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SPECIAL ISSUE ON HOMELESSNESS
Edited by Padmini Gulati

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*The Visible Poor: Homelessness in the United States.*
EDITORIAL

Padmini Gulati, Special Issue Guest Editor

The emergence of homelessness as a social issue in the 1980's is almost without a parallel. No social problem with the possible exception of AIDS has had as much media attention in the last decade. The questions posed by researchers vary from who the homeless are to complex questions regarding causes and consequences.

During the early eighties, public impressions of homelessness were colored by the visible presence of the deinstitutionalized mentally ill on the streets of major American cities. They were the center of media and research interest in the homeless. Several articles in this special issue reflect this emphasis. Hoff et al. and Cnaan et al. describe and analyze the effectiveness of current programs to serve this population, while Schutt assesses services from the perspective of the homeless themselves.

Keigher in the tradition of Kozol's *Rachel and her Children* (Kozol, 1988) gives us a first hand look at life in a contemporary asylum. We feel and see the dreariness and hopelessness of their days as lived in a shelter in a large Midwestern city. The resemblance of a contemporary shelter to the asylums described by Goffman is not superficial (Goffman, 1961). The homeless today as described by Keigher are caught in the crossover between the libertarians and the proponents of the asylum.

Huttman et al. and McChesney make plain that homelessness is not simply a symptom of the failure of mental health policy. Families with young children are among the casualties who wind up in the streets and shelters of our cities.

Huttman and Redmond point out that insufficient low-income housing is a primary factor in the homelessness of families. Gulati focuses on the discrepancies between AFDC allowances and the costs of shelter in nearly all the states. Dolbeare accentuates the magnitude of the problem facing us today and the central role played by housing affordability in increasing homelessness. Eschewing some of the more controversial estimates employed by advocates for the poor and using conservative assumptions, she concludes that besides the
literally homeless, more than three million persons are precariously housed.

Belcher elaborates on the theme that persistent and severe poverty rather than deinstitutionalization are precursors to homelessness. The high incidence of homelessness among African-Americans is explained by him in terms of racial exclusion and persistent poverty. Structural unemployment in central cities is a major reason for homelessness among single, black men. If his analysis is valid, we must move beyond the provision of temporary shelter towards policies that emphasize job creation and job training.

The role played by state governments in exacerbating the plight of single males is spotlighted by Halter. Today in the wake of soaring deficits, several states have moved to trim welfare benefits or abolish them altogether for single males. Halper's essay is instructive. He points out the consequences of a similar move in the State of Pennsylvania in 1982. The Welfare Reform Act of 1982 cut off single men from the welfare rolls on the assumption that without such support, they would be forced to find employment. He follows the Odyssey of these men, whose attempts to find a niche in the market system end in failure and eventually to a life on the streets.

On a different and less pessimistic note, Balkin constructs a model of the different forms of self-employment. This model could be used to design programs for homeless men who lack the skills to enter the competitive labor market. Cohen and Wagner challenge the conventional stereotypes of the homeless as disaffiliated and disempowered. Their examination of the political mobilization of the homeless in Portland, Maine signals a more complex reality. The homeless are more diverse than media portrayals would suggest. Several articles in this volume evaluate current programs to serve the homeless and one in particular by Stretch and Kreuger describes a new model of action research developed in St. Louis to track the homeless over an extended period. While these programs do in fact demonstrate various degrees of success, the evidence points to the need for a major overhaul in the mainstream social welfare programs that serve the homeless.
Not only are major changes required in the mental health, welfare and housing systems, but measures are needed to combat structural changes in the economy that condemns a significant proportion of minority males in central cities to permanent unemployment. Homelessness needs to be viewed as only one manifestation of deepening poverty and a housing crisis that has taken its toll on the most vulnerable groups in our population, the mentally ill, families on welfare and the unemployed. As one of our authors (Dolbeare) concludes, policy makers have moved beyond “dealing with homelessness as a crisis needing an emergency response to an effort to address and alleviate the causes of homelessness”. If this assessment is valid, we may see some major new initiatives on homelessness before the end of this decade.

References

Homeless in Philadelphia:
A Qualitative Study of the Impact of
State Welfare Reform on Individuals

DR. ANTHONY HALTER
University of Illinois
Urbana

Although homelessness is not a new problem, the faces of the homeless are changing. For many, the term "homeless person" conjures up the image of a skid row alcoholic. However, the homeless now include unskilled middle-aged males, the chronically mentally ill, and families (Chaiklin, 1985). The reasons for the amplification of homelessness include unemployment, insufficient low-cost housing, alcohol and/or drug addiction, mental health deinstitutionalization and the inadequacy of community-based services. In addition, advocates for the homeless including Mitch Snyder (1986) and Jan Hagen (1986) have argued that federal and state welfare policy changes have served to shift potentially at-risk populations into homelessness. Hopper and Hamburg (1984) point out that one of the underlying causes of homelessness is the increase in the number of welfare recipients whose benefits were discontinued, while Koitz (1987) has shown that one of the reasons for homelessness is cutbacks in social spending. First, Roth and Durden (1988) emphasize that the crisis of homelessness has not been addressed completely on the federal, state, and local levels while Karger and Stoesz (1990) point out that homeless providers envision that in the future there will be minimal federal funding available to address the problems of homelessness.

The purpose of this article is to discuss the effect of one state's welfare policy changes on a segment of its General Assistance population which became homeless. It describes, from the perspective of the homeless, the impact of these changes. Topics that will be addressed include: 1) the homeless views of welfare reform, 2) means of survival after becoming homeless, 3) the effects of homelessness on relationships, 4) the alienation experienced by the homeless, 5) efforts of the homeless to find
work and 6) levels of employability of the homeless. This study is significant since few researchers have undertaken an in-depth review of the consequences of limiting eligibility for individuals on welfare. The most recent federal welfare reform legislation, The Family Support Act of 1988, was meant to give the states flexibility in designing their employment, education, and training programs for welfare recipients. It may be that the current emphasis on work and employment in the Family Support Act needs to be re-examined in order to determine whether or not its objectives can be met as well as to assess its impact on large numbers of people. In view of this new federal legislation and its implications for state welfare reform policy, this article describes the experiences and survival methods of a segment of the welfare population which became homeless following the enactment of Pennsylvania's current welfare reform law, the Welfare Reform Act of 1982.

The Pennsylvania Welfare Reform Act of 1982

In response to spiralling welfare costs, and influenced heavily by the Reagan Administration's welfare policy, the Pennsylvania legislature enacted the Welfare Reform Act, which Governor Richard Thornburgh signed into law in April, 1982. A major change made by this Act was the division of General Assistance recipients into two distinct groups: the Chronically Needy and the Transitionally Needy. General Assistance is a state-funded cash program intended for single individuals. The Chronically Needy are "truly needy" individuals on General Assistance who, due to medical or social difficulties, are not able to work. Those classified as Transitionally Needy are between the ages of 18 and 45, considered able to work, and eligible for General Assistance cash benefits for a maximum of ninety days in any twelve month period. The rationale for this legislation was that these individuals (the Transitionally Needy) were considered employable, and therefore should be able to find jobs. The Governor felt that General Assistance encouraged dependence by providing an alternative to work without a work incentive, and that those individuals who were able to work should be taken off the welfare cycle and placed
into the economic independence that jobs would provide (Commonwealth of Pennsylvania, 1982).

A study in Pennsylvania found that 10% of those discontinued from General Assistance as a result of the Act became homeless (The Conservation Company, 1987). The Advocacy Committee for Emergency Services (1983) concluded that the combination of a reduction in benefits and limited employment opportunities contributed to many of these individuals becoming homeless. Other studies have reviewed the demographic changes of welfare recipients who were discontinued (Ozawa, Turcotte, Wahl, 1973; Denham, 1984; Murphy, 1978; Halter, 1989; Glass, 1982; Stagner and Richman, 1986) and the downward spiral of homelessness (Petchers, Chow, and Kordisch, 1989; Hope and Young, 1986; Rossi, 1989). Consequently, this study was designed to explore the ways in which some of the Transitionally Needy who became homeless described their methods of surviving.

Method

A qualitative approach was used, relying on interviews in which the subjects’ own comments provided descriptions of their experiences of being homeless after discontinuance of cash assistance. The value of this approach has been best exemplified by Bakke’s study of unemployed men (1940) and Maurer’s study of the unemployed (1979). Questions were open-ended and semi-structured in order to elicit narratives regarding the ways in which homeless individuals had used support systems. In order to observe changes in this population, interviews with 35 volunteers were conducted at two shelters for homeless persons in Philadelphia, Pennsylvania over a six month period from October, 1984 to April, 1985. All the respondents had received their ninety days of General Assistance benefits and had been discontinued from welfare. To support the trustworthiness of the data, all subjects were interviewed on five separate occasions, each lasting approximately 30 minutes. After obtaining authorization from the respondents, the writer verified the information they gave by discussions with shelter social workers. Prior to the interviews, considerable amounts of
informal time were spent with potential respondents in order to develop rapport and trust. Although this group may not be representative of the entire homeless population, this review provides insight into the experiences of some of the homeless through observations and their own comments.

During the initial introductions, the principal investigator explained his purpose and the nature of the study. The interviews were designed to respond to one general question which was, "How are homeless individuals managing after being discontinued from welfare?"

Findings

Although the initial general question attempted to find what means of support were used, other problems and concerns of the homeless became apparent during the interviews. Together, these underscore the critical dimensions of the thoughts expressed by those interviewed. These included:

1) their views of the Welfare Reform Act,
2) their means of surviving after becoming homeless,
3) the effects of their homelessness on relationships with family and friends,
4) their sense of alienation,
5) their attempts to find work,
6) their level of employability.

It is apparent that this population has a variety of complex problems which make functioning difficult. In order to grasp the concerns of the homeless, each of the six areas listed above will be explored using some of the comments of the respondents.

Table 1 lists the areas addressed by the 35 respondents during their interviews, and the total number of the respondents who discussed each issue.

Characteristics of the Respondents

As Table 2 shows, Black persons were predominant in the study population. Although the population studied may not be representative of the larger population, a study completed by the Pennsylvania Department of Public Welfare (1984) indicated
Table 1

<table>
<thead>
<tr>
<th>Issues and Problems</th>
<th>(n=35)</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Views of Welfare Reform Act</td>
<td>30</td>
<td>85.7</td>
</tr>
<tr>
<td>2) Means of surviving</td>
<td>35</td>
<td>100</td>
</tr>
<tr>
<td>3) Negative influence of homelessness on relationships</td>
<td>29</td>
<td>82.8</td>
</tr>
<tr>
<td>with family and friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Growing sense of alienation</td>
<td>33</td>
<td>94.2</td>
</tr>
<tr>
<td>5) Attempts to find work</td>
<td>35</td>
<td>100</td>
</tr>
<tr>
<td>6) Decrease in employability</td>
<td>25</td>
<td>71.4</td>
</tr>
</tbody>
</table>

that the percentage of Blacks discontinued from welfare as a result of the Welfare Reform Act (64%) was higher than that of other races in the urban areas of Philadelphia and Pittsburgh. However, White persons were the predominant group on General Assistance throughout the state. In addition, Hispanics and Asians are absent from those who volunteered to be interviewed. During the time I visited the shelters, there were some Hispanic residents. However, at no time were there any members of the Asian community. This observation was corroborated by a review of the case records at the shelter. There are organizations which specialize in providing services to the Hispanic and Asian communities. It may be that these populations after discontinuance of welfare, found supportive services in such organizations.

View of the Welfare Reform Act

Thirty of the homeless expressed their views regarding what they perceived as the government’s lack of concern for the Transitionally Needy population. One individual who had been discontinued stated, “These guys in Harrisburg (state capital) are smart. They cut off mostly single people. That’s easy. We don’t have wives, close family ties. If we did, more people would be complaining. Now we become more hidden.”

Many of the respondents indicated that the elimination of their welfare benefits was a small hindrance compared to the
Table 2

<table>
<thead>
<tr>
<th>Race and Sex</th>
<th>(n-35)</th>
<th>(X)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black Males</td>
<td>24</td>
<td>68.6</td>
</tr>
<tr>
<td>Black Females</td>
<td>6</td>
<td>17.1</td>
</tr>
<tr>
<td>White Males</td>
<td>4</td>
<td>11.4</td>
</tr>
<tr>
<td>White Females</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Hispanic Males</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hispanic Females</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Asian Males</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Asian Females</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>35</td>
<td>100</td>
</tr>
</tbody>
</table>

larger problem of being homeless. Some felt that the legislators responsible for welfare reform would not have favored this strategy if they had studied the complex problems this population faces in trying to become self-sufficient. Concerns were expressed about the reasonableness of this legislation when contrasted to existing opportunities for employment. One individual who had been discontinued from cash assistance two months prior to entering the shelter stated, “Maybe welfare shouldn’t cut people off. I mean if they can work, why don’t they refer them to jobs? Or at least give them more help in finding work than they do.” Some of the homeless felt that the savings the state projected it would make as a result of welfare cuts would be realized at the expense of the people using private agencies and shelters. One respondent indicated that “the state tries to cut to help the taxpayer. We were once taxpayers. Now, we have nothing to offer and we are the ones who suffer.”

Methods of Survival

Survival methods consisted of begging, part-time work, leaving the state in order to find work, activity in the illegal drug market, theft, selling contraband, using other forms of public assistance, i.e. Food Stamps, and selling blood and scavenged scrap metal. One homeless person stated, “I get by selling blood, doing work for my aunt and uncle and coming to these shelters.
I sell blood downtown. Usually you can get $9.00 for a pint. I try three times a month.”

One opponent of welfare reform (Advocacy Committee for Emergency Services, 1983) predicted that the method of discontinuing individuals from welfare outlined in the 1982 Act would only serve to increase the crime rate, since some of those who are discontinued would attempt to make money by engaging in illegal activities. One individual who was interviewed three weeks prior to being arrested for attempted burglary stated, “Do you know what it’s like to be on the streets? No, you don’t. Nobody does until they’ve been on the street. You feel worthless. Everybody trying to get by, to survive, to steal. Before, I would think twice about stealing. Now it’s different. It’s a matter of just staying alive.”

The underlying purpose of the Pennsylvania Welfare Reform Act was to motivate individuals to find work and move out of the cycle of poverty. All of those interviewed were from the Philadelphia area. In some instances, they left the area in order to find work, but invariably returned to Philadelphia. One homeless person who left and returned stated, “To get by I went west to that Indian place in Oregon when I was cut off welfare. They worked you to death 14 to 16 hours a day. I finally left because they told my friend she had to go because she wasn’t doing her share of work in the fields.” Others tried any available means in order to find income. “I survive by part-time work and panhandling. I look for scrap iron. I look in garbage cans and dumpsters for aluminum and things like that. I sell it to scrap iron yards. I haven’t stole yet, but don’t think I haven’t given it some thought.”

Some of the respondents used old buildings and abandoned cars as their form of shelter. “I was staying with friends in an old building that was on the verge of being condemned. This was right after being taken off welfare. No heat and no water. We would heat water that we got from another place on a small gas propane stove. The police came and kicked us out of that place.”

In addition to using these methods of survival, this population also attempted to rely on their families and friends for support. This reliance had a negative impact on their relationships.
Impact of Homelessness on Relationships

After discontinuance of General Assistance, individuals often turned to their relatives (mothers, fathers, sisters, or brothers) and close friends for a place to live and/or financial support. No homeless individual who had been married indicated that he or she relied on spousal assistance. Based on the respondents' statements, affectional and biological relationships were equally important as sources of support for the homeless. Some pointed out that it was easier to live with their friends, since they were too embarrassed to let their relatives know of their circumstances. According to one homeless person, "I mean, how can I tell them? I've had problems before and this would only make them sad and things uncomfortable for me." Others indicated that they had worn out their welcome with relatives prior to becoming homeless, and one individual pointed out that his grandparents were not well off themselves. "What can you do? I know they love me and care about me, but they just have enough to get by. I couldn't stay and take food out of their mouths." Some felt that returning home placed impossible demands on already strained family finances. One homeless person stated, "For awhile, right after I was cut off, I stayed with my mom and dad, but I didn't want to be a burden, so I left". Another shelter dweller stated, "I really don't have anybody because I'm too embarrassed. Sometimes my grandmother has helped me, but she has trouble caring for herself. At least at this shelter, you are with people who are in the same boat as yourself."

The longer these individuals were homeless, the more they tended to restrict their associations to those in the same situation as themselves. "This cutoff just puts more pressure on you. Since my pressures have gotten worse, my relationships have gotten worse. I have new friends and they're in the same situation that I'm in." The longer this population was without funds, the worse relationships with family members and old friends became. A three-phase cycle of reliance developed. First, the individual would rely on a family member, then on a close friend, and finally on a private agency or shelter. The longer the period of homelessness, the more the homeless person came to
rely on the shelter. However, the longer they spent in shelters, the less trusting some of these individuals became about past acquaintances. Some mentioned competing among themselves for the basic necessities of life. One homeless person stated, “These same people can be your best friend and your worst enemy. That is the way the system is. They are your friend because at times they are the only ones you can talk to, and sometimes that’s all you want to do. They are your enemy because you’re always competing against them for a place to stay or a way to get some money.” In addition, others indicated that friendships had changed over time. “My friends have changed because I am not glad to tell everybody about my situation. I only hang with those who are down and out like me.”

The longer these people remained homeless, the more they felt like outcasts from their families and friends. This alienation showed itself in a variety of different ways.

Alienation

For some, shelters for the homeless became a way of life. The longer these individuals were in shelters, the more they spoke of being alienated from society and from their friends. One homeless person stated, “Nobody wants us. Employers don’t want no street people. The community don’t want us near their homes. You just can’t do anything right.” Others indicated that the homeless were treated by people passing on the street as if they did not exist, as if they were invisible. “It’s like no one cares. I see the street people out there. The people going to work just see right through them. Alone, no one cares for them, and they just don’t care. Being on the street does something to you and you’re never the same again.”

The sense of hopelessness apparent in the comments of the homeless hampered this population’s attempts to achieve independence. The longer they remained homeless, the stronger became their attitude that their situation was insurmountable. Hopelessness, alienation and bitterness were characteristic of this population. One respondent stated, “I mean who cares about me? Nobody. I know I’ve done some of this to myself but nobody is out there to help. I’ve been living this life for seven
months and there are times I feel so lonely, especially right now" (Christmas). In the interviews, it became apparent that the longer this population remained homeless, the more difficult it became for them to have a positive outlook about seeking work and achieving some form of financial independence.

Employment Opportunities for the Homeless

All of those interviewed spoke of a desire to get jobs or to be trained for jobs. However, according to comments made by shelter caseworkers and the respondents themselves, all of the 35 interviewed had limited education (less than high school) and minimal skills. Employment for this population was short-term, erratic, menial and provided minimal wages. Past employment of the interviewees consisted of: short order cook, baker, construction laborer, janitor, kitchen helper, asbestos remover, fast food worker, dishwasher, laborer in a state farm show, migrant worker, security guard, delicatessen kitchen help, and window washer for the City of Philadelphia. Although the respondents expressed a desire for employment instead of welfare or homelessness, their minimal human capital skills restricted the types of jobs they were able to find. In addition, earnings in these jobs were rarely sufficient to elevate them above the poverty rate.

Lack of housing makes it difficult to find employment since many job applications require a statement of the applicant’s address. Karger and Stoesz, in their book *American Social Welfare Policy: A Structural Approach* (1990) point out that present housing policies have reduced the supply of low-income housing while a St. Louis study (Krenger et al, 1987) indicate that one of the causes of homelessness is a shortage of low-cost housing. Blau (1989) when discussing New York’s homeless, points out that in the past there has been an emphasis on temporary instead of permanent housing since New York believed that the growth of the homeless would not be long-term.

The mere fact of being homeless makes it more difficult to find employment. In the past, some federal and state administrations have indicated that the employable poor on welfare should be able to find jobs, since a variety of jobs is listed in
the Help-Wanted ads of local newspapers. One homeless person refuted this when he stated, “I sometimes don’t know what to do. I look at the Help Wanted ads but don’t find anything. If I had a dime for every time I went for a job from a newspaper ad and was told I wasn’t skilled enough or that they had hired someone already, I’d be rich.” In addition, maintaining a presentable appearance for a job interview is difficult when showers and clean clothes are inaccessible. For a person with no permanent address, job opportunities are limited. As one individual pointed out, “I go to a job and they tell me they will call me. They never call me. I go look for myself. There are no jobs for you and when they ask you your address, if you say this shelter, you’re out the door. You’re damned if you do and damned if you don’t.”

Some also commented that the various state-sponsored programs designed to help in looking for work were unable to assist them. “I once tried getting into something called the Public Employment Program, but the man there said I needed to be on welfare. Makes a lot of sense - welfare cuts me off because they tell me I can work. I look for work and I’m told I need welfare to get into the work program. It’s crazy.” Many clients stated that they received minimal services in the form of employment training or job referrals from the welfare department and the employment service, respectively. This was primarily due to the disparity between the few available jobs and the large employable population.

Employability

The longer the individual was without work and the longer he or she remained homeless, the more difficult it became to find work. In addition, the longer this population remained homeless, the more at-risk their health became. Twenty-five of the individuals interviewed reported health problems including respiratory infections, pneumonia, skin lesions, lice and depression. These reports were corroborated by information from shelter social workers. This population was discontinued from welfare because they were considered employable. However, the longer they remained homeless and without financial
supports, the less employable they became. A review of the previous themes shows that each had a negative impact on potential independence.

Conclusions

The respondents survived by begging, part-time work, engaging in illegal activity, selling their blood and selling scrap metals. Housing consisted of vacant buildings and cars, staying with friends and in shelters. The longer the individuals remained homeless, the more time was spent with those in a similar situation. In addition, most of the respondents indicated that the problem of being homeless created a real impediment to finding work. Lack of a permanent address, means of maintaining personal hygiene and transportation combined to limit their employment potential. In addition, the debilitating effects of homelessness had an impact upon their physical and mental health.

During the six months that I spent with these 35 people, they remained without any stable means of support. Many in this group verbalized a sense of hopelessness and some felt overwhelmed, confused, angry, and inferior. They often indicated that they could rely on no one and that the longer they remained homeless, the deeper their sense of alienation became. It became apparent during these interviews that most of the subjects had developed a cynicism as a result of their inability to achieve some form of independence.

A review of the comments made by the interviewees reveals that the longer they were without support; the more likely it became that they would develop relationships with others who were in a similar state. During the initial stages of discontinuance from cash assistance, individuals would rely on family members and close friends. However, the longer this population remained homeless and without financial support, the more they depended on shelters for survival and the less time they spent with relatives.

Based on the comments made by the respondents, it appears that long-term homelessness may have a negative impact on the psychological and physical well-being of some of the discontinued clients, thus diminishing their employability. The
discontinuance of welfare appears to be one of the contributing factors in the downward spiral of homelessness. Other factors include education, employment, health and housing limitations.

It is hypothesized that as a result of the hardships of homelessness, some would not be considered employable if they were to reapply for welfare. In addition, it is anticipated that there will be a greater need for services stemming from the adversities experienced by those who become homeless following discontinuance of General Assistance. As a result of the findings of this study, one may question whether Pennsylvania will actually save money in the long run, considering the additional demands placed on state-funded private agencies and shelters for this segment of the population. Furthermore, this study shows that, for some, the impact of Pennsylvania’s welfare reform policy may serve to reinforce a state of poverty rather than bring people out of it.

The policy implications of these findings indicate that a quick fix approach that discontinues populations from welfare may have long-term negative effects by increasing the homeless population and, in some instances, contributing towards additional financial hardship on family members. There is a need to rethink the current emphasis of returning welfare recipients to a job market without increasing the availability of jobs. For the population studied, lack of jobs, and inadequate support services hampered their abilities to become truly independent. It is hoped that planners and policy makers will use the concerns expressed by this population as a beginning point in preparing to plan and refine their welfare reform strategies.

References


Commonwealth of Pennsylvania. (1982). Welfare Reform and Jobs Development:


Acting on Their Own Behalf: Affiliation and Political Mobilization among Homeless People

MARCIA B. COHEN, PH.D.
University of New England
School of Social Work

DAVID WAGNER, PH.D.
University of Southern Maine
Department of Social Work

Homeless people have been portrayed in the literature as passive, isolated, and unable to act on their own behalf. The authors discuss the findings of an ethnographic study of homeless activists which challenge the stereotypical view of homeless people as disaffiliated and disempowered. Collective social action was found to have a long term impact on access to material resources, development of social networks, and construction of positive homeless identity.

Introduction
The past decade has witnessed a dramatic increase in the homeless population and, in parallel fashion, a burgeoning social work literature on homelessness. Most studies have focused on this population either as victims of social policy (Baxter & Hopper, 1984; Burghardt & Fabricant, 1987; Redburn & Buss, 1986) or as recipients of social work services (Cohen, 1989; Glasser & Surovick, 1988; Koroloff & Anderson, 1989). Only a few studies mention the existence of social protest among the homeless (Fabricant and Kelley, 1986; Ropers, 1988) or discuss the emergence of a homeless social movement (Blaue, forthcoming). There has been increasing evidence of political advocacy on the part of homeless people in the last few years, including the National Union of the Homeless which has employed militant tactics in order to bring about reforms in services
for the homeless (The New York Times, February 9, 1986). This embryonic movement of homeless people acting on their own behalf has been somewhat obscured by the more visible state and national coalitions of the homeless, generally composed of human service providers, attorneys, and other professionals, which have played an advocacy role on behalf of homeless people. The coalitions have not, as a rule, sought to recruit members from among their homeless constituencies. In one of the few discussions of homelessness as a social movement, Blau (1992) characterizes the movement as being for, rather than by, the poor, attributing this to the politically disabling effects of homelessness.

Although the disempowering sequelae of homelessness can be considerable (Berman-Rossi and Cohen, 1989; Ropers, 1988) this has not prevented some homeless people from acting on their own behalf. Ropers (1988) suggests that as the size of the homeless population reaches epic proportions, homeless people begin to create their own communities and engage in political protest. Ropers’ discussion follows Piven and Cloward’s (1977) thesis that poor people’s movements emerge from severe economic and social dislocations which tear asunder the fabric of everyday life. Homelessness represents a particularly extreme disruption of daily life. The erosion of identity and self-confidence that is frequently associated with homelessness can be extremely disempowering. There is, however, considerable potential for political empowerment inherent in collectivities of disenfranchised and oppressed people.

The literature has generally portrayed homeless people as passive, unable to act alone and lacking social skills to act together (Bahr, 1973; Blau, forthcoming; Rossi, 1989). It sheds little light on the political and social consciousness of homeless people or on the impact that involvement in political protest can have on their lives.

This article challenges the stereotypical view of the homeless as disaffiliated and disempowered. Drawing on the findings of an ethnographic research study, longitudinal data is developed which reveal the changes over time in the lives of homeless people. The authors argue that groups of homeless people can develop extensive social networks and construct positive identities as homeless activists.

Homelessness and Politics

The Research Context

During the summer of 1987, more than one hundred homeless people in the city of Portland, Maine (metropolitan area population 250,000) waged a political protest which began with a “sleep-in” on the steps of City Hall and culminated in the establishment of a “Tent City” in a nearby park. The protest was organized by the Coalition for the Dignity of the Homeless and the Poor, a group of homeless and formerly homeless advocates, in response to the closing of two homeless shelters (Emergency Shelter Assessment Committee, 1990). The homeless protesters abandoned the encampment after city officials agreed to open a year round shelter, waive certain categorical requirements for emergency shelter, and liberalize aspects of the general assistance program (Portland Press Herald, July 22, 1988).

Homelessness in Portland had been relatively invisible prior to 1987. The 24 day long Tent City protest made homelessness visible and brought public attention to the service needs of Portland’s poorest citizens. Advocacy groups organized by former Tent City protesters have kept the homeless issue on the public agenda ever since. The Tent City protest marked the inception of a local homeless movement.

Research Methodology

Research on the homeless population has generally been characterized by large scale, quantitative studies focused on estimating the size of the homeless population in a particular geographical area and examining its demographic characteristics (Arce et al, 1983; Rossi et al, 1987; Roth, et al, 1985). These studies have greatly expanded our understanding of the composition of the homeless population but, by design, have yielded relatively little in-depth or longitudinal data. Hudson (1988) critiques this quantitative emphasis in homeless research, suggesting that it has limited the development of public policy.

The present study utilized qualitative research methodology to obtain retrospective, longitudinal data on a cohort of politically active homeless people. The cohort consisted of the approximately 100 individuals who participated in the Portland
for the homeless (The New York Times, February 9, 1986). This embryonic movement of homeless people acting on their own behalf has been somewhat obscured by the more visible state and national coalitions of the homeless, generally composed of human service providers, attorneys, and other professionals, which have played an advocacy role on behalf of homeless people. The coalitions have not, as a rule, sought to recruit members from among their homeless constituents. In one of the few discussions of homelessness as a social movement, Blau (1992) characterizes the movement as being for, rather than by, the poor, attributing this to the politically disabling effects of homelessness.

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Tent City protest. The study was conducted in 1990, three years after Tent City.

Demographic data collected at Tent City by the Coalition for the Dignity of the Homeless and the Poor was made available to the researchers. Names of Tent City participants were obtained from newspaper accounts, homeless advocates, social service providers, and from the participants themselves. A nonrandom, snowball sampling technique was approximated by asking each subject to provide the names of other members of the Tent City cohort. A total of 105 sample members were identified in this fashion and in-depth interviews conducted with 65 (see Tables I and II).

Locating sample members three years after Tent City proved to be a difficult yet fascinating process. Time honored research techniques using phone books and city directories were of minimal utility. The researchers relied largely on the social networks within the homeless community and sample members' knowledge of each others' whereabouts.

The Tent City Cohort Three Years Later

The stereotypes of the "bag lady" and "skid row bum" continue to inform the public's view of homeless people. As Snow and his colleagues (1986) note in their challenge to the stereotype of homeless people as mentally ill, the visibility of

Table I
Location and Interviews of "Tent City" Cohort

<table>
<thead>
<tr>
<th></th>
<th>Total names</th>
<th>Total number of subjects locational information was obtained for</th>
<th>Total contacted</th>
<th>Total interviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>105</td>
<td>100 (95.2%)</td>
<td>81 (77.1%)</td>
<td>65 (61.9%)</td>
</tr>
<tr>
<td>(Deceased)</td>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Refused)</td>
<td>(6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Contacted or met by researchers, but interview not completed)</td>
<td>(8)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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Table I
Location and Interviews of “Tent City” Cohort

| Total names | 105 |
| Total number of subjects locational information was obtained for | 100 (95.2%) |
| Total contacted | 81 (77.1%) |
| Total interviewed | 65 (61.9%) |
| (Deceased) | (2) |
| (Refused) | (6) |
| (Contacted or met by researchers, but interview not completed) | (8) |

Table II
Demographic Characteristics of the Tent City Cohort

<table>
<thead>
<tr>
<th>GENDER</th>
<th>Interviewed N=65</th>
<th>Not Interviewed N=40</th>
<th>Total N=105</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>42 (64.6%)</td>
<td>39 (97.5%)</td>
<td>81 (77.1%)</td>
</tr>
<tr>
<td>Female</td>
<td>23 (35.4%)</td>
<td>1 (2.5%)</td>
<td>24 (22.9%)</td>
</tr>
<tr>
<td>Unknown</td>
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<td>(0)</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 26</td>
<td>23 (35.4%)</td>
<td>12 (35.3%)</td>
<td>35 (35.4%)</td>
</tr>
<tr>
<td>26-35</td>
<td>23 (35.4%)</td>
<td>8 (23.5%)</td>
<td>31 (31.3%)</td>
</tr>
<tr>
<td>36-45</td>
<td>12 (18.5%)</td>
<td>7 (20.6%)</td>
<td>19 (19.2%)</td>
</tr>
<tr>
<td>46-55</td>
<td>3 (4.6%)</td>
<td>6 (17.6%)</td>
<td>9 (9.1%)</td>
</tr>
<tr>
<td>56-65</td>
<td>2 (3.1%)</td>
<td>0</td>
<td>2 (2.0%)</td>
</tr>
<tr>
<td>&gt; 65</td>
<td>2 (3.1%)</td>
<td>1 (2.9%)</td>
<td>3 (3.0%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>(0)</td>
<td>(0)</td>
<td>(0)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>Interviewed N=60</th>
<th>Not Interviewed N=16</th>
<th>Total N=76</th>
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</thead>
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<tr>
<td>9th Grade or less</td>
<td>15 (25.0%)</td>
<td>7 (43.8%)</td>
<td>22 (28.9%)</td>
</tr>
<tr>
<td>Some H. S.</td>
<td>16 (26.6%)</td>
<td>4 (25.0%)</td>
<td>20 (26.3%)</td>
</tr>
<tr>
<td>H.S. Diploma or GED</td>
<td>19 (31.7%)</td>
<td>2 (12.5%)</td>
<td>21 (27.6%)</td>
</tr>
<tr>
<td>Some College</td>
<td>8 (13.3%)</td>
<td>2 (12.5%)</td>
<td>10 (13.2%)</td>
</tr>
<tr>
<td>College Degree</td>
<td>2 (3.3%)</td>
<td>1 (6.3%)</td>
<td>3 (3.9%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>(5)</td>
<td>(24)</td>
<td>(29)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PLACE OF BIRTH</th>
<th>Interviewed N=65</th>
<th>Not Interviewed N=27</th>
<th>Total N=92</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portland</td>
<td>26 (40.0%)</td>
<td>6 (22.2%)</td>
<td>32 (34.8%)</td>
</tr>
<tr>
<td>Other Maine</td>
<td>19 (29.2%)</td>
<td>10 (37.0%)</td>
<td>29 (31.5%)</td>
</tr>
<tr>
<td>Other New Eng</td>
<td>6 (9.2%)</td>
<td>1 (3.7%)</td>
<td>7 (7.6%)</td>
</tr>
<tr>
<td>Other US</td>
<td>14 (21.5%)</td>
<td>9 (33.3%)</td>
<td>23 (25.0%)</td>
</tr>
<tr>
<td>Foreign Born</td>
<td>0</td>
<td>1 (3.7%)</td>
<td>1 (1.1%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>(0)</td>
<td>(13)</td>
<td>(13)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOCIO-ECONOMIC CLASS</th>
<th>Interviewed N=55</th>
<th>Not Available</th>
<th>Total Not Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILY OR ORIGIN</td>
<td>N=55</td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
<tr>
<td>Middle Class</td>
<td>17 (30.9%)</td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
<tr>
<td>Working Class</td>
<td>23 (41.8%)</td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
</tbody>
</table>
some of the most psychotic members of the homeless population and the tendency of researchers to view the homeless through the prism of hospital emergency rooms and shelters, reinforces this view. Through a longitudinal approach, a broader view of homelessness can be documented.

One measure of how far the Portland cohort was from the view of the homeless as a fixed population was their absence, 3 years after Tent City, from the institutions and services most associated with the homeless. A review of the City of Portland’s municipal shelter during the six month study period found only 3 of the 108 sample subjects using the facility. Spot checks of the city’s only breakfast feeding program, serving as many as 175 each morning, found no more than five of the Tent City cohort at any given meal.

Most significantly, the majority of subjects were housed at the time of the study. Definitions of homelessness vary. The advocates define homelessness as “lacking a permanent and customary home” which includes those who are institutionalized or “doubled up.” Social scientists have generally preferred a measure of “literal homelessness,” defined as sleeping in homeless shelters or other places “not intended as dwellings.” (Rossi, 1989, p. 48). Table IIIA categorizes subjects by both definitions. Among the 65 subjects interviewed, 76.9% were housed in the Spring/Summer of 1990, even under the fairly rigorous definition of the advocates. If the literal homeless definition is used, 89.2% were housed. Although data on the remainder of the cohort is more tentative, considerable information from family, friends and others was available to confirm that the non-interviewed group showed a similar pattern.

Some social scientists have noted the fluidity of homelessness and urged researchers to view the problem of homelessness as marking only the extreme edge of poverty, with people fluctuating between the status of housed and homeless (Rossi, 1989). The success of the Portland cohort in securing housing supports Rossi’s findings and suggests that under the conditions of political mobilization, significant resource mobilization on an individual level can result.

The most dramatic gain for subjects other than housing was the availability of income supports. Prior to the Tent City protest, most subjects lacked consistent social benefits and had to rely on an arbitrary and changing general assistance system.

Table IIIA

<table>
<thead>
<tr>
<th>Subjects’ Housing Status when Interviewed, 1990</th>
<th>(N=65)</th>
<th>Advocates’ Definition</th>
<th>Literal Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housed</td>
<td>58 (74.9%)</td>
<td>58 (89.2%)</td>
<td></td>
</tr>
<tr>
<td>Homeless</td>
<td>5 (7.7%)</td>
<td>7 (10.8%)</td>
<td></td>
</tr>
<tr>
<td>(street, shelter)</td>
<td>(7)</td>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(correctional setting)</td>
<td>(2)</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>(rehab facility)</td>
<td>(1)</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>(with family)</td>
<td>(1)</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>(with friends)</td>
<td>(4)</td>
<td>—</td>
<td></td>
</tr>
</tbody>
</table>
Table II continued

| Low Income | 15 (27.3%) |
| Unknown    | (10) |

WORK, SCHOOL, VOLUNTEER ACTIVITIES

<table>
<thead>
<tr>
<th>(Categories are not Mutually Exclusive)</th>
<th>N=65</th>
<th>Not Available</th>
<th>Not Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Time Work</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part Time or Temporary Work</td>
<td>5</td>
<td>(8.9%)</td>
<td></td>
</tr>
<tr>
<td>School</td>
<td>6</td>
<td>(10.7%)</td>
<td></td>
</tr>
<tr>
<td>Advocate or Volunteer</td>
<td>13</td>
<td>(23.2%)</td>
<td></td>
</tr>
<tr>
<td>Discrete Number of Individuals</td>
<td>31</td>
<td>(55.4%)</td>
<td></td>
</tr>
<tr>
<td>Reflected Above</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Involved in Activities</td>
<td>25</td>
<td>(44.6%)</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Table IIIA

<table>
<thead>
<tr>
<th>(N=65)</th>
<th>Advocates' Definition</th>
<th>Literal Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housed</td>
<td>50 (76.9%)</td>
<td>58 (89.2%)</td>
</tr>
<tr>
<td>Homeless</td>
<td>15 (23.1%)</td>
<td>7 (10.8%)</td>
</tr>
<tr>
<td>(street, shelter)</td>
<td>(7)</td>
<td>(7)</td>
</tr>
<tr>
<td>(correctional setting)</td>
<td>(2)</td>
<td>—</td>
</tr>
<tr>
<td>(rehab facility)</td>
<td>(1)</td>
<td>—</td>
</tr>
<tr>
<td>(with family)</td>
<td>(1)</td>
<td>—</td>
</tr>
<tr>
<td>(with friends)</td>
<td>(4)</td>
<td>—</td>
</tr>
</tbody>
</table>


### Table IIB

**Subjects’ Housing Status, Entire Cohort Estimated, 1990**

<table>
<thead>
<tr>
<th>Housing Status</th>
<th>Advocates’ Definition</th>
<th>Literal Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housed</td>
<td>70 (71.4%)</td>
<td>83 (84.7%)</td>
</tr>
<tr>
<td>Homeless</td>
<td>28 (28.6%)</td>
<td>15 (15.3%)</td>
</tr>
<tr>
<td>(street, shelter)</td>
<td>(15)</td>
<td>(15)</td>
</tr>
<tr>
<td>(correctional setting)</td>
<td>(3)</td>
<td>-</td>
</tr>
<tr>
<td>(rehab facility)</td>
<td>(2)</td>
<td>-</td>
</tr>
<tr>
<td>(with family)</td>
<td>(2)</td>
<td>-</td>
</tr>
<tr>
<td>(with friends)</td>
<td>(6)</td>
<td>-</td>
</tr>
</tbody>
</table>

While some had experienced significant upward mobility since 1987, for the most part, subjects remained poor but were able to secure more regular income support through Social Security, SSI, AFDC and veterans assistance. Those receiving social benefits increased 6 fold from 8 to 46. In almost all cases, the securing of benefits came about through the pressure of the Tent City protect in which participants applied en masse for benefits and had access to attorneys to appeal benefit rejections.

In contrast to the importance of social benefits in achieving housing stability, few subjects were able to achieve stable employment situations. While almost all subjects had worked fairly recently, at the time of the interviews only 14 were working full time and 5 part time. While some of these jobs generated increased income and a sense of efficacy, most paid too little, were too sporadic, or involved too much conflict with the employer for the subject to remain in long term employ.

### The Disaffiliation Stereotype And The Tent City Cohort

Homelessness has frequently been linked to a process of social disaffiliation in which the homeless are defined as socially deviant as a result of attenuated family, friendship, and institutional ties. Theodore Caplow (as cited in Watson & Austerberry, 1986, p. 17) defined homelessness as “a condition of detachment from society characterized by the absence or attenuation of

the affiliative bonds that link settled persons to a network of interconnected social structures.”

The lives of the homeless people studied present a very different view. Amy, a 38 year old woman who has been homeless sporadically for five years, described a typical day’s schedule:

7 a.m. Breakfast with her boyfriend
8 a.m. Meeting with her social worker
9 a.m. A.A. meeting
10 a.m. Church group meeting
12 noon Lunch at soup kitchen
1 p.m. Meeting of the Portland Coalition for the Psychiatrically Labelled (an advocacy group)
3 p.m. Meeting of the newsletter committee of a social club for the mentally ill
5 p.m. Dinner with her boyfriend at soup kitchen

Amy was well known to service providers, ministers, and many low income people. The researchers were frequently told “ask Amy, she’ll know where whoever you are looking for is.”

As indicated in Table IV, quantitative measures of affiliation, including ties to friends and family, were in striking contrast to the disaffiliation stereotype. More than 85% of the subjects interviewed were able to name 3 close friends and many were accompanied by friends when they met interviewers. While the marriage rate was relatively low among this sample, when live-in relationships are included, more than 4 out of 5 subjects were in long term relationships, and this number is even higher among those over 25. Like many poor people, the Tent City subjects often do not have partnerships sanctioned by the state for a variety of reasons: the cost of marriage licenses, the reluctance to become involved with state institutions, avoidance of social benefit problems, and, in some instances, relationships are between partners one or both of whom are still married or are between gay or lesbian partners.

Only in terms of social ties with families of origin might the subjects be seen as somewhat different from the general population. Nearly 1 in 2 subjects had been the victim of physical or sexual abuse or were in foster care during childhood. It is not surprising that approximately 1 in 4 subjects had no
Table IIIB

Subjects' Housing Status, Entire Cohort Estimated, 1980

<table>
<thead>
<tr>
<th></th>
<th>Advocates' Definition</th>
<th>Literal Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housed</td>
<td>70 (71.4%)</td>
<td>83 (84.7%)</td>
</tr>
<tr>
<td>Homeless</td>
<td>28 (28.6%)</td>
<td>15 (15.3%)</td>
</tr>
<tr>
<td>(street, shelter)</td>
<td>(15)</td>
<td>(15)</td>
</tr>
<tr>
<td>(correctional setting)</td>
<td>(3)</td>
<td>-</td>
</tr>
<tr>
<td>(rehab facility)</td>
<td>(2)</td>
<td>-</td>
</tr>
<tr>
<td>(with family)</td>
<td>(2)</td>
<td>-</td>
</tr>
<tr>
<td>(with friends)</td>
<td>(6)</td>
<td>-</td>
</tr>
</tbody>
</table>

While some had experienced significant upward mobility since 1987, for the most part, subjects remained poor but were able to secure more regular income support through Social Security, SSI, AFDC and veterans assistance. Those receiving social benefits increased 6 fold from 8 to 46. In almost all cases, the securing of benefits came about through the pressure of the Tent City project in which participants applied en masse for benefits and had access to attorneys to appeal benefit rejections.

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<table>
<thead>
<tr>
<th>SIGNIFICANT RELATIONSHIP</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently married</td>
<td>13</td>
<td>21.3%</td>
</tr>
<tr>
<td>Ever married</td>
<td>30</td>
<td>49.2%</td>
</tr>
<tr>
<td>(over age 25)</td>
<td>25</td>
<td>65.8%</td>
</tr>
<tr>
<td>Ever in long term partnership</td>
<td>47</td>
<td>81.0%</td>
</tr>
<tr>
<td>(over age 25)</td>
<td>31</td>
<td>86.1%</td>
</tr>
<tr>
<td>Currently in long term partnership</td>
<td>29</td>
<td>56.8%</td>
</tr>
<tr>
<td>(over age 25)</td>
<td>18</td>
<td>58.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIVING ARRANGEMENTS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Live with spouse/partner</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Live with friend roommate</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Live with family of origin</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Total 36/50 housed living with others</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RELATIONSHIP WITH FAMILY OF ORIGIN</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>See biological parents frequently</td>
<td>25</td>
<td>48.1%</td>
</tr>
<tr>
<td>n=52</td>
<td></td>
<td></td>
</tr>
<tr>
<td>See biological parents occasionally</td>
<td>40</td>
<td>76.9%</td>
</tr>
<tr>
<td>n=52</td>
<td></td>
<td></td>
</tr>
<tr>
<td>See children frequently</td>
<td>20</td>
<td>54.1%</td>
</tr>
<tr>
<td>n=37</td>
<td></td>
<td></td>
</tr>
<tr>
<td>See any adult family members frequently</td>
<td>45</td>
<td>76.3%</td>
</tr>
<tr>
<td>n=39</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FRIENDSHIP</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Named three or more friends</td>
<td>55</td>
<td>87.3%</td>
</tr>
<tr>
<td>n=63</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identified three or more</td>
<td>52</td>
<td>82.5%</td>
</tr>
<tr>
<td>Tent City participants as friends</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>contact at all with biological parents and another 2 in 7 had only</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Homelessness and Politics

"Occasional contact." Close to half of the subjects reported being on good terms with parents, a proportion similar to the general population, (see Rosenthal, 1989, for a comparison).

Most subjects had maintained good relations with at least some members of their families: siblings, aunts and uncles or grandparents, sometimes in addition to and sometimes absent parental contact. Subjects discussed the many barriers to contact with families when they were homeless:

My grandparents are right over in Westbrook (a neighboring city) and they’ve been pretty good to me. But it’s hard to explain. When I was homeless, I’d be out there without twenty cents to make a call, without decent clothes. It was embarrassment, yeh, a lot of times, to go there, but also how was I going to call them, to get over there? They’re elderly and you can’t just call all the time and say, come get me . . .

Consistent contact with families of origin and with friends and acquaintances from higher socio-economic classes, tended to diminish when subjects were literally homeless. These ties were not completely severed, however, and were usually resumed when subjects became housed.

Numerous examples of mutual aid among the homeless and marginally housed were evident throughout the study. A 27-year-old homeless woman talked of helping an elderly alcoholic man:

Yeh, I get Larry his coffee everyday, and help him get to the check cashing place when he gets his social security. He has trouble walking so we get him his cigarettes and a paper. I like him a lot. . . . he acts kind of like a father figure to me, giving advice, telling me where I can stay, which social worker to talk to . . .

Providing shelter to each other was viewed almost as an obligation by many subjects:

(Nina, a 38-year-old formerly homeless woman who has provided food and shelter to many cohort members) They see me as their mother, all these runaways and young kids . . . they come over and call me ‘Nana.’ Sure, I’ll take them in as long as I have room. Nobody ever helped me and I felt cheated. I don’t want them to feel cheated.
Homelessness and Politics

extant to which the politically active homeless people in the Portland study are different from other homeless people. Several recent studies (Cohen et al., 1988; La Gory, Ritchey and Mullis, 1989; Rosenthal, 1989) confirm that more extensive social ties exist among the homeless than previously believed.

As La Gory and his colleagues note, such ties do not necessarily lead to empowerment. We would suggest, however, that under the conditions of political protest, social ties can be built upon to permit resource mobilization, and that such mobilization, at least in part, explains the striking improvements in the housing and income situations of the Portland cohort.

Political Activism and Identity Construction

While the literature in the past twenty years has tended to portray homeless people as politically disabled and disempowered, there is an earlier tradition in American history which conveys quite a different image. Homelessness, or “tramping,” was associated with radical political sentiments and activism as early as 1874 when the Tompkins Square riot in New York City gave rise to the belief that the rioting tramps were part of a professional army of revolutionaries (Ringenbach, 1973; Blau, 1987). This tradition persisted in the twentieth century with the IWW’s political recruitment in the hobo communities. During the Great Depression, hundreds took to the roads or joined tent city encampments as social and economic upheaval reinforced the association between homelessness and political protest. The Wobbly song “Hallelujah! I’m a Bum” reflects this earlier, less stigmatized image of homelessness.

Snow and Anderson, in their 1987 study of street people in Austin, Texas, point out that homeless people are “... confronted continuously with the problem of constructing personal identities that are not a mere reflection of the stereotypical and stigmatized manner in which they are regarded as a social category (p. 1540).

In order to maintain self-worth, homeless people construct positive role identities either by distancing themselves from the homeless role or by embracing it. Those who engage in role distancing, speak of the homeless as “they” and do so with...
Some forms of mutual aid replaced family and institutional systems that had failed. Wally, a homeless man in his 70s with throat cancer, was a frequent subject of comment by many subjects. Sam, a 24 year old formerly homeless man noted:

No one but us (Tent City group) would help Wally. His family had abandoned him. The city kept cutting him off assistance, food stamps. We brought him to the hospital, we got him Medicaid, we kept going back to the city and yelling. It makes you angry that no one else would respond. But it also makes you feel good that we got some things done for him.

Perhaps most striking, given the stereotypical view of homelessness, was the organizational attachment of the subjects studied. When interviewed in 1989, a large number of subjects were still active in homeless or low income advocacy groups, church groups, and self-help organizations. Seven formerly homeless subjects volunteered their time at soup kitchens, clothes pantries, or at a local AIDS project. Subjects noted the strong impact of these organizations in helping them secure housing, sobriety, income benefits, and stability:

(Amy, 38 yrs old) The Lutheran church has been my strongest asset, whether I've been homeless or not. It's given me strength and its helped me get treatment, helped me see my problems with booze.

(Alycia, a 17 yr. single mother): "I don't know what I'd do without AA and the friends I made around the Annie Hanson Center (a residence for alcohol abusers). Someone to call, someone to help me. They come whether I'm down and out on the street or whatever. It's led me to a very different life."

Since this research study was restricted to a small, non-random sample in a particular geographic area, it is difficult to gauge how common such extensive social ties might be. The tendency of researchers to perform one-shot quantitative head counts rather than ethnographic research serves to obscure the extent to which the politically active homeless people in the Portland study are different from other homeless people. Several recent studies (Cohen, et. al., 1988; La Gory, Ritchey and Mullis, 1989; Rosenthal, 1989) confirm that more extensive social ties exist among the homeless than previously believed.

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In order to maintain self-worth, homeless people construct positive role identities either by distancing themselves from the homeless role or by embracing it. Those who engage in role distancing, speak of the homeless as "they" and do so with
great disdain. Those who engage in role embracement speak proudly of the homeless as "we," often invoking the historical icon of the tramp or bum (Snow and Anderson, 1987).

Snow and Anderson's analysis of "identity work" is the only such discussion in the homeless literature and these authors do not examine the potential impact of participation in collective political action. The experience of the Portland cohort suggests that political activism can facilitate the construction of positive personal identity through role embracement.

Most of the subjects credited Tent City with changing their views about homelessness and about themselves. The following quotes suggest a relationship between political activism and role embracement:

(From a letter written to one of the researchers by 35 year old Arnie, following his interview): Politically, I have come to be left of center from my experiences at Tent City. I saw how the City didn't want to listen and how they just wanted to repress us. I hadn't really thought of myself as part of an oppressed group before... (From an interview with Hal, a 26 year old man): I never got involved with politics before (Tent City) but I've been active ever since. A whole bunch of us went to Washington D.C. in October to the big homeless demonstration. There were so many of us, it was really cool. Being involved in politics has really made me feel proud to call myself homeless. Even though I have a place to live now, I still think of myself that way.

The persistence of the identification with the homeless role, expressed by many members of the cohort who were housed at the time of the interview and thus in a position to abandon the stigmatized label of "homeless," speaks to the strength of role embracement. Indeed, many subjects maintained their positive homeless identities through their involvement in one or more of the homeless advocacy groups which were organized by and for homeless people after the Tent City protect:

(Mitchell, a thirty-one year old man, housed for two years at the time of the study): After Tent City I helped organize the advocates... We have to help each other, man, the city isn't going to do it for us. Last month I helped that old guy, Carl, get into the Everett Hotel. That's what it's all about, homeless people helping each other.

Not all members of the Tent City Cohort embraced the homeless role. Three years after Tent City, a small number actively distanced themselves from a homeless social identity, describing "those homeless" as "lazy," "crazy," or "drunk." These individuals differed sharply from the role embracers in their views of the causes of homelessness and the efficacy of political protest in improving social conditions. We suggest the term "Individualists" to describe this group. Through role distancing, they came to reject political activism as a solution to the problems of homelessness which they saw as caused primarily by the individual deficits of homeless people. The Individualists stood in sharp contrast to the group we termed "Militants" who were characterized by strong role embracement, a view of homelessness caused by societal power relationships, and a belief in militant social action aimed at radical social change.

A third group was also identified. We termed "Incrementalists" those individuals who took a middle road to identity construction through the process that Snow and Anderson refer to as "categorical associational distancing." Incrementalists made a sharp distinction between those who are homeless due to character deficits and those, like themselves, who are homeless due to societal inequities. This careful distinction between the "good homeless" and the "bad homeless" allowed the Incrementalists to embrace the role of the former while transferring negative societal stereotypes to the latter. Incrementalists advocated a strategy of peaceful social action to alert the public to the plight of the homeless, thus bringing about gradual improvements in the service delivery system.

As noted, only a small number of subjects (12.5% of subjects whose views could be coded) were classified as Individualists. The remaining subjects either embraced the homeless role completely (Militants, 37.5%) or categorically (Incrementalists, 50%). Differences in identification with the homeless role were found to vary according to the age, gender, and socio-economic background, with younger, male subjects from low income and working class families most likely to be classified as Militant.
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### Table V
Relationship between Political Attitudes and Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Individualist</th>
<th>Incrementalist</th>
<th>Militant</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>1 (5.3%)</td>
<td>14 (75.7%)</td>
<td>4 (21.5%)</td>
<td>19</td>
</tr>
<tr>
<td>Male</td>
<td>6 (16.2%)</td>
<td>14 (37.8%)</td>
<td>17 (45.9%)</td>
<td>37</td>
</tr>
<tr>
<td>Totals</td>
<td>7 (12.5%)</td>
<td>28 (50%)</td>
<td>21 (37.5%)</td>
<td>56</td>
</tr>
</tbody>
</table>

### Table VI
Relationship between Political Attitudes and Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Individualist</th>
<th>Incrementalist</th>
<th>Militant</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 26</td>
<td>3 (13.6%)</td>
<td>9 (40.9%)</td>
<td>10 (45.5%)</td>
<td>22</td>
</tr>
<tr>
<td>26-35</td>
<td>1 (5.3%)</td>
<td>10 (52.6%)</td>
<td>8 (42.1%)</td>
<td>19</td>
</tr>
<tr>
<td>36-45</td>
<td>1 (10%)</td>
<td>7 (70%)</td>
<td>2 (20%)</td>
<td>10</td>
</tr>
<tr>
<td>&gt; 45</td>
<td>2 (40%)</td>
<td>2 (40%)</td>
<td>1 (20%)</td>
<td>5</td>
</tr>
</tbody>
</table>

### Table VII
Relationship between Political Attitudes and Socio-Economic Status of Family of Origin

<table>
<thead>
<tr>
<th>SES</th>
<th>Individualist</th>
<th>Incrementalist</th>
<th>Militant</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Class</td>
<td>2 (13.3%)</td>
<td>11 (73.3%)</td>
<td>2 (13.3%)</td>
<td>15</td>
</tr>
<tr>
<td>Working Class</td>
<td>5 (21.7%)</td>
<td>8 (34.8%)</td>
<td>10 (43.5%)</td>
<td>23</td>
</tr>
<tr>
<td>Low Income</td>
<td>0</td>
<td>7 (46.7%)</td>
<td>8 (53.3%)</td>
<td>15</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>(2)</td>
<td>(1)</td>
<td>3</td>
</tr>
</tbody>
</table>

The relationship between role embracement and socio-economic class is perhaps easiest to explain. Strong associative ties appeared to exist among subjects from lower-income families. Such ties were more likely to be absent in subjects from upper-income families who tended to distance themselves from the homeless role and view their own circumstances as idiosyncratic. This suggests that the distance between homeless status and lower-income income status is more readily traversed than the wider gulf which exists between homeless status and upper-income status.

Gender differences may be a function of homelessness being associated with greater norm violation for women than for men. Being independent and alone has always been more socially acceptable for men (Golden, 1986) and the romanticized image of the tramp has historically been male image. It would seem that the process of positive identity construction through homeless role embracement would be easier for men than for women.

The negative association that was found between age and role embracement is harder to explain. The small number of subjects over the age of 35 in the cohort as a whole (see Table II) makes it difficult to generalize about this group. Since studies of the general homeless population in Portland have found a much higher percentage of older homeless (Emergency Shelter Assessment Committee, 1990), the low number in the Tent City cohort may suggest that older homeless people are less likely to become politically active than younger ones. In the Tent City cohort, the older members differed from their younger counterparts primarily in their higher levels of alcoholism and lower levels of affiliation.

The Tent City protest was a collective effort in which homeless people came together, shared living and sleeping quarters, and experienced intense social contact. The older alcoholic homeless individuals in the group tended to remain on the periphery (often not sleeping in the tents where alcohol was forbidden). Their identification with each other and with the homeless social movement tended to be quite tenuous. Viewed in this light, this group's preference for identity construction through role distancing rather than embracement becomes more understandable.

For most of the subjects, collective political activity meant being part of a group that took pride in its homeless identity. The status of homeless activist conferred dignity and self-esteem rather than passivity and dependence.
Table V

<table>
<thead>
<tr>
<th>Gender</th>
<th>Individualist</th>
<th>Incrementalist</th>
<th>Militant</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>1 (5.3%)</td>
<td>14 (73.7%)</td>
<td>4 (21%)</td>
<td>19</td>
</tr>
<tr>
<td>Male</td>
<td>6 (16.2%)</td>
<td>14 (37.8%)</td>
<td>17 (45.9%)</td>
<td>37</td>
</tr>
<tr>
<td>Totals</td>
<td>7 (12.5%)</td>
<td>28 (50%)</td>
<td>21 (37.5%)</td>
<td>56</td>
</tr>
</tbody>
</table>

Table VI

<table>
<thead>
<tr>
<th>Age</th>
<th>Individualist</th>
<th>Incrementalist</th>
<th>Militant</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 26</td>
<td>3 (13.6%)</td>
<td>9 (40.9%)</td>
<td>10 (45.5%)</td>
<td>22</td>
</tr>
<tr>
<td>26-35</td>
<td>1 (5.3%)</td>
<td>10 (52.6%)</td>
<td>8 (42.1%)</td>
<td>19</td>
</tr>
<tr>
<td>36-45</td>
<td>1 (10%)</td>
<td>7 (70%)</td>
<td>2 (20%)</td>
<td>10</td>
</tr>
<tr>
<td>&gt; 45</td>
<td>2 (40%)</td>
<td>2 (40%)</td>
<td>1 (20%)</td>
<td>5</td>
</tr>
</tbody>
</table>

Table VII

<table>
<thead>
<tr>
<th>SES</th>
<th>Individualist</th>
<th>Incrementalist</th>
<th>Militant</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Class</td>
<td>2 (13.3%)</td>
<td>11 (73.3%)</td>
<td>2 (13.3%)</td>
<td>15</td>
</tr>
<tr>
<td>Working Class</td>
<td>5 (21.7%)</td>
<td>8 (34.8%)</td>
<td>10 (43.5%)</td>
<td>23</td>
</tr>
<tr>
<td>Low Income</td>
<td>0</td>
<td>7 (46.7%)</td>
<td>8 (53.3%)</td>
<td>15</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>(2)</td>
<td>(1)</td>
<td>3</td>
</tr>
</tbody>
</table>

The relationship between role embracement and socio-economic class is perhaps easiest to explain. Strong associational ties appeared to exist among subjects from lower-income families. Such ties were more likely to be absent in subjects from upper-income families who tended to distance themselves from the homeless role and view their own circumstances as

endo-synchronatic. This suggests that the distance between homeless status and lower-income income status is more readily traversed than the wider gulf which exists between homeless status and upper-income status.

Gender differences may be a function of homelessness being associated with greater norm violation for women than for men. Being independent and alone has always been more socially acceptable for men (Golden, 1986) and the romanticized image of the tramp has historically been male image. It would seem that the process of positive identity construction through homeless role embracement would be easier for men than for women.

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Summary

This ethnographic study of a small group of politically active homeless people challenges the stereotypical view of the homeless as disaffiliated and disempowered. The experience of collective social action can be understood as fostering the development and maintenance of social ties while creating a context for political empowerment and facilitating positive identity construction. When homeless people are allowed to speak on their own behalf, social science can reveal, rather than mask, their realities. Purely quantitative research can obscure the strengths of homeless people. Further ethnographic research is greatly needed to illuminate the rich experiences and varied perspectives of homeless individuals.

References


Notes

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Notes

1. Families classified as Middle Class included those where one or more parent was employed as a professional, businessperson, or military officer.
Families classified as Working Class included parents with stable employment in factories, mills, and the skilled trades. Families where employment was sporadic and low wage were classified as Low-Income.

2. Data was obtained from a variety of informants on 33 people who were not interviewed. Two deceased sample members are excluded as are 5 for whom information was not available.

3. Because 5 subjects were actually in prisons or jails at the time they were interviewed, the percentage actually underestimates participation in organizational activities, since these 5 subjects did not have access to these activities.

4. The n varies somewhat throughout the tale because some subjects were not responsive to the questions or gave equivocal responses.

Poverty, Homelessness, and Racial Exclusion

JOHN R. BELCHER, PH.D.
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School of Social Work

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Poverty, Homelessness and Racial Exclusion

Homelessness in urban America includes all racial groups. However, recent data has noted the overrepresentation of minority groups (Rossi & Wright, 1987; Gelberg et al, 1988; Angotti, 1983). A major reason for the overrepresentation of minority groups, particularly Afro-Americans, among the homeless is that more minorities in urban America live in sub-standard housing, are jobless, and are dependent on welfare. These factors make minority groups in urban areas particularly vulnerable to homelessness. They must often double-up with family and friends and are likely to be without shelter at some point in time.

Belcher, Scholler, Jaquish, and Drummond (1991) conducted a study of urban homeless persons in Baltimore, Maryland and found that homelessness is often composed of three stages. The first stage consists of living with family and friends and is often a result of severe and persistent poverty. Interestingly, the federal government and conservative scholars have been reluctant to admit that severe and persistent poverty are a catalyst for homelessness and that many people who live in sub-standard housing or are doubled-up with family and friends are already homeless Leonard, Dolbeare, and Lazere, 1989; Belcher and DiBlasio, 1990). However, many scholars who are familiar
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with poor people readily acknowledge that severe and persistent poverty act as a catalyst for homelessness and in many cases a person in this condition is already homeless (Bratt et al., 1986).

Severe and persistent poverty is characteristic of many urban areas and since Afro-Americans are more likely to be living in poverty in urban areas than are white Americans it is important to examine the issue of racial exclusion as it relates to homelessness. Wilson (1985) noted:

The social problems of urban life in the United States are, in large measure, associated with race. The rates of crime, drug addiction...and welfare dependency have risen dramatically in the last several years, and they reflect a noticeably uneven distribution of race (p.129).

Unfortunately, many scholars, such as Mead (1986), attempt to explain the high rate of welfare dependency and other social problems among inner city Afro-Americans as representing inferior individual attributes and the so-called culture of poverty. In sharp contrast, this article focuses on the structural impediments that work in tandem to keep many inner city Afro-Americans in poverty and make them vulnerable to homelessness.

Many Afro-Americans in inner cities are vulnerable to social problems such as homelessness. This is a cost of the racial exclusion that permeates American society (Wacquant & Wilson, 1989). Decades of social isolation have created a closed opportunity structure that frequently results in a life-time of poverty for many inner city Afro-Americans. The fervor of the 1960s, despite advances by many middle class Afro-Americans, did not last long enough to enable many minorities, particularly low-income and uneducated Afro-Americans in inner cities, to escape severe isolating poverty. Efforts to assist the homeless have largely ignored the fact that the reversal of racial exclusion is linked to the prevention of homelessness among low-income Afro-Americans in the inner city. In the final analysis racial exclusion contributes to severe and persistent poverty and severe and persistent poverty contributes to homelessness.

This paper will examine the link between racial exclusion, severe and persistent poverty, and homelessness and suggest ways of raising low-income Afro-Americans in inner cities out of poverty so that they are less vulnerable to homelessness.

Vulnerability to Homelessness: Blocked Opportunities

A major reason that many Afro-Americans in inner cities are vulnerable to homelessness is that they, because of blocked opportunities, often rely on the welfare system. In fact, Afro-Americans rely more heavily on the welfare system than do white Americans (U.S. Bureau of Census, 1989, 11-14). The primary reason for the higher incidence of welfare dependence among Afro-Americans is a historical set of structural factors that have inhibited many Afro-Americans in their progress up the social class ladder (Fabricant, 1987; Darity & Meyers, 1988; Wacquant & Wilson, 1989; Belcher & DiBlasio, 1990).

One of the greatest impediments to income stability for Afro-Americans is the abandonment of manufacturing by U.S. industry. The decline of manufacturing jobs and replacement with relatively low paying service sector jobs has been most pronounced in inner cities. Sixty percent of the unemployed Afro-Americans in the United States reside in inner cities (Wilson, 1985). That number is probably an underestimate as a result of undercounting by the U.S. Bureau of Census (Belcher & DiBlasio, 1990). Kasarda (1988) noted:

Between 1953 and 1985, for example, New York city lost over 600,000 jobs in manufacturing, while white-collar service jobs grew by nearly 800,000. During this period, Philadelphia lost more than two-thirds of its manufacturing jobs. Manufacturing in Boston declined from 114,000 to 49,000; in Baltimore from 130,000 to 55,000; and in St. Louis, from 194,000 to 66,000 (p.171).

Newly created well paying jobs in inner cities usually require at least two years of college (Frieden and Sagalyn, 1986). This has created a mismatch between the existing skills of many inner city Afro-Americans and the job skills required by industry.

As Afro-Americans migrated from the South to the North and settled in inner cities they often worked in manufacturing. However, unions, which were often controlled by whites, systematically blocked Afro-Americans from participating in wage and salary bargaining agreements (Smith, 1987). Between 1950
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and 1970 there was a dramatic increase in federally subsidized building programs that benefited union workers. Since many Afro-Americans had been shut-out of broad union participation, they were unable to take advantage of this building boom. Congress had enabled unions through federal legislation to protect craft jobs for white Americans to the exclusion of Afro-Americans.

The economic and social implications of excluding Afro-Americans from the labor market had profound consequences. Afro-American men tended to be more heavily dependent on unskilled laborer and service work as opposed to whites. Consequently, the bootstraps that helped to propel white Europeans out of poverty were not as available for Afro-Americans.

Another factor that inhibited the advancement of Afro-Americans was the fact that they, like Japanese and Chinese immigrants, shared the disadvantage of skin color. Asian migration was cutoff in the late nineteenth century, while the number of Afro-Americans who migrated from the South to inner cities in the North continued to grow (Liberson, 1980). Difference in population sizes meant that Asian immigrants were not as readily perceived as a threat by white Americans, while the growing numbers of Afro-Americans in inner cities were viewed as a threat by European arrivals and white Americans. Unable to fully participate in expanding incomes, Afro-Americans in inner cities often found that their limited incomes prohibited them from living outside of certain neighborhoods.

The combination of low wages and real estate exclusion meant that Afro-Americans became dependent upon their own neighborhoods. Since the majority of the able-bodied in the ghetto were also suffering from joblessness and underemployment, the Afro-American ghettos of the 1940s, 50s, and 60s did not develop organizations and lifelines that enabled them to successfully escape the ghetto. Waquant and Wilson (1989) note:

... joblessness and economic exclusion, having reached dramatic proportions, have triggered a process of hyperghettoization (p.97).

The black-white unemployment ratio began to rise in 1954 as manufacturing jobs began to decline and did not dip below 2.1 until 1975 and then rose again (U.S. Bureau of Census, 1974 and 1980). Even though many Afro-Americans were either locked out of skilled crafts or with the return of large numbers of white veterans after World War II were forced out of skilled crafts, manufacturing jobs were available to Afro-Americans during the 1930s through 1960s. These jobs, while paying far less than the skilled crafts, were primarily unskilled and did pay more than the prevailing wage for unskilled labor in non-manufacturing employment.

Completing high school was not a prerequisite to work in manufacturing. As the economy became more service oriented and manufacturing jobs disappeared the unemployment rate began to soar among black high school dropouts. For example, in 1974, nine percent of black males between the ages of 20 and 54 were unemployed, however, by 1986 the number had risen to 15.7 percent (Ballew & Freeman, 1986). The end result of the abandonment of manufacturing and the corresponding decline in the assessable tax base of inner cities (Levine, 1987) has meant that many Afro-American males in inner cities are either institutionalized (jail, prison, or psychiatric hospital) or they are jobless and vulnerable to becoming homeless. Wilson (1985) noted:

The fact that only 35 percent of all black young adult males, 31 percent of all black males aged 18 to 19, and 14 percent of those aged 16 to 17 were employed in 1983 reveals a problem of joblessness for young black men that has reached catastrophic proportions (p.155).

Also noteworthy is the fact that since 1983 unemployment in inner cities has risen. Able-bodied males are generally ineligible for welfare benefits, except for temporary benefits. Unemployment insurance is only for those who have worked and is usually limited to 26 weeks. Homelessness among males is the end result of living with no income. Long-term joblessness and lack of opportunities have led to severe and persistent poverty, which is a catalyst for homelessness. Counts of the homeless, particularly of minority male populations, have been notoriously unreliable (Belcher & DInBlasio, 1990) and the recent count by the U.S. Bureau of
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Much of the literature discusses the fact that joblessness is high in inner cities, but fails to link severe and persistent poverty to homelessness. Instead, this literature focuses on the problem of joblessness without discussing the end result of joblessness, which is severe and persistent poverty.

Mead (1987) and Kasarda (1985), have argued that inner city Afro-Americans need to either take advantage of the newly created jobs in inner cities or travel to the growing number of jobs in the suburbs. Kasarda (1985) argues that disadvantaged minorities in inner cities need to be encouraged to migrate away from deteriorating inner cities. Kasarda does admit that many inner city Afro-Americans lack the formal educational requirements necessary to take advantage of newly created jobs in the inner cities. However, Kasarda concludes that the answer to this problem is migration as opposed to upgrading the education of inner city Afro-Americans. Kasarda’s position is similar to other policy analysts who do not want to alter the existing status quo to address structural problems, such as an inadequate public education system, that often impedes the progress of many Afro-American inner city residents.

Mead (1987; 1989) also takes a victim blaming approach and assumes that the solution to the problems of widespread joblessness among inner city Afro-Americans is workfare in which people are compelled to work. These positions are in stark contrast to scholars such as Lash and Urry (1988), Block (1987), Bluestone and Harrison (1988), and Belcher and DiBlasio (1990), who argue that the economy has to be restructured to enable more people to have an equal opportunity to escape poverty.

Income, Race, and Inner Cities

The link between joblessness, race, severe and persistent poverty and homelessness is evident in the abandonment of the inner city school system. Inadequate inner city schools reflect the fact that these school systems serve largely Afro-Americans who are often jobless and who often suffer from severe and persistent poverty. As industry has largely abandoned manufacturing jobs in inner cities and black and white middle class flight to the suburbs has not significantly abated, residents in inner cities have found that school systems have deteriorated because of insufficient resources (Sanchez, 1989). A combination of inadequate school systems and a future of deadend jobs, even with a high school diploma, means there is little incentive to remain in school. (Botstein, 1988). Current efforts to address the problems of schools focus on better management and parental choice (Chubb & Moe, 1990). The desperate fiscal situations of inner city schools are largely ignored.

Economic development efforts have also taken a toll on inner city schools by creating jobs that rarely benefit residents (Levine, 1987; Friedland & Sanders, 1988). For example, the large downtown urban renewal projects, such as Baltimore, Maryland’s Inner Harbor, primarily employ suburban residents (Levine, 1987). Increased joblessness among city residents mean a reduction in the residential assessable tax base. These reductions are accompanied by tax abatements given to industry to locate in inner cities which has further eroded the ability of inner cities to adequately fund a secondary school system (Reich, 1991).

Reform of the inner city education system and a more equitably based economic development effort are directly linked to serious efforts to solve the problem of severe and persistent poverty, which is a catalyst for homelessness. The fact that society has chosen to not link structural changes in the economy to the prevention of homelessness reflects a national reluctance to address inequities in the distribution of wealth that is often caused by lack of opportunity for oppressed groups, such as Afro-Americans in inner cities. The gap between the haves and the have nots has significantly grown over the last decade (Greenstein & Barancik, 1990). Disparity between black and white incomes is particularly significant.

Afro-American scholars, such as Steele (1990), are skeptical of notions that link neglect of the inner cities to racism. Rather
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than focus on structural inhibitors in the economy, which are related to race and class. Steele encourages Afro-Americans to move ahead despite apparent racism. Steele's admonishment is similar to the White House's apparent view that race is no longer a factor in poverty. These views ignore a basic principle of a market economy which is that money and power determine political clout.

The inner city homeless, both black and white, lack political power, because they are a disenfranchised group without money or property. The fact that most inner cities are largely populated by Afro-Americans means that the homeless in inner cities will be neglected not only because they are homeless, but also because they live in an urban environment that is predominantly black and poor.

Racial Exclusion and Politics

Proposals to end the problem of homelessness, even those that advocate some redistribution of wealth (Dover & Atlas, 1989), must also address the impact of race on national decisions to address social problems. Hochschild (1989) noted:

the problem of severe poverty and its attendant behaviors are emotions can be solved only when Americans choose actually, not merely rhetorically, to open the opportunity structure to all regardless of their race, class, or gender (p.144).

The promises of opportunity promoted in the 1960s that have since disappeared need to be restored to desperately poor inner city Afro-American communities. While Mead (1986) argues that every American has a responsibility toward society, that responsibility vanishes as resources disappear and the community ceases to be a community.

Restoring the hopes and aspirations of desperately poor inner city Afro-Americans will not be inexpensive (National League of Cities, 1987). The costs should include: revitalizing inner city schools, creating jobs in both the public and private sectors for inner city residents, and increasing participation of inner city Afro-Americans in the governance of the nation. Problematic behaviors or actions that result from severe poverty and isolation also need to be addressed. Teenage pregnancy,

high school dropouts, and crime are symptoms of lost hope and blocked opportunities.

The stark contrast between public policies that support the middle class, particularly white middle class Americans, and policies that interface with inner city Afro-Americans must be addressed. Middle class white Americans are encouraged to finish high school, secure a job, and support their children. These supportive policies take many different forms, such as well funded secondary schools, and a link to a college education because their parents are usually employed and have been able to use tax shelters, such as the home mortgage interest deduction, to build up a resource for college tuition. In addition, white Americans rarely have to struggle against racial discrimination.

In contrast, public policies that interface with poor inner city Afro-American children increasingly rely on fear and intimidation (Mead, 1986; Botstein, 1988). Inner city school systems are desperately underfunded and provide poor quality education, yet society expects inner city school children to finish high school and compete with children who graduate from well funded school systems regardless of the fact that inner city children who are poor and Afro-American are already disadvantaged because American society continues to discriminate on the basis of skin color and class.

Radical reforms of such a broad nature are difficult and engender controversy. It is conservatively argued that poverty is best addressed by voluntarism or charity. (Stepp, 1991). Current efforts to address the problem of homelessness are largely failing (Belcher & DiBlassio, 1990) because structures, such as race and class exclusion, remain intact. Hochschild (1989) sums it up best:

So far, the American policy making system has made a lot of wrong choices, but there is no reason why we cannot change our course, and lots of reasons why we should (p.155).

The following set of elements are necessary to begin the change necessary to bring about reform; first, national leaders must declare that the plight of many inner city Afro-Americans has reached crisis proportions; second, a strong national leadership has to be willing to risk offending entrenched elites, such as
than focus on structural inhibitors in the economy, which are related to race and class. Steele encourages Afro-Americans to move ahead despite apparent racism. Steele’s admonishment is similar to the White House’s apparent view that race is no longer a factor in poverty. These views ignore a basic principle of a market economy which is that money and power determine political clout.

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lending institutions, the National Association of Realtors, and
upper income tax payers, and third, an agenda for change to
address severe and persistent poverty must be developed and
implemented. There are interest groups, such as the National
Association of Social Workers and the Public Welfare Associa-
tion, that are concerned about racial exclusion and poverty.
These groups have to form a coalition, ignore their differences,
and work with groups, such as the National League of Cities
and the U.S. Conference of Mayors, to put pressure on receptive
national leaders to begin the process of change.

The focus of these reforms must be designed to provide
bootstraps to people who have been historically excluded from
acquiring the means to escape severe and persistent poverty.
Harrington (1984) has argued that it is important to unite the
poor and the middle class in an alliance of mutual self-interest
that focuses on providing bootstraps to both groups. The middle
class, while certainly not as vulnerable to homelessness as the
urban poor, are vulnerable to lower standards of living (Belcher
and Hegar, 1991). The same forces of deindustrialization and
underemployment that have trapped the urban poor are also
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Gil (1981) has described a revolution of education in which
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Rein (1976). Admittedly, it will be difficult to unite the middle
class and the urban poor into a force for change that can address
the needs of both groups. It is also not simply an issue of class,
but race also transcends the struggle between suburbs and city
dwellers. Despite some advances in race relations, Ameri-
can society continues to be plagued by issues of race. Therefore,
it is important to focus on issues that are a problem to both
middle and lower-income Americans.

The American health care system is in shambles and hospi-
tals and business groups, who have historically been on
opposing sides of the national health insurance debate, are
now increasingly calling for national health insurance reform
(Belcher and Palley, 1991; Swoboda and Crenshaw, 1988). Race
is an issue in the politics of health care, but income has usually
been the sword that has been used to divide the groups. Conser-
vative rhetoric has focused on blaming the high cost of health

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inability of many middle class Americans to obtain affordable
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Education to unite the middle and lower classes must de-
mythologize myths, such as the notion that the provision of
health care for the poor is the sole cause of rising health care
costs. This type of education can help to break down the barriers
that divide the middle and lower classes. Resolving decades of
racial discrimination will not take place overnight. Nevertheless,
any effort that brings together people from different income
groups and focuses their attention on a common problem is a
step in the right direction. As different income groups find that
they share some common problems, it becomes easier to educate
middle class groups about the need for greater resources for
inner city education and to create more equitable approaches
to economic development.

In the final analysis, middle class groups have to be edu-
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best interests of people who live in the middle class suburbs.
Business groups can be educated that severe and persistent
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The social work profession can provide a catalyst for reform
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The focus of these reforms must be designed to provide bootstraps to people who have been historically excluded from acquiring the means to escape severe and persistent poverty. Harrington (1984) has argued that it is important to unite the poor and the middle class in an alliance of mutual self-interest that focuses on providing bootstraps to both groups. The middle class, while certainly not as vulnerable to homelessness as the urban poor, are vulnerable to lower standards of living (Belcher and Hegar, 1991). The same forces of deindustrialization and underemployment that have trapped the urban poor are also coming together to entrap the middle class.

Gil (1981) has described a revolution of education in which the values behind policies would be debated and analyzed. Rein (1976). Admittedly, it will be difficult to unite the middle class and the urban poor into a force for change that can address the needs of both groups. It is also not simply an issue of class, but race also transcends the struggle between suburbanites and city dwellers. Despite some advances in race relations, American society continues to be plagued by issues of race. Therefore, it is important to focus on issues that are a problem to both middle and lower-income Americans.

The American health care system is in shambles and hospitals and business groups, who have historically been on opposing sides of the national health insurance debate, are now increasingly calling for national health insurance reform (Belcher and Palley, 1991; Swoboda and Crenshaw, 1989). Race is an issue in the politics of health care, but income has usually been the sword that has been used to divide the groups. Conservative rhetoric has focused on blaming the high cost of health care on the myth that the middle class are paying higher health insurance premiums to provide health care to the indigent. In reality, responsibility for the rising cost of health care and the inability of many middle class Americans to obtain affordable health insurance rests with the over-use of technology, burdensome paperwork, and provider profits that have outpaced other increases, such as food, in the Gross National Product (Enthoven and Kronick, 1989).

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In the final analysis, middle class groups have to be educated to believe that the demise of the inner city is not in the best interests of people who live in the middle class suburbs. Business groups can be educated that severe and persistent poverty in the inner city is costly because businesses are increasingly unable to find skilled workers and businesses located in urban areas are confronted with soaring crime rates and higher insurance premiums for property coverage. Therefore, reform of the inner cities is beneficial to business because it increases the supply of potential employees and creates a more positive environment for commerce.

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References


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Absence of a Family Safety Net for Homeless Families

KAY YOUNG MCCHESNEY, PH.D.
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Analysis of data from interviews of 80 mothers in five shelters for homeless families suggests that the availability of housing support from kin may be a selection mechanism determining which families become homeless. The availability of kin housing support is seen as a function of four factors: family structure, proximity, control of adequate housing resources, and estrangement. Policy implications are discussed.

In the 1980s, for the first time since the Great Depression, there were significant numbers of homeless families in the United States. For the purposes of this article, being "homeless" is defined as living in a shelter for the homeless, living in a vehicle or public place not designed for permanent residence (e.g., a car or a subway station) or actually living out-of-doors. A "family" is defined as one or more adults caring for at least one child under the age of eighteen. Since the initial signs of trouble in 1981 when there was a marked increase in the number of families seeking shelter in New York City, the problem has grown into a crisis of major proportions. By 1987, the U.S. Conference of Mayors, in a survey of 29 cities, reported that homeless families represented over a third of the nation’s homeless population and were increasing by an average of 31 percent each year (Waxman and Reyes, 1987).

Researchers agree on the structural etiology of homelessness in the 1980s there were more households living in poverty than there were low-cost housing units they could afford (cf. Clay, 1987; Dolbeare, 1988; Gilderbloom and Appelbaum, 1987; Hopper and Hamberg; 1986; McChesney, 1987, 1990; Wright and Lam, 1987). Given these structural factors, attention is now being given to family-level or individual-level risk factors that might place some poor families at higher risk for homelessness than others (Bassuk, Rubin and Lauriat, 1986; Bassuk and...
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Rosenberg, 1988; McChesney, 1987; McChesney, 1990). One of these potential risk factors is social support.

Using a sample of 80 sheltered homeless mothers, this paper will examine homeless mothers' views of their support relationships with their families of origin. A hypothesis about the relationship of social support to family homelessness, based on grounded theory developed from qualitative data, will be presented. The policy implications of these findings will be discussed.

**Social Support**

Shumaker and Brownell (1984:11) define "social support" as "an exchange of resources between two individuals perceived by the provider or the recipient to be intended to enhance the well-being of the recipient." They describe three general types of social support: socio-emotional support, information support and instrumental support (Shumaker and Brownell, 1984:27). Socio-emotional support includes expressions of caring, love, understanding and concern, reassurance of worth, approval, and praise. Information support includes verbal information regarding severity of threat and its objective reality, potential coping strategies, and referrals. Instrumental support includes the provision of tangible goods and services, for example, financial aid, material resources and needed services (Shumaker and Brownell, 1984).

There are two schools of thought in measuring social support. Network analysts focus on structural indicators of a person's embeddedness in a social network. Network properties commonly measured include quantity or size, geographical dispersion, density (interconnectedness of network members), and homogeneity of network members (Perucci and Targ, 1982:5; Shinn et al., 1984:70). On the other hand, social support researchers focus on functional indicators of the availability of social support, including perceived availability of social support and the actual receipt of social support (Cohen and Wills, 1984).

Cohen and Wills (1984) suggest that these two conceptualizations of social support measure related, but not identical, constructs. In their assessment of studies that looked at the effect of the structure of the social network on well-being in
the presence of stressful life events, they (Cohen and Wills, 1984:327) conclude that the extent of embeddedness in a social network is "important for overall well-being." They concluded that embeddedness in a social network had a main effect, but no buffering effect, on well-being in the presence of stressful life events. However, they found correlations of only .20 to .30 between measures of the structural properties of social networks and measures of the availability of social support. Consequently, they concluded that structural measures provide only a "very indirect index" of the availability of support functions.

The finding of a low to moderate correlation between the structural characteristics of social networks and functional measures of social support is consistent with viewing the social network in terms of an opportunity function (McChesney and Mangen, 1988). The larger the size of the network, and the more proximate the network members, the greater the potential opportunity for social support. However, whether the potential for support is realized depends on a number of other factors—factors most often studied by social support researchers rather than network analysts.

There are a number of theoretical variants on the general stress, appraisal and coping model of social support. The general buffering theory of social support would predict that if a mother receives social support during the process of becoming homeless her level of strain would be reduced (Cohen and Wills, 1984). In Lazarus and Folkman's (1984) model, this buffering effect would only occur if the social support received increased the mother's resources for coping with the stressful event. In a further elaboration, the "specificity" model of stress, appraisal and coping (Cohen and Wills, 1984:350; Shinn et al., 1984:70; and Shumaker and Brownell, 1984:24) predicts that social support will only reduce a mother's level of strain if the resources provided are "closely linked to the specific need elicited by a stressful event" (Cohen and Wills, 1984:314). Finally, Jacobson (1986) suggests that not only the type, but the timing of the social support extended must match the needs of the mother in order to reduce the mother's level of strain.

Shinn et al. (1984:69) also suggest that another reason that the potential of a large network to provide support may not
be realized is that people rely on different types of network members for different kinds of support. While friends may be important for emotional or information support, only family members usually share norms of reciprocity and obligation strong enough for the provision of instrumental support such as the care of a relative in the home.

In summary, one of the factors that may increase the risk of homelessness in families is a lack of socially supportive relationships. Network analysis theorists suggest that it is important to assess the structural characteristics of the kin network—the potential for extending social support. Social support theorists suggest that receipt of social support from kin could buffer the effects of impending homelessness—perhaps even prevent homelessness altogether—if the type and timing of social support extended by network members matches the needs of mothers who face impending homelessness.

**Method of Study**

Retrospective intensive interviews regarding how the women became homeless were tape recorded and transcribed utilizing 80 mothers with children under the age of 18 living in shelters for homeless families in Los Angeles County (McChesney, 1987). During her initial interview each mother was asked to help draw a kinship diagram (genogram) for her family, including first names, year of death and year of divorce or separation. As the genogram was being completed, she was asked where each person on the chart lived, and about her relationship with them, including whether and how they had been of assistance during her episode of homelessness. This article results from an analysis of these kinship support data.

**Findings**

 Mothers in this sample were 55 percent black, 33 percent caucasian non-Hispanic, and nine percent Hispanic with no Asian-Pacific and three American Indian women. Since none of the project interviewers were fluent in Spanish, Hispanic mothers who could not be interviewed in English were not included in the sample. Consequently, Hispanic mothers were
systematically underrepresented in the sample. Seventy percent were single mothers. Of the 30 percent that were in the shelter with male partners, two-thirds were in the shelter with their husbands. Mothers ranged in age from 18 to 45, with a median age of 28. About half were 26 to 35, with a quarter younger and a quarter older. The number of children under 18 ranged from one to five, with a median of two. The mothers averaged slightly less than two children under 18 with them in the shelter, with children not in the shelter being cared for most often by relatives or the children’s fathers.

It became apparent early in the interviews that ‘social’ or emotional support, the type of support most often studied by researchers, was not the kind of help that women valued during their episode of homelessness. Instead, women defined help or support as the provision of concrete, material resources—shelter, money and food. What the women valued and wanted most from their kin during their episode of homelessness was a place to stay. If a woman felt that her family member legitimately could not provide a place to stay, then she was apt to view assistance in the form of money or services (e.g., use of the shower) as supportive, and might still maintain a positive relationship with the family member. However, a sister or mother who had housing but who offered only a listening ear or condolences—socio-emotional support—was often regarded with bitterness. This paper will focus on reasons for the lack of provision of housing support by families of origin to homeless mothers and their families.

The families in the sample were homeless because they were poor—unable to keep up with their rent and so forced to leave housing, or, having left their housing for some reason, unable to come up with enough money to get back into housing given high rents. They needed housing, but had exhausted their own resources, and so could not afford to purchase it on the open market.

Once out of their previous housing, mothers in the sample tried first to turn to family for housing support. The expectation that housing would be provided in an emergency was normative; homeless mothers believed that members of their immediate families “should” provide housing for them “when
the chips were down." As Laura said, "If you have family, go there—that’s what I would try to do... if my mom was alive. I’d go home if I had a crisis like this. I would try to make do there [14a: 372]." [Names and identifying characteristics have been changed to assure anonymity. For example, if a woman said her father lived in Alabama, the state might be altered to “Mississippi.”] Women seemed to apply this housing provision norm most strongly to their parents, especially their mothers, but they also felt that siblings, especially sisters, and children over 18, especially daughters, should provide housing support.

But Laura could not go home. In effect the sample of homeless mothers could be divided into two groups—those who had close kin they could stay with, and those who did not. Women who had close kin they could stay with were typically in the shelter because they had already ‘doubled up’ with as many relatives as would have them. In other words, they had exhausted the housing resources of their kin and thus were forced to turn to shelters for housing.

On the other hand, like Laura, a significant proportion of the women in the sample had no one to whom they could turn for housing. These are the women on which this paper will focus. There were four reasons why these mothers could not simply “go home” when faced with the prospect of homelessness. Two were properties of kin networks: size and geographic dispersion (proximity), and two were factors limiting the provision of social support by kin: lack of housing resources, and estrangement. Qualitative data reported here are based on the full sample of 80 homeless mothers. Quantitative data reported are based on the 75 of our 80 respondents for whom we were able to retrospectively quantify data on the status and proximity of mothers, fathers and full siblings.

Size of the Kin Network

The first factor limiting the ‘family safety net’ was the size of the kin network. Family members who were dead, or with whom homeless mothers had no contact, were not available as potential sources of housing support. As shown in Table 1, all 75 of the women potentially had a mother and a father to whom they might turn for help in a housing crisis. However, in fact,
almost a third of the women in the study reported deceased mothers, and 35 percent reported deceased fathers. Although the homeless mothers’ median age was 28, for 16 percent of them neither parent was living. On the other hand, as shown in Table 1, nearly 80 percent did have living siblings.

Six of the women in the study had no living parents or siblings—no immediate kin to whom they could turn for help. For example, Carla explained that her family was in the shelter because:

I’m from San Gabriel. My husband’s from Lakewood, and like his parents are dead and my parents are dead and I don’t have any brothers or sisters, [and] he doesn’t have any brothers or sisters...[there’s] nobody—nobody we could go to, nobody we could turn to [26: 1008].

In addition, six women knew so little about their fathers that they did not know whether they were alive or dead; three women knew so little about their mothers that they did not know whether they were alive or dead. For example, after Vangie had spent a long time telling me about the rest of her family, I asked, “Do you have a Dad in the picture anywhere?” She said,

All I know is his last name is Johnson...he knows about the child [the pregnancy that resulted in Vangie’s birth], he’s not interested, so why should I break my neck to find him? Because when we meet up, he’s going to say, probably, something like, “Well, I never wanted to see you anyway. Why are you here now? [07: 1489]”

Vangie had no information about her father other than that he had existed. Including these no information/no contact parents with those who were deceased, 35 percent of the women had no known living mother, and 45 percent of the women had no known living father, to whom they could turn for housing support. These findings suggest that one potential risk factor for family homelessness is a small or missing kin network.

The second factor that appeared to limit the ‘family safety net,’ was proximity. Having living family members, even large numbers of them, was no guarantee of receiving housing support. If a woman was homeless in Los Angeles, for example, but
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n = 75 homeless mothers
all of her family lived in Detroit, they were of no use to her in an emergency unless they were able to send her enough money to pay back rent owed or bus fare home to Detroit. Logically, most women whose families have enough money to pay back rent or transportation do not have to resort to living in a shelter and so would not be included in the study sample. As shown in Table 1, only about half of the respondents who had known living mothers or fathers lived within two hours driving time of that parent. About a third of those who had known living siblings had no siblings in the Los Angeles metropolitan area. These findings suggest that a second potential risk factor for family homelessness is lack of proximate kin.

The net impact that family structure and proximity have on the potential for provision of housing support is summarized in the last column of Table 1. Less than 60 percent of respondents have at least one mother, father or sibling living in Southern California; more than 40 percent do not have any close kin in the area to whom they can turn for a place to stay. Taken together, two factors: 1) size of kin network and 2) proximity of known living kin, circumscribe the opportunity structure for the provision of housing support.

Control of Housing Resources

The third factor that appeared to limit the 'family safety net, was control of housing resources. Although it was not possible to go back and reconstruct a quantitative variable on control of housing resources, the fact that control of housing resources was an issue was clear in the qualitative data. In order to be a source of housing support, a parent or sibling had to be in control of housing resources that could be extended to the woman and her family. While parents often met this criteria, many siblings were not old enough or well established enough to have housing of their own. A younger sister who was in a foster home, for example, could be of no help when her older sister plus children needed a place to stay. Other siblings could not be of help because they were having housing problems of their own. For example, two of the homeless mothers in the sample had their adult sisters (plus their children) with them in the shelter.
Overcrowding—a type of inadequate housing resources—also operated as a constraint. For example, Frances and Pam each had a sister with six kids, and both wrote them off as possible resources for housing because they were too crowded already. There were other cases of overcrowding in which the time spent in shared housing with kin was so short that these women seemed to belong more to the group of mothers for whom kin’s lack of adequate housing resources served as a constraint rather than the group of mothers who were in the shelter because they had exhausted the housing resources of kin.

For example, after receiving the “Los Angeles welcome” (having all of your money stolen), Lisa did stay with her sister who had eight children for one night. But the sister with eight children was living in a two-bedroom apartment and with Lisa’s five children even one night was barely possible. Jean and her baby stayed with her brother and sister-in-law for six days. Jean said she told her sister-in-law she was going to leave because,

You were hollerin’ at me and everything about it being too cramped...the way things have been going around here, you just didn’t want me around. You said it was too much bother and you kept hollerin’. I never could do anything right. I took care of her kid, I cleaned her house, I washed her dishes, I did everything for that woman, but I didn’t do enough [28b: 315].

There were three adults and two infants under a year old in a one-bedroom apartment.

Estrangement

The fourth factor that appeared to limit the ‘family safety net’ was estrangement. Even those women who had known living, proximate parents or siblings in control of adequate housing resources were still not guaranteed housing. The kin had to be willing to share. Of the women who had kin that were living, proximate and in control of adequate housing resources, many were severely estranged from their families of origin, often due to abuse.

Women were understandably estranged from parents who had been abusive. They were often estranged from mothers who had let fathers or step-fathers abuse them as well. For example, Anne was one of six women in the study whose natural father
and mother were still married and living together. Her father had always had steady employment. They had always had a home and he had provided a good living for the family. However, he abused his children. Anne said, “My father used to hang us on the door for two or three days. He used to burn our hands over the stove [05: 298]. I’ve got scars on my body now that you wouldn’t even believe [20b: 1878].” Like many of the women who reported having been abused, Anne spontaneously lifted her T-shirt (the weather was warm) to show me her midriff. To say that she was covered with scars of all sizes and variety was an understatement. She looked as though she had been repeatedly tortured. Anne had left home for good at 13. She maintained telephone contact with her mother, but as long as her mother lived with her father, mom could not be used as a housing resource.

No Family Safety Net

With the exception of the six women who had no living parents or siblings, typically all four factors—small network size, lack of proximity, lack of housing resources, and estrangement—combined together so that a mother either had no one in her family of origin to turn to, or had used up the resources of the few family members who could help. For example, Renee had been living with her father who was in the process of divorcing her alcoholic mother when he died unexpectedly. Renee was then three. The home provided by her mother was scarcely ideal in Renee’s view,

Before she married my stepfather we had like five different men live with us. Then when she finally did marry, from the time my father passed away, until [she married] my stepfather who [sexually] abused me, she had two more marriages [20a: 228].

Renee reported that her mother’s boyfriend began to sexually abuse her at age 11 and continued to do so until she was taken out of the home by the court. When Renee became homeless, her mother had a house, and lived locally. But Renee was not welcome there, and she did not want to go home:

[My mother] was getting older in life, [and] this man who was working, he was gonna give her a home and she married him just so that he wouldn’t go to jail for abusing me, which made
me angry for many years and hurt at my mother [20a: 279] . . . she didn't legally marry him until finally I had to go to court and at that time I guess they could put you in jail or something if you weren't married and you were living together or something, so my mother married him and she stayed with him up until a couple years ago—then he passed away [20a: 388].

As in many sexual abuse cases, her mother chose the boyfriend over her daughter, and so Renee and her mother were completely estranged.

Among these women who could not turn to family because of mutual antipathy, the degree of estrangement was striking. For example, one young woman who had been removed from her mother because of the mother's physical abuse, reported that she was so desperate for housing that she went to see her estranged mother despite their differences. She asked for shelter, if not for herself, at least for her child. The mother refused, and turned them both out onto the street, where they lived until they were able to get into a shelter.

In summary, the findings in this study suggest that homeless mothers share the belief that their families of origin should take them and their children in when they have no where else to go. Some mothers arrive in shelters for homeless families because they have exhausted the housing resources of kin. Analysis of the reasons given by other homeless mothers as to why they did not receive housing support from kin suggest that four factors must be present before a mother facing homelessness can turn to her family of origin for housing support. First, she must have living kin whose whereabouts are known to her. Second, the kin must either have enough money or live near enough to be of assistance in a housing emergency. Third, the kin must be in control of adequate housing resources. Fourth, the mother and her kin must be on reasonably good terms with each other—enough to allow the woman and her family to stay with them.

Discussion

This exploratory study has implications for theory, for further research and for public policy. In terms of theory, this study offers an opportunity to examine the utility of several general
theories of social support under a very specific type of stressor condition: impending homelessness due to poverty (once out of previous housing, not having enough money to be able to move into other housing at market rates).

In general, this study suggests that social support does buffer the potentially severe negative effects of this stressor. By their own accounts, homeless mothers viewed the lack of socially supportive relationships with kin as a problem for those facing impending homelessness. In particular, homeless mothers' retrospective accounts of their episodes of homelessness seem to match Cohen and Wills' (1984) "specificity" elaboration of the general stress, appraisal and coping model most closely. When facing impending homelessness, what mothers needed was a specific type of instrumental social support—housing. Informational support was sometimes useful if it led to the needed housing, but socio-emotional support, which did not meet the mothers' specific needs, was not viewed by them as helpful.

Kin housing support appeared to modify the potential effects of impending homelessness in three ways. First, it is logical to assume that those mothers who received sufficient housing support from kin did not become homeless and were thus not members of this sample. For them, kin support fully buffered the effects of the stressor. For some of the mothers included in the sample, receipt of housing support postponed becoming homeless until they exhausted the housing resources of kin. Under these conditions housing support can be viewed as buffering the negative potential of the stressor for as long as the support was received. However, a large group in this sample (not less than 40 percent) did not receive the needed housing support from kin and were thus exposed to the full consequences of not having enough money to purchase housing in the open market—living on the streets, in cars or in shelters—and all of the physical and psychological effects thereof.

These largely qualitative findings from mothers living in shelters for homeless families suggest a theory that can be tested using survey methods on larger samples with comparison groups. Given a shortage of low-income housing and given that a family is at-risk because they do not have enough money to stay in their current housing or to obtain new housing, it appears that the degree of availability of housing support
from kin may operate as a selection mechanism. The fewer the number of kin who are living, proximate, in control of housing resources and not estranged, the more likely a family at-risk will become homeless.

Implications for Public Policy

In addition to suggesting hypotheses for further research, this study has implications for public policy. In separate public policy articles, Main (1986) and Filer (1990) argue that the rapid increase in the number of homeless families in New York City is due to the failure of families of origin to care for their own and to the willingness of government to take over the traditional responsibilities of kin. They recommend that access to public shelter be reduced or limited to "encourage" families to double-up with kin and that efforts to upgrade the quality of shelter be reversed to make living in the shelter system more onerous. They assume that if shelter and welfare hotel beds are made scarce, then doubling-up with kin would become either the only alternative or a more attractive alternative to living in shelters or welfare hotels for homeless families.

The findings in this study suggest that Main (1986) was right to call attention to the fact that family homelessness was related to not doubling-up with kin. However, there are several things that appear problematic with Main (1986) and Filer's (1990) argument.

First, their argument assumes that homeless mothers in New York City have the option of sharing housing with kin. However, the finding that at least 40 percent of homeless mothers in this study do not have any known living proximate kin suggests the opposite. While the estimate of 40 percent cannot be generalized due to the nature of the sample, it suggests that policy makers would be wise to assume that some proportion of homeless mothers—the exact amount of which is not known—do not have the option of sharing housing with kin. Among these are women who do not even have known living kin, let alone proximate kin with adequate housing resources who are willing to share them.

Second, Main (1986) and Filer's (1990) argument is essentially a "rational personal choice" argument which assumes that
mothers choose to live in shelters rather than to live with kin and thus places the "fault" within the victim. However, the reasons many of the homeless mothers in this sample gave as to why they were not living with kin—because kin were dead, lived out-of-town or did not have housing of their own, for example—had very little to do with personal choice and were often not apparentlyremediable by the homeless mothers themselves.

Third, many of the reasons homeless mothers in this sample gave as to why they were not living with kin do not appear to be remediable by policies designed to encourage doubling-up by making entrance into the public shelter system more difficult or by making life within the shelters more harsh. Creating a scarcity of shelter beds in New York City will not increase the number of living kin, or the number of kin living in New York City. It will not increase the number of kin that are in control of adequate housing resources. It will not turn back the clock and undo the estrangement of families torn apart by abuse and its aftermath. This study suggests that rather than choosing not to take advantage of the family safety net, for many of the homeless mothers in this sample, the family safety net is absent. Thus, by foreclosing the option of using public shelters, the remedy proposed by Main (1986) and Filer (1990) would simply force mothers whose family safety nets are missing or exhausted to take their children into the streets.

Given the data presented in this article, it is likely that in both New York City and Los Angeles there are families who have no kin to turn to for housing support or who have exhausted the resources of available kin. In a system where there are roughly enough shelter beds, such as New York, these families will have shelter. In a system without shelter beds or without enough beds, as in Los Angeles, these families will sleep in the street.

Conclusions

In terms of public policy, it is important to keep the structural causes of homelessness firmly in mind. As long as there are significantly more households living under the poverty line
than there are low-income housing units these households can afford, there will be homelessness. Therefore, the only long-term solutions to homelessness are policies to increase the number of affordable, low-cost housing units and to decrease the number of households living in poverty.

There is evidence, as seen in the interviews with the mothers in this study, that the belief that families should care for their own, with the corollary that mothers and babies should not be put out in the street, is not only normative, but deeply held in our society. Doubling-up has a long history in this country; immigrant families living in poverty have traditionally shared housing. The findings of this study suggest that it is only when the ties of kinship are absent due to death or abandonment, cannot be extended due to distance or lack of housing resources, or are severely attenuated, as in estrangement, that women and children become homeless.

Thus, the availability of 'kin housing support' is proposed in this paper as a selection factor in determining which of the families at-risk because they are about to lose housing or cannot afford new housing, will become homeless. Among families at-risk the fewer the number of living, proximate kin in control of housing resources with whom the family has a positive relationship, the more likely the family is to become homeless.

While Congress works on long-term aggregate solutions, Mayors and County Supervisors must contend with growing numbers of families in need of housing. In contrast to Main (1986) and Filer (1990), this study suggests that policy makers must assume that some proportion of at-risk families, the size of which is not yet known, will be unable to double-up with kin and will therefore be forced to live outdoors unless adequate shelter beds are provided. Unless and until further research fails to support the findings in this paper, it is strongly recommended that policy makers make a commitment to provide shelter to all homeless families. While it is possible that such a policy will house some families that might otherwise double-up with kin, that is an inevitably more humane choice than to fail to provide shelter to those who need it, thus forcing families to attempt to survive in the streets.
Family Safety Nets

References


Five Year Cohort Study of Homeless Families: A Joint Policy Research Venture

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Over the past ten years there have been significant investments in families uprooted by homelessness, but no data which clearly delineated what types of families had been helped, and how long help may have sustained them. Reported are preliminary data on 875 families who resided in a 60 day family shelter from 1983 through 1987. Field interviews in 1989 with 201 of those families provide data on residential history, employment, familial and demographic changes, service needs and additional homeless episodes. Policy questions focus on current residential stability and community reintegration.

Practice, Policy, and Research: An Interdependent Professional Process.

This is a report on policy research in progress on a unique public-private partnership approach to serving the multiple and complex needs of homeless families and their children. The development of homeless services in St. Louis is on the cutting edge of what is being done nationwide. St. Louis is one of only three cities, the others being New York and Washington, D.C., in which a court-honored consent decree is in effect to provide services to the homeless.

The St. Louis decree is unique, however, in that it requires services designed to move families and individuals out of homelessness. Rather than warehousing the homeless as New York's public shelters do (they currently house more than 7,800 families in 61 welfare hotels), the contract for services model between the City of St. Louis and private social service agencies facilitates community networking.

Another noteworthy development for service provision to the homeless in St. Louis is the planned Homeless Tracking
System (HTS), a joint-venture between the City of St. Louis Department of Human Services and St. Mary's Hospital. The City was awarded a $100,000 grant from the Ford Foundation to partially fund this innovative program to track services to the homeless through a network of social service agencies and community shelters. Research at the Salvation Army Emergency Lodge, now called the Family Haven, for the past nine years has resulted in a highly-structured casemanagement model serving homeless families and children. The program provides a continuum of services which promotes self-sufficiency. (Hutchison et al. 1986)

A five-stage treatment plan consisting of: (1) Prevention; (2) Crisis Intervention; (3) Stabilization; (4) Resettlement/Transitional Housing; and (5) Community Reintegration, helps move families beyond the cycle of homelessness.

At the Family Haven, a state-of-the-art Unified Homeless Database System (Kreuger and Stretch, 1990) provides computerized data management. A new component is developing that will create an integrated system to track services to homeless clients throughout the continuum model.

Casemanagement Practice and Social Policy
Significance of the Impact Research Project

Over the last eleven years in St. Louis, there has been an increasingly significant investment in poor families who have suffered from the uprootedness and attendant crisis of homelessness.

These largely poor families, previously homeless, have differentially benefitted from concerted casemanagement efforts by a network of public and private agencies to deal with their many crises; stabilize them; place them as functioning families in the community; and support their rerooting by a community networked process of case management and follow-up. Other than anecdotal evidence, there are no systematic data which chart the outcomes and impacts of casemanaged community networked resources directed to insure continual functioning of formerly homeless families in the community after their initial homeless crisis has been resolved.
It is unknown what happens to homeless families once programmatic support ends. Do they become displaced again? If not, what sustains them in their new found environment? What elements account for their ability to reroot and sustain themselves back into the larger community?

The study, through its networked service provision component, is targeted to describe in detail formerly homeless families who are currently functioning in the community as well as provide linkage through the Homeless Services Network for additional services to those families reentering or about to reenter the homelessness cycle.

Key human service casemanaged components for family self sufficiency are: (1) better income maintenance strategies; (2) targeted educational services; (3) child care services; (4) basic health care; (5) life skill training; and (6) good paying jobs. Life skill training encompasses, but is not necessarily limited to money management, parenting, home maintenance, employment, and landlord-tenant relations. The products of this first-ever descriptive policy research effort to discover impact characteristics of formerly homeless families should have partial utility for determining the value of substantial and sustained networked human service investments on the part of the community in poor families rendered dysfunctional by homelessness. The research also should produce an initially tenable, testable model of key human service elements in the welfare reform movement relevant to federal, state, and local policy options to support casemanaged services for the new homeless poor, especially those who can be provided the best services casemanagement currently can command.

**Impact Research Approach**

Impact cohorts consist of families best served and placed in permanent housing in the community over the previous five years of the project 1983–1987.

Two hundred one families who received maximum exposure to the program and who were placed in permanent housing in the community are analyzed.

Originally, the Homeless Continuum Model (Hutchison et al. 1986) which was the foundation model for the impact study,
began as an inductive social work practice method intended to conceptualize a case management approach to help families break the cycle of homelessness. In 1984 The United States Department of Health and Human Services recognized the Homeless Continuum Model as a successful expansion of shelter-based services beyond simply providing food and shelter. The rationale behind the model's progressive service stages is one of facilitating poor persons with family responsibilities out of homelessness toward family self-sufficiency. The general strategy has also been adopted as part of the City of St. Louis' public response to the complex needs of the homeless. Recently, the City's Homeless Services Network, of which The Salvation Army plays an integral part, was cited in *U.S. News and World Report* (1988) as one of five successful approaches nationwide.

*Search Procedures and Preliminary Findings*

*Family Haven a Continuing Data Source* The St. Louis Midland Division of The Salvation Army's Family Haven served 875 families between 1983 and 1987. Data from case records include basic demographics, records of services rendered, housing disposition at termination of Family Haven stay, and follow up case records. These data provide important background information on the family's condition at intake for such key variables as income, level of education, job skills, and overall family functioning.

*Tracking Process: Primary Source*

Family Haven records on all 875 cases contain last known addresses and telephone numbers on cases served between 1983 and 1987. Data for cases served between 1983 and 1986 were retrieved manually from case records and entered into the database operation employed by the Impact research team.

*Tracking Process: Secondary Sources*

Agreements between the Midland Division of The St. Louis Salvation Army and the Missouri Department of Social Services allowed for the development of a search procedure for Family Haven families who received State supported services
Cohort Study

between 1983 and 1987. A sampling frame consisting of the Social Security Numbers of 875 former shelter families was constructed. This list was sorted in ascending order to expedite a mainframe search through four primary data files in Jefferson City, Missouri. Three of these searches were completed between February and May of 1989 (Food Stamp records, Income Maintenance records, and Wages and Contributions); a fourth search (Death Certificates) was completed in December 1989.

Both the St. Louis County Housing Authority and the St. Louis City Housing Authority agreed to allow the research team to perform a similarly structured search though their records. This process entailed a visual comparison of the County list, the City list, and the Family Haven list of 875 Social Security Numbers sorted in ascending order.

The St. Louis Reception Center is a 24 hour homeless networking service which screens calls for shelter assistance and makes referrals to appropriate shelters based on available beds. Cases are screened according to the severity of the caller's condition using a tripartite classification system involving cases literally on the street, immediate crisis cases where the caller will likely become homeless within 48 hours, and at risk cases where homelessness will result within 30 days.

The Health Care for the Homeless Coalition of Greater St. Louis (HCHC) provides on-site shelter medical evaluations to several major shelters in St. Louis. Its microcomputer database operation has been described elsewhere. (Kreuger, Stretch, and Johnson 1988 and 1989) A computer search procedure compared the 875 Family Haven cases against the HCHC data on persons served by the Coalition since it's inception in August 1985.

Findings from Secondary Data
Analysis and from Field Data Analysis

Family Haven Data Existing Family Haven data indicate that families served between 1983 and 1987 were found to be primarily headed by young females, on the increase since 1983, comprised primarily of young children and infants. The education level of shelter families showed a decrease between 1983 and 1987; and Aid to Families with Dependent Children (AFDC) remained the principle source of income. The young
females heading shelter families were primarily African Americans. Family friction and overcrowding were the most important reasons for being without residence. The mean length of service at Family Haven increased from 24.5 days in 1983 to 43.7 days in 1987 (overall mean length of stay 1983–1987 was 32.9 days).

Upon termination of stay at the Family Haven, approaching half of the families (45.6%) received housing placements in relatively permanent settings (Section 8, Other Public Housing, Private Rented or Purchased, Live-in Arrangements, and Sharing with Friends). The other (54.4%) Family Haven shelter families were placed either in temporary housing, moved to other shelters, or left Family Haven without specifying housing arrangements. The 456 cases which received permanent placements were selected as the sampling frame for field interviews. In 1987 The Salvation Army Family Haven developed a microcomputer based information system (UHDS) which has been described elsewhere. (Kreuger, Stretch, and Johnson 1989) The Unified Homeless Database System was searched to provide data on all Family Haven cases served from 1987.

Data from Secondary Sources

The Missouri Department of Social Services database searches based on 875 Social Security Numbers located 539 cases (61.6%) in Food Stamp files, 573 cases (65.5%) in Income Maintenance files, and 288 cases (32.5%) in selected Wages and Contributions files. There was, as expected, a good deal of overlap in these databases. For example approximately 90% of the Food Stamp cases were found in the Income Maintenance files. Data elements from these three sources include demographic characteristics, length of time receiving assistance, addresses and telephone numbers, and related information. The addresses from these files provided an important information resource for locating families to be interviewed in the field study portion of the research. Without current addresses, the high field data (76%) yield experienced in the field interviews would have been significantly less.

The St. Louis County Housing Authority database search yielded 54 (26.8%) cases of former shelter residents in the field study group of 201 families who were located in County
Cohort Study

sponsored public housing and in Section 8 housing. Addresses from the St. Louis County Housing Authority System were also used to locate families for field interviews. The same search procedure yielded 61 families in the field study group at the St. Louis City Housing Authority. Health Care for the Homeless Coalition had served 94 (46.7%) out of the 201 families field interviewed.

One of the key social policy interests in this research project is whether families served by Family Haven's casemanaged program between 1983 and 1987 became homeless again. One indicator of post-shelter homelessness is whether former shelter residents have called the St. Louis Homeless Reception Center for assistance after leaving the Family Haven. The St. Louis City Homeless Reception Center data search produced 109 matches from the base of 875 Social Security Numbers. Of these matches, 58 (53%) were eligible for field interviews. Further analysis indicated that only 14 (24%) of these cases, however, involved calls to the Reception Center at a time after Family Haven residence. That is, most of the calls 44 (76%) where made by former shelter families before they lived in the Family Haven. Therefore, only the 14 (6.9%) post-residence calls would indicate homelessness again among those families after leaving the Family Haven program. The St. Louis Reception Center data search is by no means an exhaustive source of tracking recycling into homelessness, as former shelter families may have sought shelters again without using the Reception Center facility. Questions thus remain about the validity of Reception Center data for persons who may have called more than once.

Data From Field Interviews

The field search began on June 15, 1989 to locate and interview as many formerly homeless families out of a pool of 450 cases best served by Family Haven between 1983 and 1987. Of the pool targeted, 201 (44.6%) were completed and fully usable for analysis. The population of 450 best served cases consisted of families who, in addition, received housing placements considered by Family Haven to be permanent (Section 8, Other Public Housing, Rented or Purchased Housing, and other). These 450
best served cases reflected those formerly homeless families who were exposed longest to the Family Haven program and who had the most opportunity to benefit from the extensive casemanaged services of the Family Haven program between 1983 and 1987.

Planned descriptive data comparisons center on both the status and the stability of best served and permanently placed families since leaving Family Haven. Primary interests include amount and type of service while residing at the shelter, length of stay, and length of time since residence at Family Haven. Covariates being considered at present for multivariate analysis include family size, number of children, age, and education of family head.

Other outcome measures included employment and income source history, dependence upon extended family, multiple family occupancy housing, additional homeless episodes, and a number of self-reported ratings about neighborhood, current and past residences, and family well being.

A series of family stress factors was conceptualized. Family stressors should be analyzed for their influence on family status and stability through a multivariate analysis.

Field Data on Residences

Data from the 201 family field interviews show an average mean time since leaving Family Haven residence of 1294 days (median 1201 days), or about 3.5 years. Approximately 64% (129) of the former Family Haven best served families interviewed resided in Section 8 housing at the time of the interview, 17% (35) were found in private rental or purchased units, 2% (4) were found in homeless shelters in St. Louis, and the remainder located in other public assistance settings. The mean length of time in current residence was 24 months (median of 20 months).

Approximately 37% (76) reported that they were living in permanent residences which the Salvation Army had located for them upon termination of Family Haven residence. Approximately one third, 72 (36%), of those interviewed reported living in only one residence since staying at the Family Haven. The mean average, however, for all cases was 2.28 different residences. Reasons for selecting current residences included
34% (68) who said they had no other option, 17% (35) who cited quality of the housing unit, and 12% (24) who indicated size of the housing unit.

Field Data on Additional Homelessness Episodes

Approximately 16% (33) indicated that they had been homeless again, since leaving Family Haven. Self-reported reasons for additional post-Family Haven homelessness episodes showed no particular pattern. They included 18% (6) eviction. Other reasons mentioned were overcrowding, adult and child abuse, family friction, loss of income, fire, condemnation, foreclosure, and substandard housing.

There was no statistical relationship found between length of stay (in days) at Family Haven and the reporting of additional homeless episodes ($t= .859$, df=187 $p=.39$). There, however, was a statistically significant relationship between additional homeless episodes and time since Family Haven residence. The mean number of days since leaving Family Haven was significantly greater for those families reporting additional homelessness (1535) than for families reporting no additional homeless episodes (1247) ($t= 2.94$ df=199 $p=.004$). This may be indicative of increased family stressors and the need for continued services and supports.

A critical policy issue is whether there may also be a generalizable relationship between additional homelessness episodes and the type of housing placement families received upon leaving Family Haven. This is important in light of the central concern in the literature of a clearly casual relationship between low cost housing supply and dramatic increases in homelessness in the 1980s. (Wright 1989). This complete analysis is yet to be undertaken.

Table 1, however, indicates those who received a permanent Section 8 placement at termination from Family Haven were much less likely to report additional homelessness (6%) than those families who did not receive a Section 8 certificate (33%).

Another factor which may also be related to additional homeless episodes is whether formerly homeless families turned to extended families for support in times of crisis, and whether they shared residences with extended families since
Table 1

Families Who Received Section 8 Placement at Termination By Additional Homeless Episodes

<table>
<thead>
<tr>
<th>Additional Homelessness</th>
<th>No</th>
<th>Yes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>49</td>
<td>119</td>
<td>168</td>
</tr>
<tr>
<td>Yes</td>
<td>25</td>
<td>8</td>
<td>33</td>
</tr>
<tr>
<td>Total</td>
<td>74</td>
<td>127</td>
<td>201</td>
</tr>
</tbody>
</table>

Chi Square = 25.739  df = 1  p < .001

leaving Family Haven. Familial dependence is often indicative of overcrowding, increased family friction, and other stress related reasons cited for additional homeless episodes.

Approximately 86% (173) of those interviewed indicated having extended family within 100 miles of their current residence. A large number, 47% (94) reported turning to extended family for support since leaving the Family Haven. About 25% (51) indicated that they had shared residences with extended family since leaving Family Haven.

A breakdown of these data on extended families found that of those who reported being homeless again, 57% (19/33) reported sharing residences with extended families, while for those reporting no additional homeless episodes, 19% (32/168) reported sharing residence. (Chi Square = 21.62, df=1 p< .001). There was also a statistically significant relationship between section 8 placement at termination and likelihood of sharing residence. Those families who did not receive a Section 8 placement were much more likely to indicate sharing residence with extended families (41%) than families who did receive Section 8 placements (16.5%). (Chi Square = 14.29 df=1 p< .001)

Caution is urged in the interpretation of these initial bivariate findings as a more complete elaboration of these bivariate relationships awaits a planned multivariate analysis.
Field Data on Family Demographics

Eighty percent (160) of those interviewed were African Americans. The mean number of children per residence is 2.6, and the mean number of adults is 1.3. Seventy three percent (147) of those interviewed were families consisting of women with children; 10% (21) were married couples with children; 7% (15) were extended families; 5% (10) lone females with no children; 2% (5) were lone males with children; and the remainder were couples with no children. Regarding marital status, approximately 54% (108) were single at the time of the field interview; 19% (39) were separated; 13% (26) divorced; 10% (10) were married; and 3.5% (7) were widowed. Forty percent (80) indicate increases in family size through births while 11% (23) report deaths in the family since their residence at Family Haven.

Field Data on Employment and Income

Twenty eight percent (56) report being employed at the time of the field interview, and 60% (122) indicate AFDC as their principle source of income. The mean monthly income from all sources (including Food Stamps) was $443 (median of $497). About 23% (47) of the former Family Haven families report losing a major income source since leaving the Family Haven.

Field Data on Family Well Being and Stressors

Neighborhood problems reported most often in the field interviews included drug traffic 22% (43); crime and violence in general 20% (40); and minor problems with neighbors at 16% (33). Approximately 34% (90) reported a major illness since leaving the Family Haven; 45% (90) reported having needed prenatal care; 23% (47) reported having needed psychiatric services; and 11% (22) reported needing treatment for substance abuse. This latter finding is of interest since evidence is mounting that substance abuse is an elevated increased factor in predicting homeless episodes.

Of those with children, approximately 22% (45) indicated that their children had needed special education. About 18% (36) reported run-in’s with the police. Regarding victimization, 29% (59) reported being a victim of crime since leaving the
Family Haven. Of these 59 families, 57% (34) reported burglary as the type of crime. Further, 14% (29) indicated they have been victims of adult abuse; and 11% (22) reported that child neglect/abuse investigations had been undertaken.

Implications to Date of the Impact Research Findings for Casemanagement Practice and Public Policy Development

The integrative focus of this paper is the heuristic synergism inherent between practice, policy, and research. Empirical support for casemanagement practice and sound data to guide responsible social policy development is the outgrowth of professions that are committed to test their basic values and commitments through research activities. It is a tenet of the authors that explicitly linking practice to research is an essential requirement for accountable policy making at all levels of responsibility.

The 201 best served and best placed families were in the main (83.5%) stable in the community. One in six (16.5%) experienced homelessness again. The longer a family was out of the Family Haven care system, the more likely the family was to experience an additional homeless episode. Entitlement programs were found in greater numbers among stable families. Multiple stressors still confront these families.

The trauma of living without a permanent residence poses unique and continuing difficulties for homeless persons. Attempts by human service providers to relieve suffering and ameliorate problems without providing a stable residence, basic entitlements, and family support requires herculean efforts which may fail without them.

Human service managers and administrators would do well to sensitize themselves to current data that monitors the differential needs of homeless populations and that tracks service delivery in order to assess the effectiveness of innovative programs for both traditional and for emerging policy efforts. Policy-based program evaluations, derived from relevant and timely empirical data, increase the overall legitimacy and community acceptance of both traditional and of newly emerging programmatic responses to assist the homeless. Relevant data also provides additional justification for both continuing and
Additional field research on impact of programs is required. The story is incomplete. In this policy research study, only the best served (450) and indeed less than half of these (201) were observed in their community functioning. Generalizations to inform policy and justify programs must be guarded. Research on those families not as fully served, who were not placed in permanent housing situations, and who require greater resources to locate, interview, and observe, is clearly needed. Without this additional research, the initial success of the Continuum Model cannot obviously be generalized to a larger population.

Accurate and timely data, which focus attention on the functioning of homeless families, is costly. Today, however, research has a continuing functional role to play in the shaping of public policy issues affecting governmental and private agency responses. Sound public policy requires both an enlightened community and informed public officials. Currently, policy useful data based on program evaluation needs to be systematically collected, integrated, transmitted, and shared at various levels of public and private policy aggregation. Policy makers in their various jurisdictions at the federal, regional, state, and local community levels need to be constantly reminded of the numbers of and the distribution of the homeless and their changing circumstances and differential needs. They need to know what works for whom and why it works. It has been demonstrated in other policy studies that lack of relevant and timely data, retards responsible policy development and concerted effective action. When this policy data gap is recognized, a reasonable response is the harnessing of research to meet what is fast becoming a growing demand for sounder policy development to assist the homeless.

The partial findings about homeless children and their parents within the context of identifying and meeting their specialized needs emerging in this initial impact research are considered reasonably indicative of some overall patterns of homelessness among families in most urban areas in the United States. (Wright 1989) Regardless, however, of whether the St. Louis impact data reflect specialized problems and responses for increased funding at local, state, regional and federal levels of responsibility. (Stretch and Kreuger 1989)
to St. Louis-homeless families, or whether they reflect more general problems of highly vulnerable low income African American and white urban families, the patterns described here point to an ever-present need for human service providers and policy makers to be informed about the special characteristics and needs of those they serve and seek to serve. Only when human service professionals and policy makers are adequately familiar with the problems of their clientele can they make appropriate choices for program development, implementation, evaluation, and change. It is for these central objectives that public-private partnership data systems should be both designed and fully utilized. This is the basic purpose and strategy of this research effort.

References


Morse, G. (1986) “St. Louis’s homeless: Mental health needs, services and policy implications”, Psychosocial Rehabilitation Journal 9 (4)

Parsons, L. (1986) “Bibliographic review on studies estimating the sizes of homeless populations,” Amherst, MA., Social and Demographic Research Institute


Women and Homelessness: Evidence of Need to Look Beyond Shelters to Long Term Social Service Assistance and Permanent Housing

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and

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Based on two surveys of staff in 25 homeless shelters in the San Francisco Bay area, this study focuses on services to homeless women and their children. Both the advantages and disadvantages of shelter living are discussed, as well as obstacles to moving homeless women and their children into permanent housing. The survey finds that there is a need for rapid movement out of the shelters and a concomitant need for long term social services.

The laudable goals of shelters include providing a safe environment for women and their children when they are evicted, homeless or they wish to leave situations of domestic violence. Services at these shelters vary in type and quality and include support groups, legal counseling and specialized services to children (Shinn et al., 1990).

These shelters are serving homeless families in America, a growing population (Burt & Cohen, 1989; Breakey and Fisher, 1990; Weitzman, Knickman and Shinn, 1990, Child Welfare League, 1989), growing to the point where in some states a fourth to a half of the homeless are families, possibly over three-fourths of a million persons, according to Bassuk (1988) and National Coalition for the Homeless estimates. In the City of Oakland, homeless families represent over two-thirds of those in shelters (Home Base, 1989).

The U.S. Conference of Mayors 1988 survey in different cities found that a third or more of the homeless were families, yet,
only eight percent of the shelters, nation-wide, accommodate families. A number of these are shelters for battered women (McChesney, 1990).

This article, based on a 1989 survey of staff of 25 shelters in the San Francisco Bay Area that serve women and their children, and a 1991 follow-up survey of the same shelters with the same questions, describe shelter life, its effects, and that of homelessness, on mothers and their children. In doing so, we believe it gives evidence to support the contention that shelters should be for very temporary assistance (Stoner, 1989; Bassuk, 1986) and agencies serving families must look beyond them to provision of both housing and counseling to insure permanent housing and provision of long term social service assistance related to each family's particular needs (Fallis & Murray, 1990).

This 1989 survey was conducted through interviews of two or more staff in 25 shelters, with only one-third specifically battered women shelters: the 1991 follow-up survey provided data on recent changes. The surveys cover a wide variety of shelters serving homeless children and their mothers and investigate in detail the various aspects of their shelter situation. The article then discusses the difficulty in moving women and their children to permanent housing due to the housing affordability crisis and other barriers such as discrimination (also covered in Huttman, 1991; Levine, 1989).

Advantages and Disadvantages of Shelter Living

Positive Aspects. The worth of shelters for battered women in providing a transition from violent domestic environments and of other family shelters for poor women with other social problems is well-documented and is not disputed in this article. The authors instead address the need for quick movement of mothers and children out of these shelters to permanent or transitional housing due to the negative effects of shelter living in general; and speedy movement from crisis counseling to long term social service assistance according to each mother's needs. Tracy and Stoecher (1991) found staff also seeing this long-term need but unable to find resources to meet it.

Of course on the positive side, for the short term, besides counseling and a support system, the shelter of course gives
*immediate* housing as an alternative to their present violence-prone and/or housing-deficient environment. Our interviewers also reported that staff felt the centers had a number of positive attributes for children from violent homes. Children often undisciplined or out of control before coming to the centers, through staff effort and support, were able to learn the limits to their behavior. Mothers learned alternative and nonviolent discipline techniques. Since a number of the children were abused as reported by staff, this was useful. Staff and volunteer attention to the needs of the children helped to lessen children’s aggression which Redmond and Brachmann (1990) found had often developed before the children came to the center. Redmond and Brachmann also found children reporting feeling safe at the centers. Enjoying play with other children and staff, and often finding a more attentive environment than they had experienced at home. In our 1989 and 1991 studies the shelters’ day care program (or that of an affiliate) gave the children more structured and educationally-oriented periods of the day than found in the past at home. They were also eating at regular intervals and developing a routine often formerly lacking in their homes. In our surveys, staff felt their efforts often improved the mothers’ care of the children because of role modeling. The mothers could also enjoy some respite because of the supplemental care.

Mothers also experienced positive aspects of shelter living. By dealing with their family problems in this setting, the mothers’ ability to cope with their problems was often enhanced. Cooperation and sharing with other mothers in the shelters created positive group efforts for change. Agency demands that the women look for housing and jobs provided some women the needed incentive, with support, for them to take their lives in their own hands. According to staff, a number of mothers became more assertive. When asked what were the most noticeable strengths or positive behaviors and attitudes of these homeless mothers, 75 percent of interviewed staff said (table 1): “adaptability/perseverance;” fifteen percent said “optimism;” and for shelter children, 57 percent of staff said “adaptable/flexible” and 28 percent said “independent/responsible” and 15 percent said “loving/protective, etc.”
Table 1

*Redmond and Huttman 1989 Survey of Shelter Staff*

Staff at twenty-five San Francisco Bay Area shelters representing 11 cities responded to these questions. Interviews were attempted with two staff at each center. Variation in number of responses is due to multiple responses by some staff.

<table>
<thead>
<tr>
<th>Question</th>
<th>Percent</th>
<th>Responses</th>
</tr>
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<tbody>
<tr>
<td>Question 1 — What are some of the most striking characteristics, or behaviors displayed by the homeless children?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depressed/Withdrawn/Insecure</td>
<td>51%</td>
<td>(37)</td>
</tr>
<tr>
<td>Aggression/Anger</td>
<td>29%</td>
<td>(21)</td>
</tr>
<tr>
<td>Other (Physical neglect, illiterate, no answer)</td>
<td>20%</td>
<td>(14)</td>
</tr>
</tbody>
</table>

| Question 2 — What have been strengths, or positive behaviors and attitudes noticed in the children? | | |
| Adaptable/Flexible | 57% | (30) |
| Independence/Responsible | 28% | (15) |
| Other (loving, protective) | 15% | (8) |

| Question 3 — What are some of the most striking characteristics, or behaviors displayed by the mothers? | | |
| Depressed/Stressed | 44% | (34) |
| Unmotivated/Dependent | 20% | (15) |
| Poor Domestic Skills | 12% | (9) |
| Angry/Defensive | 10% | (8) |
| Other (drugs, suspicious, no answer) | 14% | (11) |

| Question 4 — What have been strengths or positive behaviors and attitudes noticed in the mothers? | | |
| Adaptability/Perseverance | 75% | (39) |
| Optimism | 15% | (8) |
| Good Parenting Skills | 8% | (4) |
| Other (no answer) | 2% | (1) |

*Continued...*
Table 1 continued

<table>
<thead>
<tr>
<th></th>
<th>Percent</th>
<th>Responses</th>
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<tbody>
<tr>
<td><strong>Question 5 — What would you say are two of the most noticeable emotional problems faced by the mothers?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guilt/Fear/Anger</td>
<td>39%</td>
<td>(36)</td>
</tr>
<tr>
<td>Concern for future</td>
<td>28%</td>
<td>(26)</td>
</tr>
<tr>
<td>Depressed/Hopeless/Alone</td>
<td>15%</td>
<td>(14)</td>
</tr>
<tr>
<td>Loss of self esteem</td>
<td>13%</td>
<td>(12)</td>
</tr>
<tr>
<td>Other (drugs, no answer)</td>
<td>5%</td>
<td>(5)</td>
</tr>
</tbody>
</table>

**Question 5 — What would you say are two of the most noticeable emotional problems faced by the children?**

<table>
<thead>
<tr>
<th></th>
<th>Percent</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confused/Insecure/Withdrawn</td>
<td>55%</td>
<td>(37)</td>
</tr>
<tr>
<td>Anger</td>
<td>13%</td>
<td>(9)</td>
</tr>
<tr>
<td>Fear/Abandonment</td>
<td>13%</td>
<td>(9)</td>
</tr>
<tr>
<td>Other (learning difficulties, lack of friends, growing up too fast)</td>
<td>19%</td>
<td>(13)</td>
</tr>
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</table>

**Negative Aspects of Shelter Living.** The emotional problems of women and their children living in shelters was repeatedly emphasized by interviewed staff in these 25 shelters serving mainly families (also see Molnar et al., 1990; McChesney, 1990). To varying degrees, these emotional problems had developed prior to contact with the shelters; due to family violence, substance abuse, and poverty conditions as well as general mental health problems. From our studies and Redmond’s and Brachmann’s earlier one (1990), it is clear that most of the children had lived traumatic lives before coming to the shelters. High levels of emotional, physical and sexual abuse were reported for both mothers and children.

The emotional problems of children and parents are often exacerbated by homelessness (Hughes, 1986; Molnar et al., 1990; Weitzman et al., 1990). It is often difficult to sort out prior effects of poverty and/or abuse on the mothers and children from the immediate effects of homelessness. However, there were indications from the surveyed staff and from other studies,
that certain characteristics of shelter life often serve to intensify emotional problems faced by this group (Huttman, 1992).

**Shelter Children's Problems.** In our surveys over half of the staff responses stated that the characteristics or behaviors of homeless children most noticeable to them related to depression and being withdrawn, confused, and insecure. About one-third of the respondents saw anger from children over their present situation, and aggression by these children as being their most noticeable emotional characteristics (See Table 1). They were acting out their unhappiness with the situation; some were acting out to get staff and volunteers’ attention. Others were simply very withdrawn. Boxill and Beaty (1987) found similar reactions in their study of homeless mothers and children in a public night shelter. They said “some of the older teens had given up on trying to make the best of a bad situation. They sat silently, sadly and alone. Their words were “I’m okay”, but their body language says, “please don’t see me. I can’t decide how I want to be seen.” They said some children showed contradictory behavior; “they avoided conversation with adults, moms or volunteers; they returned shortly with verbal or physical demands for attention.”

Insecurity of the children was another emotional characteristic noted by the respondents of our survey. When asked about unusual fears in the children, approximately half of the staff responses cited fear of abandonment as common (also true in the Daly (1988) study). Some children feared that their mothers would abandon them because of no housing or because of drugs. Some of the children feared that the “welfare people” would take them away from their mothers. Many children were very possessive, clinging to their mothers and crying at any separation, staff told our interviewers. McChesney in their interviews with shelter mothers and children in Los Angeles also found crying and clinging, along with sleep disorders and nightmares (McChesney 1990; 1987). In addition, McChesney found that the very young children experienced developmental delays, they didn’t walk, talk or sit up on time. And the children in some cases exhibited developmental regression such as a 12 year old reverting to wetting the bed at night or, for another child, moving from being potty-trained back to diapers.
Older children in our surveys were found by a significant segment of interviewed staff to take on almost adult roles; to be very independent and responsible. Many of the children had become "parents" of younger siblings. Some staff reported instances of role reversals where the children were taking over parenting roles, even making decisions for mothers unable to cope. Personnel often cited the loss of innocence or of childhood as being very common among these children. Boxill and Beaty (1987) also observed teenage girls becoming surrogate mothers who "disciplined, fed, bathed and bedded younger siblings," and "took the leadership in preparing sleeping space and caring for younger siblings." Boxill and Beaty feel mothers had not entirely abdicated their responsibility but "were being soothed and nurtured by the efforts of their older children." (Also see Molnar et al., 1990).

Many of the children suffered from the severe instability of the situation, with the uncertainty as to where home was. Some staff reported that children worried much about the future. Even though these shelters for families did not put them out on the street each day without knowledge of whether they would get back in at night, as is true for many large public shelters, the feeling of lack of permanency of this accommodation existed (Shinn et al., 1990). Redmond and Brachmann (1990) in an earlier study found children dreamed of a better home. The main wish some gave was "that we can be safe and happy;" for others it was that "we have some place to stay." Hughes (1986) found children in shelters for battered women had fantasies about a different home life. (Also see Huttman, 1992).

In these studies of children in shelters, a major theme was the ambiguity of the situation. There was uncertainty about "tomorrow". They considered themselves different from other children (in the Kozol (1987) study of welfare hotels, children called themselves "hotel children," as did the less friendly children at school.)

The school situation was noted as a problem for homeless children in our study. Of the surveyed staff a number mentioned that the children felt ashamed in the school and tried to hide that they were shelter children. Some did not attend school. One shelter for families tried to work with the local school on
meeting the emotional and educational needs of the children. In two shelters, a school was provided (most shelters had day care). Many are behind in school, slow learners, forgetful of their ABC's (Daly, 1985).

In our study, we found children also suffered from the effects of the characteristics of the shelter environment such as communal eating and bathroom facilities with their unhomelike atmosphere (Hu et al., 1989; Wright, 1990); crowding in one room; and general lack of privacy. In addition they suffer from the noise and high population density as well as limited play space. All these problems, one San Francisco shelter director concluded, affected the homeless child's ability to move toward normal adulthood. He said:

"The long-term effects of homelessness are much more severe on children. How can they develop a healthy self-image? Parents who must devote all their energy to the fight for survival often ignore the educational and emotional needs of their children, according to those who have worked with homeless families. The children live without privacy or the opportunity to develop normally." (Mark Story, quoted by Gorden, 1987).

Mothers' Emotional State and Shelter Living. Staff, when surveyed about the emotional situation of mothers (1989) said they see them as often depressed when in the shelter and above all had feelings of "guilt, fear and anger." (See Table I) Some staff saw "stress over concern for the future" taking an emotional toll on these mothers. The fact that these mothers have to play the mothering role in a large public setting might also have a negative effect on the mother. Boxill and Beatty (1987) state that for their public shelter:

"Someone other than mother decide when and where the family should rest, bath or secure housing and health care. Others determine when her family eats, evaluate her abilities as a parent, judge her need for supportive services, parent training for fitness to retain custody of her children."

In these shelters they say: "mother/child relationships are out of order. The absence of a home distorts the role of mother and child. Mothers lose opportunities to act as primary nurturers, teachers negotiators, and survival guides. A host of
rotating volunteers, human service professionals and varied strange intruders... assume with confidence and authority the functions normally and previously assumed by mother.”

Characteristics of the Shelter Environment—A Problem. Above all, the makeshift temporary nature of shelters is responsible, as the above indicates, for many of the mothers’ problems, even though they came to the shelter with unfortunate circumstances. These surveys of 25 shelters for families provide information about the general characteristics of these shelters. These shelters are small and in most cases, interviewers found, homelike. The majority of the shelters surveyed house only families, though a few also serve singles; and almost a third are concerned mainly with battered women. The families have a type of communal living in most, although one shelter actually has apartments, and in most the family has their own room. Many are converted houses, often in pleasant neighborhoods, but the inner city ones have more crowded quarters and the facilities are used for several functions, including religious activities for several, a senior’s lounge for one, and a restaurant.

These shelters as a family place to live could be distinguished from the normal family “home” not only by the above aspects (Huttman, 1992) but because the meals are communal. The meals are sometimes provided by staff and volunteers, though in many shelters the women share cooking and other housekeeping responsibilities. Living is not family-centered but group-centered with most activities in a public place. Agency personnel and volunteers control eating, sleeping and recreational hours.

The surveyed shelters have regulations that make them unhomelike. With many children in residence and few staff, such regulations become mandatory. This however produces an institutional atmosphere. For example one shelter has an 8:30 p.m. curfew and allows no visitors except family.

Many of these shelters have rules on discipline for children, especially outlawing physical discipline. Some shelters have rules demanding users attend counseling sessions. Those shelters with religious orientations encourage participation in religious services. Shelters often have rules regulating use of kitchen facilities.
The most unpleasant regulations concern closed daytime hours. These impede a normal family living situation, forcing families to wander the streets during the day, possibly with one or more children in day care. Some shelters were closed all day but most were closed in the mornings; in most they could return in the afternoon. Many of our surveyed shelters, especially the ones for battered women, have day care facilities on site or nearby; two have schools of their own. One inner city shelter has a 24 place school serving shelter children and also children of ex-shelter parents. In a few shelters women share the day care job. One has a special afternoon and evening program for children. However, some have no programs for children, so not only mothers, but children are relegated to the park, library or other facilities during the morning or day. Of course, the expectation is for the woman to be looking for permanent housing and for a job, difficult tasks with children along. This unpleasant situation is common. In the Congressional Hearings on the effect of homelessness on children (1987) the Association for Children in New Jersey complains of this aspect of shelter life and how parents have the problem of caring for small children during the shut-down period at the same time they are looking for housing.

The major aspect of the shelter that reminds one it is temporary accommodation assistance, is the limit on the number of days of use. Unlike the massive city dormitory-type shelters with their short stays, in these family shelters it is usually fairly long. Normally it varies from a few weeks to two or more months, with shorter stays in the inner city shelters (Shinn et al., 1990). Some have transitional housing. All these characteristics show the shelter as a short term way-stop for the family after the loss of their home; they do not show it as a long-term solution (McInar, 1990). It is too institutional, too communal, too makeshift.

Long-Term Services Needed for Women and Children. These findings indicate short term shelters are not the answer. The data show that homelessness produces extremely negative socio-psychological effects for homeless mothers and their children, many of whom already had problems in their lives before becoming homeless (Weitzman et al., 1990). Shelters often have
limited resources for meeting the societal factors, such as lack of affordable housing or employment, that are a major cause of homelessness. As Tracy and Stoecker (1991) reported in interviewing shelter and transitional housing service providers, these providers found systemic approaches (to housing provision etc.) outside their capacity. While these providers saw the ideal solution “building and/or rehabilitating to provide safe, affordable housing,” they mainly saw themselves trying to improve the individual’s coping capacities to meet society as it is, to apply a “bandaid”.

These research findings indicate that emergency services, while crucial, are not the long range solution to problems with deep seated etiology. These findings finally show that the major problem of these homeless families is the lack of proper economic, psychological, environmental and social support systems—as well as housing. These points are made in reports by Thorman (1988); Bassuk and Rubin (1987); Hughes (1986). What is required is a long term response, with a coordination of health, employment, as well as mental health services, and, of course, housing assistance. Help should be in terms of a continuum rather than the current patch-work approach to meet particular needs in a time of crisis.

Shelters as the Main Answer to Homelessness. These arguments on the worth versus negative effects of shelters are especially important, because shelters have become the major new institution in our society. Homeless advocates and government legislators have subscribed to a three tier housing plan. Short term care shelters are the first tier. Transitional housing is next. Permanent low rent accommodation is the third. As Hoch and Slayton (1989) state: “emergency and transit shelters have created a response to compassionate appeals but officials and the public are slow to take up the cause of affordable housing for the poor.” They add: “municipal officials once they acknowledged the problem (of homelessness) quickly began to lobby for additional federal funding for shelters...In Chicago the number of emergency beds skyrocketed... (Nationwide) the level of public funding allocated to support the operation and rehabilitation of shelters increased from $277,000 in 1982 to $6,597,000 in 1989.” They also speak of a “new generation of
multi-purpose large-scale shelters (that) have recently been constructed." Even advocates, who realize the need is to go beyond these shelters to permanent housing, (Hope and Young, 1986), still are mainly pressuring for this stop-gap housing at city halls or state legislatures. Hope and Young give many examples of advocates pressuring state and municipal governments for more shelters. As they say: "only a few private groups have the time, trained personnel and financial resources to move people into permanent housing." And they add: "even when municipal governments do face the homeless issue they generally think only in the framework of emergency solutions, solutions that often become more expensive than long term arrangements".

Hoch and Slayton (1989) add: "although most large shelters are unpopular with the homeless and their advocates, they remain the primary source of housing for the homeless in big cities because of their own operation cost." (Below we argue whether this cost is not so low, taking into account indirect costs and their quality and temporary nature, all factors Hoch and Slayton themselves emphasize). Hoch and Slayton complain that the city may pay as much as $3000 per month in 1986–7 to house a family of four in a single room in a New York SRO.

The data shown below, confirms that the government, through the McKinney Act, has in the last few years continued to focus on use of temporary accommodations for the homeless. Before giving that data however, we must point out that the 1990 housing legislation, with its help for 240,000 households, makes some attempt to move away from this approach. But we argue that shelters and related services are still the main focus of aid to the homeless, and represent a superficial approach (San Francisco Chronicle, October 1990).

The federal McKinney Homeless Assistance Act of 1987 has been the main federal source of housing assistance for the homeless, although considerable funds from the federal Community Development Block Grants (CDBC) have also been used for such, as well as state funds and even local funds. The several billion for the McKinney programs, 1987 through 1990, include monies for the part called the HUD Emergency Shelter grants.

Another smaller funding part is the Transitional Housing, or supportive housing, with less communal and more apartment-
like facilities for families. Though often lacking cooking amenities, these usually have support counseling and services. Another minor program of the McKinney Act is the Section 8 ten year rehabilitation for SROs (transient hotels). In addition there is an ADFC Homeless Demonstration project which for FY 90 helps give a rent supplement to the AFDC payment for those homeless, and in some cases for those finding permanent homes. As one can see most of this funding is for temporary shelter assistance. Ironically, because the government in the past has provided so little subsidized housing and otherwise abandoned giving help for low rent units, in the McKinney Act the federal government must also give funds for housing counseling which, under present conditions is sorely needed, even though, due to the shortage, it often leads to blind alleys, with no cheap units to be found. The McKinney money in one county in California even went for sleeping bags. (Contra Costa, 1988).

Funds under the McKinney Act are also for a variety of food programs, again made more necessary in a housing shortage situation where apartments are not available so people live in transient hotel rooms, motels, or shelters without cooking facilities, and thus need soup kitchens and the like. The McKinney Act includes funds to help with health problems caused by street and shelter living, and educational problems of shelter children who because of their housing circumstances get behind in school. Again, the non-permanent nature of the housing causes a problem that the McKinney Act tries to address, a problem much less likely to be there to pay for if permanent apartment units were available.

The high cost of providing temporary shelter can also be shown from figures on costs of welfare hotels and motels. The city using such, has a monthly outlay, per household, of $1000 to $1500 per month, or $12,000 to $18,000 per year. In addition if it is judged the teenage children should not be kept in such a facility, there is added cost for foster care. In 1987 The Association for Children of New Jersey, in Congressional hearings on homeless families, gave shelter costs at transient hotels/motels, without cooking facilities or other normal amenities, as $720 for a parent and child, or $1084 for a parent and two children. In
New York and San Francisco, heavy city users of welfare hotels, it is much higher. In New Jersey, they added $227 for every child put in a foster home, so that a family of four, with one teenage child in a foster home and the others in a transient hotel room, would cost the government, $1111 per month. Few apartments in New Jersey in 1987 cost more than this, and the normal benefits would be family unity and a normal "home" atmosphere.

This New Jersey study also illustrates that the AFDC payment ($404 for a family of three in 1987) falls below HUD's allowable fair market rent for the area ($492), indicating that the whole AFDC benefit would not cover the cost of an apartment. Even if the government gives a larger subsidy, such as under the McKinney Act, it hardly covers the cost of housing and means that many AFDC families cannot pay the rent. When evicted, if placed as homeless in a welfare hotel, it would cost the state at least $1084 a month. Many experts have decried the government's use of such expensive, and deteriorating, temporary accommodations. Rossi (1989) has complained that these hotels are not only bad for families but expensive for the city, in New York costing the welfare department three to four times the going rent for low cost apartments. Thorman (1988) in his denunciation of these costly units, describes them as old dilapidated buildings where clean linen and bedding are rare and rats and vermin share rooms with the residents. He adds that they are often dangerous places where robbery, rape, assault and drug dealing are common. And Kozol, in describing New York's Martinque Hotel (1988) says "it is hard to do full justice to the sense of hopelessness one feels on entering the building." Yet this is what housing money in many cities goes for.

One can even question use of funds to rehabilitate such hotels, especially since the rehabilitation is often patchwork of an inadequate living arrangement in an inner city area. Sometimes such rehabilitated units may adequately serve single homeless but if used for families, the appropriateness is questionable. And these rehabilitation efforts are not cheap. For example, in late 1990 in San Francisco a 61 unit Cambridge Hotel cost more than $1.3 million to be brought up to standard by the San Francisco Chinese Community housing group (the $1.3 million was the
amount this group got from bond measures 77 and 84 and not total cost). The Midori and El Dorado Hotels, 134 units, run by Conard House Inc., received $3.4 million for rehabilitation. (Bay Area Council Housing and Development Report, January, 1990).

Certainly investment in apartments that have long term use and a homey, non-temporary, atmosphere seems a better use of government money. A twenty unit apartment building could be built for around $2 million in many parts of the country ($100,000 a unit); substandard or abandoned housing might be renovated for somewhat less. With a mortgage and low property tax, these units would have carrying charges of $1100 to 1300 a month, including insurance. This amount is the same as the cost cities now pay for a room in a welfare hotel or motel; and while somewhat higher than costs and purchasing and rehabilitating a shelter (at about half a million for a Contra Costa County Pittsburgh shelter) there are tremendous advantages of apartments over such shelter. And of course the investment in apartments is an investment for 20 to 30 years for the unit, hardly a situation true for the shelter or the welfare hotel. The monthly charge paid for a private non-upgraded hotel room by the city is money spent today and never seen again. An apartment unit lasts for decades.

Adequate rent subsidies for apartments, while not providing additional permanent low rent housing are still better than putting the money into temporary shelter assistance. At present the Section 8 rental subsidies have fair market rents so low in many areas, that those certified to use the program cannot find a unit with a rent acceptable to HUD; in San Francisco in 1989 40 percent of those with Sec. 8 certificates could not find a rental (Huttman, 1991). Secondly, there are not enough certificates due to program cutbacks, so one million nationwide are waiting for such (Dreier, 1988). Increasing the amount of rent subsidies and the number of people covered would prevent evictions causing homelessness. Additionally programs assisting with the first month's rent, last month's rent, and a deposit, would help. Such programs exist on the state level in California and elsewhere for a limited number.

Other Costs of Use of Short-Term Housing Accommodations. The nature of shelters and welfare hotels means other indirect
costs to the government, either now or at a later date. These include health costs, deviant behavior costs such as for teenage delinquency, educational costs for children kept out of school and unemployment costs.

Long Term Housing Needed

While the above description of shelter life has indicated that stays should be of short duration and that transitional or permanent apartment units should be found quickly, this is not currently easy to accomplish. (U.S. Senate Subcommittee on Housing, Homelessness in America: The Need for Permanent Housing, 1989). Few "transitional" housing complexes exist even though many homeless women need such a supportive home environment (Salvation Army 1989), with their own apartment for satisfactory family living, counseling for their emotional needs, and possibly for substance abuse needs.

Apartments at reasonable rents are now unavailable in many cities as we face a private housing rental crisis. (U.S. Conference of Mayors, 1989). It is lacking to such a degree that a housing counseling service is urgently needed to help these mothers, already burdened with children, emotional worries, and financial and employment problems, to do their housing search.

This shortage of affordable housing, one could say, is partly due to the federal government trying to save money and keep out of the housing subsidies arena. Authors of a Harvard Business Review article state, the government abandoned its role as a catalyst for affordable housing production. "The Reagan Administration cut the federal housing budget by nearly 75 percent from $33 billion (in 1981) to $8 billion (in 1987)." They add: "this reduction places our federal housing investment well below that of any other industrialized country on a per capital basis—a major reason for the recent epidemic of homelessness. The U.S. Conference of Mayors reports that the number of homeless has grown by almost 25 percent each year since 1983" (Dreier, Schwartz and Greiner, 1988).

Lack of subsidized units has been long a problem causing waiting lists for public housing in all major cities (Huttman and
Women and Homelessness

Franz, 1989), hitting a total of over one million (San Francisco Chronicle, 1990) with another million waiting for rent subsidies.

Some 6.6 million pay more than half of their incomes for rent, often in substandard housing. Vacancy rates are very low for even median rent units in most northern central cities (Huttman, 1991). Rents keep increasing (Bay Area Council, 1991; Hartman, 1991); in San Francisco median rents were around $950 in late 1990, and Oakland, $600 for two bedroom apartments. Loss of transient hotels was dramatic, 1975–1981, in New York City from 50,454 to 18,853. Conversion and demolition, nationally, meant displacement of 1.7 to 2.4 million persons by 1981 (Palen, 1988; Appelbaum, 1991).

References

Select Committee on Children, Youth, and Families. 100th Congress, 1st sess. 134–154.


Appendix

The 1989 Survey and its 1991 follow-up of the same shelters are an extension of an earlier study by Redmond and Brachmann (1990) in which the experiences of homeless mothers and children were examined on three levels; participant observation, formal interviews with mothers and children, and interviews with staff. These studies increased the sample size of the latter component; in the 1989 survey we selected forty shelter staff from twenty-five homeless shelters in the San Francisco Bay Area. All staff interviewed had direct contact and responsibility for meeting the psychological and/or social needs of the mothers and children in their facilities. In the 1991 survey staff of these same 25 shelters were interviewed, with the same questionnaire; changes in perceptions and shelter situations were noted.

Data were collected regarding the professional's perceptions of major psycho-social problems and strengths of both homeless mothers and children, services offered by their facilities, gaps in services and their suggestions for addressing some of their most salient concerns. Precautions were taken to protect the identity of all involved.

For the 1989 study these face to face interviews were conducted on site and lasted between thirty minutes to one hour. While most of the staff interviewed were trained social workers or psychologists, a few respondents were para professionals with experience in the field. In the 1991 follow-up survey staff were again interviewed on site.

In the 1989 survey the research plan was for two human service providers from each of the twenty-five shelters to be interviewed. The final sample included twenty-five shelters and forty
interviews: Fifteen facilities where two staff were interviewed and ten facilities where one provider each was interviewed. The nonresponse was due primarily to the unavailability of facility staff for interviews within the time of the research. While the sample size of 40 human service providers may seem small, it represents contacts with over 1300 homeless mothers and children annually (Emergency Services Network Report 1987).
Ideology. Public Policy and Homeless Families

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Introduction

The Nineteen Eighties are perceived as a period of sustained economic growth and continued prosperity for most Americans. That decade also had its casualties. None are more striking and visible than the homeless, who congregate in the public buildings and plazas of major cities across the United States, the "new Calcuttas" of this affluent society. Homelessness in the United States does not follow the traditional pattern of homelessness found in third world societies. There homelessness is the result of rapid urbanization and migration. The underlying dynamics of homelessness in the post-industrial United States of the 1980s appear to be different. This paper will focus on one segment of the homeless: children and families, assessing the extent, characteristics and essential sources of their plight. This is a group that until recently has warranted special protection.

Dimensions

The actual numbers at first seem staggering. In New York City alone, half the 27,000 persons sheltered by the city in 1986, were children in families headed by a single-parent. Eighty percent of the families sheltered by the city were on welfare (New York Times. 1987.d). Most had doubled up with relatives or been evicted from their homes. The experts in the field are all agreed that the numbers are increasing. Before 1982, fewer than 100 families came into city shelters every month and usually
stayed only a few weeks (Kircheimer. 1987). In 1986 there were 4,476 families in the city's shelter system and the average stay was about 8 months (New York Times. 1987.b). By summer 1990, despite huge expenditures by the city, the shelter population of homeless families was still around 4,000 and children constituted a larger fraction of the shelter population than unattached men (N.Y. Observer. 1991).

Changing Composition of the Homeless

Especially troubling for policy makers is the changing composition of the homeless population. The homeless today are no longer the Skid Row alcoholics and former mental patients that once made up the bulk of the homeless population. The new homeless are functioning adults and families with children. Another disturbing trend in the suburbs especially is the increasing number of working poor among the homeless (New York Times. 1987.e & 1988). The homeless today are far more heterogeneous than their Skid Row predecessors and many of them can be distinguished from the settled poor chiefly by their displacement.

Evidence of the rise in homelessness and the radical changes in the circumstances and composition of the homeless population raise disturbing questions regarding both the underlying causes of homelessness as well as the directions of public policy. Does homelessness represent a failure of public policy or is it only a symptom of a deep seated and pervasive economic malaise? What part, if any, do the characteristics of this population play in relation to their unsheltered condition? The extent of the problem and its highly visible nature question some of the assumptions on which current public policy towards this population has been based.

Despite considerable evidence that lack of affordable housing is a cause of homelessness, all levels of government have in the recent past dealt with the problem as though it were crisis related, temporary in duration and best explained by the individual characteristics of the homeless themselves. Questions need to be raised as to why substantial resources are expended on solutions that would appear to be inadequate,
wasteful, destructive to the beneficiaries of aid and costly to the taxpayers. Why for example did New York pay $35,000 a year to shelter a family in a notorious welfare hotel (New York Times. 1986a), while restricting a similar family on welfare to a shelter allowance of perhaps a tenth of that amount? The mismatch between the assumptions on which public policy is based and the facts related to poverty and housing needs fuller exploration. Nor can the role of political ideology in fostering the disjunction between facts and policy be ignored.

Problem Definition and Ideology

Homelessness did not catch the media attention until the beginning of the decade. Until then the problem had been perceived with some justification as being confined to middle-aged, white, male alcoholics and drug users (the Skid Row population of an earlier era). The rise in homelessness and the radical restructuring of the welfare state that began with the Reagan Revolution is no coincidence and the relationship between these two events needs further exploration.

Returning the responsibility for vulnerable and "at risk" populations back to the states, localities and private charities, with greatly diminished resources to accomplish these tasks was one thrust of the revolution. Conservative scholars like Murray, Meade and Gilder provided the philosophical underpinnings for this thrust (Murray. 1986: Meade. 1989: Gilder. 1984). Murray's book Losing Ground, which became the bible of budget-cutting conservatives, laid out the arguments very convincingly. He resurrected the centuries old principles that underlay the Poor Laws of England and the United States, namely that the distinction between the deserving and the undeserving poor should serve as the basis for public policy (Katz. 1990).

A major theme of social policy in the Nineteen Eighties became the limits of social obligation towards the needy (Katz. 1990). Meade argued that government entitlements "by expecting nothing in return shield... clients from the treats and rewards that stem from private society... particularly from the marketplace" (Meade. 1989). The individual pathology or personal problems explanations were reincarnated to lend credence
to the changes in housing policy. Personal problems, according to this line of thought, create situations where people lack a place to live. When this doctrine is applied in homeless women and children they are classified not as victims of circumstances or structural conditions, but as individuals who have some responsibility for their fate. Thus homeless women and children are now defined as abused women and children or as members of dysfunctional families. Children are perceived as ‘runaways’ or ‘throwaways’. Homeless families are also portrayed as turning to public shelters, not out of dire need, but because they wanted to improve their housing situation. The then mayor of New York asserted that ‘some families are deliberately moving out of crowded apartments into hotels in the hope of getting city owned apartments’ (New York Times. 1985). Main (1986) sees the lack of affordable housing as at most a “necessary but not sufficient condition” for family homelessness. The function of the shelter system was not the protection of women and children from the elements, but relief from a tense and uncomfortable family situation of doubled up families. The rise in homeless families is a result of “voluntary failure on the part of families and their kin” (to meet their familial responsibilities)(Ibid).

Public policy towards the homeless in the 1980s appear comprehensible only if the individual pathology perspective and the evidence on which it rests are convincing. During the first wave of homelessness during the early Eighties many of the homeless did in fact exhibit characteristics that appeared to buttress “the individual pathology” view of the homeless. The behavior of these homeless was either so bizarre or their addictions so severe that they seemed unable to function in normal society. Landlords and family members could be excused for being unable to tolerate the behavior of such individuals and their actions in turning them on the streets could be condoned. The relationship between their increasingly visible presence on the streets and public policy seemed tenuous. Homelessness could also be blamed on the Community Mental Health movement that had denuded the huge state psychiatric facilities of their populations and ejected them into communities that were ill-prepared to receive them. Many of the homeless women in
the early period were single individuals who also exhibited symptoms of addiction or mental illness.

The early empirical research on homelessness which was mostly descriptive and focused on the characteristics of the homeless gave additional credence to this view. Many studies (Arce et al. 1983; Lipton, Sabatini and Katz. 1983; Bachrach, 1984; Fisher. 1986) documented the high incidence of mental illness among the homeless, ranging from 30% (Roth and Bean. 1986) to as high as 90% in one study (Bassuk. 1984).

Despite the early evidence that appeared to support the individual pathology perspective, it is our contention that homelessness among families must be viewed within the broader context of the feminization of poverty and changes in welfare policy. If we adopt this view, the policies adopted in the eighties towards this population become indefensible.

Policy prescriptions of the Nineteen Eighties

The conservative ideology regarding poverty when translated into public policy, had especially devastating impacts on low-income women and children. These impacts need to be examined in relation to a) income and access to low-income housing b) public solutions to family homelessness.

Poor women and children were among the first casualties of changes in federal social policies, which were embodied in the Omnibus Reconciliation Act of 1982. The rise in poverty among single-parent households has been amply documented in the literature. The underlying reasons for this increase are not difficult to ascertain. In the implementation of the Omnibus Reconciliation Act, many of the working poor were removed from the Aid to Families with Dependent Children rolls, which resulted in sharp reductions in income. (Figure 1). Those still on the rolls were affected by the cuts in the Aid to Families with Dependent Children program. Between 1970 and 1980, the value of Aid to Families with Dependent Children benefits declined by about one-third in constant dollars (Katz. 1989: see also Figure 3). Aid to Families with Dependent Children recipients, even though presumably still covered by the social safety net, found it increasingly impossible to find housing in the private
Figure 1

AFDC, Food Stamps & Poverty Line (July 1987)

market. While the average value of benefits declined by 33%, since 1972, shelter costs rose disproportionately (Public Welfare. 1989: Figure 2). During the current recession several proposals are before legislators, that would cut these benefits further.

The lack of affordable housing for the poor is borne out by current research on the topic. New starts for all HUD lower-income housing programs dropped steadily from 183,000 in 1980 to 28,000 in 1985. Expenditures on housing were cut more deeply than for any other federal activity (Huth. 1990). At the same time market forces operated to drastically reduce the stock of low income housing. Gentrification, urban renewal and the destruction or conversion of Single Room Occupancy hotels and the elimination of tax incentives to produce or maintain low-income housing are blamed for this result. The convergence of reductions in benefits and the diminishing supply of low-income housing are not unpredictable.

In most states HUD’s fair market rent for housing is higher than the entire welfare grant for a 3 person family. In all but 4
states, the amount the federal government estimates is necessary to rent a modest 2 bedroom apartment in the least expensive metropolitan area in the state is more than 75% of the Aid to Families with Dependent Children grant for a family of 3 (Children's Defence Fund. 1990: Also see Figure 2). Back-to-back recessions and the administration's cuts in eligibility and benefits for welfare and disability programs resulted in rapid increases in very poor people at the same time that the numbers of affordable low-income housing units shrank dramatically. Low-income advocates were quick to point out the discrepancies between the numbers of poor people seeking housing and the numbers of available low-income housing units. By 1985 according to some estimates there were 8.1 million low-income households competing for about 4.2 million low-cost housing units, resulting a shortfall of about four million (Dolbeare. 1986).

The individual pathology thesis becomes unsustainable in light of this documentation, despite the early empirical evidence to the contrary. Skepticism regarding the deinstitutionalization
A hypothesis surfaced in the literature and the media even in the early eighties. Between 1982 and 1989, the media focused increasingly on the plight of homeless children and families. The New York Times Index did not have a special category for homelessness in 1982. However, in the very next year the index displays 80 items under the homeless category, of which five dwelt on the plight of homeless women and children. By 1988 one fourth of the 284 stories the New York Times ran on homelessness concerned children and their families. The sight of children living in cars and abandoned housing, in vivid color on the evening news, was upsetting to most people.
The barrage of media coverage on the changing composition of the homeless, which now included intact families and the working poor shifted the nature of the dialogue on homelessness. Increasingly researchers focused on the structural nature of the problem (Huttman. 88: Gilderbloom. 88: Axeloson and Dail. 87). Disenchantment with the solutions offered by Reaganomics led some of them to take a closer look at the social policies of the Reagan era and their role in increasing poverty and homelessness. Others have claimed that the focus on the personal life situations of the homeless, deflects interest from an examination of the structural conditions which cause individuals and groups to become seriously disadvantaged. (Wilson. 1987).

Researchers also challenged the basic premises of the individual pathology slant. The fact that a majority of the homeless are mentally ill does not in itself explain why their numbers are growing or why a particular individual joins their ranks (Brown and Krivo.1988). Nor is it a coincidence that homelessness is more common in settings in which housing is not affordable or unavailable, poverty is extreme, unemployment is high and social support is lacking. Would those with personal problems be less likely to be homeless under more favorable structural conditions? (Ibid). Could there be a confusion between cause and effect variables? As the mentally ill were joined by new populations on the street, there was a dawning perception that the issue of deinstitutionalization had obscured an issue that was primarily due to a lack of affordable housing. The new populations of homeless individuals, despite the stress of being without shelter appeared "normal" in most respects. Some of them even had regular jobs (New York Times. 1988).

Within this context, the connections between family homelessness, the feminization of poverty and the breakdown of the social safety net were not hard to establish. The increasing numbers of single-parent households eking out an existence on meager welfare payments or marginal jobs had become a public issue. That some of them would slip through the cracks and join the homeless multitudes was almost inevitable.

The National Governor’s Association Task Force sounded the alarm in explicit terms. “Over the grim statistics on homelessness looms the shadow of a housing crisis whose dimensions
are unprecedented in this century... and when one realizes that the major victims... are those with the fewest resources to absorb new hardships or to recover in its wake, it is no mystery why the ranks of the homeless continue to swell at the rate of 20% a year or more (National Governors' Association. 1987). There was an awakening suspicion that the homeless were only the visible tip of a housing crisis that was reaching into the middle-classes.

Consequences

Despite the very strong evidence that structural factors were behind the surge in homelessness and were at work to both reduce the supply of low-income housing and increase the demand for such housing, the initial public response was to focus on the provision of temporary housing and not on the larger problem. While accumulating evidence lead to the conclusion that for most of the homeless families, homelessness was not a temporary situation (the average length of stay in New York city's shelter system was 233 days), families were housed in barrack like structures and in welfare hotels under extremely unpleasant living conditions (New York Times. 1986b).

The consequences for homeless families and the taxpayer were disastrous. Some information is available on the linkages between family disruption and homelessness. New Jersey's Division of Youth and Family Services has found that up to 40% of the children placed in foster care were there because housing for the family was not affordable or unavailable (Schwartz, Ferluto and Hoffman. 1988). Very few studies focus on possible connections between foster home placements and family homelessness, despite assertions by advocates for the homeless of the frequency of such outcomes (Middleton-Jeter 1983: David Crossland. 1989: New York Times. 1987b). Tomaszewiez, in a study of 690 children placed in foster care in New Jersey, between January and September 1983, reported that homelessness was the single most frequent problem experienced by such families (1985). Reports of the large numbers of children being placed in foster care in New York and New Jersey due to the homelessness of the parents were reported in the New York Times (1985 b
and c). A recent study of families and individuals seeking help at Travelers Aid agencies in several cities found that the foster care rate of children left behind by both families and single individuals was three to six times higher than in the general population (Child Welfare League of America. 1989). The National Coalition for the Homeless asserted that parents fearing that their children would be placed in foster care, were emergency shelter unavailable, had taken to sleeping in abandoned buildings, cars or even outdoors (New York Times. 1987a).

Early childhood experts warned about the harmful effects of placing children in overcrowded run down hotels in high crime neighborhoods. The human costs to families and children of homelessness has been documented in the literature (Bassuk E. 1986: Bassuk and Lauriat. 1986: Bassuk and Rubin. 1987: Simpson. Kilduff and Blewett. 1984). Child psychiatrist Robert Coles has described the impact of rootlessness on young children (1976). Fears that prolonged stays in ‘welfare hotels’ could create a new ‘underclass’ have been expressed by several commentators (New York Times. 1987.). It was feared that these ‘hotel’ children would grow up to be unskilled and unschooled, a new underclass who were unlikely to enter the mainstream. Kozol’s poignant vignettes of families living in the Martinique Hotel drew national attention to the notorious hotels, which had become 20th century recreations of the Poor Houses of the previous century. Health officials warned of cockroach infested hotel rooms that failed to meet the most ordinary health and safety standards. The consequences for homeless children of existing policy responses included health deficits, high infant mortality rates, interrupted schooling and family stress and disintegration (New York times 1986.a: 1987.c).

Costs

There is ample evidence to indicate that while existing shelter arrangements for families, while inadequate and harmful to families, are also unkind to the taxpayer. Housing a family of four in a barracks-like shelter in the Bronx, the Roberto Clements Family Shelter cost $6,000 a month or nearly $80,000 a year. City auditors revealed that Holland Hotel, one of the more
notorious welfare hotels had made huge profits of over 50% a year. The costs of housing homeless families in welfare hotels was approximately $35,000 a year (New York Times. 1986.c: 198b.d) At the same time, the shelter allowance for welfare recipients in New York City was under $300 a month. Much of the money for housing poor families was provided through the Aid to Families with Dependent Children's Emergency Assistance Program In 1987, emergency assistance programs operating in about 28 states provided approximately $200 million for housing families (Public Welfare. 1989).

The monetary costs of these policies on an already overburdened foster care system are described by a few analysts (Geoglio. 1988: American Public Welfare Association. 1989). California which has 50,000 homeless children has already passed legislation which prohibits the placement of children in foster care if lack of housing is the only reason. No estimates have been made of the costs of placing children in foster homes because of a lack of shelter,. Congressional hearings revealed that in an average state foster parents receive four times as much money per child as the caretaker of a child (U.S. Congress. 1983). Despite the astronomical costs of providing shelter to families over an extended period of time, the state and national response is to treat homelessness as a local problem that requires a short term response.

Why then do all level of government persist in spending huge sums of money on solutions that are inadequate, wasteful and eventually destructive to the beneficiaries of aid, as well as the communities in which they live? The answers to these questions are complex and there are no easy responses. Part of the responsibility lies in the fragmented nature of the systems involved in the homeless problem. Housing is not considered a mission of the agencies that have primary responsibilities for the homeless families and children either at the local, state or federal level. Even when money is appropriated for homeless families, restrictions are placed on how the money can be used. For example, money cannot be spent by the welfare department to provide permanent housing, while staggering sums of money can disbursed on "temporary" housing. Neither can the role played by ideology be ignored. The focus on the less attractive
features of the homeless, deflects public attention from the critical shortage of low income housing.

Conclusions

The public debate on homelessness parallels in many ways the ongoing controversy on poverty, its causes and consequences that has existed in the United States for the past three hundred years. There is a reluctance to view it initially as more than a reflection of the inadequacies of the victims themselves. As the numbers of distressed persons swell and a sizeable component of them exhibit characteristics of main-stream populations, there is a search for factors that reside outside the victims themselves. Finally there is an awareness that fundamental restructuring of existing systems is needed if an appreciable impact is to be made on the problem.

While the evidence, including rigorous studies would appear to lend support to both the structural and individualistic explanations, a sole focus on the personal inadequacies of the homeless or the structural factors underlying homelessness, will not lead to an amelioration of the problem. An alternative view that incorporates both conceptions is needed.

Homelessness like poverty is not a random phenomenon. The lack of affordable housing hurts the most vulnerable members of a population first; the mentally ill, the substance users and single-parent families. As the housing crisis persists and welfare payments fail to cover the purchase of housing, even those supposedly protected by the safety net are struck down. The attacks on the social welfare system during the conservative decade have left huge gaps in the protection afforded these populations. Situational crises such as death, disasters, illness or layoffs will precipitate homelessness among persons who are considered part of the general population.

This perspective recognizes that homelessness is not solely due to failures of the low-income housing market. The role of other systems such as the mental health and income maintenance programs in creating homelessness are also considered. Last but not least, the personal difficulties of some of the homeless are not ignored. Programs that address the needs of the
mentally ill, substance abusers and dysfunctional families need to be developed.

References

American Public Welfare Association (1989) in testimony by Marie A. Matva on behalf of the APWA before the House sub-committee on Housing and Community Development on the subject of Permanent Housing for the Homeless. March 15th


Child Welfare League of America (1989). Testimony before the House sub-committee on Housing and Community Development on the subject of Permanent Housing for the Homeless. March 15th


Crossland, David (1989). On behalf of the American Bar Association. Testimony before the House sub-committee on Housing and Community Development on the subject of Permanent Housing for the Homeless. March 15th


Policy and Homelessness


Entrepreneurial Activities of Homeless Men

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Encouraging and assisting homeless people to become self-employed provides a way for some of them to increase their incomes, and may help close the gap between the cost of housing and labor market earnings. A survey of operators of homeless shelters was conducted to determine the types of work activities that adult homeless men participate in. Self-employment was found to be a common activity for a substantial proportion of adult homeless men; and a preferred mode of employment for many. Advantages and disadvantages of such an approach are discussed. Several program models are described which can be used to enhance and initiate self-employment activity for adult homeless men.

Introduction

One view of homelessness sees it caused by a gap between the housing market on the one hand, and the labor market and transfer payment system on the other. A disparity emerges between the rental cost of housing and the income people can acquire. Strategies to reduce homelessness concentrate on narrowing this gap: increase the stock of affordable housing; increase incomes so the poor can afford the rents; and provide supportive social services to assist in maintaining a stable situation. Rossi (1989) compared the income of the homeless of the 1950s and 60s to that of the homeless in the 1970s and 80s. He found the new homeless to have lower real incomes. “It is no mystery why the homeless are without shelter; their incomes simply do not allow them to enter effectively into the housing market.” (Rossi 1989, p.41).

Efforts to increase the income of the homeless mostly concern helping them to find wage employment or apply for transfer payments. Creating blue-collar high-wage jobs through
macroeconomic stimulation and effective industrial policy; and improving the transfer payment system would go along way to bolster the income of the homeless. This paper explores a third avenue: helping some of the homeless to become self-employed or expand on the entrepreneurial activities that they already participate in. This third approach could provide vocational counselors and job developers with an additional tool for achieving the economic improvement of the homeless. Redburn and Buss (1986) would call this approach part of "developmental assistance" to help the homeless towards the goal of achieving economic sufficiency.¹

The homeless are heavily involved in self-employment activities because it is a refuge, a job of last resort. Laying blame for homelessness on the homeless themselves, many employers label overtly homeless people as unsatisfactory employee prospects, assuming they will be erratic and troublesome. Therefore, many of the homeless who are willing and able to engage in wage work face employment discrimination. Some homeless do not want the strictures of wage employment; some are mentally or physically disabled, or have substance abuse problems such that they can't engage in steady wage work; some do not choose wage work due to rules of transfer payment systems which limit the amount of earnings after which benefits are reduced; and some simply can not find wage jobs suitable to their skills.²

There is empirical support for viewing self-employment as a refuge. Evans and Leighton (1987), using data from the National Longitudinal Survey, found the switch into self-employment was greater from the status of unemployment than from wage employment, and that individuals who earned low wages, and individuals who changed jobs frequently, were more likely to switch to self-employment. Bauman (1988), using 1980 census data for the Great Lakes region, found the rate of participation in full-time self-employment for those in poverty was greater than for the working population not in poverty.

Ethnographic studies of homeless men have documented the myriad types of economic activities that they participate in (Cohen et. al. 1988; Wallace 1968; Nash, G. 1964; Bogue 1963; Bendiner 1961; and Sutherland and Locke 1936). Though day
Entrepreneurial Activities

labor seems the most frequent, self-employment is common. From the studies above, these endeavors include: peddling small articles such as shoestrings, pencils, and razor blades; making and selling rolled cigarettes by recycling tobacco from cigarette butts; selling discarded newspapers; washing and polishing parked cars; going house to house asking for odd jobs in exchange for money and/or food; gathering trash in alleys and selling the accumulations to junk dealers; wiping windshields of cars at traffic lights; and selling discarded goods at an informal flea market.

Begging is another form of self-employment that is sometimes practiced among homeless men, although it is not a particularly socially useful or remunerative one. One purpose of this research is to provide alternatives to begging. Begging can, however, be viewed as a socially useful activity like any other occupation.

The vagrant accepts a donation with the conviction that he has brightened the day for his benefactor. He knows that he sells merit to masquerading philanthropy and ideas to the funny man, the marginal utility to each individual purchaser being greater than from a like expenditure in gum, cigars or vaudeville. (Allen 1903, p. 381 cited in Wallace 1961).

And according to George Orwell,

Yet if one looks closely, one sees that there is no essential difference between a beggar's livelihood and that of numerous less respectable people... It is a trade like any other; quite useless, of course but, then many reputable trades are quite useless. And as a social type a beggar compares well with scores of others. (Orwell, 1933, p. 153 cited in Wallace, p. 197).

While these ideas are thought provoking, this author does not fully agree with them. First, begging is an activity that tends to cause low self-esteem for the beggar. Second, selling something substantial may be more remunerative than just selling momentary guilt alleviation.

Perhaps one can help the homeless to find remunerative self-employment opportunities based on their skills. The idea is NOT to encourage begging, or even some of the low pay
self-employment activities mentioned above. The goal is to help them cross over into legitimate occupations, utilizing their past work histories as assets and guides.

Homeless men generally are confined to the secondary labor market, where the worst wage jobs are.

Isolated from the community, exploited by employer and employment agency alike, the homeless man has always done the hardest work under the worst possible conditions, and at the lowest wage. (Wallace 1965, p. 86).

According to theories of the secondary labor market, the nature of a job (e.g. good or bad working conditions, existence or non-existence of opportunities for advancement, provision or lack of fringe benefits) inculcates work habits and lifestyles which could be helpful or harmful to upward economic mobility (Piore 1971). Many of the wage jobs that homeless men have access to "guarantee against responsibility, advancement or success." (Bendiner, 1961). Assisting homeless people to initiate self-employment activities, or improving the profitability of doing business if they are already self-employed, may be a good strategy, if low-skill low-pay casual wage work is their best alternative.  

Types of Homeless People

Homeless people are a mix between youth and adults, and male and female. The greatest proportion of homeless people, historically, has been adult males, who are overwhelmingly single. Sosin's (1988) survey of the Chicago homeless found that 63% were male; 81% were over age 25; 94% were unmarried; 64% were in single person households; and 63% were Black. Women with children but no husband in the household comprised 22% of Sosin's homeless sample. In terms of personal problems, 24% of the sample had some symptom of alcoholism; 16% were currently using illegal drugs; 65% had been in jail at some time (only 14% had ever been in prison); and 20% had been hospitalized for mental health problems.  

A substantial proportion of the Chicago homeless have some social/pathological problem, but considering that the problem
categories above are not mutually exclusive, a large proportion are NOT psychiatric cases, substance abusers, or criminals.

The empirical data used in this paper, and the ensuing policy suggestions, will be for adult homeless males in Chicago. However, the results and suggested policies may also be applicable to youth, women, heads of families, and to other areas of the country.

Survey Methodology

The original universe consisted of sixty Chicago facilities listed in the directory of the Chicago Coalition for the Homeless (1988). Twenty-two facilities were immediately eliminated from the universe because they primarily served women, senior citizens, or runaway youth. Fourteen shelters dropped out of the sample because they could not be reached for reasons such as being closed, having the same phone number as another facility already in the sample, or no one answering the phone. That left twenty-four shelters whose clients are primarily adult homeless men. Forty people operating these 24 shelters were interviewed over the telephone.

This study is designed as an exploratory study, focusing on shelter operators. The decision to limit interviews to shelter operators was made because the author wished to obtain detailed information on the work activities of homeless men from persons providing social services to them, and to get their perspective on the advantages and disadvantages of assisting homeless men to become self-employed. In addition, conducting meaningful interviews with the clients themselves is difficult and costly. Many are suspicious of strangers asking questions, and it takes time and repeated contact for people not regularly involved with them to build rapport. Since many homeless generate income in informal or illegal ways, they are particularly wary of telling officials, or official-looking people, exactly what they do. However, a focus group, composed of homeless men at a shelter, was run to determine their views of the desirability of engaging in self-employment activities. In addition, a check of some key statistics of the sample against estimates, obtained from another recent Chicago survey that
did extensively interview homeless persons, revealed similar results, as reported in the following section.

Results

Work Activities

The median response from Chicago shelter operators was that 35% of their adult male clients engaged in gainful income earning activity. This is consistent with Sosin's (1988) study of Chicago's homeless, which found that 33% of the homeless were employed\textsuperscript{10}. Those not gainfully employed were receiving transfer payments and/or looking for work.

Table 1 lists the types of work activities that homeless men in Chicago participated in and classifies each in terms of mode of employment. The work activities in the list generally involve services or retail sales and are classified into three categories: predominantly wage employment (W), predominantly self-employment (S), or something in-between called "gray" employment (G).\textsuperscript{11} If the activity was predominantly performed under close supervision, with one boss, paid by a time dimension (e.g. hourly, weekly), involved no financial risk, required no purchase of inventory, and the worker received an IRS W-2 form, it was classified as "wage employment". If the activity predominantly required no supervision, involved sales to several customers, had remuneration by the job or item, involved some financial risk, may have required ownership of inventory or tools, and IRS W-2 forms were not received for the work, it was classified as "self-employment". A third mode emerged: gray employment. These were activities where (1) there were some characteristics of wage employment and some of self-employment or (2) a substantial proportion of homeless men performed these activities in either the wage employment or self-employment mode\textsuperscript{12}.

The work activities in Table 1 are listed in descending order of frequency mentioned. Frequency is defined as the number of times the sample of shelter operators affirmed that at least some of their clients participated in that activity. Respondents were also requested to add work activities not on the initial list. The initial list was developed by a pretest procedure.
Entrepreneurial Activities

Table 1

Work Activities of Adult Homeless Males in Chicago (in descending order of frequency mentioned)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Work Activity</th>
<th>Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Wage work for a day labor firm</td>
<td>W</td>
</tr>
<tr>
<td>2</td>
<td>Selling newspapers for a commission</td>
<td>G</td>
</tr>
<tr>
<td>3</td>
<td>Collecting old cans from the garbage</td>
<td>S</td>
</tr>
<tr>
<td>4</td>
<td>Washing/helping in restaurant for wages</td>
<td>W</td>
</tr>
<tr>
<td>5</td>
<td>Selling blood</td>
<td>G</td>
</tr>
<tr>
<td>6</td>
<td>Handyman work/general help</td>
<td>G</td>
</tr>
<tr>
<td>7</td>
<td>Selling drugs</td>
<td>S</td>
</tr>
<tr>
<td>8</td>
<td>Panhandling</td>
<td>S</td>
</tr>
<tr>
<td>9</td>
<td>Selling ice cream from cart on commission basis</td>
<td>S</td>
</tr>
<tr>
<td>10</td>
<td>Shoveling snow door to door</td>
<td>S</td>
</tr>
<tr>
<td>11</td>
<td>Working in a carwash</td>
<td>W</td>
</tr>
<tr>
<td>12</td>
<td>Prostitution</td>
<td>S</td>
</tr>
<tr>
<td>13</td>
<td>Delivering newspapers for a piece rate</td>
<td>G</td>
</tr>
<tr>
<td>14</td>
<td>Mowing lawns door-to-door</td>
<td>S</td>
</tr>
<tr>
<td>15</td>
<td>Wage landscape work for a landscape firm</td>
<td>W</td>
</tr>
<tr>
<td>16</td>
<td>Helping/washing in restaurant for food</td>
<td>G</td>
</tr>
<tr>
<td>17</td>
<td>Carrying groceries for tips</td>
<td>S</td>
</tr>
<tr>
<td>18</td>
<td>Selling haircuts</td>
<td>S</td>
</tr>
<tr>
<td>19</td>
<td>Making/selling own artwork or craftwork</td>
<td>S</td>
</tr>
<tr>
<td>20</td>
<td>Street musician</td>
<td>S</td>
</tr>
<tr>
<td>21</td>
<td>Selling drinks from a liquor bottle</td>
<td>S</td>
</tr>
<tr>
<td>22</td>
<td>Selling own prescribed medicine</td>
<td>S</td>
</tr>
<tr>
<td>23</td>
<td>Selling newspapers and owning the inventory</td>
<td>S</td>
</tr>
<tr>
<td>24</td>
<td>Babysitting</td>
<td>S</td>
</tr>
<tr>
<td>25</td>
<td>Washing car windows at a stoplight</td>
<td>S</td>
</tr>
<tr>
<td>26</td>
<td>Shoveling snow for wages for snow removal firm</td>
<td>W</td>
</tr>
<tr>
<td>27</td>
<td>Selling ice-cream for hourly or day wages</td>
<td>W</td>
</tr>
<tr>
<td>28</td>
<td>Selling combs, gloves, incense (often on trains)</td>
<td>S</td>
</tr>
<tr>
<td>29</td>
<td>Returning luggage carts at airport</td>
<td>S</td>
</tr>
</tbody>
</table>

*Continued...*
### Table 1 continued

<table>
<thead>
<tr>
<th>Rank</th>
<th>Work Activity</th>
<th>Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.</td>
<td>Janitorial work</td>
<td>G</td>
</tr>
<tr>
<td>25.</td>
<td>Painting, interior decorating</td>
<td>G</td>
</tr>
<tr>
<td>25.</td>
<td>Selling clothes/other items received in charity</td>
<td>S</td>
</tr>
<tr>
<td>25.</td>
<td>Construction work</td>
<td>G</td>
</tr>
<tr>
<td>25.</td>
<td>Moving chores</td>
<td>G</td>
</tr>
<tr>
<td>25.</td>
<td>Driving cabs/school buses</td>
<td>G</td>
</tr>
<tr>
<td>25.</td>
<td>Selling food from carts</td>
<td>G</td>
</tr>
<tr>
<td>25.</td>
<td>Selling cigarettes loose</td>
<td>S</td>
</tr>
<tr>
<td>25.</td>
<td>Collecting recyclables (papers, scrap metals)</td>
<td>S</td>
</tr>
<tr>
<td>25.</td>
<td>Car repair</td>
<td>W</td>
</tr>
<tr>
<td>25.</td>
<td>Electronics repair</td>
<td>G</td>
</tr>
<tr>
<td>25.</td>
<td>Plumbing work</td>
<td>G</td>
</tr>
<tr>
<td>25.</td>
<td>Running errands to stores</td>
<td>G</td>
</tr>
<tr>
<td>25.</td>
<td>Part-time work at fast food restaurants</td>
<td>W</td>
</tr>
<tr>
<td>25.</td>
<td>Telephone sales/telemarketing</td>
<td>W</td>
</tr>
<tr>
<td>25.</td>
<td>Entertaining at small parties or night clubs</td>
<td>S</td>
</tr>
<tr>
<td>25.</td>
<td>Industrial jobs</td>
<td>W</td>
</tr>
<tr>
<td>25.</td>
<td>Contractual work from vocational center (stuffing envelopes, packaging goods)</td>
<td>W</td>
</tr>
<tr>
<td>25.</td>
<td>Passing out handbills, fliers</td>
<td>G</td>
</tr>
<tr>
<td>26.</td>
<td>Selling novelty items at expressway exits</td>
<td>S</td>
</tr>
<tr>
<td>26.</td>
<td>Window cleaning</td>
<td>S</td>
</tr>
<tr>
<td>26.</td>
<td>Sweeping sidewalks, streets</td>
<td>G</td>
</tr>
<tr>
<td>26.</td>
<td>Returning bottles</td>
<td>S</td>
</tr>
<tr>
<td>26.</td>
<td>Collecting/selling food restaurants dispose of</td>
<td>S</td>
</tr>
<tr>
<td>26.</td>
<td>Garbage removal</td>
<td>S</td>
</tr>
<tr>
<td>26.</td>
<td>Electrician work</td>
<td>G</td>
</tr>
<tr>
<td>26.</td>
<td>Door-to-door sales of clothing</td>
<td>S</td>
</tr>
<tr>
<td>26.</td>
<td>Harvesting crops</td>
<td>G</td>
</tr>
<tr>
<td>26.</td>
<td>Theft, stealing</td>
<td>S</td>
</tr>
<tr>
<td>26.</td>
<td>Peddling stolen goods</td>
<td>S</td>
</tr>
<tr>
<td>26.</td>
<td>Con games</td>
<td>S</td>
</tr>
<tr>
<td>26.</td>
<td>Extras on movies</td>
<td>W</td>
</tr>
<tr>
<td>26.</td>
<td>Raising earthworms to sell to fishermen</td>
<td>S</td>
</tr>
</tbody>
</table>
The most common work activity was day labor. Day labor seems to clearly fall into the category of wage employment. The work mode distribution for all 63 activities shows only about a fifth (19%) of the activities were wage employment. The proportion of activities that were self-employment was a little more than a half (52%), and the proportion in the “gray” category was about a third (29%) of the total.

Client Preferences for Self-employment

Respondents were asked about their perception of the preferences of their clients. They were asked what percent of their clients, who engage in some earning activity, prefer wage work rather than hustle or barter work. Wage work was perceived to be more preferred by clients, but almost a third of the clients were thought to prefer self-employment.

Attitudes from a focus group of homeless men support the findings above: wage work is preferred but there is substantial interest in self-employment. However, the type of wage work mattered: full time vs. part time or day labor. They were asked about their preference between a full time wage job, a part-time wage job, day labor, and doing a small business. A full time wage job was preferred by half the group; second was doing a small business; third was a part time job; and no one mentioned day labor as being a preferred mode of employment. The members of the group provided their views of the advantages and disadvantages of doing a business vs wage employment. The advantages mentioned were: independence, can make a lot of money, good experience, can be more stable compared to day labor. The disadvantages mentioned were: may not make much money—people won’t buy from you; no preparation; being too shy; and too much responsibility—have to be constantly motivated; and day labor may be better. The issues raised concerning profitability, preparation, shyness, and motivation may be able to be addressed by appropriate programs and policy.

Expectations to Successfully Operate Small Businesses

All the shelter operator respondents, except one, reported that at least some of their clients could learn to successfully
operate a very simple small business. The median response was that 10% of clients could do this.

The respondents were then asked about the advantages and pitfalls of encouraging this. Two types of advantages were mentioned: expected improvements in self-confidence, and economic benefits. Self-confidence benefits were mentioned slightly more than economic benefits. Two respondent quotes on self-confidence benefits were: “they will believe in themselves again,” and “it will provide a chance to prove themselves.” Four elements of economic benefits that were mentioned include: helping them become self-supporting, getting them off welfare, providing a steady income, and improving productivity.

The following are (in descending order of frequency) the expected pitfalls of encouraging small business ownership for adult homeless men: lack of training and education; money should be spent on their general needs first; will require constant guidance; capital requirement and risk are too high; failure will further depress them; no previous business experience; lack of achievement motivation; not being able to handle money; only a small number of men will be helped by such an approach; a change in social environment will be required; unable to handle stress; problems of mental illness; too time consuming; and organizers will have unrealistic expectations. Anybody attempting such a strategy should ponder the list above carefully. These expected limitations seem especially relevant for the policy of assisting homeless men to own and operate small, independent, fixed-location, formal businesses. These caveats, however, may be addressable by programs that build simplicity, a degree of dependency, and sheltering into the establishment of these enterprises.

Policy Approach

In terms of the labor market one can consider four categories of homeless people: the homeless working poor; the homeless unemployed (those in the labor force but jobless); the homeless not in the labor force due to a physical or mental disability (including substance abuse); and the homeless, “voluntarily” not in the labor force (discouraged workers or society dropouts who choose street life). Assistance into self-employment can
address the needs of some members of all these groups. The working poor need higher hourly earnings and/or more working hours; the unemployed need jobs; the mentally and physically disabled need employment, for income and self-esteem reasons, which can be flexible enough to encompass their handicaps; and the "voluntary" dropouts need more opportunities to earn income that fit with their lifestyle.

For many homeless men, education and skill training leading to high wage employment (with fringe benefits) is likely preferable to the entrepreneurial activities that homeless people could easily engage in. But the homeless who have low toleration for classroom training and regular full time employment may be able to cope only in a self-employment work environment. Self-employment, like other types of work, does not have to be a career. It can be used as a transition process to ease people into permanent full time wage employment.

Models of Business Assistance

There are at least five models for helping the homeless own and operate businesses: formal business training; credit only; mentor only; sheltered linkage; and franchises\textsuperscript{17}. These approaches are basically individualistic in character. They are a useful set to start with because their individualistic nature does not make the enterprises vulnerable to dependence on possibly unreliable partners. However, cooperation with others in business and with suppliers and customers will be crucial at some point\textsuperscript{18}.

Formal Business Training

The most common programmatic approach to training low income people to own and operate a small business is to provide classroom training focusing on preparing a business plan. Business plans contain a description of the enterprise and its officers, delineation and measurement of the market, cash flow projections, and forecasts of balance sheets and income statements. From a 1987 national survey of self-employment training programs for low income people, 78% concentrated on having clients prepare a formal business plan (Balkin 1989).
Some programs use business plans because they are easier to produce than actual businesses, and this requirement weeds out participants who have marginal arithmetic and literacy skills. In effect it becomes a form of "creaming": assisting the most job ready clients. Operating a program with job-ready participants, who have decent literacy and numeracy skills, means that the program, to be successful, has to assist their clients into high profit substantial businesses that can provide earnings better than what they could earn at a good paying wage job. This is difficult to do. Therefore, this formal and rigorously structured approach for well educated clients is possible for only a very small proportion of the homeless.

**Credit Only Model**

This is a program approach with little structure. Clients are provided money capital through a small loan. It is assumed that clients know how to locate, start, operate, and sustain their own self-employment activities and all they need is some money to initiate things; no technical assistance or training is provided. The emphasis here is on providing very small amounts of credit in very simple ways, with expectations of a low loan default rate.

An example for this model is the Grameen Bank of Bangladesh and its prototypes in the United States (O'Connell 1986). The Grameen Bank was organized to help landless peasants in Bangladesh start small enterprises. Small loans are provided to individuals organized in groups of five called solidarity groups. "Market rates" of interest are charged but they are well below the village loan shark rates. Loans are to be repaid on a weekly basis. The "stick" is if the first people in a group receiving loans do not repay the bank, then the other people in the group are denied loans. This puts peer pressure on the loan recipients to repay their loans on time and provides them with a support group, who, in their own self-interest, will try to assure that the loan money will be invested wisely. The "carrot" is that clients are entitled to bigger loans if they repay the smaller loans. An adjunct to this is a forced savings plan where part of the loan is immediately placed in a savings account and where additions to it are made on a periodic basis. This inculcates thriftiness, provides an additional fund for investment, and provides a
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contingency fund if loan payments should get in arrears. A helpful support to this is a Grameen Bank code of ethics that fosters personal and economic development and is recited at every meeting.

Some aspects of this approach would have to be modified with a homeless male population because the level of social skills required may initially be too great for this target group. Either the solidarity groups would have to be smaller, e.g. size of three, or they may not be applicable at all. Another problem could be the requirement of weekly meetings at which time loan payments are collected. A less frequent schedule, perhaps twice a month, might be preferable. The transient nature of homeless men and lack of permanent abode may inhibit their ability to meet weekly at one place, and the cost of weekly meetings might be prohibitive. However, the great strength of this approach, which is its simplicity (small loans, frequent periodic repayment, minimal paper work, coming to the client) would still be applicable.

Mentor Only Model

This is also a program approach with minimal structure. Clients are assigned to someone who is self-employed in a way similar to what the client desires. It is assumed that the capital required to initiate the venture is so small that the client can garner the funds himself, and that classroom training would not be effective. Here, the program objective is to provide the practical knowledge to do the myriad little things it takes to start and sustain the enterprise.

This approach is an attempt to emulate the same historic mechanism that is purported to transmit begging skills.

The technique of begging is a skill which has to be acquired. Many men learn the technique of begging from other shelter men. This is done in part by a successful beggar taking a novice out and actually teaching him how to beg and in part through casual conversation of information on the technique, the dangers, and the most profitable places. (Sutherland and Locke, 1936, p. 137.)

The program focus would be to prepare the client with enough social and verbal skills to successfully interact with the mentor, and to monitor the progress of their relationship, acting
as a troubleshooter and mediator. The practical knowledge to initiate the business would be transmitted from the mentor to the client. In the ideal, the mentor successfully shows the client how to initiate and operate the business and takes the client in as a full partner or finances the client in exchange for a small share of the profits\(^2\).

This type of program skips the expensive, arduous, and unproven classroom training component. The main tasks would be to find mentors that are optimally socially close to the client, and to find incentives for the mentor to sincerely devote him/herself to the client. Mentors have to be close enough socially so that the mentor and client can communicate as peers and understand each other’s lingo, but not so close that mentors are not stable enough to be supportive and inculcate good work habits. Further, there has to be some reason why the mentor should want to teach the client his/her business. Incentives can be extrinsic, such as obtaining a fee from the program, acquiring a way to expand their business, finding someone to sell the business to, or enhancing public relations. Or, rewards can be intrinsic, such as ego gratification from showing off what you know, the satisfaction of teaching someone your secrets of success before you die, or helping someone from your own ethnic or religious group.

\textit{Sheltered Linkage Model}

This program approach has moderate structure. Clients are provided a type of business to initiate that is linked to a parent organization. It is assumed that clients can be successfully self-employed if given a market sheltered from full competitive forces and a benevolent parent organization where guidance and assistance is provided. Capital requirements and training are minimal or nonexistent. The emphasis here is on the parent organization’s research to find sheltered retail, service, or manufacturing activities that clients can easily do. There are at least two examples for this approach: the Randolph Sheppard Vending Program for the Blind, and the newspapers sold only by the homeless, such as Street News.

The Randolph Sheppard Vending Program for the Blind is a program of the federal government under the Rehabilitation
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Services Administration, but administered through the states (U.S. Department of Education 1989). Blind persons are provided space and equipment to operate a retail establishment in government office buildings, along with training and a basic initial inventory. Training varies from minimal to extensive depending on the degree of handicap and the sophistication of the operation. Three types of facilities are available: vending machines, a snack bar/convenience store, and a cafeteria. Competition is strictly limited, thus providing a built-in market. On-going technical assistance is also provided.

Street News, a monthly newspaper, is a recent enterprise in New York City initiated by Street Aid, a not-for-profit corporation with a mission to aid the homeless. The newspaper is primarily sold on the streets by homeless vendors. Vendors receive the first ten papers free. If they are still interested, they then buy an inventory of newspapers for 30 cents each and sell the newspaper at its retail price of 75 cents. In addition to the 45 cents revenue per paper, 10 cents of the 30 cents going to Street News is put into a mandatory savings account for an apartment security deposit\(^2\). Vendors wear an official Street News apron and cap, which helps in marketing and provides a symbol for their legitimacy to be out on the street\(^2\).

Neither program establishes clients in a fully independent business; that is the strength of these programs for this type of target group. There are, however, some disadvantages to these types of enterprises. Since it is likely there may not be enough slots to fill the demand for them, it would be useful to use the slots as a transition to other employment: either higher paying wage employment or a more independent type of self-employment situation. Other ways to increase slots would be to expand the types of things that are sold. For example, Street News vendors may be able to eventually move up to an operation which is more complex and has a diversified product line. They might sell tee shirts and candy in addition to the newspaper itself\(^3\). Perhaps some homeless who have severe mental health problems, such that they are unable to work with the public, may be organized to be vendors to the vendors. They may be able to manufacture items in a controlled setting,
and sell them to the street vendors, who then sell them to
the public\textsuperscript{24}.

\textit{Franchise Model}

This approach is very structured, but the program operates
as a facilitator rather than providing training itself. Clients are
assisted to purchase a franchise with a small amount of their
own funds, along with loan money. It is assumed that clients can
be successfully self-employed if linked with a franchisor who
provides the training and technical assistance. The emphasis
here is on the program doing research to find, screen, and
monitor the franchisors who participate.

The cost and sophistication of operation of most franchises
are beyond the reach of most individuals in this target group.
However, a recent study identified 165 franchisors from whom
a person or group could obtain a franchise with \$15,000 or less
equity capital and no obvious requirement of a college educa-
tion (Balkin 1988). Nonetheless, even this downscale segment
of the formal franchise industry may presently be applicable
for only a small portion of the target group. Franchisors have
many rules to follow and many may not trust the capabilities or
reliability of the homeless, who lack permanent addresses and
appear to be in dire straights. Franchisors want the money, but
they are also concerned about quality control and standardiza-
tion. Assistance might be provided in this area by programs
which are designed to act as technical assistance intermedi-
aries, to work with unprepared franchisees on their social and
work skills.

These program efforts might be coordinated with efforts of
community organizations which are well suited for this. Com-
munity organizations are experienced at fund raising, want to
earn revenue for their efforts, and are more likely than for-profit
companies to have community development goals. Perhaps
they might develop simple enterprises which they can spin-off
as franchises or franchise-like enterprises to the most poverty
stricken people in their community: the homeless. Or they might
help to organize groups of homeless people who can undertake
a franchise together, and/or provide or locate financing.
Facilitating Participation

Like many of us, homeless people engage in economic activities that they see others, similar to them, engage in. Through informal networking and observation, they learn from others what seems to be successful or doable to earn income. This does not, however, always lead to socially useful outcomes. Some may appear successful because they are able to acquire extra income, in the short run, by using coercive or distasteful techniques such as aggressive begging. It is, however, only a short run strategy because, eventually, passersby will complain to authorities, ignore beggars, or avoid coming in contact with them by traveling different routes. Indeed, some cities already have ordinances to ban street begging.

Programs can exploit this naturally occurring tendency to emulate successful behaviors among peers by strategically choosing homeless people who carry status among homeless cliques, and providing self-employment assistance to them first. If other homeless people see that they are successful, they may try to do what they do even without formal assistance.

We must not have low expectations of homeless individuals, just because they are homeless. Some critics might say the homeless lack self-esteem and have an external locus of control such that they are incapable of engaging in self-employment activity. However, studies have shown that psychological dimensions, such as poor motivation towards achievement, are the result of past negative experiences in occupational situations and can be reversed by success in current work endeavors (Corcoran, et.al 1985; Buchele 1983). Assistance must be well thought out so that risk is minimized and incremental successes can be achieved, paving the way for psychological as well as economic improvement.

Conclusion

Encouraging and assisting homeless people to become self-employed may provide a way for some of them to increase their earnings and help close the gap between the cost of housing and income. In addition, it seems like a good way to ease some people into full time wage employment. Wage employment
may be beyond the grasp of some, and self-employment may be a way for them to more fully participate in the economic mainstream.

Self-employment is already a common activity for a substantial proportion of adult homeless men. Some homeless men may be able to pull themselves up by their bootstraps, if they are provided with a good pair of boots, and their path is cleared of obstacles. Program models exist to help them do what they already do, but to do it better. Skeptics might say that this approach merely suggests that homeless people peddle apples on a corner. The implication of the policies suggested, however, is that if someone is peddling apples already, they would be better off operating a fresh fruit cup stand.

Several program models were described that can enhance and initiate self-employment activity for adult homeless men. Certain models may work best or only work with certain types of the target group. It is important, therefore, to experiment and evaluate.

Notes

1. Redburn and Buss (1986, p. 44) provide an example of homeless entrepreneurs who became squatters in an abandoned motel in rural Ohio. They scavenged for old clothes and food and sold these to other homeless people passing through the area.
2. Bogue (1963, p. 197) lists five factors that caused unemployment among skid row men: seasonality of occupations; disability; inability to work due to age; age discrimination; alcoholism; and lack of ambition.
3. Bahr (1973; p. 75) describes attitudes towards the homeless by analyzing popular cartoons about the homeless. He cites examples where the theme is "the problems of the skid row entrepreneur are like those of other businessmen, although perhaps smaller in scale." 4. Day Labor can be a worthwhile work activity to pursue if the labor agency does not take too high a fee and it is used as a transition to permanent full time or even part-time employment. One such organization that does this is Just Jobs, Inc. a Chicago not-for-profit temporary help contractor. In addition, they bus workers to the suburbs where the better jobs are.
5. All these percentages are likely to differ by city and therefore differ with national estimates.
6. This research concentrates on males because, according to Burt and Cohen (1989), homeless men are significantly different than homeless women on
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several dimensions and this may imply different approaches to prevention and ameliorative efforts.

7. An attempt was made to obtain two respondents from each facility. This was accomplished only with about half the shelters. Results were obtained using both weighted and unweighted data and no substantial differences emerged. The unweighted results are presented in this paper.

8. A small number of homeless males were interviewed and observed working on the street, but this did not constitute a systematic random sample.

9. Snow, et.al. found that while the arrest rates for the homeless were higher than for their domiciled counterparts, the majority of their arrests are for non-violent, minor and victimless offenses. Their view of the cause of criminal activities among them is that “With few personal resources and only a narrow band of survival options or niches at their disposal, we would expect certain criminal activities to become more salient strategies in their behavioral repertoire.” Assisting homeless people into legal self-employment may widen the band of survival options for them.

10. Sosin (1988) reports that 41 percent of the homeless were looking for work. Those working were more likely to be male, younger, and have more years of schooling.

11. Classification into the three modes of employment was made by observations made on the street, in shelters, and in discussions from several shelter operators.

12. In a separate part of the interview, Sosin (1988, p.276–280) examined work activities in a more micro way and found the homeless substantially engaged in the following three sporadic activities: hustling (15%), panhandling (14%) and selling blood (4%), earning on average $541, $21, and $18 per month respectively. Respondents were not asked about the specific types of things they did that they considered “hustling” but from side comments made by the respondents, “hustling” included such things as prostitution, selling drugs, games of chance, baby sitting and shoveling snow. Sosin (1988, p.279) concludes that the homeless seem to have more informal and irregular sources of income than the non-homeless poor. “These are the places where one turns out of desperation, when regular sources of income have been interrupted.”

13. Sosin (1988, p. 282) found, using his aggregate typology, the following types of work activity by the homeless were the most common (in descending order): day labor (17%), occasional work (12%), full time work (5%), part-time work (5%), and other (2%). The numbers in parentheses are the percent of the homeless who were engaged in that type of work activity at the time of the interview. In comparing the labor environment of the homeless poor to the non-homeless poor, Sosin found the homeless poor work “less days, at more sporadic types of work, and earn less money” (Sosin 1988, p. 282).

Stevens, et.al. (1983) in their survey of homeless people in twelve Chicago communities found the following types of work activities the
most common: day labor (29%), begging (23%), recycling (16%), other (14%), illegal activities (12%), and selling newspapers (6%). The numbers in parentheses are the percent of those who report an occasional income source who work primarily in that type of activity.

14. This result is consistent with a study of older skid row men in the New York Bowery where approximately 23% of the men who worked, held wage employment jobs (Cohen et. al. 1988).

15. If there is a large proportion of homeless male workers participating in the few types of wage employment that is open to them, it is, of course, still possible for the majority of homeless men to be engaged in wage employment. To better calibrate the proportional distribution of homeless male worker participation in different modes of employment, another study would need to be conducted to directly measure this.

16. There are, of course, homeless persons who are not in the labor force for other reasons, such as having to take care of children or a sick relative.

17. Another possible model is community or agency owned enterprises. This type of enterprise for the homeless is very common since organizations such as the Salvation Army and Goodwill Industries are heavily engaged in this activity. However, this is not essentially a self-employment program because the enterprises are solely owned by the program. It can become a self-employment program if the ownership is spun off to clients in the form of subcontracting, partnerships, buyouts, or workers' cooperatives.

18. Balkin (1989) argues that entrepreneurial opportunities and information primarily come from social networks. Homeless people, like the rest of us, maintain social networks. However, the networks for the adult homeless males have been substantially weakened by the destruction of communities of homeless people (e.g. SRO hotels, skid row areas) (Hoch and Slayton 1989). Therefore, providing permanent housing for adult homeless men in homogeneous communities with good access to transportation should boost the degree of their remunerative self-employment activities, by increasing information about entrepreneurial opportunities.

19. Some adult homeless men do have experience working in small groups, pooling money for liquor and food, or using informal credit mechanisms such as borrowing from loan sharks (Cohen et. al. 1988).

20. Many self-employment training programs include finding mentors for clients as a program component, but they are used only as a supplement to formal classroom training.

21. Information about Street News was obtained from interviews with their staff, their press releases, and two newspaper articles (Persons 1989; Chicago Tribune 1989). Since the initial writing of this paper, Street News has had some major management and controversy problems. Nonetheless, similar newspapers have appeared successfully in other cities such as Street Sheet in San Francisco, Street Wise in Chicago, and Spare Change in Boston.

22. Balkin and Houlden (1982) found that people performing work activities
Entrepreneurial Activities

in public spaces reduced others' fear of criminal victimization more if they were uniformed.

23. Consideration should be given to the strategy of reserving certain sectors in the economy just for the self-employed homeless and others in extreme poverty. Examples of candidates for these reserved sectors could be: newspaper selling (of all kinds), peanut vending, shoe shining, and automobile washing. Large corporations, medium sized businesses, and franchisor companies are already engaged in some of these activities. If these sectors were restricted for the survival activities of the very poor, the consumer may end up paying higher prices but the benefit would be providing additional avenues for people to escape poverty in ways that are consistent with dignity, self-help, and a mainstream work ethic. There may also be a side benefit of providing extra activities on our city streets that can create a richer and safer urban life (Balkin and Houlden 1982).

24. An art exhibit, "Brushed Aside", was organized in Chicago for homeless people who can do art. Gallery space was provided so they could sell their works of art and receive the full proceeds from the sale of their works (Randle 1989). A New York City organization called "Crafts from the Streets" publishes a catalog of cards, poetry, and crafts produced by homeless people.

References


Randle, W. (1989). "Artists without a home have a chance to put their special talents on display." *Chicago Tribune,* Sec. 5, P.1 and 8.


Homelessness and the Low Income Housing Crisis

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Consultant on Housing and Public Policy

The cost of housing is beyond the means of a growing number of households. This "affordability gap" is the underlying cause of homelessness. Housing assistance to low income families is therefore a logical solution to the problem, in combination with other responses.

The last half-century has witnessed a major change in the nation's housing. The first Census of Housing was undertaken in 1940, and found that 46% of the nation's occupied dwelling units were either dilapidated or lacked basic plumbing facilities—the standard measure of quality at the time. Only a few years earlier, President Franklin D. Roosevelt had proclaimed one-third of a nation "ill-clothed, ill-fed, and ill-housed."

The intervening decades have seen a transformation of the housing stock. The overriding housing problem is no longer quality, but the wide and growing gap between the cost of housing, including utilities, and the incomes of a growing number of households. Indeed, my basic premise is that this "affordability gap" is the underlying cause of homelessness and that significant progress in eliminating homelessness requires giving housing assistance to very low income households to enable them to cover the gap.

This does not mean, however, that housing alone will suffice to address the underlying causes of poverty and low incomes that lead to homelessness. For many currently homeless people, housing must be coupled with services and opportunities for steady work or other income.

The Bottom-Quartile Housing Affordability Gap

A dramatic, though simplistic, approach to housing affordability trends is to compare the incomes of the bottom quartile
of renter households\(^2\) with the availability of housing at costs for rent and utilities at or below 30% of the income of the 25th percentile renter household. This approach obviously ignores several major housing problems: quality, availability, size, and even affordability for households with incomes significantly below the 25th percentile cutoff. Therefore, it seriously understates the housing problems of bottom-quartile renters.

In 1970, there were 23.4 million renter households. After excluding those who paid no cash rent, there were 5.6 million in the bottom quartile. By 1989, the number of renter households had increased to 33.7 million, with 7.9 million in the bottom income quartile. In constant 1991 dollars, the income of the household at the 25th percentile dropped by 30% between 1970 and 1989, from $10,729 to only $7,350. This meant the affordable housing cost for this household, at 30% of income, dropped from $268 to only $184 monthly. But, while real incomes were dropping, real rents were rising. Median rents increased 23% between 1970 and 1989, from $378 to $465. The number of occupied rental units below the affordable threshold dropped dramatically, from 5.8 million in 1970 to only 2.8 million in 1989. See Figure 1 and Table 1.

Simply put, while the overall number of bottom-quartile renters and bottom-quartile units was in relative balance in 1970, by 1989 there were 2.8 bottom-quartile households for every bottom-quartile unit.

There is a widespread, though incorrect, assumption that the affordability gap was generated by the cuts made in low income housing programs by the Reagan Administration. These cuts did, in fact, cut the rate of increase in the number of occupied subsidized housing\(^3\) units. Between 1970 and 1980, the number of occupied subsidized housing units rose from 1.0 million to 3.2 million. By 1990, the total number of subsidized units was 4.4 million.\(^4\) The number of subsidized units occupied by households in the bottom quartile rose from an estimated 0.6 million in 1970 to an estimated 1.6 million in 1989.\(^5\)

In addition to the drop in renter income, the major cause of the affordability gap was the loss of privately owned, unsubsidized low-cost housing units, together with the failure of subsidized housing programs to offset the shortfall. In 1970,
Table 1

**Rental Housing Gap, 1970–91**

Comparison between income level of bottom quartile of renter households (excluding no cash rent) and occupied units renting at 30% of upper limit (also excluding no cash rent)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Income level, top of range(^2)</td>
<td>$10,729</td>
<td>$10,030</td>
<td>$8,511</td>
<td>$7,976</td>
<td>$7,558</td>
<td>$7,350</td>
</tr>
<tr>
<td>Cost level, top of range(^3)</td>
<td>$268</td>
<td>$251</td>
<td>$213</td>
<td>$199</td>
<td>$189</td>
<td>$184</td>
</tr>
<tr>
<td><strong>All households/units</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Households in bottom quartile</td>
<td>5,564</td>
<td>6,085</td>
<td>6,561</td>
<td>7,562</td>
<td>7,885</td>
<td>8,046</td>
</tr>
<tr>
<td>Units at 30% of upper limit</td>
<td>5,786</td>
<td>4,884</td>
<td>3,527</td>
<td>2,975</td>
<td>2,831</td>
<td>2,760</td>
</tr>
<tr>
<td>Federally subsidized units</td>
<td>620(^4)</td>
<td>1,300</td>
<td>1,473</td>
<td>1,497</td>
<td>1,592</td>
<td>1,639</td>
</tr>
<tr>
<td>State/local subsidized units</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>70</td>
<td>499</td>
<td>695</td>
</tr>
<tr>
<td>Subsidized % of units</td>
<td>NA</td>
<td>26.6%</td>
<td>41.8%</td>
<td>52.7%</td>
<td>73.8%</td>
<td>84.6%</td>
</tr>
<tr>
<td><strong>Gap/surplus</strong></td>
<td>222</td>
<td>-1,202</td>
<td>-3,034</td>
<td>-4,587</td>
<td>-5,053</td>
<td>-5,286</td>
</tr>
<tr>
<td>Crisis index(^5)</td>
<td>0.962</td>
<td>1.246</td>
<td>1.860</td>
<td>2.542</td>
<td>2.785</td>
<td>2.916</td>
</tr>
<tr>
<td><strong>Units occupied by households in bottom quartile:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupancy gap</td>
<td>-3,301</td>
<td>-4,990</td>
<td>-4,874</td>
<td>-5,921</td>
<td>-5,726</td>
<td>-5,628</td>
</tr>
</tbody>
</table>

*Continued...*
Table 1 continued

Source: Cushing N. Dolbeare, Out of Reach: Why Everyday People Can't Find Affordable Housing, Washington DC, Low Income Housing Information Service. Based on data from 1970 Census of Housing (Metropolitan Housing Characteristics and relevant Annual/American Housing Surveys.

11991 figures are projected on basis of 1985–89 trends.
2In constant 1991 dollars.
3Rent and utilities in constant 1991 dollars.
4The 1970 AHS did not report units by rent in federally subsidized housing. This estimate assumes the proportion of subsidized units is the same percentage of occupied units as in 1975.
5The “Crisis Index” is the number of households divided by the number of units. The higher the index number, the more severe the rental housing crisis.

only 10% of the bottom-quartile units were subsidized; by 1989, almost three-quarters (74%) were subsidized.6

Despite the growing number of subsidized bottom-quartile units, only a small proportion of eligible low-income households are, in fact, living in subsidized housing. Overall, in 1989, 13% of the nation’s 33.8 million renter households occupied subsidized housing, just over one quarter (26%) of “very low income” renter households,7 7% of “lower income” renter households,8 3% of middle income renter households,9 and 2% of upper income renter households received housing assistance.10

Other Measures of Affordability

Unfortunately, the gap between income and housing cost is not confined to the bottom quartile but reaches well up the income scale. Until data on housing costs and renter incomes is available from the 1990 Census, only rough estimates of the housing affordability problem are available by geographic area. Using HUD estimates of “fair market rents” (FMR’s)—the 45th percentile rent and utility costs of existing, unsubsidized units—for each metropolitan area in 1991, I have estimated state average rents by unit size and compared these with SSI and AFDC maximum grant levels, wages needed to pay the FMR at 30% of income, and the estimated percent of renter households unable to afford the FMR.
My study estimates that the 1991 Fair Market Rent for a one-bedroom unit is beyond the reach of at least one third of renter households in every single state. It is beyond the reach of more than half of all renter households in nine states: Nevada, Massachusetts, California, Idaho, Vermont, Arizona, Maine, Montana, and Rhode Island. However, half of all renter households need at least a two-bedroom unit, which costs even more. Three out of five renter households in Nevada, Massachusetts and Vermont cannot afford the Fair Market Rent for a two-bedroom unit. More than half the renters in 16 additional states cannot afford to rent such units. Even in Alaska and North Carolina, the "most affordable" states, 39% of all renter households cannot afford the FMR for a two-bedroom apartment.

In many areas, families with two full-time wage earners often cannot afford housing. In Alabama, the state with the lowest housing costs, a worker with a full-time job would have to earn $6.54 an hour to afford a one-bedroom apartment. This is 154% of the current minimum wage of $4.25 per hour. In 22 states, paying for a one-bedroom unit requires two to three times the minimum wage. Earnings need to be higher to pay for larger units. In Massachusetts, the most expensive state, $15.00 hourly is needed for a two-bedroom unit—353% of the minimum wage. More than three times the minimum wage is required in five other states: California, the District of Columbia, Hawaii, Connecticut and Nevada. In Alabama, the least costly state, $7.50 is needed, or 176% of the minimum wage.

The situation is most dire for families trying to survive on Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI). The Fair Market Rent for a two-bedroom unit is more than the entire maximum AFDC grant for a three-person household in all but seven states (Alaska, Wisconsin, Michigan, Vermont, Minnesota, and Washington). In all the other states, even if households were able to spend every penny of their grants on housing, they still cannot come up with what it costs to find an adequate unit. Indeed, the FMR is at least twice the total maximum grant in five states (Arkansas, Nevada, Tennessee, Louisiana, and Texas). In the two worst states (Alabama and Mississippi), the FMR is more than three times the maximum AFDC grant for a mother and two children. While the shortfall in SSI grants is less dire,
Figure 1

Rental Housing Affordability Crisis (Bottom quartile of renter households and affordable units at 30% of income)
Figure 2

Estimated Percent of Renter Households Unable to Afford Fair Market Rents for 2-Bedroom Units at 30% of Income, 1991
there are still 22 states where the SSI grant for a single person, intended to cover all needs, is less than the FMR for a one-bedroom unit. In the median state, the one-bedroom FMR is $390 and the SSI grant is $407, leaving only 57 cents a day for all other needs.\textsuperscript{11}

Overall, the proportion of renter households unable to afford FMR’s ranges from a low of 39\% in Alaska and North Carolina to a high of 61\% in Massachusetts. In the median state, it is 49\%. See Figure 2.

"Worst Case" Housing Problems

Federal housing laws give preference for admission to subsidized housing to households who pay more than half their income for housing (rent and utilities), who are homeless or live in seriously inadequate housing, or who are displaced. The American Housing Survey provides relatively good data on households with high cost burdens or living in inadequate housing. It is, of course, silent on homelessness and current displacement, since the survey covers housing units, not households. There is some data on prior displacement, but none on prior homelessness.

The Department of Housing and Urban Development (HUD) has recently analyzed the incidence of the major "priority" housing problems, particularly those of renter households with incomes below 50\% of median who live in unsubsidized housing. These are referred to as "worst case" problems. The HUD study found 5.9 million renter households and another 3.1 million owner households with priority problems. Of these 9.0 million households with priority problems, 5.1 million were renters with incomes below 50\% of median—the "worst" cases. These worst cast households comprise 5\% of all households. Significantly, high rent burden was the only problem of 72\% of the worst case households, although the incidence of multiple problems was higher among worst case households than other very low income households.\textsuperscript{12}

Using raw data from the 1989 AHS, I have analyzed selected characteristics of renter households with priority problems, including those living in subsidized housing.\textsuperscript{13} Table 2
Table 2

Selected Characteristics of Renter Households with Priority Problems, 1989 (households in thousands).

<table>
<thead>
<tr>
<th></th>
<th>Cost burden only</th>
<th>Seriously substandard only</th>
<th>Both problems</th>
<th>Total with priority problems</th>
<th>All Renters</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Renter Households</td>
<td>5,199</td>
<td>1,251</td>
<td>330</td>
<td>6,780</td>
<td>33,700</td>
</tr>
<tr>
<td>Poverty Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below poverty level</td>
<td>71%</td>
<td>22%</td>
<td>75%</td>
<td>62%</td>
<td>22%</td>
</tr>
<tr>
<td>100%–199% of poverty</td>
<td>26%</td>
<td>30%</td>
<td>23%</td>
<td>27%</td>
<td>25%</td>
</tr>
<tr>
<td>200% of poverty or above</td>
<td>3%</td>
<td>49%</td>
<td>2%</td>
<td>11%</td>
<td>53%</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>59%</td>
<td>55%</td>
<td>54%</td>
<td>58%</td>
<td>68%</td>
</tr>
<tr>
<td>Black</td>
<td>22%</td>
<td>26%</td>
<td>28%</td>
<td>23%</td>
<td>18%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>14%</td>
<td>14%</td>
<td>14%</td>
<td>14%</td>
<td>11%</td>
</tr>
<tr>
<td>American Indian</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Asian, Pacific Islander</td>
<td>4%</td>
<td>3%</td>
<td>30%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Subsidized Housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public housing</td>
<td>7%</td>
<td>7%</td>
<td>5%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Other federal project</td>
<td>5%</td>
<td>4%</td>
<td>3%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>State or local subsidy</td>
<td>3%</td>
<td>2%</td>
<td>3%</td>
<td>3%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Continued...
<table>
<thead>
<tr>
<th>Table 2 continued</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent based on income</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Monthly Housing Cost</td>
</tr>
<tr>
<td>Under $250</td>
</tr>
<tr>
<td>$250–$499</td>
</tr>
<tr>
<td>$500–$749</td>
</tr>
<tr>
<td>$750 or more</td>
</tr>
<tr>
<td>Quality</td>
</tr>
<tr>
<td>Housing adequate</td>
</tr>
<tr>
<td>Moderately inadequate</td>
</tr>
<tr>
<td>Severely inadequate</td>
</tr>
<tr>
<td>Crowded (over 1/room)</td>
</tr>
<tr>
<td>Household Composition</td>
</tr>
<tr>
<td>Single</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Married with children</td>
</tr>
<tr>
<td>Married without children</td>
</tr>
<tr>
<td>Other with children</td>
</tr>
<tr>
<td>Female householder</td>
</tr>
<tr>
<td>Male householder</td>
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<tr>
<td>Other without children</td>
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<td>Female householder</td>
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<tr>
<td>Male householder</td>
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<td>Persons in Household</td>
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<tr>
<td>----------------------</td>
</tr>
<tr>
<td>One</td>
</tr>
<tr>
<td>Two</td>
</tr>
<tr>
<td>Three</td>
</tr>
<tr>
<td>Four</td>
</tr>
<tr>
<td>Five or more</td>
</tr>
<tr>
<td>Elderly Householder 65+</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Residence</td>
</tr>
<tr>
<td>Central city</td>
</tr>
</tbody>
</table>

Source: Calculated for Low Income Housing Information Service from raw data from 1989 American Housing Survey tapes provided by Harvard Joint Center for Housing Studies.
shows selected characteristics of these households, compared with those of all renter households. More than three-fifths (62%) have incomes below the poverty level, and another 27% have incomes below 200% of poverty. This is in sharp contrast to renter households as a whole, only 22% of whom have incomes below the poverty level, with another 25% below twice the poverty level. There is also a higher proportion of single person households: 42% of priority-problem households, compared to 35% for renters as a whole. In contrast, only 19% of the priority-problem households are married, with or without children, compared to 30% of all renter households. Almost one quarter (24%) are female householders with children, compared to 14% of all renter households.

Literally Homeless and Precariously Housed Persons

Estimates of the number of literally homeless persons range from a low of about 300,000 to a high of 750,000. For planning and programming purposes, the federal government is now using an estimate developed by the Urban Institute extrapolated from a survey made in March of 1987: approximately 600,000 persons on the streets or living in emergency shelter on any given night. Based on the number of people who had been homeless for a month or less, the Institute projected that approximately one million people would be homeless in the course of 1987.15

Homeless people are not a homogeneous group, despite the widespread use of "the homeless" to characterize them. As Kim Hopper describes them: "The homeless population includes men, women and children. Some of them—adults and youth—lie alone or in small groups; others, as members of families (real or fictive). In certain locales, geographical mobility is common; in others, most of the homeless hail from immediate surrounds. Transient encampments may spring up in some areas, reminiscent of the Hoovervilles of the thirties; in others, nomadism is the rule on the street. Today's homeless are younger and more ethnically diverse than their counterparts in the 1950s and 1960s. If certain of their number were found early on to evince a pronounced degree of psychiatric
disability or substance abuse, it also seems the case that others are distinguishable from the settled poor chiefly by the fact of their displacement. The only common denominator they share is that they all lack permanent quarters and have been forced to rely on emergency public relief or private charity—or have learned to exploit the waste resources in the interstices of social space—in order to survive.\textsuperscript{16}

The Urban Institute's 1987 study of users of shelters and soup kitchens in cities of over 100,000 found that 77 percent of all homeless persons in its sample were single, 15 percent were children, and 8 percent were adults in families with children. Single persons constituted 90 percent of the households sampled, counting single persons and parent-child families as households. Four-fifths of the family households in the sample were maintained by women. Of the homeless adults, 81 percent were men, 54 percent were nonwhite, and 51 percent were between 31 and 50 years old. More than three quarters (79 percent) had been homeless for over three months; one fifth (19 percent) had been homeless for over two years. Almost half (48 percent) had not graduated from high school. Ninetenths (90 percent) had not had a steady job within three months; one third had not had one for over four years. Despite this fact, one quarter had received income from working, a far higher level than received government income-support benefits. Only 5 percent had income from AFDC, only 12 percent from General Assistance, only 4 percent from SSI, and only 18 percent received Food Stamps. Only one quarter (25 percent) ate more than twice daily; over one-third (36 percent) went one day or more per week with nothing to eat; one sixth (17 percent) had nothing to eat for two days a week.\textsuperscript{17}

For many, the distinction between literal homelessness and being precariously housed may be largely chronological. In the words of Eric Lindblom, "Homelessness is not like a pond with a single flow of people entering at one point and others somehow evaporating out, but is more like a stream with numerous tributaries, eddies, and outflows. While some people may become homeless for only short periods of time and then leave, never to return (and others may enter and stay for long periods), a large segment of the homeless population moves in
and out of literal homelessness (and, perhaps, even in and out of near homelessness) for extended periods of time."

Because of the apparent flow of many people in and out of homelessness, any consideration of the relationship between homelessness and housing problems needs to pay particular attention to the problems of the precariously housed. Who are they? How many? How can their housing situations be made more satisfactory and less precarious?

Such studies as exist on characteristics which lead to homelessness tend to focus on factors other than those reflected in housing statistics. These include prior homelessness and transition from institutional settings, such as military service, jails or hospitals after long-term care.\(^1\)\(^9\) There are also high correlations between homelessness and physical and mental health and substance abuse problems. While these problems may or may not cause homelessness, depending on the individual and situation, it is clear that homelessness exacerbates them. It is hard to conceive how housing census data can provide much useful information on these characteristics, although HUD and the Census Bureau are currently planning to include a question on prior homelessness in the 1991 American Housing Survey.

Despite these limitations, it appears useful to examine housing census data for indicators of precarious housing situations. I have attempted to use 1989 American Housing Survey data to do this by, first, identifying a plausible universe of characteristics which could lead to precarious housing situations and then excluding households where other factors offset these problems. As a working hypothesis, the initial universe was defined as renter households with incomes below twice the poverty level and any of these characteristics: (1) pay more than 50% of income for rent and utilities; (2) live in "severely inadequate" housing; (3) household income below 50% of the poverty level; (4) more than one person per room and income below twice the poverty level; or (5) receive all or part of their income from Supplemental Security Income (SSI) or Aid for Families with Dependent Children (AFDC). About one quarter of all renter households met one or more of these criteria: 8.6 million households in all.

Three criteria were assumed to offset these problems: (1) residence in subsidized housing; (2) a housing cost/income ratio
of 30% or less; or (3) residential stability, as measured by having moved into current residence before 1987. A total of 5.5 million households were excluded because of these factors, resulting in a preliminary estimate that the number of precariously housed renter households in 1989 was on the order of 3 million. (See Table 3.)

The assumption behind this analysis is that precariously housed households are more likely to be vulnerable to homelessness than other households. In other words, a larger proportion will become homeless at some time. Who becomes homeless and how many will, I believe, depend more on good fortune and other resources, such as family and friends, than on the housing characteristics identified here. But all in this group have housing or income problems which need to be addressed.

Current Federal Policy for Dealing with Homelessness

Federal policy on homelessness has evolved from reacting to what was initially seen as a crisis situation, to be met with emergency responses, to an effort to address and alleviate the causes of homelessness. An interagency effort is now under way to develop a “Federal Plan to Help End the Tragedy of Homelessness”, with, at this writing (August 1991), agreement on the objectives and goals to be pursued. The plan is to be based on these premises:

- The homeless population comprises distinct subgroups, each with varying needs
- To move a family or individual out of homelessness, or to prevent an at-risk family or person from becoming homeless, the varying needs of the family or individual must be addressed in a comprehensive manner that links housing with necessary supportive services
- Better coordination of Federal, State, local, and private efforts and resources is essential to addressing such needs comprehensively
- Homeless families and individuals often need help in finding and obtaining the assistance that will enable them to improve their circumstances
- Decent, affordable, and permanent housing, coupled with appropriate support services when necessary, must be
Table 3

*Estimate of Precariously Housed Renter Households, 1989*

<table>
<thead>
<tr>
<th>Description</th>
<th>Thousands of Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paying over 50% of income for housing</td>
<td>4,965</td>
</tr>
<tr>
<td>Or in seriously inadequate housing</td>
<td>679</td>
</tr>
<tr>
<td>Or incomes under 50% of poverty</td>
<td>1,140</td>
</tr>
<tr>
<td>Or crowded,* with income below poverty</td>
<td>310</td>
</tr>
<tr>
<td>Or with income from AFDC or SSI</td>
<td>1,519</td>
</tr>
<tr>
<td>Unadjusted Total</td>
<td>8,612</td>
</tr>
<tr>
<td>Less subsidized housing</td>
<td>2,492</td>
</tr>
<tr>
<td>Less cost/income 30% or less</td>
<td>1,208</td>
</tr>
<tr>
<td>Less moved in before 1987</td>
<td>1,813</td>
</tr>
<tr>
<td>Total Adjustments</td>
<td>5,512</td>
</tr>
<tr>
<td>Net Households</td>
<td>3,100</td>
</tr>
</tbody>
</table>

**Explanation and Assumptions**

*Income level.* Because of the relationship of extreme poverty and homelessness, the official poverty level is used, even though this has little relationship to actual cost of housing, which varies widely. I believe the appropriate cutoff using this approach is income under 200% of poverty, except for crowding (the bold-faced column).

*Pay over 50%.* These households report paying over 50% of their income for housing costs.

*Seriously inadequate.* Households, paying less than 50% of income for housing, living in housing which meets HUD's definition of seriously inadequate.

*Income below 50% of poverty.* Because extreme poverty is a major indicator of homelessness, this group is included even though they currently pay less than half their incomes for housing that is not seriously inadequate.

*Crowded, income under poverty.* These are households with incomes below the poverty level with more than one person per room, an effort to identify involuntary doubling up. The definition of crowding is probably too loose, since it is clearly possible to have more than one person per room without being doubled up or so crowded as to lead to homelessness; on the other hand, there are presumably precariously overcrowded households with incomes above the poverty line who were arbitrarily excluded.

*Income from AFDC or SSI.* Because the entire maximum AFDC grant is well below HUD fair market rents in almost all states, and SSI grants are either below relevant FMR's or so little above them that very little remains for other needs, it

*Continued...*
is assumed that persons depending on these sources of income are precariously housed because, without subsidy, they would have great difficulty in obtaining housing if they had to move.

The adjustments reflect an effort to exclude households who, despite the characteristics shown above, are assumed to be in relatively stable housing situations.

Subsidized housing. This category includes households in public housing, other federally subsidized projects, state and locally subsidized housing or where rent is based on reported income. Presumably, since these households are already subsidized, their situation is not precarious as long as the subsidies continue.

*More than one person per room.

available when homeless families and individuals are ready to move to such housing.20

Substantively, the objectives of the plan are to: (1) increase the participation of homeless families and individuals in mainstream programs that provide income support, social services, health care, education, employment, and housing and to monitor and evaluate these programs' impact on homelessness; (2) improve the efficiency and effectiveness of homelessness-targeted programs in addressing the multiple, diverse needs of homeless persons; (3) increase availability of support services in combination with appropriate housing; (4) improve access to decent, affordable, and permanent housing for homeless families and individuals; and (5) develop strategies for preventing homelessness by improving methods for identifying families and individuals clearly at risk of imminent homelessness, changing current policies that may contribute to homelessness, and proposing other initiatives to help prevent these persons from becoming homeless.21 It is important to bear this broader array of needs in mind while addressing the permanent housing needs of homeless people.

While HUD and other agencies have made major efforts in recent years to expand and improve an array of relatively small programs, at least in relation to need, to assist homeless people, the key to the federal plan, and to success in addressing homelessness, will lie in improving the capacity of mainstream
programs, particularly housing programs, to serve homeless people and prevent homelessness.

Federal housing assistance

Unlike such programs as Food Stamps and Medicaid, federal housing assistance is not based solely on eligibility. Instead, the level of housing assistance is determined by annual appropriations for adding to the number of subsidized units, for extending existing subsidy contracts, and for maintaining and, where needed, modernizing the present stock of subsidized housing.

The first formal low-rent housing program was contained in the U.S. Housing Act of 1937, which essentially recast an emergency public works program as the low rent public housing program. As already noted, the most significant housing problem at that time was not affordability, but quality. World War II was followed by a new emphasis on housing and communities. In 1949, housing legislation first established the national goal of “a decent home and a suitable living environment for every American family.” That act expanded the public housing program and introduced a new program of slum clearance, later to become known as urban renewal. During the next three decades, a number of other programs were established, moving from the public housing, which was built and operated by local public agencies, to housing built by nonprofit or limited dividend corporations, to—starting in 1974—a major emphasis on involving private, for-profit owners and developers. With relatively few exceptions, the subsidies went to owners or developers of housing projects. Although small-scale efforts to provide tenant-based assistance, so families could choose their own housing, began in the 1960’s, it was not until 1974 that tenant-based assistance became a major program.

The initial subsidy contracts were for 40 years. Later contracts were for shorter periods. But as the termination of the first public housing contracts approached in the 1970’s, it was clear that the housing was still needed, and provisions were made for renewing or extending them. Also, as the early projects aged, there were needs for renovation and modernization.
This brief history is important for understanding current housing issues. A valid housing policy for the 1990’s needs not only to provide real housing opportunities for people who are now homeless, it needs to address—at minimum—the housing problems of the 5.0 million households with “worst case” housing problems not served by present housing assistance programs.

The federal budget includes three major types of spending: “budget authority” or the cost of any given program for the duration of the commitment; “outlays” or cash spending in any given year; and “tax expenditures” or the cost to the Treasury of various special provisions of the Internal Revenue Code. Of these, budget authority is the critical consideration as appropriation levels are considered. Outlays reflect past budget authority commitments and are fixed by contracts between the government and the subsidy recipient. Tax expenditures, while far larger than direct appropriations, arise from permanent provisions of the tax code and, except for a relatively small Low Income Housing Tax Credit, are not subjected to legislative review. Thus, federal budget documents show not only past and proposed appropriations, they also show the cost of tax expenditures. Table 4 shows federal spending for housing, and the number of units provided, from 1976—the last year of the Ford Administration—through the Bush Administration’s projections for 1992.

The low income housing budget now covers not only the expansion of subsidized programs, to serve additional households. It also must cover the growing costs of preserving the present inventory: renewing expiring tenant-based subsidies (certificates or vouchers), extending project-based contracts, covering additional costs. In 1980, for example, $25.3 billion in budget authority was appropriated to HUD for low income housing; of this amount, $19.3 billion went to additional housing, and $6.0 billion to maintaining the existing subsidized stock. In sharp contrast, the Administration’s budget request for fiscal 1992 called for a total of $21.0 billion in budget authority for HUD’s low income housing programs; but only $4.0 billion was for providing housing assistance to additional households. The 1980 appropriation provided housing
Table 4

Units Provided and Federal Spending for Housing, 1976–92 (Units in thousands, dollars in billions)

<table>
<thead>
<tr>
<th>Year</th>
<th>HUD</th>
<th>Incremental units*</th>
<th>All</th>
<th>BA</th>
<th>Federal spending Outlays</th>
<th>Tax exps</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FmHA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1976</td>
<td>434</td>
<td>108</td>
<td>542</td>
<td>19.5</td>
<td>3.2</td>
<td>11.2</td>
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<tr>
<td>1977</td>
<td>372</td>
<td>95</td>
<td>467</td>
<td>28.6</td>
<td>3</td>
<td>10.2</td>
</tr>
<tr>
<td>1978</td>
<td>301</td>
<td>101</td>
<td>402</td>
<td>32.3</td>
<td>3.7</td>
<td>14.7</td>
</tr>
<tr>
<td>1979</td>
<td>339</td>
<td>115</td>
<td>455</td>
<td>24.8</td>
<td>4.4</td>
<td>19.4</td>
</tr>
<tr>
<td>1980</td>
<td>251</td>
<td>110</td>
<td>362</td>
<td>27.9</td>
<td>5.6</td>
<td>26.5</td>
</tr>
<tr>
<td>1981</td>
<td>217</td>
<td>104</td>
<td>321</td>
<td>26.9</td>
<td>7.8</td>
<td>33.4</td>
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<tr>
<td>1982</td>
<td>36</td>
<td>95</td>
<td>131</td>
<td>14.6</td>
<td>8.7</td>
<td>35.6</td>
</tr>
<tr>
<td>1983</td>
<td>-5</td>
<td>82</td>
<td>77</td>
<td>10.5</td>
<td>10</td>
<td>35.1</td>
</tr>
<tr>
<td>1984</td>
<td>75</td>
<td>77</td>
<td>152</td>
<td>12.7</td>
<td>11.3</td>
<td>37.4</td>
</tr>
<tr>
<td>1985</td>
<td>89</td>
<td>73</td>
<td>162</td>
<td>26.9</td>
<td>25.3</td>
<td>40.6</td>
</tr>
<tr>
<td>1986</td>
<td>83</td>
<td>54</td>
<td>137</td>
<td>11.6</td>
<td>12.4</td>
<td>48.5</td>
</tr>
<tr>
<td>1987</td>
<td>75</td>
<td>47</td>
<td>122</td>
<td>9.9</td>
<td>12.7</td>
<td>53.5</td>
</tr>
<tr>
<td>1988</td>
<td>82</td>
<td>48</td>
<td>130</td>
<td>9.7</td>
<td>13.9</td>
<td>53.9</td>
</tr>
<tr>
<td>1989</td>
<td>84</td>
<td>48</td>
<td>132</td>
<td>9.6</td>
<td>14.7</td>
<td>64.6</td>
</tr>
<tr>
<td>1990</td>
<td>64</td>
<td>52</td>
<td>116</td>
<td>11.1</td>
<td>15.9</td>
<td>67.5</td>
</tr>
<tr>
<td>1991</td>
<td>98</td>
<td>50</td>
<td>148</td>
<td>19.7</td>
<td>17.2</td>
<td>72.7</td>
</tr>
<tr>
<td>1992*</td>
<td>91</td>
<td>41</td>
<td>132</td>
<td>21.5</td>
<td>19.9</td>
<td>73.4</td>
</tr>
</tbody>
</table>

*Units include both project- and tenant-based subsidies. 1992 figures are Administration estimates.

Source: Budget analyses and supplementary tables prepared for Low Income Housing Information Service by the author. Unit figures are for net incremental HUD and Farmer's Home Administration units. BA is budget authority for the Housing Assistance budget subfunction and Outlays are also those for the Housing Assistance budget subfunction. This subfunction includes all federal low income housing assistance, regardless of the program or agency involved. The 1985 BA and outlay figures reflect a one-time change in financing public housing, from longterm bonds to capital grants, which added no additional units.
assistance under HUD programs to 251,000 additional households. Despite a number of major program changes during the 1980’s which reduced the per unit cost of housing assistance, the Administration estimated that its 1992 budget request for HUD, if granted, would assist only 91,000 additional households. As of August 1991, it seems likely that Congress will appropriate funds for a smaller number.

As Table 4 shows, these expenditures for additional low income housing stand in sharp contrast to the level of federal housing-related tax expenditures. In 1990, the most recent year for which actual figures are available, the official estimated cost of these expenditures was $67.5 billion, more than four times the outlay cost of low-income housing assistance. Of this amount, $63.0 billion was for various homeowner deductions: $37.6 billion for mortgage interest, $9.5 billion for property tax deductions, and $15.9 billion for exclusion or deferral of capital gains upon sale of owner-occupied units. Most of the taxpayers who benefit from these deductions are middle-income owners—those in the third and fourth quintiles of the income distribution. But most of the cost of the deductions is because taxpayers in the top income quintile reap an estimated 72% of the benefit of the tax expenditures. As a result, the distribution of federal housing expenditures—taking outlays and tax expenditures as a whole—is badly skewed. In fiscal year 1991, an estimated 15% of all expenditures (about $13 billion) will assist households in the bottom quintile of the income distribution, while an estimated 58%—$52 billion—will benefit households in the top fifth. Households in the second and third quintiles get least of all: $4.3 billion for the second-lowest quintile and $5.5 billion for the middle quintile.

Housing Policies to Address Homelessness

By definition, access to housing is essential to ending homelessness. The key to providing access is through closing the housing affordability gap. For the majority of homeless people, as well as for the 5.2 million renter households that pay more than half their incomes for housing, but live in otherwise relatively adequate units, the key is expanding present rental
assistance programs to cover them. The program framework
exists. Eligibility standards are defined in the current federal
preferences for assistance. Only the necessary funds are lacking,
but the amounts needed would be substantial. Providing Section
8 vouchers or certificates to all currently homeless people and
households paying more than half their incomes for shelter
would more than double current housing outlays. But such a
program could be phased in, beginning with homeless people
and others requiring assistance to avert homelessness. Based
on experience with the Medicaid and Food Stamp programs,
it is likely that participation rates—even if eligibility for assis-
tance were the sole criterion, rather than the current rationing
system—would not exceed 50%. In other words, such a program
would cost less than half the current cost of housing-related
tax expenditures benefitting households in the top fifth of the
income distribution.

The recently enacted National Affordable Housing Act failed
to provide the necessary expansion of tenant-based assistance.
But it did establish a promising framework for expanding and
improving the supply of low income housing, through a new
program dubbed HOME (all capital letters, but not an acronym)
Investment Partnerships. HOME funds would be distributed by
formula. State and local governments would use them, together
with other public and private funds, to carry out Compre-
hensive Housing Affordability Strategies (CHAS). In structure,
HOME is similar to the Community Development Block Grant
program, with CHAS replacing two formerly required plans:
the Housing Assistance Plan and the Comprehensive Homeless
Assistance Plan. Localities receiving housing funds under any
HUD program would be required to have a CHAS. However,
as with the Community Development Block Grant program, the
requirements for targeting to very low income people are weak
and HUD's enforcement powers are limited.

Many homeless people, moreover, need more than decent
housing. They need health care. They need treatment for mental
illness and substance abuse problems. They need training and
assistance in obtaining jobs. They need child care. In short, they
need—on a far larger scale than at present—the kinds of services
and programs that have been funded at a demonstration level
Housing Crisis

under the McKinney Act and that are authorized in several new programs contained in the National Affordable Housing Act, enacted in 1990 but not yet funded.

The disparities are clear. Estimates of the proportion of homeless people with mental illness or alcohol or other substance abuse problems, or both, range from one-third to one-half or more: at least 200,000 people. The Administration’s funding request for the new Shelter Plus Care program to address these problems calls for assisting 7,743 households, primarily through rental assistance. The House cut the proposed funding level slightly, but the Senate refused to appropriate any funds for this key component of the program. Clearly, even if the Senate ultimately yields to the House in this matter, the program will be less than the initial request. While there are other sources of funds that resourceful providers can tap, they, too, fall equally short.

At bottom, the question of dealing with homelessness and providing adequate housing for very low income people is not that we do not know the number or needs of the homeless, or that we lack the resources. The lack is more serious: the political will to act. Rare indeed, since homelessness emerged as a visible reminder of the depth of our housing crisis, has been the political leader in either political party willing to call for the scale of effort necessary.

Notes

1. While results of the 1990 Census of Housing are not yet available at this writing, HUD and the Bureau of the Census collaborate in a semi-annual “American Housing Survey” which provides far more detail on housing conditions, costs, and occupancy than the full Census. The 1989 housing data in this article are drawn either from page proofs of the forthcoming American Housing Survey: 1989 or from raw data on renter households downloaded for the author from Census Bureau tapes by the Harvard Joint Center for Housing Studies.

2. It should be noted that the bottom quartile of renter households is a very different measure than the “50%-of-median” income threshold commonly used for federal housing subsidy programs. In 1989, there were 33.7 million renter households. Thus, there were 8.4 million households in the bottom quartile. In contrast, there were 13.2 million renter households with incomes below HUD’s 50%-of-median threshold, adjusted for household

3. The term, subsidized housing, as used in this article, includes units receiving either project-based or tenant-based subsidies (often called vouchers or certificates).

4. Tabulations by the author from relevant HUD Budget Summaries and information furnished by the HUD budget office.

5. Derived from data in relevant American Housing Surveys, as shown in Table 1. There are three reasons why only a portion of subsidized units are occupied by bottom-quartile households. First, even the HUD "very low income" (50% of median) criterion for admission is substantially higher than the bottom quartile level, and some programs admit households with incomes up to 80% of median. Second, once admitted, households may remain as their incomes rise. Third, until a change in law effective October 1, 1991, subsidized housing was for families, or the elderly and persons with disabilities, so single nonelderly persons were generally excluded.

6. A major cause of homelessness was the loss of single-room-occupancy (SRO) units. While not strictly comparable to SRO units, American Housing survey data show that the number of single-room rental units dropped from 1.0 million in 1980 to 0.7 million in 1989. The median income of renters living in single-room units was 59% of median income of all renters in 1980 and 62% in 1989. Data from Annual Housing Survey: 1980, Part C, Financial Characteristics of the Inventory, Table A–1 and Annual Housing Survey: 1989, Table 4–20.

7. Income below 50% of median as defined by HUD.

8. Income from 50–80% of median as defined by HUD.

9. Income from 81–120% of median.


13. HUD’s criteria for "Priority problems" exclude households in subsidized housing.


16. Kim Hopper, "To Recognize and Classify: The changing Definition of


19. See Lindblom, op. cit. for a review of these studies.


22. Largely by shortening the length of the subsidy contracts and by shifting from new construction or substantial rehabilitation to tenant-based certificates of vouchers.
Spending a night at a typical big city shelter for the homeless has reminded the author of the massive and regimented environment in institutions that she had mistakenly believed no longer existed after the much acclaimed "deinstitutionalization" of America. St. Mary's is run by a religious order attempting to provide charitable care in a non-demanding environment. Many demands are made, however. The lack of privacy and respect for individuality inherent in institutional life tends to erode the "inmate's" very conception of self. It controls their activities, time, and choices, and thus creates barriers to exit. Providing "shelter" for the homeless just repeats the cycle of ephemeral reforms replete in America's previous approaches to controlling the poor. As a nation we should acknowledge that we are institutionalizing the poor again, as inefficiently and inhumanely as we ever have.

I confess. I am among that growing army of academics making careers off the misery of others. I study homelessness, the only apparent growth industry in the human services. When I packed off to a large midwestern city last summer from my pleasant little campus town to do a study of the needs of the homeless elderly, I knew I would learn a lot. What I didn't know was how much I would relearn about the field of social welfare.

In the course of interviewing policy makers and social workers who "service" the homeless elderly, I needed to get closer to the issues. As a social worker, I needed to identify with what I was hearing about, to get a feel for the shelter system. So I arranged to spend a night at one of the largest shelters in the city. There are over forty shelters in this city, all operated by private non-profit organizations. This is one of the few that receives no city funding, and that stays open year-round.
The following describes my stay at St. Mary's shelter\(^1\) one night in July 1987. The quotations are extracted from the field notes I took the next day.

I met Sue at a downtown Protestant church and together we rode the bus out to the shelter. She introduced herself as "Sister" and was wearing what looked like a nun's habit, but she wore red fingernail polish and smoked quite a lot. She is a very religious person, also very mature and has a strong sense of responsibility. She is an older student at a local Protestant seminary, who talked freely of her recent personal life: her alcohol problem and her ongoing involvement with her ex-husband and her grown son.

The bus took us to one of the more deteriorated industrial areas of town, near a huge Catholic church, Our Lady of the Precious Blood, just on the edge of an expressway in a predominantly black neighborhood. The shelter itself is a former factory, chosen for its size, high open ceilings, and acres of vacant space. It now sleeps approximately 250 people, 200 men and 50 women, with the men in two huge rooms each with about 100 beds. The women sleep in a separate dormitory room.

We arrived about 6 pm. The Brothers and the other female staff member, Kathy, all white, were just fixing dinner. It was a pickup process with everybody making something for himself. I met the Brothers, one by one: four men in their late 20s and early 30s, generally very quiet who all said hello, politely introduced themselves, and asked what I was doing here. I mentioned research. No one really said anything about their work.

They all live in one area of the building in a community room surrounded by five bedrooms, a bathroom, a small kitchen, and chapel (one of only two areas in the shelter that has air conditioning). The news was of one of the older permanent residents, Eddy, who is kind of a trustee. Seventy-five years old, black (like about half of the residents), and a recovered alcoholic, he had been beaten up that day and robbed of his social security check. But the good news was that this time, the police had actually observed this incident and arrested the two young kids that did it right on the spot. Apparently Eddy got his money back. He was not hurt as badly as he was a few months
ago when he was beaten up so badly he required stitches and two days of care at County Hospital for a bleeding eye, facial lacerations and swelling, and severe bruises.

Today I went in with Sue to visit him at his bed. He’d been sleeping and was pretty groggy, and his face was swollen. Although he had lost a couple more teeth and bloodied his nose, he was pleased the police had caught the guys this time. He tried to smile.

Over dinner I learned that the Brothers consider it a matter of pride that they receive no government money. Last summer the city financed a renovation of the bathrooms on both ends of the building (the shelter had to be closed for three months), but beyond that St. Mary’s receives no compensation for their regular operations. They are entirely dependent on donations.

As we ate I noticed an unusual array of food in the kitchen and the freezer: single servings of frozen pizza they get from the school district, a big box of splotchy bananas, “day old bread” which is picked up regularly from a bakery, and donuts that were “sweating” in the heat. A wide variety of food establishments donate all kinds of products, which may explain why Sue and Brother Tom worry about the nutrition of the staff. In addition they get the standard bulk commodities from the U.S. Department of Agriculture.

At seven o’clock I was invited to participate with the religious community prayer service. We each took turns reading passages from the breviary, an experience I haven’t had since I worked at a Catholic summer camp during high school. It felt a little reminiscent, both uplifting and familiar. The power and comfort of prayer is real, as was the feeling of community. I felt privileged to be involved in such good work, like it would also make me good. It also felt like the lull before the storm.

And eight o’clock, with a long line of residents already outside, the first group of women were let into their dormitory. This large high-ceilinged room sleeps 50 women in beds end to end and tonight it was completely full. Its two doors enter through the men’s dormitory and are closely watched.

All but one of the women seemed to be regular residents. Each is assigned a regular bed. The sheets are changed once a week unless someone has an accident. On laundry day residents
remove the sheets in the morning and when they return in the evening a clean pile of sheets is on each bed. Each woman makes up her own bed, as do transient residents every night.

In a long line the women entered the dormitory and shuffled around, most going directly to their beds. A few took showers. We had made up some cold lemonade earlier, and the women helped themselves to it and the soup. I thought the soup was particularly good. The cook had recycled the bean casserole from the night before, added some vegetables, and it had all kinds of things in it. But it was hardly what I needed, given that it was over ninety degrees outside. Indeed, the oppressive heat in this dorm was so stifling that more than once I thought I might suffocate. There were just two small windows and three fans. The lack of windows seems to be related to the obvious dangers in the surrounding neighborhood. I wondered how we would sleep.

The women at this facility are generally mentally disabled, and quite different in this respect from the men. As the women came in, they were all clutching bags, mostly plastic. Several had tremors, presumably from taking medication. They looked disheveled and exhausted from the heat. Sue had said things had been somewhat tense at the shelter lately because there had been a holiday. Most of the women were having their periods at the same time, they had just received their checks, and “of course,” as she said, “had been out getting drunk.” They were friendly as we sat at the old formica tables while they ate. Several talked easily. There was younger group who seemed to be in their twenties and thirties, and another group in their late fifties.

Besides the tables, the women’s dorm has other homey informal touches, a few couches and a rug in the corner, and a lot of recycled old religious paintings hung high on the walls. Most of the beds have beat up old dressers next to them. This contrasts with the men’s dorm, which is virtually wall to wall beds. The older men seem to be long-term street people, or they live in and out of SRO hotels, or sometimes they stay with relatives. There were not many older men, but several seemed to be permanent residents. The mean age was probably thirty-five to forty, however, with most in their thirties, some particularly young.
Sue notes that many of the men do work during the day, as opposed to the women. The men sell newspapers, collect cans, or do day labor. A few were notably well dressed, two or three in nice business suits, looking like they had just come from an office downtown. I was told many are meeting their financial obligations, especially paying child support, but doing so leaves them nothing for rent. It is estimated that twenty-five percent of the male residents are paying child support.

Appearances are deceiving though. I observed one fellow who looked quite well dressed, but acted suspiciously with shifting eyes, like a gangster, I thought. Later, overhearing him talk with the social worker, I realized he was very confused about dates and what was happening. He said he wanted to get into a training program. His weird behavior and darting eyes, which looked intimidating to me, were probably more likely to get him arrested than be recognized as symptomatic of a disability.

After “helping out” (I wasn’t doing anything) in the women’s dorm for a half hour I went over to serve soup in the men’s dining area. This small area has standup tables, a big painting of Martin Luther King high on one wall and the Last Supper on the other, and of course, a big crucifix. The eating area is small, but given that 200 men are served each night, the line moves surprisingly quickly and quietly. A few stood around to talk and appeared to be people who “know the place.”

During supper an old very regular resident who is apparently somewhat demented came into the dining room, and one of the young residents, about twenty-two years old, started yelling at him. The young man went out and got one of the Brothers from the front of the building. The Brother escorted the old man out with a minimal amount of disturbance. Apparently the old man had a knife. He either mentioned this or threatened the young man, and of course that’s forbidden. The police came. You have to kind of admire his bravado and independence, even though he lacks an accurate sense of self anymore. “After all,” Sue observed, “he’s not in a nursing home.” The community feels somewhat protective toward him.

By the time I got back to the women’s dorm they were on their way to bed, and after that it was dead quiet. It was really dark.
In the meantime the social workers from Health Care for the Homeless arrived and interviewed many of the men. The Brothers compile a list of who wants to see them and interviews are held in a small room as each waits his turn to take a shower. As it gets later, they tell the waiting men to go to bed; writing down their bed number to find them in the dark. Frequently the men are asleep by the time the social worker gets there.

Some are trying to get into job programs, but most men requested concrete things like bus tokens. Bill, the young black social worker with long reggae braids listened sympathetically to one young guy’s rather unconvincing story. He responded, “Well, I’m always willing to go half way with you.” He gave him two bus tokens and said “here’s my phone number. I’ll be there during the lunch hour tomorrow. When you get out there on the first job interview, phone me, and I will come get you and take you to the next place.” That’s his way of dealing with those he doesn’t expect will follow through.

One of the men was hoping to get into a training program to become a semi-trailer-truck driver. He had an address he could use, had driven such a truck before, knew the business, and had a real job interview. He also needed bus tokens. His prospects seemed good.

I was especially taken with an old Dutchman in his late seventies who had only one leg. He came in after his shower, bare chested and wearing heavy trousers and an artificial leg he had carved for himself out of a two by six inch plank. It was attached to his suspenders. He had lost his leg in a train accident in 1929 when he was very young. He had never married and had done unskilled labor all his life. Recently, through the intervention of Health Care for the Homeless, he has been to County Hospital where he was found to have cancer of the prostate. He recently found blood in his urine so he is going back again for tests. He was very congenial and somewhat forgetful. He was most appreciative of what the social workers were doing, which involved a passel of paperwork. Tonight his social worker had brought a copy of his birth certificate (which was needed to get his benefits straightened out), for which he had been waiting
for three months. He apparently had never seen it before. He slowly read the names of both of his parents out loud and his eyes watered up. He held the paper in both hands and stared at it...for a long.

I was acutely aware of the smell, that sweet but not pleasant smell of a fresh lockerroom. It was not terribly awful, but 100 bodies unconscious in one room with so little ventilation, only a foot or two apart, assaults the senses, including one’s sense of compassion.

It suddenly struck me how much this sea of helplessness looked like the old wards at St. Elizabeths Hospital in Washington, DC where I had my first social work job in 1971, and where Erving Goffman did the field work for Asylums. And it was like Fircrest School for the severely retarded in Seattle where I was an intern in 1966, and like the Good Shepherd Home for maladjusted girls where I worked in 1969. The old wards, the “cottages,” the “wings,” the “dorms” used to look exactly like this: crowded, massive, regimented, anonymous, and devoid of privacy. The institution forces one to accept whatever is offered if one wants to (or must) stay. These homeless people are not “committed” or sentenced, but what’s the difference. Clearly they are not going anywhere else.

Back in the women’s dorm Sue and Kathy thoughtfully offered me the staff bed and I was uncomfortable enough to be grateful. Sue slept on the couch, Kathy took the floor. I was too hot to even put on the old night gown I was given from the supply closet. I stripped down to my underwear and covered up with my shirt, trying to let nothing touch my clammy skin. The air was so stagnant, it was genuinely difficult to breathe. Why would anyone stay here, if they could sleep anywhere outside? The lights went off at nine o’clock, and I finally dozed off at eleven. I noticed a lot of coughing, really a lot, and am not surprised to hear there is a lot of tuberculosis in the shelters. A lot of women have various medicines on their dressers provided by the resident doctors (from one of the local hospitals) who would come tomorrow. There was also a lot of tossing and turning, walking, and flushing of toilets.
At five in the morning the lights came on very gradually, like a Chinese water torture, one set at a time. Kathy had been up a half hour already to wake someone who had to go to work. Some women quietly started moving, locating coffee, showering, dressing and gathering their stuff.

It was six o'clock before most of the women were actually up. You could see a lot were going to remain in bed until the very last minute. Over coffee and day old sweet rolls I talked with a few women about what they would do today. It was already near ninety degrees. Most would go downtown to one of the women's daytime drop-in centers. Many make a regular circuit, take the shelter bus downtown to one of several centers, eat there or at different soup kitchens, and walk to one of the Catholic shelters at the end of the day to catch a bus back out here.

I talked with a young woman, well dressed in a clean sun dress outfit who looked like she worked at a dime store. (I wanted to ask why she wasn't going to work.) She said her husband stays here too, but they are leaving town next week. She had been here for six months, although she'd been put out of this shelter last week. "I got into a fight and was asked to leave. It was after ten o'clock at night." As we talked I began to realize she is an extremely angry person, has picked fights, and has a vile mouth. She usually goes to a women's drop-in center to play cards during the day. She seems to have an attitude problem, especially toward work, but she also seems to be bored. She thought she'd go to a different drop in center today. She was looking forward to leaving next week.

By six-fifteen all the women except one straggler were gone, and by six-thirty the last bus left for downtown. Unless people want to get stuck in this desolate neighborhood—which no one does—they manage to catch that last bus. Some women left their things neatly under the beds, on the bureaus by the beds, or in lockers. With such a permanence to the residence, how senseless and abnormal it seems to shove everyone out the door at six-thirty, when so few have anyplace to go.

As the women ate breakfast Kathy was already gathering the laundry, beginning to clean up for the day. As soon as the last woman left, one of the men came in with a huge basket of dirty
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By seven o’clock only the staff remained in the building, hard at work sweeping, piling, scrubbing, and cooking.

I walked with one of the Brothers down a quiet vacant street strewn with broken glass over to Precious Blood Church, then to the subway and out to friend’s home by 8 am. It was as if nothing had happened, except that I felt drained and shaken. Later I took a very long shower.

* * * * *

What is an Asylum?

In his classic study, Asylums, Goffman notes that the “total institution” is symbolized most fundamentally by the barriers it creates against social intercourse with the outside world. (Goffman, 1961, p. 4) It does this essentially through the internal ways that it processes people, particularly by breaking down the normal barriers between the spheres of work, play, and sleep in daily life. Shelters for the homeless theoretically serve only one of these functions for their inmates—providing a bed in which to sleep. But in fact their “inmates’” daily lives are so devoid of either work or play, that in effect the shelter aggravates the absence of both of these. The shelter has become for them, as well as society, a truncated kind of asylum.

In addition, the shelter imposes such abnormal constraints on the resident that a civil life is impossible. The curfew, the abnormally early time at which one must leave in the morning, and the unpleasant, dangerous, and inconvenient location, requiring extensive walking or planning of transportation are all primary demands that restrict what a resident can do with the other fourteen hours in his or her day. These are barriers against social interaction with the civil world. The activities of daily living become a deadened routine, singular activities performed in the company of other “inmates” on buses, at drop-in centers, soup kitchens, public places, emergency rooms, gang showers and dormitory beds. The circuit simply kills time. It is neither work nor play.

Goffman characterizes total institutions by the distinctive dehumanizing social pressures they impose on staff and in-
mates. Their socialization and adaptation processes first mortify the initiate. They impose a "reorganization of the self" through their privilege and sanction systems, forcing realignments between the self and the outside world. A cultural milieu develops. Finally, exit becomes increasingly difficult. The voluntary nature and charitable base of religious communities, such as the one at St. Mary's, overlay these processes with a particularly subtle demoralizing character.

The most obvious, external role distinctions at St. Mary's are those of race. Located in a desperately poor, deindustrialized zone whose only permanent residents now (except at the shelter) are black, the religious community and staff—the helpers—are remarkably white.

The residents are largely men, many with some attachments to this neighborhood, at least by history. This includes older white men, usually alcoholics, who at one time lived in the flop houses and worked at the day labor agencies that used to dot the area. They also include younger black men with family in the neighborhood.

The shelter residents are mixed among four strata. The first group have beds in an alcove area off the permanent residents' dormitory (not air conditioned). Eddy was in this group of older men who are allowed to stay around during the day in exchange for doing some work for the facility. A second group are the one hundred permanent residents. The third group are the putatively transient residents who occupy the other large dorm. Most of these residents are here regularly also. The fourth group are the women who all occupy the women's dorm regardless of "status," permanency, or predictability.

The most meaningfully role distinctions which shape life in the house surround the acceptance of the religious life which is the basis for the community at this shelter. There is no overt proselytizing or required prayer, however, as in the fundamentalist Protestant missions. There is some blending of staff and resident roles for those who become "lifers," but the religious community is clearly demarcated. Among staff, the Brothers' investment is virtually permanent and quite distinct from the female staff and the lay order volunteers who live and work here also. The lay order men have their own private dormitory.
area (distinguishable because it also has airconditioning). They are mainly older men, recovered alcoholics, who are also paid a small amount for specific jobs like cooking and laundry.

Female staff fill some critical gaps, in their own way serving both the female guests and the religious community. Sue, for example, was planning to fix a big dinner for the Brothers on Sunday and her caring, maternal influence is appreciated. Kathy, on the other hand, a member of the lay order, does the heavy manual work in the women’s dorm. She is on duty the most, gets little relief, is largely cutoff from other social interactions, and, like the Brothers, probably at risk of burn out. Most importantly, the two women staff manage all the female residents, a chore the Brothers would find impossible without them. Still, the women are not the central part of the structure.

The Brothers have a special risk, being of this institution but having none of the “cooled out” protection of the street people. (Goffman, pp. 11-12) As responsible staff they interact with each other all day with no anchoring or family life apart from the institution. They seek diversions from each other during the day. Sue mentioned Brother Tom’s concern about burn out, and about their nutrition.

The amount of physical work involved in running a shelter cannot be overstated. The staff consider the laundry, cleaning, and preparing food, to be the Lord’s work. These massive daily functions are the rationale given, however, for why the residents have to clear out at six in the morning—so that this “real” work can begin. There is a sense of manual production to this work. It is very routinized and there is a kind of processing mentality to it which carries over to processing bodies.

Processing people is a matter of writing down their names and assigning them to a bed, or acknowledging they are there and assigning them to the usual bed, since most beds are used regularly by the same persons. Similar routines carry over to handing out linens, handing out soup, water, and bread, handing out aspirins and soap, and nightgowns, washcloths, razors, and kotex—all of which have been donated. It is the personification of charity.

Despite the ideals, intentions, and effort of staff to individualize the attention paid to guests, by their nature, such
routines make individuation virtually impossible. Efficiency makes forceful demands. For example, the cook is a gruff, no nonsense man who can stretch the soup as far as it has got to go on a given night and still give it taste. But, constantly barraged by requests for “seconds” and for special items, he routinely ignores or denies them.

When we were nearly finished serving on the soup line, Sue said she was going to make some lemonade (presumably for the kitchen staff). One of the very well dressed residents overheard that and vociferously complained that there was only water available on the counter, and where was the lemonade. I asked the cook if there was any lemonade, and he snapped back, “No.” I felt embarrassed given that the guy had obviously heard Sue comment that she was making some.

Institutions apply sanctions against non-compliant behavior, whether they intend to or not. This shelter has a rather inelastic range of sanction options, however, limited basically to barring residents from admission for a specified period of time. Residents are regularly “barred” for being drunk, fighting, stealing, or otherwise disrupting or offending others. Offense is easily given, because of the lack of privacy.

Kathy recently barred a woman for a month who was masturbating in the bed in front of the others while the lights were still on. Her behavior really upset nearly everyone in the dorm. I’m not sure if she was put out then in the night or if they waited until morning.

One of the most serious violations, however, is upsetting the work routines of the institution.

A tall, thin and spacey black woman kept bumming cigarettes from Elaine (seriously pushing her luck). In the morning she was still in the shower at six-thirty after everyone else had left. Elaine reminded her of the time, but this did not expedite her departure. Finally, exasperated, Elaine barred her from the shelter for several days. She declared, irritatedly, “I warned her about this three times before.”

Control is also exerted in more informal, subjective and refined fashion. Some things can be done for those who really
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need it, such as sharing cigarettes, giving extra soap, or lotion, saving nice clothing from the donations for especially needy or grateful persons, and fixing cold drinks.

As Goffman notes, the institution controls privileges, granting special considerations, exceptions, and dispensing special items. Some residents, however, acculturated to this system know better than others how to work it, despite the alienation this creates for themselves.

Jolene, a very fat white woman in her late fifties took about five towels, which irritated Kathy. Jolene explained to all who would listen that she has a rash on her butt (which is quite large) and so she needed two towels plus a bathmat, plus a towel to put on her bed for the rash. She claimed someone took her towel during the day, and got spots on it, like they sat on it and got feces on it.

Later she took a long time in the toilet, apparently washing herself (in privacy which is not available in the showers). She was very cranky and complaining about everything, which naturally annoyed everyone else, especially Kathy and Elaine.

In the morning, although it was laundry day, she didn't remove her sheets. Instead she left a note on her bed, “do not take my linens. I launder my own. Elaine was mildly annoyed, but she admitted the towels probably are hard on Jolene’s skin because they are washed in very harsh detergent.

There is no pleasing a “guest” like Jolene, and no way such a guest can feel good about being in an institution.

Then there are those who will not be realigned with the institution’s or any of society’s regulation, despite the amount of coercion directed their way.

In the morning Sue said one woman had been up several times in the night pestering her neighbors. She is the one who is so offensive, who runs around in the nude. They don’t tolerate that, so she has been asked to leave a few times. She is the same woman Sue mentioned who is completely irresponsible with things that have been given to her. Sue gave her a nice nightgown once, and saw her downtown a couple of days later, wearing it. Then she had her period on it, so it had a great big red spot in the back. She saw her downtown wearing it again a few days later, looking absolutely terrible.
This individual has no social grace at all, but she is clearly mentally disabled. "It is as if she worked at being repulsive." She had been seen downtown panhandling. She is so repugnant that she attracts attention to herself. The other women want absolutely nothing to do with her, here or on the streets.

Such persons do not last at any shelter for long. In each small activity, the resident is forced to make a realignment of the "self" with the institutional world. For inmates, passive compliance is the most prudent choice, requiring the least expenditure of limited personal resources.

One of the women, who normally stays at other shelters, explained how she came to St. Marys, "because it really doesn't help to complain." "You don't complain, it's not the thing to do, because nothing changes. If you don't like it, it's just better to move." She'd been having trouble at another shelter with this woman who was following her around and pestering her. She had been over at St. Stephens for a couple nights, but she really wanted to get away from this woman. So last night she had just decided to split. The bus to St. Mary's comes by there, so she got on it just at the very last minute. Then she panicked, "because the other woman suddenly noticed me, and she came out and banged on the bus door and tried to get on too." She was very relieved when they wouldn't let the other woman on, so she got to St. Mary's without her.

"It's hard, you know, when somebody could be pestering you like that, or you might not like the bed they gave you, or the food, or something, and you might get a bed next to someone who smells bad, or talks all night, or would come over and bother your bed or something. And so it's just the thing to do, to just leave, to get away."

Even passive resistance in the shelter system requires planning, strategizing and resources, since one's day becomes structured around getting away from such persons, or finding a way back to the shelter, or returning some place to get one's stuff. Extensive planning is required even to arrange for getting temporary relief.

I asked how one could get out of the heat during the day. Some talked of places to go, like the library. Trying to be nonchalant, I said "how about hanging out at the meat department at a
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grocery store to cool off?" I was upbraided sternly by an indignant woman who said I must be pretty stupid. "Don’t you be hanging around in places where you don’t have no business. You be out of there." Several said they were going down near the lake today. The music festival had just ended there, and it wouldn’t be quite cleaned up yet.

Two or three other women are friends and occasionally, when they can get some money together, they get a motel for a few days. They report it is great to watch TV, take long showers in private, and sleep as late as you want, all with air conditioning!

Elaine described the kind of self-respect that shelter life normally erodes. Inmates keep such sources of relief to themselves.

I asked one woman where she goes on weekends, since she is never here. It turns out she stays on the weekends with a boyfriend. The woman responded indignantly, "I can still get me some, you know."

The institution’s dependence on donations, of course, is an external constraint which directly restricts the range of options open to residents. It creates the environment in which the inmate culture develops, thus limiting the personal choices available. The motives of donors and volunteers might sometimes be questioned. (Government intervention is not the only threat to the shelter’s autonomy.) One wonders whose interests are really served by tax-deductible donations which, having already failed the consumer test, further negate inmate preferences.

In the morning I noticed a large supply of beauty products in the women’s bathroom. When asked about this, Sue said the women were so sick of this stuff that they don’t even use it. "We get it by the crate, all the stuff the company doesn’t sell. I can’t even give that stuff away any more."

The same can be said of all the amenities provided here. It is clearly a fundamental principle to refuse government money, and to rely on the charitable instincts of people familiar with the shelter operation and the church.

On the other hand inmates who don’t like it can only walk away, which some do. The inmate’s own choices are all poor.
Some give up, but for others getting out permanently becomes only a kind of “binge fantasy.”

One pleasant looking Irish-Polish woman, Margaret, age fifty-eight (who looked a lot older) told me about how she gets by on General Assistance at $154 per month. She is hoping, “If I can just hang in here for two more years I can get me Social Security.” She would qualify through one of her ex-husbands, “then I’m gonna get me an apartment, a studio, all my own. Mostly I just want a kitchen.”

The impediments placed in the way of such rational determination illustrate the deterrent power of the current shelter system.

So How Does Society “Cure” Homelessness?

St. Mary’s also provides us with a window onto the dilemmas faced by those who manage homelessness. The good motives and intentions of any shelter operation must be compared to their result. The irony is that, in analyzing outcomes, the shelters themselves have been blamed for creating dependency.

There exists a tension between the Progressive rehabilitative ideal (the curative forces of agents like Health Care for the Homeless) and the notion of acceptance, charity, and institutional maintenance ideal which is palpable at St. Mary’s. St. Mary’s calls itself a non-demanding environment. On one level it represents modern post-Progressive reform movements of the libertarian ideal of deinstitutionalization, as opposed to the curative spirit of the asylum in Jacksonian America. (Rothman, 1971).

However, in today’s “climate of opinion” there is a fine line between intervention approaches that 1) truly offer libertarian solutions, 2) ones that are libertarian but are not solutions, and 3) similar libertarian approaches which are inherently socially controlling and punitive. The dependent today, who used to live in institutions, are on the streets if not in shelters. We seem to have achieved wholesale erosion of intermediate alternatives—simple affordable and private housing.

Reflecting on the deinstitutionalization movement, Rothman notes, “the prospect that the two sides (the civil rights lawyers versus the psychiatrists) might join together to satisfy client’s
rights and needs, to see to it that the objects of benevolence were allowed to exercise choice without losing the benefits of expert assistance, has not materialized. What has emerged instead is open and declared warfare. (Gaylin, et al, 1981, p. 172) Homeless people are caught in the cross-fire, as symbolized by highly publicized cases like Joyce Brown, Mayor Koch and the New York ACLU.

As Rothman notes in a prescient passage on what the 1980s had in store for American Society, "...there is every indication that public funds will get scarcer and scarcer and private interests will battle all the more fiercely to protect themselves. In such a situation, considerations of the social welfare of minorities (mentally ill, indigent, and sick people) have little prospect of being realized. We may well prove incapable of satisfying either rights or needs." (Gaylin, et al, 1981, p. 183). Indeed, as governments deliberately set out to do less and less, eventually Americans may conclude we can save the most public money by having government do nothing at all.

Note, for example, Goffman’s description of the outlets a “civil society” normally provides for people which are denied by institutions.

In civil society, an individual pushed to the wail in one of his social roles usually has an opportunity to crawl into some protected place where he can indulge in commercialized fantasy—movies, TV, radio, reading—or employ “relievers” like cigarettes or drink. In total institutions, especially right after admission, these materials may be too little available. At the time when these resting points are most needed, they may be most difficult to obtain. (Goffman, 1961, p. 70)

Virtually none of these “relievers” are available to the homeless person today, whether in a shelter or not. Rothman concludes that we will see an erosion again of the Progressive ideal, and growth of the liberty ideal in the name of fiscal conservatism. We already have. That’s what homelessness is all about.

The problem in cities like this is that a constituency for deinstitutionalization has been created, and it is becoming a constituency for another kind of “Progressive” dependency with
even less benevolence. It is reinstitutionalization all over again on an increasingly inadequate scale. Forced into a shrinking budgetary box, not-for-profit and religious organizations are playing ball with the city, whether they receive public money or not. They provide the only overnight shelter there is, in the most minimal, and still voluntary way.

Aggressive treatment of homelessness is still saved for the street people who are the most recalcitrant, visibly repugnant, or pitiful. It serves the needs of retail outlets, commuters, and tourists, but not those of its victims. A conscious and just society would provide more adequately than this as a permanent way of life. As Rothman and Rothman (1984, p. 360) have queried, "Where is the logic, or equity, in a system that upon discovering a homeless man shivering and incoherent on a subway platform will expend $15,000 on him for three days in an intensive care unit and then release him penniless to suffer who knows what fate? Why not acknowledge the efficient and cheap methods we have used so reliably in the past, albeit inhumanely, and recognize we are doing it badly again. The shelter "system" offers too little humanity to be a reasonable alternative to homelessness.

* * * * *

Now a year has passed. I have an even larger investment in my study, which keeps getting bigger and more ambitious. I have a much more real sense of the needs of homeless people, their backgrounds, families, and resources. So I decide to return for a night to St. Mary's. This summer has been well over one hundred degrees on many days, and I have to admit I don't want to go, but I am curious to see how the shelter, and perhaps I, have changed. It is now mid-August, 1988 and the following is from my notes.

I got a late start out to the shelter tonight, and I didn't know where to get the bus. It was already getting dark. I thought about getting a cab, imagining how absurd a cab would look pulling up in front of the line of men at St. Mary's. But I realized I didn't even have the exact address of the shelter! What the hell was I doing!
Finally, swallowing my pride, I got on the next bus and just asked the driver where St. Marys shelter was. He said he’d tell me where to get off. I sat, looking out over the darkening city, and suddenly noticed how yuppie the city looks when you’re going to a shelter. As we rode past familiar institutions, I was starting to feel alienated already.

Several men also got off when I did, all going to the shelter. A line a half a block long was already waiting at eight-fifteen and the women had already been allowed to go in. At the door I recognized the old Dutchman from last summer, wooden leg and all. He smiled and banged on the door with his metal cane for me. Someone said “the guy just came by here.” The guy came back, and also Brother Tom and they let me in another door. I went straight through to the women’s dorm. The Brothers’ quarters were being remodeled—no air conditioning there this year. I wondered where they got the money and how they were managing?

I recognized Kathy right away. I was surprised she is still there, but it was really nice to see a friendly face. She announced she got married last month, so she usually does not stay all night anymore. She’d be leaving about nine-thirty at night. Elaine is a new volunteer-worker, a woman recently widowed from out-of-town who looks about seventy years old. But she smokes a lot and has lung problems, including frequent pneumonia, and has a curved and arthritic spine, so she evidently looks more frail than she is. She’s been working here for about two months. She says her family thinks she’s a little crazy. “My seven year old granddaughter talks about how grandma can’t be a bag lady.”

The talk this evening was all about Margaret who moved out this morning to her own apartment. She is the older woman I met last year who said “if I can just hang on until I qualify for Social Security.” She moved in to Senior public housing. How exciting! Elaine said “I couldn’t believe how much stuff she had. She kept hauling it out of her locker, from under her bed, from the dresser. How did she have all that in here? Garbage bags full. We used the van to get her moved. She is just thrilled. She invited me and Bob and one of the residents that helped her, to come back for coffee sometime. I’m gonna go and bring her
an old black and white TV I’ve been saving. We were all so happy for her.”

Kathy assigned me a bed in the middle of the room, sort of in the path of one of the two big fans that draws air from one of the little windows in back. God, I thought, it’s hotter than last year. This time I slept on one of the vinyl covered mattresses which are just awful because they make you sweat. Most of the beds are covered with plastic or vinyl. It’s hard to place one’s head so that your eyes are not assaulted by the various night lights. Elaine says the other night the generator emergency lights came on at three in the morning. I guess that caused quite a stir. I had a terrible time going to sleep tonight. The lights go out at nine, but that was only the beginning of the activity.

I noticed my bed rocked everytime Julie, who was on the other side of the divider (which was the end of her bed), rolled over. Shortly after I finally got to sleep, I was awakened by loud yells, “Ugh, ugh, ugh.” Several people woke up, and a few got up to see what was the trouble. Jolene was crying and had a bad cramp in her leg. In the morning Elaine said that she had gotten up, and that Jolene had actually had a bad nightmare.

A number of faces looked familiar to me. The young white girl I met last year who was so angry is still there. She said casually, but with some pride, “I’m a volunteer at Voices for the Hungry now. I have to go over there at seven in the morning. I’m a cook.” Elaine says that she has two kids, ages ten and eleven, and that now she is pregnant. Her boyfriend is still here staying on the men’s side. She’s not talking of leaving any more.

Franny, also in her mid fifties, was talking a long time to Elaine. She has been here only a week. She came from Arizona; says she quit her job as a cook at a nursing facility for the chronically mentally ill “because I didn’t like how they treated the patients.” She took a train up here to see a boyfriend. When that didn’t turn into a place to stay, she asked around and found the shelter. She applied for three jobs yesterday, and will apply for more tomorrow. She doesn’t consider herself homeless at all. She is resourceful, self-reliant, and critical of the others here who she says “don’t even try to work.”
Rediscovering the Asylum

It was laundry day again so in the morning I helped remove the sweat soaked sheets from all the beds, putting them in huge piles, tying them up in bundles. The laundry cart man came in at six-thirty, right on time. The temperature outside was already one-hundred degrees as Elaine and I left the building. We took a bus over to McDonalds to get coffee. We noticed several of "our ladies" shuffling into the shopping mall behind us.

Notes

This paper grows out of research supported by the Robert Wood Johnson Foundation, the Retirement Research Foundation, and the Gerontological Society of America. The author is especially indebted to the staff and residents at St. Mary's who shared this glimpse of their lives with her.

1. The names of the city, shelter, and the persons I met have been changed, to protect their identities.

References


Assessing the Impact of Serving the Long-term Mentally Disabled Homeless

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Homelessness has emerged as a major social problem. In an attempt to understand this problem, attention has been focused on postulating its causes, describing the individuals who hold this status, and estimating its magnitude. This study assesses the outcome of one social service program for long-term mentally disabled homeless individuals. It includes a synopsis of the state of the art in serving homeless individuals with severe mental health problems; a description of a program created to meet their needs; and an analysis of the outcome of this program.

Introduction

The plight of homeless individuals has emerged as a serious social problem during the 1980's. It has attracted the attention of the public, policymakers, and academic researchers, as well as the service systems charged with meeting the needs of these people (Rossi, 1989). Special attention has been given to the sub-population comprised of the long-term mentally disabled, because of their recognized often overwhelming needs, their public visibility, and the controversy surrounding policy changes in institutionalization, housing, and disability benefits, which have repeatedly been targeted as causes of their homelessness. Most efforts to help these individuals have focused on alleviating immediate suffering. In response to this objective,
many communities have developed a variety of services such as outreach teams, drop-in centers, and shelters to meet basic needs of these individuals for food, clothing, and a place to sleep. Such solutions, however, are also viewed as mechanisms to institutionalize the problem and insufficient to rehabilitate people (Hoch & Slayton, 1989).

Research on homelessness is still in a preliminary state. Because of the urgency and magnitude of this problem across the nation, survey efforts which focus on estimating the size and describing the composition of the population and their service needs have predominated (Piliavin, Sosin, & Westerfelt, 1988; Rossi, 1989). Research on mentally ill homeless persons is only now moving into what is labeled as the second generation of study. So far “the great majority of policies focus on ameliorating the most direct consequences of homelessness and rarely on reversing or preventing the phenomenon.” (Sosin, Colson, & Grossman, 1988) Similarly, there have been too few studies evaluating the effectiveness of programs to reverse or prevent homelessness. Among the very few are Barrow & Struening (1986), and Morse, Calsyn, Dannelet, et al. (1989). However, there is a clear void in evaluation studies regarding the effectiveness of services provided to the mentally ill homeless.

One major finding of the first generation of studies has been that the mentally disabled homeless population is a highly heterogeneous group which cannot be understood and served uniformly. Homeless individuals vary in severity of mental health problems, level of functioning, patterns of homelessness, ability to accept and adapt to structure, and program demands. They have multiple problems, including drug and alcohol abuse, malnutrition, and physical illness, as well as the poverty and unemployment which are the direct correlates of homelessness. It is important to recognize and examine the interrelated effects of disabilities on homelessness because, for many individuals, it is clearly the accumulation of disabilities that leads to homelessness (Tessler & Dennis, 1989).

Many mentally disabled homeless lack a “social margin” or a stable base of caring individuals whose concern and material support help buffer the individual against the vicissitudes of life. This deficiency may be caused by either their mental
impairment, which has exhausted the coping resources of family and friends (Rossi, Wright, Fisher, & Willis, 1987) or by their "disaffiliation" from social institutions and relationships which can be the result of withdrawal, forced exit, or lack of learned social skills (Caplow, Bahr & Sternberg, 1968; Piliavin, Sosin, & Westerfelt, 1988; Snow & Anderson, 1988). Although it has been assumed that their social networks are small or non-existent, there is evidence that the homeless may have more social relationships than generally credited, though, weaker in their ability to provide the social, emotional and material support needed to prevent homelessness (Lovell, 1989; Piliavin, Sosin, & Westerfelt, 1988; Dockett, 1989).

Utilization of services by homeless individuals is another strong concern of the provider community. Even if services are available, many homeless persons do not avail themselves of services (Morse, Shields, Hanneke, et al., 1985; Rog, 1988). Unwillingness to interact with service systems can be a sign of autonomy (Gardner, 1984) and the means of creating self esteem (Snow & Anderson, 1988) or it can be a natural reaction to either real or imagined negative experiences with service providers (Breakey, 1987) or programs (Baxter & Hopper, 1982; Dockett, 1989). It can also be an indication of differing values and needs. There is an emerging consensus that mentally disabled homeless persons tend to perceive their needs differently from the way mental health providers see those needs, and that they give basic needs priority over clinical treatment (Ball & Havassy, 1984; Barrow & Struening, Plapinger, 1988; Lauriat & Whitty, 1985; Mulkem, Bradley, Spence, et al., 1985; Plapinger, 1988).

To date, there has been little description and very little evaluation of programs for this population (Tessler & Dennis, 1989). This deficit has been caused partially by the strong emphasis on the quick provision of any service and partially by the intrinsic difficulty of evaluating services for the mentally disabled homeless (Morse, Calsyn, Dannelet, et al., 1989). Evaluation of complicated service delivery programs is difficult because of the multiple methods and modes of treatment; changes in client needs overtime; and highly individualized treatment plans and intervention strategies (Brekke, 1988). In addition,
some innovative services such as outreach, have been described as an art, because they depend upon interpersonal relationships and networking, which sometimes takes long periods of time to achieve results.

The most comprehensive evaluation study so far is that of Barrow et al. (1986), a longitudinal study of five differing innovative programs for mentally disabled homeless in New York. Their findings strongly suggest that innovative services such as drop in centers and on-site psychiatric services, can be effective, but that, in working with these individuals, it is imperative to respond according to their needs and values, if outcomes are to be positive. Morse and his colleagues evaluated day programs for mentally ill homeless persons. Their findings indicate that clients liked the services, however, the study was methodologically weak. Finally, Lipton, Nutt and Sabatini (1988) report that residential programs reduce hospitalization and promote stable housing for people with homeless histories.

Thus, the knowledge base as to how to best meet the needs of mentally disabled homeless persons and to engage them into rehabilitation is relatively sparse. Effective services and innovative programs must be identified, documented and evaluated and the principles that make them successful articulated so that the public and policy makers have measures of the effectiveness of monies spent and suffering can best be alleviated (Levine, Luzak & Goldman, 1986; Tessler & Dennis, 1989). Attention must be focused on finding ways to aid individuals in exiting from their homeless status (Piliavin, 1988) and to test their generalizability (Judd, 1989; Tessler & Dennis, 1989).

The purpose of this paper is to enhance the body of practice sociology knowledge regarding the effectiveness of one rehabilitation service approach serving long term mentally disabled homeless individuals. After summarizing the principles of care as stated in the literature, we describe one program providing specialized services for these individuals, a Low Demand Respite (LDR) which utilizes psychosocial rehabilitation. The outcomes of 160 clients participating in the program between 1985-88 are presented together with data analysis to determine the impact of client characteristics and specific program elements on successful outcomes.
Service Needs of The Mentally Disabled Homeless Persons

The literature in the mental health field to-date suggests several principles that should be incorporated in service programs for this target population. First, because of the severity and multitude of their problems, there must be continuous and comprehensive care. Services should include outreach; facilities for crisis stabilization; a variety of residential alternatives beyond emergency shelter; and a coordinated, individualized network of services for rehabilitation (Goldfinger & Chafetz, 1984; Lipton & Sabatini, 1984; Levine, 1984).

Second, services must be coordinated to address multiple needs simultaneously (Levine, Luzak & Goldman, 1986). For many individuals, it is clearly the accumulation of disabilities that makes the homeless condition so difficult to transcend. If each disability is treated in a serial fashion, not only will their homeless condition be prolonged but also, as in the case of those with both mental health and substance abuse problems, their health may be negatively affected (Ridgely, Osher & Talbott, 1987; Osher & Kofoed, 1989). Thus, programs must not only concomitantly meet basic needs for housing and benefits, but also provide mental and physical health care as well as chemical abuse treatment, if needed. In addition, many of these individuals also need to (re) learn basic social, vocational and daily living skills.

Third, since most service systems currently are a "fragmented labyrinth" (Levine et al., 1986) and frequently have competing and contradictory mandates, policies and procedures, they are underutilized. Thus, case managers are required to coordinate a range of psychiatric, medical, social, rehabilitative, vocational and quasi-vocational services across service systems.

Fourth, chronically mentally impaired homeless individuals need individualized programming to enable their heterogenous needs to be flexibly met (Mellen, 1985).

Fifth, programs for these individuals must be active in recruiting consumers. Traditional community mental health services are not compatible with values or the lifestyle of homeless individuals (Breakey, 1987). Even when need is evident, homeless individuals often do not follow up on referrals for mental health services or financial entitlements. Consumer needs
should be responded to programmatically not only to increase service utilization but also because there is some evidence that consumer priorities bear a direct relationship to treatment outcomes (Barrow et al., 1984; Tessler & Dennis, 1989; Rog, 1989). It is also important that services be compatible with the lifestyle of the homeless in terms of physical location and times available (Rog, 1989).

Sixth, special attention must be given those who staff these programs. They must be able to provide the intensive one-to-one relationships necessary to build trust and support with the chronically mentally disabled. These are individuals who cannot or have chosen not to interact with others. They live in a subjective world that may attribute different meanings (often fear) to individuals and objects (Drake & Adler, 1984). Staff must be able to communicate with the clients and to understand their needs. Staff need to become acquainted with the clients’ internal world and to recognize both the symbolic nature and significance of their requests. Staff must also treat these mentally disabled clients with respect and dignity. These are individuals who have few if any positive social roles and carry the negative label of mental illness. Staff must demonstrate that they appreciate the strength that has enabled them to survive despite myriad barriers, help them through interactions, with positive regard, and assist them to (re)create a positive self-identity (Blankertz, Cnaan, White, Fox, & Messinger, 1989).

Description of the Program

Horizon House, a large Philadelphia based psychosocial rehabilitation organization has been working with the mentally disabled homeless since 1984. This paper will focus on one aspect of the service continuum for the homeless offered by this organization, the Low Demand Respite (LDR) residential option. In this respect our study focuses on the same service option studied by Lipton, Nutt, and Sabatini (1988); however, the residential services of Horizon House are unique. These specialized residential programs were developed in Philadelphia to offer services to this service-resistant mentally disabled population, as the first step toward re-engagement with the mental
Impact Assessment

health system and the community. Initially, a LDR makes few demands on its residents. This mode of residential setting is consistent with the desire of mentally ill homeless individuals to live in a non-structured environment where there are few rules, demands, and expectations (Goering, Paduchak & Durbin, 1990). As individuals adjust to life off the streets, the program adjusts and heightens its expectations of the individuals. Clients are granted the freedom to decide their preferred level of activity within the LDR, but they are gently encouraged, through the trusting relationship they develop with staff, to participate in services tailored to meet their individual needs. The major service components of the LDR program are: outreach (done before entering LDR), engagement, case-management, residential services (including day programs), and individualized rehabilitation processes.

Engagement: When individuals who seem to have mental impairments are brought to one of the LDR's, there is an immediate focus on meeting their basic physical needs. They are first offered nutritious meals, clothing, and a protected, safe environment in which to live and sleep. Clients may participate in these services at their own pace. If they refuse to sleep in a bed, they may stay on a chair or sleep on the floor. It is not demanded, but only gently encouraged that they shower or change clothes. The key service element of respite care is the development of a trusting relationship between the staff person and the resident. Staff initially offer support and encouragement, warmth and empathy, but make no further demands. Staff are trained to respect the inner strength of the clients that has enabled them to survive the rigorous life on the streets.

Case management: Case managers are assigned in principle to all clients in the LDR. This provides a continuation of the direct staff-client relationship begun in the engagement process and insures that the complex, changing, and multiple needs of the clients are met. Not only do the client and case manager have an ongoing relationship (that helps to develop the ability of clients to overcome their "disaffiliation"), but the case manager also serves as the client's advocate, coordinating the needed services across the labyrinth of bureaucracy, accompanies the client to appointments and assists in medication management.
Not all of the clients in LDR during the period of study received case management services, however. Case-management was not in place during the start-up period. Furthermore, a high turnover rate left some clients without a case manager.

Residential services: In LDRs a variety of services are offered to all clients, but no demands are made of the clients to use these or to enter into a highly structured regimen of activities. Clients may choose to participate in any of the offered services according to their needs and values. Initially these services are focused on meeting the immediate medical and financial needs of the clients, although some can introduce the clients to longer-term rehabilitative skills. There is no time limit on the acceptance of service or the sequence of movement. Whether it takes a few days or a year, most choose to partake of some of the offered services, and actively enter into the rehabilitative process.

There are two types of services offered, those within the residence and those in specialized day programs which may be on or off site. Shelter by itself does not offer sufficient supports for an individual to begin the rehabilitation process (Grunberg & Eagle, 1990). The residential counselors are responsible for delivering the services on site. For each client they perform a skills assessment and develop a rehabilitation plan with the client. They attempt to develop personal relationships with clients. They also teach specific skills based on the clients needs. These skills most often include; personal hygiene (bathing, hair care, choosing and cleaning appropriate clothing), improving interpersonal skills, money management, and medication management. Counselors also provide educational and recreational opportunities such as trips to libraries, local museums, and picnics. If clients desire, counselors help them re-establish links with their families.

Under city regulations, homeless individuals in low demand respites do not have to attend off-site day programs if they do not wish to attend. If they, however, wish to attend day programs, case managers will link them with social or vocational day program and will arrange daily transportation. These programs are chosen to meet the rehabilitation goals and level of functioning of the clients. For those who prefer to stay on-site, counselors run daytime skill-oriented groups on
personal hygiene, cooking, and budgeting, and psychoeducational groups on mental illness, medication, and sex education.

Clients are encouraged to view the group residence as their home and to participate in decision making activities that are directly related to the development of operational policies for the home. Clients are also encouraged to become active members of the community and to learn about and participate in a wide range of civic activities, such as volunteer work.

**Individualized rehabilitation plans:** Once the client decides to participate, an individualized rehabilitation plan is devised. Essential to the formulation of this plan is the completion of a functional assessment. This functional assessment, comprised both of observations of staff and client responses, delineates client skill strengths and skill deficits in such areas as personal hygiene, activities of daily living, maintenance of relationships, and ability to recognize and express feelings. This functional assessment is individualized and is a written description of the strengths and weaknesses of each individual client. The rehabilitation plan is developed jointly by the staff and the client. The plan states specific goals that the client chooses and the steps (participation in programs, learning and mastery of skills) that will be taken to reach these goals. These plans encompass all of the multiple needs of the client whether medical, financial or rehabilitative. Both the functional assessment and the rehabilitation plan are periodically reviewed and changed. This ensures that the rehabilitation process will be flexible and adapted to the needs and progress of each client.

**Leaving the LDR:** When clients are prepared to leave the LDR, a continuum of residential alternatives is made available, since some individuals will not have reached a level of rehabilitation which would enable them to function independently in the community. These include another low demand residence, foster homes or board and care (small, homelike residential environments, where one to three clients live with a family who provide personal care services for their residents, as well as support, encouragement and supervision), family and relatives, and independent housing (one or two bedroom units with 24-hour case management coverage). There is not necessarily a correlation between functional ability and independence of the living.
arrangements. Some clients of low functional status by their own choice are living independently very successfully. What all of the alternatives have in common is their integral connection with rehabilitative services and intensive case management.

Methods

Sample. As seen in Table 1, of the population of 160 clients who had completed their stay at either of two LDRs before June 1988, 53 percent were male and 47 percent female. Sixty two percent were black with an average age of 40 (although the modal age was 29). About three fifths (61%) had graduated from high school and 16.2 percent had some college experience. Two-thirds had never married (although 59% had children). Ninety two percent had records of previous mental health treatment. Fifty three percent of the sample had criminal records. These demographic figures are consistent with those across the nation for the mentally disabled homeless (Tessler & Dennis, 1989).

These individuals had lived for 30 years, on the average, in the City of Philadelphia (i.e. they were not a transient population) and they had been homeless during their lives for an average total period of about five years. The mean length of their last period of homelessness had been about 6 months. Before this last period of homelessness, they had lived in a variety of situations, including independent living situations (5.4%), board and care (29.1%), mental hospitals or other mental health residences (9.2%), shelters (27.1%) or with family (29.2%).

Client records were examined for any of the variety of factors that singularly or in combination may explain what caused individuals to become homeless, including loss of job, income, benefits, mental or physical sickness, family conflict, and loss of rental unit. It was found that only two of these reasons yielded high number of responses, i.e., mental illness (43.9%) and having had arguments with boarding home owners (25.6%). This sample, thus, supports the knowledge regarding the multiple causes of homelessness and the individual paths leading to homelessness reflecting, unique combinations of individual deficits and structural causes (i.e. welfare policy, scarcity of low cost housing).
## Impact Assessment

### Table 1

**Characteristics of Homeless Mentally Ill Persons in the LDRs. (N=160)**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender:</strong></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>53%</td>
</tr>
<tr>
<td>Women</td>
<td>47%</td>
</tr>
<tr>
<td><strong>Age groups</strong></td>
<td></td>
</tr>
<tr>
<td>20–30</td>
<td>26%</td>
</tr>
<tr>
<td>31–40</td>
<td>33%</td>
</tr>
<tr>
<td>41–50</td>
<td>24%</td>
</tr>
<tr>
<td>51–60</td>
<td>12%</td>
</tr>
<tr>
<td>61+</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>62%</td>
</tr>
<tr>
<td>White</td>
<td>35%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
</tr>
<tr>
<td>K–7</td>
<td>7%</td>
</tr>
<tr>
<td>8–11</td>
<td>32%</td>
</tr>
<tr>
<td>High School graduate</td>
<td>45%</td>
</tr>
<tr>
<td>Some college</td>
<td>13%</td>
</tr>
<tr>
<td>Bachelor degree</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
</tr>
<tr>
<td>Never married</td>
<td>67%</td>
</tr>
<tr>
<td>Separated</td>
<td>13%</td>
</tr>
<tr>
<td>Divorced</td>
<td>16%</td>
</tr>
<tr>
<td>Widowed</td>
<td>4%</td>
</tr>
<tr>
<td><strong>No. of children</strong></td>
<td></td>
</tr>
<tr>
<td>No children</td>
<td>41%</td>
</tr>
<tr>
<td>One</td>
<td>30%</td>
</tr>
<tr>
<td>Two</td>
<td>16%</td>
</tr>
<tr>
<td>Three or more</td>
<td>13%</td>
</tr>
<tr>
<td><strong>Reported problems</strong></td>
<td></td>
</tr>
<tr>
<td>Medical problems</td>
<td>21%</td>
</tr>
<tr>
<td>Personal violence</td>
<td>15%</td>
</tr>
</tbody>
</table>

*Continued...*
Procedure. An analysis was made of 160 case records of clients who received services and exited from two LDRS, one in existence since 1985 (LDR 1) and the other (LDR 2) opened in 1987 to meet the increased need for services to this population. Analyses of differences between clients from the two settings did not yield any significant difference. Clients from both settings were, therefore, studied in combination.
The authors reviewed a number of client records and composed the research instrument. All 160 records were then carefully read and all relevant information retrieved. Data were supplemented and validated through a series of interviews with workers in the two LDRs. Information from the client records and interviews was computer coded and analyzed.

Two biases may result from this procedure which may affect the validity of our results. First, this is a retrospective study and, thus, based on incomplete records and the subjective memory of the LDRs' workers. Second, this is a small single sample study. These two concerns, however, should be weighed against the originality of the study and the fact that there are very few evaluation studies for mentally disabled homeless.

Instrument. The questionnaire for collecting data consisted of 1) client background data; 2) possible reasons for homelessness (derived from the literature and debriefing of service providers); 3) housing and service history; 4) list of services provided to the client while in one of the LDRs; 5) special client problems while in a LDR; and 6) outcome measures, specifically, housing situation and contacts with community mental health services at exit.

Findings

System Impact. The LDR programs effectively engaged mentally impaired clients into the service system. Client records revealed that all had ongoing relationships with their providers. The overwhelming majority (85.6%) of clients were in the program only once; only 14.4% revolved through it more than once. The average length of staying LDR was 175 days and three quarters (75%) of clients stayed more than 30 days. As seen in table 2, the basic needs of the clients were met; about three quarters (78%) took medication regularly; almost all (98%) were linked to SSI and other benefits; and 63.8 percent had no psychiatric crises while in LDR.

Client outcomes. Rehabilitation outcomes focused on in this study were place of residence at exit and linkages to community mental health centers. It was found that the residential placement outcomes of these individuals were remarkably positive.
As seen in Table 2, for the 85 individuals on which data were obtained, only 9 (10.8%) returned to the streets. Approximately one quarter (25.3%) attained independent living; 28.9 percent went to board and care sites; 13.3 percent went to specialized care centers (Drug & Alcohol or Developmental Disabilities Centers); 12 percent went back to family; and 9.6 percent went to other mental health facilities.

It is possible that the success of these results is compromised by the large number of missing cases (75 out of 160). However, even if all of these 75 clients went back to the street, which is most unlikely and the most conservative estimate, still about
half of the mentally disabled homeless persons who were cared for in LDRs did not return to the street.

Outcome data also reveal a clear shift of residential location. For the 57 individuals for whom data were available to compare their last living arrangement before they became homeless with the residential placement upon exiting the program, nine (16%) returned to the streets, an additional 16 (28%) went back to their previous type of residence, and 32 (56%) changed their type of residence. Due to the retrospective nature of the study, we were unable to determine whether this change reflects differing client needs and preferences at different times or availability of services/residential opportunities at any given time.

Much less data were available on linkages to community mental health centers. Data on linkage to community health services were found for only 44 individuals among the 160 in the sample. For 17 clients there had been positive linkage; for 27 linkage had not been achieved. This finding may indicate lack of coordination among service providers; client needs or preferences; or simply poor record keeping.

Factors associated with outcome. Data analysis was conducted to determine which client characteristics and service components impacted on rehabilitation outcomes. Only two factors—both program elements—were found to be significantly associated with rehabilitation outcomes. In addition, certain client socio-demographic characteristics, although not statistically significant at the .05 level, revealed interesting trends worthy of future research.

As seen in Table 3, there was a significant relationship between participation in day programs and living arrangement upon exit ($x^2 = 20.04$, d.f. = 8, $p < .05$). That is, the type of day programs (none, specialized homeless programs and regular Horizon House day programs) was significantly associated with the residential placement of the clients upon exit from LDR. It was found that half of those who returned to the streets did not participate in any day programs, while more than third participated only in specialized homeless programs. About three quarters of those who attained independent living attended the regular day programs and few attended specialized homeless programs or did not participate in any day program. Half of
those who rejoined their families attended the regular day programs while less than a third attended specialized homeless programs. Half of the clients who entered board and care slots attended specialized homeless programs while the others more or less evenly either did not attend any day program or attended the regular day programs.

This finding, that participation in day program is significantly associated with housing, may be also explained by level of functioning. The participation in a certain program is often a direct indicator of the individual's level of functioning. That is, attendance in regular day programs usually indicates an overall higher level of functioning, thus, explaining why those who participate in day programs were able to attain independent living. It may be that level of functioning is the key factor in explaining housing outcome rather than differences in programming. But, regardless of level of functioning, those that did not attend any type of programming, were more likely to return to the streets.

Table 3

Living Arrangement at Exit by Type of Day Program (N=85)

<table>
<thead>
<tr>
<th>Living Arrangement</th>
<th>No Day Programs</th>
<th>Specialized Homeless Day Programs</th>
<th>Regular day Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back to street (% = 100)</td>
<td>50.0%</td>
<td>37.5%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Independent housing (% = 100)</td>
<td>15.8%</td>
<td>10.5%</td>
<td>73.7%</td>
</tr>
<tr>
<td>Living with families (% = 100)</td>
<td>20.0%</td>
<td>30.0%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Board and Care (% = 100)</td>
<td>22.7%</td>
<td>50.0%</td>
<td>27.3%</td>
</tr>
<tr>
<td>MH institution and specialized programs (% = 100)</td>
<td>38.6%</td>
<td>26.6%</td>
<td>36.8%</td>
</tr>
</tbody>
</table>

$x^2 = 20.04$, d.f. = 8, p<.05
The second program element significantly associated with outcomes was case management. There was a significant relationship between having a case manager and being linked to a community mental health center upon exit ($x^2 = 4.76$, d.f. = 1, $p<.05$). Sixty-one percent of those with case managers were linked to community services as opposed to only 17 percent of those that lacked a case manager. Although the relationships were not statistically significant, it was also found that those with case managers tended to go to independent living arrangements and board and care situations, while those without case managers tended to go to mental health care facilities or to families. This does suggest that case management is an important support which enables clients to stay linked to the service system and off the streets. For some other clients, however, families were able to perform some of the same functions. Without either a case manager or a family, the client was more likely to stay within the structured mental health system or to go back to the street. It was also found that those who stayed less than six months at the respites were more likely to be linked up with community mental health centers while those who stayed longer than six month at the LDR were less likely to be referred to a community mental health. This trend may perhaps reflect an assessment of need by caregivers or the fact that those who stayed for shorter period of time were the stronger clients who could better utilize community services.

Client characteristics were also analyzed for indication of their role in rehabilitation outcomes. Although there were no significant associations (at the .05 level), data reveal several interesting trends. First, more black individuals (34%) than white (13%) went to board and care or foster families. More white clients (21.7%) than black (8%) went to live with their families. This finding may reflect differences in family resources based on race, but requires additional study.

Second, two personal background factors. i.e., type of previous mental health treatment and criminal record, were also weakly associated with a return to the streets. Those who had been hospitalized in a state hospital or in a VA facility were more likely to exit to the street than those hospitalized in a community hospital (21% versus 5.3%). Those with a police
record were more likely to exit to the street than those without
a police record (21.4% versus 4.8%). These personal disabilities
are similar to Rossi's (1989) findings.

Discussion and Conclusion

This paper has focused on the effectiveness of rehabilitation
programs for the mentally disabled homeless. We evaluated
the outcome of a special program, the LDR, which embodies
many of the principles suggested in the literature as relevant
in assisting mentally disabled homeless persons. This program
meet basic needs (shelter, food, and clothing) first; it offers com-
prehensive rehabilitation services which can simultaneously al-
leviate the multiple problems of the homeless mentally disabled
individual (mental and physical health care, drug abuse, and
lack of social, daily living, and vocational skills), and it initially
puts very low demands on clients. Clients access these services
by their own choice and according to their own time table. The
key element integrating the program is the generation of an
intense interpersonal relationship between clients and staff.

Because the outcomes of the LDR were not compared with
other modes of service, its comparative contribution cannot be
attested to. However, its overall impact on the people who
utilized its services can be assessed. The majority of people who
went through the studied LDR program developed helping rela-
tionships with staff members, received benefits in an organized
manner, took medication on a regular basis, and moved into
some sort of more normatively accepted housing setting. These
outcomes are impressive, considering that the client population
consisted of long-term mentally disabled persons who, on the
average, stayed five years on the streets and have often been
described in the literature as resistant to accepting service and
reluctant to change their life style (Breakey, 1987; Drake &
Adler, 1984). Clearly, the LDR model of help does not harm
clients and does improve their condition at least at the point of
exit from the LDR service. Examination of this service model
demonstrates that given a safe, humane environment and the
establishment of trusting relationships with caring individuals,
severely mentally impaired homeless individuals can relearn
skills and will accept the supports and services to enable them to move from a condition of homelessness to a community environment of their choice.

As noted in the literature, the homeless population, even the long-term mentally disabled homeless population, is heterogeneous. The findings presented here indicate that those who entered the program with greater strengths than others managed to come out of it in better shape. For example, those with no police records, mental health service in the community only (no prior mental health hospitalizations), and those who function well enough to attend the regular day programs by and large showed higher rates of positive outcomes. This finding indicates, that even among the very needy, there are levels of needs and that more specialized programs for sub-groups of this population should be developed. Even when homeless people are categorized into sub-groups (such as the mentally disabled homeless) there is a high variability among them which calls for individualized service delivery.

In this study we focused only on one point of time, i.e., exit from service. Despite the high rate of successful exits, previous studies (Dockett, 1989; Morse et al., 1985; Piliavin, 1988) indicated that many of these individuals will eventually return to the streets, cycling in and out of homelessness in an episodic fashion. For this sample, the total average time of homelessness is about five years, however the latest period lasted on the average only six months. Given the lack of occupational skills, the mental disabilities, and the low income levels of these individuals, it is very likely that they will become the "static poor", or a permanent underclass. Society has made a conscious decision (i.e., deinstitutionalization) that these individuals should have the freedom to live in the community. This study as well as that of Lipton, Nutt and Sabatini (1988) demonstrated that given intensive supports and skill training, these individuals can attain independent living. Allocation of the necessary resources is critical to insure decent housing, and a high level of service supports so that these individuals can maintain this independence and not regain a homeless status. However, given the negative stigma attached to this group of people and the powerlessness resulting from their disabilities,
although they are a part of the "deserving poor", it is unlikely that the needed level of resource re-allocation to meet their needs will occur in the near future. Thus, successful exit from an LDR should be followed by appropriate community support services.

This study has demonstrated that with proper investment mentally disabled homeless individuals can be helped to attain residences. However, two questions remain open for further study. The first is whether the improvement is for a long term or whether the LDR impact last only for a short period after the program ends? This study measures clients at the exit point—follow up a year or so later is required to ascertain the permanency of change. Longitudinal studies of those that attained residential placement would make it possible to determine the critical points of intervention so that return to the streets is prevented. Second, the results from this model of service should be compared with other models of service for indication as to which type of service is more effective. Thus, more "second generation" of studies are needed to determine which types of programs are effective for which subgroups.

References


Homeless Persons’ Interest in Basic and Health Services: The Role of Absolute, Relative, and Repressed Needs

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This study describes and explains the interest of homeless persons in housing, economic, and health-related services with intake interview data collected by a large urban shelter for single adults. Shelter guests were most interested in assistance with housing, job, and economic benefits, rather than health services. Three explanations of variation in service interests are identified: the “absolute needs” explanation expects service interests to vary directly with service needs, the “repressed needs” explanation expects service interests to vary inversely with alcoholism and mental illness, while the “relative needs” explanation expects interest in health-related services to be related to health needs, but only after basic needs are satisfied. The “absolute needs” explanation receives the strongest support.

Although most researchers and service providers recognize the diversity of homeless persons’ characteristics and the gravity of their needs, disagreement continues about appropriate service delivery policies. Differing beliefs about homeless persons’ service interests are one source of this disagreement: some argue that services may be rejected due to chronic mental illness and/or substance abuse; others believe that basic survival and safety needs must be met before health-related services will be accepted; some view service interests as direct indicators of service needs.

This paper investigates homeless persons’ interests in six services, ranging from help with housing to mental health care. Three alternative perspectives on service interests are distinguished conceptually and then evaluated empirically. The analysis uses data collected from homeless persons entering a large urban shelter.
Service Interests

Three recent studies have explored homeless adults' service interests, but with diverse methods and discordant results. Two of the three studies resulted in similar descriptions of the level and ordering of needs among homeless adults. About three-quarters of homeless persons interviewed in Boston sought help with housing, about half sought help with obtaining a job, food, clothing, financial benefits or dental care, 40 percent sought medical help, 30 percent sought help with an alcohol or drug problem and 20 percent expressed an interest in mental health care (Mulkern and Bradley, 1986). Homeless persons who frequently used mental health services in San Francisco (Ball and Havassy, 1984) were most likely to be interested in affordable housing (86%) and financial entitlements (74%); just under half sought employment (40%); smaller proportions were interested in social contacts (32%), food (19%), alcohol cessation (18%) and supportive counseling (14%).

Linn and Gelberg (1989) measured five self-reported needs of homeless adults in two California beach communities and found markedly different preferences. Respondents placed the highest priority on good health; the priority given to a steady source of money and a permanent job was somewhat lower, while few attached as high a priority to a permanent home or regular meals.

The divergent findings of these studies of homeless persons' service interests are not easily reconcilable, although measurement and sampling differences undoubtedly were in part responsible. In any case, although two studies reported some bivariate correlations, none attempted to conceptualize or test alternative explanations of service interests.

An individual's interest in a particular social or health service is a product of both her need for assistance of that type and of her perception of that need; for example, an individual's desire for health care reflects both the presence of a health problem and feeling of need for help with that problem. The question is to what extent the perception of need reflects the level of need.
Repressed Interests. Service interests are an unreliable indicator of service needs if these interests are diminished by mental illness or alcoholism. To the extent that homeless persons with these health problems refuse aid and “migrate toward the crevices of the cities” to avoid it, service delivery is impaired (Drake and Adler, 1984).

Seriously mentally ill persons may experience a variety of impairments, ranging from disorganized behavior to social withdrawal, that reduce interest in and ability to seek social and health services (Bachrach, 1986; Crystal, Ladner and Towbee, 1986; Lamb and Talbott, 1986; Segal and Baumohl, 1980). Prior unpleasant experiences with hospitalization or psychotropic medications as well as the experience of homelessness itself confound the problem (Kellerman et al., 1985).

Alcoholism, arguably the most prevalent health problem among the homeless, is associated with a negative self-concept and a primary focus on drinking (Fischer and Breakey, 1987; Kaufman, 1984; Morgan et al., 1985). Disinterest in long-term treatment is common (Morgan et al., 1985). Persons suffering from both mental illness and alcoholism seem to be particularly treatment resistant (Schutt and Garrett, 1988).

Relative Interests. Maslow’s (1954) formulation of a hierarchy of needs parallels one common explanation of variation in homeless persons’ service interests (Baxter and Hopper, 1984): Security and safety needs must be satisfied before people respond to such higher order motivations as social status and intrinsically interesting work.

In studies of homeless persons’ it often has been argued that basic needs for food and shelter must be met before efforts to improve mental health or reduce substance abuse will be accepted:

Linkage to services holds virtually no meaning when immediate survival remains under constant threat. . . . A residence is the base from which social and clinical needs can be addressed simultaneously. (Baxter and Hopper, 1984:119)

Absolute Needs. Although all homeless persons experience substantial deprivation, their needs vary markedly; if service
interests are not altered by competing needs or suppressed by mental illness or substance abuse, service interests will vary directly with these needs. The severity of housing needs themselves are variable, being most severe among those chronically homeless (perhaps one-quarter of the homeless) and least severe among those only temporarily homeless (Institute of Medicine, 1988). Financial resources and health problems also vary among homeless persons. (Farr et al., 1986; Robertson and Cousineau, 1986; Rossi and Wright, 1987; Rossi et al., 1986; Wright et al., 1987).

Six hypotheses represent these three different perspectives on the correlates of homeless persons’ service interests:

**Repressed Needs**

(1) The greater the level of mental illness or alcoholism, the less the level of interest in services of any kind.

**Relative Needs**

(2) The greater the basic needs, the greater the interest in basic services.

(3) The greater the basic needs, the less the interest in services for help with a drinking or psychiatric problem.

(4) For those whose basic needs are not met, interest in health services does not increase with health needs; for those whose basic needs are met, interest in health services increases with health needs.

**Absolute Needs**

(5) The greater the basic needs, the greater the interest in basic social services.

(6) The greater the level of psychiatric or substance abuse problems, the greater the interest in related health services.

Figure 1 summarizes these predictions.

**Findings**

**Variation in Service Interests**

Service interests varied substantially across the specific service areas, from a high of 86 percent expressing interest in
help with housing to a low of 16 percent expressing interest in mental health services (table 1). Overall, interest in receiving help with housing, employment and benefits was higher than interest in receiving help with the health problems of physical illness, alcoholism, or mental illness. Within the basic economic needs, help with housing was of more interest than help with a job or benefits; within the health needs, seeing a nurse for a physical problem was of more interest than help with an alcohol or psychiatric problem. This distribution of service interests is almost identical to that reported by Mulkern and Bradley (1986)
from their one-night survey of guests at two large shelters in the city (one of which was the shelter in this study).

**Correlates of Interest in Services**

Zero-order correlates of interest in the different services tended to conform to the absolute needs predictions (table 2). Desires for help with benefits and with employment were higher among those without either; in addition, desire for help with securing benefits was associated positively with degree of difficulty in affording things. Those who had usually been sleeping on the streets or in shelters were more interested in help with benefits and in help with housing (although the latter correlation was not statistically significant), while those who had usually been living in hotels or other marginal accommodations were less interested in help with finding housing.

Interest in help with each health problem increased with the corresponding indicator of the occurrence of this problem. In addition, interest in help with a drinking problem was greater among those who reported a physical health problem.

Each of the service interest variables also was correlated with indicators of other types of needs: Prior residence on the streets or in shelters, length of time homeless, and difficulty in affording things were each associated with more interest in help with a physical health problem, a mental or nervous problem, and a drinking problem. Interest in help with a drinking problem was higher among those without a job or other financial benefits. Interest in help with housing, benefits and job opportunities were each correlated with indicators of one or more health problems. These additional correlations indicate the importance of controlling for additional influences in order to test for the independence of the effects of the need indicators on interest in the corresponding services.

**Regression Analyses**

Regression analyses were used to evaluate the degree to which the different needs and demographic characteristics contribute independently to service interests.

Interest in help with finding housing bore the least relation to the independent variables (see table 4). Blacks and Hispanics
and those with physical health problems were more interested in help with housing than others, while those who had previously slept in hotels and other marginal accommodations were less interested in help with finding housing.

Interest in help with financial benefits was greater among those who lacked either benefits or a job and among those who reported difficulty in affording things. Those who reported physical health problems and drinkers who had been treated for a psychiatric problem were also more interested in help with benefits. Women and drinkers who had been treated for a psychiatric problem were less interested than others in help with finding a job.
Table 3

Regression Analyses of Service Interests

<table>
<thead>
<tr>
<th>Service Interests (Betas)</th>
<th>House</th>
<th>Benef</th>
<th>Job</th>
<th>Nurse</th>
<th>Alcl</th>
<th>Psych</th>
</tr>
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<tbody>
<tr>
<td>Stability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diff. Afford</td>
<td>.01</td>
<td>.29***</td>
<td>.05</td>
<td>-.02</td>
<td>.05</td>
<td>.06</td>
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<tr>
<td>No Benef/Emp.</td>
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<td>.16*</td>
<td>.12</td>
<td>-.06</td>
<td>.13</td>
<td>-.01</td>
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<tr>
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<td>-.01</td>
<td>.15</td>
<td>-.04</td>
<td>-.05</td>
<td>.01</td>
</tr>
<tr>
<td>Slept(shelter)</td>
<td>-.01</td>
<td>-.01</td>
<td>.14</td>
<td>.22**</td>
<td>-.08</td>
<td>.20*</td>
</tr>
<tr>
<td>Length</td>
<td>.11</td>
<td>.05</td>
<td>.02</td>
<td>.05</td>
<td>.09</td>
<td>.00</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Prob.</td>
<td>.17*</td>
<td>.21**</td>
<td>.05</td>
<td>.33***</td>
<td>.08</td>
<td>-.08</td>
</tr>
<tr>
<td>Drinking</td>
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<td>-.05</td>
<td>.06</td>
<td>.03</td>
<td>.73***</td>
<td>.14</td>
</tr>
<tr>
<td>Psych.</td>
<td>.05</td>
<td>.02</td>
<td>.03</td>
<td>-.06</td>
<td>.08</td>
<td>.34***</td>
</tr>
<tr>
<td>Psych+Drink</td>
<td>-.02</td>
<td>.21*</td>
<td>-.27**</td>
<td>-.16</td>
<td>-.05</td>
<td>-.14</td>
</tr>
<tr>
<td>Social Background</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>-.07</td>
<td>-.02</td>
<td>-.13</td>
<td>.07</td>
<td>-.09</td>
<td>-.08</td>
</tr>
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<td>Sex(F)</td>
<td>.01</td>
<td>.01</td>
<td>-.20*</td>
<td>-.04</td>
<td>.02</td>
<td>.07</td>
</tr>
<tr>
<td>Race(M)</td>
<td>.16*</td>
<td>.14</td>
<td>-.14</td>
<td>.07</td>
<td>.03</td>
<td>.03</td>
</tr>
<tr>
<td>Scl.Supp.</td>
<td>-.09</td>
<td>.07</td>
<td>-.02</td>
<td>.06</td>
<td>.01</td>
<td>-.17*</td>
</tr>
<tr>
<td>R²</td>
<td>.09</td>
<td>.26</td>
<td>.20</td>
<td>.23</td>
<td>.55</td>
<td>.19</td>
</tr>
<tr>
<td>Adj. R²</td>
<td>.02</td>
<td>.20</td>
<td>.13</td>
<td>.18</td>
<td>.51</td>
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<td>156</td>
<td>179</td>
<td>193</td>
<td>174</td>
<td>188</td>
</tr>
</tbody>
</table>

*Interest scores reverse coded: higher scores represent more interest.
*p <= .05  **p <= .01  ***p <= .001

Prior residence on the streets or in shelters and experiencing a physical health problem both increased interest in help with a physical health problem.

More of the variance in interest in help with a drinking problem was explained by the additive regression model than was true for any other dependent variable, but this was due almost entirely to the effect of presence of a drinking problem. The correlations of interest in help with a drinking problem with sociodemographic characteristics, residential status and economic need are thus explained by their association with
likelihood of having a drinking problem. No significant interaction effects were identified.

Interest in help with a mental health problem increased with prior residence on the streets or in shelters as well as with prior treatment for a mental health problem; it decreased with number of potential social supports. No significant interaction effects were identified.

Discussion

Homeless adults’ interest in services varied between types of services and, for each type of service, between homeless individuals. This variation and the reasons for it have important implications for social service policy.

Understandably, the most widely shared perceived need was for help with housing; next in importance were help with jobs and benefits, followed by interest in help with physical health problems and then interest in help with a drinking or mental health problem. This pattern underscores the importance of basic economic needs in efforts to respond to the problems of the homeless and the lack of perceived need of many homeless persons for health services.

The regression analyses of interest in health services yielded strong support for the absolute needs explanation of variation in service interests. Desire for help with each of the three health problems was associated directly with indicators of the corresponding health problems; in fact, crosstabular analysis (not reported here) revealed that the presence of a health problem was a necessary, though not sufficient condition for expression of interest in help with that problem.

The absolute needs explanation received less support in the regression analyses of interest in basic services. Interest in help with securing benefits varied directly with both indicators of financial need, but interest in help with finding a job did not. Homeless persons who had usually slept in hotels or other marginal accommodations were less, rather than more interested in help with finding housing; those who had usually slept in shelters and in the streets did not evince a particular interest in help with finding housing.
Several relationships were not predicted by any of the three perspectives, but suggest important directions for further research. The associations of usual residence on the streets or in shelters with greater interest in physical health and mental health services is consistent with the assumption that health problems increase with homelessness. Although these effects were independent of the indicators of health status used in this study, they may capture additional variation in physical and mental health that is not tapped by the crude health status indicators used.

Imperfect measures of health status may account for the continued effect of some variables in the regression analyses of interest in health services. The only available indicator of need for mental health services was prior treatment for mental illness; this is a crude measure that does not capture fully the variation in mental illness at the time the interviews were conducted. Unmeasured variation in mental illness may account for the continued effects of prior street/shelter residence and lack of social supports in the regression analysis—both of these variables are associated with mental illness. A similar argument can be made with respect to interest in seeing a nurse about a physical health problem. By contrast, the only variable having an independent effect on interest in help with a drinking problem was the indicator of alcoholism/alcohol abuse—the most reliable of the three health status indicators.

The hierarchy of needs perspective predicted that interest in help with health problems would vary inversely with basic economic problems. This prediction was not supported for any of the three health-related help variables. The hierarchy perspective also hypothesized that those with health problems would be less interested in help for those health problems when basic economic needs were not addressed; this prediction of an interaction effect also was not supported.

The “repressed needs” explanation of service interests also fared poorly in the analysis. Only in the case of interest in help with finding work was the predicted relationship found: Respondents with a drinking problem and prior treatment for mental illness were less interested. Although the coefficients representing the effects of dual diagnosis on interest in help
with physical and mental health problems were not statistically significant, they were both in the direction predicted by the repressed needs perspective. However, the individuals who were likely to be mentally ill alcoholics were more, rather than less interested in help with obtaining economic benefits.

Broad social patterns based on residential discrimination and sex roles are likely to account for the influence of race and sex, respectively, on interest in help with finding housing and a job.

Conclusions

Mental health practitioners have been cautioned to expect resistance to mental health care among homeless persons with psychiatric problems, due to prior negative treatment experiences as well as the nature of chronic mental illness. This study does not support that expectation for persons using a shelter that offered health services: The findings indicate that interest in social and health services, when expressed in a supportive environment, can be considered a useful guide for determining which clients are in greatest need of these services.

This study's generalizability is limited by its focus on users of one shelter, but the conceptual identification and multivariate testing of alternative explanations of service interests should help to chart an important direction for future research. Service orientations are a critical influence on the services actually received by homeless persons. This research begins to lay the foundation of knowledge that is required to develop service policies and programs that will elicit the participation of needy homeless persons. Subsequent investigations should include broader samples of homeless persons, more reliable measures of mental illness, more direct measures of service needs and prior service experiences, as well as multivariate models like those tested in this paper.

References


To Survive And To Thrive: Integrating Services For The Homeless Mentally Ill

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An intervention research project with homeless, chronically mentally ill persons demonstrated that linking rehabilitation services, such as employment skills and psycho-social stabilization, with survival services promotes success in serving this population. The project confirmed the central role of case managers in promoting engagement with mental health services and re-integration into stable community living.

Various studies indicate the homeless are a heterogeneous population (Baxter & Hopper, 1982; Stoner, 1983; Kaufman, 1984; U.S. General Accounting Office, 1985, pp. 5–6; McChesney, 1988). A large proportion of the homeless are low-income people who are the victims of economic changes—lost jobs and rising housing costs. Another large proportion of the homeless, the subject of this report, are the chronically and severely mentally ill, who are victims of the failed de-institutionalization policy
of the last twenty years (Ibid). While the sheer loss of low-income housing stock is also a factor in the homelessness of the mentally ill, their situation appears to be more profoundly related to the lack of a planned, comprehensive system of services in the community (Bachrach, 1984; Crystal, 1984; Lamb, 1984; Stoner, 1984).

True, de-institutionalization has had the positive value of greater freedom and autonomy for many of the mentally ill. The minimal care and stimulation, and sometimes flagrant abuses in the state mental institutions, were legitimately criticized by advocates for the mentally ill. However, the development of bus and subway stations, streets and highway underpasses, doorways and cardboard boxes as "homes", along with the more humane societal response of emergency shelters for the homeless mentally ill, has led to the ironic observation that we are creating the phenomenon of "asylums without walls" (Lipton, Sabatini & Katz, 1983, p. 821).

Service Needs of the Homeless Mentally Ill

Their residential instability and alienation from society makes it extremely difficult to accurately assess the needs of the homeless mentally ill. Most of our knowledge of their characteristics and needs comes from service providers and researchers working directly in shelters, jails, hospital emergency rooms and other service programs (Lamb & Grant, 1982; Arce, et al. 1983; Crystal, 1984; Hagen, 1987). Nine such studies were commissioned by the National Institute of Mental Health (NIMH) in 1983-84 to address the service needs and the planning and delivery of services to the homeless, chronically mentally ill (Bachrach, 1984). From these sources a number of observations can be made about service needs:

1. Perhaps the most crucial resource needed to serve the homeless mentally ill is a core of people with the skills to reach out and establish rapport and communication with persons broken by psychosis, alienation, a sense of failure, and the stress of sheer physical survival (Larew, 1980; Lamb, 1984; Cohen, 1989; Blankertz, et al., 1990).

An example of aggressive outreach is provided by the interdisciplinary teams of Project HELP, who cruised Manhattan
in a van, to provide crisis medical and psychiatric services, on both voluntary and involuntary basis (Cohen, Putnam Sullivan, 1984). Drop-in centers are a service model which demonstrate that supportive and nurturing environments, responsive to their basic survival and socialization needs, will draw some of the homeless mentally ill voluntarily, and that they can be engaged in more substantial services, such as treatment and rehabilitation (Breton, 1984; Stoner, 1984; Cohen, 1989).

2. Beyond outreach, the homeless mentally ill need stable human relationships and skilled assistance to help them obtain other needed services and resources. The case management approach, using both professionals, paraprofessionals and volunteers, is rapidly expanding and the various models of case management are being assessed for effectiveness (Baker & Weiss, 1984; Rapp & Chamberlain, 1985; Fiorentine & Grusky, 1990).

3. Most obvious is a need for community-based, low-cost housing characterized by a range of choices and structures for people who may never cope entirely independently (Ball & Havassy, 1984; Lamb, 1984; McChesney, 1988). Much creativity and a determined commitment to funding will be needed to provide the "appropriately supportive and structured living arrangements" (Lamb, 1984, p. 900). The laws which restricted the use of involuntary commitment and conservatorship may need to be re-examined to mandate physical care and treatment to those who are clearly a danger to themselves and others in the community (Ibid.; American Psychiatric Association, 1984).

However, research on the homeless mentally ill also suggests that the validity of diagnosis is questionable when basic survival needs are unmet (Baxter & Hopper, 1982; Bean, Stefl & Howe, 1987). Rehabilitation models must address the needs for food, clothing, shelter and medical care.

4. The relationship between mental illness and crime presents many diagnostic and service challenges. Research indicates that mental illness, combined with drug and/or alcohol abuse may result in higher rates of arrest and jailing of the mentally ill (Blankertz et al., 1990); or the jails may sometimes be an easier mechanism of social control than hospitals (Lamb & Grant, 1982). Additionally, the mentally ill themselves report that sometimes they knowingly choose to commit a misdemeanor in order to get taken to jail, when hard-pressed
for a safe place to sleep (Ball & Havassy, 1984; Larew, 1980). Clearly, whatever the causal relationships, programs serving the homeless mentally ill need to develop policies and procedures responsive to the complications of their involvement with the criminal justice system.

The research on serving the homeless mentally ill agrees on the need for a flexible, comprehensive range of services. These services must be founded on meeting their basic physical survival needs, and include various kinds of support services which recognize the range of human need for economic security, psycho-social relationships and stimulating activity (Lipton, Sabatini and Katz, 1983; Ball & Havassy, 1984; Kaufman, 1984). Psychiatric treatment, devoid of substantial attention to these other needs, will not succeed with the homeless mentally ill.

In Bachrach’s analysis of the 1983–84 NIMH studies on the homeless mentally ill, she indicated a wide range of remaining research questions. Among these were (a) whether specific kinds of services and styles of service delivery are attractive to individuals in subgroups of the population; and (b) what kind of specific case management approaches may enhance service delivery to this population (1984, p. 913)?

This article report the initial results of a demonstration service project in Seattle, Washington, testing the prospects for engaging the homeless mentally ill in the development of work and employment skills, through a program design which began by first addressing their basic needs for stable housing, food, medical and mental health care, and financial support.

An Innovative Service for Homeless Mentally Ill

Community Psychiatric Clinic, a community mental health center in Seattle, has developed a number of innovative programs to serve the chronically mentally ill. These include several supportive residential programs, a thrift shop operated by clients, a sheltered vocational training program, and a Jail Diversi- sion Program (JDP) for mentally ill clients who have committed legal offenses.
In 1987, with NIMH funding assistance, Community Psychiatric Clinic developed a drop-in center to provide prevocational skill development for the homeless chronically mentally ill in downtown Seattle. The program, entitled CLEAN START, offers on-site basic hygiene facilities (shower and laundry), free breakfast and low-cost ($1.00) hot lunch and socialization activities (games, outings, singing, etc.). Case management services are provided by professionally trained staff, to assist participants to obtain stable housing, medical and psychiatric care, financial aid, protective payeeship\(^1\) and other services as needed and requested. For those participants who voluntarily express interest, the staff work with them to assess their work potential, and develop with them an individualized plan of activities at the program site, through which to learn prevocational or work readiness skills.

The purposes of the demonstration phase of CLEAN START were (a) to determine whether to provision of services to meet basic human needs for food, hygiene and, social contact, in the informality of a drop-in center, would engage the homeless chronically mentally ill in mental health treatment and acceptance of case management services, and, (b) to determine the degree to which the homeless mentally ill could benefit from prevocational skills training, as a foundation for entry into sheltered vocational training.

Clients practiced prevocational skills by participating in operation of the program, that is, they entered into individualized agreements to assist with laundry, meal preparation, cleaning of kitchen and bathrooms and other tasks. Skills emphasized were basic work readiness attitudes and habits, such as coming on the right day at the right hour, developing rapport with others in working on a task, and increasing ability to follow directions and accept correction.

An important policy feature of CLEAN START is the commitment to serve clients with multiple problems and service needs, such as homelessness, mental illness, history of criminal offenses, drug and/or alcohol abuse. Many of the participants have experienced rejection from other programs which are not designed to address their many interrelated needs.

CLEAN START operates in a small, but pleasant store-front
location in a relatively quiet downtown Seattle neighborhood. Access to the program is enhanced by the free downtown bus transportation, a public service available to the general population.

Evaluation Methods

An evaluation component was included in the development of the CLEAN START project. The process evaluation had two objectives:

1. To do an exploratory assessment of client improvement in functioning as a result of the program; that is, to seek to answer Bachrach's (1984) question regarding what kind of specific approaches enhance service delivery to this population; and, 2. To conduct a client satisfaction assessment, to determine what program features attract and engage clients. This second objective also responds to Bachrach's (1984) question regarding specification of services attractive to subgroups in the population.

The study population consisted of 42 CLEAN START participants and 12 comparison group clients served by another case management program of the agency, namely The Jail Diversion Program (JDP) referred above. A frequent limitation of field evaluation is the infeasibility of random selection of cases, which was a factor in this study. Some CLEAN START participants had been initially enrolled in JDP, and had then been referred to CLEAN START, as the JDP case manager assessed their potential to benefit from the prevocational skills training.

Data for the evaluation were gathered from four sources:
1. Rating scales used by the program to assess entry (baseline) and post-treatment measures of client level of functioning with regard to personal hygiene, independent living skills, prevocational skills and psychological coping. These rating scales consisted of standard forms developed for agency-wide use. (See Table 2 for selected results on specific skills rated.);
2. Client satisfaction assessment, which consisted of in-person interviews with clients, using open-ended questions. Interviews
were conducted with thirty-two (32) CLEAN START participants, and six (6) of the twelve (12) JDP comparison group;
3. In-person interviews with case managers regarding client needs and progress, also using open-ended questions;
4. Participant observation by the research team in the daily program of CLEAN START to develop grounded understanding (Schatzman & Strauss, 1973) of client problems and progress. For example, members of the research team frequently participated with clients and staff in preparing, serving and eating daily lunch, which was usually a major activity of the day.

CLEAN START Participants

The forty-two (42) CLEAN START participants came from two sources:
1. Thirty (30) participants were referred by two community-based mental health treatment programs for the chronically mentally ill. One program specialized in serving persons with high involuntary hospitalization rates, while the second served persons with high jail recidivism rates (the JDP of Community Psychiatric Clinic); and,
2. Twelve (12) participants were homeless, mentally ill persons not receiving mental health services at the time of referral to CLEAN START. These 12 were referred by shelters, other social agencies, or by a friend who was already involved at CLEAN START.

Of the 42 CLEAN START participants, 36 were male and 6 were female. Median age was 32, with a range from 21 to 57. Ethnic identity included 12 African-American, 2 Hispanic, 2 Native American, 2 Asian and 24 White. Twenty-five (60%) were on protective payee status (See Footnote 1). As Table 1 displays, 95% (n=40) of the participants had histories of multiple, involuntary hospitalizations, and over 50% (n=21) had histories of one or more jailings, and unstable housing or homelessness prior to enrollment in a community-based treatment program. Seventy-nine percent (n=33) had also experienced previous outpatient mental health treatment, and 69% (n=29) had evident drug or alcohol abuse problems.

Interviews with case managers enriched the descriptive understanding of the characteristics of the participants. Case
### Table 1

**Comparison of Client Status at Baseline and at Six-Month Evaluation**

(N=42)

<table>
<thead>
<tr>
<th></th>
<th>Baseline #</th>
<th>Baseline %</th>
<th>At Follow-up #</th>
<th>At Follow-up %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless or in emergency shelter</td>
<td>21</td>
<td>50¹</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Experienced psychiatric hospitalization</td>
<td>40</td>
<td>95²</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>Experienced out-patient mental health treatment</td>
<td>33</td>
<td>79²</td>
<td>N/A</td>
<td>N/A⁴</td>
</tr>
<tr>
<td>Substance abuse (drug and/or alcohol)</td>
<td>29</td>
<td>69²</td>
<td>18</td>
<td>43⁵</td>
</tr>
<tr>
<td>Experienced incarceration (one or more times)</td>
<td>21</td>
<td>50²</td>
<td>6</td>
<td>14³</td>
</tr>
</tbody>
</table>

¹At baseline  
²Prior to baseline  
³Arrest warrants issued prior to baseline  
⁴Not applicable. CLEAN START is an out-patient program.  
⁵Not strictly comparable to baseline, as case managers also included "excessive" cigarette smoking in rating.

Managers' knowledge of the clients' history was based on formal case records and on information shared by clients in the course of the case management relationship. Both the CLEAN START participants and the JDP comparison group came from family backgrounds of poverty, with related lack of medical and dental care. Family background also frequently included mental illness, substance abuse, physical violence, and frequent moves by military families. The case histories of their troubled lives revealed the frequent lack of social support to ameliorate situational crises, resulting in a downward spiral into chronic, dysfunctional behavior and subsequent hospitalization or imprisonment.

The case example of Gregory, a white man, portrays poignantly this pattern:

Gregory's mother died when he was seven, after which he was cared for by his grandmother, until she too died when he was
fourteen. His father, a blue-collar worker, was beset by the demands of earning a living, and had not been much involved in his parenting. Neither personal supports, such as neighbors or other kin, nor social services supports, such as foster care or homemaker services were forthcoming. Virtually alone in the world, Gregory took to the road and ended up in a medium-security adult prison at the age of eighteen. Here, he developed a veneer of prison toughness. His case manager at the Jail Diversion Project was his first significant human relationship since his grandmother’s death. This case manager supported Gregory’s move to a program with more services by personally accompanying him on his first visit to CLEAN START.

Service Use and Client Progress

Over the six-month time-frame of the evaluation, the program provided an average of 31 lunches, 15 showers and 13 laundry loads per day. Table 2 reports selected results from rating scales completed by staff to assess client independent living skills and employment skills at baseline and again at completion of the six-month evaluation process. These scales indicate clients’ progress on developing independent living skills (e.g. hygiene maintenance, budgeting of money, developing a hobby or personal interest), and their progress on employment skills (e.g. grooming, punctuality, cooperation, working independently). However, with the exception of grooming, the changes were not statistically significant when subjected to a Sign test.²

As displayed on Table 1, 50% (n=21) of participants were either homeless on the streets or living in emergency shelters when enrolling in the program. Of these, seventeen were stabilized in permanent housing at the end of the six-month evaluation time-frame. Participants also avoided re-incarceration, (those six who were jailed were summoned by warrants issued prior to enrollment in CLEAN START) and had a lower rate of re-hospitalization during their participation in CLEAN START.

Of the 42 participants, two (2) went on to enroll in a sheltered vocational training program. A case example illustrates the magnitude of needs and dysfunction which were addressed to achieve even this modest level of success:

John, a 43 year-old African American man, was also referred
Table 2

Client Progress on Skills Development (N=42)

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th></th>
<th>At Six-Month Evaluation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Independent Living Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains personal hygiene</td>
<td>27</td>
<td>64</td>
<td>27</td>
<td>64</td>
</tr>
<tr>
<td>Handles own money</td>
<td>15</td>
<td>35</td>
<td>16</td>
<td>35</td>
</tr>
<tr>
<td>Budgets money to last</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>through the month</td>
<td>12</td>
<td>28</td>
<td>13</td>
<td>31</td>
</tr>
<tr>
<td>Regular exercise</td>
<td>26</td>
<td>62</td>
<td>25</td>
<td>59</td>
</tr>
<tr>
<td>Able to use public transportation</td>
<td>36</td>
<td>85</td>
<td>36</td>
<td>85</td>
</tr>
<tr>
<td>Has a hobby or personal interest</td>
<td>19</td>
<td>45</td>
<td>21</td>
<td>50</td>
</tr>
<tr>
<td>Able to use support groups</td>
<td>20</td>
<td>47</td>
<td>19</td>
<td>45</td>
</tr>
<tr>
<td>Employment skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work, Readiness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>— Punctuality</td>
<td>11</td>
<td>26</td>
<td>14</td>
<td>33</td>
</tr>
<tr>
<td>— Grooming</td>
<td>17</td>
<td>40</td>
<td>24</td>
<td>57*</td>
</tr>
<tr>
<td>Work Attitudes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>— Initiative</td>
<td>14</td>
<td>33</td>
<td>17</td>
<td>40</td>
</tr>
<tr>
<td>— Persistence with task</td>
<td>15</td>
<td>35</td>
<td>19</td>
<td>45</td>
</tr>
<tr>
<td>— Speed in task completion</td>
<td>12</td>
<td>28</td>
<td>23</td>
<td>54</td>
</tr>
<tr>
<td>Interpersonal Attitudes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>— Rapport with co-workers</td>
<td>19</td>
<td>45</td>
<td>24</td>
<td>57</td>
</tr>
<tr>
<td>— Rapport with supervisor</td>
<td>28</td>
<td>67</td>
<td>28</td>
<td>67</td>
</tr>
<tr>
<td>Work Performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>— Productivity</td>
<td>15</td>
<td>35</td>
<td>13</td>
<td>31</td>
</tr>
<tr>
<td>— Able to work without</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>close supervision</td>
<td>19</td>
<td>45</td>
<td>20</td>
<td>47</td>
</tr>
</tbody>
</table>

1Rated "usually" or "always" by case manager.

*P<.01 (one-tailed Sign test).
to CLEAN START by the JDP. He had been initially enrolled in the JDP in 1984, after his arrest for drinking in public and shoplifting. At that time he was living in an abandoned house with no medication or social support. Several jailings and hospitalizations ensued before he stabilized in the JDP. His case manager accompanied him three times to CLEAN START before he came independently. The CLEAN START male staff member engaged John in the kitchen, step-by-step teaching him the fundamentals of cooking and discussing the role of male chefs. Eventually John obtained living quarters with cooking facilities, and was able to prepare a meal for himself and his case manager. John graduated to Community Psychiatric Clinic's sheltered workshop, and from there went on to a job as a janitor at 16 hours a week, earning $3.35 an hour.

For many clients, unsubsidized, independent employment in non-sheltered work settings may not a realistic goal toward which to strive. Nevertheless, when asked in open-ended questions what features of CLEAN START they liked, they said they appreciated being asked and expected to join in the work of the drop-in center. Although client progress was not statistically significant, case manager reports indicated that most clients showed at least improvement in skills of daily living and in ability to contribute to program activities. The case examples of Terry illustrate the unique and difficult-to-quantify patterns of client improvement:

Terry, a white man, in his thirties, had lost his one-room apartment when he was unable to pay his rent after being robbed. He was homeless and sleeping at the airport when he first began attending CLEAN START. He did not graduate to vocational training, but after several months of regular attendance at CLEAN START he obtained stable housing and progressed to being able to assist another client, Tim, who was legally blind, to renew his monthly bus pass and to regularly obtain supplies from the local food bank.

Client Response to CLEAN START

The thirty-two participants who were interviewed were asked open-ended questions to elicit both their positive and negative reactions to the program. The responses shed light on their own perceptions of needs and illustrate which features of
the program attracted and engaged their regular participation. Analysis of client interviews indicated that they viewed the program as a normalization experience. For example, clients said they were relieved to shower in private, rather than "with other naked men, like in the army" at the shelters, or in the dangerous environs of Single Room Occupancy (SRO) hotels.

Clients said they were initially attracted by the private shower, the free laundry, the low-cost, tasty lunch, and the friendly caring staff. Thirty-one percent (n=10), of those who were personally interviewed attributed their return after the first visit to their case manager. Case review indicated that the majority of clients who successfully engaged in CLEAN START during the demonstration phase, were physically escorted and introduced to the program by their case managers from the referring program, to ease clients' anxiety about involvement in a new setting. This underscores the importance of "aggressive outreach" and the important human contact which case managers provide for the mentally ill who frequently lack family or friends to offer support or structure in their lives.

A client poem demonstrates the emotional response to sensitive staff who convey a sense of personal caring:

SECOND CHANCE by _______________

I came into their midst a total stranger
Up until that point in my life, nothing had no real meaning
But these two compassionate people ______ and ______ [staff]
pointed me in the direction
that my wandering soul had sought for so long
In return for their counsel and a way of keeping my dignity,
they give me a chance to work a little in a place
appropriately named, CLEAN START
They have given me the key that shall unlock my torment and
allow me a second chance.

They also perceived the available opportunity to move to a vocational training program motivated them to engage in the work of CLEAN START. The implication appears to be that they did not view the tasks at the program as "make-work", but as a foundation for serious work opportunities.
Another normalization feature which clients cited was the opportunity for safe social activities. Most shelters require residents to vacate the premises during the day, and most SRO housing is isolated, cramped, and without program activities. Forty-one percent (n=13) of the 32 personally interviewed, said they would be sitting isolated in a room, without the program. Clients also volunteered that they were more likely to abuse drugs or alcohol when they found themselves idle on the streets.

Client control over the terms of participation also contributed to their continuation in the program. Over 60% (n=20) of the interviewees felt they had a voice in the program operation, and over 88% (n=28) felt they had a choice of activities and level of participation. Over 80% (n=26) felt comfortable in discussing a problem about the program with staff. Participants appreciated the freedom to choose when to come, which activities to participate in, and the opportunity to start over each day with a “Clean Start” if they were occasionally asked to leave for disruptive behavior on a given day. Staff did not eject them from the program for relapses into anger, drinking or psychotic episodes.

In summary, clients based their positive evaluation of the program on the availability of basic survival services, the caring staff, and the opportunity for work and other meaningful activity. Clients' negative comments on the program appeared to reflect limitations due to funding levels, such as crowded conditions and not enough food. For some it was their only meal of the day.

Comparison Group

Six clients (five male, one female) and their case managers in the jail Diversion Program of Community Psychiatric Clinic were interviewed to illuminate why clients might not be attracted to a prevocational program. Clients in the in the JDP program were more stabilized in the community, that is, they had adequate housing, finances and psychiatric treatment after an average of two years case management services. Their case managers had attempted to refer them to CLEAN START
because they felt they could have benefitted from the prevocational services at CLEAN START. However, they rejected referral to CLEAN START. In interviews with the research team they stated they had already solved their on-going need for basic hygiene and food services through their participation in the JDP. From this finding we concluded basic survival services and treatment and training should be linked within programs, to engage various sub-populations among the homeless, chronically mentally ill.

For example, the comparison group clients at JDP also explicitly recognized CLEAN START as a mental health program, and said they were not mentally ill. They apparently preferred the offender label, and also stated they preferred to seek work through their own efforts. Case managers also assessed the comparison group as generally more deviant, and older, than those who successfully engaged at CLEAN START, indicating the supervisory features of the JDP may indeed have been the appropriate treatment for them.

Policy and Program Implications

This evaluation of a demonstration service program contributes toward answering Bachrach's research questions (see page 238), and suggests specific policy and program features:

1. Programs which include resources for meeting basic needs (housing, food, medical care, etc.) are more likely to succeed in engaging clients' participation in mental health treatment and other rehabilitative services. Maslow's insight that basic security is the vital foundation of self-actualization is valid even for those whose potential may seem relatively limited.

2. A continuum of mental health programs are needed to meet the varied needs, preferences and characteristics of the homeless mentally ill. For CLEAN START participants it had normalization features, while others who refused referral saw it as stigmatizing. Moreover, this research supports other studies which suggest women may be more at ease in gender-segregated programs (Stoner, 1983; Breton, 1984). As participant observers, we concluded that the six women who attended CLEAN START appeared more ill-at-ease and participated less
in conversation and activities than did the men. Both female and balanced-gender programs are desirable. Ethnic and racial identity issues are also salient to program design. Again, as participant observers, we concluded that minority clients appeared less comfortable in participating and in expressing themselves.

3. Programs will do better in engaging the mentally ill off the street if they are internally flexible and willing to accept persons with multiple problems, including criminal offenses. Narrow entry criteria or rigid behavior requirements will not entice the mentally ill voluntarily. Involuntary commitment is obviously a necessary policy option; but the test of success of a voluntary program may well be the client's steady return. It appears that a key element in the clients' positive assessment of CLEAN START was their active involvement in evaluating their own functioning level, and in setting up case management and treatment plans for themselves—being able to say what they needed and wanted. This finding supports previous research on effective clinical interventions, which asserted the importance of the clients' views of their situation (Ball & Havassy, 1984; Rapp & Chamberlain, 1985).

4. Social activities and work and employment opportunities can and should be an integral component of working with the mentally ill. This project demonstrated that persons with chronic and severe dysfunction can progress toward more independent living. However, dramatic changes may not be likely. Moreover, clients themselves recognized that their mental and emotional coping diminished when they lacked meaningful, structured activity. While homelessness may arise from the "complications" of mental illness, it is also true that the aimlessness and fight for survival on the streets also contribute to deterioration of mental and emotional functioning.

5. Other researchers have noted that drop-in centers and community mental health outreach teams frequently suffer from undertrained staff and offer only crisis intervention and referral (Benda, 1990, p. 57). CLEAN START was staffed by professionally trained, experienced case managers, which presumably contributed to their ability to engage and sustain therapeutic relationships with persons with multiple and severe problems in functioning.
This research did not set out to study case management per se. The case manager's role emerged, however, as a critical variable in structuring and sustaining each participant's engagement in the program services. Appropriate topics for further research would include refinements on understanding the case management model and factors affecting case management performance and stability, as a basis for successful relationships to clients.

6. The family and personal histories of the homeless mentally ill, as recounted by case managers at CLEAN START and JDP, and illustrated by the case examples of Gregory, John and Terry, indicate that at least some chronic mental illness stems from unameliorated situational crises, rather than from organic factors. Crisis intervention services, and preventive social support systems are needed for individuals and families lacking natural helping networks of family and friends, to prevent the long and painful drift into the status of homeless, chronically mentally ill.

Notes

1. Protective payee status is a court-ordered status whereby a person's income is managed by a court-assigned party, when the payee is declared unable to appropriately use his/her own income. Skid Road alcoholics are frequently assigned to protective payee status to prevent their use of income to purchase alcohol.

2. The Sign test is a nonparametric procedure used to compare observations for small samples with ordinal measures, where a normal distribution cannot be assumed (Ferguson, 1981, pp. 400-402).

References


**Homeless Mentally Ill**


Book Review


One might think that the plethora of recent articles and books on the many faces of homelessness had covered all of the bases. Not so. The Visible Poor: Homelessness in the United States, provides a refreshing departure from mainstream analysis of the poor, the homeless and the poorly housed. The book is a well documented examination of the multiple and complex causes of homelessness and an interesting analysis of the various public and private responses to several heterogeneous homeless populations.

The author, after establishing a position that the phenomena of homelessness cannot be meaningfully understood apart from political and economic forces in both public and private arenas, ventures into a more penetrating analysis. Well documented throughout, the discussion ranges from the social construction of homelessness as a political category to an historical overview of homelessness and to the recent reluctant welfare responses to homelessness found in the United States.

Blau examines the causes of homelessness in four chapters on the economics of poverty, social welfare and the principle of less eligibility, housing and mental illness. Here the author is careful to delineate the homeless as consisting of several complex and heterogeneous populations not necessarily socially or conceptually linked together. Indeed, Blau includes several instances of how politically motivated definitions of homelessness and various lumping strategies have shaped recent multi-level public and private responses and policy options.

In the middle chapters the author details reactions to homelessness including social movements to organize and politically involve homeless persons, legal cases and key court decisions and specific municipal responses from several cities throughout the United States.
Blau finds that cities tend to respond to locally relevant homeless problems based not only upon the number and distribution of homeless people (visibility) but just as importantly upon the local political system and the pervasive power of business communities to shape system wide municipal responses.

Two chapters are given over to the special problems of the homeless and the multiple audiences who have responded (or failed to respond) in New York City. To some this section of the book may seem like Big Apple overkill, but this reviewer found these chapters to be an impressive presentation of the relationship of homelessness to private business concerns, to political coalitions, and to public sector pressures. Lessons are there to be learned.

Examined next is the social policy response in which Blau characterizes the homeless as having been largely written off in the 1980’s:

Instead of trying to ensure that the vast majority of poor people have a minimally adequate standard of living, it (social policy) has reduced social welfare funding and encouraged a form of national triage.

In the final chapter on human needs Blau lays his cards on the table by making a case for large scale changes in the welfare system, new funding for affordable housing, a higher minimum wage and other changes in a political and economic system currently dominated by the profit motive. Emphasis is given to macro political and economic reform rather than to solutions at the micro level. Joel Blau’s wide ranging proposals to help resolve homelessness as a social problem will strike some as politically left leaning as there is no discussion of the success of the trickle-down economic policies of the past two administrations in Washington. On the other hand and in keeping with Blau’s analysis, those leaning in the other direction would be unlikely to undertake serious macro analysis of homelessness to begin with.

The book is easy to read and, while well documented with forty pages of citations and notes, is intended for the general audience. It would be appropriate for graduate and undergraduate courses on social policy and social problems.
It will be welcomed by those seeking a single source for the study of homelessness and welfare responses. The book will likely make an important contribution to the discussion of long term solutions as Professor Blau makes a strong case for throwing more and larger lifelines what are quickly becoming America’s boat people.

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