready to take work his choice of a position becomes of utmost importance. Factors of his old environment may have been responsible for his downfall. If employment can be obtained where these factors do not exist, the next spree may be averted. Even if sprees continue, but the intervals between them are lessened, there is a net gain for society and the individual.

It may even be necessary to accept our patient's periodical necessity for drink as a fact, and attempt to arrange his employment so that it may be obtained without interference with his work. The following example is in point. A male stenographer with whom the writer is well acquainted lived for some time in a charitable institution where he was employed. Because the head of the institution was both employer and landlord, sobriety and good behavior on seven days per week were required of employees. Each few weeks brought the stenographer's inevitable fall from grace. Finally, when all interested in his case despaired, he obtained a position with a commercial house where employers cared nothing for his habits outside of working hours. For two years he has continued to give good satisfaction to this firm, has not missed a day and has received promotions. The interval between Saturday noon and Monday morning has been sufficient to enable him to follow a drinking schedule that has not interfered with his work.

The writer views pragmatically the question of reli-

gious influences in the case of drinking men and women. Without doubt there have been many complete and successful "conversions." On the other hand, I have known a number of men who were most devout testimony-givers at mission services who were elsewhere loud in their blasphemy and religious ridicule. Likewise, I have known deeply religious men to be hopeless inebriates. Where early environment affords a basis of appeal, religious instincts may prove an effective starting point for rehabilitation.

Applications are continually received at the Municipal Lodging House of New York from hospital convalescents, pre-confinement cases and dispensary patients. The first have often been discharged prematurely from over-crowded hospitals. The second and third ought many times to be admitted to a hospital but are excluded for the same reasons. In the meantime the problem is forced upon agencies for the homeless.

Their cases emphasize the necessity for a competent medical examiner on the staff of the agency for homeless. Our Municipal Lodging House physician must continually assume the role of an advocate. He must prove clinically, and sometimes dialectically, that certain homeless inmates are sufficiently ill to make their admission to the hospital imperative. This situation is vaguely understood by many of our homeless applicants, who come to us requesting to be sent to hospitals. Convalescent, dispensary and maternity cases should be provided with light work suited to their physical conditions. Great care is essential, however, lest overwork result.

The Chronically Dependent

Very few persons who have once become chronically dependent ever regain a place among the self-supporting. The result is possible by intensive personal work with a minor number of cases. The study at present being given to the problem of reabsorbing war-cripples into industry will doubtless shed much light on the possibilities of rehabilitation of certain types of chronic dependents. "Shell shock" and battle wounds undoubtedly have their counterparts in occupational disease and industrial accidents. The development of plans for training war-wrecked men and finding employment openings suited to their individual handicaps, will be of quite the same advantage to men who have been similarly wrecked in the struggles of peace.

The aged and infirm are conspicuous among the chronically dependent. It is customary to consign them

promiscuously to the almshouse. Yet many of them to avoid this “disgrace” are attempting under terrible handicaps to remain self-supporting. Employment may be found for some in positions where age is no great detriment. The first placement made by the Employment Bureau of the New York Municipal Lodging House was of an elderly woman who was to have been sent to the almshouse. She is still in this position. There are many such cases.

In spite of these possibilities of delaying the inevitable approach of death or complete dependency, the majority of the aged and infirm men and women who appear at institutions for the homeless must be sent to the homes for aged and infirm. A great deal of tact, good judgment and sympathy is often necessary to persuade these pitiful individuals that this is their only possibility.

Men and women with physical handicaps are infrequently doing the work for which they are actually best fitted. A man who lacks an arm or fingers may be trying to make a living by trucking in a freight house. Men with weak eyes register for positions as clerks. The struggle for existence is severe and discouraging for those who are thus handicapped, and who have no one to guide them into employment for which they are better suited. Great care is required to prevent them from following the easy road into mendicancy—a road continually opened by the unthinking but well-intentioned almsgiving of the public.

A desirable readjustment of employment may sometimes be made in a placement agency. The weak-eyed clerical worker may be led to discover that he is adapted to employment where the intensive use of sight is not essential. The one-armed longshoreman may be given work as a watchman where the loss of an arm is not an important disqualification. If the handicap be serious and the individual discouraged or unenterprising, however, the assistance of special agencies may be necessary. The New York Light house for the Blind, The Association for the Aid of Crippled Children and The Old Men’s Toy Stop maintained by the Association for Improving the Condition of the Poor have demonstrated something of what may be accomplished in readjusting the lives of the handicapped.

Mental deficiencies are responsible for much chronic dependency. Many instances might be cited of morons and even medium grade imbeciles, aimlessly drifting from one social agency to another over extended periods of time, without any attention being paid to their mental conditions.

During the early spring of 1914 the writer lived for a number of days in the New York Municipal Lodging House disguised as a homeless applicant. While he was employed one morning upon one of the institutional “work details” to which he was assigned, his attention was attracted by a boy whose physical degeneracy and mental feebleness seemed apparent at the most casual glance. The boy stated that he was twenty-one years of age and had just been put out of his father’s home in Long Island City. His responses showed the mental development of a child. Two years later, after the writer had become Superintendent of the Municipal Lodging House, the self-same boy was observed one night at our registration window. Inquiry developed the amazing fact that for these two years he had been drifting about the streets of New York, working at occasional odd jobs, a frequent applicant at social agencies. Yet never in that time had any one taken the trouble to have his mentality tested. The mental clinic to which he was subsequently sent classed him as an imbecile with a mental age of six years!

Whenever mental deficiencies in a patient are clearly established, institutional care under strict supervision is the only satisfactory solution. But the insufficient capacity of appropriate institutions renders the solution unavailable in multitudes of cases. When the commitment to institutions of morons and harmless psychopaths has been impossible, we have found it of value to send them to employment in menial capacities in public hospitals with the full cooperation of the hospital authorities. Although employees, they are then under an informal supervision by superiors of professional experience.

Where habits of drink appear to be the predominant factor among the causes of chronic dependency, we must again turn to institutional treatment as offering the only probability of cure. But available facilities for homeless inebriates are even less adequate than facilities for the feeble-minded. The City of New York provides a farm colony for inebriates and drug addicts at Warwick. This is the only public establishment in New York where farm colony treatment for inebriety may be obtained. Yet it has a permanent capacity for one hundred men only. The Municipal Lodging House could furnish this number of men who need its method of treatment on almost any day of the week!

Mental deficiency, illiteracy and alcoholism are sometimes combined together, in varying degree, in a single homeless individual. No one of the three factors may be sufficiently pronounced to make possible spe-

cialized treatment for that handicap alone. Yet in combination they produce an individual of general incompetence who seems quite hopeless as a subject for constructive effort. Many of these general incompetents are the products of child-caring "homes." Condemned to institutional existence at the beginning of their lives, as adults they appear to have no potentialities for anything better. Some were constitutionally inferior at the start. They have insufficient ambition or persistence to follow of their own volition any program which they, or someone for them, may outline. Forcible commitment to a farm colony and vocational school constructed after the Swiss type would offer the best means of benefiting the individual and making him self-supporting. There is idle agricultural land in abundance for such colonies, while the importance of increasing our agricultural output gives a powerful additional argument for their establishment.

Proposals for the creation of such colonies were made in New York last spring. The proposals contemplated the use of the Municipal Lodging House as a clearing center from which individuals in need of farm colony treatment would be presented to the magistrates' courts and by them committed on indeterminate sentences to the farm colony.

The Parasitic

Many men and women, normally self-supporting and independent, will become temporarily parasitic under certain circumstances. The migratory worker en route to the harvest fields is an illustration. Valuable and respected employees of the Municipal Lodging House when drinking have been seen begging promiscuously upon the streets.

A large minority of homeless men, therefore, are occasional beggars, as well as occasional applicants for charitable assistance. But the professional mendicant is seldom seen at charitable agencies. He is invariably "wise," and can "work the public" much better. Furthermore, his income is usually sufficient for his support.

The need or desire for obtaining money without work is undoubtedly the initial occasion for mendicancy. But this desire soon becomes only one of the impulses which keep beggars at the trade. Mendicancy has its roots in gambling instincts and it satisfies a certain craving for adventure. The constant possibility of a large gratuity, the never ending speculation as to the next benefactor, the fascinating game of "hide and

seek" with the police, all give to the mendicant's life a daily feverish adventure, the counterpart of which is found only in gambling, prospecting, and other hazardous occupations.

Since a thirst for adventure in the mendicant's soul is satisfied by his manner of living, no mere assurance of a livelihood equal to or exceeding that which he obtains from begging will suffice to wean him away from it. Only a legitimate occupation offering the equivalent in chance and adventure will serve the purpose. Many street trades do offer an approach to this equivalent. A news-stand where the crowds are surging past may prove the means of restoring the mendicant to productive life. In the cases where age or extreme physical handicaps render self-supporting employment impossible, the mendicant must be committed to an almshouse. Severe measures, if necessary, are justified to break up the wasteful and fraudulent practice of street begging.

The "I won't work," at least among the lower strata of society, is largely a popular superstition. I have seen very few men, not classed as mendicants, vagrant psychopaths or mental defectives, who would not work under conditions which they considered to be just. Not long ago it was generally believed that some men and women preferred unemployment, homelessness and hunger to honest labor. This opinion seems to have been definitely abandoned by thinking people. In January 1915, 2,500 homeless dependents were sheltered in the Municipal Lodging House of New York each night. This population was reduced within eighteen months to little more than 100 per night. The same relative reduction occurred in similar institutions throughout the country. It is very evident that the great majority of the alleged "I won't work" of three years ago secured work and are still employed. Yet this rule, like all others, is occasionally proved by its exceptions. It is sometimes found necessary to refuse the privileges of the Municipal Lodging House to men and women who will not avail themselves of honest opportunities for employment.

The charity rounder, the last of the parasitic types which I have particularized, is usually a rounder because he has never learned to do anything effectively. He follows the easiest way. When placed at some simple task within his experience and intelligence, he may serve faithfully and well over considerable periods of time. Definite training for simple tasks, followed up by careful supervision when employment is obtained, may definitely remove him from the parasitic class.

The methods of case treatment described above are crude and undeveloped. We have hardly gone further than attempts to define our problem. Among the human gains that may come from the world war, will be new and better methods for the treatment of the homeless. For still greater gains may we hope: that out of the slaughter may come a new estimate of the value of human life; that homelessness as a condition demanded of workers in return for existence may be banished; that the right to normal living may become imbedded in the social conscience of our people.

Document 14: Dean Stiff (Nels Anderson). (1930). *The Milk And Honey Route*

The Milk and Honey Route was written as a parody of his *The Hobo*, by Nels Anderson, using the pseudonym of Dean Stiff. Anderson was a sociologist and a leading student of homelessness, using a combination of ethnography and survey research. He studied hobo and tramp culture and the Chicago and New York (Bowery) skid rows.

This extract of text is his glossary of hobo terms. Such compilations were not uncommon in autobiographical, social science, and journalist accounts of hobo and tramp life in the late 1800s and early 1900s. Anderson's is notable because it contains so many terms and also because it makes clear that hobo and tramp argot was something of an invented tradition romanticized by outsiders and that there was much variation in how often it was used and terms were actually used in different locales across the United States. His glossary makes for an interesting comparison with the dictionary of cant terms in England published by Harman in 1567 (see Document 4).

See entries: Autobiography and Memoir, Contemporary Homeless; Chicago Skid Row; Ethnography; Literature, Hobo and Tramp

Glossary of Hobo Terms

This list of words and phrases is in no sense complete. Nor is it solely hobo slang. Many terms began in Hobohemia and were taken up in time by other groups. Other terms are found among both hobo and other groups, but in each case with a different meaning. Indeed, you will

find a hobo term with one meaning on the Pacific and another on the Atlantic Seaboard, and still another in the Southland. In this book I have made no strained effort to use much of this freightyard folklore. This is opposite to the practice of many contemporary hobo writers. They think by the use of slang to add a bona fide touch to the fiction they weave. I am including this glossary largely for the information of those of you who may be interested, and for reference if you want to test some of the "authorities" in this field.

Accommodation—A local freight train. It may carry passengers.

Adam and Eve on a raft—Two fried eggs on toast. "Wreck 'em" if they are scrambled. "With their eyes open," if not.

Alligator bait—Fried or stewed liver. Too costly now for hobos.

Anchor—A pick. Companion tool of the shovel or *banjo*.

Angel—A person who gives more than you expect. One who takes an interest without trying to reform you.

Angel food—Mission preaching about the Bread of Life.

Angelina—*Punk* or *road kid* acting as a hobo's companion.

A-No-1—A famous tramp who writes his name "on everything like J. B. King." He writes books about his alleged adventures. Many young hobos write this monicker on water tanks, and chalk it on box cars.

Auntie—*Angelina* grown older.

Axle grease—Butter. Sometimes called *plaster*.

Baldy—Generally an old man "with a high forehead."

Balloon—A roll of bedding carried on the back; a *bindle*.

Barnacle—A fellow who sticks to one job a year or more.

Banjo—A short-handled shovel.

Bazoo—Mouth. A term of derision. "Shut your bazoo!"

Beefer—One who whines. Sometimes an informer.

Belly robber—A boarding boss who tries to save money on food.

Benny—An overcoat. A vest used to be called a *ben*.

Big four—A duck egg omelet. See chapter on food.

Big Ole—The fellow who tries to show the boss how strong he is. He'll do all your work if you praise him.

Big school or house—The state penitentiary. (*The stir*.)

Bindle—Bedding roll slung on the back.

Biscuit shooter—Camp waiter or hash slinger. Also a *flunkey*.

- Bit or jolt*—A term in prison. A long *stretch* is the opposite of a short term or *sleep*.
- Bitch*—A tin-can lamp with a shirt-tail wick. See *bug*. Also more recently a *lamb* or *preshun*.
- Black bottle*—Poison allegedly given hobos in hospitals. Many hobos believe this bottle exists.
- Blanket stiff*—Western type of hobo who carries his bed. He is also called a *bindle bum*.
- Blinds*—False door at end of baggage car. Hobo riding-place.
- Blinky*—A blind hobo, or one who is “practically blind.”
- Block, Mr.*—The original John Dubb. The man who believes that the police mean well and that *sharks* are good fellows.
- Bohunk*—A Polish or other Slavic laborer.
- Boil up*—To cook one’s clothes, or merely to wash clothes.
- Bone polisher*—A vicious dog. Also called a *tailor’s helper*.
- Boneyard*—Any graveyard. Also refers to a hospital, or to a medical college where they practice on the bodies of departed hobos.
- Boodle*—Cheap grafting, generally a term of the yeggs.
- Boodle jail*—A jail that may be worked for a good winter’s lodging.
- Boomer*—A hobo who is always on the go. He has a travel itch.
- Boston bum*—One of those superior fellows, a high-brow poser. Many of them do come from Boston or thereabouts.
- Bottle wagon*—An iron coal-car.
- Bouncer*—The strong man who throws the sleepers and drunks out of the mission. He is usually a *mission stiff*.
- Bowery barometer*—Curbstone philosopher from the New York *main stem*. General information bureau but not a highbrow.
- Bridal chamber*—*Flop house* where the guests lie on the floor. It is also a mining term meaning the miner’s workplace.
- Broad or brod*—A woman, generally young and opposite of *bat* or *blister*, which means an old woman.
- Browning Sisters*—The *Angelina* sorority. “He belongs to the Browning Sisters” or “to the Brown Family.”
- Buck*—A Catholic priest good for a dollar.
- Bug*—Same as *bitch*. These are lamps for the jungle.
- Bull artist*—A hobo with the gift of gab. Becoming a parlor term.
- Bull cook*—Camp *flunkey* doing the heavy work for the chef.
- Bum*—Amplly defined in the book. It is a term of many meanings, but in its most authoritative uses it refers to the lowest of vagrants.
- Bumpers*—Couplings between freight cars upon which hobos sometimes ride if there are no empties on the train.
- Bundle tosser*—Hobo harvest hand who pitches bundles or *bouquets*.
- Butts*—The stem of a cigar picked up on the street.
- Cacklers*—White collar workers.
- Cages*—The cubicle rooms in the cheap lodging houses.
- Cake eater*—The nice boy of the town. Not used much by hobos.
- Calaboose*—The police station or the village lock-up.
- California blankets*—Newspapers when used to sleep on.
- Call*—Hobo dish: Baked potato mashed with butter and served with liverwurst and onions.
- Candle eaters*—Term sometimes used for the Russians.
- Candy*—*Candy kid* is the fellow who gets the good breaks. *Candy job* is the pleasant job. *Candy team* is the favorite span of mules in the outfit.
- Cannon ball*—A fast train. “The Wabash Cannon Ball” is the mythical hobo train that travels everywhere.
- Captain*—Hobo salutation of the head man or *big shot*.
- Card man*—A union man or a hobo with a red I. W. W. card.
- Carry the banner*—To walk the street all night for want of shelter. Sometimes it is called *to lead Bruno*.
- Cat house*—A brothel, which is sometimes called a *notch house*.
- Cat wagon*—A brothel on wheels visiting the chaste villages of the middle west or following the harvest crews.
- Checker-board crew*—A mixed gang of white and negro workers.
- Cheesy*—To be filthy with dirt.
- Chicken in the clay*—Fowl rolled in mud for roasting. See chapter on food.
- Chow*—Becoming now a common word meaning food.
- Christ killing*—To speak from the soap box giving the *economic argument*.
- Chuck a dummy*—To pretend a fainting fit.
- Coffin nail*—A vanishing term for cigarettes.
- Collar and shoulder style*—Everything is put on the table and the hobo guest helps himself.

- Combination stew*—An ordinary jungle dish of vegetables and meat.
- Combination train*—A mixed passenger and freight local train. Is also called an *accommodation*, or *peddler*.
- Come-on guy*—A fellow who boosts things along on the job, for which the boss gives him on the sly a little more pay.
- Come to Jesus*—A *come-to-Jesus* manner means to feign piety. A *come-to-Jesus* collar is one worn by a preacher.
- Con*—A *con* is a tubercular person. *The con* is the conductor on a train. An *ex-con* is a former convict.
- Con game*—This refers to any kind of graft involving trickery.
- Con man*—A grafter or trickster. It may mean ex-convict.
- Connect*—To make a *touch*. The reward for good *panhandling*.
- Cooke*—The second in command to the main stewart-builder.
- Cousin Jack*—Generally refers to a Cornish miner, but, like the term *Cockney*, may be applied to any Englishman.
- Croaker* or *croacus*—A member of the medical fraternity, a *pill peddler*.
- Crooked arm*—Signal the boss gives when he wants more speed.
- Crum boss*—Man who builds fires in the bunk houses.
- Crum up*—Same as *boil up*.
- Crummy*—To be lousy. Also refers to the caboose on a train.
- Crum*s—What the hobo may get but never keeps: lice. Also called *gray backs* and *seam squirrels*.
- Cushions, Riding the*—Riding *de luxe* in a passenger train.
- Damper*—Cash till or cash register.
- Dead one*—A drunken hobo. Also a hobo who has just spent all his money.
- Dead picker*—A yegg who robs a drunk or *dead one*. He kicks him first to see if he is dead to the world and then robs him.
- Dead soldier*—An empty whiskey bottle lying beside the road.
- Deck 'em*—To ride the top of a passenger train.
- Decorate the mahogany*—To buy the drinks; to line the bar with thirsty throats and brimming glasses.
- Dick or fly cop*—A detective either in public or private employ.
- Dinkey skinner*—The man who runs a dinkey engine on construction jobs.
- Dipsy*—Workhouse sentence. See *give him the works*.
- Discard artist*—One who carries around or wears picked-up clothes.
- Dog robber*—Boarding house keeper, sometimes a flunkey.
- Doughnut philosopher*—A fellow who is satisfied with the price of a *coffee and feed*. He does not object to the doughnut hole getting larger because it will take more dough to go around it. He is the original *breadline optimist*.
- Drag*—A long, slow-moving freight train.
- Drag*—Hobo term for the main street of the town, as distinguished from the *main stem*. But a *drag* is also a homosexuals' party.
- Ducket*—A ticket, or a card good for a feed or a flop.
- Dump* or *joint*—Hobo hangout or gathering place. It also applies to a restaurant or *flophouse*.
- Dyno or dino*—A rock man who handles dynamite. On the Coast he is a *front and back man* who carries his blanket on his back like a western hobo and his cooking cans in front like an Australian tramp.
- Eat snowballs*—To stay up North during the winter.
- Economic argument*—Soap-box talk about economics. Generally opposed to the religious argument called *angel food*.
- Evil eye*—Some people are supposed to have an eye for wishing bad luck. Panhandlers try to avoid such.
- Exhibition meal*—A *handout* eaten on the doorstep. The madam wants the neighbors to witness her generosity.
- Extra gang*—A crew that works on the railroad track.
- Eye doctor*—A panhandler who can catch the eye of his client and hold it without quailing. Also a pederast.
- Eye opener*—An early morning drink, often begged from the bartender when he opens up in the morning.
- Faded bogey*—Negro acting as an informer.
- Fagot or fag*—A *road kid* with homosexual tendencies.
- Fall guy*—The *goat*. The fellow who gets caught. In the world of crime he is one who *takes the rap* without *squealing*.
- Fanner or fan*—To be hit on the soles while sleeping on a park bench. To *get a fanner* is to be moved on by the police.
- Fink*—A scab. One who takes a striker's job. Good hobos frown upon this practice.
- Fish*—Jail term for new prisoners.
- Fisheries*—Missions along the *main stem*.

- Flagged*—It may mean to be driven out of town, to be turned down or to be hailed by someone.
- Flannel mouth*—An Irishman. Sometimes called a *chaw*.
- Flicker*—To faint or simulate fainting.
- Flipping a rattler*—Boarding a moving box-car.
- Floater*—Same as *boomer*, only the *floater* is more casual. To *get a floater* is to be turned loose by the judge.
- Flop*—To sleep or a place to sleep. To *prone the body*.
- Flop house*—A cheap lodging house or any hobo hotel.
- Flunkey*—Camp waiter. Always male. A woman is a *hasher*.
- Fly-away*—A deserter from the army or navy.
- Forty-fives*—Monicker for navy beans, givers of energy.
- Frisk or shakedown*—To search. It usually means search by the police. But train crews also *go through* the hobos.
- Frog or frog eater*—A Frenchman. A Canadian Frenchman is a *pea soup*.
- Front*—A whole layout of new clothes. “Put on a front.”
- Fuzz tail*—Name for unpopular fellow. He is also a *ring tail*. Such hobos are often under suspicion.
- Galway*—A priest.
- Gandy dancer*—Hobo track laborer, tie tamper and rail layer.
- Gandy gumbo*—Hobo dish described in the chapter on food.
- Gay cat*—Tenderfoot among the hobos.
- Gentry*—The leading natives of a place, the socially elect.
- Ghost story*—Plausible tale told to the housewife.
- Gin mill*—Very old hobo term for a speakeasy.
- Give him the works*—To be given a job by a social agency, or sent to the rock pile by the judge.
- Glauming*—Refers to crop gathering. We have *berry glauming*, *apple glauming* or *knocking*, *cherry glauming*, etc.
- Go-getter*—Hobo who worries the social workers by writing to or calling on the wealthy contributors.
- Go with the birds*—To go south for the winter.
- Going by hand*—To walk. Hiking to the next water tank.
- Going on the farm*—When a train goes on the side-track. Also a railroad term.
- Gooseberry bush*—The clothes line. *Gooseberries* are the garments that adorn the line in the moonlight.
- Goy*—Hobo who can work the Jewish agencies. Plural, *goyem*.
- Graveyard shift*—Night work, usually in the small hours.
- Graveyard stew*—Hot milk and toast.
- Gummy*—A hanger-on. A bum who goes along with the crowd but never contributes. A sort of *dead head*.
- Gunnells or guts*—The *rods* or *trucks* of the train where hobos ride.
- Gyp*—A sub-contractor with poor equipment, but who may be good to work for.
- Handout*—A parcel of food given out by the housewife. A *lump*.
- Hard tails*—Mules, usually old ones. So named because they show little response to the *skinner's* whip. Young mules are *shavetails*.
- Harness bull*—A policeman who wears a uniform.
- Haywire*—When everything is balled up. A *haywire outfit* is something that is all tied and patched together.
- Head end*—The front of the train. In front of or near the engine.
- High ball*—Signal for a train to pull out of town.
- High diver*—Yegg who picks pockets.
- High jacker*—Yegg who robs hobos with a gun or by brute strength.
- His Nibs*—The police magistrate.
- Hit the ball*—To speed up on the job.
- Hitch*—Prison term or army term. Same as *bit*.
- Hitting the grit*—To be forced off a fast moving train.
- Hobo*—The highest form of the genus vagrant.
- Hobohemia*—Universe of the hobo.
- Hoghead or hogger*—The engineer. This is also a railroad term.
- Home guard*—A fellow who always stays in town. Some live their lives on a single block in the *main stem*.
- Honey dipping*—Working as a *shovel stiff* in a sewer, or any kind of unpleasant shovel work.
- Hoosgow*—Same as *calaboose*. Often called *the can*.
- Hoosier*—The natives, generally simple fellows. Also called *yaps*, *hicks* or *rubes*.
- Hot*—A person is *hot* when he is wanted by the *law*. No hobo will travel with a man who is *hot*.
- Hot shot*—A fast freight or passenger train.
- Hot stuff*—Stolen goods. Something that must be dropped.
- Hotel de Gink*—A charitable or a municipal lodging house.

- House dog*—A fellow who goes about hunting jobs, cleaning windows, beating carpets, etc.
- How strong are you?*—Meaning, How much money have you? If you have a *pile* you answer, “So strong, I stink.”
- Hump*—“*Over the hump*” means to cross the mountains to the West Coast. It also refers to the elevation in the freight yards for switching cars, a railroad term.
- Hundred proof*—Meaning whiskey of the *purest*.
- Hunt a wampus*—A wild goose chase. The *wampus* is a black cat with a white tail and it lives in the tall timber.
- Hunkydory*—Everything is fine. The term is getting into popular usage.
- Jake or George*—The same as *hunkydory*.
- Jail bird*—A fellow who brags about his *vag* record.
- Jawbone*—Credit. To buy in the company store against one’s pay.
- J. B.*—J. B. Stetson hat. Prized among hobos because the band may be sold for half a dollar.
- Jerries*—Men who work on the section gang. They do maintenance work while *gandy dancers* work on contract jobs.
- Jesus guy*—A *mission stiff*. Sometimes called a *faith man*.
- Jocker*—A hobo who goes about with a *road kid* or *punk*.
- John Family*—This term is sometimes applied to the farmers, sometimes to the police and again to the yeggs.
- Jungle*—Hobo’s summer home. See the first chapter.
- Jungle buzzard*—A bum who loafes about the jungle begging from the hobos.
- Junker or junky*—A fellow who uses drugs, called *junk*.
- Kangaroo court*—Mock court held in jail for the purpose of forcing new prisoners to divide their money.
- Keister*—A suit case. Not often carried by hobos.
- Kick*—A pocket in the trousers.
- Kicks*—Shoes. Also called *slides*.
- Knowledge box*—Country school house where hobos sometimes sleep.
- Lamb*—Boy tramp or *road kid*. Boy companion of the *wolf*.
- Lambing*—To herd sheep, a job avoided by respectable hobos.
- Leather poke*—A wallet.
- Lee of a reefer*—The ice-box in a refrigerator car.
- Library birds*—Down and outers who loaf or *roost* in libraries.
- Lighthouse*—Stingy person. A procurer for a house of sin. Also one who is placed to watch for the *bulls*.
- Limpy*—A cripple. If he has a wooden leg he is *peg*.
- Little red wagon*—A dump wagon. Driving one is a favorite job.
- Little school*—Reformatory or house of correction.
- Lizzie tramps*—Sometimes refers to the hitch-hikers and again to wandering families traveling in automobiles.
- Louse*—A fellow who will steal the shoes of a hobo who befriends him.
- Lump*—Food received at the back door; a *handout*.
- M. & C.*—“Marmon and Cadillac,” meaning morphine and cocaine.
- Main guy*—Same as *captain*. Refers to the person in charge.
- Main stem*—The chief hobo street in town.
- Making a raffle*—Same as to *connect*, to get the money.
- Manana*—Spanish for “tomorrow.” Means put it off and embodies the spirit of postponement.
- Man-catcher*—The *shark’s* assistant who urges a job on the hobo—usually to fill a shipment of men.
- Manifest*—Fast freight carrying fruit or cattle.
- Mark*—A *mark* is a person or place good for food, clothes or money, but not advice.
- Mission stiff*—Man who gets “saved” for food and a *flop*.
- Mix me a hike*—Meaning “pay me off;” or “give it to me.”
- Moll*—A woman who pals with hobos. This term is not used much by the hobos.
- Monicker*—The hobo’s informal name, his *handle*.
- Monkey chasers*—West Indians or other Negroes from the tropics.
- Mooching*—A low form of begging. See chapter on subject.
- Moper*—A bum who is even lower than a *moocher*.
- Mop Mary*—A scrub woman.
- Mouthpiece*—The name the yeggs apply to lawyers.
- Mud*—Strong coffee mixed with weak milk.
- Munie*—Familiar term for a municipal lodging house.
- Mushfaker*—A go-about repair man. He may solder pots or mend umbrellas. Sometimes hobos follow the art.
- Nickel note*—Five-dollar bill.
- Noch*—Hebrew shelter for homeless men. From *hochnosis orchim*, which means a place to make welcome. They treat you fine if you know how to get by the gate.
- Nose bag*—Lunch handed out in a paper sack.
- Nuttery*—Hospital for the insane. Also a *nut factory*.

- O. B. U.*—One Big Union. The ideal of the soap boxers.
- Odd fellows*—Fraternal symbol: three doughnuts and coffee.
- On the hummer*—Being on the bum but not down and out.
- On the uppers*—Being on the bum and nearly down and out.
- One-Eyed Connolly*—A gate crasher. Term refers to the famous no-pay fight fan by that name. He has hobo imitators.
- Packing the mustard*—Carrying the hod.
- Padding the hoof*—Going by foot. A practice good hobos avoid.
- Palooka*—A roving boxer who lives in the past.
- Panhandling*—Read the chapter on the subject.
- Paul Bunyan*—A chronic, but nonetheless interesting, liar.
- Pay station*—Social welfare agency that gives out money. Very rare.
- Pay streak*—To have a job that pays well.
- Peanut farm*—Workhouse where the inmates crack stones.
- Pea soup*—French Canadian or *Canuck*. Often a lumber jack.
- Peddler or bob tail*—A short local freight train.
- Peg house*—A place where, if the hobo wishes, he may meet *Angelina*.
- Pennsylvania salve*—Apple butter.
- Peoria*—Thin soup. Generally potato water with salt.
- Phoney man*—Fellow who peddles cheap jewelry.
- Pie card*—One who hangs around and lives on a *remittance man* or some other person with money.
- Pig's vest with buttons*—Sow belly, or any fat bacon.
- Pile driver or Java*—Coffee, but good strong coffee.
- Pill peddler*—The camp doctor. The label may fit any M. D.
- P. K.*—The principal keeper of the *little school*.
- Pogey*—The workhouse. Sometimes the poor farm.
- Poke*—A leather wallet. Also a *gin mill*.
- Possesh*—*Road kid*. The hobo's boy companion.
- Possum belly*—The boxes under passenger cars where hobos sometimes ride.
- Potatoes and with it*—Western jungle dish. See chapter on food.
- Pound your ear*—To sleep in a bed.
- Preshun*—Same as *punk* or *possesh*.
- Prone the body*—To lie down and rest.
- Punk*—*Road kid*. Often used in derision.
- Punk*—Bread. Southern bread is called *pone*.
- Punk and gut*—Bread and sausage.
- Punk and plaster route*—Traveling among the Pennsylvania Dutch.
- Pusher*—The straw boss. One in charge of the job.
- Rank cats*—Lowest of the genus bum.
- Rattler*—A fast train, same as *cannonball*. In the West a box-car.
- Razor back*—Circus roustabout. Also an Arkansas hog.
- Read your shirt*—To examine your clothes for *crums*.
- Red ball*—Fast fruit train. Good for long rides.
- Reefer*—A refrigerator car. Like many another railroad term it also belongs to the hobo's lingo.
- Remittance man*—Hobo paid by his family to stay away from home.
- Road kid*—The boy apprentice among the hobos.
- Robbing the mail*—Snatching food and milk delivered at the doorstep early in the morning.
- Rods*—The nether structure of a freight car. Modern cars do not have *rods*. A *rod* is a gun.
- Roll*—To *roll* means to rob a sleeping drunk.
- Roll in the sawdust*—In the *barrel house*, now extinct, they put sawdust on the floor for the convenience of the drunks.
- Sagebrush philosopher*—Gabby fellow from the West.
- Sallies*—Salvation Army hotels and industrial workshops.
- Salve eater*—A snuff-chewing Swede. He is also a *roundhead*.
- Sap*—The policeman's persuader. *To get sapped* means to be clubbed by the *bulls*.
- Scissorbill*—Hobo who believes he can become President. He never gets next to himself, or anyone else.
- Scoffing*—To eat. *To scoff regularly* means to miss no meals.
- Scrape the pavement*—To get a shave.
- Scrapers' school*—Barber college where students practice on hobos.
- Screw your nut*—Get wise to yourself.
- Sea food*—A sailor.
- Set-down*—To eat with your feet under the table. The reverse of the *handout*.
- Sewer hogs*—Ditch diggers.
- Shack*—A brakeman. Railroad term.
- Shack fever*—Tired feeling that comes in the spring. It is also called *itching feet*.
- Shakedown*—Same as *frisk*.
- Shanty man*—Same as *gyppo* contractor.
- Shanty queen*—Wife of the *shanty man*. Any woman around a camp.
- Shark*—A man who sells jobs to the hobos. His assistant is called a *man catcher*.

- Shatting on the uppers*—To be broke, penniless or clean.
- Shavetail*—Young mules. See *hard tail*. A young army officer of low rank is also a *shavetail*.
- Sheets*—Newspapers for a bed.
- Shellacker*—Booster or promoter who *puts on the varnish*.
- Shine*—A Negro. Also called a *burr head*.
- Shiner*—A ten-cent piece.
- Shiv*—Razor. A blade but never a safety razor.
- Shoo fly*—A railroad detour, when a track is built around some obstacle. Also means to avoid passing through a town if the police are hostile.
- Side door Pullman*—A box car. Hobo's home en route.
- Skinner*—One who drives mules. Especially on construction jobs.
- Skinner's delight*—Hobo jungle dish. See chapter on food.
- Sky pilot*—A highbrow preacher. Not one of the mission kind.
- Slave market*—That part of the *main stem* where jobs are sold.
- Sleep*—A short term in the workhouse or jail. *To be buried deep* is a long term.
- Slob sister*—A *moocher* who weeps to his clients.
- Sloughed*—To be arrested; pronounced "slowed."
- Slum*—Derisive term for an uninviting stew or *slumgullion*.
- Smoke*—Strong liquor. Denatured alcohol.
- Smoke wagon or gat*—Same as *rod*, a gun. Rarely carried by hobos.
- Snake*—Hobo and railroad term for switchman. A *snake* is more friendly than a *shack* to the hobos.
- Snapper rig*—Second-hand suit of clothes.
- Snipe*—Section hand or *jerry*. A section boss is a *king snipe*.
- Snipe or navy*—*Butts* of cigarettes and cigars.
- Snipe shooting*—To hunt for *snipes* in the gutter.
- Snowbirds*—A *junker*; or a person who uses drugs.
- Son of Adam*—Hobo willing to do a chore for a hand-out.
- Song and dance*—To give the madam at the backdoor an interesting and entertaining argument.
- Soup*—Liquid explosives for blowing safes. Used by yeggs.
- Spearing biscuits*—To fish food out of garbage cans.
- Speed balls*—Sherry wine. These days it may be any wine, even *dago red*.
- Spider*—A small frying-pan with a long handle. It may be an improvised one.
- Spittoon philosopher*—A hanger-on about the gin mill or along the curbstone, but an opinionated fellow withal.
- Splinter belly*—A man who works on bridges and trestles.
- Stable dog*—A man who looks after the camp stables. He is often called *chambermaid to the mules*.
- Stack of bones*—Cheap hash-house dish, mostly boiled spare ribs.
- Stake*—Money in the pocket after leaving the job. The *pile*.
- Stall*—Any excuse that meets the difficulty. It also refers to the yegg assisting the *high diver* or pick-pocket.
- Stemming*—Panhandling or mooching along the streets.
- Sterno*—Dangerous alcoholic drink made by heating sterno can.
- Stew builder*—A hobo camp cook, a *kitchen mechanic*.
- Stew bum*—Booze fighting bums that never leave the *stem*.
- Stiff*—A hobo worker. There are *harvest stiffs*, *bridge stiffs*, *hospital stiffs*, and many others.
- Stir*—State prison. The *big house* or *big school*.
- Stool pigeon*—An informer, a *rat*, one who betrays to the police.
- Straight and narrow*—The way to eternal life and salvation.
- Sugan*—Bed comforter. Usually the old style quilts.
- Swamper*—Fellow who cleans out the bar-room.
- Sweat board*—Concrete mixing by hand.
- Sweet back*—Hobo sheik who is only sampling hobo life.
- Tallow pot*—The fireman on the train.
- Tally*—Meaning, "I understand," or "Count me in on it."
- Tear baby*—Fellow who bums women or men with women. Often puts up a pitiful story, even weeps.
- Three Star Hennessy*—Good old brand of liquor.
- Thin ones*—Small coins; dimes, nickels and pennies.
- Throw your feet*—Same as *stemming* or *panhandling*.
- Throw your guts*—To squeal. To give information to the *bulls*.
- Tie pass*—Fictitious permit from the railroad president to walk over the ties.
- Timber wolf*—A worker in the woods, a logger, or *wood tick*.
- Tin horn*—A petty sport hanging around the *main stem*. He is sometimes called a *rustler*.

Tin roof—A free drink. So-called because it is “on the house.”

Tip the office—To warn a fellow hobo by giving some signal.

Toot the ringer—To ring backdoor bells.

Toppings—Dessert. Something toothsome to touch off a meal.

Town clown—The village constable.

Tramps—Migrating non-working vagrants. A grade higher than *scenery bums*, *dingoes*.

Trapeze artist—A hobo who rides the *gunnells* or *rods*.

Trombenick—A Jewish hobo. They are scarce as hen’s teeth.

Trombo—Refers to a hobo pugilist, or one who hopes to be.

Turkey—A bundle, a suitcase or a canvas bag.

Twist a dream—To roll a cigarette.

Underslung—To get *underslung* means to ride under a train and have the *shacks* throw things at you, or to have them drag a piece of iron on a string under the car so that, bounding up and down, it will punish you plenty.

Vag or vag ‘em—To be jailed or *fanned* out of town for being a *vag*.

Wagon tramps—Families who travel in covered wagons or *schooners*.

Wallies—Town bums who never lose sight of the city walls.

White mule—Old-fashioned white corn whiskey.

Willies—The Good Will Industries of the Methodists.

Wingey—Hobo with one arm or crippled arm. Also *army*.

Winoes—Those who drink the *dago red* wine of California.

Wobblies—Hobos who belong to the I. W. W.

Wolf—Older hobo exploiting the *road kid*. The pair is known as *the wolf and the lamb*.

Wood butcher—A carpenter. A hobo who can do odd repair jobs.

Wood tick—Same as *timber wolf*.

Woolies—Sheep. *Going with the woolies* means to take a job as sheep herder.

Working for Jesus—The job of being a *mission stiff*. To be actively engaged around the *fisheries* or missions.

Yahoo—A *hoosier* who has no apologies for his ignorance.

Yard dick—Private policeman of the railroads who makes it his business to keep hobos off the trains.

Yeggs—The crooks of *Hoboemia*; too mean to be *bums* and too lazy to be good *tramps*.

Y. M. C. A.—You Must Come Across. The hobo expects nothing from the Y. M. C. A. that is not paid for.

Document 15: Gibbs, Philip. (1935). *England Speaks*

Philip Gibbs (1877–1962) was a prominent British journalist who wrote for several newspapers, was appointed literary editor of the *Daily Mail* in 1902, and wrote several books on World War I, journalism, and social issues. A Roman Catholic, he was the first journalist to interview the Pope. He published *England Speaks* in 1935 as a means of describing England through the lives and voices of English men and women in various circumstances. The three extracts below are the lives of homeless persons in London and are based on his participant observation research at two Salvation Army facilities and the shelter and a Rowton House lodging. They are useful read along with Documents 9, 10, and 11, as these four together provide a rich description of homelessness in England for a period of nearly 100 years.

See entries: Ethnography; Homelessness, Definitions and Estimates of; London; Media; Public Opinion; United Kingdom; Vagrancy

Down-and-Out

In Great Peter Street, Westminster, I sat down at the dining table opposite a pale, haggard-looking man about thirty-eight years of age who was good enough to let me talk to him. There were about four hundred men, I should say, in the room with us, having lunch which worked out at an average cost of sixpence for three courses. It was good food, well cooked in perfectly clean kitchens, as I had seen. Upstairs the long dormitories were light and airy, with comfortable-looking beds, much unlike the coffin boxes which I used to see in such shelters before the war. This Salvation Army Hotel seemed to me extremely well run and was spotlessly clean.

I looked round the tables where the men were eating and studied their faces. There were good English faces among them, of the labourer type. All these middle-aged men must have served England in wartime. I may

have rubbed shoulders with some of them when they were all our heroes. Now they looked rather beaten, and had lost the old gaiety with which they had gone up the Albert-Bapaume road singing "It's a different girl again." But there were many younger men, any age between eighteen and thirty. Some of them grinned at me as I walked between their tables, and one of them winked as though to say, "First time here, old bird? Well, it's not too bad!"

"Who are all these fellows?" I asked the man opposite the seat I took.

He glanced round at his fellows and smiled with a slight shrug of his shoulders in a shabby overcoat.

"The usual crowd! Casual labourers, out-of-works, young fellows who've not known what it is to work since they left school, clerks pushed out of their offices to make way for young girls, and others like myself."

He had been a ship's steward. Liverpool was crowded with ships' stewards who could not get a ship. Now he had come down to London with the idea of getting a job as a waiter. No hope left. He was getting too shabby even to ask for a job. One look was enough. Halfway through the swing door of a restaurant the manager pushed his thumb in the opposite direction. Too shabby. All the look of a down-and-out.

"That's how it goes," said the man. "There are various associations for providing men with clothes, like the Lord Roberts Ex-Service Welfare. But there's a snag in it. They won't give one a new rig out unless one can prove that there's a job waiting for one. And one can't get a job without decent clothes. It's the vicious circle!"

I was interested in a man on the opposite side of my table a little to the left. He was listening to our conversation but turned his eyes away when I met them for a moment.

"That's an ex-officer," I thought. "I should say he comes from one of the Dominions. I would like to get into talk with him."

"I seem to know your face," said the man who had been a ship's steward. I told him my name, and he happened to know it.

"War correspondent, weren't you?" he asked. "I used to read your stuff in the *Daily Chronicle*."

I nodded.

"Twenty years ago now. Hard to believe!"

"I wouldn't mind those days back," said the man, with a kind of laugh which was a kind of groan. "I was a youngster. Hadn't been broken."

He talked very frankly about the down-and-outs, of which he was one.

"Seventy-five per cent their own fault," he said, "bar-ring the young fellows who can't get any work, whether they want to or not. London is the dumping ground of derelicts. They come down expecting work. Funny, isn't it? I was like that myself. If only I can get to London, I thought. So went on the tramp, wearing my boots out and blistering my feet. And what for? Why, London is crowded out with the likes of us. We're not wanted."

"Hard luck!" I said.

He nodded and smiled.

"That's life, except for the fortunate! This world crisis knocked a lot of us, of course. Killed shipping. I'm one of those who believe in Free Trade. That's because I used to be a steward when the seas were used by British ships. Well, I think I'll be getting along. It's nice to have had a talk."

He nodded and left the table. I wondered whether I dare talk to the man on my left opposite. He was wearing a nice brown suit, better cut than mine. He had ginger-coloured hair and hazel eyes and a fresh complexion.

"You come from one of the Dominions, don't you?" I hazarded.

He mentioned one of the Crown Colonies.

"I've read some of your books," he told me. "*The Street of Adventure* and *The Middle of the Road*. Do you often come here?"

"Not often. Why are you here?"

He hesitated a moment and then answered frankly.

"I got into trouble with my mess bills. That began it. My own fault, of course."

We talked about the war. He must have been very young when he was a second lieutenant in a division which was very proud of itself, and justly. He remembered my going up to see them somewhere in the neighbourhood of Thiepval. Halfway through the Passchendaele show his crowd had been sent to Italy under old Plumer and Harington. The Italian soldiers were odd fellows, very whimsical. No idea at all of sanitation! Their idea of war wasn't the same as ours. Well, sometimes he looked back to the war days with regret. Not too bad. All the same, the idea of a new war was horrible. Did I think it was coming, by any chance?

I told him that I thought we should push it off, and he was glad to hear that.

"This isn't much of a place," he said, looking round the long room where four hundred men or so were eating their cheap food. "I find the atmosphere pretty ghastly. It takes some time to get used to it."

“Can’t you get your old division to help you?” I asked. “They might like to be helpful.”

He shook his head.

“I daren’t go near them. I’ve still a bit of pride. They were having the regimental dinner the other night. I gave it a miss. The fact is I shirk meeting any of the old crowd. Sometimes I meet a man I know in the street. ‘Things all right?’ he asks. ‘Oh, rather!’ I say. Of course, he guesses. They all guess. I haven’t the face to go cadging. The other day I took the bus to one of the suburbs where I happened to know some nice people. Of course, I had the idea of touching them for a bit. Anyhow, it would be good to sit in a decently furnished room again and drink a cup of tea at a table with a cloth on it. But when I got near the house I turned back. There are some things one can’t do. That’s one of them, as far as I’m concerned.”

“It must be—wearisome,” I said, hesitating for a moment at the last word. One doesn’t like to rub a man’s wounds.

“Extremely boring,” he answered. “That’s almost the worst of all. One gets up in the morning with a blank day ahead. What the hell is one going to do? How can one put in time? Then there’s the food trouble. Where to eat? These places take my appetite away. They’re all right, of course. The food is perfectly good. But I supposed I’m a bit of a snob! Funny, isn’t it? I find it hard to sit down among the casual labourers and the down-and-outs, and yet some of them are very decent fellows. Extraordinarily decent if one gets to know them. But I don’t much. They think I’m a ‘toff.’ That makes them dry up. I don’t get any real comradeship. My fault again, of course!”

“It’s not easy,” I agreed.

“The loneliness is really awful,” he told me. “Sometimes I can hardly stick it. The worst of it is, everything goes bad at once. That’s my case. The whole show collapsed under my feet. Everything went wrong. It’s extremely difficult to get out of a situation like this.”

“If there’s anything I could do,” I suggested. “If you would care to tell me your name—?”

He told me his name. For the moment he had no address.

We began to talk about books again. He had been very keen about my novel *The Middle of the Road*. Was I writing anything else? I helped him to forget for a little while that he was lurching at the poor men’s table.

“I’ve enjoyed this conversation quite a lot,” he said presently when I got up to go.

Red Biddy

“Yes,” said the commandant of this Salvation Army shelter in Great Peter Street, “we get some very odd types! One man who lived here quite a time had eighty pounds a year of his own, and we looked after it for him. But he was always drawing on us to get drunk and was very annoyed if we refused to give him an advance. One night during the Jubilee week he came in with four men he had picked up in the streets and said very loftily, ‘Put these gentlemen down to my account.’ To tell the truth, we got fed up with him.”

There was a brigadier of the Salvation Army in the room—a cheery man who kept his sense of humour in spite of a lifetime among human derelicts. He held up a bottle filled with some pink liquid.

“See this,” he said. “It’s Red Biddy, otherwise known as ‘King Fergus.’”

Those names meant nothing to me until he explained.

“Methylated spirits. It’s the last stage downhill to the bottomless pit. Men and women who take to this are beyond all hope—and quite a lot are taking to it. It’s sold in the cheap drug stores. Six good drunks for sixpence. You can see the temptation!”

“It must be filthy stuff,” I said, looking with a kind of horror at that bottle of pink liquid.

“Oh, they get over the taste of it. It’s an acquired taste, like tomatoes or olives. It’s the effect they like. So much quicker than weak beer! Very rapid as an agent of blind drunkenness and oblivion. There ought to be a check on its sale in the chain stores.”

The commandant fumbled in a drawer of his desk and pulled out some envelopes.

“There’s another temptation which drags these fellows down,” he said. “It’s very prevalent, and the tempters are very active in circularizing their victims. This is a favourite address of theirs. There’s a heavy post bag every morning for our clients who give this as their address. I’m talking about dog racing. The old expression ‘going to the dogs’ has a new and modern meaning.”

He opened one of the flimsy envelopes and handed me one of the circulars which I reproduce on this page.

**LETTER FOR COMMISSIONS
FOR GREYHOUND RACING
ALL POSTAGE PAID
NO LIMIT
WIN OR PLACE FOR SINGLE EVENTS**

Business is transacted on all Meetings under National Greyhound Racing Club Rules only. Commissions are accepted by Letter, Wire, or 'Phone. Telegrams up to £5 a Win or Each Way must be handed in at least thirty minutes before advertised time of Race. Over £5 and not exceeding £100, two hours before Race. Over this amount in accordance with Racing Rules. Letters up to £2 a Win or Each Way must be time-postmarked thirty minutes before race. Over this, if sent by letter, must reach us on morning of Race. Cross Bets-Any to Come, Up and Down-accepted. The Limit paid over any Cross Bet will be 20-1 to the original stake, and 5-1 to the place stake. Systems, such as Trap Numbers, etc., are all accepted.

“That’s the kind of thing which lures young fellows to ruin,” said the brigadier. “They’ll put their last bob on the dogs, hoping for a win. Needless to say the odds are against them. In the end they’re brought low and join the army of lost battalions.”

He was still nursing the bottle of Red Bidy and held it up to the light as though it had a fascination for him as a ghastly exhibit. The devil’s brew!

These two men who were closely in touch with the problem of human degeneration talked about the need of discipline for youth. Like the policewoman in St. Martin’s crypt, they had an admiration for Hitler’s control of youth in Germany, and for their well-organized camps. They didn’t think much of the Labour camps in England. They provided no real training in agriculture where experts are needed. The men just grubbed up the earth a bit and made a mess of things.

“The unemployed don’t seem to take a camp life,” said the brigadier. “They call it ‘slave labour.’ They want their liberty, even if it means mucking about without work or wages. This liberty is a much abused word. A man shouldn’t have liberty to drink Red Bidy or let himself drift into loss of will power and loss of morale.”

I heard some criticism of the Prince of Wales’s Jubilee Trust for Youth.

“It’s too much devoted to hikers and sports-grounds and established institutions for playing fields. There ought to be more done for training and taking these boys off the streets and away from the Labour Exchanges where they hang about for next week’s dole, utterly without a purpose or a place.”

“Look at all those poor fellows up north,” said the brigadier. “Many of them came drifting down to Lon-

don for the Jubilee, hoping to pick up odd jobs. Now they are drifting out again, but what are they going to do then? The problem is not being tackled. The nation and the newspaper are interested in nothing but sport. They don’t turn a searchlight on the other side of things.”

I had a long talk with these two experts in social conditions of casual labour. They talked in a hard-headed way, without emotion or sentiment, and with humorous anecdotes of the types they meet day by day.

Out in the yard groups of men were standing about listlessly. A blind man with a white stick tapped his way among them. Men were washing their feet in foot baths.

I walked into Whitehall and up to Piccadilly among the gay crowds again. They were all well dressed and looked prosperous. The battalions of women were out for the afternoon’s shopping or lining up outside the picture palaces for a few hours’ false romance in the dream world of the screen.

Rowton House

The Rowton Houses—long established now—are very useful to poor gentlemen and those who are temporarily out of work. I knew a gentleman of the old school who lived at one of the Rowton Houses for some years. He kept his dress clothes neatly brushed and pressed in a small chest of drawers and emerged now and then to dine with old friends.

At Rowton House in the Hammersmith Road the beds are occupied now and then by tea planters from Malaya, struck by a world blizzard, and also by artists from Chelsea who find no market for their works of art—it is not surprising when one looks at some of them—and other men of education and quality for whom the adventure of life in this jungle world has been too hard. But it is mainly frequented by casual labourers and men on seasonal jobs which afford no wages if the weather is fine, or if the weather is wet, or if it is summer, or if it is winter. Some of them were just arriving for the night when I went to Rowton House in the Hammersmith Road on a rainy day.

It looks like a small place from the outside, but it has accommodation for fifteen men and surprises one inside by the length of its corridors with hundreds of cubicles on each side, and by the spaciousness of its kitchens, dining rooms, reading rooms, and wash places.

The superintendent is a nice fellow with a passion for cleanliness. If he sees a speck of dirt or any untidiness he gets as peeved as a sergeant major when he finds a dirty rifle on parade. That is due to his army training—

he was seventeen years in the Regular army—and a private conviction that cleanliness is next to godliness and not so hard to acquire. We had a talk about the old war, as men do when they remember it. He couldn't get wounded—that was his peculiarity in the Great War. He just couldn't get hit and had to stick it out all through the big shows. Afterwards he was like other demobilized heroes of the war who had heard the call, "Your King and Country Need You," and then returned to hear quiet voices saying in their ears and souls, "Your King and Country don't need you. There's no work for you. Why didn't you get killed, laddie?" The women had taken the men's jobs and did them very well. All the little girls from the London suburbs were earning pin money as typists and clerks.

This friend of mine looked one day through the plate-glass windows of the Royal Air Force headquarters. It had occurred to him, and to two hundred other men, that they might get jobs in the clerical department. Wasn't it in a way their right, having helped to save England in her hour of need? Well, anyhow, they wanted the jobs. But through the plate-glass windows they sat rows of young girls tapping typewriters or ceasing to tap to powder their pretty little noses. Two hundred ex-service men turned away.

"Come and see my kitchens," said my friend.

I saw his kitchens and was warm in my congratulations. They might have been the kitchens of the Ritz Hotel.

"Have a look at the food," said my friend.

I had a look. He didn't let me off a single potato on the boil or a single mess of pottage or a single pudding or pie. It all looked good and appetizing. The prices were cheap. Fine soup for tuppence. Most excellent-looking fruit pies for the same price. Kippers, rather expensive, I thought, for fourpence. For eightpence one could feel like a duke and be replete. For a shilling one could overfeed, handsomely, unless one had been without food for three days, as now and then happens to the paying guests in this establishment.

I went through the bathrooms, the lavatories, the wash places. They lived up to a high standard of sanitation.

"It's a bee in my bonnet," said the superintendent of Rowton House who couldn't get wounded in the World War. "I should have had dreams if I thought these places weren't kept clean. It's my test of efficiency."

They passed the test with honours.

But I was more interested in the human side of things. That is the bee in my bonnet. I have a passion for

the study of my fellow men. I wanted to talk to some of the fifteen hundred who were eating, reading, or sitting very silent, I noticed, without much talk among themselves, in the dining rooms and reading rooms.

But first I went upstairs to see some of the bedrooms—like ship's cabins in the third class of an ocean liner, just as small and just as neat, with no room to swing a cat, if one happened to need that form of exercise. I imagine that expression refers to a cat-o'-nine-tails.

We were joined by one of the attendants who looked an ex-naval man and had been at Rowton House here for many years.

"Do you have many old residents?" I asked him.

He chuckled.

"Why, bless you, sir, some of our gentlemen have been here year in, year out. They find it economical and very convenient. No servant troubles. No landladies. No squalling kids or gramophones. It's like a service flat for them with the restaurant downstairs. Now here, for instance, is the room of a gentleman who has been here for seventeen years."

I went into a small bedroom. It was as neat as a new pin, with a bed, a small chest of drawers, a chair, and a bookshelf. My eyes were drawn like a magnet to the bookshelf. What sort of books did they read in a private room of Rowton House? On the shelf were Horace's Odes, a Greek grammar, a book on Egyptology, and other historical works. I had no need to ask where the inhabitant of this room spent his days. I could see him in my mind's eye. He would be in the reading room of the British Museum. His lunch would be a bun and a glass of milk. In winter he would wear mittens to keep his hands warm. He would walk back part of the way to Hammersmith to save a penny on the bus fare.

Downstairs in the reading room I fell into a conversation with a sturdy-looking man going fifty, in black clothes without a collar. He was a coal heaver by avocation and a very intelligent, simple man, with brown eyes and a clean-shaven face, blue about the chin.

Before I talked to him, he was sitting there motionless, with his hands clasped between his knees. Next to him was a man in labourer's clothes. He had a kind of palsy, and his head and hands twitched unceasingly. There were about a hundred other men in the room. A few were reading papers, but most of them sat silent, without a word to each other. Some of them were boys.

"Mine is a seasonal job," said my coal heaver. "I've been turned off some months now because of the fine weather."

“Do you get the dole?” I asked.

He nodded.

“Seventeen bob a week. Just enough to keep living, but not much more. This place is expensive for the likes of me. I can’t afford baccy more than once a week.”

He thought conditions of labour were not improving. It was all on account of men coming down from the distressed areas.

These strangers took the bread out of the mouths of Hammersmith men. He was a bit disheartened. The fact was he was getting oldish and got tired walking about to look for a job which wasn’t there. He had to get round to the yard at five o’clock in the morning and then be told he wasn’t wanted. After that, maybe, he would take a train to Harrow. That cost him eightpence, and he heard the same tale of nothing doing.

“After that goes on for weeks one hasn’t the heart to look for work. Then one gets fed up with nothing to do but just sit about like this. It’s demoralizing. It’s not good for man or beast. You see I’ve always been an active-minded man and very strong in the arms. Now they’re getting flabby because I economize on food. Have to, you know!”

He talked about social conditions generally. In his opinion England had seen her best days. The world didn’t want English coal or cotton or manufactured goods—not so much as they did. He was sorry for the young blokes. Some of them hadn’t a chance. Hopeless. Well, that wasn’t good. On the other hand, he was bound to admit the folk with wages had good wages. They were better dressed and had a better life than in the old days. Of course, he wasn’t grouching about his own situation. He didn’t believe in grouching. There were many worse off than himself, and some of them wanted another war, which they thought was better for them than this kind of peace. He didn’t hold with that, having seen a bit of the last war. He couldn’t quite see what good another war would do for Hammersmith.

We talked for some time about the state of the world and the causes of unemployment. He was a bit bewildered, he said, with things like the gold standard. He was no scholar. The newspapers wrote things which were beyond his education. But he was a thinker. He tried to think things out for himself and had plenty of time. One thing seemed pretty sure to him, and that was that another war wouldn’t do no good to Hammersmith. I agreed with him. We should hands on that agreement.

“Glad to have met you,” said this nice coal heaver—a very good type of man and an honest soul.

In the passage outside I was introduced to a very dis-

tinguished-looking gentleman. He looked remarkably like a duke, as one imagines dukes, though really, as a rule, they are not so distinguished looking.

He was very tall and heavily built, with a fine head for a portrait painter and powerful features with a heavy old-fashioned moustache. His clothes, loosely made of thick cloth, were such as one might see on a squire, having a look at the crops in a Sussex field, and he wore them with an air.

“My dear sir,” said this old gentleman—aged nearly ninety, I was told—“I’m delighted to meet you. We have walked the same Street of Adventure together. I know your books. I followed your career as a newspaper correspondent. I myself graduated in Grub Street. I have heard the chimes of midnight from St. Bride’s Church. You know my name, of course.”

He was an old journalist of the old school. He had been in Fleet Street before I was born. He had served a great newspaper in many parts of the world. Now he was living in Rowton House.

“Times have changed,” he remarked. “There’s not so much wit as there used to be. Fleet Street has been mechanized. England does not produce the same character. Do you remember old Labouchere? Now he was a wit! A very caustic tongue! I remember his repartee to a man who kept using French expressions, badly pronounced. Of course, Labouchere spoke French like a Frenchman. ‘*Ce n’est que le premier pas qui coute*,’ said the visitor. ‘My dear fellow,’ said Labouchere in his ironical way, ‘if you would only speak English I should understand you so much better!’ Amusing, don’t you think? Witty!”

The Grand Duke of Rowton House laughed heartily at this reminiscence.

“Winston Churchill is the last of our wits,” he told me. “I remember being in the gallery of the House of Commons when some member interrupted Churchill with the cry of ‘Rot!’ Winston smiled and retorted instantly in his blandest way: ‘The honourable gentleman expressed perfectly what is in his own mind.’ Asquith was convulsed with laughter. A very brilliant fellow, Winston. He ought to have been Prime Minister. He is our only man of genius.”

A number of men passed us on their way to the dining room. They were mostly casual labourers by their appearance, and one of two turned their heads to look at this old gentleman who stood talking to me in a rich full voice and the accent of the Guards Club.

There were certain aspects of Rowton House which he found objectionable to a man of his upbringing, he

told me. The communal wash places were unpleasing to him. He also disliked swearing, which he heard too often. Only the other night the man in the cubicle next to his had objected to a sleeper who kept on snoring. Presently he started banging on the partition and swearing at the snorer.

“Most unreasonable,” said the old gentleman. “Snoring, after all, is a harmless habit and not very disturbing. I knocked on my own partition and said: ‘Sir, you are nothing but a foulmouthed ruffian!’ At my age these things are annoying.”

Before leaving Rowton House I went into the cobbler’s shop and had an interesting talk with the cobbler—an aged man, almost stone deaf, who has been here for thirty years. He was delighted to hear a human voice—mine has a penetrating timbre so that when I say something very private to my wife it is heard at the end of a large hall—and we had an agreeable argument on conditions of social life. The old cobbler didn’t think much of modern times or modern men.

“This dole is the ruin of England,” he told me. “Young fellows don’t want to work if they can get hold of the dole. It’s all wrong. In my days a man had to work or he had to starve.”

“Many starved,” I answered. “Are you in favour of that? Could we leave all these boys to starve because there’s not enough work to go round?”

The old cobbler stared at me with red-rimmed eyes in a very white, wizened face with a million wrinkles.

“I believe in work!” he said in a high-pitched voice. “I had to work, didn’t I? I have to go on working, and I don’t object, though I’ve very old.”

He looked a thousand years old.

“My dear sir,” he said, “I brought up a family of nine when the eldest was eleven. Often there was only a tuppenny loaf on the table between the whole lot of us. We went hungry sometimes. I’ll admit it was hard. But isn’t hardness better than softness? I got through all right. My boys were tough and got through. In my young days we didn’t see young fellows propping up the public houses and leaning against the walls of labour exchanges. They was good old days with more happiness in ’em for most people. England was England then. Ay, we had fine men. And our mothers were good mothers. And there was good work for cobblers. Nowadays people don’t wear their boots so hard. When they get a bit old they throw them away. Cobbling isn’t what it was sixty years ago.”

I argued gently with the old man. He had his fixed ideas that the old times were the good times—the old

times when there was frightful drunkenness and brutality and poverty, and an underworld of misery and squalor worse than anything which now exists, except in dark places here and there.

“Thank you kindly for talking to me,” said the old cobbler. “You’ve a wonderful clear voice. It’s like a speaking trumpet. I get closed up in myself, you know. I don’t hear other people’s opinions. I follow my own thoughts.”

His millions of little wrinkles puckered up as he smiled goodnight to me and then went on tapping the tiny tacks into a leather sole.

Document 16: Benson, Ben. (1937, Spring). “How to Go to California without a Dollar,” from the *Hobo News*.

The *Hobo News* was published in New York City from 1936 to 1948. Published either quarterly or monthly, its circulation at times reached as high as 50,000. The publisher was Ben (Hobo) Benson, the “Coast Kid” who had been on the road since 1898. Each issue provided advice for hoboes such as what places to avoid and what trains to ride, opinion pieces supporting the hobo lifestyle and railing against government restrictions, cartoons, poems, personal accounts of life on the road and some advertising.

See also: Bowery, The; International Network of Street Newspapers; Literature, Hobo and Tramp; Skid Row Culture and History; Street Newspapers

How to Go to California without a Dollar

A little hobo at Times Square was selling the *Hobo News*. “Read the *Hobo News*. Read how to go to California without a dollar,” he shouted. Most of the passers-by laughed. Quite a few of them retraced their steps to buy one of the Hobo copies for curiosity sake.

Seeing how interested the general public is in the psychological appeal the word hobo has, and of their interest in how hoboes go to California without a dollar has prompted me to satisfy the curiosity the non-hobo has.

Having made about 10 trips to California without a dollar, I will describe the average route in going and returning.

Most people ask me how long it takes. That

depends on how much of a hurry you are in to get there. The average hobo takes 3 to 4 weeks in doing it. It can be done in 10 to 15 days. If I want to make a record trip I could possibly do it in 10 days. When anyone tells you it can be done in less time you can tell him he is fibbing.

In railroad language there are 30 divisions from New York to the West Coast. A division is as far as the average train crew travels with a train. A division is generally 100 miles more or less.

In the West it is possible to make 2 or 3 divisions without stopping if you care to go hungry and without sleep.

Starting from New York, proceed to Jersey City, N.J. Take the Main Line Pennsylvania to Pittsburgh, Pa. via Phila., Harrisburg and Altoona. From Pittsburgh, take the Pittsburgh & Lake Erie R.R. to Cleveland. Then the New York Central to Chicago via Toledo, Elkhart and South Bend, Indiana.

From Chicago take the Chicago & Alton R.R. to St. Louis. Then the Missouri Pacific to Kansas City. From Kansas City take the Union Pacific to Denver via Topeka, Salinas, Ellis, Ellsworth and Limon.

From Denver take the Denver & Rio Grande R.R. to Salt Lake City via Colorado Springs, Grand Junction and Helper, Utah.

From Salt Lake City take the Western Pacific to Frisco, via Winnemucca, Battle Mountain, Gerlach and Sacramento. From Frisco take the Inland Route Southern Pacific to Los Angeles via Stockton, Fresno, Bak-ersfield and Mohave.

Return Route

Southern Pacific to Yuma, Arizona via Indio and Brawley. From Yuma, Southern Pacific to New Orleans via Tucson, El Paso, San Antonio and Houston.

From New Orleans take the Louisville and Nashville R.R. to Cincinnati via Mobile, Birmingham, Montgomery, Nashville and Louisville.

From Cincinnati take the Baltimore & Ohio to Pittsburgh via Columbus. From Pittsburgh take the Pennsy to New York via Altoona, Harrisburg and Philadelphia.

I have described briefly the average route to the West Coast. There are a dozen other routes.

Some take the Northwest Route from Chicago to Seattle and then down to Los Angeles.

Another route is the Central Route from Chicago via Omaha to Denver, Salt Lake and Las Vegas and San Bernardino. Some take the B & O R.R. from New York

to Chicago via Washington, D.C., the Carolinas and Georgia to New Orleans.

Some take the Canadian Pacific through Canada to Vancouver.

From New York to Chicago you have your choice of the P. R.R., Erie R.R., B.O., Delaware Lackawanna & Western, or Lehigh Valley via Buffalo or Pittsburgh.

Important Things to Know When on the Road

Carry as little baggage as possible. A comb, soap and shaving outfit is all I generally carried. The less baggage the better. Many have tried to do it with a small suitcase and it has cost them life or injury. Only the "bindle stiff" hoboes of the Southwest and West Coast carry baggage. Most of them never leave the state of California. They are the real migratory working hoboes who work in the citrus fields and lumber camps of the Southwest and California.

Always carry a reference and identification card. It may come in handy some time. Be careful whom you mix up with on trains or in jungles. On the road, like in any large group, there are all kinds of people. Always travel alone as you will always find a few hoboes on trains or in jungles.

When in the railroad yards watch out for switch engines. Especially so at night. Keep an eye out for railroad detectives. The best time to travel is at night . . .

Try and be as neat appearing as possible. A pair of overalls will come in handy. Don't dirty up box-cars. Don't ride in dangerous places on trains. Don't act too wise in jungles and on trains. As for meals you will have to bum them. When bumming a home, knock on the front door. Most hoboes go to the back door. Vicious dogs are sometimes in the back of the home and one of them may get you if you don't watch out.

If when getting off a train you are hungry, and it is raining, you may be able to bum a meal from the Salvation Army or some other mission.

If it is too cold to sleep out, the police station or City Hall will give you lodging for a night.

The best time of year to travel to the West Coast from New York is from June 1st to October 1st. Then it is possible to sleep out comfortably either in the box-cars or jungles or an old barn or what have you.

In the last few years different states like California, Florida and Arizona are trying to bar the hoboes and penniless from crossing their borders. The professional hobo is not afraid of Border Patrol Laws. The amateur (gay-cat) hobo will have his troubles in entering the

states which have passed the unconstitutional Border Patrol Laws.

In my 40 years of hoboeing I have been in every state. Have been to Canada, Mexico and even made a trip to London, England on a cattle boat. Have been on hundreds of railroad lines and it requires a good memory to remember all the names of the railroads and the different routes traveled.

I have mentioned only a few of the possible railroad routes traversing the country. Any prospective HOBOWISH wishing more definite information as to routes will be given the information when sending an addressed envelope containing stamp for reply as we surely have few real hoboies connected with the HOBOWISH NEWS who know their BOX CARS.

Document 17: *Camp La Guardia News, IV(IV), May, 1937*

Camp La Guardia was opened as a work camp for poor and homeless men from New York City in 1934. Prior to that it had been a women's prison. The camp is located on 260 acres in Chester and Blooming Grove, Orange County, New York, 60 miles north of New York City. After World War II, the camp continued to be used as a residential facility mainly for older men with alcohol abuse problems sent there from the Bowery. In 1981 the camp was classified as a hospital and began accepting drug addicts and the mentally ill and became New York City's largest homeless shelter. Since the 1970s, it has been the home of Project Renewal (formerly the Manhattan Bowery Corporation) as a residential and rehabilitation center with a large farming operation that supplies New York City markets. The following two extracts are from the camp newsletter in 1937; each gives some insight into the nature of camp life.

See entries: Bowery, The; Literature, Homeless and Tramp; New York City; Workhouses

Foreword

The completion of the third and most successful year of operation of Camp La Guardia, the first municipal work camp in the United States, is an occasion worthy of special comment. As Commissioner of Public Wel-

fare I am particularly pleased at the work being done at the Camp, and which I have publicly stated to be one of the brightest spots in the whole relief picture in New York City.

We will not be satisfied with our way of life until that day which we hope is not far off when a place on the payroll can be substituted for a place on the breadline for men and women who are able and eager to work. To lift men out of dependency, to put them on their feet physically and morally, to get jobs for them, to bring men back to a normal, self-sustaining role in life—such is the purpose of Camp La Guardia, organized and established by the Department of Public Welfare in May, 1934 with the help and cooperation of State and Federal relief officials. Today the homeless man in New York City who is able and eager to work has a hope that before long he will be able to earn his own way through admission to Camp La Guardia where he can by his labor attain that measure of self-support and self-respect that goes with daily work.

I congratulate the administrative staff and the men of the Camp who by their cooperation and loyalty to this administration have made the success of Camp La Guardia possible. It will serve as an inspiration for bigger and better things in the years to come.

Hon. William Hodson, Commissioner
Department of Public Welfare
City of New York

Camp News

Whenever Pete Heslin goes to Middletown to see a movie, he always enjoys the picture, according to his friends. He recently went to the above-mentioned fair city to see the latest offering on the Paramount silver screen, and when he returned someone asked him what the name of the picture that he saw was, to which Pete replied, "Double Feature."

We hereby nominate Charles F. Carroll to be the Poet Laureate of Camp La Guardia. You all no doubt remember the fine poem of his we published in our last issue. Well, we have another one of his poems in this one, and he is bringing us in more.

In order that we may have a magazine out for the Fourth of July we will not issue any for the month of June. Again we wish to thank the many men who have complimented us on our Easter number, and hope we will continue pleasing you.

We happen to sleep in the room next to Mr. Mickey Finn, and every night we hear him mumbling sweet

nothings . . . to whom, we do not know, as it always happens about 2.00 A.M.

WANTED—Someone with a strong backbone to collect news items for the magazine. Our last reporter has gone. Apply at the “NEWS” office, third floor, Main Building.

Reports from the farm indicate another banner year under the competent supervision of our new Farm Superintendent, Mr. Anthony Lis.

Johnny Marian, our oil magnate, went on a four day furlough last month and made a real ROUND trip . . . Newburgh, Albany, Rochester, Syracuse, New York City and back to Greycourt. Wonder what he was looking for?

We notice quite a few of the boys are on a sudden spending spree. Wassamatter?

Yup, the summer is almost upon us, judging by the white ducks, the elaborately colored sweaters and fancy socks in evidence. Wonder who will be the first one to sport a straw hat?

In this part of our column we wish to stop and extend a cordial welcome to the members who have joined our Camp since the last issue, and hope that you will learn to like us and our Camp.

Johnny Martinkus is on the look-out for a bathing suit . . . the top is not needed . . . so if you have a suit that the moths have not invaded, see Johnny.

Quite a number of times we have asked you to bring us anything of interest that you think we could use. The response has been very negligible. We notice, however, that men are always anxiously waiting for the magazine to come out. If your interest were as great in getting us news as it is in your wanting the book, we'd be satisfied.

Maxie Rimalover is peeved. He says we are giving him too much publicity . . . and some people go to extremes to get it . . . and even pay for it.

There was quite a let-up in the card games while the stage was being reconstructed in the Recreation Hall. The players claimed that they couldn't concentrate.

George Garcia announces the fact that he is ready to meet any and all comers in the pie-eating contest, if they have one, on Field Day. He has been making regular trips to Goshen, Middletown, oh, yes, and Newburgh to practise and claims that during the warming-up period he consumed over one hundred pies. Wotta man.

Bill Goettling has been seen out of his bed these mornings at the unearthly hour of 4.00 A.M., and when asked why, said that he was out getting in trim for the races on Field Day.

Our baseball team is slowly but surely being

whipped into shape and according to the Captain, Johnny Martinkus, we can expect to see some real baseball this season. Good luck to you, boys, and remember, you are fighting for your Alma Mater.

Art Corser has finished drawing the plans for the boat that Lou Applebaum, the carpenter, expects to build. It is replete with a radio, fuel box, compass, life preserver, etc., and is on exhibition in the carpenter shop for all and sundry who wish to see it.

Who are the hardy “Four Musketeers” who are planning a trip around the world in a motorboat? Never thought it could be done, but they seem to have confidence and their nightly conferences on the subject are held in dead earnest. Page Dick Merriwell.

Here is a tip to you fellows who have radios. If you want to hear the resonant voice of our Farm Superintendent, Mr. Anthony Lis, tune in on WGNV on Saturday afternoons, at 2.00 P.M., as he announces over that station at that hour.

We notice that Bill La Mere is back with us again. Will SHE be glad . . . or will she?

Heslin and O'Brien, the major domos of the check room, feel like a couple of executives now that a desk has been installed in their office. Pete says that all they need now is a telephone and a private secretary.

Who is the man on Tier D that stands by the radiator every night and hears all, sees all but knows nothing? We'll let you guess.

Just had a look at the “Hampton Flash” and must say that the boys at Hampton Farms are doing a real good job. Humor abounds within the Farm's walls. Keep it up boys.

One of our worthy chauffeurs passed on this bit of automotive advice to us, to pass on to you: It takes a lot of bolts to hold a car together . . . but one NUT behind the wheel can scatter the whole darn thing all over the landscape.

Johnny Martinkus, the Captain of the ball team has just notified us that the team is selected and that before this issue is released the season will have been under way. Again we say, good luck, boys.

Joe O'Brien is in a fix now. He has to change his fireman's badge for a police badge and is trying to find some way of doing it without entailing any added expense. He says that the uniform can still be used by making a few changes but the badge problem has him licked.

Ever since we wrote about Steve Quinn taking those regular week-end trips he seems to have settled down to the life of a respectable farmer. His baby plants are all the interest in life left for him . . . he says . . .

George Garcia is fast becoming a regular chemist. We saw him with an eye-dropper the other day testing some soil, and when we asked him how it was, he replied, “Me just spill, Mr. Lis tell.”

Document 18: United States Fair Housing Act. Sec. 800. [42 USC 3601 note] (1968)

The federal Fair Housing Act (FHA) is the primary law in the United States ensuring equal housing opportunity. Although it does not deal explicitly with homelessness, it protects against housing discrimination on the basis of race, color, religion, national origin, gender, disability and familial status (the presence of one or more children under the age of 18 in the household). It is relevant to homelessness because many homeless people will benefit by their membership in one of the seven enumerated protected classes.

While there is still significant resistance in many communities to its existence, the FHA has given homeless people and their service providers powerful tools to overcome resistance to shelters, and to transitional and supportive housing in many communities. However, adherence to the FHA has typically been achieved only through lengthy and expensive lawsuits, a process not available to many homeless people nor to the advocates. The FHA (and lawsuits brought pursuant to it) has also fostered a broad national debate about the inclusion of people who are homeless.

Just as the fair housing laws protect shelter and service providers from discrimination by city officials and neighbors, they also require providers to respect the civil rights of their clients and residents.

See entries: Fair Housing Laws; Gentrification; Housing, Affordable; Housing, Transitional; Legislation, Programs, and Policies, U.S. Federal; Low-Income Housing Development

Fair Housing Act

Sec. 800. [42 U.S.C. 3601 note] Short Title

This title may be cited as the “Fair Housing Act.”

Sec. 801. [42 U.S.C. 3601] Declaration of Policy

It is the policy of the United States to provide, within

constitutional limitations, for fair housing throughout the United States.

Sec. 802. [42 U.S.C. 3602] Definitions

As used in this subchapter—

- (a) “Secretary” means the Secretary of Housing and Urban Development.
- (b) “ Dwelling ” means any building, structure, or portion thereof which is occupied as, or designed or intended for occupancy as, a residence by one or more families, and any vacant land which is offered for sale or lease for the construction or location thereon of any such building, structure, or portion thereof.
- (c) “ Family ” includes a single individual.
- (d) “ Person ” includes one or more individuals, corporations, partnerships, associations, labor organizations, legal representatives, mutual companies, joint-stock companies, trusts, unincorporated organizations, trustees, trustees in cases under title 11 [of the United States Code], receivers, and fiduciaries.
- (e) “ To rent ” includes to lease, to sublease, to let and otherwise to grant for a consideration the right to occupy premises not owned by the occupant.
- (f) “ Discriminatory housing practice ” means an act that is unlawful under section 804, 805, 806, or 818 of this title.
- (g) “ State ” means any of the several States, the District of Columbia, the Commonwealth of Puerto Rico, or any of the territories and possessions of the United States.
- (h) “ Handicap ” means, with respect to a person—
 - (1) a physical or mental impairment which substantially limits one or more of such person’s major life activities,
 - (2) a record of having such an impairment, or
 - (3) being regarded as having such an impairment, but such term does not include current, illegal use of or addiction to a controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802)).
- (i) “ Aggrieved person ” includes any person who—
 - (1) claims to have been injured by a discriminatory housing practice; or
 - (2) believes that such person will be injured by a discriminatory housing practice that is about to occur.

- (j) “Complainant” means the person (including the Secretary) who files a complaint under section 810.
- (k) “Familial status” means one or more individuals (who have not attained the age of 18 years) being domiciled with—
 - (1) a parent or another person having legal custody of such individual or individuals; or
 - (2) the designee of such parent or other person having such custody, with the written permission of such parent or other person.

The protections afforded against discrimination on the basis of familial status shall apply to any person who is pregnant or is in the process of securing legal custody of any individual who has not attained the age of 18 years.

- (l) “Conciliation” means the attempted resolution of issues raised by a complaint, or by the investigation of such complaint, through informal negotiations involving the aggrieved person, the respondent, and the Secretary.
- (m) “Conciliation agreement” means a written agreement setting forth the resolution of the issues in conciliation.
- (n) “Respondent” means—
 - (1) the person or other entity accused in a complaint of an unfair housing practice; and
 - (2) any other person or entity identified in the course of investigation and notified as required with respect to respondents so identified under section 810(a).
- (o) “Prevailing party” has the same meaning as such term has in section 722 of the Revised Statutes of the United States (42 U.S.C. 1988).

[42 U.S.C. 3602 note] Neither the term “individual with handicaps” nor the term “handicap” shall apply to an individual solely because that individual is a transvestite.

Sec. 803. [42 U.S.C. 3603] Effective dates of certain prohibitions

- (a) Subject to the provisions of subsection (b) of this section and section 807 of this title, the prohibitions against discrimination in the sale or rental of housing set forth in section 804 of this title shall apply:
 - (1) Upon enactment of this subchapter, to—
 - (A) dwellings owned or operated by the Federal Government;

- (B) dwellings provided in whole or in part with the aid of loans, advances, grants, or contributions made by the Federal Government, under agreements entered into after November 20, 1962, unless payment due thereon has been made in full prior to April 11, 1968;
 - (C) dwellings provided in whole or in part by loans insured, guaranteed, or otherwise secured by the credit of the Federal Government, under agreements entered into after November 20, 1962, unless payment thereon has been made in full prior to April 11, 1968: Provided, That nothing contained in subparagraphs (B) and (C) of this subsection shall be applicable to dwellings solely by virtue of the fact that they are subject to mortgages held by an FDIC or FSLIC institution; and
 - (D) dwellings provided by the development or the redevelopment of real property purchased, rented, or otherwise obtained from a State or local public agency receiving Federal financial assistance for slum clearance or urban renewal with respect to such real property under loan or grant contracts entered into after November 20, 1962.
- (2) After December 31, 1968, to all dwellings covered by paragraph (1) and to all other dwellings except as exempted by subsection (b) of this section.
- (b) Nothing in section 804 of this title (other than subsection (c)) shall apply to—
 - (1) any single-family house sold or rented by an owner: **Provided**, That such private individual owner does not own more than three such single-family houses at any one time: **Provided further**, That in the case of the sale of any such single-family house by a private individual owner not residing in such house at the time of such sale or who was not the most recent resident of such house prior to such sale, the exemption granted by this subsection shall apply only with respect to one such sale within any twenty-four month period: **Provided further**, That such bona fide private individual owner does not own any interest in, nor is there owned or reserved on his behalf, under any express or voluntary agreement, title to or any right to

all or a portion of the proceeds from the sale or rental of, more than three such single-family houses at any one time: **Provided further**, That after December 31, 1969, the sale or rental of any such single-family house shall be excepted from the application of this subchapter only if such house is sold or rented (A) without the use in any manner of the sales or rental facilities or the sales or rental services of any real estate broker, agent, or salesman, or of such facilities or services of any person in the business of selling or renting dwellings, or of any employee or agent of any such broker, agent, salesman, or person and (B) without the publication, posting or mailing, after notice, of any advertisement or written notice in violation of section 804(c) of this title; but nothing in this proviso shall prohibit the use of attorneys, escrow agents, abstractors, title companies, and other such professional assistance as necessary to perfect or transfer the title, or

- (2) rooms or units in dwellings containing living quarters occupied or intended to be occupied by no more than four families living independently of each other, if the owner actually maintains and occupies one of such living quarters as his residence.
- (c) For the purposes of subsection (b) of this section, a person shall be deemed to be in the business of selling or renting dwellings if—
 - (1) he has, within the preceding twelve months, participated as principal in three or more transactions involving the sale or rental of any dwelling or any interest therein, or
 - (2) he has, within the preceding twelve months, participated as agent, other than in the sale of his own personal residence in providing sales or rental facilities or sales or rental services in two or more transactions involving the sale or rental of any dwelling or any interest therein, or
 - (3) he is the owner of any dwelling designed or intended for occupancy by, or occupied by, five or more families.

Sec. 804. [42 U.S.C. 3604] Discrimination in sale or rental of housing and other prohibited practices

As made applicable by section 803 of this title and

except as exempted by sections 803(b) and 807 of this title, it shall be unlawful—

- (a) To refuse to sell or rent after the making of a bona fide offer, or to refuse to negotiate for the sale or rental of, or otherwise make unavailable or deny, a dwelling to any person because of race, color, religion, sex, familial status, or national origin.
- (b) To discriminate against any person in the terms, conditions, or privileges of sale or rental of a dwelling, or in the provision of services or facilities in connection therewith, because of race, color, religion, sex, familial status, or national origin.
- (c) To make, print, or publish, or cause to be made, printed, or published any notice, statement, or advertisement, with respect to the sale or rental of a dwelling that indicates any preference, limitation, or discrimination based on race, color, religion, sex, handicap, familial status, or national origin, or an intention to make any such preference, limitation, or discrimination.
- (d) To represent to any person because of race, color, religion, sex, handicap, familial status, or national origin that any dwelling is not available for inspection, sale, or rental when such dwelling is in fact so available.
- (e) For profit, to induce or attempt to induce any person to sell or rent any dwelling by representations regarding the entry or prospective entry into the neighborhood of a person or persons of a particular race, color, religion, sex, handicap, familial status, or national origin.
- (f)
 - (1) To discriminate in the sale or rental, or to otherwise make unavailable or deny, a dwelling to any buyer or renter because of a handicap of—
 - (A) that buyer or renter,
 - (B) a person residing in or intending to reside in that dwelling after it is so sold, rented, or made available; or
 - (C) any person associated with that buyer or renter.
 - (2) To discriminate against any person in the terms, conditions, or privileges of sale or rental of a dwelling, or in the provision of services or facilities in connection with such dwelling, because of a handicap of—

- (A) that person; or
 - (B) a person residing in or intending to reside in that dwelling after it is so sold, rented, or made available; or
 - (C) any person associated with that person.
- (3) For purposes of this subsection, discrimination includes—
- (A) a refusal to permit, at the expense of the handicapped person, reasonable modifications of existing premises occupied or to be occupied by such person if such modifications may be necessary to afford such person full enjoyment of the premises, except that, in the case of a rental, the landlord may where it is reasonable to do so condition permission for a modification on the renter agreeing to restore the interior of the premises to the condition that existed before the modification, reasonable wear and tear excepted.
 - (B) a refusal to make reasonable accommodations in rules, policies, practices, or services, when such accommodations may be necessary to afford such person equal opportunity to use and enjoy a dwelling; or
 - (C) in connection with the design and construction of covered multifamily dwellings for first occupancy after the date that is 30 months after the date of enactment of the Fair Housing Amendments Act of 1988, a failure to design and construct those dwelling in such a manner that—
 - (i) the public use and common use portions of such dwellings are readily accessible to and usable by handicapped persons;
 - (ii) all the doors designed to allow passage into and within all premises within such dwellings are sufficiently wide to allow passage by handicapped persons in wheelchairs; and
 - (iii) all premises within such dwellings contain the following features of adaptive design:
 - (I) an accessible route into and through the dwelling;
 - (II) light switches, electrical outlets, thermostats, and other environmental controls in accessible locations;
 - (III) reinforcements in bathroom walls to allow later installation of grab bars; and
 - (IV) usable kitchens and bathrooms such that an individual in a wheelchair can maneuver about the space.
- (4) Compliance with the appropriate requirements of the American National Standard for buildings and facilities providing accessibility and usability for physically handicapped people (commonly cited as “ANSI A117.1”) suffices to satisfy the requirements of paragraph (3)(C)(iii).
- (5)
- (A) If a State or unit of general local government has incorporated into its laws the requirements set forth in paragraph (3)(C), compliance with such laws shall be deemed to satisfy the requirements of that paragraph.
 - (B) A State or unit of general local government may review and approve newly constructed covered multifamily dwellings for the purpose of making determinations as to whether the design and construction requirements of paragraph (3)(C) are met.
 - (C) The Secretary shall encourage, but may not require, States and units of local government to include in their existing procedures for the review and approval of newly constructed covered multifamily dwellings, determinations as to whether the design and construction of such dwellings are consistent with paragraph (3)(C), and shall provide technical assistance to States and units of local government and other persons to implement the requirements of paragraph (3)(C).
 - (D) Nothing in this title shall be construed to require the Secretary to review or approve the plans, designs or construction of all covered multifamily dwellings, to determine whether the design and construction of such dwellings are consistent with the requirements of paragraph 3(C).

- (6)
- (A) Nothing in paragraph (5) shall be construed to affect the authority and responsibility of the Secretary or a State or local public agency certified pursuant to section 810(f)(3) of this Act to receive and process complaints or otherwise engage in enforcement activities under this title.
 - (B) Determinations by a State or a unit of general local government under paragraphs (5)(A) and (B) shall not be conclusive in enforcement proceedings under this title.
- (7) As used in this subsection, the term “covered multifamily dwellings” means—
- (A) buildings consisting of 4 or more units if such buildings have one or more elevators; and
 - (B) ground floor units in other buildings consisting of 4 or more units.
- (8) Nothing in this title shall be construed to invalidate or limit any law of a State or political subdivision of a State, or other jurisdiction in which this title shall be effective, that requires dwellings to be designed and constructed in a manner that affords handicapped persons greater access than is required by this title.
- (9) Nothing in this subsection requires that a dwelling be made available to an individual whose tenancy would constitute a direct threat to the health or safety of other individuals or whose tenancy would result in substantial physical damage to the property of others.

Sec. 805. [42 U.S.C. 3605] Discrimination in Residential Real Estate-Related Transactions

- (a) In General.—It shall be unlawful for any person or other entity whose business includes engaging in residential real estate-related transactions to discriminate against any person in making available such a transaction, or in the terms or conditions of such a transaction, because of race, color, religion, sex, handicap, familial status, or national origin.
- (b) Definition. —As used in this section, the term “residential real estate-related transaction” means any of the following:

- (1) The making or purchasing of loans or providing other financial assistance—
 - (A) for purchasing, constructing, improving, repairing, or maintaining a dwelling; or
 - (B) secured by residential real estate.
 - (2) The selling, brokering, or appraising of residential real property.
- (c) Appraisal Exemption. —Nothing in this title prohibits a person engaged in the business of furnishing appraisals of real property to take into consideration factors other than race, color, religion, national origin, sex, handicap, or familial status.

Sec. 806. [42 U.S.C. 3606] Discrimination in provision of brokerage services

After December 31, 1968, it shall be unlawful to deny any person access to or membership or participation in any multiple-listing service, real estate brokers’ organization or other service, organization, or facility relating to the business of selling or renting dwellings, or to discriminate against him in the terms or conditions of such access, membership, or participation, on account of race, color, religion, sex, handicap, familial status, or national origin.

Sec. 807. [42 U.S.C. 3607] Religious organization or private club exemption

- (a) Nothing in this subchapter shall prohibit a religious organization, association, or society, or any nonprofit institution or organization operated, supervised or controlled by or in conjunction with a religious organization, association, or society, from limiting the sale, rental or occupancy of dwellings which it owns or operates for other than a commercial purpose to persons of the same religion, or from giving preference to such persons, unless membership in such religion is restricted on account of race, color, or national origin. Nor shall anything in this subchapter prohibit a private club not in fact open to the public, which as an incident to its primary purpose or purposes provides lodgings which it owns or operates for other than a commercial purpose, from limiting the rental or occupancy of such lodgings to its members or from giving preference to its members.

- (b)
 - (1) Nothing in this title limits the applicability of any reasonable local, State, or Federal

- restrictions regarding the maximum number of occupants permitted to occupy a dwelling. Nor does any provision in this title regarding familial status apply with respect to housing for older persons.
- (2) As used in this section “housing for older persons” means housing—
- (A) provided under any State or Federal program that the Secretary determines is specifically designed and operated to assist elderly persons (as defined in the State or Federal program); or
- (B) intended for, and solely occupied by, persons 62 years of age or older; or
- (C) intended and operated for occupancy by persons 55 years of age or older, and—
- (i) at least 80 percent of the occupied units are occupied by at least one person who is 55 years of age or older;
- (ii) the housing facility or community publishes and adheres to policies and procedures that demonstrate the intent required under this subparagraph; and
- (iii) the housing facility or community complies with rules issued by the Secretary for verification of occupancy, which shall—
- (I) provide for verification by reliable surveys and affidavits; and
- (II) include examples of the types of policies and procedures relevant to a determination of compliance with the requirement of clause (ii). Such surveys and affidavits shall be admissible in administrative and judicial proceedings for the purposes of such verification.
- (3) Housing shall not fail to meet the requirements for housing for older persons by reason of:
- (A) persons residing in such housing as of the date of enactment of this Act who do not meet the age requirements of subsections (2)(B) or (C): **Provided**, That new occupants of such housing meet the age requirements of sections (2)(B) or (C); or
- (B) unoccupied units: **Provided**, That such units are reserved for occupancy by persons who meet the age requirements of subsections (2)(B) or (C).
- (4) Nothing in this title prohibits conduct against a person because such person has been convicted by any court of competent jurisdiction of the illegal manufacture or distribution of a controlled substance as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802).
- (5)
- (A) A person shall not be held personally liable for monetary damages for a violation of this title if such person reasonably relied, in good faith, on the application of the exemption under this subsection relating to housing for older persons.
- (B) For the purposes of this paragraph, a person may only show good faith reliance on the application of the exemption by showing that—
- (i) such person has no actual knowledge that the facility or community is not, or will not be, eligible for such exemption; and
- (ii) the facility or community has stated formally, in writing, that the facility or community complies with the requirements for such exemption.
- Sec. 808. [42 U.S.C. 3608] Administration
- (a) Authority and responsibility
The authority and responsibility for administering this Act shall be in the Secretary of Housing and Urban Development.
- (b) Assistant Secretary
The Department of Housing and Urban Development shall be provided an additional Assistant Secretary.
- (c) Delegation of authority; appointment of administrative law judges; location of conciliation meetings; administrative review
The Secretary may delegate any of his functions, duties and power to employees of the Department of Housing and Urban Development or to boards of such employees, including functions, duties, and powers with respect to investigating, conciliating, hearing, determin-

ing, ordering, certifying, reporting, or otherwise acting as to any work, business, or matter under this subchapter. The person to whom such delegations are made with respect to hearing functions, duties, and powers shall be appointed and shall serve in the Department of Housing and Urban Development in compliance with sections 3105, 3344, 5372, and 7521 of title 5 [of the United States Code]. Insofar as possible, conciliation meetings shall be held in the cities or other localities where the discriminatory housing practices allegedly occurred. The Secretary shall by rule prescribe such rights of appeal from the decisions of his administrative law judges to other administrative law judges or to other officers in the Department, to boards of officers or to himself, as shall be appropriate and in accordance with law.

- (d) Cooperation of Secretary and executive departments and agencies in administration of housing and urban development programs and activities to further fair housing purposes

All executive departments and agencies shall administer their programs and activities relating to housing and urban development (including any Federal agency having regulatory or supervisory authority over financial institutions) in a manner affirmatively to further the purposes of this subchapter and shall cooperate with the Secretary to further such purposes.

- (e) Functions of Secretary

The Secretary of Housing and Urban Development shall—

- (1) make studies with respect to the nature and extent of discriminatory housing practices in representative communities, urban, suburban, and rural, throughout the United States;

- (2) publish and disseminate reports, recommendations, and information derived from such studies, including an annual report to the Congress—

- (A) specifying the nature and extent of progress made nationally in eliminating discriminatory housing practices and furthering the purposes of this title, obstacles remaining to achieving equal housing opportunity, and recommendations for further legislative or executive action; and

- (B) containing tabulations of the number of instances (and the reasons therefor) in the preceding year in which—

- (i) investigations are not completed as required by section 810(a)(1)(B);
- (ii) determinations are not made within the time specified in section 810(g); and
- (iii) hearings are not commenced or findings and conclusions are not made as required by section 812(g);

- (3) cooperate with and render technical assistance to Federal, State, local, and other public or private agencies, organizations, and institutions which are formulating or carrying on programs to prevent or eliminate discriminatory housing practices;

- (4) cooperate with and render such technical and other assistance to the Community Relations Service as may be appropriate to further its activities in preventing or eliminating discriminatory housing practices;

- (5) administer the programs and activities relating to housing and urban development in a manner affirmatively to further the policies of this subchapter; and

- (6) annually report to the Congress, and make available to the public, data on the race, color, religion, sex, national origin, age, handicap, and family characteristics of persons and households who are applicants for, participants in, or beneficiaries or potential beneficiaries of, programs administered by the Department to the extent such characteristics are within the coverage of the provisions of law and Executive orders referred to in subsection (f) which apply to such programs (and in order to develop the data to be included and made available to the public under this subsection, the Secretary shall, without regard to any other provision of law, collect such information relating to those characteristics as the Secretary determines to be necessary or appropriate).

- (f) The provisions of law and Executive orders to which subsection (e)(6) applies are—

- (1) title VI of the Civil Rights Act of 1964;
- (2) title VIII of the Civil Rights Act of 1968;
- (3) section 504 of the Rehabilitation Act of 1973;

- (4) the Age Discrimination Act of 1975;
- (5) the Equal Credit Opportunity Act;
- (6) section 1978 of the Revised Statutes (42 U.S.C. 1982);
- (7) section 8(a) of the Small Business Act;
- (8) section 527 of the National Housing Act;
- (9) section 109 of the Housing and Community Development Act of 1974;
- (10) section 3 of the Housing and Urban Development Act of 1968;
- (11) Executive Orders 11063, 11246, 11625, 12250, 12259, and 12432; and
- (12) any other provision of law which the Secretary specifies by publication in the Federal Register for the purpose of this subsection.

Document 19: Summary of the Stewart B. McKinney Homeless Assistance Act (P.L.100–77, 42 U.S.C. 119)

The Stewart B. McKinney Homeless Assistance Act is the only major federal legislative response to homelessness. Originally called the Homeless Persons' Survival Act when introduced in 1986, the name was changed in 1987 to honor the recently deceased Connecticut Congressman, Stewart B. McKinney, the chief sponsor of the legislation. It was passed by both houses of Congress in 1987 and was signed into law by President Reagan on 22 July 1987. The Act was amended in 1988, 1990, 1992, and 1994 in ways that strengthened and expanded the scope of the original bill. Changes in the late 1990s weakened some provisions and funding for some programs was dropped or cut below previous levels. The Act provides a wide range of services for the homeless including housing, job training, health care, and education. Evaluations of program effectiveness indicate that the homeless have been helped and that the Act has assisted states and cities in addressing homelessness. The evaluations also indicate that more funding would make the programs provided by the Act even more effective. The summary of the original Act follows and is provided by Thomas Legislative Information on the Internet.

See entries: Legislation, Programs, and Policies, U.S. Federal

Stewart B. McKinney Homeless Assistance Act

Title I: General Provisions—

States that the purpose of this Act is to: (1) establish an Interagency Council on the Homeless; (2) use public resources in a more coordinated manner to meet the needs of the homeless; and (3) provide program funds for the homeless, with special emphasis on elderly persons, handicapped persons, families with children, Native Americans, and veterans.

Defines “homeless” to include an individual: (1) who lacks a fixed nighttime residence; and (2) whose primary nighttime residence is a supervised temporary shelter, institution, or a place not ordinarily used for sleeping. Excludes prisoners from such definition. Limits homeless assistance under this Act to persons who comply with the appropriate income eligibility requirements.

Title II: Interagency Council on the Homeless—

Establishes the Interagency Council on the Homeless as the successor to the Department of Health and Human Services' Federal Task Force on the Homeless. Transfers all Task Force functions to the Council and terminates the Task Force.

Sets forth Council functions, including: (1) Federal homeless program review; (2) governmental and private programs evaluation; (3) information distribution; and (4) provision of professional and technical assistance.

Requires each Federal agency to report annually (the first report due within 90 days of enactment of this Act) to the Congress and the Council regarding its programs for the homeless, any impediments including statutory or regulatory restrictions affecting such programs, and efforts made to increase food, shelter, and support opportunities for the homeless.

Requires the Council to report annually to the President and to the Congress regarding: (1) the nature and extent of the homeless problem; (2) Council activities in cooperation with governmental and private entities; (3) Federal programs for the homeless, and an assessment of necessary levels of Federal assistance; and (4) appropriate recommendations.

Authorizes FY 1987 and 1988 appropriations.

Terminates the Council three years after enactment of this Act.

*Title III: Federal Emergency
Management Food and Shelter Program—*

Subtitle A: Administrative Provisions—

Establishes the Emergency Food and Shelter Program National Board, to be constituted by the Director of the Federal Emergency Management Agency (FEMA) in accordance with the provisions of this Act. Directs FEMA to act as Federal liaison and provide support services to the Board.

States that each Board-designated locality shall constitute a local board for purposes of determining fund distributions.

Sets forth local board responsibilities, including: (1) coordination with other governmental assistance programs; (2) selection of grant recipients; and (3) program monitoring.

Sets forth Board record keeping and audit provisions, including authority for access by the Comptroller General of the United States.

Requires the Board to report annually to the Congress.

Subtitle B: Emergency Food and Shelter Grants—

Requires the Director of FEMA, within 30 days of enactment of a law providing appropriations to carry out this part, to provide funds to the Board for grants to private nonprofit organizations and units of local government to: (1) provide shelter, food, and support services to the homeless, with attention given to homeless persons with mental and physical disabilities; (2) strengthen efforts to create more effective and innovative local programs; and (3) conduct minimum rehabilitation of existing mass shelter or mass feeding facilities.

Limits Board funding to only those programs carried out by nonprofit organizations and units of local government which are consistent with the purposes of this title. Prohibits the Board from carrying out programs directly. Limits administrative costs to not more than five percent of total appropriations.

Requires the Board to establish written guidelines, including: (1) methods for identifying needy localities, and determining allocations; (2) eligible program costs; and (3) guidelines specifying the responsibilities and reporting requirements of the Board, its recipients and service providers.

Subtitle C: General Provisions—

Authorizes FY 1987 and 1988 appropriations to carry out this title.

Title IV: Housing Assistance—

*Subtitle A: Comprehensive
Homeless Assistance Plan—*

Requires a State, city, or urban area to submit a comprehensive homeless assistance plan for approval to the Secretary of Housing and Urban Development in order to receive emergency shelter grants in excess of the minimum allocation provided for by this title.

Requires a comprehensive homeless assistance plan to contain: (1) a description of need; (2) a description of available facilities and services; (3) a strategy to match the needs of the homeless with such services and to meet the specific needs of such groups as the elderly, the mentally ill, veterans, and families with children; and (4) an explanation of how Federal assistance will enhance such services.

Requires the Secretary to: (1) review and approve a submitted plan within 30 days of receipt unless the plan fails to contain the necessary requirements; and (2) inform the State, county, or city within 15 days of a disapproval of the reasons for such decision and the steps necessary to make the plan acceptable. Deems a plan approved if the Secretary fails to follow such requirements.

Requires recipients to monitor their plan performance and to report to the Secretary. Makes recipients who fail to follow such requirements ineligible for further assistance under this title.

Subtitle B: Emergency Shelter Grants Program—

Authorizes additional FY 1987 and 1988 appropriations for the emergency shelter grant program. Makes the Virgin Islands, Guam, American Samoa, the Northern Mariana Islands, the Trust Territory of the Pacific Islands, and any other U.S. territory eligible for such assistance.

Sets minimum city or urban county grant requirements at .05 percent of a fiscal year's emergency shelter grant appropriation.

Provides for the in-State reallocation of funds from a jurisdiction failing to have its plan approved within a specified time, and for the out-of-State reallocation if a State has no approved plan.

Authorizes the Secretary to waive the 15 percent limitation on locally provided essential services.

*Subtitle C: Supportive
Housing Demonstration Program—*

Directs the Secretary to establish a program of housing and supportive services for the homeless, and espe-

cially for deinstitutionalized homeless persons, homeless families with children, and homeless persons with mental or physical handicaps.

Authorizes the following types of assistance: (1) advances for acquisition or substantial rehabilitation of an existing structure; (2) grants for moderate rehabilitation of an existing structure; (3) annual transitional housing operating expenses; and (4) technical assistance.

Requires full repayment of advance assistance if a project is not used as supportive housing for at least ten years (with reduced repayment for every year of use in excess of ten years). Provides that a project may continue to be treated as supportive housing if the Secretary approves an alternative use for low-income persons.

Sets forth application and selection criteria.

Requires transitional housing assistance recipients to provide matching funds which may include the value of donated material, buildings, or leases. Requires recipients of permanent housing for handicapped homeless persons assistance to provide matching funds that are to be used solely for rehabilitation and acquisition. Authorizes the Secretary to waive all or part of such matching requirement if a State is unable to meet such requirements and local government sources will contribute the State's share.

Limits administrative expenses to not more than five percent of project costs.

Requires an interim program report to the Congress within three months of the end of FY 1987 and a final report within six months of the end of FY 1988.

Authorizes FY 1987 and 1988 appropriations. Reserves specified amounts for: (1) transitional housing projects for homeless families with children; and (2) permanent housing for handicapped homeless persons.

Subtitle D: Supplemental Assistance for Facilities to Assist the Homeless—

Authorizes the Secretary to provide supplemental homeless assistance. Sets forth eligibility and selection criteria.

Directs the Secretary, to the extent practicable, to reserve at least 50 percent of program funds for homeless elderly persons and homeless families with children (including child care facilities).

Provides for coordination with the Secretary of Health and Human Services (Secretary of HHS) regarding outpatient health services.

Limits administrative expenses to not more than five percent of project costs.

Authorizes FY 1987 and 1988 appropriations.

Subtitle E: Miscellaneous Provisions—

Amends the United States Housing Act of 1937 to increase FY 1987 and 1988 appropriations for section 8 assistance for single room occupancy dwellings. Requires funds to be allocated through a national competition based on need and program ability.

Requires proposals to contain: (1) target population size and characteristics; (2) other potential assistance sources; (3) an inventory of housing stock; and (4) a description of the interest expressed by builders and developers in program participation.

Prohibits a recipient from receiving more than ten percent of the total assistance available under such program.

Requires the installation of sprinkler systems, smoke detectors, and other fire and safety requirements. Limits rehabilitation costs to \$14,000 per unit, unless local conditions such as construction or acquisition costs or fire or building codes require increases.

Amends the Housing and Community Development Act of 1974 to maintain eligibility for specified urban counties under the community development block grant (CDBG) formula for allocating homeless assistance and CDBG funds.

Title V: Identification and Use of Surplus Federal Property—

Directs the Secretary to: (1) collect information about Federal public buildings and other property which other Federal agencies have identified as underutilized, and identify those that would be suitable for use by the homeless; and (2) notify the appropriate agencies regarding such facilities. Requires the agency to notify the Secretary and the Administrator of General Services of its intentions regarding such facilities.

Directs the Administrator and the Secretary of HHS to take appropriate action to make the identified property available for use.

Requires that Federal buildings be made available only through lease for at least one-year, with the ownership to remain with the Federal Government.

Requires the Administrator to submit quarterly program reports, beginning within 90 days after enactment of this Act, to the Congress and to the Interagency Council on the Homeless.

Amends the Federal Property and Administrative Services Act of 1949 to make surplus personal property available to nonprofit agencies.

*Title VI: Health Care for the Homeless—***Subtitle A: Primary Health Services and Substance Abuse Services—**

Amends the Public Health Service Act to direct the Secretary of HHS, acting through the Administrator of the Health Resources and Services Administration, to make grants for health care and mental health care services for the homeless.

Gives priority to applicants with experience in providing health or substance abuse services to the homeless or medically underserved populations.

Requires grantees to: (1) make health services accessible to the homeless; (2) provide 24-hour service; (3) provide in-patient referrals; (4) provide outreach services; and (5) aid homeless persons to obtain entitlements and services.

Authorizes grantees to use program funds for mental health services for the homeless.

Prohibits grantees from: (1) providing inpatient services, except for short-term substance abuse treatment; (2) giving cash payments to individuals; or (3) purchasing or improving real property, or purchasing major medical equipment.

Limits grantee service charges.

Limits Federal contributions to 75 percent of service costs.

Limits grantee administrative costs to ten percent.

Permits grants to be used to refer chronically mentally ill homeless persons to certain advocacy systems under the Protection and Advocacy for Mentally Ill Individuals Act of 1986.

Permits grantees to contract for outpatient health services with specified nonprofit self-help organizations.

Authorizes the Secretary of HHS to provide grantee technical assistance.

Requires the Secretary of HHS to report annually to the Congress on the utilization and costs of outpatient health services.

Authorizes FY 1987 and 1988 appropriations.

Makes the homeless eligible for National Health Service Corps services.

Requires the Secretary of HHS, within 18 months of enactment of this Act, to complete a study and report to the Congress regarding the extent to which State mental health deinstitutionalization policies contribute to homelessness.

Subtitle B: Community Mental Health Services—

Amends the Public Health Service Act to direct the

Secretary of HHS to establish a FY 1987 and 1988 block grant program for services to homeless persons who are chronically mentally ill.

Limits Federal contributions to 75 percent of service costs.

Requires grantees to provide specified services, including: (1) outreach; (2) case management; (3) community mental health services; (4) staff training; (5) health care and substance abuse referrals; and (6) support services.

Prohibits grantees from: (1) providing inpatient services; (2) giving cash payments to individuals; or (3) purchasing or improving real property, or purchasing major medical equipment.

Limits grantee administrative costs to four percent.

Allocates funds among States based upon the ratio of a State's urban population with the U.S. urban population, with a \$275,000 minimum allotment.

Requires a State to submit to the Secretary of HHS a description of its intended fund use in order to qualify for such assistance. Requires States, subsequent to FY 1987, to submit fiscal year program reports to the Secretary of HHS. Requires the Comptroller General to periodically evaluate State program expenditures.

Authorizes the Secretary of HHS to provide States with technical assistance.

Prohibits, and provides criminal penalties for, the making of certain false statements under this subtitle.

Sets forth nondiscrimination provisions.

Authorizes FY 1987 and 1988 appropriations.

Authorizes additional FY 1987 appropriations for community mental health services demonstration projects for homeless persons who are chronically mentally ill.

Authorizes FY 1987 appropriations for grants for community demonstration projects for alcohol and drug abuse treatment of homeless persons.

*Title VII: Education, Training, and Community Services Programs—***Subtitle A: Adult Education for the Homeless—**

Amends the Adult Education Act to make homeless adults eligible for services under such Act.

Directs the Secretary of Education to make grants to State educational agencies for literacy and basic skill training for the homeless. Authorizes FY 1987 and 1988 appropriations. Bases State allocations on the number of homeless, with a minimum allotment of \$75,000.

Subtitle B: Education for Homeless Children and Youth—

States that it is the policy of the Congress that State educational agencies shall assure that homeless children have access to free public education, by revising residency requirements as appropriate, among other actions.

Authorizes the Secretary of Education to make grants to States to: (1) carry out such policies and activities; and (2) establish or designate in each State an Office of Coordinator of Education of Homeless Children and Youth.

Requires the Office of Coordinator to: (1) carry out the State's education plan for homeless children; (2) gather data on such children; and (3) prepare an interim report for the Secretary by December 31, 1987, and a final report by December 31, 1988.

Requires each State to adopt a homeless children education plan.

Authorizes FY 1987 and 1988 appropriations.

Directs the Comptroller General to prepare and submit a report on homeless children to the Congress by June 30, 1988.

Requires the Secretary of Education to: (1) make grants to State and local educational agencies for exemplary programs for homeless students; and (2) disseminate information on such exemplary program to other State and local educational agencies. Authorizes FY 1988 appropriations.

Subtitle C: Job Training for the Homeless—

Requires the Secretary of Labor to make grants for the Federal share of job training demonstration projects for homeless individuals.

Requires a State to describe in a comprehensive plan how it will coordinate such projects with other services for homeless individuals assisted under this Act.

Specifies elements required to be included in grant applications. Sets forth the purposes for which such grants may be used, including: (1) basic skills and literacy instruction; and (2) job search and counseling activities.

Sets the Federal share of the cost of demonstration projects at between 50 percent and 90 percent for each fiscal year. Allows the non-Federal share to be in cash or in-kind. Limits the amount of fiscal year grants to any State to 15 percent of the total amount appropriated for this title.

Requires the Secretary of Labor to evaluate each demonstration project at the end of the first fiscal year

for which funds are appropriated under this title and to submit a report to the Interagency Council on the Homeless (Interagency Council). Requires the Secretary of Labor to submit a final report to the President, the Congress, and the Interagency Council.

Requires the Interagency Council to: (1) prepare and publish a report evaluating each recipient project; (2) make a determination of the relative effectiveness of such projects; and (3) make recommendations, including recommendations for legislation, to the Congress on job training programs for homeless individuals to be established on a national basis.

Requires the Secretary of Labor to conduct, directly or through grants or contracts, projects to reintegrate homeless veterans into the labor force. Requires administration of such program through the Assistant Secretary of Labor for Veterans' Employment and Training.

Authorizes FY 1988 appropriations for programs under this subtitle. Reserves a specified amount for veterans' reintegration projects.

Amends the Job Training Partnership Act to include homeless persons within the definition of "economically disadvantaged" for purposes of such Act.

Terminates the provision of this subtitle (except for the definition of economically disadvantaged) on October 1, 1990.

Subtitle D: Emergency Community Services Homeless Grant Program—

Directs the Secretary of HHS to carry out an emergency community services homeless grant program through the Department's Office of Community Services. Sets forth program requirements. Authorizes FY 1987 and 1988 appropriations.

Subtitle E: Miscellaneous Provisions—

Authorizes the Secretary of HHS to make grants for a youth homelessness study. Funds such study for FY 1987 through specified appropriations under the Social Security Act. Reserves for Indian tribes specified amounts under the job training and emergency community services homeless programs under this Act.

Title VIII: Food Assistance for the Homeless—

Subtitle A: Food Stamp Program—

Amends the Food Stamp Act of 1977 to define "homeless individual" as a person: (1) who lacks a fixed

nighttime residence; and (2) whose primary nighttime residence is a supervised temporary shelter, institution, temporary accommodation in another's residence, or a place not ordinarily used for sleeping.

Includes within the definition of "household" for food stamp program purposes a parent of minor children and that parent's children, notwithstanding the presence in the home of other persons who do not normally buy food and prepare meals with the parent and children. Requires reexamination of such separate household status at least every four months.

Requires annual October 1 adjustment of food stamp income eligibility standards.

Includes homeowners' costs and maintenance and repair in the annual standard deduction adjustment.

Disallows the earned income deduction with respect to earned income that, willfully or fraudulently, was not timely reported.

Increases excess shelter expense deduction caps for the 50 States and Guam and the Virgin Islands. Requires annual October 1 adjustments beginning October 1, 1988.

Provides that third party payments for temporary housing lacking cooking or refrigeration facilities shall not be considered household income for food stamp benefit purposes.

Authorizes food stamp outreach to homeless persons.

Requires States to provide food stamps within five days of application to: (1) the homeless; and (2) persons whose combined gross income and liquid resources are less than their monthly rent and utilities.

Subtitle B: Temporary Emergency Food Assistance Program (TEFAP)—

Amends the Temporary Emergency Food Assistance Act of 1983 to provide for an increased variety of commodities for distribution under the temporary emergency food assistance (TEFAP) program.

Extends TEFAP, including storage and distribution authorizations, through FY 1988.

Makes excess Commodity Credit Corporation flour, cheese, and cornmeal available for FY 1988.

Title IX: Veterans' Provisions—

Amends the Veterans' Job Training Act to authorize appropriations through FY 1988. Extends veterans' job training application and entry deadlines.

Document 20: European Social Charter (revised). Council of Europe, Strasbourg, 3.V (1996)

The European Social Charter of the Council of Europe was signed in 1961 to protect human rights across Europe. The Council of Europe is an association of forty-three European nations who have joined together to work for democracy, human rights, and the rule of law. The European Social Charter protects social and economic rights and complements the European Convention on Human Rights that protects civil and political rights. The original charter was amended in 1988, 1991, and 1995 and the revised version was opened for signature in 1996 and went into force on 1 July 1999. The extracts from the charter below are sections that pertain to homelessness either in general or specifically.

See entries: Copenhagen; Denmark; European Network for Housing Research; FEANTSA; France; Germany; Italy; London; Madrid; Netherlands; Paris; Russia; Spain; Sweden; United Kingdom; United Kingdom, Rural

Preamble

The governments signatory hereto, being members of the Council of Europe,

Considering that the aim of the Council of Europe is the achievement of greater unity between its members for the purpose of safeguarding and realising the ideals and principles which are their common heritage and of facilitating their economic and social progress, in particular by the maintenance and further realisation of human rights and fundamental freedoms;

Considering that in the Convention for the Protection of Human Rights and Fundamental Freedoms signed at Rome on 4 November 1950, and the Protocols thereto, the member States of the Council of Europe agreed to secure to their populations the civil and political rights and freedoms therein specified;

Considering that in the European Social Charter opened for signature in Turin on 18 October 1961 and the Protocols thereto, the member States of the Council of Europe agreed to secure to their populations the social rights specified therein in order to improve their standard of living and their social well-being;

Recalling that the Ministerial Conference on Human

Rights held in Rome on 5 November 1990 stressed the need, on the one hand, to preserve the indivisible nature of all human rights, be they civil, political, economic, social or cultural and, on the other hand, to give the European Social Charter fresh impetus;

Resolved, as was decided during the Ministerial Conference held in Turin on 21 and 22 October 1991, to update and adapt the substantive contents of the Charter in order to take account in particular of the fundamental social changes which have occurred since the text was adopted;

Recognising the advantage of embodying in a Revised Charter, designed progressively to take the place of the European Social Charter, the rights guaranteed by the Charter as amended, the rights guaranteed by the Additional Protocol of 1988 and to add new rights,

Have agreed as follows:

Part I

The Parties accept as the aim of their policy, to be pursued by all appropriate means both national and international in character, the attainment of conditions in which the following rights and principles may be effectively realised:

Everyone shall have the opportunity to earn his living in an occupation freely entered upon.

All workers have the right to just conditions of work.

All workers have the right to safe and healthy working conditions.

All workers have the right to a fair remuneration sufficient for a decent standard of living for themselves and their families.

All workers and employers have the right to freedom of association in national or international organisations for the protection of their economic and social interests.

All workers and employers have the right to bargain collectively.

Children and young persons have the right to a special protection against the physical and moral hazards to which they are exposed.

Employed women, in case of maternity, have the right to a special protection.

Everyone has the right to appropriate facilities for

vocational guidance with a view to helping him choose an occupation suited to his personal aptitude and interests.

Everyone has the right to appropriate facilities for vocational training.

Everyone has the right to benefit from any measures enabling him to enjoy the highest possible standard of health attainable.

All workers and their dependents have the right to social security.

Anyone without adequate resources has the right to social and medical assistance.

Everyone has the right to benefit from social welfare services.

Disabled persons have the right to independence, social integration and participation in the life of the community.

The family as a fundamental unit of society has the right to appropriate social, legal and economic protection to ensure its full development.

Children and young persons have the right to appropriate social, legal and economic protection.

The nationals of any one of the Parties have the right to engage in any gainful occupation in the territory of any one of the others on a footing of equality with the nationals of the latter, subject to restrictions based on cogent economic or social reasons.

Migrant workers who are nationals of a Party and their families have the right to protection and assistance in the territory of any other Party.

All workers have the right to equal opportunities and equal treatment in matters of employment and occupation without discrimination on the grounds of sex.

Workers have the right to be informed and to be consulted within the undertaking.

Workers have the right to take part in the determination and improvement of the working conditions and working environment in the undertaking.

Every elderly person has the right to social protection.

All workers have the right to protection in cases of termination of employment.

All workers have the right to protection of their claims in the event of the insolvency of their employer.

All workers have the right to dignity at work.

All persons with family responsibilities and who are engaged or wish to engage in employment have a right to do so without being subject to discrimination and as far as possible without conflict between their employment and family responsibilities.

Workers' representatives in undertakings have the right to protection against acts prejudicial to them and should be afforded appropriate facilities to carry out their functions.

All workers have the right to be informed and consulted in collective redundancy procedures.

Everyone has the right to protection against poverty and social exclusion.

Everyone has the right to housing.

Part II

Article 14—The right to benefit from social welfare services

With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Parties undertake:

to promote or provide services which, by using methods of social work, would contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment;

to encourage the participation of individuals and voluntary or other organisations in the establishment and maintenance of such services.

Article 15—The right of persons with disabilities to independence, social integration and participation in the life of the community

With a view to ensuring to persons with disabilities, irrespective of age and the nature and origin of their disabilities, the effective exercise of the right to independence, social integration and participation in the life of the community, the Parties undertake, in particular:

to take the necessary measures to provide persons with disabilities with guidance, education and vocational training in the framework of general schemes wherever possible or, where this is not possible, through specialised bodies, public or private;

to promote their access to employment through all measures tending to encourage employers to hire and keep in employment persons with disabilities in the ordinary working environment and to adjust the working conditions to the needs of the disabled or, where this is not possible by reason of the disability, by arranging for or creating sheltered employment according to the level of disability. In certain cases, such measures may require recourse to specialised placement and support services;

to promote their full social integration and participation in the life of the community in particular through measures, including technical aids, aiming to overcome barriers to communication and mobility and enabling access to transport, housing, cultural activities and leisure.

Article 16—The right of the family to social, legal and economic protection

With a view to ensuring the necessary conditions for the full development of the family, which is a fundamental unit of society, the Parties undertake to promote the economic, legal and social protection of family life by such means as social and family benefits, fiscal arrangements, provision of family housing, benefits for the newly married and other appropriate means.

Article 17—The right of children and young persons to social, legal and economic protection

With a view to ensuring the effective exercise of the right of children and young persons to grow up in an environment which encourages the full development of their personality and of their physical and mental capacities, the Parties undertake, either directly or in co-operation with public and private organisations, to take all appropriate and necessary measures designed:

- a. to ensure that children and young persons, taking account of the rights and duties of their parents, have the care, the assistance, the education and the training they need, in particular by providing for the establishment or maintenance of institutions and services sufficient and adequate for this purpose;
- b. to protect children and young persons against negligence, violence or exploitation;
- c. to provide protection and special aid from the

state for children and young persons temporarily or definitively deprived of their family's support;

Article 30—The right to protection against poverty and social exclusion

With a view to ensuring the effective exercise of the right to protection against poverty and social exclusion, the Parties undertake:

- a. to take measures within the framework of an overall and co-ordinated approach to promote the effective access of persons who live or risk living in a situation of social exclusion or poverty, as well as their families, to, in particular, employment, housing, training, education, culture and social and medical assistance;
- b. to review these measures with a view to their adaptation if necessary.

Article 31—The right to housing

With a view to ensuring the effective exercise of the right to housing, the Parties undertake to take measures designed:

- to promote access to housing of an adequate standard;
- to prevent and reduce homelessness with a view to its gradual elimination; to make the price of housing accessible to those without adequate resources.

Document 21: Istanbul Declaration on Human Settlements of 1996

The Istanbul Declaration on Human Settlements is an important international statement on human freedom, dignity, and sustainable housing. It is a reaffirmation of the Habitat Agenda agreed to at the Habitat II conference.

See entries: Homelessness, International Perspectives on; Housing and Homelessness in Developing Nations

Istanbul Declaration on Human Settlements

1. We, the Heads of State or Government and the official delegations of countries assembled at the United Nations Conference on Human Settlements (Habitat II) in Istanbul, Turkey from 3 to 14 June 1996, take this opportunity to endorse the universal goals of ensuring adequate shelter for all and making human settlements

safer, healthier and more liveable, equitable, sustainable and productive. Our deliberations on the two major themes of the Conference—adequate shelter for all and sustainable human settlements development in an urbanizing world—have been inspired by the Charter of the United Nations and are aimed at reaffirming existing and forging new partnerships for action at the international, national and local levels to improve our living environment. We commit ourselves to the objectives, principles and recommendations contained in the Habitat Agenda and pledge our mutual support for its implementation.

2. We have considered, with a sense of urgency, the continuing deterioration of conditions of shelter and human settlements. At the same time, we recognize cities and towns as centres of civilization, generating economic development and social, cultural, spiritual and scientific advancement. We must take advantage of the opportunities presented by our settlements and preserve their diversity to promote solidarity among all our peoples.

3. We reaffirm our commitment to better standards of living in larger freedom for all humankind. We recall the first United Nations Conference on Human Settlements, held at Vancouver, Canada, the celebration of the International Year of Shelter for the Homeless and the Global Strategy for Shelter to the Year 2000, all of which have contributed to increased global awareness of the problems of human settlements and called for action to achieve adequate shelter for all. Recent United Nations world conferences, including, in particular, the United Nations Conference on Environment and Development, have given us a comprehensive agenda for the equitable attainment of peace, justice and democracy built on economic development, social development and environmental protection as interdependent and mutually reinforcing components of sustainable development. We have sought to integrate the outcomes of these conferences into the Habitat Agenda.

4. To improve the quality of life within human settlements, we must combat the deterioration of conditions that in most cases, particularly in developing countries, have reached crisis proportions. To this end, we must address comprehensively, *inter alia*, unsustainable consumption and production patterns, particularly in industrialized countries; unsustainable population changes, including changes in structure and distribution, giving priority consideration to the tendency towards excessive population concentration; homelessness; increasing poverty; unemployment; social exclusion; family insta-

bility; inadequate resources; lack of basic infrastructure and services; lack of adequate planning; growing insecurity and violence; environmental degradation; and increased vulnerability to disasters.

5. The challenges of human settlements are global, but countries and regions also face specific problems which need specific solutions. We recognize the need to intensify our efforts and cooperation to improve living conditions in the cities, towns and villages throughout the world, particularly in developing countries, where the situation is especially grave, and in countries with economies in transition. In this connection, we acknowledge that globalization of the world economy presents opportunities and challenges for the development process, as well as risks and uncertainties, and that achievement of the goals of the Habitat Agenda would be facilitated by, *inter alia*, positive actions on the issues of financing of development, external debt, international trade and transfer of technology. Our cities must be places where human beings lead fulfilling lives in dignity, good health, safety, happiness and hope.

6. Rural and urban development are interdependent. In addition to improving the urban habitat, we must also work to extend adequate infrastructure, public services and employment opportunities to rural areas in order to enhance their attractiveness, develop an integrated network of settlements and minimize rural-to-urban migration. Small- and medium-sized towns need special focus.

7. As human beings are at the centre of our concern for sustainable development, they are the basis for our actions as in implementing the Habitat Agenda. We recognize the particular needs of women, children and youth for safe, healthy and secure living conditions. We shall intensify our efforts to eradicate poverty and discrimination, to promote and protect all human rights and fundamental freedoms for all, and to provide for basic needs, such as education, nutrition and life-span health care services, and, especially, adequate shelter for all. To this end, we commit ourselves to improving the living conditions in human settlements in ways that are consonant with local needs and realities, and we acknowledge the need to address the global, economic, social and environmental trends to ensure the creation of better living environments for all people. We shall also ensure the full and equal participation of all women and men, and the effective participation of youth, in political, economic and social life. We shall promote full accessibility for people with disabilities, as well as gender equality in policies, programmes and projects

for shelter and sustainable human settlements development. We make these commitments with particular reference to the more than one billion people living in absolute poverty and to the members of vulnerable and disadvantaged groups identified in the Habitat Agenda.

8. We reaffirm our commitment to the full and progressive realization of the right to adequate housing as provided for in international instruments. To that end, we shall seek the active participation of our public, private and non-governmental partners at all levels to ensure legal security of tenure, protection from discrimination and equal access to affordable, adequate housing for all persons and their families.

9. We shall work to expand the supply of affordable housing by enabling markets to perform efficiently and in a socially and environmentally responsible manner, enhancing access to land and credit and assisting those who are unable to participate in housing markets.

10. In order to sustain our global environment and improve the quality of living in our human settlements, we commit ourselves to sustainable patterns of production, consumption, transportation and settlements development; pollution prevention; respect for the carrying capacity of ecosystems; and the preservation of opportunities for future generations. In this connection, we shall cooperate in a spirit of global partnership to conserve, protect and restore the health and integrity of the Earth's ecosystem. In view of different contributions to global environmental degradation, we reaffirm the principle that countries have common but differentiated responsibilities. We also recognize that we must take these actions in a manner consistent with the precautionary principle approach, which shall be widely applied according to the capabilities of countries. We shall also promote healthy living environments, especially through the provision of adequate quantities of safe water and effective management of waste.

11. We shall promote the conservation, rehabilitation and maintenance of buildings, monuments, open spaces, landscapes and settlement patterns of historical, cultural, architectural, natural, religious and spiritual value.

12. We adopt the enabling strategy and the principles of partnership and participation as the most democratic and effective approach for the realization of our commitments. Recognizing local authorities as our closest partners, and as essential, in the implementation of the Habitat Agenda, we must, within the legal framework of each country, promote decentralization through democratic local authorities and work to strengthen their

financial and institutional capacities in accordance with the conditions of countries, while ensuring their transparency, accountability and responsiveness to the needs of people, which are key requirements for Governments at all levels. We shall also increase our cooperation with parliamentarians, the private sector, labour unions and non-governmental and other civil society organizations with due respect for their autonomy. We shall also enhance the role of women and encourage socially and environmentally responsible corporate investment by the private sector. Local action should be guided and stimulated through local programmes based on Agenda 21, the Habitat Agenda, or any other equivalent programme, as well as drawing upon the experience of worldwide cooperation initiated in Istanbul by the World Assembly of Cities and Local Authorities, without prejudice to national policies, objectives, priorities and programmes. The enabling strategy includes a responsibility for Governments to implement special measures for members of disadvantaged and vulnerable groups when appropriate.

13. As the implementation of the Habitat Agenda will require adequate funding, we must mobilize financial resources at the national and international levels, including new and additional resources from all sources—multilateral and bilateral, public and private. In this connection, we must facilitate capacity building and promote the transfer of appropriate technology and know-how. Furthermore, we reiterate the commitments set out in recent United Nations conferences, especially those in Agenda 21 on funding and technology transfer.

14. We believe that the full and effective implementation of the Habitat Agenda will require the strengthening of the role and functions of the United Nations Centre for Human Settlements (Habitat), taking into account the need for the Centre to focus on well-defined and thoroughly developed objectives and strategic issues. To this end, we pledge our support for the successful implementation of the Habitat Agenda and its global plan of action. Regarding the implementation of the Habitat Agenda, we fully recognize the contribution of the regional and national action plans prepared for this Conference.

15. This Conference in Istanbul marks a new era of cooperation, an era of a culture of solidarity. As we move into the twenty-first century, we offer a positive vision of sustainable human settlements, a sense of hope for our common future and an exhortation to join a truly worthwhile and engaging challenge, that of building together a world where everyone can live in a safe home

with the promise of a decent life of dignity, good health, safety, happiness and hope.

Document 22: Resolutions of the United Nations Housing Rights Programme. (April–May 2003)

The following U.N. resolutions express a twenty-first century commitment to international housing rights. Continuing the mandates set forth in the Istanbul Declaration and other international efforts, the United Nations Housing Rights Programme notes that

By the beginning of the third millennium, it is estimated that 1.1 billion people live in inadequate housing conditions in urban areas alone. In many cities of developing countries, more than half of the population live in informal settlements, without security of tenure and in conditions that can be described as life and health threatening. Among an estimated 100 million homeless people around the world, available data suggest that increasing proportions are women and children. . . . While increasing housing production and improving existing housing stock are very important in every society, these activities must run parallel with actions that specifically address and focus on the human rights aspects. A rights-based approach to development in the housing sector can:

- Empower the poor and the homeless;
- Promote security of tenure, particularly for women and vulnerable groups in inadequate housing conditions;
- Strengthen protection against forced evictions and discrimination in the housing sector; and
- Promote equal access to housing resources and remedies in cases of violations of housing rights. (<http://www.unhabitat.org/programmes/housingrights/why.asp>)

See entries: Homelessness, International Perspectives on; Housing and Homelessness in Developing Nations; UN-HABITAT

Women's equal ownership, access to and control over land and the equal rights to own property and to adequate housing Commission on Human Rights resolution 2003/22

The Commission on Human Rights,
Guided by the Universal Declaration of Human Rights, the International Covenant on Economic, Social and

Cultural Rights, the International Covenant on Civil and Political Rights, the Convention on the Elimination of All Forms of Discrimination against Women and the International Convention on the Elimination of All Forms of Racial Discrimination,

Recalling the Vienna Declaration and Programme of Action adopted in June 1993 by the World Conference on Human Rights (A/CONF.157/23), the Beijing Declaration and Platform for Action adopted in September 1995 by the Fourth World Conference on Women (A/CONF.177/20, chap. I), the Copenhagen Declaration on Social Development and the Programme of Action of the World Summit for Social Development held in March 1995 (A/CONF.166/9, chap. I, resolution 1), the Habitat Agenda adopted in June 1996 by the World Conference on Human Settlements (Habitat II) (A/CONF.165/14, chap. I, resolution 1, annex II), the report of the Ad Hoc Committee of the Whole of the twenty-third special session of the General Assembly (A/S-23/10/Rev.1), the report of the Ad Hoc Committee of the Whole of the twenty-fourth special session of the Assembly (A/S-24/8/Rev.1), the report of the Ad Hoc Committee of the Whole of the twenty-fifth special session of the General Assembly (A/S-25/7/Rev.1), and the report of the World Summit on Sustainable Development (A/CONF.199/20),

Reaffirming the human right to be free from discrimination, and the equal right of women and men to the enjoyment of all civil, cultural, economic, political and social rights,

Reaffirming also that all human rights are universal, indivisible, interdependent and interrelated and that women's equal ownership, access to and control over land and the equal rights to own property and to adequate housing contribute to the full realization of human rights,

Recognizing that women can face multiple forms of discrimination,

Recalling its resolutions 2000/13 of 17 April 2000 and 2001/34 of 23 April 2001, Commission on the Status of Women resolution 42/1 of 13 March 1998 and the resolutions of the Sub-Commission on the Promotion and Protection of Human Rights on the matter,

Welcoming the findings of the Special Rapporteur on violence against women, its causes and consequences, contained in her report entitled "Economic and social policy and its impact on violence against women" (E/CN.4/2000/68/Add.5) submitted to the Commission at its fifty-sixth session, that women's poverty, together with a lack of alternative housing options, make it diffi-

cult for women to leave violent family situations, and reaffirming that forced relocation and forced eviction from home and land have a disproportionately severe impact on women, including when these are committed by spouses or in-laws, and encouraging the Special Rapporteur to continue to take these findings into consideration in her future work,

Recognizing that laws, policies, customs and traditions that restrict women's equal access to credit and loans also prevent women from owning and inheriting land, property and housing and exclude women from participating fully in development processes, are discriminatory and may contribute to the feminization of poverty,

Stressing that the impact of gender-based discrimination and violence against women on women's equal ownership of, access to and control over land and the equal rights to own property and to adequate housing is acute, particularly during complex emergency situations, reconstruction and rehabilitation,

Recognizing that the full and equal participation of women in all spheres of life is essential for the full and complete development of a country,

Acknowledging that women continue to suffer from discriminatory treatment in all areas decisive to the attainment of adequate housing,

Convinced that international, regional and local trade, finance and investment policies should be designed in such a way that they do not increase gender inequality in terms of ownership of, access to and control over land and the rights to own property and to adequate housing and other productive resources and do not undermine women's capacity to acquire and retain these resources,

Mindful of the fact that elimination of discrimination against women requires consideration of women's specific socio-economic context,

1. *Takes note with interest* of the preliminary findings of the study on women and adequate housing submitted by the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living and on the right to non-discrimination, in accordance with Commission on Human Rights resolution 2002/49 (E/CN.4/2003/55);

2. *Reaffirms* women's right to an adequate standard of living, including adequate housing, as enshrined in the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights, and urges Governments to comply fully with their international and regional obligations and

commitments concerning land tenure and the equal rights of women to own property and to an adequate standard of living, including adequate housing;

3. *Affirms* that discrimination in law against women with respect to having access to, acquiring and securing land, property and housing, as well as financing for land, property and housing, constitutes a violation of women's human right to protection against discrimination;

4. *Reaffirms* Commission on the Status of Women resolution 42/1, which, inter alia, urges States to design and revise laws to ensure that women are accorded full and equal rights to own land and other property, and the right to adequate housing, including through the right to inheritance, and to undertake administrative reforms and other necessary measures to give women the same right as men to credit, capital, appropriate technologies, access to markets and information;

5. *Encourages* Governments to support the transformation of customs and traditions that discriminate against women and deny women security of tenure and equal ownership of, access to and control over land and equal rights to own property and to adequate housing, to ensure the right of women to equal treatment in land and agrarian reform as well as in land resettlement schemes and in ownership of property and in adequate housing, and to take other measures to increase access to land and housing for women living in poverty, particularly female heads of household;

6. *Reaffirms* the obligation of States to take all appropriate measures to eliminate discrimination against women by any person, organization or enterprise and recommends that Governments encourage financial lending institutions to ensure that their policies and practices do not discriminate against women;

7. *Urges* Governments to address the issue of forced relocation and forced evictions from home and land, and to eliminate its disproportionate impact on women;

8. *Recommends* that international financial institutions, regional, national and local housing financing institutions and other credit facilities promote the participation of women and take into account their views in order to remove discriminatory policies and practices, giving special consideration to single women and households headed by women, and that these institutions evaluate and measure progress to this end;

9. *Encourages* Governments, specialized agencies, funds, programmes and other organizations of the United Nations system, as well as other international organizations and non-governmental organizations, to provide judges, lawyers, political and other public offi-

cial, community leaders and other concerned persons, as appropriate, with information and human rights education concerning women's equal ownership of, access to and control over land and the equal rights to own property and to adequate housing;

10. *Invites* the Secretary-General to encourage all organizations and bodies of the United Nations system, individually and collectively, in particular the United Nations Development Programme, the United Nations Human Settlements Programme (UN-Habitat) and the United Nations Development Fund for Women, to undertake further initiatives that promote women's equal ownership of, access to and control over land and the equal rights to own property and to adequate housing, and allocate further resources for studying and documenting the impact of complex emergency situations, particularly with respect to women's equal rights to own land, property and adequate housing;

11. *Invites* the Office of the United Nations High Commissioner for Human Rights, the Office of the United Nations High Commissioner for Refugees and other relevant international organizations, within their respective mandates, to address discrimination against women with respect to land, property and adequate housing in their cooperation programmes and field activities;

12. *Encourages* all the human rights treaty bodies, in particular the Committee on Economic, Social and Cultural Rights and the Committee on the Elimination of Discrimination against Women, special procedures and other human rights mechanisms of the Commission and the Sub-Commission on the Promotion and Protection of Human Rights regularly and systematically to take a gender perspective into account in the implementation of their mandates and to integrate the content of the present resolution into their work, as appropriate;

13. *Encourages* the United Nations Housing Rights Programme to take into account the content of the present resolution and to continue its regional consultations, with the participation of representatives of Governments, United Nations agencies, intergovernmental organizations, and non-governmental organizations;

14. *Requests* the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination, within his mandate, to submit a report to the Commission at its sixty-first session containing the study on women and adequate housing;

15. *Invites* all States to respond to the questionnaire prepared by the Special Rapporteur, as soon as possible;

16. *Decides* to consider the issue of women's equal ownership of, access to and control over land and the equal rights to own property and to adequate housing at its sixty-first session under the agenda item entitled "Economic, social and cultural rights."

56th meeting, 22 April 2003

[Adopted without a vote.]

Adequate housing as a component of the right to an adequate standard of living Commission on Human Rights resolution 2003/27

The Commission on Human Rights,

Recalling its resolution 2002/21, of 22 April 2002, on adequate housing as a component of the right to an adequate standard of living, as well as resolution 2002/49, of 23 April 2002, on women's equal ownership, access to and control over land and the equal rights to own property and to adequate housing, and resolution 2000/9, of 17 April 2000, in which it decided to appoint, for a period of three years, a special rapporteur whose mandate would focus on adequate housing as a component of the right to an adequate standard of living,

Noting the work of the United Nations treaty bodies, in particular of the Committee on Economic, Social and Cultural Rights, in the promotion of the rights related to adequate housing,

Welcoming the inclusion of "adequate shelter" in the Plan of Implementation of the World Summit on Sustainable Development as an element for achieving socially, economically, and environmentally sustainable development, and recalling the resolve of the Heads of State and Government expressed in the Millennium Declaration to have achieved, by 2020, a significant improvement in the lives of at least 100 million slum dwellers,

Welcoming also the inclusion of "adequate housing" in the outcome document of the Special Session of the United Nations General Assembly on Children, "A world fit for children" as a key element for fostering family integration, contributing to social equity and strengthening of the feeling of belonging, security and human solidarity, and also welcoming the commitment stated in the document to attach high priority to overcoming the housing shortage and other infrastructure needs, particularly for children in marginalized peri-urban and remote rural areas,

Concerned that any deterioration in the general housing situation disproportionately affects the poor, as

well as women and children, and members of groups requiring special protection,

Noting that persons with disabilities have particular needs in regard to, inter alia, the full and equal realization of adequate housing as a component of the right to an adequate standard of living, and welcoming in this respect the establishment of the Ad Hoc Committee on a Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities as a contribution to promoting and raising the visibility of the rights and dignity of persons with disabilities,

1. *Takes note* of the report of the Special Rapporteur on adequate housing (E/CN.4/2003/5 and Add.1-3) and of relevant parts of the report of the Secretary-General on economic, social and cultural rights (E/CN.4/2003/46);

2. *Welcomes* the efforts to mainstream the question of adequate housing within relevant United Nations activities, takes note with appreciation of the efforts undertaken by the Special Rapporteur to bring the issue of adequate housing to the attention of relevant United Nations conferences, special sessions and summits and their review processes, such as the World Summit on Sustainable Development, the World Food Summit: five years later, and the Special Session of the General Assembly on Children, and encourages the Special Rapporteur, in accordance with his mandate, to continue in these efforts, inter alia within the framework of the implementation of and follow-up to the outcomes of relevant United Nations conferences and summits;

3. *Encourages* the Special Rapporteur to strengthen the integration of the rights relevant to his mandate into the Global Campaign for Secure Tenure launched by the United Nations Human Settlements Programme (UN-Habitat) and into other operational activities of the United Nations system, notably into processes and initiatives that are oriented towards poverty reduction, and to develop to this effect a dialogue with Governments, relevant United Nations bodies, in particular the Programme and the Office of the United Nations High Commissioner for Refugees, specialized agencies, international organizations, non-governmental organizations and international financial institutions;

4. *Also encourages* the Special Rapporteur to cooperate, in accordance with his mandate, with other rapporteurs, representatives, experts, notably the independent expert on the question of human rights and extreme poverty, members and chairpersons of working

groups of the Commission, and United Nations bodies, including human rights treaty bodies;

5. *Decides* to renew the mandate of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context, for a period of three years and requests the Special Rapporteur to submit a report to the Commission at its sixtieth session;

6. *Requests* the Special Rapporteur, in the fulfilment of his mandate:

(a) To give particular emphasis to practical solutions with regard to the implementation of the rights relevant to his mandate, on the basis of pertinent information, notably on best practices, including on domestic, legal enforcement of these rights, from Governments, relevant United Nations agencies and non-governmental organizations;

(b) To facilitate the provision of technical assistance;

(c) To pay specific attention to the rights and needs of persons with disabilities in the context of housing, and encourages the Special Rapporteur to contribute to the work of the Ad Hoc Committee on a Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities by bringing to its attention the obstacles encountered by persons with disabilities in the context of housing;

7. *Also requests* the Special Rapporteur, within the limits of his mandate, further to review the interrelatedness of adequate housing as a component of the right to an adequate standard of living with other human rights;

8. *Requests* the United Nations High Commissioner for Human Rights to support cooperation between the Special Rapporteur and other rapporteurs, representatives, experts, members and chairpersons of working groups of the Commission and United Nations bodies, including human rights treaty bodies, that are relevant to the mandate of the Special Rapporteur;

9. *Welcomes* the joint work of the Office of the United Nations High Commissioner for Human Rights and the United Nations Human Settlements Programme in developing a joint United Nations Housing Rights Programme and invites States to provide support for its effective implementation;

10. *Requests* the Office of the High Commissioner for Human Rights and the Human Settlements Programme to strengthen their cooperation and to continue developing the joint United Nations Housing Rights Programme by increasing collaboration and cooperation with relevant treaty bodies, in particular the Com-

mittee on Economic, Social and Cultural Rights, relevant United Nations specialized agencies, and international organizations and non-governmental organizations, as well as by including in their work a compilation of indicative ideas and practices that can be consulted by States in order to assist them in promoting the full and progressive realization of adequate housing as a component of the right to an adequate standard of living;

11. *Calls upon* all States:

(a) To give full effect to housing rights, including through domestic development policies at the appropriate level of government and with the international assistance and cooperation, giving particular attention to the individuals, most often women and children, and communities living in extreme poverty, and to security of tenure;

(b) To ensure the observance of all their legally binding national standards in the area of housing;

(c) To cooperate with the Special Rapporteur;

(d) To submit to the Special Rapporteur information on different experiences, notably on best practices, in areas related to his mandate;

(e) Without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status,

(i) To counter social exclusion and marginalization of people who suffer from discrimination on multiple grounds, in particular by ensuring non-discriminatory access to adequate housing for indigenous people and persons belonging to minorities;

(ii) To promote participation in decision-making processes, in particular at the local level, when developing an adequate standard of living and housing;

(iii) To promote residential integration of all members of society at the planning stage of urban development schemes and other human settlements, as well as while renewing neglected areas of public housing, so as to counter social exclusion and marginalization;

(iv) To pay appropriate attention to the rights and needs of persons with disabilities in the context of adequate housing, including the removal of barriers and obstacles, and to consider taking these issues into account in

fulfilment of their reporting obligations under international human rights instruments;

12. *Invites* the Human Settlements Programme and the Office of the High Commissioner to explore further possibilities to support the Special Rapporteur;

13. *Requests* the Secretary-General to provide the Special Rapporteur with the assistance necessary for the execution of his mandate;

14. *Recommends* the following decision to the Economic and Social Council for adoption:

“The Economic and Social Council, taking note of Commission on Human Rights resolution 2003/27 of 22 April 2003, endorses the Commission’s decision to renew the mandate of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context, for a period of three years and requests the Special Rapporteur to submit a report to the Commission at its sixtieth session.”

56th meeting, 22 April 2003

[Adopted without a vote.]

19th Session of the Governing Council, 5–9 May 2003, Nairobi, Kenya

8th meeting, 9 May 2003

19/3. Global campaigns on secure tenure and urban governance

The Governing Council,

Recalling the goals and principles, commitments and recommendations of the Habitat Agenda on the themes “Adequate shelter for all” and “Sustainable human settlements development in an urbanizing world,”

Recalling also the Declaration on Cities and Other Human Settlements in the New Millennium, adopted by the General Assembly at its twenty-fifth special session,

Recalling further the adoption on 4 September 2002 of the Plan of Implementation of the World Summit on Sustainable Development,

Recalling General Assembly resolution 56/205 of 21 December 2001, on the special session of the General Assembly for an overall review and appraisal of the implementation of the outcome of the United Nations Conference on Human Settlements (Habitat II), which designates the two global campaigns on secure tenure and urban governance as strategic points of entry for the effective implementation of the Habitat Agenda, and Commission on Human Settlements resolution 18/3 of 16 February 2001 on the same topic,

Noting with satisfaction the activities undertaken by the United Nations Human Settlements Programme (UN-HABITAT) to promote the global campaigns, including the launches and follow-up activities under way in all regions, and the knowledge-management instruments developed to support the implementation of the two global campaigns,

Noting with appreciation the efforts of Governments in initiating campaign activities, organizing campaign launches and adopting national action plans to improve security of tenure and urban governance,

Aware of the active partnerships established with new and existing Habitat Agenda partners around the two campaigns, including joint activities with coalitions of non-governmental organizations and community-based organizations, with the associations of local authorities and with other United Nations organizations, and of the efforts to mainstream the global campaigns in global programmes, including the increasing convergence of the activities of the Global Campaign on Urban Governance with the Urban Management Programme,

Noting the active contributions of Slum/Shack Dwellers International and the International Union of Local Authorities in the implementation of the global campaigns and the successful holding of the first session of the World Urban Forum, and also the particular operational efforts of Slum/Shack Dwellers International to upgrade slums and promote policy alternatives to unlawful forced evictions and the crucial role of the International Union of Local Authorities in chairing the global steering group providing guidance to the Global Campaign on Urban Governance,

Recognizing the need to continue and expand the broad based, inclusive and global process involving Governments, federations of slum dwellers, local authorities, private-sector partners, professional associations, community-based organizations and all other Habitat Agenda partners in implementing secure tenure and urban governance campaign activities at the local, national, regional and global levels,

Emphasizing the importance of secure tenure and urban governance in achieving adequate shelter for all and sustainable urban development,

Welcoming the collaboration between the United Nations Development Programme and UN-HABITAT in the launching of national campaigns and on the occasion of the Global Sub-Practice Meetings on Decentralization, Local Governance and Urban Development, and *welcoming also* the memorandum of

understanding concluded between UN-HABITAT and the United Nations Development Programme, which allows for further strengthening of the campaigns at the national level,

Noting further the cooperation between UN-HABITAT and the Office of the United Nations High Commissioner for Human Rights on the United Nations Housing Rights Programme as an important component in the advocacy work within the two global campaigns,

Requests the Executive Director to promote continued expansion of the global campaigns on secure tenure and urban governance through policy debate, knowledge management, advocacy, capacity-building and innovative technical cooperation and to ensure the continued support of UN-HABITAT to countries in their individual and collective efforts to stop the practice of unlawful forced evictions and provide security of tenure and urban governance for all people;

Invites Governments, in cooperation with other Habitat Agenda partners, to initiate and encourage debate on the principles of secure tenure and urban governance at the national and local levels;

Encourages Governments, in cooperation with other Habitat Agenda partners and with assistance from UN-HABITAT, as appropriate, to utilize the advocacy instruments of the global campaigns and to accelerate efforts at the national and local levels to introduce legislation, promote policy reform, strengthen institutional arrangements and build consensus on security of tenure and urban governance;

Invites the Executive Director to utilize fully the activities of the global campaigns to improve the lives of slum dwellers significantly;

Invites Governments at all levels to explore the possibility of using the urban governance tools developed by UN-HABITAT in collaboration with other Habitat Agenda partners to promote broad based participation in decision making, accountability, simplicity of procedures and transparency and best practices and to support the introduction of these tools in the curricula of relevant institutions, as contained in the Declaration on Cities and other Human Settlements in the New Millennium;

Encourages Governments at all levels to build upon the political will, partnership and organizing capacities of the urban poor, private-sector partners and community-based organizations to scale up city-wide upgrading programmes and promote inclusive city development strategies;

Invites all current and potential Habitat Agenda part-

ners to lend their support to the implementation of the global campaigns, to provide contributions and to formalize partnerships with UN-HABITAT to realize the goals of the campaigns;

Requests the Executive Director to ensure continued expansion of the range of capacity-building activities and to increase the level of human and financial resources for advocacy tools to support both campaigns, to promote inclusiveness and transparency in local governance within the legal framework of each country and to measure progress towards achieving security of tenure and urban governance;

Also requests the Executive Director to further mainstream the principles of the campaigns through the UN-HABITAT regional offices, regional anchor institutions, urban observatories and national and local institutions and through other networks of community-based organizations, non-governmental organizations and municipal associations;

Further requests the Executive Director to further enhance synergy with the United Nations Development Programme, the Office of the High Commissioner for Human Rights and other United Nations organizations in order to help Governments, bearing in mind the differing capabilities of countries, to localize the global campaigns at the national level, and to assist Governments and Habitat Agenda partners working at the municipal and local level in promoting security of tenure and urban governance;

Invites Governments in a position to do so to provide further financial and technical support to the global campaigns for secure tenure and on urban governance;

Requests the Executive Director to report to it on progress made in the implementation of the present resolution at its next session.

Document 23: U.S. Conference of Mayors. Resolution No. 22. Endorsing 10 Year Planning Process to End Chronic Homelessness. 71st annual meeting, June 2003, Denver, Colorado

The following resolution provides a clear statement of the nature of homelessness in the United States in 2003, its status as a chronic social issue facing many cities and the nation as a whole, and a strategy to end homelessness as a major social issue. The statement was

applauded by many advocates of the homeless, but budget cuts and continuing legal challenges to initiatives raise questions about the level of commitment to the goals of the resolution.

See entries: Causes of Homelessness: Overview; Fair Housing Laws; Health Care; Homeless Organizing; Homelessness, Definitions and Estimates of; Homelessness, Patterns of; Housing, Affordable; Interventions, Clinical; Interventions, Housing; Legal Advocacy; Legislation, Programs, and Policies, U.S. Federal; Mental Health System; Prevention; Public Opinion; Social Welfare Policy and Income Maintenance

Endorsing 10 Year Planning Process to End Chronic Homelessness

Resolution No. 22

Submitted by The Honorable Thomas M. Menino, Mayor of Boston; The Honorable James A. Garner, Mayor of Hempstead; The Honorable Willie L. Brown, Jr., Mayor of San Francisco; The Honorable Richard M. Daley, Mayor of Chicago; The Honorable Bob Young, Mayor of Augusta; The Honorable Patrick McCrory, Mayor of Charlotte; The Honorable Evelyn Lloyd, Mayor of Beaumont

WHEREAS, the Bush Administration has called for a 10 year Initiative to End Chronic Homelessness; and

WHEREAS, chronically homeless individuals and families, those with the most persistent forms of homelessness, are afflicted not only by poverty but also by chronic conditions such as mental illness and substance abuse; and

WHEREAS, many of these individuals and families cycle repeatedly through our local shelters, hospital emergency rooms, psychiatric wards, detox programs, and even criminal justice system; and

WHEREAS, there exists new research findings, housing programs and discharge planning models that

demonstrate that ending chronic homelessness is within the nation's grasp; and

WHEREAS, mayors and cities are on the front lines of response to homelessness; and

WHEREAS, the abolition of chronic homelessness requires collaboration and coordination of resources at all levels of government, together with community institutions, businesses, and faith-based organizations, to best determine how to implement prevention and intervention strategies; and

WHEREAS, the federal government is coordinating policies and resources to assist the efforts to end chronic homelessness through the Interagency Council on Homelessness; and

WHEREAS, a number of major cities across the country, including Chicago, Atlanta, Indianapolis and Phoenix, have already created and committed to 10 year plans to end chronic homelessness,

NOW, THEREFORE, BE IT RESOLVED that the U.S. Conference of Mayors will, in partnership with the Federal government, work to meet the challenge of the Bush Administration's goal of having 100 ten-year city plans to end chronic homelessness in place by January 2004; and

NOW, THEREFORE, BE IT FURTHER RESOLVED that the U.S. Conference of Mayors will work with the Interagency Council on Homelessness to ensure policies and resources support the elimination of chronic homelessness; and

BE IT FURTHER RESOLVED that the U.S. Conference of Mayors supports the 10-year planning process and strongly encourages cities to create and implement performance based, results oriented strategic plans to end chronic homelessness in 10 years.

Appendix 5

Master Bibliography of Publications on Homelessness

The following list of more than 1,600 publications has been compiled from the further reading sections at the end of the entries and from the appendixes. It provides a comprehensive bibliography that includes citations to the literature of all disciplines involved in the study of homelessness, along with autobiographical, historical, and fictional accounts. As such, it is a valuable and much-needed research tool.

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