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**THE INED RESEARCH ON  
HOMELESSNESS, 1993-2008**

Volume 1

Volume edited by Maryse Marpsat  
Papers translated from the French by  
Godfrey Rogers



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## **Introduction: The INED research on homelessness (1993-2008)**

The research on homeless people undertaken by INED began as a part of the larger project dealing with the victims of housing exclusion conducted by the 'homelessness' group of the Conseil National de l'Information Statistique (CNIS, 1996). This research is centred on two quantitative sample surveys to which are added a number of other quantitative and qualitative investigations.

The surveys were carried out by the *Service des Enquêtes et de l'Observation* of INED and are a major methodological innovation in that they led to development of a method for obtaining a representative sample of homeless users of shelters and soup kitchen services. The survey is an adaptation to the French context of the surveys conducted for a number of years in the United States at local and national levels.

### **CNIS and the development of French quantitative research on the homeless**

CNIS (*Conseil National de l'Information Statistique* - National Council for Statistical Information) provides a forum for providers and users of official statistics. As coordinator of the French government's statistical activities, it prepares a medium-term program and, within that framework, an annual program incorporating all available data. CNIS plays an advisory role and its opinions are made public. Its authority rests on its broad representativeness, which spans employers' and trade associations, labor unions, non-profit and government agencies, national and regional political assemblies, universities, and individual experts. At the time of the first INED survey, CNIS comprised approximately 170 members nominated by their respective organizations and appointed by the government for renewable three-year terms.

During discussions in the CNIS in 1993 about the medium-term official statistical programme (1994–1998), the question of housing exclusion came under examination. A number of participants, notably representatives of the voluntary organizations, called for a national investigation which would provide qualitative and quantitative data for measuring the scale of the problem and for identifying those currently experiencing housing exclusion and those at risk of becoming victims.

The first survey conducted by INED (*Institut National d'Etudes Démographiques* - National Institute of Population Studies) in Paris of users of services for the homeless was part of this larger project, for which a number of experimental surveys were carried out in France during winter 1994–95 in limited geographical zones. These were: a survey of households threatened with eviction, surveys of the 'literally' homeless, surveys on the housing conditions of low-income families (CNIS, 1996).

### **The survey instrument and related qualitative research**

The methods used in INED surveys are an adaptation to French conditions of the methods used in the United States by the Research Triangle Institute, the Urban Institute, and lately the Bureau of the Census (Burt, 1992; Dennis & Iachan, 1993; Burt *et al.*, 1999, 2001; Marpsat & Firdion, 1998, 2000).

The field the 1995 INED survey aimed to cover is that of the 'literally' homeless, that is individuals spending the night in hostels and shelters for the homeless or in places not intended for habitation (street, staircase, car parks, stations, etc.). Unlike surveys on conventionally housed households, there is no sampling frame for the homeless in the form of a full list of people or addresses from which to draw a representative sample.

The sample frame used here is provided by the sites of provision of services to the homeless, such as soup kitchens and shelters, which give a near complete coverage of the target population. The field actually covered is that of people using a shelter or hostel for the homeless or a food distribution service on an average day (or week). Evidence from a number of quantitative and qualitative studies suggest that the field covered does come very close to the target field, since most of those who sleep rough use the mobile distributions of soup and coffee.

The main difficulties with this approach are the risk of double counting (someone could be interviewed at more than one site), and the unequal individual probabilities of inclusion in the sample, because of differing levels of service use. The sampling is in two stages. The primary sampling units are the 'site-days', that is, all the services supplied by a given site on any particular day of the survey. The secondary sampling units are the services. The relationship between services and service users is determined by calculation of the weighting, which adjusts for the probability of the user being in the different sampling frames. Adjustment for these differential probabilities requires gathering information about the use that the homeless individuals interviewed make of the services, so as to compute the corrective weightings for which the formula was developed by B. Riandey (INED) and O. Sautory (INSEE). The weightings can be calculated for an average day or for an average week.

The survey was conducted during the daytime, in February-March 1995, and involved 591 users of shelters (emergency and long-term) and food distribution (including mobile) services in Paris *intra-muros*, to which were added the suburban centres that receive people brought from Paris by special transport services. The research was carried out in partnership with voluntary organizations and other agencies working with the homeless. The questionnaire explored a wide range of topics: the demographic characteristics of the subject, service use in the previous week (this section was used to establish the weightings), residential and family history, contact with family, education and occupation, and lastly financial resources.

Conducting surveys of the homeless raises ethical and methodological problems (Firdion *et al.*, 1995). Special attention was given to the conditions in which contact was established with the homeless and to the interview procedure, bearing in mind the lack of privacy and difficult living conditions of these individuals.

A series of semi-structured interviews was carried out on homeless people before the survey, to assist with hypothesis formulation and questionnaire development, and after the survey in order to check the consistency between questionnaire and interviews, notably in answers to retrospective questions.

To improve understanding of the characteristics of the institutional structures in which the survey took place and the impact of this operation on the results obtained, we studied the organization of the voluntary organizations and agencies providing services for the homeless (Soulié, 2000); in addition, a study of the homeless and of their use of services available in Paris was conducted in conjunction with the Plan Urbain.

## Later French surveys using INED's methodology

A survey dealing specifically with vulnerable young people and their housing problems was carried out by Ined in February-March 1998. But the purpose of these surveys was not only to improve our understanding of the difficulties faced by the homeless and of the processes whereby they became homeless. The surveys also examined the conditions making it possible to conduct these types of surveys and apply them on a larger scale, or to specialized topics. Based on our methods, a survey on homelessness and mental health was conducted in Paris in 1996 (Kovess & Mangin-Lazarus, 1999; Kovess, 2002) and a national survey on homelessness was conducted in January-February 2001 by INSEE (.).

### *INSEE's National Survey on Homelessness*

This first French national survey on homelessness conducted by our colleagues at INSEE was based on a sample of 4,084 persons using shelters and food distributions. The results are representative of the persons having made use of such services in cities of 20,000 inhabitants and over, at least once in a week of the survey period. The sample was selected in three stages: first, the cities concerned, then the service sites after an exhaustive list of service sites was drawn up in the selected cities, then the people interviewed were selected at random in the sites. The survey (SD2001) was completed by 322 interviewers in 20 (out of 22) regions of continental France, in 80 cities and 846 sites. The first results were published in 2002. Finally, INED conducted a survey on people met by outreach services in three French cities (SI2002), in order to study the coverage of SD2001.

Maryse Marpsat

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## **Is it legitimate to carry out surveys on the homeless?**

### **An ethical and scientific question**

Jean-Marie-Firdion, Maryse Marpsat, Michel Bozon<sup>1</sup>

Is it legitimate to carry out surveys on the homeless? The question might seem provocative in an age when opinion polls and statistics inundate us with numerical information about every category of individual and item. Is this sort of question asked when surveys are conducted on people in conventional settled housing (for example low-income inhabitants of social housing)? Any scientific approach, however, implies reflecting on the best method to use for the object to be observed. It can be recalled that the homeless are defined here as persons who, during the observation period, find accommodation in an emergency or long-stay shelter (CHRS, social hostels etc.) or sleep in public places and other locations not intended for habitation<sup>2</sup>. The choice of an appropriate statistical survey presents researchers with a set of scientific and ethical problems that are inextricably linked. In what follows the main lines of these complex debates are illustrated using examples drawn from the United States, where surveys on the homeless became common in the early 1980s, and from France, where this population<sup>3</sup> has generated growing interest since the 1990s.

Applying statistical survey techniques to a population as hard to observe as the homeless takes us to the limits of this quantitative method. Large amounts of resources must be mobilized to overcome the methodological and technical obstacles encountered. Measurement of social groups on the margins of a society represents a major political issue for decision-makers and militants, and can lead to a partisan use of statistics. Numerous methodological and ethical reasons can be found for abandoning this scientific ambition. So does the determination to approach homeless people and conduct surveys on them not indicate that

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<sup>1</sup> The three authors were researchers at INED when the paper was first written.

<sup>2</sup> We give merely an instrumental definition of the term “homeless”, corresponding to the usual field of surveys on populations experiencing severe housing insecurity. For more details see chapter 5 of *La rue et le foyer*, of which the present text forms chapter 4. It first appeared in *Revue des Affaires Sociales*, 1995, 2, with the title “Est-il légitime de mener des enquêtes statistiques auprès des sans-domicile?”

<sup>3</sup> The term “population” is not used here in the sense of a homogenous social group; it denotes the set of people who are homeless according to the definition given.

statisticians and researchers (like policemen) are obsessed with social control? What are the motives for wanting to measure? Another difficulty is that the survey subjects are particularly “disqualified” socially<sup>4</sup>, and culturally disadvantaged in the context of a survey relationship. They would thus be ill equipped to deal with the symbolic violence created by this interaction<sup>5</sup>. Their extremely insecure situation may increase their vulnerability to risks of “invasion of privacy”. Lastly, there are concerns over the possible misuse, by political actors, of the numerical information that is obtained. We begin by detailing these objections, before presenting the main answers that can be made to them. As researchers who have conducted studies on the homeless, we make clear our own position.

## **I. The main objections to statistical investigation on the homeless**

The main arguments against statistical investigation on the homeless show the frequently artificial nature of separating the ethical and the scientific; these two dimensions, often inextricably linked, run all through the discussion that follows. In the interests of clarity we distinguish the view point of the individual regarding statistical investigation from that of the scientific researcher relative to a quantitative approach. We begin by examining the fears that individuals may have about being questioned on their private life and about the uses that the government or official agencies might make of the results from this investigation.

### **1) Fear of invasion of privacy**

In any non compulsory survey the subjects can, by definition, refuse to meet the interviewer or reply to one or several questions<sup>6</sup>. Does conducting a statistical investigation on people who are completely destitute and hence vulnerable, not represent a particularly pernicious intrusion into privacy given that it concerns an “exposed” population that apparently has no private space? It is true that a homeless person can’t shut the door in the face of the interviewer and can’t always escape the gaze of other people. Some might conclude that a search warrant was unnecessary in the case of a person sleeping “on the street”. A policeman in Connecticut was convicted, however, for searching, without a warrant, the bags of a homeless person, since the judge took the view that the bushes, which hid them from passers-by, were the symbolic mark of a private space (Bordreuil, 1993, p. 142).

Another possibility is that homeless people are sometimes forced to accept (or refuse) to be interviewed, because they are alone and frightened, or because the leader of the group is at hand, or because they think they are dealing with social workers or volunteers from associations who may have something to give them, or because they are being “watched” by the organization that is looking after them. Experience in the field shows that people in situations of extreme deprivation do not mind refusing, being used to defending themselves

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<sup>4</sup> In the meaning of E. Goffman (1963).

<sup>5</sup> According to P. Bourdieu (1993, p. 905)

“This dissymmetry [in the roles of interviewer/interviewee] is compounded by a social dissymmetry whenever the interviewer occupies a higher position than the interviewee in the hierarchies of the various kinds of capital, in particular cultural capital.”

Symbolic violence is characterized by a disregard for the conditions and instruments of its action (Bourdieu, 1984, p. 67).

<sup>6</sup> Surveys of all kinds are subject to statistical confidentiality: French law no. 51-711 of 7 June 1951 amended (1962, 1984, 1995), law no. 92-684 of 22 July 1992 (article 226 on breaches of confidentiality). This is distinct from the fact that a person cannot, in theory, refuse to meet an interviewer in the case of a compulsory survey. A survey is made compulsory by a decision of the CNIS (*Conseil National de l'Information Statistique* - National Council for Statistical Information). This is the case for the general population census.

against aggressions; but it is also true that certain situations, such as the presence of an official from a homelessness agency (or a personal caseworker, shelter warden, etc.) can produce a feeling of “having to reply”. Yet privacy advocates maintain that a failure to give everyone the possibility of freely accepting or refusing a survey infringes the right to protect one’s privacy.

The arguments used by each side are those of the classic opposition between the general interest and individual freedom. Researchers have the goal of obtaining information that is as reliable and relevant as possible while remaining as independent as possible from pressures of particular (including political) interests. The statisticians and/or researchers who work for government departments invoke their professional ethics<sup>7</sup> to refute charges of threatening the rights of the citizen (Choldin, 1988, p. 146). The libertarians, on the other hand, want to strengthen the independence of the private domain in relation to the state. Ends do not justify means, and they insist that the person be fully informed about the survey topic and of its non compulsory nature. They are particularly concerned about the creation of any file (especially in computerized format) that could be used for other than the stated purposes and for the matching of data from different sources. It is clear that these two goals are in part irreconcilable. For example, epidemiological studies, with a public health objective, can encounter resistance when they have to use data collected for other purposes. In the field of poverty studies, France’s National Commission of Data Protection and Privacy (CNIL) has prohibited any linkage of data files on the beneficiaries of RMI (the French Minimum Social Insertion Income), a decision seen by some actors and observers of the law on the RMI as an obstacle to a better understanding of the phenomenon and hence as a “sort of non-assistance to people who are socially in danger” (Chopart, 1991, p. 9). Too often the argument for the protection of individual liberty overlooks the fact that some populations, notably those in conditions of extreme deprivation, are unable to exercise this freedom due to absence of choice and that in this case one of the strategies for guaranteeing its respect is to conduct research on these persons’ situations.

## **2) Central government, local authorities and low-income populations**

A question of more concrete implications is whether a survey on a marginalized population can have negative consequences at the individual level. In the United States, for example, militants have denounced the indiscretions committed during the 1990 Census by enumerators who thought it acceptable for them to transcribe nominative information from a list of residents of an emergency shelter (O’Malley, 1992).

The homeless are the poorest of the poor, that is, marked by an inferior and devalued social status, and for a long while were denied the possibility of exercising their right to vote. The capacity of the homeless to defend and assert their rights is especially limited. One of the tasks assumed by the voluntary groups that claim to defend or represent this population is providing a vigilant protection against the abuses to which it is exposed. When a statistical survey is conducted by an institution linked to central or local government, some fear that one or other of these will seek to use it for controlling a population that is judged dangerous or potentially criminal because it cannot be observed. In France, having no dwelling was for long a presumption of dangerousness (law on municipal police, 1791, article 3) and could

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<sup>7</sup> In addition to the rules of professional confidentiality, a “Code de déontologie Statistique” (Code of Statistical Practice) was drawn up in 1986 by the INSEE Administrators and economic statisticians alumni of the ENSAE (R. Padieu, 1991). This followed the “Declaration on Professional Ethics” of the International Statistical Institute, adopted in 1985 (ISI, 1986). On the great importance civil servants attach to the defence of the general interest against private interests, see Chevallier (1982, pp. 173-8) and Nizard (1982, p. 316).

result in imprisonment (Code Pénal, section, V, articles 269 to 273; Beaune, 1983, p. 126). The crime of vagrancy was only removed from the Penal Code in 1994. In the United States, police harassment of homeless people is often alleged (Blasi, 1994, p. 579; Roberts and Keefe, 1986, p. 413), and since the early 1990s many local authorities have adopted exclusionary policies towards them, such as the New York Transit Authority, which in 1990 made it unlawful to beg or sleep in the subway, and in parks and leisure areas (Neuman, 1994, p. 13). In France too, some local authorities have introduced bylaws banning begging and vagrancy in their jurisdiction (Damon, 1995). Is there not a danger that publication of enumerations will exacerbate these local measures? Coexistence between a highly marginalized population and its local neighbourhood sometimes leads to conflicts<sup>8</sup>. Once a survey had identified certain sorts of places as being those the homeless often use or congregate in, the local authorities or groups of individuals might take action to try to drive them away. Anonymity of records is a major imperative, as is a minimum aggregation of the data to prevent release of information at too detailed a level.

It has also been suggested that social housing agencies could adopt potentially discriminatory practices towards certain populations whose profile, on the basis of survey results, looked like that of people at high risk of defaulting on rent payment. To date, however, no cases of misuse of information have come to light. Indeed, over and above the dangers for the individual that some fear, statistical studies contribute rather, through the publicizing of their results, to breaking down the secrecy of information. Without them, knowledge of situations of extreme deprivation “would often be restricted to that, private, of the operators, or that, more emotive, of the mass media” (Bouguet and Nogues, 1994, p. 82)<sup>9</sup>. Statistics in the modern nation-state contrasts with the political arithmetic of the *ancien régime* by the public character of its output (Westergaard, 1932, p. 113). Whereas political arithmetic sought to inform the sovereign, statistics, from the French Revolution on, became charged with a broader responsibility towards government departments and the citizenry. Thus the Comité de Mendicité (Committee on Begging), set up in 1790 with the brief of reporting to the Assembly “on the means to eradicate begging” (quoted in Forrest, 1981, p. 24), supported its recommendations with “detailed and systematic research into the nature and extent of France’s social problems” (Forrest, 1981, p. 24). In response to society’s “inviolable and sacred obligation” to the needy, whose role in the revolutionary process was thereby acknowledged (Procacci, 1993, p. 69), the work coordinated by this Committee was based on statistics provided by the eighty-five *départements*. Besides the concern to avoid wasting state funds, these demands for statistics also reflected the aim of elaborating a general law on poor relief (Guégan, 1991, p. 23). If the publicizing of statistics also had a function of demonstration or legitimation<sup>10</sup>, it aimed to “ward off false opinions among individuals and false measures among the rulers” (quoted in Brian, 1991, p. 216). The abandon of the handwritten report “locked away in government archives” (Desrosières, 1993, p. 47), in favour of printed formats accurately reflects this turning point (publication of the annual handbooks for the *départements* began in 1799). The information put in the public domain (by

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<sup>8</sup> As P. Meca has written (1994):

“We’re an inconvenience. Physically, because it’s a strong presence, due to the smells, and also because we stay put in a place that’s intended just for moving through. And psychologically, because our importuning disturbs”.

J. Wright quotes a journalist who invoked the property right of the citizen, as a tax-payer, over the pavement to demand that the homeless be evicted (1989, p. XV).

<sup>9</sup> The “operators” referred to here are the social actors implementing an anti-exclusion policy.

<sup>10</sup> Of a policy orientation (Lévy, 1977), of the power of the state (Armatte, 1991, p. 171), of a new economic order such as free trade (Charbit, 1981).

government, learned societies, individuals, etc.) could be analysed, used and drawn upon by a large fraction of the social actors. For example, the publications of surveys and reports fuelled the debates on pauperism and working-class living conditions in the nineteenth century (Perrot, 1972).

### 3) Risks of material and psychological disturbance

Negative consequences for the survey subject can also originate in the best of intentions. Giving a sum of money in return for the time spent answering a questionnaire might seem a fair reward for people experiencing severe hardship, but is it not a sign of contempt or pity? Moreover, such a transaction could provoke jealousy or aggression if witnessed by someone else. In France it is not customary to remunerate people for participating in surveys. At most a gift is offered when the survey is particularly restrictive, requiring a record to be kept of daily expenses, for example. In the United States, by contrast, most surveys conducted on homeless people “in the street”<sup>11</sup> have included payment (\$5-10 depending on the length of questionnaire. Details in *La rue et le foyer*, chapter 2), which is in line with standard practice for questionnaire-based surveys on individuals. Adopting that approach in France, however, would mark the homeless out as a distinct population requiring a form of data collection different to that used for the “ordinary” population (in the sense of households in “ordinary dwellings” as defined by the French statistical agency, INSEE). We return to this point in the discussion of the scientific problems.

People working with the homeless population often mention the risks of psychological disturbance. Every survey situation is an “examination situation” (Mauger, 1991, p. 130)<sup>12</sup> in which the interviewer sets the rules. The characteristics of the interviewer (dress, body posture, tone of voice) and of the language (used in the questionnaire, since the interview is standardized) are indicative of a position in the social sphere and hence prompt an adjustment (conscious or unconscious) on the part of the person being investigated. A survey situation will therefore be less disturbing for respondents who already possess a repertory of social roles enabling them to select the “self-presentation” best suited to the circumstances. Yet this capacity is “very unequally distributed socially” (Mauger, 1991, p. 139)<sup>13</sup>. The danger is that the range of social personalities available to the homeless population is limited, thus making it hard to set up a “distance from the role” of respondent (Paugam, 1991, Schnapper, 1989)<sup>14</sup>. Evoking painful memories (such as relationship breakdowns) is likely to increase mental distress, as too is relating successive failures (education, family, work). An official of the US 1990 census, which included a dedicated count of the homeless, at the time of S-Night (see chapter 2 of *La rue et le foyer*), observed that many interviewers had been upset by the accounts they had heard. The official added that regrettably no one knew what the effect of evoking these memories had been on the individuals being interviewed (Taeuber, 1991, p. 5). It might be thought that the harm inflicted on people sleeping rough, by disturbing them in the night or early hours to ask a series of questions, is slight compared with that they are exposed to through their insecure situation. But the opposite point can also be argued, namely that the constant aggression of a hostile environment should at all costs not be increased when and where the homeless person is most vulnerable (the counts generally took place at night;

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<sup>11</sup> In the sense of any public space: street, shopping centres, railway and metro stations, car parks, alleys, etc.

<sup>12</sup> F. de Singly (1992) refers to a sense of “*perquisition*” (being searched) (p. 77).

<sup>13</sup> The author adds: “all the larger as the respondent’s own ‘social surface’ is larger”.

<sup>14</sup> E. Goffman (1963), pp. 168-9) notes that: “these individuals, out-and-out deviants, social deviants, minorities and sub-proletariat can on occasion find themselves the same as stigmatized, worried about what’s in store for them and overwhelmed by the different reactions they engender”.

Firdion, 1995). The US 1990 census provides another example, this time of an old lady, sleeping on a heat outlet in Washington DC, who shouted at the census agents:

“Can’t you go someplace else and let me get some sleep!” (In “Counting homeless proves daunting task for Census Bureau”, *The Washington Post*, 22 March 1990).

Some consider that “the use of such questionable procedures [waking people who are asleep] for studying some populations is as good a measure as there is of how they are actually regarded by both researchers and the general public” (Snow and Anderson, 1993, p. 328).

But while we need to be extremely vigilant over the possible effects of survey methods, it would nonetheless be simplistic to see the interviewer-respondent interaction as presenting only a risk of disturbance. Equally important, as we shall see, is to note the positive effect for people who feel totally ignored, of an individual interview with an interviewer in which their life, experience and opinions are recorded and that can contribute to the elaboration of measures in the general interest<sup>15</sup>. Satisfying immediate needs is primordial but should not completely overshadow the need to feel socially useful.

#### **4) Resistance to statistical research**

Scientific researchers can also have reservations about the statistical method, different to those of citizens, or fear a use of the results for partisan purposes (political, lobbying, etc.).

The critique of statistical inquiry reflects a longstanding current in the social sciences (see Desrosières, 1989; Herpin, 1982), which contrasts quantitative approaches assumed to reduce the diversity of reality with qualitative approaches claimed to allow an in-depth understanding of the behaviour of the social agent<sup>16</sup>. The statistician is seen as creating fictive individuals (the sampled person) that are taken to represent the whole of the social group to which they belong. The real individual is lost from view in the statistical tables and models of behaviour. This argument may have extra force in the present case because the observed universe is composed of an extremely marginal population whose way of thinking differs greatly from that of the researcher, who generally comes from a higher social background. Undeniable is that the greater the distance (sociologically) between the survey milieu and that of the statistician, the harder it is for the latter to find categories that are meaningful for the people being interviewed and hence to formulate the corresponding questions<sup>17</sup>. The risk of “class ethnocentrism” is particularly great. But it is important to stress that the methods of ethnographic observation also carry risks of shortcomings, such as a focus on the “most folkloristic, most exotic aspects” (Grignon and Passeron, 1989, p. 54) or a recourse to “spontaneous statistical statements” (Héran, 1984, p. 34) based on observation of a small number of cases. The sociological practice of questionnaire-based surveys does nonetheless have to face one very strong objection:

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<sup>15</sup> “I think it's a great idea for them to come to the shelter. It might help the government realize how many people are out here on the streets” (Al Raske, a Phoenix shelter resident, quoted in “Census of homeless disputed on the street”, J. Sidener, *The Arizona Republic*, 22 mars 1990).

<sup>16</sup> Mention can be made of the reservations expressed by J. B. Say in the early days of statistics: statistics simplifies, always lagging relative to the complexity of the object (see C. Ménard, 1976, p. 4). For a contemporary example, see J. Dreyfus (1982).

<sup>17</sup> The phenomenon is especially acute because the survey subject is situated at the very bottom of the social scale. These points were discussed, for example, when the new socio-occupational categories were being elaborated (Desrosières, Goy and Thévenot, 1983) and implemented (Marllié, 1990). In the American case, instances can be mentioned of questionnaires in which measurement scales for depression have been applied indiscriminately to the homeless, with questions like: “do you feel unhappy about the way your life is going?”. Not surprisingly, these surveys find a particularly high prevalence of depressions (Snow *et al.*, 1994, p. 465).

“what to do when a proportion of the people interviewed do not have adequate cultural resources to answer or even to feel qualified to answer?” (Héran, 1991, p. 482).

Over and above the problem of cultural competence, there is the fact that society views involuntary poverty as a personal failure, despite awareness of structural effects that transcend particular cases (like for the “ashamed poor person”, i.e. the healthy poor person, victim of economic circumstances, Castel, 1989, p. 18), which leads to expectations that the investigator will not be able to understand the causes or the situation. On occasions this produces a refusal to be the object of analysis for other people:

“Maria felt as an insult, as a provocation, the fact that she was asked to talk about poverty in front of people other than the poor: ‘*Besides, there’s nothing to tell*’” (Meca, 1988, p. 41).

Another objection to the quantitative approach concerns its role in reinforcing preconstructions of the social world, by counting and then conferring the legitimacy of established science on the figures produced, without defining a scientific object. The full significance of this emerges when we examine the political use of the figures (see below), when the definition of a homeless person becomes a major issue (Cordray and Pion, 1991; Shlay and Rossi, 1993, pp. 132-3). The broader and more loosely drawn this definition, the greater the number counted but the less operational the concept, hence the lack of consensus over the notion of *homeless* (Kondratas, 1991a, p. 642)<sup>18</sup>. In dividing up the social space according to these preconstructions, the statistician can quantify these groups and falsely prove their existence as a category. Here he is the agent of a system of domination. In addition, these categories of perception, employed in the statistics produced, have a potential for *labelling* and stigmatizing the populations viewed negatively by the dominant classes (who designate as “*classes dangereuses*” the populations that are alien to their social group or way of life). The dangers of imposing a norm (these people here are the homeless) and a stigma (the “irretrievable” categories and other “social casualties”) are clearly real. Over and above the individuals thus labelled, these terms are known to influence the mental categories of the social actors (Starr, 1987, p. 53). The most destitute populations “are the least able to control their self-image” (Champagne, 1993, p. 67; Schneider and Ingram, 1993); strategies for turning back the *label* or stigma are only possible in certain circumstances, when the discredited actors perceive themselves to have a common identity (Schnapper, 1989, p. 25; Gruel, 1985, p. 451). The homeless have no identity around which to unite to initiate a process of protest or defence. They are individuals who have in common merely a “shameful difference” (Goffman, 1963, p. 163): that of not having a home<sup>19</sup>. In recent years, however, a few militant organizations (*Droit au logement*, *Comité des sans-logis*, etc.) have managed to bring together some of them (who seem to possess shared trajectories, such as evicted families, young people leaving the parental home) and organize them for the purpose of protest.

The U.S. Bureau of the Census was careful not to put forward a definition of homeless persons on the occasion of S-Night in 1990, even though it attempted to count the segments of this population (Taeuber, 1991, p. 2, 93). The project of the Federal Plan to Break the Cycle

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<sup>18</sup> This can be compared with the difficulty of defining the concept of “social exclusion” (Bouget and Nogues, 1994, pp. 70-1).

<sup>19</sup> Those who have committed an act considered as deviant do not form a homogeneous social category.



of Homelessness states clearly that forming a distinct population category—the homeless—is both meaningless and ineffective<sup>20</sup>.

The homelessness working group of the Conseil National de l'Information Statistique (CNIS - the French national statistical council) came to the view that the:

“the diversity of the figures was closely related to the diversity of the situations. There is no single category of homeless people, but a continuum that runs from the person living in the street to the person experiencing housing insecurity. Accordingly one of the first tasks for the group was to compile a list of these housing situations” (Gounot, 1994, p. 53).

Some risks are introduced by a lack of overall perspective among researchers who focus on the individual characteristics of the homeless. This has the effect of concentrating attention on the deficiencies and pathologies of the persons, and leads to finding the causes of vagrancy in the individuals themselves. The solution then is to treat the case, by medical or social therapy. Ultimately this results in “blaming the victim” (“drunk, stoned, crazy and sick”, Snow et al., 1994, p. 462) while ignoring the structural factors and historical circumstances that create and perpetuate acute poverty (S. Wright, 1993, p. 12). The actual way in which the scientific question is asked determines the response mode. Moving from “what can improve the lot of the homeless?” to “what can reduce the risks of housing exclusion?”, shifts the discussion from the domains of psychology and health (mental and physical), for example, to those of the social production of poverty, and of the economy (Kiesler, 1991, p. 1245). Another problem is that associated with the “politics of compassion” approach, which presents the homeless person as deserving (a victim of economic crisis, family problems, deinstitutionalization or physical handicap) and leads to reasoning based on types of clientele for specialized social services (battered women, mentally sick, Vietnam veterans in the US, lone mothers, Timmer et al., 1994, p. 5). A generously “indignant” (Lahire, 1991) discourse can carry the danger of producing stigmas, directed at those who do not correspond to “deserving” cases, and of using categories that have not been constructed for the purposes of scientific analysis. Characteristics thus need to be taken into account at both the individual and macro-social levels if we wish to improve our understanding of the phenomenon and respect the dignity of homeless people.

It is important to distinguish the work of defining a population from that for the study (and enumeration) of people experiencing particular situations of housing insecurity, situations which are transient (or not) and part of human trajectories (Blasi, 1994, p. 579). Statistics constructs its object, but this

“construction is not artefact. Making that confusion is to imagine, *a contrario*, that somewhere there could exist a method of observation of practices that was non constructed, natural, authentic, immanent” (Héran, 1991, p. 477).

## 5) The political use of numbers

The production of numbers has an effect on the social world. So too does the intention to produce them. “The representation of poverty contributes largely to the representation that society has of itself” (Messu, 1994, p. 139). This is reflected in pressures and constraints to produce the *right* number, that which will justify social action or not taking a decision (Chelimski, 1991, p. 687; Melnick, 1990, p. 383). These conflicting demands of different

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<sup>20</sup> In HUD (1994, p. 17), we read: “A simple conviction lies at the heart of this document: it profits us nothing as a nation to wall off homelessness as a novel social problem made up of a distinctly ‘different’ population. Nor is it something that requires separate and distinctive mechanisms of redress, isolated from mainstream programs”.

interest groups necessarily interfere with scientific research<sup>21</sup>. The incorrect or improper use of the results, by the social actors and the media, further complicates the neutral position of the researcher, and makes it virtually impossible to avoid involvement in the spheres of power, prestige, honour. And finally:

“the spectacular character of the insecurity of life in the street make it a perfect subject [for journalists]” (Damon, 1994a, p. 117),

“because [these events] are out of the ordinary [...] and, as a result, commercially profitable” (Champagne, 1993, p. 61).

The precise number of homeless people in the United States was the subject of a major political debate throughout the 1980s (Firdion, 1995; Bordreuil, 1993). In 1982, the Community for Creative Non Violence (CCNV) evaluated the number of homeless at between 2.2 and 3 million. These figures received wide media attention, despite their lack of serious methodological basis (see chapter 2 of *La rue et le foyer*). In 1983, the Federal Government charged the Department of Housing and Urban Development (HUD) with producing a more “reliable” number. The estimated figure was between 250,000 and 350,000, that is, ten times less. One member of Congress spoke of “Nazi propaganda”, and the CCNV of a “stupid survey” (Horowitz, 1989, p. 67). Once under way, the polemic was fuelled by a series of estimates, of which even the most rigorous were subject to virulent attacks, from either the defenders of the homeless or from the currents hostile to social reforms on their behalf, depending on whether they confirmed or invalidated the initial figures. The census of the homeless by the US Census Bureau, in 1990, also generated violent criticisms, with some militants even going so far as to call for a boycott<sup>22</sup>. Many advocates for the homeless felt that defects in the data gathering coverage would cause a serious under-estimation.<sup>23</sup>

The issues involved were those of demonstrating the scale of the phenomenon (to put pressure on the policy orientations of local authorities, federal and state governments<sup>24</sup>) and revealing its nature (to make this population worthy of attention<sup>25</sup>), and justifying the subsidies provided by the Federal government. The production of figures was therefore indispensable. Many of the social actors set out to persuade or to convince, to increase awareness or arouse sympathy, though rarely to inform or to try to understand (Rossi, 1987, p. 76)<sup>26</sup>. Much of the

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<sup>21</sup> According to A. Gagnon (1989, p. 620), “knowledge and power thus both pertain to modern forms of domination, because the knowledge obtained by social research will be used for partisan purposes to defend such and such a policy and to reject other values and other interests”.

<sup>22</sup> “While it's true that CCNV workers denied census workers access to our building, it was a symbolic denial. We distributed the forms within the shelter and did nothing to discourage our guests from filling them out” (M. Snyder, “CCNV: Counts...”, *The Washington Post*, 15 April 1990). “Like M. Snyder, we too refused to cooperate with the Census, because we believe it will result in an undercount of the homeless” (J. Byrne, member of *Zaccharus Soup Kitchen*, “Plenty of People Still Support Mitch Snyder”, *The Washington Post*, 11 April 1990).

<sup>23</sup> M. Snyder (CCNV) attacked the politicians who claimed that the problem was not as large as the advocates said (*Washington Times*, 21 March 1990). Many social workers feared the repercussions of these enumeration defects on the next funding allocation (A. Aldrich quoted in “Homeless census comes up short where it counts”, *Los Angeles Times*, 22 March 1990).

<sup>24</sup> The policy of the Bush administration was called “Shelter with Services”. The militants wanted to go beyond these emergency measures.

<sup>25</sup> “To count ‘homelessness’ rather than ‘vagrancy’ is the statistical counterpart to transforming deviants into victims” (P. Starr, 1987, p. 45).

<sup>26</sup> Mention can also be made of the comparison between politics and statistical production described by K. Prewitt:

work produced at this time was part of militant strategies intended to show that the homeless were people like anyone else, or that they were far more numerous than was thought (Foscarinis, 1991) or, on the contrary, not as numerous as all that (Kondratas, 1991b), or that regulation of the housing market had caused the shortage of low-cost housing (Tucker, 1991). In France, political and media interest in the homeless also resulted in the publication of figures for *S.D.F.* (“*Sans Domicile Fixe*”) and “*exclus du logement*”(housing exclusion victims), to which labels such as “official” or “representative sample” were sometimes stuck to support the arguments being made. Such artifices do not conceal the absence to date of a reliable estimate for the size of these populations (CNIS, 1995).

We could endorse the view expressed by B. Wiegand, militant and researcher:

“If numbers are political and only political, then we [as scientific researchers] have lost” (Wiegand, 1992, p. 38).

For what is the point of supplying a scientific backing for this partisan game? However, while not claiming that strict neutrality is ever possible (Grignon and Passeron, 1989, p. 12), the researcher and statistician can usefully contribute to fighting the caricatures and stereotypes that ultimately harm the cause of those who use them. In the United States, the strategy of presenting homeless people in a favourable light and the solution to their problem in a simple form is now criticized because it had various negative side-effects, including disappointment and loss of compassion among citizens and decision-makers over the persistence of the problem despite the resources deployed (Blasi, 1994). In reaction against this, therefore, present debates over homelessness appear to reflect a consensus about the extent of the problem, its complex nature (for example, the link with poverty) and its multidimensional character (there is not “just” a shortage of low-cost housing or of places in shelters and psychiatric care facilities, etc.), as was noted by the Federal Plan for fighting homelessness (Culhane, 1995, p. 3; HUD, 1994).

But an incorrect or deliberately misleading use of figures is not confined to militants, homeless advocates and ill-informed journalists. An American example illustrates this point well. Mental illness was very early on put forward as a possible cause of vagrancy (because a parallel could be established with the phenomenon of deinstitutionalization a few years earlier and with the reform of Social Security Disability Insurance in 1981 that excluded 20% of beneficiaries, Bassuk, 1984, p. 29). However, these analyses were sometimes based on very small samples, or indeed exaggerated the results. For example, one could read:

“an increasing number — I would say a large majority — of the homeless suffer from mental illness”, and a little further in the same article: “a 90 percent incidence of diagnosable mental illness” has been found at a shelter in Boston.

The shelter in question was in fact run by a mental health association (Bassuk, 1984, p. 30), which suggests that it had a specific clientele. Some authors draw on results like these to argue that the main cause is the “social dysfunctioning” of individuals rather than poverty or lack of housing<sup>27</sup>. Other studies have been biased by the fact that the people examined were all clients of health centres (as part of the National Health Care Homeless Program), which led J. Wright (1988) to find a prevalence of mental illness three times higher than that observed by D. Snow et al. (1988). Another team of researchers showed the differences in

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“if [...] politics has become how much for how many, it is clear that measurement moves toward the centre of political life” (1987, p. 261).

<sup>27</sup> A. Baum and D. Burnes (1993, *A Nation in Denial: The Truth about Homelessness*, West View) quoted by Snow et al. (1994, p. 462) as an example of a biased portrait of this population.

health status between a population of homeless users of a particular medical service and the homeless not using it (Piliavin et al., 1989). But estimates for the prevalence of mental illness among the homeless range between 10% and 33%, causing A. Shlay and P. Rossi (1992, p. 138) to point out that while these rates are higher than in the “normal” population, the great majority of the homeless are not suffering from mental illness.

To suggest the contrary, no doubt unwittingly, is to run the risk of encouraging a medicalization that is inappropriate and harmful because it provides no answer to the main problems facing this population. On the other hand, the works give less attention to, for example, the strong over-representation of ethnic minorities in the homeless population (Blasi, 1994). Yet a number, like a photograph, “seems a piece of reality rather than an interpretation of it”; “numbers seem superior in objective reality to “mere” words” (Starr, 1987, p. 52). This case shows how scientific standards can be endangered when pressure groups seek to focus attention on some aspects of a phenomenon rather than on others, or propose study conditions that create serious bias unless they are rigorously controlled for.<sup>28</sup>

Statistical surveys on the homeless involve particular difficulties not encountered in surveys on the housed population. An exhaustive list of dwellings, derived from an updating of the census, and in which dwellings, and hence subjects for interview, can be selected at random, clearly has no equivalent for homeless people. There is then a strong temptation to limit these surveys (as seen above in some studies carried out in the United States) to users of one or several shelters, or of some other services for the homeless, whose “clientele” usually presents very particular characteristics and cannot, without precautions, be used to form a representative sample of homeless people. Another methodological risk is of not making it sufficiently clear that the results apply to people in a certain situation at a given date (analogous to the unemployment figures) or to those experiencing this situation at least once in a given period (for example, during the previous six months). Both results are interesting and legitimate, but they can differ widely, as regards both the number and characteristics (age, sex, etc.) of the people involved.

All in all, intellectual honesty and respect for the people in these difficult situations require that the sampling procedures be of an equally high standard as those for ordinary statistical surveys<sup>29</sup>. A survey that is methodologically demanding will necessarily lead to a critique of less rigorous approaches.

## **II. The legitimacy of surveys on the homeless**

Faced with these multiple objections, should we abandon any quantification of the phenomenon, as was suggested to us by one voluntary sector militant: “Figures are no use, what are needed are homes for people”<sup>30</sup>? Or should we take the view that “figures can restore

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<sup>28</sup> K. Prewitt (1987, p. 272) wrote: “If statistical identification facilitates political consciousness among some resource-poor groups, these same statistics make invisible to the policy process other groups at the margins of social and economic life, where measurement often fails – the undocumented workers, the illegal aliens, and the vagrant, homeless populations”.

<sup>29</sup> Jencks (1994, p. 3) writes:

“[...] one needs to distinguish between scientific and political numbers. This distinction has nothing to do with accuracy. Scientific numbers are often wrong, and political numbers are often right. But scientific numbers are accompanied by enough documentation so you can tell who counted what, whereas political numbers are not”.

<sup>30</sup> An official of a voluntary sector organization working with the homeless (Paris, February 1995).

to politicians their faculty of vision”<sup>31</sup> —a particularly important consideration, in France as in the United States, in this period of budget cutbacks—and that not counting or studying the most disadvantaged groups deprives them of the possibility of representing their social reality and of formulating demands<sup>32</sup>?

“Alive, the person of no fixed residence [*S.D.F.*] is denied, he does not exist, he is nothing because he has nothing [...]. Having no possessions, he does not appear in statistics. Dead, the mortal remains that his soul has abandoned again become an accounting item. Every winter, the press tots up the *S.D.F.* who have died, yet is unable to estimate the number of *S.D.F.* who are alive” (D. Brigou, 1994, pp. 61-2).

Having had to deal with these questions when conducting surveys of the homeless in France, we now offer our point of view on the legitimacy of a scientific approach to the phenomena of housing exclusion.

## 1) Scientific legitimacy

Producing a scientific work implies an effort to expose the social processes at work. In the present case, this means weakening the stereotypes and caricatures that dominate representations of the homeless: the “*chemineau*” (hobo) of bygone years, the “*clochard*” (tramp) of the more recent past, up to the homeless person or *S.D.F.* (*Sans Domicile Fixe*) of today. In the media and in many literary works, attention often concentrates on the most “folkloric” figures. Thus the “*clochard*” has been made to appear as the symbolic figure of a neighbourhood. A spontaneous culturalism<sup>33</sup> tends to depict individuals as belonging to quite distinct cultural entities (sub-cultures) possessing specific traits; this can lead to representing the homeless as a separate population with fairly stable characteristics. Some actors, such as the press (including the newspapers of the “homeless”) and the sellers of street papers, contribute to the construction of a new image of the homeless person that is urban and modern, of an unattached individual with no social visibility. These images all lose much of their importance in a sociological and statistical approach; it shows that one is dealing more with very diverse situations (temporary or transient) rather than with a homogeneous population. These precarious situations are highly fluid, form a continuum and are part of complex personal histories that present regularities and also reflect a broader economic and social history. The final report of the CNIS working group (1996) recommended an analysis of the processes of housing exclusion, through reconstructing the life histories of homeless people at a particular point in time, and through studying the situations of families threatened by eviction and the housing conditions of very low-income households. Furthermore, with the existing statistical system it is fairly simple to obtain complementary material from surveys on the housed population, which can be asked, for example, about past episodes of homelessness or whether they have ever taken people in.

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<sup>31</sup> T. Specht, first president of FEANTSA (The European Federation of National Organizations Working with the Homeless), quoted in J. Damon (1994b, p. 5).

<sup>32</sup> Thus the French organization ATD-Quart Monde noted:

“While not ignoring the real disadvantages of an overly precise determination of the populations in situations of acute poverty [...] a minimum evaluation of the number of potential beneficiaries of measures intended to combat such situations is necessary as a basis for a realistic policy and to support the growth of awareness in society” (Wresinski, 1987, p. 32).

<sup>33</sup> Culturalism is a classic theory of American anthropology, exemplified notably by Margaret Mead and Ruth Benedict, which inspired the works on the “culture of poverty” (the adaptive response of the poor to their marginal position in society).

Bringing to light these processes and mechanisms avoids the reification of the “homeless” and, looking beyond the logic of emergency interventions, allows prevention strategies to be envisaged. People do not find themselves without a dwelling because they are by nature and irremediably “homeless”. The inclusion in surveys of questions on the *life history* and *social universe* of people without housing makes it possible to move beyond an excessively static picture of the situation of the homeless, entirely fixed in the present and identified with their current situation, and instead give some depth, complexity and relief to their social trajectories. In its aims, therefore, the scientific approach has certain affinities with the efforts of certain social actors in favour of a reintegration (*reinsertion*) that is adapted to the situations encountered and to the positive attributes that individuals can mobilize.

This approach leads to relating the qualitative and quantitative approaches and to establishing exchanges with the social actors who have a good knowledge of this population.

## **2. Democratic legitimacy**

Not to be included in statistics is to be excluded from the *cit * (civil society) and from citizenship. This reinforces the social exclusion through housing that in schematic terms is equivalent to a vicious circle: having no address is an obstacle to finding work, which results in having no status.

“Without a dwelling, there is in fact no right or access to training or to work, no right to privacy, no civil rights [...] and only with great difficulty access to the right to health care” (Commission Nationale Consultative des Droits de l’Homme, Report *Grande Pauvret  et Droits de l’Homme*, 7 January 1992, quoted in Wodon, 1992, p. 134).

Enumeration also bestows a status of legal entity on the individual, who can then acquire a voice, express needs or demand rights.

Deciding not to apply the statistical method to the homeless, on the grounds of genuine methodological problems, presumes the existence of a discontinuity or fundamental heterogeneity in the social world. This is certainly why some organizations and social actors have strongly affirmed the right of the homeless to be surveyed “like other people”<sup>34</sup>. But conducting specific surveys on this population only partly satisfies this demand: these persons will still be excluded from surveys on the population of “ordinary” (as understood by INSEE) households, although the inclusion of homeless people in some general surveys would improve coverage of the totality of situations. Failing this, the results of a survey on the homeless cannot be compared with those on a larger population. The scope for analysis would be correspondingly reduced. There is a sense in which the homeless, who are currently excluded *from* statistics, would be excluded *by* statistics. Analysing their difficulties independently of the situation of the rest of the population carries a risk of reinforcing their alterity.

## **3. Humane or humanist legitimacy**

The dwelling is one of the fundamental components in the construction of social and personal identity; it is no accident that most quantitative surveys are conducted in this space. But many elements suggest that conducting a survey on homeless people in humane conditions is not an impossibility.

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<sup>34</sup> This position recalls that of the working-class newspapers which, after the July Revolution, demanded an inquiry into the “situation of the workers” or “workers’ conditions”, up to the “P tition Ledru-Rollin” (published in 1844 in *La R forme*) calling for an “official inquiry into the living conditions of workers” (See M. Perrot, 1972, and H. Rigaudias-Weiss, 1936).

The questionnaire and the survey situation provide a structuring framework; they organize a contact and ensure that what survey subjects say about themselves will be taken seriously. This standardization means that survey subjects are not reduced to the singularity of their own experiences but can perceive the collective dimension of the misfortunes that have befallen them, and can thus situate themselves as belonging, with others, to the social world, even if many of them have rejected it. Evidence for these positive effects on the interviewee is stronger than for the alleged disturbances. Several monographic studies have reported that the main thing people “in the street” complain about is loneliness. Paradoxically, it is necessary to highlight the human content of interviews or conversations that have no *immediate* utilitarian purpose, unlike interviews with social workers, physicians or psychiatrists, or conversations with people who have been asked for money. Talking about oneself, even in a structured framework, presents an opportunity for self-observation, for escaping briefly from the tyranny of everyday life and for counteracting the sense of social invisibility.

## Conclusion

Can a survey contribute to improving the definition of the needs and processes associated with reintegration (*réinsertion*)? Does it have a political effect? Yes, to the extent that it helps to modify the regard and shift the debate away from numbers. Political debate cannot be only about the number of places in emergency shelters. If scientifically established figures are available the debate over figures can give way to debate over other issues. When homeless populations are included in their sample, quantitative surveys concerned with analysing the processes that lead to situations of severe insecurity such as loss of housing can shed light on structural causes: for example, the dwindling stock of low-quality, cheap housing. This could lead to the elaboration of more urgent recommendations for housing policy. In addition, the great diversity of situations suggested by these surveys could lead the actors to adopt a wide range of *reintegration* strategies. Finally, identifying the itineraries that lead to loss of housing highlights the importance of *prevention* and indicates some measures for avoiding these situations.

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## **Classifying housing situations :**

### **Homeless people in general classifications**

François Clanché

For more than two years, between 1993 and 1996, the meetings of the homelessness working group (*groupe sans-abri*) of the Conseil National de l'Information Statistique (CNIS), the French national statistical council, brought together statisticians, researchers, officials, social work professionals and representatives of voluntary agencies working with the victims of housing exclusion.

The group had the task of devising improved methods for the statistical investigation of homeless populations.<sup>1</sup> When the participants in these meetings began to pool their information and experiences, some of it in the form of quantitative data, the lack of a common language to describe the living conditions of families and individuals suffering from housing exclusion was quickly identified as a handicap. Government departments, voluntary agencies, and others active with the homeless each possessed their own more or less formalized system for describing and classifying situations of housing exclusion, thus limiting the scope for organizing and accumulating knowledge and forming an obstacle to its use.

#### **Box 1**

##### **An initiative of the homelessness working group of the CNIS**

As part of the work of the CNIS homelessness working group (see the introduction to *La Rue et le foyer*) a smaller group was set up to elaborate the classifications that would facilitate development of observation instruments and ensure the overall consistency and comparability of the research on homelessness. Reflecting the membership of the CNIS itself, the team comprised statistics specialists and social service professionals and voluntary organizations working with victims of housing exclusion, each of whom contributed their knowledge and experience in this field.

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<sup>1</sup> I would like to thank Hank de Feijter of the University of Amsterdam and Antonio Tosi of the Politecnico di Milano, for their comments and criticisms on projects for classifications with possible application to other European countries. The text has also benefited greatly from the remarks and encouragement of Patrick Simon of INED.

These classifications had to satisfy a number of requirements—to be suitable for use in both face-to-face interviews and self-administered questionnaires, and on the existing body of administrative sources; to be compatible with the concepts employed by the organizations that already held information (INSEE, CNAF, Statistical Services of the Ministry of Social Affairs and the various other official agencies); to be usable outside the administrative field by all those working in this area, particularly in the voluntary sector, to allow them to organize and exchange information based on a shared terminology.

As a basis for establishing the correspondence between experience and discourse, a smaller group, drawn from across the working group’s varied membership (Box 1), assumed the task of developing classificatory schemes for describing the housing conditions of homeless people. The aim was not that of producing a standardized questionnaire with which to study homeless populations, but of describing the situations of housing exclusion and insecurity and the populations exposed to them, in the most detailed and comparable way possible.

Spontaneously, the initial temptation might have been to elaborate an operational definition of the homeless or the “excluded from housing” category, to identify its objective limits, and then to break it down into sub-groups that combined statistical significance with maximum analytical relevance. But such an approach would have been at odds with one of the fundamental lessons to emerge from the group’s discussions, namely the rejection of any *ad hoc* statistical instrument (survey method and classificatory device) that was distinct from that used to describe the general population.

One of the principles guiding the group’s work was never to treat the homeless as forming populations that were permanently cut off from mainstream society, and instead to reveal the continuum of situations existing between individuals “with” and “without” housing, and also the speed and frequency with which any individual passes in and out of the housed and non-housed states. For the same reasons that the group refused to treat the homeless population as a separate population, so it did not want to establish a list or classification of situations of exclusion that was distinct from that for “ordinary” situations. Although effective observation of these situations clearly required specific procedures, it was decided to develop a set of classifications that described the full range of housing situations, from the most conventional and most stable, to the least secure and least habitable.

We propose to set out briefly the reasons that led the working group to adopt this position. They are illustrated by passages from the group’s final report (CNIS, 1996).

### ***Avoid stigmatization***

*“[...] an understanding of the homeless and of the processes of exclusion must be integrated in a whole-of-society approach. By acknowledging insecurity (précarité) as one of the components of our society and by developing the means to observe it in national-level surveys, we can avoid the illusion of specific approaches which necessarily reinforce the stigmatization of the socially excluded and encourage the idea that their problems can only be resolved by specific measures.”*

The processes which lead to housing exclusion (unemployment, relationship breakdown, housing market changes) operate throughout society. Situations can only be analysed in relation to the broader patterns of societal change if they are treated as the extreme positions on a *continuum* of situations that spans the whole of society.

### ***Not create a statistical ghetto***

*“Even if some targeted investigations appear to be necessary, the group takes the view that coverage of the populations without independent, stable housing should be a concern for everyone involved in designing large-scale traditional surveys and in census-taking”*

National surveys, including the population census, can contribute valuable information to our knowledge and understanding of the housing exclusion phenomenon. For this information to be usable, however, the analytical and descriptive classification applied to housing exclusion must be compatible with the categories employed in these statistical operations and also cover the most common housing situations. Accordingly, the description of “non-ordinary” housing types should be integrated into the standard housing classifications.

### ***Observe and analyse the moves between “housing” and “non-housing”***

A homeless person has not always been—and will not always be—homeless: homelessness is a transitional state, corresponding to one—possibly short—episode in a lifetime. Moreover, the lives of many people without permanent homes of their own are made up of a succession of back and forth moves between “housing” (often insecure) and lack of housing. Analysing these moves—in both directions—and their causes requires application of a common classificatory framework to all situations.

### ***Analyse the housing supply accessible to disadvantaged people***

*“At the level of housing supply, neither the social nor private sector contain a ‘stock’ of dwellings specifically intended to house poor households. An examination of the conditions in which households move out of dwellings and of what then happens to those dwellings, will enable us to understand the functioning of the housing market and the proportion of the housing stock accessible to the poorest members of society, and also the measures likely to expand their access.”*

To understand and change the housing types inhabited by very low income households, and to identify the housing which no longer fulfils this role (due to evictions, renovation of the stock of sub-standard, low cost dwellings), we need to track and observe the distribution of the population across all segments of the housing stock, and not restrict attention to the housing that we assume is reserved for poor households.

These recommendations were followed when producing the classifications presented below. The classifications are designed to encompass the full diversity of housing situations in the population as a whole, and to provide a suitable base for international comparisons. The latter objective added to the task’s complexity, given the difficulty of incorporating heterogeneous national experiences in one single classification. As will be seen, the international dimension of the categorization makes it necessary to consider the object at a more general level.

## **I. The homeless: from self-evidence to complexity**

The first difficulty to overcome when constructing a classification for the housing situations of the homeless concerns the actual definition of the population involved. The common-sense solution is straightforward—a “homeless” person is someone with nowhere to live, i.e. a person who sleeps rough and, more directly, who is *seen* on the street. The statistician, however, finds it harder to specify an operational criterion for designating what in reality is not a population but rather a transient group of individuals passing through a *state*. The popular image of the homeless is hard to express as a statistical category, simply because not all “beggars” are homeless and because many rough sleepers sleep rough only intermittently. Definitional problems are compounded by those of data collection, since the characteristic of



the “homeless” is precisely that of being mobile and relatively hard to reach. Finally, conducting surveys on extremely disadvantaged people raises ethical questions which, though not fundamentally different in nature from those of survey epistemology in general, mean that special attention must be paid to the procedures employed (see chapter 4 in *La Rue et le foyer*). These characteristics are all complicating factors for the statistical undertaking.

Notwithstanding its capacity to stigmatize, the label of *SDF*, the usual French shorthand term for the homeless, standing for *sans domicile fixe* or “with no permanent residence”, is in fact more accurate than it appears. Being “*sans domicile fixe*” refers not to sleeping rough but to having no fixed or permanent residence. The nuance here concerns both the “residence” and its “permanent” nature.

Having a “residence” is not simply having a roof over one’s head. The term denotes more than a bed in a hostel or with a voluntary organization, and more than a makeshift shelter. What is meant is a “legal and usual place of residence”. Consequently “*sans domicile fixe*” can be applied to anyone who spends the night in a place that is not a place of residence—cellars, car parks, huts, hallways, corridors, stair wells, though also in hostels, night shelters, dormitories run by religious or voluntary organizations, and hotel rooms. The task of establishing a statistical definition of the homeless needs to go beyond “the street” and include all the forms of accommodation that are intermediate between the street and the place of residence.

An individual cannot be described as having a “permanent” residence if this is liable to change on a weekly or even daily basis, depending on, for example, the willingness of a friend or relative to put them up or help out, the refusal of a hotel or lodging house to give any more credit, a landlord’s initiation of eviction proceedings for rent arrears, hostel rules that strictly limit the length of stay, or the person who happens to get first to the cellar, staircase, or hut where the previous night was spent. The “quality” of homeless person is thus determined by the physical characteristics of the place where he or she lives but also by the “occupancy status” of this place.

Carrying less stigma and with a lower media profile than “*sans domicile fixe*”, though almost synonymous with it, the term “*personne sans domicile propre et permanent*” (“no permanent place of residence of their own”) indicates clearly the definition’s entirely negative character, which presents problems for an exercise based on enumeration, classification and description. To proceed from analysis of the phenomenon to the “operational” phase of statistical collection and production, we had to construct a classificatory system that combined three dimensions—the physical dimension (in what kind of “premises” does the person spend the night?), the legal dimension (by what right or with what statute does the person occupy this place?) and the temporal dimensions (for how long can the person stay there?).

## II. What shelter?

Establishing a classification of the physical types of shelter runs up against two difficulties. The first is *exhaustivity*, since it is hard to imagine all the places, visible and hidden, and in both urban and rural settings, which could serve as shelter or offer basic protection. The second is that of *rational organization*, since an inventory that makes use of sometimes unfamiliar categories is to form the basis for a classificatory framework into which investigators and data managers must be able to incorporate their observations without difficulty.

As regards exhaustivity, the statistician can turn for help to those active on the ground—the social services and voluntary sector agencies—but also to the trials, pilots, and non-directional interviews, which have revealed the situations classed under the “other cases”

heading to be less marginal than was thought. Concerning the classification, there is a strong temptation to construct this by descending order of comfort, or rather by ascending order of insalubrity—with the house at one end, the place under a bridge at the other, and between them the cellar, the hut, the entrance halls to blocks of flats, and the abandoned industrial site. The divisions are drawn between open and closed (open to the weather, open to other people, open to the “legal” owner), between private and public, between individual and collective. A choice also has to be made between comprehension and extension, between category headings and lists.

A definition in terms of shared characteristics is necessary for making international and inter-regional comparisons, or simply for achieving a descriptive coverage that encompasses both town and country, centre and periphery, small and large settlements. Clearly no single list could ever provide a sufficiently detailed description of housing contexts as diverse as the slums of Naples, the *chambres de bonne* (attic rooms) of Haussmann’s Paris, the shanty towns outside Lisbon, and London’s bed and breakfast hotels (Murie and Jeffers, 1987). The first level of the classification<sup>2</sup> is thus based on definitions that are sometimes abstract and hard to use in unmodified form in a questionnaire, but that are sufficiently precise for every actual situation to be classified unambiguously.

Let us examine them in more detail. The first five general headings describe so-called “ordinary” housing, corresponding to the cases where an individual household occupies premises intended for permanent habitation. Categories 1, 2, and 3 concern fully “independent” dwellings usually of several rooms, whereas categories 4 and 5 are single-room dwellings that are either part of another dwelling (category 5: attic rooms, converted garages, garden sheds and outhouses) or in a building composed entirely of such accommodation (category 4: hotels, furnished rooms). The next two categories group together the institutional providers of accommodation, distinguishing between those whose vocation is accommodation (category 6: shelters, supervised flats, long-stay hostels) and those that provide temporary accommodation for specific reasons linked to people’s health or professional situation (category 7: hospitals, barracks, prisons, school boarding facilities, communities, and so forth). Next come the last types of dwellings that are actually intended for habitation, namely mobile homes. People who for reasons of work or lifestyle chose a mobile home as their principal residence are classified separately from those who, for lack of anything else, have as their only home something that was designed to be mobile, by putting the dwellings that are “actually mobile” in category 8, while the other homes originally intended to be temporary are grouped in category 9.

The four final headings of the classification are reserved for “makeshift” forms of housing, i.e. not intended for human habitation, even on a temporary basis. An initial distinction was made between “private spaces” and “public spaces” by isolating in category 13 the places that are entirely open and provide no security, privacy or protection. Among the “private” places—i.e. at least out of public view—a further distinction was made between those that offer a relative security (so that personal belongings can be left from one night to the next) and those that do not (category 12). Finally, the “secure” accommodation was in turn divided between private accommodation (category 10) and collective accommodation (category 11) depending on whether or not it was particular to the household.

These categories can be filled up with examples drawn from the particular geographical context under consideration, and sub-categories can be constructed that are in fact closer to a

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<sup>2</sup> See Appendix 1 “Classification of habitat types”

list-based definition. A second level is proposed here, which can be said to correspond to present-day conditions in urban France.

It is not always enough to know the housing type in order to judge its quality, especially in the case of flats and houses. There is a strong chance of classifying as correctly housed a household whose dwelling is run down, uncomfortable or overcrowded. In response to this problem, the system of classification was expanded to include housing quality<sup>3</sup>. This information—derived from criteria which though arbitrary are consistent with what can be considered a minimum standard of amenities or habitability<sup>4</sup>—is used to identify bad housing conditions, resulting perhaps from an inability to find anything better or to pay for improvements. A sub-standard dwelling is often the alternative to housing insecurity, although in extreme situations the two may go together (Clanché, 1995).

### **III. What rights?**

Less innovation is required for the description of occupancy status. The existing administrative classifications used by the statistical system to describe “ordinary” situations provide a reference base that can handle most “marginal” situations. Thus in the case of France we can distinguish among subtenants those who are housed by voluntary organizations, among tenants those who are in transferable tenancies, and among people being “lodged” those who are sharing (“doubled up”) with family or friends or living in social or voluntary sector accommodation. Within the “hostels” category we distinguish in particular those that come under the regime of the CHRS (state-funded long-stay hostels).

The first main categories<sup>5</sup> (owner-occupier, tenant of an unfurnished dwelling, tenant of a furnished dwelling, housed for free, sharing someone else’s home, subtenant of an individual) can be used for international comparisons with few difficulties. A distinction needs to be made simply between the household that is “housed for free” and has an individual dwelling to itself, usually loaned by a relative, friend or employer who does not live in the dwelling, and on the other hand the household that is sharing someone else’s home and hence is not the legal occupant.

Going beyond this general level and looking at the less common forms of occupancy, the work of classification is soon seen to be highly sensitive to the legislative measures that shape the diversity of statutes and the norms of observation. Disregarding the multitude of specific measures and marginal statutes specially created for the most disadvantaged, the central concept of “social housing” is itself resistant to any convenient and straightforward cross-national comparison, the variety of state intervention in the housing market being matched only by its international diversity. The main instruments of housing policy, however, are everywhere of two main kinds. One is help towards the cost of construction (either directly to owner-occupiers, on a means-tested basis, or to future landlords, in return for an undertaking on the conditions of tenant selection and occupancy). The other is help with the housing costs of households, either as tenants paying rent or as owner-occupiers making loan repayments. The situation in France is described by the following table:

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<sup>3</sup> See Appendix 3 “Criteria for assessing the quality of housing”

<sup>4</sup> According to the norms prevailing in the present-day industrialized countries.

<sup>5</sup> See Appendix 2 “Classification of occupancy statutes”.

	<b>Assistance with construction costs</b>	<b>Assistance with housing costs</b>
<b>Tenants</b>	HLM system (loans to social housing agencies)	Personal housing support, tenants (AL*, APL*)
<b>Owner-occupiers</b>	Subsidized loans to households (PAS*, interest-free loans)	Personal housing support, owner-occupiers (AL*, APL*)
* AL = Allocation de logement (Housing allowance); APL = Aide personnalisée au logement (Housing benefit); PAS = Prêts à l'accession sociale (state loan to new owner-occupiers)		

The first two headings of the occupancy status classification (owner-occupiers and tenants) cover these types of state housing subsidies, whatever their exact details and relative levels, which vary greatly across countries.

Turning to the other measures targeted at specific populations,<sup>6</sup> the beneficiaries can be classified in the first two sub-categories of the category “Resident, sub-tenant or housed in accommodation run by the state or by a charitable, voluntary, religious or other organization”. The first sub-category, which in France is devoted to the CHRS (state-funded long-stay hostels), includes all the systems of public funding devoted to accommodation and social support for highly vulnerable populations. The second sub-category brings together all the accommodation providers (except those in the previous sub-category) whatever their legal status and client profile. This grouping is therefore not limited either to state-funded establishments or to those intended specifically for the most destitute. Combining very disparate situations in a single category may conflict with the desire to isolate segments that are important to measure in their own right, or with the need to distinguish clearly certain situations that are similar in definition but very different in concrete significance. These categories are highly sensitive to specificities of the legal framework and of the forms of voluntary organization that vary from place to place and over time. In addition, confusion can easily occur, even in the minds of the households actually involved, between situations that are very similar, as for example, subletting a bed-sit from a voluntary association that is itself renting from an HLM (social housing) agency, and temporary paid accommodation provided by the same voluntary association in a flat loaned to it by a local authority.

The eighth heading brings together under the label “other non-legal occupants” the informal or illegal statutes not covered by the previous headings. These range from the squat that is unknown to the legal owner, to the occupancy that is paid but “under the table”, as well as the occupancy that continues while waiting for eviction. Included therefore are the informal housing sector, which is particularly large in Italy, but also the highly publicized operations to take over vacant dwellings in France. The subdivision between situations that have the owner’s agreement and the others corresponds partly to this difference between an informal but potentially lasting relationship and a situation that is much more uncertain and insecure.

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<sup>6</sup> In France, in addition to these main types of financing arrangements (which benefit a large proportion of the population, including the middle classes), there are specific measures designed for the most destitute, in particular the funding of the CHRS (Centres d’hébergement et de réadaptation sociale—long-stay hostels run by public or voluntary agencies with state-funding)

## IV. For how long?

The question of the duration of the housing situation is addressed by the “stability/insecurity” classification. This is much more experimental in nature, being completely new and not based on any statistical experience. It attempts to graduate the *continuum* that runs from the owner-occupier or tenant who is “problem free” (i.e. not threatened by eviction for unpaid rent, loan repayments or household bills, or threatened by demolition for insalubrity), through to the person who has to look for somewhere different to sleep each night. This new classification<sup>7</sup> is of course related to the first two, and knowing someone’s position in those often enables them to be located in the fourth.

Some fundamental characteristics, however, such as the risk of eviction, the type of contract—usually tacit—with the landlord or person providing the accommodation, the hostel rules, whether or not the attic door has a padlock, provide a basis for making distinctions not captured by the conventional classificatory schemes. It is important to bear in mind that the life of a homeless person is made up of heterogeneous sequences—weeks when they receive the RMI (Minimum Social Insertion Income), weeks when they do not; periods of cold weather, periods of warm weather; periods of strong police control and periods of being left alone; episodes of solidarity and phases of solitude. An appreciation of the situation at any one time is thus inadequate for understanding a person’s existence over a year, a month or even a week. Whether determined by housing duration or occupancy status, the “security” criterion represents a distinction that is fundamental for the homeless population.

A distinction also needs to be made between the statute of the individual and that of the household. The owner’s partner who has no claim on the dwelling in the case of separation, or the lawful tenant’s son who may not be allowed to stay on in the case of death, are thus classified as “having a dwelling or accommodation for a period of apparently longer than one year but without security”. Studies of incomes and living standards have long had to contend with this problem of the difference between individual and household, and it is especially critical when dealing with isolated individuals, unstable households, and with complex housing and accommodation situations where the inhabitants of the dwelling do not form a single economic unit. Someone living in another person’s home can make very little claim on that person’s income; and is not directly “covered” by his or her tenancy agreement or ownership rights. The stability/insecurity dimension is therefore essential, since it alone takes into account the personal situation of individuals relative to their housing, the situation of their household relative to this housing, and their own situation relative to their household. Depending on how it is employed, the classification of statutes can apply at two levels: the individual or the household.

## V. Using the classifications

These classifications were originally conceived with twin aims. First, to define categories in sufficient detail for the collection of relevant statistical data in a field where both quantitative information and even broadly accepted concepts were lacking. Second, to provide an operational tool for assessing individual situations (see Box 1) that was suitable for use by the actors, public and private, statutory and voluntary, working with the homeless.

Given their length and the abstract nature of some of their definitions, the classifications are not suitable for direct completion by non-specialists. They certainly cannot be used in unmodified form as questionnaire answer categories. A short questionnaire was therefore produced in which a limited number of questions were asked in order to situate each person

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<sup>7</sup> See Appendix 4 “Classification of stability/insecurity”

(or each household) in each of the four classifications. The principle involved asking the household to describe the place (in a physical sense) where it had spent the previous night, then to describe its “legal” connection with this place, and finally to assess its degree of stability in relation to the place. The type of population involved led to the construction of simple questions with non-technical answer categories, and multiple filters were used so as to limit the number of questions to the absolute necessary. In all, twenty-five questions were designed to locate all situations in the four classifications, but no situation required more than ten questions. This questionnaire was several times tested and underwent successive improvements (see Box 2).

## **Box 2**

### **Testing the questionnaires**

The quality of the short questionnaire produced from the classifications and its capacity to situate individuals correctly in the classifications were assessed in two series of trials carried out by INED. Between October 1995 and January 1996, 120 individuals were interviewed by a team of investigators led by Pascal Arduin, thanks to funding from the Solidarity Mission of the French National Railway Company (SNCF).

Because the purpose of these operations was to test methodology and not to produce a statistical measurement, sample construction aimed not at representativity but at maximizing coverage of “rare” situations. To help in this, sampling frames derived from the census were used to survey households living in social housing, hotels, furnished accommodation, makeshift shelter and temporary or substandard housing. Thanks to partnership with voluntary associations working in the field of housing for the most vulnerable, we obtained access to addresses of transferable tenancies, flats in the non-HLM social housing sector, dwellings that had been requisitioned, and emergency shelters. Interviewers also made contact with individuals in service sites for the homeless (day drop-in centres, clothes distributions) or directly with the sellers of street newspapers.

The knowledge of some of those involved concerning the real occupancy status of surveyed households and the regular meetings to review work in progress with the investigators allowed us to measure the questionnaire’s capacity to capture correctly the situation of households, and thus improve the classifications according to the situations observed in the field.

The findings from these trials were used in the INED survey on young homeless people (1998) and in preparation of the national homeless survey conducted by INSEE in early 2001.

To measure the degrees of housing stability/insecurity of individuals (or households), respondents are asked, depending on the legal situation, questions on the lines of: “Are you having difficulty paying your rent, housing costs, financial contribution, or keeping up your loan repayments?”, or “Do you sleep in this place: every day? nearly every day? once or twice a week? Less than once a week?” or “For how long do you expect to be able to stay in this housing or place: As long as you want? A year or more? Between six months and one year? Between a month and six months? Between a week and one month? Less than a week?”. Testing was used to prove the relevance of these questions and their potential for distinguishing different levels of insecurity within the same legal situation.

The classifications thus conceived satisfy the requirements fixed by the CNIS working group. They do not delimit an arbitrary “homeless” category but provide the means for constructing

this category on the basis of actual housing situations. In this sense, the imperative of not creating a “statistical ghetto” provides a double guarantee—an ethical one, by not singling out *a priori* a population that is already deeply stigmatized. Second, that of not violating statistical epistemology, by securing the best possible match between the research problematic on the “homeless” and the object as given form by the surveys.

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## **Appendix 1. Classification of housing types**

### **1. Individual dwelling**

1. agricultural (dwelling part of farm buildings)
2. non-agricultural

### **2. In a block of flats**

1. block with fewer than 5 dwellings
2. block with 5-9 dwellings
3. block with 10 or more dwellings

### **3. In a building whose function is not housing**

(for example, caretaker's flat in factory or sports ground, housing attached to schools, stations, hospitals)

### **4. Hotel accommodation**

1. tourist sector hotel
2. rooming hotel

### **5. Independent room with its own entrance**

(e.g. former maid's room; converted garage, outhouse or shed in garden: room part of an ordinary dwelling but self-contained)

### **6. Hostel or shelter**

1. hostel dwelling (independent living collectively run) or social residence
2. collective hostel (collective living) on permanent basis. (e.g. hostel for the disabled or infirm.)
3. temporary shelter open all the year
4. seasonal shelter

### **7. Other institutional accommodation**

1. hospital or nursing institution
2. prison
3. barracks
4. religious institution
5. boarding schools, halls of residence

### **8. Mobile dwellings that are actually mobile (gypsies, sailors ...)**

Caravans, houseboats, motor-home, camping car)

### **9. Personal dwellings that are temporary or intended to be**

1. caravan or houseboat (fixed position), site hut



2. individual (single household) mobile-home, unable to move unaided
3. collective (several households) mobile-home, unable to move unaided.

**10. Individual makeshift shelter where personal effects can be stored (the shelter is particular to the person or to their household)**

1. cellar, garage, attic, shed (or any more or less lockable place, permanent structure)
2. car, trailer, boat (but not houseboat cabin or caravan)
3. factory, office, warehouse, farmbuilding or disused non-residential building
4. derelict building, building site, cave, tent

**11. Collective makeshift shelter where personal effects can be stored (shelter shared with other households)**

1. cellar, garage, attic, shed (or any more or less lockable place, permanent structure)
2. car, trailer, boat (houseboat cabin or caravan excluded)
3. factory, office, warehouse, farmbuilding or disused non-residential building
4. derelict building, building site, cave, tent (not closed place)

**12. Makeshift shelter with no possibility of storing personal effects**

1. cellar, garage, attic, shed (or any more or less lockable place, permanent structure)
2. car, trailer, boat (but not houseboat cabin or caravan)
3. collective parts of a building (corridor, staircase, landing)
4. factory, office, warehouse, farmbuilding, disused non-residential building
5. factory, office, warehouse, farmbuilding, non-residential building in daytime use
6. derelict building, building site, cave, tent (not closed place)

**13. Use of public places**

1. Metro, corridors of shopping centre, public building
2. street, bridge, park, railway

## Appendix 2

### Classification of occupancy status

#### 1. Owner-occupier

1. making loan repayments
  - receiving state aid
  - not receiving state aid
2. not making loan repayments

#### 2. Tenant of unfurnished accommodation

1. HLM social housing agency
2. social housing not HLM
3. private landlord

#### 3. Tenant of furnished accommodation

1. tourist sector hotel
2. rooming hotel
3. furnished flat

#### 4. Housed without charge (with a dwelling for the individual or their household)

1. provided by employer
2. agricultural accommodation
3. provided by family or friends
4. provided by an institution, voluntary organization or other establishment

#### 5. Housed by a private individual (the household that occupies the dwelling)

1. person housing them is a family member
2. person housing them is a friend

#### 6. Sub-letting furnished or unfurnished accommodation from a private individual

(sub-tenant has a legal tenancy agreement)

#### 7. Resident, sub-tenant or housed in accommodation run by the state or by a charitable, voluntary, religious or other organization

1. accommodation subject to CHRS (Centre for Shelter and Social Readaptation) legislation
  - in return for payment or work
  - without charge
2. hostel (including emergency shelter), hostel housing (young or immigrant workers, disabled, elderly) or social residence, regardless of legal status (except CHRS)

- in return for payment or work
- without charge
- 3. voluntary organization whose principal activity is not housing
  - in return for payment or work
  - without charge
- 4. other structure whose principal activity is not housing (voluntary organizations excluded)
  - in return for payment or work
  - without charge

**8. Other non-legal occupant**

1. with agreement of owner (undeclared, evicted but staying on in dwelling)
2. without agreement of owner

**9. Homeless**

1. with an address where can receive mail
2. without an address

## **Appendix 3**

### **Criteria for evaluating housing quality**

**Have you running water in your housing or, if not, access to a water supply?**

**Are there indoor toilets?**

**Is there a shower or bath inside your housing?**

**How many rooms does your housing have (not counting the kitchen if less than 12m<sup>2</sup>, bathroom, corridors)?**

**How many people live there?**

**In the last twelve months, has your housing had any problems with damp (ingress, leaks, flooding)?**

## **Appendix 4**

### **Classification of stability/insecurity**

- 1. Owner-occupier, tenant, sub-tenant, or housed without charge and at no clear risk of having to move out in less than a year**
- 2. Owner-occupier, tenant, sub-tenant, or housed without charge but at risk of having to move out in less than a year**
- 3. Has a dwelling or shelter for a period apparently longer than one year but with no security**
- 4. Has a dwelling or shelter for between 6 months and one year**
- 5. Has a dwelling or shelter for between 1 and 6 months**
- 6. Has no housing security beyond 1 week**
- 7. Has no security but usually sleeps in the same place**
- 8. Has no security and no regular sleeping place**



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## Statistical surveys of the homeless in the United States

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For the purposes of this article, the homeless are defined as people who, at a given date, find a bed in emergency or transitional shelters, or sleep in the streets or in other places not meant for human habitation. The people in these situations present an acute problem of collection for statistical surveys. Three of the main difficulties are: a) the lack of a sampling frame offering a good coverage of the population in question (addresses or official list like that of recipients of the French RMI or minimum income support) with which to construct a representative sample; b) the low visibility of this population : the homeless are the poor among the poor, an aspect that is reinforced by their frequent migrations within and between cities; c) the heterogeneity of this population in terms of socio-demographic characteristics, of situation in relation to the available facilities, and of life history: all that these individuals have in common is a 'shameful differentness' (Goffman 1968: 167), that of having lost their home.

The population of people without homes has seldom been the object of a specific statistical investigation in France. The only regular statistical survey is that conducted by the SESI on, notably, the populations in the Centres d'Hébergement et de Réadaptation Sociale (CHRS) and in a range of temporary accommodation for individuals and families (SESI 1992). The precursors in quantitative surveys of the homeless are mainly North American. In what follows we present some of the main American studies<sup>1</sup>, then consider some of the methodological experiments currently under way in Europe.

Mindful of the fact that statistical objects 'sont à la fois réels et qu'ils ont été construits/are both real and have been constructed' (Desrosières 1993:9) and of the link which exists between statistics and the modern nation State (Armatte 1991), we begin by describing the economic, social and political background to these American efforts.

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<sup>1</sup> Our work is based on a review of the scientific literature and on a series of interviews held with American statisticians and methodologists during a visit to Washington D. C. in June 1994, financed by the Conseil National de l'Information Statistique (CNIS) and the INED.

# 1. Background to the American surveys of the homeless (1980-1990)

## 1.1 Construction of a 'social problem'

Viewed in a structural perspective, the conjunction of three economic phenomena is often advanced as one of the causes of the large increase in the number of homeless since the end of the 1970s (Hopper 1991: 770). First, the growth of unemployment and poverty, from the beginning of the 1980s, as a consequence of the economic recession (see Table 1)<sup>2</sup>. Second, during the 1970s, a sharp contraction in the stock of low-income housing in the private sector and a slowdown in the growth of the publicly subsidized sector<sup>3</sup>. Finally, the relocation of the industries that traditionally provided low skill or blue-collar jobs, away from the city centres of the Frostbelt to either the periphery or economically buoyant regions such as the Sunbelt. Left behind in the ghetto neighborhoods by this process of industrial restructuring are the families who lack the resources to follow the movement of decentralization, thereby reinforcing the ghetto effect (what W. J. Wilson refers to as 'spatial mismatch'<sup>4</sup>) for the poor, new immigrants (illegal or not) and the ethnic minorities (Wilson 1991, Jencks and Peterson 1991).

**Table 1. Poverty rate\* (in %) in the US population**

	1969	1978	1989	1993
<b>Total population</b>	12.1	11.4	13.1	15.1
<b>Black Americans</b>	32.2	30.6	30.8	33.1
<b>Hispanic Americans</b>	Not known	21.6	26.3	30.6
<b>Central cities inhabitants</b>	12.7	15.4	18.5	21.5

Source: US Bureau of the Census. *Poverty in the United States*, 1990.

Black Americans were 12.4 % of the population in 1990.

Hispanic Americans were 8.6 % of the population in 1990.

Central cities inhabitants were 31.4 % of the population in 1990.

\* The poverty rate is the proportion of people whose income is below the official poverty level set up by the *Bureau of the Census* using a food consumption norm and updated each year to allow for inflation.

In the field of social policy, the early 1980s saw the rise of a policy advocating the retreat of the Federal government in favour of a greater financial autonomy for local authorities (states and cities) who were thus supposed to be able to exercise their choice more freely ('the superiority of local choice', Caraley 1994:4). This reduction in the

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<sup>2</sup> US Bureau of the Census 1991 and P. Peterson 1991.

<sup>3</sup> Notably the Single-Room-Occupancy units or Welfare Hotel Rooms (Foscarinis 1991: 1233, Dolbeare 1991, and Wright and Rubin 1991: 949). Mention must also be made of the cutback in social housing programmes, the Reagan administration no longer subsidizing construction but preferring help to individuals (Connerly 1992: 93). The possible ill-effects of regulation in the housing sector were invoked to justify this redirecting of funds from construction help to vouchers (for a good example of the arguments see Tucker 1991, and for a criticism of them, Wright and Rubin 1991: 951).

<sup>4</sup> Wilson 1991-1992: 644, and Wilson 1994: 253.

Federal Aids made available by the Reagan and Bush administrations<sup>5</sup>, and the limits quickly reached in the imposition and use of local taxes, produced acute budgetary problems for the towns and cities with large zones of poverty. As part of the same process, the Federal government decided to rely mainly on the nonprofit associations for provision of social work and services. While this decision no doubt brought greater flexibility of response when dealing with urgent cases, compared with what could be achieved by the official structures, it also had the result of making most of these associations more dependent on grants (Cooper 1987, Firdion 1995) and thus on the social policy choices of the Federal government (or on local government, depending on the degree of autonomy left to these by the legislation). Paradoxically, the outcome can be interpreted as having actually increased the role of the state through its influence (funding and monitoring) on the application and operation of social policies (Lipsky and Rathged-Smith 1989: 646). Over and above these shifts in policy, it can be noted that during the same period, the average level of personal help declined sharply (all states together) under the impact of inflation. Thus the value of the AFDC (Aid to Families with Dependent Children) fell on average by 39% between 1970 and 1989, and the maximum amount of the help in cash and in food vouchers that could be obtained in 1986 represented three-quarters of the official poverty level figure<sup>6</sup>.

The associations that supplied help and support to people living in the street or staying in the night shelters were confronted simultaneously by increased demand for their services and by uncertainty over future funding. Their response had to be to draw the attention of the public and decision-makers to the plight of the homeless and to the lack of any social policy to help them. Until this time, the established image of the homeless person was of an alcoholic white man (Blasi 1994: 576), inhabiting the derelict areas of the cities known as skid rows or main stems (Snow and Anderson 1993: 13) But the reality in the 1980s was very different: the homeless population now included entire families with children, isolated women (the so-called 'bag ladies'), homeless runaway or 'throwaway' youths, ex-prisoners, the physically or mentally handicapped<sup>7</sup>. To this has to be added a marked over-representation of certain ethnic minorities (Blasi 1994, Burt 1992a). These characteristics were invoked by the homeless advocates to reject the dominant ideology of equal opportunity (Lee et. al. 1991: 657), which reduced the poor to residual cases resulting from personal failings or handicaps (Silver 1993). By emphasizing the hardship the homeless experienced and the diversity of the categories of population involved, their campaigners made the public see them as members of the deserving poor rather than as welfare spongers (in the terms of the dominant ideology, Lee et. al. 1991: 657). Because these people had nowhere to live, the demands of their champions focused on the need to build affordable housing (Rossi 1993: 294). Breaking with the strategies for fighting poverty of the 1960s and 1970s (with their emphasis on

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<sup>5</sup> Subsidies to local government fell by 46% between 1980 and 1990, whereas the amount spent by the Federal State on individuals (Housing Assistance, Welfare Payments, Food Stamps, É) grew by 18% and the funds for Medicaid leapt by 86% (Caraley 1992: 9).

<sup>6</sup> Dolbear 1991: 1074, Skocpol 1994: 276 and Hopper 1991: 772. The poverty level is established by the Bureau of the Census using a food consumption norm adjusted for factors such as household size, number of children under 18, and updated each year by the same percentage as the annual average Consumer Price Index.

<sup>7</sup> Breaker and Fisher 1990: 36-42, Hopper 1991: 769-70, and Hopper 1992: 41-2.



structural effects such as racial discrimination)<sup>8</sup>, these associations insisted instead on the fact that homelessness could happen to anyone ('just like you and me, but unlucky'<sup>9</sup>) and that it was affecting an increasingly significant fraction of the population<sup>10</sup>. For all the visibility of this phenomenon in the inner city zones, however, this strategy had to have a solid statistical basis if it was to impact on public opinion and get access to the media and thus have a chance of influencing decision-makers<sup>11</sup>.

## 1.2 How many homeless? A battle over statistics

The homeless first came under the media spotlight at the beginning of the 1980s following the report on the homeless to the House of Representatives by the Community for Creative Non-Violence (CCNV)<sup>12</sup>, and the article on the homeless of New York by K. Hopper and E. Baxter<sup>13</sup>. The political authorities, however, were slow to react to these works, one official of the administration government going so far as to declare in 1982 that 'no one is living on the streets'<sup>14</sup>. In the same year, however, the leader of the CCNV (M. Snyder) and M. E. Hombs (at present coordinator for the National Coalition for the Homeless) hit the headlines by estimating the number of homeless in the United States at between 2.2 and 3 million (Hombs and Snyder 1982). These figures were far higher than anything that had previously been advanced (1% of the total population) and immediately attracted the attention of the press and television, while giving a powerful argument to campaigners for the homeless.

The US Government was forced to introduce emergency measures at the start of the 1983-84 Congressional session, with, for example, the grant of \$100 million to the Federal Emergency Management Agency (FEMA) in 1983 to provide food and shelter for the needy (Cooper 1987: 136-40). The Reagan administration, however, remained convinced that the size of the phenomenon (which exists 'even in good times') was being over-estimated. In 1983 the US Department of Housing and Urban Development (HUD), which at the time possessed no statistics on the subject, was asked to conduct a study to determine the 'concrete facts and figures' about the homeless population. Its

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<sup>8</sup> Following the relative failure of the affirmative discrimination programmes of the 1960s and 1970s, Congress had become sceptical about all social programmes (Rossi 1993: 293).

<sup>9</sup> This strategy, adopted notably by Stewart McKinney, was subsequently criticized (Rossi 1993: 295 and Burt 1992a) since it was responsible for a number of side-effects such as 'compassion fatigue' among sympathizers and decision-makers when the problem persisted despite the considerable resources mobilized (Blasi 1994 and Newman 1994).

<sup>10</sup> Mention may be made here of those homeless associations run by some of their own number, such as Chris Sprowal's National Union for the Homeless (Philadelphia), the Poor Peoples Committee (Utah) and the Homeless Peoples Association (Northern California). For more details on the development of this strategy and the political and social conflicts that accompanied it, see Firdion 1995, and Marcuse 1990.

<sup>11</sup> 'The transformation of politically unnoticed social conditions into visible social statistics puts issues on the political agenda that would otherwise be ignored. These statistical conditions then provide a political reference point for interest groups' (Prewitt 1987: 270).

<sup>12</sup> CCNV 1980. 'A Forced March to Nowhere', Report to the US. House of Representatives' Committee on the District of Columbia, Washington.

<sup>13</sup> Hopper and Baxter 1981. *Private Lives, Public Spaces: Homeless Adults on the Streets of New York City*, Community Service Society, New York.

<sup>14</sup> Boston Globe, 17 June 1982, quoted by M. Foscarinis 1991: 1234.

report (HUD 1984) estimated the average size of that population on any winter night at between 250 000 and 350 000 individuals<sup>15</sup>, just one-tenth the figure advanced by the CCNV! The controversy over the number of homeless had started. Numerous studies attempted to produce national and local homeless counts which, even if this was not their aim, fuelled arguments in favour of or against the HUD figures (Taeuber 1991, Burt 1992b)<sup>16</sup>.

### 1.3 A law for the homeless that required statistics

In December 1982, the United Nations had decided to declare 1987 the International Year of Shelter for the Homeless (IYSH). In an attempt to encourage governments to revise or improve their housing policies for the poorest members of society, the United Nations Center for Human Settlements organized a programme of actions for 1986 and 1987. Although the US Government gave its backing to the IYSH, it was unfavourable to any action at the level of national government (the Federal document had for title: 'Freeing the Spirit of Enterprise') and stressed the fact that the phenomenon of 'homelessness is not a function of poverty' (Hopper 1991: 798). On the other hand, the IYSH did provide an opportunity for contacts between numerous organizations from 1985 onwards (Washington DC Meeting, Housing the Homeless conference), thereby adding to pressure for a more favourable policy towards the homeless (Knight 1987).

In June 1986, 65 co-sponsors put a bill before Congress: 'the Homeless Person's Survival Bill', that combined a range of emergency and preventive measures plus suggestions for a number of long-term solutions (Foscarinis 1991: 1234). There now developed a remarkable campaign of pressure on the part of a national network of campaigners for the homeless, that brought together local agents (social workers, volunteers), organizations (the American Psychological Association, for example, Rosenberg *et al.* 1991: 1239) and the homeless themselves. After many amendments to the bill and despite a deep reluctance, President Reagan signed the Stewart B. McKinney Homeless Assistance Act on 22 July 1987. One of the ideological reasons for the reluctance of the government to respond to the distress of the homeless with social measures stemmed from fear of the 'supply effect', whereby, it was argued, people who were currently precariously or poorly housed might prefer to become homeless simply in order to get access to the services being offered; this was moreover the explanation given by the Reagan administration to account for the rise in the number of homeless, despite an appreciable increase in the number of places in shelters.

In the space of four years, more than \$2 billion were distributed to the states, city governments and non-profit organizations. It must be noted that the grants provided for by this law were calculated on the basis of local counts that were to be supplied by the local authorities and associations<sup>17</sup>. The definitions used to identify, count and classify homeless people were closely influenced by who was requesting the information (at a

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<sup>15</sup> For the arguments in favour of this figure, see A. Kondratas 1991, and R. Freeman and B. Hall 1987. For a more critical analysis of the HUD results, see K. Preoff 1987 (pages 41Ð4) and R. Appelbaum 1988.

<sup>16</sup> For a synthesis of these documents, see I. Groc 1994.

<sup>17</sup> . Something which prompted William Wylie (Deputy Mayor) to say: 'the more counted, the larger the grants' (quoted by J. Barras in 'Shelter night seeks realistic count', Washington Times , 21 March 1990).

local or national level). For example, Section 722 of the McKinney Act required each state to collect data on the number and location of homeless children and youths and then to send them to Congress 'via the Secretary of Education' (Cordray and Pion 1991: 602). In spite of detailed instructions, these provisions produced inconsistent results, such as the existence of one-day counts in some localities and one-year counts in others (Walker 1991: 623). Many problems were also encountered when HUD (Department of Housing and Urban Development) requested estimates from the states, as part of the Comprehensive Homeless Assistance Plan (CHAP). The states refused to accept the instructions from this Federal government department concerning point in time counts and counting methods. In addition, the logic of the central government meant that data concerning the population targeted by a particular social programme would cease to be collected once that programme was complete (Chelimsky 1991: 685). A relationship is known to exist between the absence of objective data regarding a social problem and the political attention (or non-attention) that problem receives: 'eliminating the data that reveal the magnitude and direction of a social problem does three things: it lowers perceptions of the problem; it reduces public pressure for solving it; and it renders the lack of policy-making to address it less visible'<sup>18</sup>.

Although this law was limited to emergency measures and thus failed to satisfy those who had campaigned for it from the beginning, it had the merit of mobilizing resources on a large scale and of providing a public demonstration that the struggle to reduce the plight of the homeless was legitimate (Burt and Cohen 1989: 147, HUD 1994: 46).

#### **1.4 Are all the homeless mentally ill?**

From the earliest studies it became apparent that many homeless people were suffering from mental illness<sup>19</sup>. The wholesale dehospitalization of mental patients, present from the end of the 1950s but widespread in the 1960s (Wyatt 1986), as well as the growing limitations of the American welfare system in the field of health care (Bassuk 1984, Dennis, Levine and Osher 1991), are among the reasons given to explain the rise in the number of homeless. Although the 'deinstitutionalization' of the mentally ill seems not to coincide exactly with the growth in the number of homeless that was visible at the end of the 1970s (Kiesler 1991: 1245), the measures introduced by the Reagan administration to restrict access to certain welfare payments may indeed have amplified the phenomenon. For example, in 1981 the administration introduced tighter controls on eligibility for the Social Security Disability Insurance programme (between 150 000 and 200 000 people had lost this allowance by 1983, Kiesler 1991: 1246). It is true also that Vietnam veterans are over-represented among the lone homeless men and that this group has a higher incidence than others of psychiatric disorders and drug addiction<sup>20</sup>.

Although the homeless in the United States are the responsibility of the Federal state (McKinney Act) and the city governments, the mentally ill are the responsibility of the state departments of mental health (Lovell 1992: 52). The question is thus not purely scientific. Attention can be drawn to a number of particularities in the direction of

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<sup>18</sup> Chelimsky 1991: 685. For an exploration of the French experience, see Firdion, Marpsat, Bozon 1995.

<sup>19</sup> For a survey of the literature, see Fischer and Breakey 1991.

<sup>20</sup> The Department of Veterans Affairs has participated in programmes aimed at the homeless, notably thanks to the 1987 Homeless Veterans Assistance Act.

research, and that are not unrelated to the strategies of rejection of responsibility (Shinn and Weitzman 1990: 3). Whereas funding for research in the field of social policy was becoming scarce (the HUD funded very little research), there was no shortage of funds for surveys in the field of public health, notably from the government (Department of Health and Human Services), from Federal agencies belonging to the Alcohol, Drug Abuse, and Mental Health Administration (for example, the National Institute of Mental Health<sup>21</sup>, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse), and from local governments (such as the city and state Health Departments). To these may be added the funding in the framework of the pilot project of the National Health Care for the Homeless promoted (from 1983) by two philanthropic organizations<sup>22</sup> supported by the US Conference of Mayors.

While there is no doubt that many quantitative studies were able to benefit from these resources, if need be by including a section on health when they did not already have one, instances of a 'psychiatrisation' of the phenomenon of homelessness have also occurred and have been strongly denounced<sup>23</sup>. Long after the slogan of Robert Hayes (the first director of the Coalition for the Homeless): 'housing, housing, and housing' (quoted in Burt 1992a:4), the scientists produced that of: 'treatment, treatment, treatment'<sup>24</sup>, that was equally supposed to be the solution to the problem of the homeless. Other researchers, meanwhile, were striving to bring greater accuracy to the estimation of the prevalence of mental illness in the homeless population by analyzing the measurement bias<sup>25</sup> and by suggesting improvements in survey methodology (Burnam and Koegel 1988, Dennis and Iachan 1991). In another development, it has been argued that mental illness must also be perceived as a process of adaptation to the reality of living in the street<sup>26</sup>.

## 1.5 Conclusion

Thus it can be seen that from an initial preoccupation with enumerating the homeless, the focus of interest has shifted to a classification of this population into relevant 'segments' for use in the elaboration, implementation and evaluation of initiatives on behalf of the homeless. The debates and controversies surrounding certain studies highlight the danger of interpreting the 'who are the homeless?' question in terms that lead to 'blaming the victim', stressing individual factors at the expense of macro-economic considerations and ignoring the interaction between them. Lastly, efforts are

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<sup>21</sup> The NIMH funded 10 surveys between 1982 and 1986 (D. Dennis, Bruckner *et al.* 1991: 1130).

<sup>22</sup> The Robert Wood Johnson Foundation and the Pew Memorial Trust (Wright 1987).

<sup>23</sup> For example, Snow, Anderson and Koegel 1994, pages 465-9. This is also reflected by the fact that when the keyword 'homelessness' is applied in the Social Science Citation Index and the PsyINFO base, for every article dealing with poverty, unemployment or other economic factors, there are ten dealing with problems of mental health (Blasi 1990: 215).

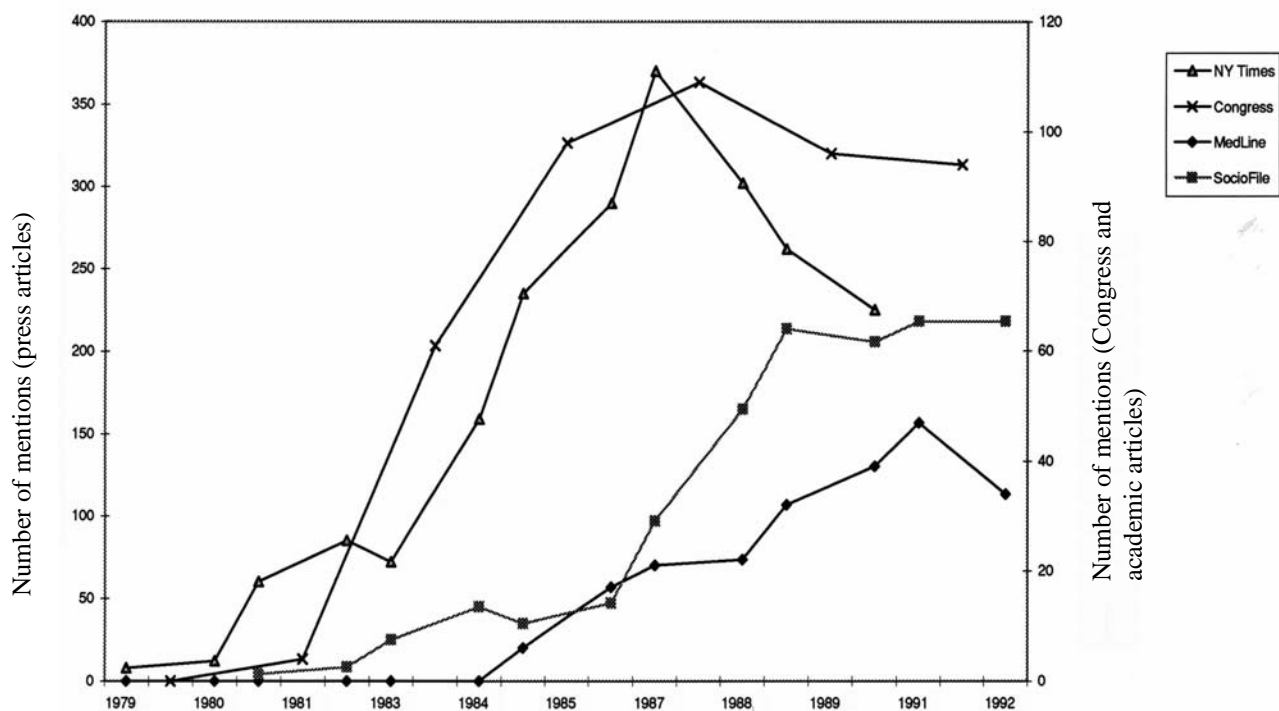
<sup>24</sup> Baum and Burnes 1993 'A Nation in Denial: The Truth about Homelessness', quoted in Neuman 1994: 11. This 'stereotyped' view of the homeless has been denounced by Snow *et al.* 1994: 473.

<sup>25</sup> Cf. for example: Wright 1988, Snow, Baker and Anderson 1988, Pilliavin, Westerfelt and Elliot 1989, and Calsyn *et al.* 1993.

<sup>26</sup> Snow and Anderson 1993, and as an example of the stress of the homeless mention can be made of the experience of Nancy (North Carolina): 'Five officers in Santa Cruz got caught playing Russian Roulette with street people' in Roberts and Keefe 1986: 413.

currently being made to improve our understanding of the processes whereby individuals enter and exit the situation of homelessness. Figure 1 shows the evolution over time of the frequency of the homeless theme in articles in the New York Times (Kircheimer 1990: 618), in Congressional sessions<sup>27</sup>, and in the MedLine data base. It will be noticed that the Congressional output (bills, resolutions, acts) starts to grow slightly later than the increase in number of articles in the New York Times, both then reaching their maximum at the time of the vote on the McKinney Act in 1987 and the International Year of the Homeless, whereas the articles of a medical nature then start to increase strongly, corresponding to the period when health specialists began to take a close interest in the problem (Lovell 1992: 52-3).

**Figure 1. Articles (press and academic) and laws, decrees (in Congress) concerning the Homeless in the United States (number of mentions per year or per session)\***



Sources : for the *New York Times* Kircheimer (1990), the Library of Congress catalog, and the Medline documentary base.

\*In order to make the diagram easier to read, the number of mentions in the Medline base have been multiplied by ten and those in Congress by two.

<sup>27</sup> By consulting the Library of Congress Catalog via the Internet.

## **2. Several generations of studies**

### **2.1. From 'how many homeless?' to 'who are they?'**

This discussion of the social and political history of the United States helps to explain why American studies fall into several generations. The choices made were of course also influenced by other considerations, such as the methodological difficulties encountered and the costs in terms of time and money. This section will examine the evolution in the survey modes: a) surveys drawing on the views of experts; b) night-time censuses of homeless people sleeping in the streets or in shelters; c) surveys among the users of services for the homeless (soup-kitchens, shelters, outreach programs) and those sleeping in the street; c) new approaches: surveys based on social service computer records, longitudinal surveys, methods of capture-recapture modelling, and a specific retrospective survey on a representative sample of conventionally housed families.

This demand for information at the federal, institutional and associational levels was responsible for the inclusion of specific retrospective questions about possible periods of homelessness in the questionnaires for the regular surveys of households living in ordinary homes (such as the American Housing Survey AHS and the Survey of Income Program Participation SIPP, Walker 1991: 620).

Some of the main survey methods employed will now be outlined using some well-known examples from the United States.

### **2.2. Estimates based on the views of experts**

#### *\* The CCNV estimate*

In 1980, the members of the Community for Creative Non-Violence (CCNV) drew up a report for the House of Representatives Committee of the District of Columbia (CCNV, 1980). The data presented concerned the shelters in 25 localities and the number of homeless in 14 cities. However, the estimates, which were based on the opinions of individuals or organizations active in the field of help for the homeless, appear to have been collected without any strict instructions such as would ensure a degree of homogeneity. They vary from city to city both in terms of geographical scale (metropolitan area or city centre) and temporal scale (number of homeless at a particular date or in the course of a year). In most cases it is individuals who are counted, but at least one of the estimates deals with a number of families without specifying their size. It was by extrapolating from this report, that Mary E. Hombs and Mitch Snyder, of the CCNV, estimated the total number of homeless in the United States at between 2.2 and 3 million people in 1982 (Hombs and Snyder, 1982).

This figure had a mixed reception, remaining a reference for activists while being widely criticized by specialists and official departments. In a review of the various estimates and of their links with public policies, Anna Kondratas, of the HUD, refers to it as a 'guesstimate' that owes its survival to political considerations (A. Kondratas, 1991).

*\* The HUD estimate*

In 1984, the Office of Policy Development of the HUD estimated the number of homeless at between 250 000 and 350 000 on an average night in December 1983-January 1984 (HUD, 1984). Although based again on the views of experts, the methodology used brought a degree of homogeneity to the information collected: definition of the population to be covered ('individuals in shelters or public/private places not designed for human habitation'), and of the time scale (a particular night) and period to take into account. Published in 1984, election year in the United States, this report was highly criticized by the homeless advocates, foremost among them Mitch Snyder. Some of the report's opponents went so far as to compare its authors with Goebbels and its content with Nazi propaganda (Kondratas, 1991).

### **2.3 Methods based on the street/shelter approach**

These methods are based on a night-time survey conducted simultaneously in the street and in other places not intended for habitation, such as gardens, car parks, and in the shelters, at a time when their doors have been closed, thereby minimizing the risk of double counting.

*\* The Nashville experiment*

The Nashville experiment originated with the concern of a voluntary organization, the Nashville Coalition for the Homeless, faced with the growth of the homeless phenomenon. The first count was carried out in December 1983 with the aim of describing this population and with the concrete objective of obtaining funds to build a free clinic. These counts have continued since 1983, at a current rate of two a year, in June and December (Lee 1989 and 1991; Wiegand, 1985 and 1986). Seasonal variations can thus be adjusted for. The count is carried out on a given night, within a delimited area where the homeless are known to congregate. Since 1986, in addition to downtown have been added the shelters and other services of the outlying areas.

The information in the shelters is collected by the staff, who are often Coalition members, providing a breakdown of the homeless by sex, race and age group. The street count is conducted by between five and eight teams with two to four members each, who tour the sites where the homeless are likely to spend the night. The teams merely record their observations and do not enter into direct contact with the homeless. Thus there can be no screener to ensure that the individuals met are indeed homeless. However, many of the investigators are used to working with the homeless and can often recognize them. The street count takes place between 3.30 and 5.30 a.m., a time when those sleeping in the street are settled for the night and when overlap with the shelters is impossible. To reduce overlap still further, each team is allotted a zone indicated on the map, and on which it marks the place where each subject was encountered.

In 1991, drawing the lessons of 13 such counts, Barrett Lee emphasized the importance of the support provided by the Coalition, both in favouring a good reception in the shelters and in supplying unpaid investigators who knew the field well, thereby reducing costs. As in most other experiments, he acknowledged the difficulty of enumerating the best hidden individuals. Also to be borne in mind is that the homeless are established on other locations, as well as in 'informal' shelters (such as churches),

and that the population covered does not include those 'doubled-up' (living with another household). Finally, since the results are based on the observations of the investigators they are thus both uncertain as regards the decision to count an individual as homeless and limited as regards the information collected.

*\* The study of the Chicago homeless*

This research in two waves (September 1985 and February 1986) was conducted in Chicago by Peter Rossi and his team at the Social and Demographic Research Institute, in collaboration with the National Opinion Research Center (NORC). It was funded by the Robert Wood Johnson Foundation and the Pew Memorial Trust, foundations responsible for funding a number of free clinics for the homeless, and by the Illinois Department of Public Aid. The aim was, first, to design a sampling method for the homeless in a given locality, second, to estimate their number and to describe their living conditions, health care needs and resources (Rossi *et al.* 1986, Rossi, 1991).

The population to be surveyed was defined as that of adults who, on a given night, were 'literally homeless', that is, who slept in the street (or other places not meant for human habitation) or in a shelter. Two samples were selected, corresponding to these two sub-populations. The two surveys were conducted on the same night, between closure and lights out for the shelters, and between 1.00 am and 6.00 am for the street. The shelter survey was the most straightforward in conception. An exhaustive list of these shelters was prepared with an estimate of the number of beds in each, and a sample proportional to the size was drawn. Within each centre selected, a sample of people to interview was then selected (Rossi 1989).

The street survey was more complex. A sample of census blocks was made in which all the people encountered were to be asked whether or not they were homeless (waking them if necessary!). The investigators were instructed to survey all the accessible parts of the zone until they reached a physical limit (a locked door, for example). So as to limit the cost of the street survey, all the census blocks of Chicago were stratified according to the likelihood of finding any homeless individuals, as classified by 'experts', for the most part officers from the Chicago Police Department. The investigators were accompanied by policemen off-duty and out of uniform. The interviews were paid at a rate of \$5.

The militant associations focused their attention more on the estimated number of homeless (significantly lower than their own figures) than on the results regarding living conditions. They were fiercely critical of Rossi's research, to the point that he defended himself with an article provocatively entitled 'No Good Applied Research Goes Unpunished' (Rossi, 1987). The conclusion Rossi drew was the importance of explaining beforehand the work that was going to be done and of getting the support of the associations<sup>28</sup>. Other researchers, though more favourable to his works, nonetheless questioned the dissuasive effect of employing policemen, even out of uniform, the lack of respect shown to the homeless (waking them to ask questions) and on the reliability of the views of the experts used to stratify the zones.

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<sup>28</sup> "to properly build a supportive constituency for our study among advocates and Chicago's political elite" (Rossi, 1991).



Rossi himself proposed a number of technical improvements to his methodology: better knowledge of the specificities of each shelter so as to choose the best time for the interviews (no doubt the morning rather than the evening, some shelters staying open after most of their residents were asleep); make sure that the people sleeping in shelters did not have another residence; improve the quality of the stratification of the zones by identifying shortly before the survey the zones with many homeless rather than relying on the views of experts. In his most recent conclusions, Rossi favoured a multiple approach combining a survey among service providers of the kind conducted by the Urban Institute (see below), with a street survey in order to cover the homeless who made no use of such services, plus a sample of families with a home so as to study the people who were in fact living 'doubled-up' with friends or relations.

***\* The Street and Shelter Night (or S-Night) in the 1990 census***

The Bureau of the Census gave special attention in the 1990 census to enumerating the shelter population and completed this by a partial street count. Approximately 230 000 people were counted in the course of S-Night (night of 20-21 March 1990), 180 000 of them in shelters and 50 000 in the street. This operation was limited to the 200 largest U.S cities.

In spite of the many criticisms made of these figures, mainly by activist organizations, the section relative to the shelters seems to be reasonably reliable. By contrast, the count made in the street is an under-estimation, as the statisticians involved openly acknowledge. Their aim was not exhaustivity but simply to improve coverage of a population that was theoretically included in the census but which had hitherto been even more under-recorded (Taeuber and Siegel, 1991).

The census did not provide a definition of the homeless. The instructions were to count all the people sleeping in the shelters or who were visible in the street and other public places, in the sites on a list drawn up in advance by the administrative services and other local agents. The street count took place between 2.00 a.m. and 4.00 a.m., that in the shelters from 6.00 p.m. to midnight.

Working in teams of two, the census enumerators attempted to count the people sleeping in abandoned buildings, overnight shelters, makeshift housing, welfare hotels, abused women's shelters, emergency rooms, streets, parks and public gardens. In the particular case of abandoned buildings, the enumerators, accompanied by social workers, took up position at the edge of the site, from the middle of the night until the early hours, and recorded all those emerging.

When individuals were asleep, the enumerators did little more than record their sex, approximate age, and ethnicity or race; otherwise they asked date of birth and marital status. They were instructed not to intervene in 'money-making activities' (in addition to legal transactions, the euphemism denoted prostitution and drug dealing).

In its conclusions, the Census Bureau drew attention to a number of difficulties specific to its count: the scale of the operation entailed the use of census enumerators who were not the usual interviewers and whose training was perforce brief; it was hard to recruit adequate numbers of streetwise investigators; the people questioned could not be paid; the respect of confidentiality precluded having a police escort for the census takers. The press took a close interest in the street count, and in many cases actually followed the

census takers, to the detriment of their work and its confidentiality. On the other hand, the media did also help the Census Bureau to perform its task.

In addition, the selection of locations for the street count was doubtless inadequate. Some locations proved hard or impossible to find. It would have been helpful to have visited the sites the day before S-night. The homeless established in other zones were not surveyed, by definition.

One interesting feature of the S-Night is the hiring by the Census Bureau of various teams of independent researchers to assess the operation. For example, a team was asked to draw up a 'rival' list of shelters on a sample of zones. As regards the street count, five teams were commissioned to make the assessment in the cities of Los Angeles, New York, Chicago, Phoenix and New Orleans. Observers placed in groups of two or three noted the arrival and attitude of the census takers, the behaviour of the people at the site before, during and after the interviewers' appearance, and whether they were themselves enumerated (Wright 1992). From their reports it seems that some census takers did not turn up, that others failed to follow the instruction to count everyone present and relied on their own judgement or asked the people they met if they were homeless. Others, meanwhile, seem to have remained in their cars, while some counted but did not conduct an interview.

After the census, the independent researchers also conducted a number of interviews with the homeless, in order to form an idea of the understanding they had of the census, their reaction to it, and the reasons for their acceptance or rejection of the enumeration. In New York, the assessment directed by Kim Hopper included an extra phase of ethnographical survey. For five consecutive nights, a group of researchers, students, social workers and a doctor conducted an undercover observation with the purpose of describing the use of time and space by the individuals on the site.

## **2.4 Methods based on use of the services for the homeless**

These methods involve a survey among the clients of the shelters and soup kitchens, and sometimes of other, in particular mobile, services.

### **\* *The Urban Institute survey***

In 1983, against a background of economic crisis, Congress voted the Emergency Food and Shelter Program, to be administered by the Federal Emergency Management Administration. Three years later, Congress voted a further measure, the Prepared Meals Provision, to feed the homeless, who were given food stamps which they could use to obtain food from soup kitchens, some of these kitchens being attached to a shelter. The Urban Institute, a private non-profit research organization, was commissioned to assess the measure. In a report to the Food and Nutrition Service of the Ministry of Agriculture, Martha Burt and Barbara Cohen estimated at between 567 000 and 600 000 the number of homeless people on an average night in 1987 (Burt and Cohen, 1989). This figure was obtained by extrapolating from a statistical survey in the cities with more than 100 000 inhabitants in 1984 (Burt and Cohen, 1988, Burt, 1992).

This concentration on major cities was due to financial constraints and to the need to limit attention to locations with the highest proportion of homeless. The cities were selected at random after stratification according to size and census area. The six cities with more than a million inhabitants were all included in the sample, while the other

cities were selected with a probability proportional to the number of their poor people as indicated in the 1980 census, to produce a sample of 20 cities in all.

The survey was carried out among users of the services provided by the shelters and soup kitchens. The Urban Institute drew up a comprehensive list of these services and produced a sample proportional to their size, after stratification by size and the type of service (meal, shelter with meal, shelter without meal). Service users were then sampled in each shelter and soup kitchen.

For the soup kitchens, a complex screener was used to distinguish the homeless from other users. The former were defined as having no permanent place of residence, or who were housed in a shelter, a hotel paid by the social services in one form or another, a place not meant for habitation, or with family or friends with whom there was no regular arrangement to be housed for at least five days a week. The questionnaire examined a large number of themes, an enumeration of the homeless not being the main object of the survey. The length of the questionnaire was also one of the reasons for interviewing the subjects in the day. Interviews were paid at a rate of \$5, which may help explain the high response rate (97%). The results were weighted to allow for sample stratification, non-responses, differences in the degree of service use, and double-counting<sup>29</sup>. However, the weighting used to adjust the results by the frequency of service use depended entirely on the reliability of the retrospective information supplied by interviewees about their use of the services during the previous 7 days.

The decision to survey the shelters and soup kitchens, imposed by the insufficient means for a large-scale street survey and by the subject (food), turned out to be both effective and inexpensive. In the words of Martha Burt, it was "the best design accident in all US homeless research". However, an experiment of this kind had in fact first been conducted in 1984 by a team of Californian researchers, on the skid row area of Los Angeles (Burnam and Koegel, 1988).

More recently, the extrapolation that led from the survey results to a national figure was re-examined by the same authors, who estimated the national total of homeless at between 350 000 and 600 000 people depending on the hypotheses adopted (Burt 1991).

In her most recent conclusions, Martha Burt favours a survey covering a longer period (although this increases the risk of memory error) and to include also outreach services such as the distribution of food, blankets and health care by itinerant teams, so as to cover a section of the homeless who do not use the other services.

#### **\* *The Research Triangle Institute (RTI) survey***

This survey, financed by the National Institute on Drug Abuse, is part of an investigation whose aim is to increase understanding of drug-related problems throughout the Washington, D.C. area: the Metropolitan Area Drug Survey (DC\*MADS). For the previous twenty years, surveys of drug users had been confined to households and hospitals, an approach that had given rise to criticism. The RTI survey employed three sampling frames: the streets, the shelters and the other services

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<sup>29</sup> For the details of the method used, including the various weightings, see Burt and Cohen 1988, volume II, Appendix B.

(Iachan and Dennis 1993). What was different compared with the work of the Urban Institute, then, was the coverage of a number of external sites.

Two types of stratification were necessary: one spatial, the other temporal. The latter allows calculation of estimates for a particular date and over a given period, as well as bringing to light seasonal variations.

The coverage of the study was not limited to the 'literally homeless', but included people who had spent the previous night in an emergency shelter, in accommodation paid for with municipal emergency housing funds, in a place not intended for habitation, plus people who usually slept in one of the above regardless of where they had spent the previous night, and all those using soup kitchens and emergency food banks. A screener was used in the street and encampment settings to exclude those who were not homeless; the screener was also administered in the soup kitchen sites though just in order to identify the literally homeless, without excluding the others; finally (and in contrast to other surveys), the assumption was made that all people sleeping in shelters were literally homeless.

To develop estimates of the number and characteristics of the homeless population on an 'average' day between February and June 1991, four samples of 16 days were selected in February, March, April and June, at a rate of 4 days per week. Spatially, one or two samples (with replacements) were taken from each sample frame: two samples of shelters, one of soup kitchens, one of encampment clusters, and two of streets divided into census tracts and blocks (Dennis and Iachan, 1993).

The shelters were stratified by size and selected in proportion to their size. The sample of users was then selected with equal probability. The sample of soup kitchen users was selected in two stages: first, meals (breakfast, lunch, supper) were selected with probabilities equal to the number of meals served, with an equal number of subjects being interviewed at each meal. The sampled shelters and soup kitchens were randomly assigned to the dates selected in the temporal sample.

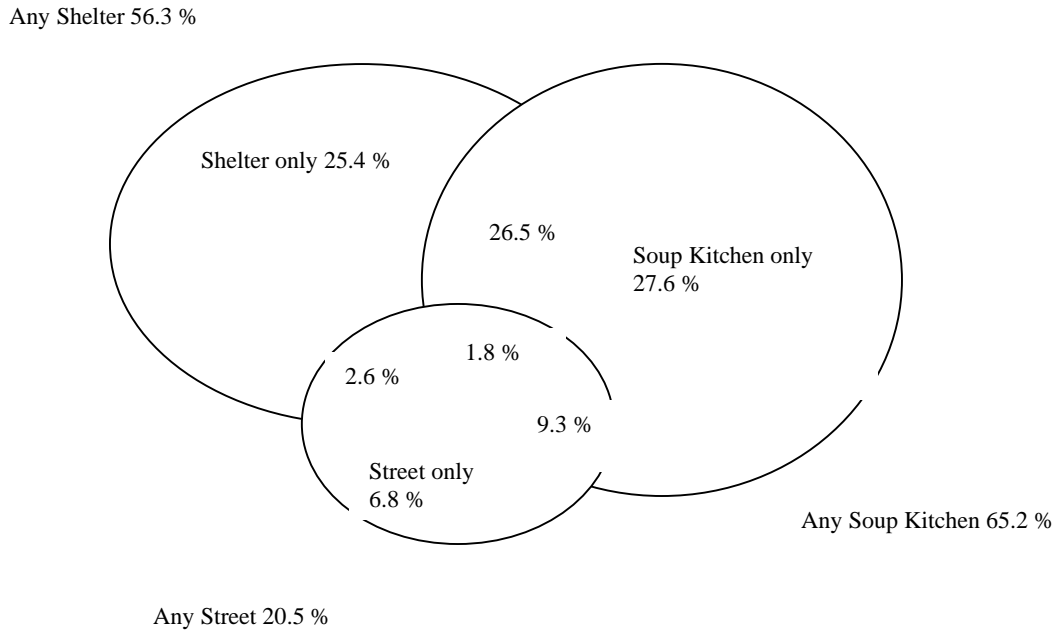
The survey design was changed in the course of the survey: security problems, cost and low rate of interview completion for the street survey lead to it being replaced by a survey in the soup kitchens and encampments. The encampments were identified by local experts and verified before the survey. The geographical areas for the street sample were selected using a method similar to that of Rossi and assigned randomly to the selected dates.

Corrective factors had to be introduced to overcome the problem of double counting and to allow for multiple use of services. These adjustments are based on the answers respondents gave when asked about their present or expected use of shelters, soup kitchens and encampments during the 24 hours that corresponded to the day selected in the temporal sample.

Of the population interviewed, 56% used the shelters. The coverage rate rose to 93% when were added the users of soup kitchens who did not sleep in the shelters, and to 94% when those surveyed in encampments were added, the remaining 6% coming from the street area survey (see figure 2). In fact, the proportions interviewed in each site varied according to the sub-population being considered: youths, drug users, families, veterans É As for response rates, they ranged from 75% in the soup kitchens to 99% in

the encampments. The organizers attribute this high response rate to the fact that the interviewees received payment for their participation.

**Figure 1. Size and 24-hour overlap of the three populations of homeless people in the DCMSA**



Total population = 100 %

Reference : Iachan Ronaldo, Dennis Michael A., 1993, *Journal of Official Statistics*, vol.9, n°4, p.756.

In conclusion, apart from the complexity of sample design for service user surveys, the main problem, and for which none of the methods really offers a solution, is that of reaching the most isolated individuals, those who make the least use of services, and who are particularly skilled at concealing themselves.

These service user survey methods are to be applied in the national homeless survey of the Bureau of the Census, planned for 1996, which will employ an improved version of the Urban Institute survey. For the next United States census, in the year 2000, it is also planned to rely on the networks of services and abandon the night-time surveys.

## 2.5 Some other methods

The number of persons who are homeless at least once in the course of a given year is much higher than that of persons homeless on any one night. Moreover, the composition of the population is different in the two cases, the single night estimate giving greater weight to persons who are homeless for long periods, who do not have the same characteristics as the occasionally homeless. This is an instance of the classic distinction between point and period prevalence, to which the only real solution is the

use of longitudinal data: either data based on the memory of the interviewees, the shortcomings of which are well known, or administrative data (cf. *infra*), which fail to cover all the population to be surveyed, or panel surveys of the homeless, although the practical difficulties of re-establishing contact with subjects are not hard to imagine (Cohen *et al.* 1993).

**\* *An example of a panel survey***

The survey by Sosin, Piliavin and Westerfield (1990) is explicitly focused on the process whereby people enter and leave a state of homelessness: the length of the periods, the frequency of leaving, and whether and after how long they re-enter. The survey was carried out in Minneapolis, in two waves, the first of which in autumn 1985, involved service users (shelter, soup kitchens), was voluntary and was preceded by a short screening questionnaire. This screener was intended to identify people housed by family and friends, or in housing paid for by the social services, or in free shelters, or in a place not meant for habitation. For the last two categories, a "window" of 14 days was set (residence for less than 7 days and for at most 7 more days) so as to avoid an over-representation of people in these categories. The sample was made up of two groups: the 'recent arrivals' (homeless for two weeks or less) and a general cross-section of the homeless population. The second wave of the survey was conducted approximately six months later.

A number of methods were used to track down the interviewees. In the first wave of the survey they were asked if they would agree to be re-interviewed, and to supply the names and addresses of family, friends and social workers likely to know their whereabouts. At the appointed time, letters were sent to these addresses. The interviewees were also given stamp-addressed postcards bearing the address of the research team so they could send the information themselves. Posters were put up in and around the area of the first wave asking people who had been interviewed the first time to get in touch with the team; social workers made periodic announcements about the second interviews; two homeless persons were hired to seek out the previous respondents. For the first interview respondents were paid \$5, for the second \$7. In the group of recent arrivals, 58% were successfully tracked down, and 59% in the cross-sectional group.

This is not a random sample and doubtless it under-represents the most isolated individuals who use services the least. The six-month period is rather short. However, the characteristics of the interviewees do appear consistent with those found in other surveys. Also, the socio-demographic characteristics of the individuals found for the second interview appear consistent with those of the whole sample, though other factors, such as the fact of once again being housed in stable conditions, may well have an impact on the likelihood of finding an individual.

Unlike the results obtained in one-off surveys, the longitudinal approach of these authors reveals a high frequency of rapid exits from homelessness. Many people, however, had become homeless again in the six month period (between the two waves), though the differences between the 'recent homeless' and the control group were not very great. Furthermore, it seems that when housing had been found it was often insecure and funded by public money.

### **\* *The example of a records-based survey***

This study can be seen as a particular case of the panel data approach, limited to the shelters. A study was conducted using the computer records of the shelters in Philadelphia and New York, which contain information such as the name, date of birth, and social security number of the people admitted for the night. The results therefore apply only to the users of these shelters and provide only a limited amount of information. On the other hand, they do provide estimates of the number of users in a given period, at a low cost (Culhane *et al.* 1993). The turnover rate for individuals and families can thus be calculated, both in general and by age and ethnicity or race.

One problem with studies of this type is the importance of having homogeneous data for all the shelters and collected in the same computer format. In New York and Philadelphia this was true for the public shelter system but not of the private shelters, as a result of which between 15% and 20% of the beds available in any one night were excluded from the survey.

The annual number of shelter users was approximately four times higher than that of users on any single night. Children and Black Americans are the most vulnerable: in a three year period, for example, the likelihood of a Black American using a shelter is between 15 and 20 times greater than for a White. Over two years, slightly less than half the admissions are of people belonging to a family. Furthermore, reentry is found to be far more common than entry. The possibility of extending this method to other shelters and other cities by means of a special software is currently being examined.

### **\* *Modelisation methods: capture-recapture analysis***

A number of methods attempt to estimate the point and period prevalence of people in a state of homelessness and can be used to assess the findings of surveys conducted in the field.

Capture-recapture methods have been employed since the sixteenth century (Cowan 1991). The name derives from their use to estimate the size of wildlife populations. More recently, these models have been applied to populations of mobile humans, such as migrant agricultural workers. Some attempts have been made to apply them to the homeless, one of them in England (Fisher *et al.* 1994). The method is also used to measure the coverage rate obtained in a census or an exhaustive study.

The method requires at least two independent observations (or sources) of the same population. In order to model the size of the population  $N$ , it is necessary to know:  $n$ , the number of members of the population observed the first time (or in the first source);  $m$ , the number observed the second time (or in the second source); and  $M$ , the number observed on both times.  $N$  is then estimated by  $(n * m) / M$ . Each person must be identified (by some kind of identifying information) in order to establish  $M$  (Sudman *et al.* 1988).

If the concept that underpins this method is straightforward, the conditions which have to be satisfied for the model to be valid are relatively strict. The observations must be collected in such a way that every individual in the population has the same probability of being selected in each period (though not necessarily from one period to another). Yet the homeless form a population that is extremely heterogeneous in terms of

characteristics but also behaviour. The solution lies with stratification of each observation (or source), but this supposes that the appropriate variables are known.

The second condition is that of independence between the counts. Yet it is exactly the same people (those living marginally, who do not use services and who are adept at concealing themselves in the street) who are likely to be missed on each occasion. Furthermore, when association records are used as the source, the relations which exist between different associations mean that their records are not in fact independent.

The third condition is that the population being studied does not change between the two captures. This condition can only be relaxed if the number of observations increases. If the reference population does change, use of the model in its simplest form also produces bias.

These conditions of the basic model can be in part be overcome by log-linear modelling (Fisher *et al.* 1994). Another difficulty can arise from definitional differences of the homeless between different sources (a screener can then be used to increase the consistency of the definitions).

### **3. Conclusion: some examples of European projects**

Among the countries of the European Union, methods of investigation similar to those described above have been used mainly in the United Kingdom, where the last census included a section on people sleeping rough that was very comparable to that in the American census (Firdion 1995, OPCS 1991). Also in 1991, the capture-recapture method was used to obtain an estimate of the number of homeless people in contact with the statutory or voluntary agencies of the north east Westminster zone of London, and among them the number of mentally ill (Fisher *et al.* 1994).

A Scottish team is at present (second half 1995) testing a capture-recapture method in an attempt to evaluate the number of people who have slept rough in a given period and identify their characteristics. A screening questionnaire is used to harmonize the definitions in the records of the different services and a log-linear model applied to overcome the limitations of the basic model. Lastly, they work from the assumption that it is very important to achieve a good collaboration with the voluntary organizations and other agencies involved with the underprivileged and that the political context must also be taken into account: "The broader concerns of how the political, policy and service delivery contexts influence the feasibility of conducting a study of the kind proposed overlap with the technical questions"<sup>30</sup>.

A survey on the same topic was also conducted in Madrid (Spain) in 1993-4<sup>31</sup>. This was a probability survey. Its sample frame comprised people aged over 18 using the services for the homeless (shelter, meals, psychological care) and sleeping in the shelters, street, public gardens, and other places not meant for habitation.

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<sup>30</sup> Backed by the Scottish Office, the feasibility study was carried out by M. Bloor, I. Shaw and H. Williamson (University of Wales, Cardiff), R. Cormack (St Andrews University) and A. MacKay (Research Consultant).

<sup>31</sup> This survey on the prevalence of mental illness among the homeless is conducted by a team of researchers from the Complutense University of Madrid (Facultad de Psicología): C. Vázquez, M. Muos, J. Sanz.



As regards France, a number of projects are at present under way, as part of the work of the Conseil National de l'Information Statistique (CNIS) on the statistics of the homeless population<sup>32</sup>. The INED has thus undertaken a methodological experiment of the 'street and shelter' and 'service users' survey methods. This involved conducting two surveys over a limited area and examining how they could be extended to a larger scale. The 'service users' survey was carried out in Paris intra muros in the period between 6 February and 10 March 1995 and involved 591 individuals. The aim is to improve understanding of the characteristics of the homeless, the process of entry to and exit from homelessness, the financial and non-monetary resources of those involved, their links with other people and their use of the specialist services. The survey should also allow an evaluation of a method for obtaining estimations of the population concerned at a given point in time, and in the course of a given period. These experiments were conducted in close collaboration with the voluntary and other organizations which care for the homeless.

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<sup>32</sup> The National Council for Statistical Information (CNIS) provides a forum for producers and users (associations, administrations, trade unions É) of official statistics. As coordinator of government statistical activities, it prepares a medium-term program and an annual program incorporating all compulsory surveys. In 1993, in response to requests from leading voluntary organizations, the CNIS set up a working party on the homeless, which will publish its final report at the end of 1995 (Gounot 1994).

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## **The homeless in Paris: a representative sample survey of users of services for the homeless**

Maryse MARPSAT, Jean-Marie FIRDION<sup>1</sup>

### **1. Introduction and survey context**

In what follows we present the details of the method used by the Institut National d'Etudes Démographiques (INED) to conduct its survey on a representative sample of homeless people using shelter and food services in Paris, in winter 1994–95. The INED survey adopted some elements of the sample design and survey methods from American work in this field (Urban Institute, Research Triangle Institute), and incorporated a number of lessons drawn from these surveys. The sampling method elaborated by INED was applied by another team in winter 1995–96, thereby demonstrating its suitability for generalization.

#### **1a. Homelessness in France**

France experienced a serious housing crisis in the 1950s, due notably to the slow pace of reconstruction and the *exode rural* or heavy rural out-migration after the Second World War (Taffin, 1993; Paugam, 1995). The present housing crisis seems to be of a different nature. It occurs in a context of economic crisis and growing insecurity of employment, and at a time when social and family bonds are being seriously weakened: these conditions coincide with a gradual disappearance of the 'stock of de facto social housing', that is, the low quality but cheap housing, whose demolition or renovation is followed by its original inhabitants being replaced by the better-off.

A variety of observers are agreed that the number of homeless in France is on the increase, and that some of their characteristics are changing: they now include more women, young persons, and immigrants fleeing the political and economic situation in their own countries

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<sup>1</sup> At the time when the paper was written, Maryse MARPSAT and Jean-Marie FIRDION both belonged to the Institut National d'Etudes Démographiques (INED, Paris, France). The theoretical weightings were calculated by Benoît Riandey (INED) and Olivier SAUTORY (INSEE).

(particularly those of Eastern Europe in recent years). However, we remain poorly informed about this extremely heterogeneous population, due to the methodological difficulties of subjecting it to a statistical approach (CNIS, 1995). Indeed, while there is no shortage of 'unofficial' estimates of their number, a reliable estimate is to date lacking. Until now, there has been no genuinely representative statistical survey of this population.

For these reasons, a request was made in 1993 by representatives of voluntary organizations and trade unions present in the CNIS (Conseil National de l'Information Statistique - National Council for Statistical Information)<sup>2</sup> for a national survey of homelessness. Qualitative and quantitative information was to be sought, with which to assess the scale of the phenomenon and to identify not only the people excluded from housing but those threatened with becoming homeless.

### **1b. The survey aims**

The survey of homeless service users conducted in Paris by INED is part of this larger project. A number of experimental surveys were conducted in France during winter 1994–95 and in limited geographical zones, with the aim of producing: 'an investigative schema to apprehend as scientifically as possible the situation of people excluded from housing, the processes responsible for this exclusion and the difficulties that they face when seeking housing' (CNIS, 1995):

- a survey of households threatened by eviction
- surveys of the homeless 'stricto sensu' (including that of INED)
- surveys on the housing conditions of very low-income households

The INED experimentation adapts to France the methods in use in the United States for several years. The main aim of this first study was to explore the conditions in which this sort of survey could be conducted and their application on a larger scale, and to draw up proposals for improving coverage of the homeless in the general population census as well as in the surveys usually conducted only on households in 'normal' dwellings. It was also intended to provide a preliminary exploration of the processes that lead someone to a situation of homelessness.

The INED research was conducted under the auspices of the CNIS, and in partnership with voluntary organizations and other agencies working with the homeless. Financial support came from the Commission of the European Community, the French Ministry of the Environment, the Ministry of Health and Social and Urban Affairs, and the Abbé Pierre Foundation.

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<sup>2</sup> The Conseil National d'Information Statistique (CNIS) is a forum for the producers and users of official statistics. It coordinates government statistical activities, and is responsible for drawing up a medium-term programme and an annual programme of compulsory surveys. The CNIS has an advisory role and its recommendations are made public. It brings together representatives of the trade unions, voluntary organisations, civil servants, academics, and specialists.

## 2. The method

### 2 a. Earlier studies in the United States and France

#### Studies in the United States

Studies of the homeless in the United States have been carried out since the start of the 1980s (for a further discussion of the comparative advantages of each method, see Burt, 1992; Firdion and Marpsat, 1994). Among the methods devised to conduct surveys of persons who are homeless at one point in time (point prevalence), several generations can be distinguished:

The first generation of studies was based on the opinions of experts: this was the case of the figures produced by the Community for Creative Non Violence (CCNV) (Hombs and Snyder, 1983), which sparked off the national debate about the number of homeless people; and of the estimate by the HUD (U.S. Department of Housing and Urban Development, 1984). The latter estimate, obtained using a more rigorous methodology though also based in part on consulting experts, was severely criticized by militants working with the homeless.

For the second generation of studies, the surveys were conducted on a given night, simultaneously in the street (and in other places not intended for habitation, such as gardens, car parks...) and in the shelters, at a time when their doors have been closed, thereby minimizing the risk of double counting.

Examples of this method are the studies by the Nashville Coalition for the Homeless (Wiegand, 1985) and those of Peter Rossi in Chicago (Rossi *et al.*, 1986 and 1987). Although this method has more solid scientific bases, serious problems arise concerning the collection of data in the street. This was the method experimented with by the U.S. Bureau of the Census in 1990 (Taeuber and Siegel, 1991).

In the third generation of studies, the surveys were conducted in the day and over a longer period, in the 'services' provided for people in difficulty. Works of this kind include those of Burnam and Koegel on the Los Angeles skid-row area, those of Martha Burt of the Urban Institute on a national sample of towns and cities, and those of Michael Dennis *et al.* of the Research Triangle Institute, whose survey was in fact the 'homeless people' component of a survey on drug-taking among the whole population of the Washington, DC, metropolitan area (Burnam and Koegel, 1988; Burt and Cohen, 1989; Dennis and Iachan, 1993). In the Urban Institute study, for example, the survey was carried out among users of the services provided by the shelters and soup kitchens. The Urban Institute drew up a comprehensive list of these services and produced a sample of homeless persons, after stratification by size and the type of service (meal, shelter with meal, shelter without meal). Service users were then sampled in each shelter and soup kitchen.

The main difficulty with this type of survey is how to avoid double-counting and to calculate the weightings to produce a representative sample. Correction has to be made for the differences in individual probabilities of selection for the sample, due to varying levels of service use.

This method was employed by the Bureau of the Census for the national survey of homeless people in 1996. For the next United States Census, in the year 2000, it is also planned to rely on the networks of services and abandon the night-time surveys. The INED experimentation adapted this sampling method to the French case.

In addition, a number of other studies have been carried out about people who have been homeless at least once in the course of a given period (period prevalence). These studies use administrative records containing retrospective data (Culhane *et al.*, 1993, on Philadelphia



and New York; this work is being extended to other cities, under the name of the ANCHOR project), panel study type surveys (Sosin, Piliavin and Westerfelt, 1990, for Minneapolis), or telephone surveys of households in which they are asked 'have you ever been homeless?' (for example, Link *et al.*, 1994).

Some studies are based on methods such as capture-recapture modelling (Cowan, 1991), but several attempts to apply such methods in the United Kingdom seem to lead to the conclusion that the precision of their estimates is rather low.

Mention can also be made of works of an ethnographic type (for example, Kim Hopper, 1991b, or Snow and Anderson, 1993).

## **Studies in France**

Few statistical works producing reliable results have been carried out in France. The population census (particularly the last one, which took place in 1990) counted the homeless in the street on a given day, though they are not identified as such in the statistics. This enumeration presents many difficulties, which are responsible for both double-counting and under-estimation. At present there is no official estimate of the number of homeless in France, despite the fact that the homeless are part of the census field (CNIS, 1995).

## **2 b. Sampling**

### **The survey field**

The INED survey was aimed at adults who were homeless in the 'strict' or 'literal' sense, that is who slept in shelters (emergency or long-stay<sup>3</sup>) or in the 'street' (including car parks, stations and other places not intended for habitation). The survey has a representative coverage of the members of this population who use the shelter and food distribution (including soup and coffee, at night) services for homeless people. However, we also wanted to include in the survey the individuals met on the food distribution sites who were in similar or borderline situations: so people living in squats and those who were not regularly lodged answered the same questionnaire as people without housing; individuals who were regularly lodged or who had housing answered a very similar questionnaire but which describes their current housing conditions (in order to identify the situations of sub-standard housing, overcrowding, threat of eviction, and possible periods of homeless experienced in the past). Consequently the interview begins with a screening questionnaire which does not eliminate anyone from the survey but instead orientates respondents to the questionnaire that is relevant to their particular housing situation.

The survey does not, however, cover the situation of the people sleeping in the street, in squats, or staying with friends, who do not use the food distribution services. A test conducted on a single night during the survey and aimed at people sleeping in the street, indicated that the number of these who never used any of the food distribution services is low. This result is confirmed by a series of in-depth interviews with people sleeping in the street, carried out over a three-month period<sup>4</sup>. The other people are in principle covered, albeit imperfectly, by the standard surveys conducted on households. A better knowledge of these other badly-housed groups will be an aim of future INED research.

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<sup>3</sup> More than 15 days.

<sup>4</sup> In collaboration with the Plan Urbain (Ministère de l'Équipement, des Transports, du Logement et de l'Urbanisme).

The survey was conducted on the users of service centres in Paris intra-muros, to which were added the Centre d'accueil et de soins hospitaliers at Nanterre and the Corentin Celton centre at Issy-les-Moulineaux, which is where people brought from Paris by bus are taken.

### **The sample design**

The INED survey takes place in the day, over the course of one month, on users of night shelters and food and meal distributions, including mobile or outreach services.

It is a two-stage sample-survey of service users in Paris intra-muros<sup>5</sup>. Because the list of each type of service had to be exhaustive, we restricted our attention to three types:

- free meal distributions and soup kitchens (whose service is a meal);
- emergency shelters (whose service is provision of a bed for the night)
- CHRS<sup>6</sup> and long-stay shelters (whose service is provision of a bed for the night)

The sampling method used was to draw a random sample of individual services from among the sites of the zone over a given period, and to interview the person who received them. When these services have been enumerated and sampled, the probability of being included for the individuals sampled is then calculated, allowing for the multiplicity of the sampling frame.

The primary sampling units are the 'site-days', that is, the total of services supplied by a given site on any particular a day of the survey<sup>7</sup>. Sampling is thus done by place and by day. Selection of the sites is proportional to the number of services they provide per week (to allow for closed days). For each of the four weeks of the survey, four of the five open days were selected at random and assigned to the sampled sites. Six sites were designated for each day of the survey, making ninety-six primary units (site-days) corresponding to fifty-six different sites.

To reduce the variance due to the heterogeneity of the service users, sampling without replacement was carried out after an implicit stratification, whereby for each of the two frames the night shelters were classified according to the category of population they served<sup>8</sup>, then in descending size order. The sites of food distribution were directly classified by size.

The sampling of the secondary units (the services) was carried out at random on the basis of six services per primary unit (site-day) in the survey. The relationship between service and service user is established by calculation of the weighting, which adjusts for the probability of the user being in the different sampling frames.

**A total of 591 questionnaires** (of 606 theoretically planned) were answered anonymously in three partially overlapping sampling frames:

- 219 questionnaires in emergency shelters;
- 137 questionnaires in CHRS or other long-stay shelters;
- 235 questionnaires in food distribution sites.

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<sup>5</sup> To which were added the two suburban shelters which receive people brought from Paris intra-muros by a special transport service.

<sup>6</sup> CHRS-Centres d'hébergement et de réadaptation sociale (see glossary).

<sup>7</sup> In this way no primary unit is sampled more than once, whereas certain sites are sampled on separate days, unlike in the RTI survey.

<sup>8</sup> Shelters for men only; for men and women; for men and women and couples with children; for women with children; for women only.

The weightings (see below) were adjusted so as to allow for, as far as was possible, errors over site capacities and the number of interviews completed each day, as well as for the degree of overlap between the sampling frames in the course of a day.

## 2 c. Questionnaire design

The interviews began with a '**screening**' questionnaire (questionnaire 1) whose purpose was to identify the housing situation of the respondents. Depending on their answers to questionnaire 1, the service users then went on to answer either questionnaire 2, if they had housing, or questionnaire 3, if they did not.

Between 'having housing' and 'not having housing', there is in reality no clear-cut division but rather a continuum of situations. For example, while a person who spends one night in an emergency shelter can be classified as 'homeless' without difficulty, there are some who use the same shelter each night for years on end. Other hostels, such as the CHRS, are reserved for people undergoing social reinsertion and offer a more stable form of accommodation, where personal effects can be left. Some of the CHRS are intended for families and take the form of self-contained flats. Moreover, it is possible for a person to be lodged by a relative or friend on a stable and long-term basis. Clearly there cannot be a questionnaire for each housing situation, so they had to be put in one category or another. However, an effort was made to describe these situations as clearly as possible in the screening questionnaire and in questionnaires 2 and 3.

A large range of topics is treated in **questionnaires 2 and 3**. The interviewers were able to take their time and conditions of privacy were reasonably good. However, the problem of where to complete the questionnaire did arise when surveying the people using the mobile soup kitchens. These distributions of food take place out-doors (streets, squares, etc.) and it was often necessary to 'retreat' to a nearby café.

Approximately 30 minutes were required to complete questionnaire 1 plus questionnaire 2 or 3. The interviewers had instructions that those who wished to, be allowed to speak for as long as they liked, and to write this information on the back of the printed sheets or in the margin, where a space was provided for this purpose. The completion time of the questionnaires was thus often longer, with an average length of approximately 35 minutes.

Questionnaire 1 (screener) establishes the individual's housing situation, and questionnaires 2 and 3 differ only by their 'housing' section. They start with the demographic characteristics of the subject, followed by some questions about their use of the services in the course of the previous week — this part of the questionnaire allows the weightings to be established so as not to give too great an importance to individuals who make heavy use of the services. The questions on housing reconstitute the residential history, and describe the present housing of the people who are 'housed'. Subsequent questions explore the family history and the links with the family, then work, education and occupation. Finally, there are some questions on the origin (though not the amount) of their monetary resources.

The interviewers ask some subjects if they would agree to meet them again, for a more probing interview, in which case a time and date is arranged. The statistical questionnaire is then complemented by a semi-directive interview, the aim of which is to better understand the processes responsible for their situation and to check the retrospective information contained in the questionnaire.

The retrospective part of the questionnaire is all that is needed to compute the weightings. The topic considered can be modified according to the preoccupations of those conducting future surveys (as is shown by the example of the survey on health and access to health care, conducted using the same sampling method in winter 1995–96 by a medical research team).

## **2 d. The data collection**

### **The interviewers**

The interviewers chosen were those considered to possess particular qualities for the task, though for different reasons: some were seasoned interviewers with experience of surveys in difficult conditions; others were chosen for their specialist knowledge of the milieu and their ease of contact with homeless people, due to their usual work (social workers, researchers in this field) or to their personal commitment (voluntary work). Indeed, the very diverse needs of those involved was a source of some problems in the training; for a larger-scale operation, a longer period of training would be desirable, with specific sections according to the background of the interviewers. The training for the INED survey comprised two half-day sessions, between which the interviewers had to get a questionnaire completed with a homeless person. The difficulties that arose in the completion of this questionnaire were examined in the second session. The end-of-survey meeting also occupied half a day.

For the survey of service users, 39 interviewers were recruited. Of these, 18 already belonged to a network of interviewers (INED, INSEE, Sofres, or other), 12 were social workers, 3 members of voluntary organizations, it being possible for an individual to be in more than one category. The remaining interviewers were students, usually in sociology or anthropology, and researchers from the same subjects. The team was occasionally completed by members of INED.

It is worth noting that no interviewer gave up in the course of the field work. Notwithstanding the difficulties stemming from the technical complexity of the random selection of interviewees and from the problematic survey conditions (thoroughfares, out-doors, cold, rain, violent incidents), and the behavioural problems of some interviewees (problems of memory, understanding, incoherence), all the interviewers continued to the end of their mission.

### **Listing services in Paris intra-muros**

The first stage in the survey was the drawing up of a comprehensive (as far as possible) list of the shelter and food distribution services in Paris intra-muros.

A list was first prepared from existing lists. Advice was also sought from the CETAF<sup>9</sup> which had already catalogued services for the homeless. This first list included all the forms of help available in Paris: shelter, food, clothing, hygiene, health, counselling, etc. Completion of the list involved much telephoning, consulting the Maison des Associations (which centralizes information about voluntary organizations), seeking the opinion of people with field expertise we had come in contact with, and taking note of information published in the press, including in the so-called 'homeless' press.

A comparison of these different sources revealed a number of encouraging similarities but also visible divergences over the size and characteristics of the service provided and its exact location. These lists are prepared with aims that are not those of the statistician, which explains why, for example, the number and types of services provided are listed at the administrative headquarters, whereas we required the exact address of each site. In addition, the various guides had been prepared for specific purposes depending on their mission (insertion, emergency, etc.), which explains in part the differences of approach.

Several strategies were used to check the information: the telephone and Minitel (videotext terminals), a questionnaire sent to the sites via the representatives of the main voluntary

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<sup>9</sup> Centre d'Étude, d'Animation, de Formation et de coordination en faveur du logement des populations en mutations économique et sociale.

organizations belonging to or associated with the Collectif de Solidarité Paris, whose help was considerable. Lastly, it often proved necessary to visit the actual sites, notably for the voluntary groups who were difficult to contact outside the times when services were being provided. Establishing contact is harder in the case of the numerous small associations who are not well known and who are less likely to be listed than the larger ones.

Some of the voluntary organizations were reluctant to supply the information requested, in the belief that they had already been asked for the same thing for the preparation of the lists mentioned above, and this at a time when they were extremely busy preparing for the winter. However, once our purpose had been explained to them, they were often extremely cooperative and supplied us with other addresses.

The drawing up of this list occupied two people working full time over three months, and the entire INED survey service was mobilized for the final checking. The sampling frame produced comprised 36 emergency shelters, 46 CHRS and long-stay shelters, and 58 food distribution sites. Experience was to show that some mistakes remained: a shelter for under-18 year olds only, a voluntary organization that did not provide accommodation itself.

A number of problems arose from the use for statistical purposes of lists prepared for non-statistical purposes.

As regards the size of the sites: these are theoretical capacities, which may be either exceeded or not reached. In the case of accommodation for families, the figure given may be for the number of flats, that is, the number of families, or the number of adults, or the total number of individuals including under-18 year olds.

Some of the centres registered as providing help for the destitute in fact take in very few homeless people and are more akin to student and young people's hostels.

The characteristic of a centre may change from one year to another (size, type of individual admitted).

Centres close down and others open, something that is especially true of the structures that provide specifically wintertime shelter.

As for the food distributions, they count the number of meals served and not the number of people who are present, figures which may diverge widely in the case of mobile or outreach distributions.

Another difficulty stems paradoxically from the improved response to the problems of the homeless. It is increasingly common for the centres that provide help to offer a total care for individuals (health, administrative documents, food, employment, clothing, etc), so that it becomes hard to distinguish all the services available in a single site.

Manpower constraints meant that attention in the later stage of the project was limited to meals and shelter. However, pilot tests showed the interest of extending the survey to clothes distributions and free medical services, which are used by some people who are not encountered anywhere else (individuals housed by a relative, squatters).

### **Sampling the services**

The night shelters and hostels were stratified by type (emergency, CHRS and long-stay) and classified according to the category of population they served<sup>10</sup>. In this way it was possible to include in the sample a number of small centres which serve very specific populations (lone women, single-parent families). The distinction between emergency and long-stay is of course

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<sup>10</sup> See note 8.

blurred. Some centres where individuals are allowed to stay for only 10 to 15 days were treated as emergency shelters.

The shelters were then selected in proportion to their theoretical capacity.

The midday and evening meals in a single place were counted as two different 'services' except when it was known that they were served to the same people. Meals provided in a shelter and to its users only were not included. It was decided not to survey at breakfast time. However, the distinction between breakfast and midday meal is also sometimes blurred. In some centres, for example, a sandwich can be eaten between 9 and 11 in the morning. The distinction made between breakfast and midday meal is of course simply a statistical convenience, one which may be more or less removed from the reality of eating habits among the homeless.

The places where meals are distributed were then selected with a probability proportional to the average number of meals served per week, so that allowance could be made for the day (or days) in the week when they were closed.

In all, a total of 98 primary sampling units were used, equal to approximately six units per day over 16 days of the survey, corresponding to 60 sites.

Four open days per week were drawn at random for each of the four weeks of the survey, between 13 February and 10 March. Each shelter or place of food distribution was allocated to one or several days. It was decided not to conduct the survey at weekends, since practices were likely to be different then (staying with the family or with friends, for example).

A letter was sent initially to the places selected, but very few replies, even to refuse, were received. A posteriori, this is not really surprising in view of the heavy workload of the organizations in the middle of winter. Contact was then established by telephone with all the sites that had been selected. This procedure proved more time-consuming than planned, as it had been thought that the letter would enable some cases, at least of refusal, to be settled in advance. The small number of sites which refused to participate in the survey were replaced by a site of the same type and from the same strata. A few difficulties arose as a result of unexpected days of closure (during the school holidays, for example), and the days when the absence of the person in charge led to changing the date.

In all, there were only five definitive refusals (see Table 1a). It is clear that such refusals can easily be explained by a laudable desire to protect the individuals one is helping, and also by a heavy workload at this time of the year (to which was no doubt added the task of allocating the requisitioned housing made available by the public authorities following the much-publicized rue du Dragon squat: the voluntary organizations sometimes had to mobilize at very short notice to decide who was to be offered this housing). The aims of the survey and our desire not to disrupt the centres or their users, had to be explained at several levels of responsibility in each of the sixty sites selected. In the field, when a site was operated by successive teams of voluntary workers, what had already been explained to the various levels of responsibility had to be explained to each new team. This desire to be informed is wholly legitimate, but seriously complicated our task. In addition, when the voluntary organizations have a more or less hierarchical structure, information does not always flow down between the levels.

**Table 1a. Primary sampling units (sites) and adjustments**

	Shelter		Soup kitchens/meals	Total
	Emergency	Long-stay		
<b>Initial PSU</b>	38	25	38	101
ineligible	5*	5**	6 <sup>§</sup>	16
refused	1	3***	2 <sup>§§</sup>	6
accepted	32	17	30	79
<b>Replacement PSU</b>	0	1	0	1
ineligible	0	0	0	0
refused	3	8	8	19
accepted				
<b>Total PSU</b>	5	6	6	17
ineligible	1	3	2	6
refused	35	25	38	98
accepted				
<b>Response rate (PSU)</b>	97,2 %	89,3 %	95,0 %	94,2 %

Source : INED survey of service users (1995).

Response rate (PSU) =(total accepted)/(total accepted + total refused)

(\*): includes one shelter not operational in winter 1995, mistaken inclusion in emergency category, and overestimated shelter capacities. (\*\*): errors of classification or out-of-field items (facilities for under 18-year olds, workers' hostels, etc.). (\*\*\*) : includes a refusal by a centre already surveyed in a test, and a misunderstanding with a supervisor which amounted to a refusal.

(§): includes a service cancelled at midday during Ramadan, duplication (meals served at lunchtime and supper to the same users, for example), a mobile distribution cancelled because of vehicle breakdown. (§§): refusals at mobile soup kitchens.

It must be said that the contacts established with some agencies were particularly effective; those in charge passed on their orders and ensured continuity by supplying us with the names and addresses of the people running the sites.

### Selection of the interviewees

The INED team had to visit each site to elaborate a sampling plan that was adapted to the local context and as close as possible to the theoretical sample: on the sites for which no list existed, every third person in a queue was to be asked, and the first to accept was interviewed; for the sites with a list drawn up in advance, the sampling was the same systematic random sampling as that used by RTI (National Institute on Drug Abuse, 1993). In the mobile soup kitchens (distribution by lorries, outdoors, often at night), a difficulty arises from the fact that the users tend to arrive in compact groups and seldom stand in line.

The essential point for our purpose was to guarantee the random nature of the sample. Whenever possible, a member of the research team accompanied the interviewers on the day of the survey. Approximately six individuals had to be selected per site, and those selected were then invited to participate in the survey. The interviewer made clear that the survey was voluntary, totally anonymous and confidential.

For the CHRS, we initially tried to select the people in advance from a list and then sent them a letter (left in their pigeonhole) to arrange to meet them later. With a few exceptions this procedure proved ineffective: the individuals failed to turn up and did not inform the person in charge of the centre. Many of the people in these hostels have jobs and are not always back in time for a meeting usually fixed for 18h30–19h00. In response to these problems, we asked the supervisors to contact the people concerned after random sampling. The refusals were then far fewer, but this method went against our original intention (a desire for neutrality vis-à-vis those in charge of the facilities). Besides this difficulty, we sometimes had to face another problem: to limit the effects of refusals and to spare the interviewers unnecessary

journeys, slightly more people were drawn than was actually necessary, with the result that the interview was sometimes accepted by too many people (and a solution had to be found so as not to disappoint those who had agreed to cooperate by answering the questionnaire). With more resources, a two-stage procedure could be envisaged: first, an informative meeting, then fixing a time for the survey itself. Here too, however, the number of people who could be reached by the informative meeting is not necessarily high (people absent, at work, unavailable, etc.).

The survey was not always welcomed by those in charge of the sites. We were particularly handicapped by the fact that a survey had been carried out shortly before by CSA for La Croix/La Rue/La FNARS, following which some supervisors wanted no more surveys in their centres. In some locations the INED survey was in 'competition' with the survey on the mental health of the homeless carried out for the Epidemiological services of the Paris municipality, whose first tests took place on the same dates and in the same places as our survey. An agreement was reached with the organizers to reschedule the surveys, but it further complicated our task. It must be added that the services for the homeless are frequently visited by journalists, and some have even been victims of secret cameras. In these conditions it is not hard to understand the lack of enthusiasm of those in charge and their desire to protect the vulnerable individuals who turn to them for help.

The users contacted were sometimes hostile, though when the interview was accepted it was very successful. The interviewees were generally satisfied with the rapport established with the interviewer. Many of the interviews continued beyond the time needed for completion of the questionnaire. This was consistent with the instructions given to the interviewers but also reflected their personal investment in the survey. It is worth noting that the interviewers themselves were very pleased with their rapport with the survey subjects, and that despite the difficulties due to the originality of this type of survey and the fact that it was often necessary to improvise, none of the interviewers dropped out in the course of the survey.

The physical conditions in which the survey took place varied widely. In some sites it was hard to find somewhere a little out of the way where the questionnaire could be completed with an acceptable degree of privacy. By contrast, in others there was a room for each interviewer. In the street part of the survey (mobile soup kitchens), it was often necessary to go to a nearby café to get out of the cold and wet.

Particular importance was attached to recording the questionnaire **refusals** and the individuals who could not be interviewed (due to a language barrier, for example) on the special 'contact' form provided for this purpose. After the random selection of the person to be contacted, the interviewers were instructed to note as accurately as possible the outcome of this contact: questionnaire accepted; questionnaire refused, giving the reasons for this refusal; questionnaire postponed (the case, for example, of people who agreed to reply but only after their meal), giving the subsequent outcome (the questionnaire was completed, or the person did not return or could not be found, which in many cases was a disguised refusal); individuals who were 'incapable' (speaking a foreign language, ill, under the influence of drink, etc.) and giving the reasons for this incapacity. The interviewer also recorded the sex and the approximate age of the individual.

### **Quantitative aspects of the data collection**

When this survey was begun, we had no firm idea about the actual number of subjects. Unlike in the street survey experimented in the same winter, it did prove possible to obtain a large sample. The theoretical sample was composed of 606 questionnaires, 226 of which were in emergency shelters (37.3%), 228 in food distribution sites (37.6%) and 152 in CHRS and long-stay shelters (25.1%).



A total of 591 completed questionnaires were obtained (plus ten completed out-of-sample, see below), distributed as follows: 219 (37.1%) in emergency shelters, 235 (39.8%) in the food distribution sites, and 137 (23.2%) in the CHRS and long-stay shelters.

What follows is based essentially on analysis of the contact forms<sup>11</sup>. As was seen above, the interviewers were instructed to note as accurately as possible the outcome of the initial contact with the person to be interviewed and if possible the reasons for this outcome. It may be noted that some of the reasons given for refusals also figured among the reasons for being judged 'incapable': for example, the fact of being foreign and not speaking French could be invoked either by an individual to justify a refusal to reply or by an interviewer who had been unable to make himself understood.

Two points can be made regarding the representativity of the sample:

- from considerations of cost and operational complexity it was decided to conduct the interviews only in French. It is not practical to have interpreters on each site for all the different languages that may be met in Paris (Eastern European languages in particular), and unlike surveys on a housed population there is no guarantee that the foreign-language speakers will be found again to carry out the interview later with an interpreter. It follows that the sample cannot be completely representative. For a larger-scale survey this problem would have to be examined; it could perhaps be partly overcome by sending interpreters to those sites where it is known that many individuals of a particular nationality will be found. For the INED survey, it was decided simply to have a number of questionnaires completed out-of-sample in Russian by one of the interviewers, who was of east European origin and spoke fluent Russian. Half of those interviewed were Russian and half were from other East European countries. The aim here was not to construct a representative sample, but simply to explore certain itineraries associated with a particular situation.

- in sites where the users were constantly on the move or where the atmosphere was tense, the interviewers found it hard to apply the method of random selection that had been developed and to complete fully the contact sheet. As a result the number of contacts and refusals was under-estimated, notably when refusal took the form of pretending not to hear the interviewer and moving quickly away.

### *Contacts and refusals*

A total of 997 contacts were recorded by the interviewers, distributed as follows: 833 (84%) in Paris intra-muros and 164 (16%) in the neighbouring Hauts-de-Seine department (at the Nanterre reception and medical care centre and the Salvation Army's Corentin Celton centre).

The contacts were established as follows: 407 (41%) in an emergency shelter, 437 (44%) in the food distribution services, and 153 (15%) in an CHRS or long-stay shelter.

Among the recorded contacts, 406 persons (or 41%) did not reply, either after a refusal, explicit or not, or through incapacity. This refusal rate is high: points to be remembered, however, are that the survey was not compulsory and was announced as such; that for both ethical reasons<sup>12</sup> (the person contacted would feel completely free to reply or not) and scientific reasons (the answer would not be influenced by information already supplied to the site supervisors), it was decided that contacts would be established not by those in charge of the sites but by the interviewers themselves. The refusals are in part linked to the proliferation of surveys and press stories during winter 94–95: it is not unknown for some sites to have been surveyed every day of the week, by two or three different organizations. Since the

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<sup>11</sup> These are provisional results.

<sup>12</sup> See Firdion, Marpsat and Bozon, 1995.

homeless have seen no commensurate improvement in their condition, their interest in surveys has not surprisingly declined. This situation is doubtless typical of Paris.

In addition, so as not to influence the interviewees' freedom of choice, it was decided not to tell them until the end of the interview that they would receive a phonecard in return for their participation. According to our American colleagues, the fact of paying subjects (\$10 for the Research Triangle Institute) contributed to their low refusal rates. The same might not necessarily be the case in France, where a large proportion of the refusals took the form of avoiding the contact (the interviewer was unable even to finish the sentence, let alone mention a possible payment). Moreover, a careful examination of the response rates in the RTI survey gives the following results, if a strictly equivalent calculation is made: the success rate in the street is 56%; for the food distribution sites, the calculation cannot be made, since the RTI documents only give the rate of questionnaire completion once people have been declared eligible after the screener (approximately 85%; for the INED survey the corresponding rate is 97.3%, a rate due to the interruption of 16 questionnaires before the 'housing' section of questionnaires 2 or 3).

This refusal rate can be compared with that in other non-compulsory surveys in difficult conditions, or that in postal surveys. Mention can also be made of refusal rates in the different sites of the Poverty Survey by the CREDOC, which should be praised for its scientific integrity in not attempting to hide the difficulties met in some of its surveys<sup>13</sup>: 25% in CHRS, 35% in emergency shelters, 50% in stations of the RER railway network. These figures are close to ours (see below). They are also estimates and are perhaps slightly under-estimated, given that 'this estimate was made a posteriori, the interviewers having not made a precise record of the number of contacts established such as could have been compared with the number of questionnaires actually completed'.

The acceptance rate of the sites themselves was very good, since out of 56 sites contacted only five refused, one of which was very small and had agreed to participate in the pilot tests for the survey and whose users were the same as when the interviewers visited.

Of the 997 contacts recorded, 47 people asked to postpone the time of the interview; which is what actually happened in 16 cases.

A total of 22 individuals were judged incapable of replying, 12 of them on grounds of nationality. These individuals were only met in the emergency shelters and sites of food distribution.

We shall now examine the reasons given for refusal and some factors which appeared to have an influence on acceptance of the questionnaire.

### ***Personal and collective factors in refusal***

Of the 353 people who refused the interview, 107 gave no reason for their refusal (in many cases they were people who had turned away from the interviewer or pretended not to hear), 58 said they were in a hurry, 32 were not French, 18 were tired or ill, and 18 claimed to have already replied. Various interpretations can be given for this last figure: the person could indeed have already been interviewed; it could be a polite way of refusing; the person may have been already asked to participate in one of the other surveys being conducted at this time (we had already obtained this reply on the very first day of the pilot test).

Women are less numerous (12%) among the people contacted than among the completed questionnaires (20%). Rather than a difference of behaviour due to sex, this doubtless reflects

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<sup>13</sup> Marie-Odile Gilles, 'Les spécificités des enquêtes quantitatives auprès de populations socialement marginales', CREDOC, Cahier de Recherche, 68, April 1995.

the better conditions for the survey in the shelters catering for women or couples, and which result in a higher acceptance rate.

For the sites as a whole, the success rate was 59%. But it reached 90% in the CHRS and long-stay shelters, as against 54% in the emergency shelters and food distribution sites.

A number of reasons can be advanced to explain this difference. The actual conditions in which contact was established were much less propitious, for example, in the case of the mobile soup kitchens, at a cold and wet time of year (for completion of the questionnaire the interviewer was instructed to suggest going to the nearest café, whose agreement had been obtained), or in the case of certain emergency shelters where those present move through very quickly with little opportunity to stop. The differences in the composition of the 'clientele' of the various sites also appears to have had an impact. This can be linked to an observation by one of the interviewers to the effect that the 'ambiance' of a site, regardless of the physical conditions of comfort, has a strong influence on the acceptance rate (and the influence of these two factors appears to be confirmed by initial examination of the refusal rates across places of survey, see Table 1b).

**Table 1b. Secondary sampling units (individuals) and adjustments**

	Shelter		Soup kitchens/meals	Total
	Emergency	Long-stay		
<b>Questionnaires planned</b>	228	150	228	606
<b>Questionnaires accepted</b>	210	150	228	588
<b>Questionnaires completed</b>	219	137	235	591
<b>Individual response rate</b>	96,1 %	91,3 %	103,1 %	97,5 %

Source : INED survey of service users (1995).

Individual response rate = questionnaires completed/questionnaires planned

After completing the screening questionnaire, 44 people went on to complete a 'housed' questionnaire (4% of the contacts, 7% of the questionnaires) and 547 a 'not housed' questionnaire (55% of contacts, 93% of questionnaires). In fact, only 35 of those surveyed were really 'housed' (though in poor conditions), while the others resulted either from screening errors, or from the fact that it was decided to use the 'housed' questionnaire in some CHRS where residents were lodged in self-contained flats, since the form of the questionnaire was more suited to this situation<sup>14</sup>. Use of the screening questionnaire means that the survey can be conducted employing more or less strict definitions of the state of homelessness.

Lastly, the degree of overlap between different services shows the value of employing complex weightings so as to achieve a high degree of representativity of the sample, while the proportion of soup kitchen and other food distribution users who do not also use the shelters shows the interest of also conducting the survey in these places, even though it sometimes presents greater technical difficulties.

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<sup>14</sup> These people were subsequently reclassified as 'not housed'.

## **Data collection difficulties and their statistical implications**

A number of difficulties met with in the course of the data collection distort the theoretical model:

- some sites that had been selected were subsequently found to be outside the survey field (for example, workers' hostels) or were closed at the time of the survey; they were replaced by the next site on the list used for sampling;
- five sites (three shelters, two soup kitchens) refused to participate and were replaced by the next on the list;
- some sites asked for the date of the survey to be postponed (for example, when the person in charge was to be absent on the selected day);
- a site which had been selected was found not to provide services for the category of population indicated by the criterion used to stratify the list of sites. In this case it was replaced by the next on the list;
- in some sites, the size (the average number of services provided per day, calculated from the number provided in a week) was inaccurate: theoretical size not corresponding to the size actually observed on the ground; size expressed in number of meals served in the mobile soup kitchens, whereas one person may be served more than once; size in number of beds but including the under-18 children of households.
- for organizational reasons, it was sometimes necessary to modify the number of questionnaires completed in a primary unit (though it remained around six);
- in the retrospective section on service use, some sites were not clearly identified, entries for some days were inadequately filled in, by either the interviewee or the interviewer;
- in some long-stay shelters, when the people selected at random from the list of rooms did not come forward (for example, because they were working at that particular time) they were replaced in a way that doubtless was not always random, with the help of the centre supervisor; the random character of the selection may also have been compromised in other sites.

These problems tend to introduce bias to the sample in two main ways:

- a selective effect on the interviewees produces a bias that cannot be measured and cannot be corrected for, though it is reasonable to think that it is negligible compared with the sampling error.
- variations in numbers (number of services, numbers of subjects) per primary unit distort the self-weighting character of the sample. A correction is straightforward to do at the level of the weighting of the service sampled, but not at the level of the weighting of the interviewee (see below).

## **2 e. Estimation and weighting**

An approach based on surveys of service users offers considerable advantages in terms of the cost of implementation. Methods which use the sites of service distribution to the homeless, such as food distribution and shelters, as sampling frames, provide an almost complete coverage of the homeless population and at much lower cost than those using street sites. One drawback with the service-based method is the risk of duplication of homeless persons counted on this occasion because they may be counted on more than one site. An aspect of the INED investigation is to test different means of eliminating, reducing or adjusting for such double-counting.

Duplication occurs when the same individual is counted in different places (sites of service distribution or shelters). In sample surveys, double-counting and unequal probabilities for individuals of inclusion in the sample arise when one secondary sampling unit is associated with more than one primary sampling unit. When the primary units are sites, differences in the probability of inclusion can arise because individuals move a) from one point of food distribution to another for different meals (in the same day or on different days), or b) between the points of food distribution and the shelters. These differences would still occur even if all the points of food distribution could be covered in the same day and all the shelters and hostels on the same night. When the survey period is longer, the two types of duplication increase in both quantity and complexity.

Two main approaches to this problem can be distinguished. The first involves the identification of the double-counts and their elimination from the result. Double-counting can be identified and eliminated by operations of manual or computerized sorting; it can also be identified by a direct question (for example, 'have you already been interviewed?'), or by combining the two approaches. We opted for the first solution.

The second approach involves an adjustment for the differential probabilities of inclusion in the sample, and requires gathering information about the use that the homeless persons interviewed make of the services. This information is also required for the approaches based on forms of the capture-recapture method, which have been proposed for surveys of homeless persons (Anderton, 1991; Laska and Meisner, 1993) for which a 'capture' stage only is needed. As will be seen below, the INED study, like the American studies whose methodology it adapts, uses weightings in which adjustment is made for these non-uniform probabilities (Marpsat *et al.*, 1996). The method for calculating the weightings appears below.

### **The probability of selecting a service and its corrective factors**

Let  $N_{th}(sj)$  and  $M_{th}(sj)$  be the theoretical number of interviewed subjects and eligible subjects on day  $j$  in site  $s$ ;  $P_{th}(sj)$ , the theoretical probability of selection at the first stage of site  $s$  on day  $j$ ;  $P_{th}(psj)$  the theoretical probability of selection at the first stage of the service  $p$ , on day  $j$ , in site  $s$ <sup>15</sup>.

#### ***Probability of selection and sampling rates***

The formula for calculating the theoretical probability of selection of a site service is:

$$P_{th}(psj) = [\text{probability of selection of the service in the site}] * [\text{probability of selection of the site}]$$

Each primary unit selected corresponds to six completed questionnaires, that is  $N_{th} = 6$  for all  $s, j$ ; so the a priori probability of selection for a site of theoretical size  $M_{th}(sj)$  on an average day, when  $M_{th}(j) = \sum M_{th}(sj)$  is the sum of the theoretical sizes on an average day of the survey period (that is, 16 days) in the sites of the type being considered, and  $K$  is the number of primary units (each primary unit corresponds to 6 completed questionnaires) selected for this type of site:

$$P_{th}(psj) = K * [N_{th} / (M_{th}(sj) * 16)] * [(M_{th}(sj) * 16) / (M_{th}(j) * 16)]$$

After cancellation this becomes:

$$P_{th}(psj) = K * N_{th} / (M_{th}(j) * 16) \text{ for any } s$$

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<sup>15</sup> In the interest of clarity the French notation has been retained in the weighting calculations presented here. Hence  $j$  (jour) = day,  $s$  (service) = site, and  $p$  (prestation) = service [Tr.].

that is, a uniform probability (self-weighting sample) whatever the site.

When sampling, it may be found that some sites refuse the survey, that others do not correspond to the expected average size, which results in a number of adjustments ( $M_A (sj)$  being the adjusted number of eligible respondents in site  $s$  on day  $j$ , and  $M_A (j)$  the sum of the adjusted numbers); which gives the adjusted probability of selection of the service in the sampling frame:

$$PA (psj) = K * [N_{th}/(M_A (sj) * 16)] * [(M_A (sj) * 16)/(M_A (j) * 16)]$$

which after cancellation gives the adjusted probability of selecting service  $p$ , of site  $s$ , on day  $j$ :

$$PA (psj) = K * N_{th}/(M_A (j) * 16)$$

### ***Corrective factors***

A corrective factor must be used to adjust for the size of the sites observed on survey day  $j$  ( $M_{Ob} (sj)$  and  $M_{Ob} (j)$ ), which is known a posteriori. Taking the hypothesis of homogeneity (errors are assumed to occur at random and not to affect certain categories of site more than others) it is possible to say that there is no estimation bias even though there is a selection bias (errors of coverage). The latter are what we adjust for in the first correction coefficient. Allowing for the adjusted sizes, the probability was:

$$PA (psj) = K * [N_{th}/(M_A (sj) * 16)] * [(M_A (sj) * 16)/(M_A (j) * 16)]$$

To correct the sizes observed on survey days  $j$  (term:  $1/M_{Ob} (j)$ ), the observed number of completed questionnaires obtained on days  $j$  ( $N_{th}$ ), and the average sizes over the period of the survey (term:  $M_A (sj)/M_{Ob} (j)$ ), the weighting of each observation will be expressed by:

$$Weight_{Obs} = 1/[PA (psj) * (correction coefficients)]$$

The first correction coefficient concerns only the sum of average sizes in the survey period (this is in some way a calibration against the data of the DDASS-Paris (Social Services) for each sampling frame):

$$Coeff\_1 = M_A (j)/M_{Ob} (j)$$

The second correction coefficient adjusts for the difference between the expected number of questionnaires ( $N_{th}$ ) and the number of questionnaires obtained  $N_{Ob} (sj)$ , for site  $s$  on day  $j$ . For each site-day (that is the survey day  $j$  of site  $s$ ), this is expressed:

$$Coeff\_2 (s, j) = N_{Ob} (sj)/N_{th}$$

The third correction coefficient adjusts for the observed size of site  $s$  on survey day  $j$  (known after or at the time of the survey):

$$Coeff\_3 (s, j) = M_{Ob} (sj)/M_A (sj)$$

### ***Case of emergency shelters***

The problems here arise over the sites which should not have been included in the 'emergency' sampling frame (for example, errors of classification, a service not operational in winter 1995), a refusal, and the consequent errors over site size (services over-estimated).

A shelter which refused was replaced by the next on the list ranked according to size and type of users, whence it could be assumed that this shelter was the closest, in terms of these characteristics, to the shelter refusing the survey. On the other hand, we have not wholly

compensated for the disparities due to the over-evaluation of the number of services at some sites.

$$\text{We had } P_{th}(psj) = (38 * 6) / (2701 * 16) = 0.00527$$

(38 primary sampling units, that is  $38 * 6 = 228$  questionnaires)

The adjustments give:

$$P_A(psj) = (35 * 6) / (2467 * 16) = 0.00532$$

To adjust for the real size of the sites and the number of completed interviews, the coefficients were calculated according to the formulas presented *supra*.

We can present here the first of them which is applicable to all the sites of this category:

$$\text{Coeff}_1 = 2467 / 2271 = 1.0863$$

$$M_A(j) = 2467 \quad M_{Ob}(j) = 2271$$

### ***Case of CHRS and long-stay shelters***

Apart from the difficulties described *supra*, mention can be made of the lack of enthusiasm or cooperation on the part of one shelter supervisor which made the data collection impossible (assimilated to a refusal). The refusals (or assimilated responses) were replaced.

The adjusted probability of selection of a service is:

$$P_A(psj) = (25 * 6) / (3671 * 16) = 0.00255$$

(25 primary sampling units, equal to 150 completed questionnaires)

$$\text{We had: } P_{th}(psj) = 0.00217$$

The first correction coefficient was:

$$\text{Coeff}_1 = 3671 / 3119 = 1.17698$$

$$M_A(j) = 3671 \quad M_{Ob}(j) = 3119$$

### ***Case of meal distributions and soup kitchens***

A number of particular difficulties were added to those already mentioned *supra*: the closure of one service at midday for Ramadan during the period of the survey; double-counting due to inclusion in the sampling frame of a soup kitchen linked to a night shelter already in the survey, or midday and evening services involving the same clientele; the breakdown of a lorry distributing food on the survey day and throughout the data collection period.

The missing or eliminated sites were replaced as seen earlier.

$$P_A(psj) = (38 * 6) / (4425.6 * 16) = 0.00322$$

(previously we had  $P_{th}(psj) = 0.00279$ )

$$\text{Coeff}_1 = 4425.6 / 4532.8 = 0.97635$$

$$M_A(j) = 4425.6 \quad M_{Ob}(j) = 4532.8$$

### ***From weighting of services to weighting of individuals***

Here we deal with the weighting used for the estimation **for an average day of the survey period**. With the INED survey it is also possible (with some reservations) to calculate the weightings **for an average week**, though this point will not be examined here.

There is a difficulty to take into account when calculating these weightings: when subjects have been interviewed at lunchtime, nothing is known about where they will eat and sleep that evening (similarly, if they are interviewed at the evening meal, we do not know where they will sleep). This information has had to be completed by a process of imputation, established using the information on the past week<sup>16</sup>. Assume that these imputations have been performed. In the course of day  $j$ , the interviewee can have received between one and three services, involving (in principle) at most one of the two types of shelter plus two meals.

The probability of the interviewee being included in the sample on day  $j$  is thus:

$$P(E_j) = P(E_{jt} \cup E_{jt'} \cup E_{jt''})$$

where  $E_{jt}$ ,  $E_{jt'}$ ,  $E_{jt''}$ , are the samples on day  $j$  in the three types of services: midday meal, supper, bed for the night. The service for which the individual has been interviewed is denoted by  $t$ . Ignoring the corrective terms, we get:

$$P(E_j) = P(E_{jt}) + P(E_{jt'}) + P(E_{jt''})$$

The first term is known with the corrections from the collection which apply to this centre. For the two other services, the correction is only applicable in the case of primary units actually selected on day  $j$ .

All that remains is to sum the different daily samples. The estimations for an average day are obtained by taking an average of the sixteen days of the survey.

### 3. Prospects for reproducing the survey

The INED survey appears to us to be the best solution currently available, and to be suitable for reproducing on a larger scale or in other countries.

To the question: have we done 'the thing right?' our reply is that the overall results are positive, and that the proposed methodological improvements, the details of which appear below, offer the possibility of improving the problems of data collection in particular. These improvements were incorporated by the team of medical researchers which carried out a survey using the INED sampling method in winter 1995–1996.

To the question: was it the 'right thing' we would answer that the survey offers a good coverage of the homeless population at a particular point in time, and including some of the elements in its itinerary. By contrast, it does not supply information about how individuals may enter and depart from homelessness over a long period, such as a year. In particular, a person who has found housing will not appear in the sample. Such a study could no doubt be conducted using the site records (see the works of Dennis Culhane). But this requires a relatively complex organization (all the sites must be computerized and use the same program), whereas the amount of information collected on each person is much smaller. Another limitation of the INED survey concerns the field and the fact that part of the target population is not observed (see below). Notwithstanding this, in the current state of knowledge this type of survey is the best available instrument.

For a more detailed assessment:

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<sup>16</sup> In a subsequent survey, subjects could be questioned about their plans.



### **3a. Limitation of the instrument**

#### **Field targeted, field covered**

- **field targeted:** all the adults who, over a period and in a zone, have slept in the night shelters or 'in the street', in an urban context. The limitation of our instrument stems from uncertainty over housing situations which theoretically are not in the field, because they concern persons who do have a roof over their heads, but which could be thought to have affinities with the two cases surveyed (night shelters and 'street'). These are: squats, people who are lodged by friends or relatives in over-crowded conditions, stays in institutions (hospital, for example). The persons in these situations have a minimum 'resource' which may mean that they do not have to use the services of help for the homeless such as shelter or meals. By contrast, those in the first two cases may make use of free medical services and distributions of clothes.

- **field covered:** the persons who, in the period and zone considered, have slept in a night shelter, and, partially, those sleeping 'in the street', in squats, and, more generally, the people in situations of housing insecurity. The latter segments of population are only partially covered by this method since they are observed only if the people make use of the food distribution services. Also, no attempt was made to include under-age persons in the survey, for whom special procedures would have to be developed. Lastly, foreigners who cannot or will not speak French are at present largely under-estimated, since we have no means of recruiting interpreters or bilingual interviewers.

#### **Data collection**

Four points must be made:

- Rates of refusal and of inaptitude seem to be influenced much more by the type of place in which the survey is conducted than by the method and the interviewers.

- We experienced some difficulties in selecting people in the soup kitchens and social canteens. The large number of sites per day meant that members of the team were not always able to supervise (or help in) this form of selection.

- It was difficult to establish direct contact with the selected persons in the CHRS and social hostels. An improved collaboration with the site supervisors is indispensable for this aspect.

- Our task was complicated by the recent or simultaneous presence at the same site of other surveys or of journalists, because of the fatigue this produces among site supervisors and the homeless themselves, who see a proliferation of surveys without any rapid change in their situation.

#### **Reliability and accuracy of data**

- The accuracy of the data is related to the quality of the sample design (stratification, complementary information) and of the sampling frame. Particular care must therefore be given to the list of services in the survey zone, which as far as possible should be based on checking and updating of existing computerized records.

- The reliability of the data depends on the quality of the information in the retrospective part (services used by the person in the previous seven days) of the questionnaire. The importance of this part of the questionnaire should be stressed during the training of interviewers, since it is from this that the weightings are calculated.

## **Review of the questionnaire design**

- Some situations remain ill-defined in the section on work: undeclared work, odd jobs, payment in kind for casual work, etc. Despite many preliminary tests, it is hoped to improve this part of the questionnaire.

- The treatment of certain complex housing situations also needs to be improved.

- It is hoped to draw on the work of the CNIS group on nomenclature to improve the questions on this subject so as to get a better coverage of insecure housing and employment situations. A questionnaire on this topic has just been tested at INED, in collaboration with INSEE, the results of which are currently being analyzed.

- The advice of linguists should be sought on how interviewers can reword the questions which are not understood, so that the same question could be put in several different ways.

- More work is needed on a number of topics that we had to omit from the questionnaire after failing to find a satisfactory formulation, for example, the sociability of the homeless, bonds of friendship, etc.

## **3b. Recommendations**

### **Repeating the survey? In what conditions? At what cost?**

- It is suggested that the INED survey be conducted at the scale of an urban centre or group of towns of more than  $n$  inhabitants (more than 100 000 or 150 000 inhabitants, for example), including as a complement to a survey of the housed population (survey of employment, health). For this purpose it would be a good idea to prepare a list of the existing services that was suitable for statistical use, which would merely have to be updated by each survey organizer.

- By drawing on the local voluntary and institutional structures, the INSEE network in the case of France, and the university resources of each town and city.

- By scheduling the creation of the list of services, elaboration of the questionnaire, making contact with the services; the pilot tests could be carried out in the first year, while the sampling frame is being prepared, and the survey itself conducted in the second year.

- Repeat the survey at different times of the year using the same type of random sample.

- For the operation in Paris, the external cost was approximately 400 000 FF (not counting the specific methodological operations which do not have to be repeated on a large scale) for 600 interviews (667 FF per questionnaire).

### **Improvements**

- We are not in favour of night-time street counts (costly and inefficient) even though a number of homeless persons who make no use of services can be reached using this method.

- As a substitute for a night-time operation we suggest completing the 'services' sample by a sample of daytime street survey sites that are known to be visited during the day by homeless persons. Qualitative studies currently being conducted, plus cooperation with voluntary bodies, may help us to identify these places. Thought should also be given to the possibility of using the information collected by the « Samu social » (mobile health care for homeless) in the urban centres where such a service exists.

- Repeating the survey in another country would require a preliminary investigation into the provision of services that existed there and into the additional information needed to complete the « services » sample.

- The sample design must be strictly respected.

- The training of interviewers should be longer (notably to give the researchers time to read and check the first questionnaires completed by the interviewers during the training) so as to produce a more homogeneous data collection by interviewers from different backgrounds (professional interviewers and social workers, students, voluntary workers), while recognizing that this diversity of recruitment is a source of numerous advantages in the field work.

- It is important that coverage of non-French speakers be improved.

- There is the problem of how to extend the field of services beyond shelter and food, to include free medical services and clothes distributions, for example, so as to increase the likelihood of observing the population that is less dependent on services of help to the homeless. Accommodation should be extended to the hotels used by voluntary organizations to lodge homeless persons. In this case, however, care must be taken not to introduce bias to the collection (these services cannot be precisely delimited) and to balance the cost of enlarging the sampling frame against the likely gains. Conducting the survey in urban centres other than Paris, however, where the development of services may have taken different forms, could lead to including day shelters, for example.

- The changes in modes of help for the homeless must be monitored, in collaboration with the relevant voluntary organizations and institutions, with whom a working group should be set up to produce as accurate a list as possible of services to be surveyed.

- As regards a broader spatial application of the survey, the work currently under way in the Ille-et-Vilaine department and the 1996 survey in the United States (countryside included) may supply answers to the question of the specificity of a rural context.

- For interviewing young people (whose presence at soup kitchens and stations is a disturbing phenomenon), specific procedures must be studied and developed. This was done by INED for its new survey on homeless youth, which will take place in Paris and its suburbs in February and March 1998.

## **4. Conclusion**

The results of the INED survey are only just beginning to appear (Marpsat, Firdion, 1996 ;1998), so it is still too soon to know what impact it will have on social policy. These early results (Marpsat and Firdion, 1996) indicate that the processes which lead to homelessness may have very distant origins in the lives of those involved, and that policies to tackle the problem must take account not only of the difficulties of keeping people in housing and of providing access to housing, but also of the broader struggle against all aspects of poverty.

One of the positive things to emerge from this survey concerns its suitability for generalization. This is among the recommendations of the CNIS report, and it is relevant to note that the sampling method developed by INED has already been applied in France by another team, working in Paris intra-muros, during winter 1995–6. The object here was to conduct a survey on the physical and mental health of homeless persons and their access to health care provision. This second survey, the first results of which can be found in Kovess and Mangin-Lazarus 1997, demonstrates that the INED survey method can be used in

different circumstances and using different questionnaires. As said before, at the moment (February-March 1998), INED is conducting a survey in Paris and its suburbs, on the issue of homeless youth. This new survey adapts the method used for homeless adults to the specificities of young people (one of the differences is the inclusion of day centres in the field of services). And last (but not least), the French National Institute of Statistics (INSEE) is planning to conduct a **national survey on homelessness** around 2000, using the INED sampling method.

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## **Appendix: Glossary of terms and abbreviations**

**CREDOC:** Centre de Recherche pour l'Étude et l'Observation des Conditions de Vie.

**CHRS:** Centres d'hébergement et de réadaptation sociale. These centres are run by public or private bodies (usually voluntary organizations), with the aim of making the people they serve independent and socially inserted. Their operating costs are paid by Aide Sociale (state) and they receive funds from the Directions départementales de l'action sanitaire et sociale (DDAS) (social services of each department). Persons are admitted for renewable periods of six months.

**Emergency and long-stay shelters:** the distinction we made between emergency and long-stay shelters is based not on their statute (CHRS, for example) which seemed very loosely related to the durability of the housing solution for the individual, but on the maximum length of stay allowed, the limit being fixed at 15 days.

**FNARS:** Fédération Nationale des Associations d'Accueil et de Réadaptation Sociale

**INSEE:** Institut National de la Statistique et des Etudes Economiques

**'literally' homeless:** people sleeping in a shelter or in a place not intended for habitation (street, car park, station, etc.).

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## **The reciprocal contributions of quantitative and qualitative methods: the example of surveys on the homeless**

Maryse Marpsat

*“Official statistics puts into the field an army of agents with varying degrees of enthusiasm and experience, and accumulates a mass of facts, rather superficially and from a single point of view; these are introduced pell-mell between the millstones ; the law of large numbers is relied upon to eliminate the most basic observational errors. The monographic method, by contrast, aims at quality rather than quantity of observations; it uses only carefully chosen observers, whose approach is both artistic and scientific, exploring every aspect of a particular constructed typification until its innermost workings have been revealed.”*

It might be thought that this passage came from an unconditional opponent of the use of quantitative methods in social research. In fact it was in 1890 that Cheysson, a follower of Le Play, drew the contrast between two types of investigation based on numerical evidence: monographic inquiries (like those of Le Play or Booth) and statistical surveys. At that time the latter were still based on achieving a complete enumeration; it was not until a few years later that the techniques of representative sampling were invented<sup>1</sup> (Cheysson, 1890, p2 and 3, quoted in Desrosières, 1993, p236).

Statisticians sometimes express surprise<sup>2</sup> at the ritual opposition between quantitative and qualitative approaches in social research. Yet a distinction of this type is also to be observed within their own discipline, expressed in terms that are equally virulent and sometimes strikingly similar, opposing the advocates of data analysis to those of modelling, and among the latter between proponents of a descriptive use<sup>3</sup> of modelling techniques and those who argue that application of these techniques requires the assumption of a utility-maximizing model of individual behaviour.

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<sup>1</sup> «Social research using probability samples only appeared for the first time at the end of the nineteenth century, and then in a very rudimentary form, more intuitive than formal, in the work of the Norwegian Kiaer. The first calculations of confidence intervals, by the English statistician Bowley date from 1906, while the detailed formalisation of methods of stratification was only worked out by Neyman in 1924» (Desrosières, 1982).

<sup>2</sup> Their limited involvement in the debate, excluding an occasional raising of doubts over the validity of results based on a small number of in-depth interviews, is probably to be seen as evidence not of a comfortable sense of superiority felt by individuals, but of the fact that their discipline is not currently the object of critical challenge.

<sup>3</sup> Without any implied direction of causality, simply observation of the correlations.



With the INED research programme on the homeless<sup>4</sup> (CNIS, 1996; Marpsat and Firdion, 1996 and 1998) we examined a question which had seldom been the object of statistical inquiry. Quantitative studies had been produced by voluntary organizations, and a number of descriptive monographs exist; but all employed the exhaustive approach. Selecting a representative sample of the homeless (however that term is defined) was a challenge for the statistician used to working with samples drawn from a complete list of dwellings or from administrative files that include addresses.<sup>5</sup> The many problems to be overcome included those of statistical theory (definition of the desired field and divergences from the achieved field, sampling method, complicated weightings), the ethical issues associated with conducting surveys on people in conditions of extreme social deprivation (Firdion et al., 1995), plus the difficulties related to data collection, questionnaire design (identify the appropriate variables and formulate the corresponding questions) and data interpretation. Although these problems are encountered to varying degrees in all sample surveys, they were particularly acute in the present case. And finding solutions to them is difficult without a minimum of prior knowledge about the subject to be studied.

Having examined the sociological and ethnological studies already carried out on this theme (Pichon, 1998), and developed extensive contacts with the various participants present in the field (hostel staff, social workers, volunteers, homeless people), there were several occasions when we found it useful to combine qualitative methods with our quantitative methods.

In the present paper I propose to give some examples of this methodological complementarity, for the most part drawn from research on the homeless and notably that coordinated by Jean-Marie Firdion and myself at INED<sup>6</sup>.

From my standpoint of statistician, I give our assessment of the contribution that the qualitative approach has made at the successive stages of the statistical work. I then present a number of ways in which I believe statistical data can enrich qualitative research.<sup>7</sup> I also reconsider the opposition postulated between these two methods and suggest that their differences can be interpreted as the expression of two different ways of generalizing, that is of getting from a «part» to the «whole».

## **1. The different stages in quantitative methods and the contribution of qualitative methods**

Quantitative methods in social research are based on the production of numerical data about a well-defined population (the «field» of the survey). The survey does not examine this population in its entirety, merely a sub-set (the sample) which is defined in such a way that it

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<sup>4</sup> The term «homeless» is used here for reasons of convenience, but a comprehensive account is needed of the conditions of its construction and use, and of its shortcomings for a research context.

<sup>5</sup> Surveys can also be conducted using quota sampling. The samples for such surveys have to respect a number of proportions observed in the original group, such as the distribution by age or sex. But unless attention is limited to users of institutions which keep accurate statistics free of double-counting on their users, the age and sex distribution of homeless people cannot be known until the first survey has been carried out on them.

<sup>6</sup> This research programme comprises a representative sample survey of service (hostels and meal distributions) users aged 18 and over, a night-time street survey, and a number of investigations based on qualitative methods, interviews with homeless people and with hostel staff. A further survey, examining young people in severe difficulty, was conducted in February-March 1998.

<sup>7</sup> For a «Beyond quantitative versus qualitative» approach, see the article by Michel Bozon with this title (Bozon, 1992). See also Combessie, 1982, on a «methodology of the "juste milieu", subject or not to quantification», between an extensive approach and an intensive approach.

is «representative». The statistical «representativeness» of the results is guaranteed by sampling theory, and the relationship between the sample and the survey field is analogous to that of the «scale model», applying the principle of «homothecy» (Desrosières, 1982).

Data is collected by means of standardized questionnaires.<sup>8</sup> The rationale for questionnaire standardization is that large numbers of interviews (a condition of statistical representativeness) can then be carried out by people (the interviewers) other than the researcher in charge of the project (Beatty, 1995). These interviewers receive project-specific training and often have wide experience in similar survey work. Standardization has also to be seen as an attempt to control if not reduce the «interviewer effect»<sup>9</sup>, that is, the effect on the answers produced by the respondents' perception of the interviewer, of his or her social background etc. Examination of the «interviewer effect» is part of the statistical work that is necessary to determine how the results from a survey can or should be used. It is also the case that having the survey field work done by people whose social and cultural profiles differ from the researcher's can itself be a source of additional information if studied and controlled, by accompanying the interviewers in the field, and by organizing regular meetings for them to discuss the positive and negative aspects of their experience, and talk about the short but sometimes intense relationships they have formed with respondents, and so forth.

Each respondent answers the same questions, though a limited number of variants can be introduced by the action of «screeners», whereby people are directed to different sections of the questionnaire depending on their characteristics. The questions are usually «closed», that is, they are accompanied by a small number of possible answers that the interviewer reads out; but they can also be more or less «open», as for example when a list of cases is given but the interviewer has instructions «not to prompt and to code according to the answer given». These «semi-open» questions usually include a category labelled «other» for which specific information is noted and in turn coded at a later stage. It is also possible for a question to receive a «free» textual answer which is then coded into a small number of categories under the supervision of the survey organizers (Bozon and Héran, 1987) or entered in its entirety for processing by a specialized computer programme (Guérin-Pace, 1997). The number of respondents answering these open questions distinguishes this from an authentic qualitative approach, while it illustrates the main problems associated with the quantitative approach, namely coding and the «interviewer effect».

The questionnaires are subject to pretesting, though only on a small scale. This is a limitation of the quantitative approach, since no change can be made to the form of the questions in the course of the survey, adaptation to the respondent being restricted to rephrasing of questions by the interviewer and over which the statistician has only a limited degree of control. Pretesting of the questionnaire is also used to identify the strengths and weaknesses of the form of data collection, for no data collection procedure ever satisfies fully the criteria of sampling theory. It always represents a compromise between conditions in the field, the requirements of the survey instrument, and the theoretically defined approach; and the outcome depends on factors such as the experience of the interviewers and the skill of those

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<sup>8</sup> We are concerned here primarily with questionnaire-based surveys. Statistical data can also be gathered from administrative files. This presents an additional difficulty for the researcher, who thus no longer has the (relative) control over the production of the data that is available when elaborating a questionnaire or running a data collection.

<sup>9</sup> For an example of a study of this effect, see Firdion, Laurent, 1997, in which the effect of the interviewer's sex is examined using a logistic model under «all other things being equal» conditions. For a qualitative assessment, based on observation of interviewer-respondent interactions during administration of the questionnaire, see Dechaud-Rayssignier, 1996.

leading the field work in adapting the data collection instrument to field conditions while remaining as close as possible to the principles of theory.

When the field period has been completed, the questionnaires are coded and put into a computerized format to produce a computer file. This file can then be subject to a variety of statistical operations, ranging from the simplest (frequency distributions, cross tabulations) to the most sophisticated (modelling, data analysis).<sup>10</sup>

Lastly, sampling theory can be used to calculate the confidence intervals that indicate the accuracy of the measurement (which is dependent on sample size, hence the scepticism sometimes expressed by statisticians about conclusions based on a small number of in-depth interviews).

I shall now discuss a number of difficulties encountered when conducting our surveys and for which the qualitative approach proved helpful. It is relevant to note that the difficulties of adapting the statistical approach to our survey's field conditions were themselves a source of much useful information about the actual dynamics of this milieu, and that in reaching the compromises referred to above we gained many practical insights.

### **Elaborating hypotheses**

The preliminary interviews held before a survey is conducted can suggest new lines of inquiry, which may lead to the elaboration of hypotheses that the researcher did not have at the outset. As one specialist has observed: «the survey using non-directional interviews serves precisely to generate and refine hypotheses» (Michelat, 1975).

When questioning homeless people about their employment histories, for example, we were struck by the large numbers of single men who had been employed in occupations which involved «moving around» (such as lorry drivers, soldiers, sailors, workers on itinerant construction sites). Consequently, in the 1995 statistical survey a question was introduced on forms of employment which might have required the respondent to move from place to place. The results from this question were extremely interesting, since 28% of men (compared with hardly any women) were found to have had such an employment.

Another example, from a different research context, is provided by the work of Jean-Samuel Bordreuil and Michel Péraldi on the northern neighbourhoods of Marseille. This study, which was conducted in collaboration with INSEE, combined the qualitative and statistical approaches. Previous research had led the authors to doubt the accuracy of the image of young people in the social housing developments of the northern districts as somehow «rotting away» or being «imprisoned» in their neighbourhoods. To test this, questions dealing with geographical mobility were included in the statistical survey<sup>11</sup>. These established that even when allowance is made for the younger age of the inhabitants of the housing estates<sup>12</sup> in

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<sup>10</sup> Many articles have given a sociological treatment of these different phases, notably during the elaboration of the new nomenclature of socio-professional categories (Merlié 1983, Desrosières and Thévenot 1979, Desrosières 1982).

<sup>11</sup> This questionnaire comprised a section that was common to twelve districts subject to the Urban Policy initiative, which is the same questionnaire as in the national Conditions de vie (Living conditions) survey, 1993-94, plus some additional questions, and a section that was specific to each district (for example, on mobility for Marseille, on the metro for Toulouse, etc.). This operation, whose statistical component was carried out in 1994-1995, brought together INSEE, the PIR-Ville, the CNAF, the Plan Urbain, the Délégation à la Ville and participants from local communities. It featured a close relationship between quantitative and qualitative research (collectif, 1997).

<sup>12</sup> The age effect in particular was measured by use of a logistic model.

relation to the other residential habitats found in the northern neighbourhoods (old village centres and one-family dwellings), it is the inhabitants of the high-rise estates who have the highest mobility (Bordreuil 1997 and Péraldi 1997).

The research conducted in France has taught us a great deal about the past experiences of homeless people but it has not so far provided an answer to the question «what becomes of them?» Longitudinal studies are always difficult and costly to conduct, and especially so in the case of the homeless. The methods experimented with to date in the United States involve either the follow-up of populations by panel surveys (requiring large numbers of interviewers available to locate the same homeless people at regular intervals, see the works of Paul Koegel on Los Angeles), or the centralization of hostel records and the elimination of double counting between them (see the works of Dennis Culhane on Philadelphia and New York). Choosing between these methods or developing alternatives is a decision with far-reaching implications. An initial qualitative approach can contribute to refining the hypotheses and adapting the procedure to the phenomena that are current in France (or could of course result in abandoning the statistical survey).

### **Improve understanding of the survey field**

The theoretical field of our survey in 1995 on users of services for the homeless comprised the people who were homeless in the «strict» or «literal» sense, defined as those who spent the night in a hostel or sleeping rough. In practice, we took a representative sample of homeless people using shelter and food distribution services, working on the hypothesis that few homeless people would make no use of any service (including the night-time coffee stands) during the survey period, which was roughly one month. However, it is important to assess the survey coverage more precisely, either in purely qualitative terms, by describing (without quantifying) the sorts of situations in which a homeless person may make no use of the services, or even quantitatively, by using that description to construct a complementary sample of people to survey.

It can be assumed that the people who do not use the food distribution services have other means of support, in the form of money from begging, state benefits (such as RMI - minimum insertion income - or disability allowance) or from paid legal or not legal employment (notably casual work, selling street newspapers, but also drug dealing, occasional prostitution, etc.). Such people may be rough sleepers (what for the voluntary organizations are the «most marginal elements»), in which case they are in the theoretical field of our survey but are not actually covered by it. Or they may sleep in a squat or a hotel,<sup>13</sup> in which case they are not in the theoretical field of the survey but are on its edge and thus also of interest to study.

Strategies for identifying these people include contacting the voluntary organizations that provide postal addresses for homeless people who receive a state benefit, or carrying out interviews with people begging or selling street newspapers. It is clear that before any statistical survey is conducted, even in the form of a complementary sample, interviews must first be used to describe the full range of possible situations and the relationships between them.

A first step in this direction is the work undertaken as part of the collaboration between INED and the Plan Urbain. Corinne Lanzarini and Alain Kernevez studied a group of «mancheurs»

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<sup>13</sup> Another case is that of people sleeping at the homes of friends or relatives, who in theory belong to the field for surveys of ordinary households, but who until now were not distinguished from the titular occupants of the dwelling. The last housing survey by INSEE included questions designed to provide information on this phenomenon.

(beggars) who slept rough under a disused railway bridge (Plan Urban/INED, 1996). When they had not made enough from begging, however, they went to eat in a Salvation Army establishment. They would therefore be covered by our survey. From the perspective purely of quantitative methods, it would be useful to repeat this type of exercise in order to establish whether this pattern of behaviour (use of services but only intermittently<sup>14</sup>) is common among «rough sleepers».<sup>15</sup>

Further, the Elan Retrouvé team which in 1996 carried out a statistical survey on the mental health problems and health care access of the homeless (for which the sample was produced with the help of INED), has prepared, at our suggestion, a complementary sample of people questioned in the street, in stations and other public places, after the hostels have closed for the night. These people, who do not sleep in a shelter, had all used a food distribution service at least once in the previous week and were thus covered by a survey like that conducted by INED (Kovess and Mangin-Lazarus, 1998, pp95-6).

A more recent survey of homeless and vulnerable young people (1998), was an opportunity to get a clearer understanding of conditions on the frontiers of our survey field. In terms of their family and institutional histories, the young people living in the street or in shelters and who are labelled as «homeless» have many points in common with those found in other social institutions, whether specialized for the needs of particular populations (mothers with young children, ex-prisoners, former drug addicts, etc.) or whose intake merely *includes* vulnerable young people referred by social workers or voluntary organizations (this is the case for the FJT and Sonacotra working men's hostels). The hostels for ex-prisoners were included in the statistical survey, but not the FJT (young working men's hostels), where it was very hard to define a sub-population for inclusion that was distinguishable from the others, and where inclusion of all the residents was unjustifiable. It was thus decided to interview a number of these young people in order to test our hypothesis about the similarity of itineraries and to explore the reasons why they had ended up in the various different institutions, whose specific resources may be useful to them in different ways. This is true of the Sonacotra hostels, where a solidarity has been seen to develop between vulnerable young people and more mature workers.

In the 1995 survey of homeless adults aged 18 and over and in the 1998 survey on homeless and vulnerable young people, problems were experienced administering the questionnaire to non-French speakers (unlike in surveys on households with a dwelling, it is not possible to come back in a day or two with an interviewer who can speak the language needed and expect to find the same person). This problem is especially acute in the soup kitchens and in some emergency shelters, where there are many young people of Eastern European origin, often illegal immigrants or who are waiting for their case to be examined. This problem was partly overcome by employing interviewers who could also administer the questionnaire in English,

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<sup>14</sup> «Public and social services are thus used merely for what they have to offer by way of immediate resources (financial, administrative or in kind), and there is no sustained contact with any service proposing a longer-term action for social reintegration. On the contrary, the services used appear to be precisely those offering services of only immediate value: food, somewhere to sleep, get clothes, have a wash. Social workers are avoided except when it is time to renew applications for the RMI [minimum insertion income], and institutional constraints are accepted only for the entitlements they give.» (Lanzarini, 1996).

<sup>15</sup> Analysis of the results from the statistical survey show that differences in the use of support services (ranging from the person resident in a long-stay hostel, receiving the RMI or other allowance, and in regular contact with a social worker, to the person living in the street and making only very infrequent use of a service) depend on how long they have been homeless and how far they have gone in the desocialisation process, but also on the human capital (training, physical and mental health, social origin ...) still available to the respondent (Marpsat, Firdion, 1998).

Romanian, Russian, Czech or Polish; but in statistical terms the coverage of this sub-population is inadequate. On the other hand, in an attempt to discover more about this phenomenon and the differences between these national groups, a number of in-depth interviews were conducted with homeless people in Polish and Russian, followed and completed by interviews with staff in the settings where they were met. Since the criterion of statistical representativeness no longer has to be satisfied, it is easier to obtain interviews and to identify the different logics (differences between individuals but also between nationalities in terms of the informal support networks that organize immigration and jobs, for example), thus enriching the statistical analysis and making up for some of its shortcomings.

### **Category and meaning**

By far the greatest contribution that a qualitative approach can make to quantitative research concerns the problem of question and category elaboration. There is a sense in which interviewer and respondent always engage in a more or less explicit negotiation over the construction of the nomenclature and the person's place in it. Completing a closed questionnaire is in effect to negotiate with the respondent over which category (predetermined, though with the category of «other» for the most difficult cases) he or she is to be placed in.

A criticism often made of the standardized questionnaire is that the questions and categories it uses have come straight out of the head of the researcher who conceived them and may not have the same meaning - or perhaps no meaning at all - for the people being interviewed. «... the danger is that of a wide discrepancy between the meaning the researcher attaches to the questions and proposed answers, and the meaning attached to them by the respondent. Also, the questions may have been badly selected or worded and may provide very inadequate indicators for what the researcher wants to examine. More specifically, the respondent may conceive of problems in terms completely unlike those imagined by the researcher. Furthermore, the answers the respondent has to choose from may not be worded as he or she would have worded them; but what is more serious, these answers may not correspond to the actual *dimension* that would have been meaningful for the respondent. These criticisms do not render questionnaires worthless, but they make them unsuitable for some purposes» (Michelat, 1975).

This danger increases when the social distance is great between the population being surveyed, in our case the homeless, and the researcher. This risk can be reduced, though not entirely eliminated, by conducting preliminary interviews. It may even become necessary to drop a question which is manifestly meaningless for the people involved and would have imposed on them a way of presenting problems that is alien to their way of thinking.

Another situation that arises is when the people to be interviewed are sufficiently heterogeneous in social terms for the questions or categories to mean different things to different sub-groups.<sup>16</sup> The difficulty of understanding in this case is no longer simply between interviewer or researcher, and respondents, but between groups of respondents, as often happens in large-scale surveys when respondents are drawn from very different social

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<sup>16</sup> The word «group» is to be taken here in the general sense of «people with certain common characteristics» (see the next paragraph on terms that mean different things to different groups of respondents), independently of a sense of membership or of interaction between its members.

backgrounds.<sup>17</sup> Questionnaire standardization in these conditions is problematic, since identity in the form does not guarantee identity in what will be understood as the substance. In the case of homeless people, it might be thought that a sense of shared situation and the homogenization produced by the actual method of the survey (a survey of users of services for the homeless) would attenuate this variation between the respondents. However, from the first interviews and the first testing of the questionnaire we were struck by the diversity of the experiences (despite some common traits, such as the frequency of low social origins) and by the difficulty of formulating questions that could be understood and accepted by everyone, the slang spoken by the groups of single men, for example, having little resonance among the women at the head of one-parent families.

### ***A question without meaning for the respondents***

In the development stage of our survey questionnaire, homeless people were questioned using early versions of the questionnaire and in semi-structured interviews.<sup>18</sup> Paradoxically it was the elements of the questionnaire which «didn't work» that contributed most to the qualitative work, since they forced us to reassess the relevance of certain questions or categories and to focus the interview on the topics which the questionnaire had shown to be causing difficulty. It was as a result of this that we decided not to proceed (at least not for the time being) with a quantitative examination of the *sociabilité* or social relations that homeless people had with one another and with people in housing, since it was found that no term (friend, acquaintance, mate ...) possessed a basic shared meaning. This topic will have to be explored by more detailed interviews, probably with a follow-up over time, in order to examine the nature and changing content of the social relations of homeless people. In her thesis, whose sub-title describes it as a «socio-anthropological study of the forms of self-preservation», Pascale Pichon establishes a distinction between the «compagnons de survie» («companions of survival») with whom everything is shared over a certain time, and the «collègues» that one meets from time to time or with whom certain regular activities are shared (Pichon, 1995, p.242). Here too, however, while these terms have a meaning for men living on their own, they would probably not be understood in the same way by homeless families, and particularly not by the women of these families.

### ***A term understood differently by different groups of respondents***

We also found that the term «logement» (housing) and its related forms (personal housing, own housing, stable housing, domicile) did not have the same meaning for all the people questioned, except perhaps for the common meaning of «desired type of housing». In its material aspects, however, this «desired type of housing» could take very diverse forms. For example, some men on their own, staying in emergency shelters, preferred to be housed in a hotel room (because it is individual, and because personal possessions can be stored in it and the door locked), whereas for families staying in CHRS (long-stay shelters) the ideal was a rented flat on an unlimited let. Consequently, when a question was asked about the «last dwelling», without being more specific, the replies tended to concern the last «desired type of» dwelling they had lived in, the characteristics of which varied widely from person to

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<sup>17</sup> Though also in surveys of the homeless or of other poor people, for as Simmel pointed out, «the class of the poor [...] is a common destination for the most diverse of destinies, an ocean in which lives, originating from the full range of social strata, float together» (Simmel, 1998, p100).

<sup>18</sup> This work was carried out with Pascal Arduin, who was responsible for all the preliminary interviews used in the questionnaire design.

person.<sup>19</sup> This phenomenon was discovered through the interviews conducted prior to the survey.

A fruitful response to this type of difficulty seems to lie in an interplay between questionnaire and interview material. The information from the first interviews is used to carry out a preliminary categorization of the subjects encountered and to identify their characteristics. Statistical analysis of the questionnaire then makes possible a reasoned choice of a sample of individuals for more detailed interviews<sup>20</sup>, who can in turn be situated in relation to the population as a whole thanks to the well-known «contextualizing» potential of quantitative analysis. The questions in these more detailed interviews can be adapted to the different sub-groups with a view to identifying their particular logics. An example of this approach is given by Nickel et al. (1995). In a study on sexual behaviour, young people were classified into several groups on the basis of a quantitative survey on this topic. A sample was then selected by drawing in the different groups, and respondents were asked to participate in a subsequent round of interviews. A similar project on socially vulnerable young people is currently being undertaken jointly by INED and the CSU.

### *Identity of form and identity of substance*

In a standardized questionnaire, the fact of the questions being worded - at least initially - in the same way does not guarantee that they will be understood in just one way. «It is possible that meaning may not be standardized even though the literal wording of the question has been properly conveyed» (Beatty, 1995). When the wording of a question is clearly problematic for the respondent, the interviewer administering the questionnaire has instructions to rephrase the question, a process which depends ultimately on his or her judgement and language skills (the specific training received for the survey is assumed to produce an underlying homogeneity in the minds of the various interviewers - and the survey organizer - «to standardize the meaning of questions»). But it may be that the respondent shows no sign of confusion because he or she has fully understood the question, only not in the same sense as the interviewer intended, even when the latter meaning is widely accepted. Krahn (1990) documents the case of someone who did not treat wine as an alcoholic beverage. Another example comes from surveys on sexual behaviour, when in response to a question on the number of their sexual partners, a surprisingly high proportion of respondents fail to count their wife or husband among their partners.<sup>21</sup> The problem is thus to identify the points at which the respondent's understanding diverges from that of the interviewer, a task for which interviews can be of some help.

Some researchers have suggested using questionnaires in which alternative wordings are proposed as a way of achieving a degree of control over the variability that can be introduced when the interviewer rephrases a question. In the national survey of the homeless conducted by the American Census Bureau (October 1996), some questions have several wordings, in particular for the delicate problem of defining the point at which the person considered they had become homeless (particularly difficult to define because often extending over a period of time). An example of such wordings is: «Where were you living when you became (homeless/without regular housing) THIS time? That is, not living in a house, apartment,

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<sup>19</sup> This leads back to the meaning of «dwelling», what the dwelling represents in terms of emotional and social investment for each respondent but also for housed people, whether they are of the same social category as the interviewer or researcher, or of other categories.

<sup>20</sup> Providing a number of conditions laid down by the CNIL (National Commission for Data Protection) are respected.

<sup>21</sup> Oral communication from Michel Bozon.



room, or other housing for 30 days or more in the same place?». Further moves in this direction could involve working with linguists to develop alternative wordings, in a team bringing together researchers from several disciplinary backgrounds (Richard-Zappella, 1996).

### **Post-survey checking of the questionnaire**

Qualitative methods contribute to both the conception and content of the questionnaire, but they can also be used to good effect in subsequent stages of the project: contributing to coding of the open questions,<sup>22</sup> testing the classification made by interviewers when they attribute the respondent to one of the questionnaire categories,<sup>23</sup> checking the questionnaire for consistency with subsequent interviews, interpreting the findings and assessing their reliability. We give some examples of these different points.

*Allocating respondents to categories:* during the data collection stage of the 1995 survey on homeless people, the INED interviewers had instructions to note down any additional information and comments made by the respondent in the course of the conversation. This information was then used to «fine tune» the coding (including revising the preliminary coding done by the interviewer) and to check the interpretation of results obtained subsequently in the statistical analysis.

*Checking the consistency between the answers to questions and the interviews on the same topics:* with their agreement, a number of respondents were seen again and asked to describe their employment, family and residential histories in an in-depth interview. We then compared what they said with the content of the relevant parts of the questionnaire. The comparison is instructive as regards both the processes at work and the respondent's perception of them, and also helps to put in perspective the doubts that one might have about the quality of a retrospective survey (Auriat, 1996). Memory can be defective and life-stories can be modified, but on the whole the information obtained by the two methods is consistent.

### **Improve interpretation of the results of the statistical analysis**

Analysing the results of the survey on homeless people in Paris revealed a high proportion of men who reported having become homeless as a consequence of family breakdown, the couple's separation being the event that set in train the changes that caused the respondent's life to «fall apart». Evidence from the interviews provides a corrective to this interpretation that individuals give of their own experience but which tends to obscure the complexity of the sequence of events and factors in this life experience, many of which stretch right back to childhood and may have contributed to the respondent's present situation (see also Pascale Pichon, 1995). The fact of having questionnaires and interviews from the same individuals means that they can be cross-checked to show how the narrative of their life is constructed and given meaning differently, according to the method used to collect the information: «Whether it be as answers to a questionnaire or in a life story, respondents tend to take over the framework that is offered for recording the specificity of their own history» (Battagliola et al., 1993a). «Every respondent does seem set on producing a self-presentation, on giving

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<sup>22</sup> That is, by construction of equivalence classes where different answers can be assimilated to each other according to principles that are meaningful for the domain being studied (Desrosières, 1993, p.289).

<sup>23</sup> «(...) there is no guarantee that the principles of classification used in the construction of the nomenclature will be the same as those employed by the respondents in formulating the answers that are then classified by the various people responsible for coding these answers (...)» (Merllié 1983).

meaning to his or her life, an objective which takes tangible form as a message structuring the narrative and the answers to questionnaires» (Ferrand and Imbert, 1993).

Antoniadis (Plan Urbain/INED, 1996) gives another example which suggests that answers given to a questionnaire should be interpreted with caution. J.-P., a homeless man who was met on several occasions at a mobile soup-kitchen, initially reported having long ceased to have any contact with his family. On his return from the Beaujolais, however, where he had gone grape-picking, he told about the visit he had made to see his parents. What remains to be determined is whether the fact of having earlier spoken about his relationship with his family was not itself a factor in helping to change his behaviour – it is not just in the quantum mechanics that the presence of the observer can modify the observation.

Concerning another domain, that of the age difference between partners, Michel Bozon has used an analysis of semi-structured interviews to explain the differences of opinion about these age disparities according to the age of the woman being questioned. The statistical analysis of answers to the questions: «Could you have accepted easily the idea of living with someone who was between one and four years older (younger) than you?» revealed a preference of young women for older men, a preference which declined as the woman got older. The examination of the interview material shows that among the young women a taste for older men is combined with a rejection of the men of their own age group, who they consider to be «immature» (Bozon, 1990). The representation that these young women have «of a man who dominates is part of a larger system of female expectations, presenting many dimensions (simultaneously social, psychological and physical); it reflects the set of categories that women use to appraise and classify men, and to classify themselves in relation to them».

In the research on the northern neighbourhoods of Marseille mentioned earlier, the statistical indication of the greater mobility of the inhabitants of the social housing developments, suggested by previous interviews, was in turn expanded upon through a qualitative research supplementary to the survey. This identified several different types of mobility, including those associated with the resolution of administrative problems that the inhabitants of the estates «have neither the competence nor the habitus to solve at a distance», with cultural activities or with the networks related to shopping, notably for clothes (Bordreuil 1997 and Péraldi 1997).

Some questionnaires also include entire open sections, which are either analysed as such or used to illustrate the statistical results and consolidate the interpretations. For example, in the survey by the CREDOC (Centre de recherche pour l'étude et l'observation des conditions de vie) on extreme poverty, some sections were recorded for processing as semi-structured interviews. The interviews were then used in three ways: extracts were used to illustrate the thematic analysis of the statistical survey; to provide portraits for illustrating the groups created by analysis of the statistical data using methods of data analysis (for example, the class of people living alone, elderly or handicapped, who do not work but are not homeless, was illustrated by the interview conducted with a handicapped woman living in a furnished room); lastly the interviews were analysed from the perspective of social policies and their impact on the populations in the survey (Gilles, 1995).

### **Statistical representativeness and sociological importance**

A phenomenon that is present to a very small degree in the population being studied (and which thus produces only non-significant results in small samples) may be much more important from another point of view (social, media, etc.). In the area of interest to us, this is the case of the DAL (Droit au logement) or other movements working with the homeless,

whose activists have an organizational influence on the homeless milieu out of proportion to their number. Similarly, few homeless people come from relatively well-off backgrounds. These atypical experiences are hard to apprehend with statistical analysis (see however Koegel et al., 1995, who conclude in favour of the role of family breakdown during childhood) but still need to be explained. Qualitative analysis is thus essential for a better understanding of the milieu under examination.

## **2. Using quantitative material to complete qualitative approaches**

In the same way, statistical analysis can make a positive contribution to the more qualitative approaches. This can occur not only through the actual results of quantitative analysis (providing contextual data, suggesting questions which may be more easily answered by interviews), but also through the lessons to be drawn from the difficulties encountered in its application.

### **Contextual data**

The «contextual data» that practitioners of exclusively qualitative methods too often see as the only interest of quantitative methods are useful for identifying the specificities of people replying to interviews and of their behaviour, by situating them in a broader context. For the example of DIY and gardening, Florence Weber cites the indication provided by the contrast between the national surveys on these activities, which suggest that they are favoured by a habitat based on single-family dwellings, and the particular features of the village of Montbard in her study, where people who lived in blocks of flats and who had the necessary space to produce and store, were just as likely to practice these «on the side» activities as those living in individual houses (Weber, 1995<sup>24</sup>).

### **Stimulate questions**

Just as the pre-survey interviews can generate hypotheses and questions, so survey findings can prompt qualitative investigations. As Jean-Claude Combessie has pointed out: «neither the qualitative or quantitative, nor the extensive or intensive approaches, have the monopoly on heuristic virtues or validating powers» (Combessie, 1982). He cites the example of research carried out in western Andalousia, where analysis of the statistical questionnaire revealed differences in unemployment levels that were linked to the father's socio-professional category, despite the fact that in the interviews «all the respondents referred to unemployment as being a general problem for the workers of the *campo*.» The author continues: «(...) for the owners as for the farm workers and trade unions, it was the image of the mass labour force which predominated (inspiring either fear or hope); the relationship that conflicted with the internal homogeneity of the work force and stigmatized the practices of the small employers was repressed». The quantitative approach is thus responsible for a hypothesis that can then be verified by a qualitative approach: «The best way of validating this type of discovery is perhaps, and the hypothesis must be made, with a series of case studies by which can be undertaken, at reasonable cost, an intensive analysis of the family career, of the mechanisms whereby this recruitment practice is tacitly admitted, accepted as legitimate but never openly talked about» (Combessie, 1982).

In the research on the homeless in Paris, the results from the statistical analysis prompt an examination of the reasons for the small percentage (17%) of women in this population.

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<sup>24</sup> For examples of a simultaneous use of quantitative and qualitative methods, see Zarca, 1979 and Champagne, 1986.

Several factors can be assumed to be involved, though we are not yet in a position to measure their respective importance: fewer women than men become homeless because when they have domestic or financial problems they are more likely to be able to stay with family or friends; women are better than men at maintaining social networks, and they have a lower incidence of mental illness, alcoholism and drug addiction; it is still socially acceptable for a woman to have no job; women are more reluctant to live on the streets, which for them are synonymous with danger rather than with freedom, and if no other solution is available they are prepared to tolerate for longer a domestic situation that has become very difficult;<sup>25</sup> women are better than men at «escaping» from homelessness (or even managing to avoid it) given that social workers accord priority to women with children. However, this does not mean that they are always resettled in self-contained and stable housing; it is likely to be to a different form of specialist structure, such as a «centre maternel» (hostels for mothers with young children) or various sheltered housing or rent guarantee schemes, which do not have the stigmatizing «homeless» label (and are not covered by our survey) even though the social profile of the people concerned is very similar. Some of these hypotheses could be confirmed or rejected using quantitative studies, while for others this would be better done by a series of interviews (with shelter staff or the women themselves).

The difficulties encountered when conducting the statistical survey can themselves provide subject matter for qualitative research. The various phases of our survey involved extensive contacts with members of the groups working with the homeless (professionals, volunteers, social workers, etc.), and difficulties sometimes occurred due to the introduction of a statistical logic to a milieu that was unfamiliar with it, thus by the need to establish a common language, and through our unfamiliarity with the working practices of this milieu. For example, the person in charge might have agreed to the survey but when we arrived we found they were not present and the volunteers knew nothing about it. Similarly, we might have obtained the backing of a high-level official only to find that officials lower down refused. Equally, when we mentioned the agreement already given by an association we assumed to be very close (sharing the same founder, for example), a hostile glance told us that this was definitely not a recommendation. By contrast, in some organizations operating on hierarchical lines, agreement of the official at the highest level meant that we were well received at all levels of the organization (after a short delay while the fax authorizing our survey went out to all parts of the organization).

As noted earlier, these difficulties are highly instructive about the working practices of the milieu being studied, and they represent only temporary inconveniences for the statistician, the lessons they provide being well worth the difficulty once it has been overcome. It was thus that our team undertook a qualitative research not on homeless people themselves but on the shelters<sup>26</sup> used to accommodate them (Soulié, 1998). Besides a number of insights into the organizations providing services to the homeless, this work identified a classification of users corresponding to the hierarchy of shelter facilities, a conclusion that was later confirmed by statistical analysis (Marpsat and Firdion, 1998).

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<sup>25</sup> A local study of applications for places in CHRS (long-stay hostels) shows a high level of unsatisfied demand among women; also, the women who apply for accommodation in this type of hostel are more likely to be living with their families than are the men, who are already on the streets or in another hostel or shelter.

<sup>26</sup> For a monograph on the sometimes tense relations between volunteers and professionals in an organisation helping newly released prisoners, see Lebleux 1991.

### 3. Different visions of the social world or different techniques?

Two visions underpin the distinction conventionally<sup>27</sup> made between these two methods. Some analysts see them as corresponding to two mutually incompatible paradigms (in the Kuhnian sense,<sup>28</sup> 1962). Quantitative methods are depicted as the expression of a strict positivist or empirical vision, modelled on the natural sciences, and seeking to test hypotheses by identifying correlations between variables. Qualitative methods, by the importance they attach to the meaning that the individual agents themselves give to their actions, are the product of different intellectual traditions.<sup>29</sup>

Rist has given a clear statement of the position of those who believe in a paradigmatic opposition between the two types of method: «When we speak of 'quantitative' or 'qualitative' methodologies, we are in the final analysis speaking of an interrelated set of assumptions about the social world which are philosophical, ideological, and epistemological. They encompass more than simply data gathering techniques» (Rist, 1977, quoted in Bryma, 1988, p50). Jacques Dreyfus also discerns «two ways of looking at the world» and is critical of the effects he attributes to quantitative methods: a reinforcement of the norm and of the symbolic violence that this norm imposes (Dreyfus, 1982).

Other writers present the matter in terms of methods that are both different and complementary, the choice of one or other of the techniques (or a combination of both) depending on the research object and on the questions being asked about it: «the choice of a method is never a purely technical choice, but is intimately implicated in the form and direction of the research itself» (Champagne, 1982).

In the United States, the approach that combines more than one method is known under the name of «triangulation», a term of military and naval origin which refers here to the use of several methods, in particular quantitative and qualitative, to obtain more satisfactory answers to the research questions asked about a given subject: «The triangulation metaphor is from navigation and military strategy that uses multiple reference points to locate an object's exact position. Given basic principles of geometry, multiple viewpoints allow for greater accuracy» (Jick, 1983, in an article which gives many examples of the reciprocal contributions of the two types of methods).

A good example of this multiple viewpoint approach is the monographs, in which different sources and techniques are combined to give as complete an image of the object being studied as possible. In their monographs exploring the distribution of the «grandes familles» within Paris, Monique Pinçon-Charlot and Michel Pinçon use statistics from INSEE, participant observation, interviews, plus a wide range of «society» sources such as the Desfossés almanach, local newsletters, the Bottin Mondain (Pinçon and Pinçon-Charlot, 1989, 1992). Michel Bozon's monograph on Villefranche-sur-Saône (Bozon, 1984) contains an account of the way of «applying to the maximum the possibility of getting different points of view on the same object» with the aim of «describing and analysing the processes that play an essential role in defining the identity of the social groups present in a small town».

We align ourselves unequivocally with those who wish to combine the two methods, or to employ them together within a multidisciplinary team. But what exactly differentiates these

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<sup>27</sup> Usually by those practising exclusively or mainly qualitative methods.

<sup>28</sup> For the replacement of one paradigm by another, see Kuhn, *The Structure of Scientific Revolutions*.

<sup>29</sup> The usual references are Weber's comprehensive sociology, phenomenology (which may include ethnomethodology), symbolic interactionism, etc.

two approaches? It is not solely the importance attached to the *point of view* of the subject, a feature unique to qualitative methods; questions of opinion are also found in statistical questionnaires,<sup>30</sup> even if their value and the validity of the answers they produce are often a subject of controversy. Similarly, the fact of field work being *delegated* is not specific to sample surveys, since interviews are not always conducted by the researcher in person. Nor can the approaches be distinguished by the criteria of *dimension* (number of people questioned) and cost. The common presentation of quantitative surveys as starting out with a set of hypotheses which have to be *tested* once the data has been collected in accordance with a strict protocol like that of epidemiological studies is variously a myth or wishful thinking. A survey may indeed begin with a few precise hypotheses, but most of the variables constructed by the questionnaire relate to extremely general hypotheses (for example, on the role of social background, which almost invariably leads to asking for the occupation of the person and/or their parents) or to unspecific research questions (such as about how a change in situation had occurred). The gradual elaboration of hypotheses, as observed in most qualitative surveys, corresponds to what happens in the successive phases of the statistical survey and analysis, except that once in the analysis stage it is not possible to go back to the field, unless of course to carry out a new investigation with a qualitative approach or a repetition of statistical surveys. The *symbolic violence* for which quantitative approaches are commonly criticized, especially when the research concerns people in conditions of extreme deprivation, is not necessarily less in the case of interviews, or at least not those carried out in a traditional way. First, because the «formal interview used on the most marginalized individuals often amounts to a confrontation between two worlds: that of the ordinary world represented by the sociologist, and that of the struggle for survival experienced by the person being interviewed» (Bruneteaux, Lanzarini, 1998, p157). Second, because the questionnaire administered by an interviewer who is a sensitive listener can be more fruitful in terms of human relations than it would appear at first sight, whereas a homeless person may feel a sense of frustration at the end of a relationship that is closer to ordinary human interaction, and from which he or she was perhaps expecting a greater personal commitment than the researcher is prepared to make. Lastly, the fact that the questions are the same for everyone, embodied in the questionnaire, proves to the person that he or she is not being singled out for attention, a consideration that some may find reassuring<sup>31</sup> The *limits* to surveys on deprived populations are thus similar for the two methods, and require the same kind of adaptation: informal interviews for the qualitative approach (Bruneteaux, Lanzarini, 1998); administration of questionnaire including digressions, direct help by providing addresses,<sup>32</sup> etc. for statistical surveys.

#### **4. Going from the part to the whole: the question of generalization**

Whether the methods used are quantitative or qualitative, the aim in each case is the same: to go from a «part» to the «whole», that is, to produce a «generalization about a whole society from observations relating to a part of that society» (Desrosières, 1993).

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<sup>30</sup> Although according to Sophie Duchesne, the sample survey «produces opinions» whereas the unstructured interview «constructs representations» (Duchesne, 1996).

<sup>31</sup> Presentation by Jean-Marie Firdion.

<sup>32</sup> In the survey on homeless and vulnerable young people, each interviewer had a list of addresses that corresponded to the questions being put to the respondent (where to sleep, where to get replacement papers, where to get free health care, particularly dental care, low-cost entertainment, ...).

This is a particular case of the question of totalization or generalization, that can also be posed in terms of representativeness. There are different types of representativeness: statistical representativeness, for example, is not the same as electoral representativeness,<sup>33</sup> although both involve the shift from an exhaustive system – census or vote by the entire population for each decision – to a non-exhaustive system, in the forms, respectively, of sampling and voting by elected representatives. Nor is statistical representativeness the same as the representativeness of medical «case histories» or of the demonstration.

The criticism that those who use exclusively quantitative methods direct at those who work with necessarily small numbers of interviews rests on a misapprehension – they apply the standards of statistical generalization, for which a sample of 20 people cannot be representative, to a generalization based on interviews.

Generalization is not unknown in qualitative techniques, however. The practitioners of qualitative methods sometimes make the shift from a part to the whole by a quasi statistical use of interviews (with statements like «half of those interviewed answer that ...»). Criticizing «interview work that is implicitly quantitative», Stéphane Beaud writes: «(...) the heuristic strength of the sociological interview – on condition that it is part of an ethnographic survey which provides a framework of reference and offers points of reference and comparison – derives from *its singularity that the sociologist can use as a limiting case in analysis, thus giving it the authority of generality*.<sup>34</sup> Restricting the intensive work to a small number of interviews, is in effect to express confidence in the possibilities of this survey instrument, and notably in its capacity to reveal consistency in social attitudes and conducts, by relating these to a biography or itinerary that is both individual and collective» (Beaud, 1996).

It seems to us that the type of generalizability that is specific to qualitative research is based rather on the elaboration of these models of behaviour, that statistical analysis is unable to explain fully even though «associations between variables» may provide a different verification. This issue is discussed by S. Beaud and F. Weber in their *Guide de l'enquête de terrain* (Guide to survey field-work), which is in the ethnographic tradition: «We do not renounce all ambition to make generalizations. Simply the generalizations we make are not about 'individuals' or 'populations' but about 'processes' or 'relations'. Above all, we operate within a cumulative logic: we try out interpretations and hypotheses, which by definition are general and whose role is to be challenged, both here and elsewhere» (Beaud, Weber, 1997, p289). While we would question the assertion that (statistical) generalization about a population is not concerned to identify processes, this passage does give us a better idea of what generalization means in qualitative research: a method of testing out and validating a hypothesis, both within the same survey and between different surveys.

Statistical surveys, as was seen, use the questionnaire variables to go from a part to the whole according to the «scale model» principle. In 1897, Kiaer described his conception of statistical representativeness in these terms: «By representative investigation I mean a partial investigation where observations are gathered in a large number of scattered localities,

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<sup>33</sup> See the various studies by Michel Offerlé and Alain Garrigou, for example (Offerlé, 1988) and (Garrigou, 1993). The latter notes the link between demography and the most «formalized forms» of collective decision-making, in which voting is distinct from the debate that takes place during the election campaign, and follows institutionalized procedures: «The ability to enumerate the population appears to be a precondition of electoral measurement. The electoral census from which the electoral lists is prepared requires a prior demographic knowledge». See also Flaig, 1994.

<sup>34</sup> My italics.

distributed right across a particular territory in such a way that the entirety of localities observed forms a miniature of the total territory» (Kiaer, 1897, p180, quoted by Desrosières, 1993). These surveys measure inequalities in distribution (for example, in pupil performance) and correlate them with other distributions (for example, social background, occupation of mother, etc.). But they do not give us a clear understanding of how these inequalities are actually constructed in everyday interactions, in the classroom and the home.<sup>35</sup> The reason is not so much that statistical surveys set out to establish relationships between variables, rather that some social processes can be identified in the statistical survey only once they have been expressed in the form of variables, and behaviour that is not suited to this preliminary treatment cannot be described in statistical terms.

In the survey on vulnerable and homeless young people, qualitative studies by sociologists and our initial interviews with the population concerned led us to examine the tension experienced by young people of immigrant origin between the culture of their parents and that of French society in which many of them had grown up. A young person of Turkish origin expressed it in these terms: *«My parents still hadn't understood the mentality here in France. Everything went too fast for them, they couldn't keep up. It was just little things, but they hadn't grown up here, they didn't know. As for us, we've got a double culture (...). So we often had difficulty with lots of things, you see.»* Analysis of the statistical survey will compare the proportion of young people of foreign origin in the sample and among young people of low socio-economic background with housing; it will confirm or invalidate the correlation between family breakdown and geographical origin;<sup>36</sup> but that will inform us only incompletely about what had actually happened, in particular about the role played by social origins, discrimination, cultural factors, the strategies specific to each community, the breakdown of support networks, etc. An important factor for young women seems to be their independence over choice of partner. A young woman of Algerian origin,<sup>37</sup> who had left her violent partner and gone to stay with her uncles, reported how she had had to leave because they wanted to arrange a marriage for her: *«They didn't want me to stay on my own any longer, I had to find someone else. They were going to find me someone else, a woman with children can't stay all alone. They started showing me photos of blokes they knew.»* She told them of her plan to go and live in a hostel and, faced with her family's hostility (*«you'll bring shame on us all»*), pretended that she was going back to her partner, in order to be able to leave without trouble (similar situations are described in the study by Maryse Jaspard, 1994). This is a topic on which statistical and qualitative generalization can be combined to produce a better understanding of the processes at work.

It is our view that the essential difference between quantitative and qualitative methods lies in the different ways of going from a part to the whole.<sup>38</sup> But we interpret this as a consequence not of fundamentally different conceptions of the social world and of the way it should be approached in research, but of the techniques of data collection and analysis which though different can be combined to produce fuller answers to our questions.

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<sup>35</sup> On the other hand, they can measure the changes that occur.

<sup>36</sup> If necessarily under «all other things being equal» conditions, that is by controlling for social category, sex, etc.

<sup>37</sup> The interview took place in a hostel for mothers with young children.

<sup>38</sup> This different stance is probably responsible for the persistent misunderstanding between on the one hand researchers, whose main preoccupation is to go from particular cases to general statements, and on the other hand decision-makers and actors in the field, who ask researchers, often to no avail, for elements that will enable them to apply the general ideas produced by the researchers to the particular cases they are concerned with.



## 5. Conclusion: the necessary complementarity

The research project must include a constant back and forth movement, revising the initial hypotheses and producing new ones, making optimum use of the features specific to the different methods. Commenting on a schematic description of «the mental space of the survey», and in particular the axis that corresponds to «the succession over time of operations and propositions», Jean-Claude Passeron wrote: «In schema 1, information is translated into knowledge not simply by moving from left to right, like the step of sleepwalker, but by a perpetual to-and-fro of rectification, explanation and reformulation of the assertions» (Passeron, 1995; see also Condon, 1996).

Although the limitations created by the intellectual background of the researchers (alternatively more statistical or more oriented to qualitative methods) as well as financial constraints have an undeniable influence on the choice of method, it is important that the methods used be adapted to the hypotheses and context selected for the research.

In this paper we have shown that in many cases an association of quantitative and qualitative methods<sup>39</sup> allows a better use of each, and provides a fuller understanding of phenomena which cannot be captured in their totality by the individual methods. In the case of our research, in particular, the limitations and the valid applications of statistical surveys, and the influence on the results of the procedure used, were explored using qualitative techniques, and the initial hypotheses refined and modified through a process of interplay with the results from the various investigations. Such a combination is especially fruitful when applied to surveys on subjects that are little or not known, but a research strategy which integrates the different methods would enrich the majority of statistical surveys. It is time to abandon the conventional contrast between quantitative and qualitative methodologies in order to advance our understanding of the phenomena we wish to study.

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<sup>39</sup> The investigation by INED and the CSU of homelessness among young people (conducted in 1998-1999) combines the two approaches at all stages of the research, with a multidisciplinary team.

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## **Socio-demographic characteristics and living conditions of the homeless in Paris**

Jean-Marie Firdion, Maryse Marpsat

In February and March 1995, the INED conducted a survey on the users of shelters and food distribution services in Paris operating primarily for the homeless.

The results presented below relate only to people, who are homeless in the 'literal' sense of the term, that is, who were actually sleeping rough or in a shelter at the time of the survey. In the food distribution centers, however, we also found a number of individuals who were housed in conditions of extreme insecurity. For some this meant being doubled up with friends or relatives on a relatively stable basis; others were tenants, usually of a sub-standard dwelling for which they had difficulty paying the rent and bills and from which the water, electricity and telephone risked being disconnected; and some owned or were in the process of buying a home from which they faced eviction for non-payment of bills or for failure to keep up with loan repayments.

The small number (33) of questionnaires completed by these individuals means that no reliable statistics can be established about their situation. But they do illustrate the continuity which exists between people who are homeless in the 'literal' sense of the term and those in a position of social and economic peripheralization, in relation both to their housing and to other aspects of their lives (employment, family situation) for which housing is merely an indicator or a proxy.

This continuity is all the more real given that homeless people often rotate between these situations depending on day-to-day contingencies, moving from a hotel to a squat, from staying with friends to sleeping rough or in a shelter.

In this article we explore the demographic and social characteristics and the residential histories of the 'literally' homeless using the shelters and collective food services in Paris *intra muros*. We also consider these individuals present living conditions (the estimations given in the text are calculated on weighted numbers and refer to individuals using services on an average day of the survey period).



## 1. Women and elderly people are under-represented

The INED survey found a particularly small proportion<sup>1</sup> of women among the homeless (approximately 17%). This proportion is similar to that identified in the United States using a very similar definition (19% in 1987 for the American cities with over 100 000 inhabitants, according to the Urban Institute survey, Burt and Cohen 1989). Several reasons can be advanced to explain this phenomenon:

- women who get into difficulties can usually count on family support and being put up by family members or friends for longer than men, the more so since alcohol-related problems and serious mental illness are less common among women,<sup>2</sup> while the fact of not having regular work is socially more acceptable for women than for men;
- women are more reluctant to end up in the street, especially when they have children, and thus tolerate for longer situations of family crisis and abuse. This aspect may be reinforced in some cases when there is not enough accommodation for women available (waiting lists, unsuccessful requests to be rehoused);
- lastly, because of the priority given to women, especially those with children, by the various organizations, they tend to be rehoused more quickly in hotels and hostels not primarily intended for the homeless (and which for this reason are not covered by our survey).

The homeless women present in the survey were seldom interviewed in the street as such (soup kitchens) or in the emergency shelters, and rather in the long-stay shelters where they were often accompanied by all or some of their children. This maternal role means that the women interviewed were below the average age for Paris (55% of homeless women were under 35 compared with 34% for those with housing), while for men the concentration occurs in the middle age group (61% of the homeless men between 35–59 where the Paris average for the housed is 42% for this age group) (See Table 1).

The small proportion of elderly people of either sex among the homeless may be due to the existence of other institutional structures (old-people's homes) for the over-60's. But it may also simply reflect the harsh conditions of life in the street which often result in an early death (according to Wright and Rubin, 1998, the average age at death for homeless Americans is around fifty; comparable figures for France are not available). The fairly low proportion of young men in the survey may result from the definition of the survey field (homeless people using services for the homeless). Young people are perhaps less willing to become involved with what they perceive as too heavily regimented structures. Also, if they are jobless they cannot make use of the shelters for which a financial contribution is required, since most of them cannot claim the RMI (Revenu minimum d'insertion - means-tested guaranteed minimum income), unlike the case of young women with children, who do receive welfare payments. It is not unusual for those in this position to have their own networks of solidarity. They sell street newspapers or beg, and live in squats and consequently make very little use of the specialized services for the homeless (small numbers are surveyed in the soup kitchens

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<sup>1</sup> This small proportion - there are 74 women and 484 men in the unweighted sample - reduces the reliability of the results for women and means that they should be taken only as pointers to a general pattern. This is particularly true when working on small-scale fields such as that of people who had previously had their own dwelling or people at present in work. However, the differences between the situation of men and women appear to be sufficiently great, as revealed by the survey findings and by a qualitative study and by our observation on the ground, for us to have preferred considering them separately.

<sup>2</sup> Martha Burt, however, has noted an increased use of crack by women in the United States and a corresponding increase in the proportion of homeless women and lone-parent families.

and coffee distributions). Others are staying in hostels not intended primarily for the homeless.

**Table 1 – Percentage distribution by age and sex of the homeless and non-homeless in Paris**

	Men		Women	
	<i>Homeless</i>	<i>Conventional dwelling</i>	<i>Homeless</i>	<i>Conventional dwelling</i>
18-24	9 %	13 %	17 %	12 %
25-34	24 %	25 %	38 %	22 %
35-44	29 %	21 %	26 %	18 %
45-59	32 %	21 %	17 %	19 %
60 and over	6 %	20 %	2 %	29 %
Total	100 %	100 %	100 %	100 %

Sources: 1. INED Survey, Paris, February-March 1995.  
2. Population Census, 1990, Paris.

Note : Because the number of homeless women in the INED survey is small, these results can be taken only as an approximation.

## 2. Use of services

The different elements which allow the homeless to organize their day-to-day lives, in particular their relations with the structures of service provision, are examined in greater detail in the 1998 article by Marpsat M. and Firdion J.M.<sup>3</sup>, which presents the different combinations.

### 2.1 Somewhere to sleep

There is great diversity in the places where homeless people spend the night. Some use the shelters on a very regular basis. Others use them only occasionally, and instead rely on other possibilities such as squats, help from parents and friends, and hotel rooms paid for by voluntary organizations or with money from begging or work, or with their RMI, while it lasts.

The shelters for the homeless are themselves extremely disparate. At one extreme are the large anonymous shelters. These are free and open to everyone and form the last resort for the socially most marginal individuals or those who are illegal immigrants, but where standards of comfort and even of hygiene and safety are sometimes inadequate. In these shelters there is often no possibility of leaving one's neither possessions nor even in some of booking a bed from one night to the next. At the other extreme, there are the small, more friendly shelters, where the rooms contain just a few beds and where it is possible to stay for several months, but which often require a financial contribution and set conditions for admission, and where

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<sup>3</sup> See bibliography

residents are expected to accept support and counselling from social workers. Between these two extremes exists a continuum of facilities provided by shelters which make varying efforts to adapt to the profiles of their respective clienteles (Marpsat, Firdion, 1998; Soulié, 1998).

Attention here will focus on the respondents' use of shelters for the homeless in the week prior to the survey, and on where they spent the previous night.

Women are in general much less likely than men to choose the solutions which leave them the most exposed, such as sleeping in the street, in the communal areas of apartment buildings (hall, staircase), in cars, etc. When women are not in shelters for the homeless, they tend to be in hotels, staying with friends or in squats, and when they do use the homeless shelters it is mainly the long-stay establishments.

Turning to the question of where men have slept during the week prior to the survey, three groups can be identified of roughly equal size. A first group is that of men who use the same emergency shelter on a regular basis. Second those who use the same long-stay shelter. Finally, men who move between different shelters (this may be because they have reached the maximum authorized length of stay but could also reflect a desire for a change) or who use the other available solutions, frequently changing on a daily basis. On the night before the survey, only 8% had slept outdoors or in some form of makeshift shelter, 12% in a proper dwelling or a 'permanent' facility such as a working men's hostel (which sometimes accept the homeless), a hotel, or a squat, and 72% in a shelter.

In addition to reasons related to improved provision for the homeless, this result is certainly due in part to the conditions of the survey (people sleeping rough can be contacted only in the soup kitchens). However, a number of tests carried out in the street at night by the INED team and that of 'Elan Retrouvé' (which applied the INED methodology the following winter in a survey on mental health and access to medical care; Kovess and Mangin-Lazarus, 1997), showed that homeless people who slept in the street did make use of the soup kitchens at least once a week in the course of the survey. Consequently they can be included in the survey, provided corrective weightings are used to control for their lower probability of being selected.

It follows that it is unlikely to be the socially most marginal individuals that this type of survey fails to reach. Rather it is those who are not homeless in the literal sense but who manage to survive on the frontier of homelessness thanks to a system of individual 'resourcefulness'. In this way they can sleep in a rented room or in a squat on a regular basis, and have enough money not to need help from the specialized social services (their income may come from paid work – within the law if not necessarily declared, from welfare payments such as the RMI and Disabled Adult Allowance, or from begging or illegal activities such as drug dealing, etc.).

## **2.2 Somewhere to eat**

Homeless people do not always take regular meals, something which has implications for their health. Going without a midday meal is fairly common. Only 59% of men and 78% of women had eaten at midday everyday in the week prior to the survey, including those who had had just a sandwich, while 16% of men and 10% of women had not eaten in the middle of the day at all during the previous week.

It seems that women eat more regularly than men do. This is partly because women make more use of specialized services (which is linked to their form of accommodation, often in long-stay shelters) and partly because they make greater use of other possibilities (self-service

restaurants, meals in the workplace, at the homes of friends or parents, and preparing their own food).

The food distribution services are widely used, particularly in the evening, with 63% of men and 67% of women having taken meals there on at least five evenings in seven. Although levels of use are lower for the midday meal, and although the homeless do not take regular meals, 26% of men and 39% of women had eaten in a service at lunchtime and in the evening on every day of the week.

### 2.3 Somewhere to receive mail

When homeless people receive mail it usually goes to an address provided by one of the service providers: social services department, shelter, and voluntary organization. For more than half of the women it is a long-stay shelter, reflecting their high use of this form of accommodation. The fact of receiving no mail at all, or of feeling no need for a mailing address, is more common among men (see Table 2).

**Table 2 – Do you have an address where you receive your mail ?**

	Men	Women
Social services office, community social action centre	18 %	7 %
Long-stay shelter for the homeless	26 %	55 %
Voluntary organization	24 %	16 %
Home of parent, friend or someone else	13 %	7 %
Boarding house, post office	11 %	12 %
No address, no mail	9 %	3 %

Source : INED Survey, Paris, February-March 1995.

Note : Because the number of homeless women in the INED survey is small, these results can be taken only as an approximation

## 3. Significant social characteristics

### 3.1 Large families of origin

The people in the survey tended to come from large families. Only a fifth had no brothers or sisters, whereas a third had five or more (see table 3). Comparisons with other surveys are unfortunately hard to make since these figures are based on the respondents' spontaneous declarations and it was not specified if the brothers and sisters were all of the same parents, the main purpose of the question being to identify the social and family contacts that remained. It may be added that for some respondents of African origin the number of siblings was especially high.

**Table 3 – Distribution by sex and by number of brothers and sisters of homeless people in Paris**

<b>Number of brothers and sisters</b>	<b>Men</b>	<b>Women</b>
0	17 %	21 %
1	16 %	8 %
2	14 %	15 %
3	13 %	17 %
4	10 %	7 %
5 or more	30 %	32 %
Total	100 %	100 %

Source : INED survey, Paris, February-March 1995.

Note : Because the number of homeless women in the INED survey is small, these results can be taken only as an approximation.

### **3.2 Low social class of origin**

One in five homeless individuals, men and women, did not know the occupation or last occupation of their parents. This was because the father or mother was either unknown or had died when the respondent was too young to remember his or her occupation, or because this was a subject not discussed by family members. For the homeless men and women who did know their father's occupation, almost half had a father who was a manual worker, compared with a third for the residents of the Ile-de-France region. The proportion of homeless persons whose father was a manager or member of the intermediate professions is much smaller than that of the non-homeless population of the Ile-de-France (INSEE, Labour Force survey 1995).

Of the homeless men and women who knew their mother's occupation, she had not worked in nearly one in two cases. The mothers who did work were mainly manual workers or lower clerical and service sector workers.

### **3.3 Difficult life histories**

Among homeless men, one in four had not been living with either parent at age sixteen. One in six at this age had a father who was either unknown to them or dead, and the proportion with a mother who was unknown or dead was one in ten. For homeless women the percentages are slightly lower though of similar size order. Roughly a third of homeless men and women reported having experienced before the age of 18 a negative event which had major consequences for them. In addition to parental death already mentioned, such events included a number of other problems concerning the natural family (parental separation, quarrels, domestic violence) or the foster family, as well as problems related to the individual's health, to periods in prison, and to alcohol and drug abuse (see table 4).

**Table 4 – Have you experienced an event or situation which has had far-reaching Consequences for you ?**

	Men	Women
<b>Before age 18</b>	<b>37 %</b>	<b>43 %</b>
A negative event involving the respondent's biological family or youth (death, separation, ill-treatment, etc.)	20 %	22 %
Other negative events of a personal nature (ill-health, accident, prison, alcohol, drugs, etc.)	8 %	8 %
Negative events of a socio-political nature (war, economic context)	5 %	2 %
At least one positive event (couple, first pay, arrival in France, etc.)	6 %	11 %
<b>After age 18</b>	<b>61 %</b>	<b>69 %</b>
A negative event involving the respondent's biological family or youth (death, separation, ill-treatment, etc.)	13 %	11 %
A negative event involving the subject's couple or children (death, separation, etc.)	10 %	36 %
Other negative events of a personal nature (ill-health, accident, prison, alcohol, drugs, etc.)	21 %	26 %
Negative events of a socio-political nature (war, economic context)	5 %	5 %
At least one positive event (couple, first pay, arrival in France, etc.)	19 %	10 %

Field : Homeless people, Paris.

Source : INED survey, February-March, 1995.

Because two answers could be given, the total percentages of the people mentioning different types of events can be higher than the percentage of people who mention just one.

After age 18 an increase is observed in problems related to health and substance abuse and to periods in prison, as well as in partnership difficulties.

Other difficulties affecting respondents of foreign-origin relate to conditions in their country of origin: economic problems, armed conflicts in which some had lost all members of their family.

At all ages, however, the homeless also make reference to the happy events which have marked their lives: the birth of a child, their arrival in France, getting their first wages, etc. This provided a reminder that although for most of them life has been hard it has also had its positive moments.

### **3.4 Few couples**

Slightly more than half the men and women report themselves as being never married. Roughly one third report themselves as divorced or separated.

Just one third of the homeless women have no children. Among the women who have children, a proportion do not live with their children or not with all of them, either because the children are already grown-up in the case of older women, or because they are in care or are living with the other partner or with other members of the family. In all, just 37% of homeless women actually live with at least one child. The proportion for men is insignificant and concerns those living with partners and children in the shelters that cater for families (see Table 5).

**Table 5 – Living with their children**

	Men	Women
No children	59 %	34 %
Have children		
- are separated from them	38 %	27 %
- live with them (at least partly)	2 %	37 %
Refusal, non-response	1 %	2 %
Total	100 %	100 %

Source : INED, survey of the homeless in Paris, February-March 1995.

Because the number of homeless women in the INED survey is small, these results can be taken only as an approximation.

### **3.5 Educational qualifications from France and abroad**

Approximately four in ten respondents reported having no educational qualification. To assess the labour market prospects of those with qualifications, it is necessary to consider not just the level of the qualification but also the fact of whether it was obtained in France or abroad. The value of foreign qualifications is not always recognized by potential employers.

Of the six in ten homeless individuals who have an educational qualification, approximately four have French qualifications and two have foreign qualifications. The qualifications gained in France are mostly in the field of vocational training and are sometimes of a high level. The qualifications from abroad are divided fairly equally between general and vocational subjects, although the differences between the educational systems make it hard to be more precise.

## **4. Geographical origins and residential history**

### **4.1 Geographical mobility**

The homeless are more likely than the other inhabitants of the Ile-de-France region to come from abroad, in particular from Africa, or from the provinces or France's Overseas' Departments (DOM). However, similar and even higher proportions of foreign-born people are found in some districts<sup>4</sup> of Paris designated as areas of special urban policy (see Table 6). On this point it is therefore not possible to conclude that there is a great difference from other people facing difficult social conditions. To take the analysis further would require studying

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<sup>4</sup> Subsequent research will include a more systematic comparison between the homeless and people whose situation corresponds to various definitions of poverty.

the date of arrival in France<sup>5</sup> and knowing the status of the immigrants and their reason for coming to France.

**Table 6 – Place of birth**

	Ile-de France region		Elsewhere in France		Abroad	
	Men	Women	Men	Women	Men	Women
Paris homeless (1)	24 %	19 %	36 %	32 %	40 %	49 %
Residents of the Ile-de-France (2)	45 %	47 %	33 %	33 %	22 %	20 %
District of the “4000” (3)	28 %	35 %	16 %	18 %	56 %	46 %
District of the “Val d’Argent” (3)	39 %	47 %	25 %	28 %	35 %	25 %

Field : Age 18 or more

Sources : (1) INED survey on homeless in Paris, February-March 1995.

(2) INSEE Labour Force Survey, March 1995.

(3) INSEE, local extensions of the survey on Living Conditions in some urban priority action areas, 1994-1995.

Because the number of homeless women in the INED survey is small, these results can be taken only as an approximation.

These data have been corrected for the effects of age structure, that is, the results for the Ile-de-France or two districts mentioned were calculated as if they had the same age structure as the homeless of Paris.

## 4.2 Contrasting residential histories

A great diversity is observed in the residential histories which have led up to the present situation of the homeless. Some had gone directly from their home to the street or shelter, whereas others had experienced a period of being housed by family or friends. Another group had only ever lived in institutional accommodation or in hostels. Finally, there were those who in losing their job had lost the housing which went with it (Army barracks, construction site huts, etc.).

The respondents were asked to describe the last accommodation they had stayed in for at least three months and which was not a squat, and the last accommodation they had stayed in where they had been owner-occupiers or tenants (also included was housing which went with a job). This made it possible to identify residential itineraries in which the person's last reasonably stable place to stay was being housed by someone else, rather than there being a direct transition from a dwelling of their own to being on the street.

On condition that a certain number of points are kept in mind,<sup>6</sup> the following results are obtained:

<sup>5</sup> The exact date of arrival is not known. We know simply whether or not it occurred prior to the sixteenth birthday. It would seem that in most cases the date of arrival in France was posterior to age 16. It may also be noted that non-French speakers (in general from Eastern Europe) are under-represented in the survey.

<sup>6</sup> The statistics that follow are subject to the following reservations:

For ten individuals staying in flats attached to a CHRS (Centre d'hébergement et de réadaptation sociale - public and private shelters with reintegration facilities) the 'no housing' questionnaire was unsuitable and it was



For 28% of both men and women, the last place they had lived in for longer than three months, excluding squats, was being housed by someone else (family, friends; in some cases a partner or girlfriend or boyfriend). Only a third of those in this position had previously had housing as tenants or owner-occupiers. The other two-thirds had never had a place to live of their own: some had only ever experienced makeshift dwellings (caravans) or institutional accommodation (residential care homes, hostels, prison, etc.); for some of those involved, this 'housing' in fact refers to the home of their parents or partner, and which they do not consider as their own.

Slightly more than one in ten homeless people report having always lived in insecure forms of housing.

Those who report their last stable housing as being an apartment or house either in rental or owner occupation account for more than half men and women. If we also include those who had moved out of this type of housing but who had experienced a fairly long period of being housed by someone else prior to their present situation, the proportions rise to nearly 70% for men and women.

The results presented below concern this limited field of people who had experienced these types of stable housing. The questions deal with the time spent in this housing, the time since having left it (which can be taken as a rough measure of the 'time in situation of homelessness' even though for many this situation in fact involves a constant moving around between shelters, hotels, friends, the street, etc.), and the reasons for having moved out.

For women the numbers actually involved are very small and on some questions we report only the situation of men.

In a very small number of cases the last place of their own to live had been abroad. Two women and three men in ten came from a *département* (administrative region) outside the Paris region.

The question dealing with the reasons for the loss of housing could have several answers, so the results are not mutually exclusive. More than half the women report separation from their partner as the reason for losing their home and of these slightly less than half mention physical abuse by the partner of themselves or of their children. The other reasons given by women are divided fairly equally between financial reasons (difficulty paying rent or bills, loss of a job or welfare entitlement), reasons related to an eviction or the demolition of the building occupied, and a variety of miscellaneous reasons such as a stay in hospital or a prison term for a member of the household.

Family-related reasons are less frequently given by men than women (roughly a third of men), and are in equal proportion to those concerning jobs and financial difficulties.

Following the loss of their home, almost seven in ten men had not looked for another place to live, and for women the proportion was one in two. The usual reasons for this are not being

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decided to give them the 'housing' questionnaire (intended originally for the people with homes who were contacted in the soup kitchens). In the 'housing' questionnaire the treatment of previous housing is less adequate and these residents of a CHRS are not included here.

A number of young people reported that they 'had never had their own place to live' and 'have always had insecure housing' or 'have been housed by someone else' even when they came straight from living with their parents. Such answers offer an interesting insight into family relationships and the perceived lack of independence, but mean that some answers should be treated with caution.

Similarly a number of young women reported that they were housed by someone else when they were in housing they considered as that of their partner (de facto or de jure), their status as tenant or not in this housing remaining unclear.

able to pay, joblessness, the inability to show pays slips for those in undeclared work. Similarly, among those who had looked for a new place to live but not been successful, nearly seven in ten gave as reason their inability to pay the rent or deposit.

For nearly a quarter of men, their previous place to live had been of short duration, having stayed there less than two years. On the other hand, almost 20% of men had lived in their previous home for over ten years. Even greater residential stability seems to have characterized women.

The length of time which had elapsed since the loss of this place to live seems to be shorter for women than for men, with in particular a higher frequency of periods shorter than six months, though the small numbers involved make it impossible to reach firmer conclusions. For the men, approximately one in ten had left their last home less than six months previously, and for the same proportion the period was longer than ten years.

## **5. Integration in social and economic networks**

### **5.1 The homeless keep in touch with their family-of-origin**

One of the main problems mentioned by the homeless is that of social isolation (FNARS, 1997). However, contact with members of the family is not completely lost, even though it is not (or is no longer) associated with the offer of somewhere to stay (Laé and Murard, 1996).

Even after controlling for their particular age structure, the homeless are found to have maintained less contact than the rest of the population with their families of origin, a result which comes as no surprise when it is remembered that a quarter of them were already separated from their family at age sixteen. Links with the family are undeniably real, however. Asking questions about the respondent's natural family almost always raises delicate problems. It is something that he or she finds hard to talk about and is likely to be torn between having nothing more to do with the family because they have rejected it or because they are ashamed of their current plight, getting in touch on the 'good days' and when they can hide their difficulties and wanting to benefit from any surviving sense of family solidarity, etc. It may be added that the natural family, when it still exists as such, is often itself also facing difficulties.

**Table 7 – Contact with their family**

Contacts with parents								
	Alive	Deceased	Don't know, no answer	Seen in last month (excepted « lives with »)	Number concerned	Among those whose father (mother) is alive, and who don't live with him (her)		
						Know where lives	Seen in last month	Seen, or contact by letter or telephone call in last year
<b>Men</b>								
Father	38	52	10	7	183	96	18	75
Mother	50	40	10	8	248	94	17	74
<b>Women</b>								
Father	49	46	5	10	32	97	20	75
Mother	63	30	7	11	41	91	18	76
Contacts with children and siblings								
	Alive			Seen in last month (excepted « lives with »)	Number concerned	Among those who have at least one child (sibling) alive, and who don't live with him (her)		
						Know where lives	Seen in last month	Seen, or contact by letter or telephone call in last year
<b>Men</b>								
At least one child	36			11	172	91	31	61
At least one sibling	71			20	342	93	29	71
<b>Women</b>								
At least one child	61			17	30	90	49	73
At least one sibling	65			20	50	91	30	71

Source : INED survey, Paris, February-March 1995

Field : homeless people in Paris, users of shelter or food distribution services on an average day.

For these reasons we have tried to assemble a number of measures which indicate the existence of at least some family contact. These are: the fact of knowing if parents or brothers and sisters are alive, of knowing where they live, or of having seen them recently or having had contact with them by letter or telephone (see table 7).

Among homeless men, 38% still had their father living, and among those 75% had had contact with him in the previous year (meeting, letter, or telephone conversation). This result does not support a view of a total breakdown of contact. For one in two homeless men their mother was still living, and among those 74% had had contact with her in the previous year.

Turning to women, who are younger and whose parents are more likely to be alive, contact with them is more frequent than for men. However, limiting the results to the women who have declared that their parents were still alive gives about the same proportions as for men : about 75 % had had contact with their father (their mother) in the previous year.

A significant degree of contact is also maintained with brothers and sisters. Two in three homeless men and women have siblings ; almost all of them can say where at least one of them lives, one in three has met at least one of his/her siblings in the course of the previous month ; seven out of ten had been in touch by letter or telephone or met one of their siblings during the previous year.

## **5.2 Income from welfare payments but also from work**

Two questions in the survey examined financial resources. The first listed the different types of financial resources received in the previous month, the second asked which of these was the main source of income.

32% of men and 18% of women received the RMI (means-tested guaranteed minimum income),<sup>7</sup> and 30% of women received welfare allowances of one kind or another connected to the fact that they had children.

The single most important resource for approximately half the men and women took the form of social transfer payments, usually the RMI for the men and child-related allowances for the women. Income from work came second, and was more frequent for women than for men. A larger proportion of men reported gifts (money from begging, gifts from charities, friends, parents, etc.) or reported having no source of income (nearly 10% of men).

## **5.3 Most had worked in the past though fewer were presently in work**

Homeless people have numerous difficulties in getting or keeping a job. Employers are reluctant to take on homeless applicants, who in turn have difficulty maintaining a neat appearance or respecting working times which do not fit in with shelter opening hours. These multiple problems are accurately encapsulated by the phrase that is often heard: 'no job, no home; no home, no job'. When jobs are found they are often insecure, in the form of make-work schemes (one-third of men) or short-term contracts (one-quarter of men), or are with the organisations that provide services for the homeless (working the switchboard, in the laundry, gardening, etc.).

Although only 26% of homeless men currently have a job, 95% have worked at some point in their lives, usually as unskilled manual workers. 28% had at some point had a job which involved moving around: the army, transports and building industries, etc.

A slightly higher proportion of women had never worked, but a higher proportion (just under half) had jobs at the time of the survey.

## **Conclusion**

What emerges from this survey of the 'literally' homeless in Paris is their social proximity to other people who are living in conditions of poverty and economic insecurity, confirming that the homeless cannot be considered as forming a distinct social category. It has also drawn attention to the diversity of the individuals involved as regards their backgrounds and behaviours. Two widely-held images of the homeless, that of the 'clochard'(derelict) who has

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<sup>7</sup> It must be remembered that the respondents were aged 18 or over. Some were thus disqualified from claiming the RMI by their age.

chosen to live in the street, and the other which sees them as 'people like you and me', an image which denies the role of poverty, are seen to be unfounded. Images of homeless people as either alcoholics or mentally ill are equally inaccurate.

The data presented here deal uniquely with Paris. Our understanding of the problem would be enhanced by examining comparable situations in provincial centers (see Strasbourg in Cnis, 1996) or at the national level. The impact of the seasonal effect also remains to be measured.

Attention must also focus on the dynamic components of homelessness, so as to improve understanding of its different aspects. It may be chronic (following loss of a home the individual remains homeless) or episodic (after a period of homelessness the individual finds somewhere permanent to live or experiences several periods of homelessness interspersed by periods with more or less independent and adequate housing).

A full understanding of the situation of the homeless also requires an analysis of the service provider institutions<sup>8</sup>. This would help to explain their living conditions and behaviour, the role of voluntary workers, the difficulties experienced by the provider institutions – and by the social workers attached to them – as they try to combine responding to emergency situations with efforts to promote social reintegration and the imperative of prevention.

Lastly, the analysis of the individual data relative to the homeless only becomes fully meaningful alongside a structural analysis of housing and employment conditions, as well as the changes affecting family structures<sup>9</sup> (Arbonville, 1999). A comparison could then be made between the number of people made vulnerable by joblessness, insecure employment, family breakdown, and the amount of low-cost housing to which they have access.

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<sup>8</sup> See Soulié, 1998, for an analysis of the shelter structures.

<sup>9</sup> Attention could also be given to the conditions of care for the mentally ill, who are over-represented among the homeless, even though they are far from forming the majority as some stereotypes would suggest, or to the results of immigration policy.

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## **Without a home but not without a family**

Jean-Marie Firdion, Maryse Marpsat

The image of the homeless is heavily influenced by our perception of their harsh living conditions. Yet however shocking these denials of basic human dignity may be in terms of human rights or social norms, they should not prevent us from viewing homeless people in their biographical dimension. Approaching them in the context of a life history lets us see their current position of social exclusion as a transitory or temporary stage in their life course, rather than as if it were all they had ever experienced.

Many of today's homeless grew up in a family, with either their natural parents or with adoptive parents. Others, however, are orphans or were placed in care homes at a very young age and have thus had to cope with the emotional and behavioural disturbances that are a legacy of this lack of family support, as well as with the material hardship frequently consequent on family disruption. In the course of their lives, homeless individuals may have formed partnerships (with or without getting married) and may have had children, while others have remained single. In this article attention is focused on a number of characteristics related to the family (of origin and/or by partnership) of the homeless persons in our 1995 survey.

In the course of the INED survey of homeless people in Paris *intra*<sup>1</sup> we found that the respondents had varied characteristics and were far from forming a homogeneous group. But while the individual backgrounds and experiences that lie behind the figures are always unique, the statistical patterns which are identified can contribute to our understanding of the mechanisms responsible for homelessness and help us to combat them more effectively.

### **Some general characteristics**

The great majority of homeless who use the accommodation and food distribution services in Paris are men, accounting for 83%<sup>2</sup>, a figure close to that found by surveys in the United States. The study of the homeless in Los Angeles county reported 84% of men, while in the survey of American cities of at least 100 000 inhabitants the proportion was 81%<sup>3</sup>. In the case of Paris, this low proportion of women can be explained by the fact that women who lose their home may be housed in facilities not specifically intended for homeless persons (such as the 'centres maternels' -

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<sup>1</sup> Representative sample of homeless people using services (shelters, free food distribution, including mobile soup kitchens) in Paris *intra muros* on an average day of February-March 1995 (591 people).

<sup>2</sup> The estimations for women must therefore be treated with caution since they concern only a small number of respondents. A study of the clientele in 1992 of the Paris clinic of the "Médecins du Monde" charity estimated the proportion of men among the homeless patients at 86%, but the survey field here was significantly different since all respondents had health problems (Caussat, 1996, p.511).

<sup>3</sup> For the former see Koegel et al., 1996, for the latter Burt and Cohen, 1989.



public-funded shelters for mothers-to-be and women with children under age 3) if they satisfy certain conditions<sup>4</sup>. Legislation on social protection, notably in the nineteenth century, was elaborated to reflect particular representations of women and the family. As one commentator has remarked: 'The degree of 'protection' accorded to women in their role as mothers of future citizens appears to have been inversely proportional to their own exclusion from citizenship' (Margairaz, 1995, p6). Even today many measures continue to be targeted specifically at women and children. It is true also that in order to shield their children and themselves from the dangers of life in the street, women are more prepared than men to tolerate poor and insecure housing conditions (staying with their family or with friends in overcrowded conditions) or living with a violent partner<sup>5</sup>.

This population is also specific by its age structure, since the proportion of individuals in the middle age group is higher among the homeless than among the general population of housed Parisians. The INED sample contains 61% of men aged 35–59, compared with 42% of Parisians of the same age (in the 1990 census). Similarly, the proportion of homeless women aged 25-44 (64%) is higher than among housed Parisian women of the same age (40%).

Although almost all the homeless had worked at some time in their lives (reported by 95% of men and 87% of women), little more than a quarter currently had a stable job (including the work provided by the shelters), comprising 20% of the men and 37% of the women. It can be noted that homeless people have special difficulty finding work (for comparable levels of skills or qualification). It also has to be observed that for people in this situation the notion of work is itself altered. When stable work is available it is more often than not in the form of make-work schemes and measures to promote social insertion, while the homeless are likely to become involved in the informal or illegal economies. Furthermore, a number of other activities, such as begging and selling things found in dustbins<sup>6</sup>, are experienced by these people as authentic work activity, or may be perceived as such by observers. This point was made by a militant from an American association<sup>7</sup>: 'Many may ask when they see an abandoned mother with an infant, or with three young children, "why doesn't she work?" And I say that a young, single mother with an infant and other small children who has fought to keep her family together, who has resisted giving up her children to foster care, is working'.

## **Homeless people and their family-of-origin**

Approximately one in ten homeless men had lost their father before age 16, the same proportion had lost their mother, and nearly one in five men were not living with their family-of-origin at age 16. The percentages are slightly lower for women, though of similar size order. This high proportion of homeless people brought up outside their family has also been observed in the United States, even though the welfare system is different (Cf. Table 1). This would appear to indicate a higher risk of social marginalization among people who lacked the natural support of their family during childhood.

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<sup>4</sup> The surveys mentioned above, which use a similar methodology, have a field which does not cover people without their own place to live but who do not use any of the services which exist for the homeless. Complementary investigations have established that the people this sort of survey fails to cover are not the socially most marginal but rather those with low or irregular incomes who only need to make occasional use of the voluntary agencies.

<sup>5</sup> Cf. Marpsat and Firdion, 1998, Watson and Austerberry, 1986.

<sup>6</sup> Bordreuil (1993) speaks of the "recycling" of the American homeless in the "street trades" (scavenging, canning,...)

<sup>7</sup> Leonard N. Stern is the founder of the Homes for the Homeless Association, and this text appears in his preface to the book by de Costa Nunez, 1996 (p. xii).

**Table 1 – Homeless adults in care\* during childhood: American studies and the INED survey**

Study	Year of survey	Place of survey	Sample size	Individuals in out-of-home placement
Sosin et alii (1990)	1985	Minneapolis	338	39 %
Susser et alii (1993) <sup>a</sup>	1987	New York City	223	23 %
Koegel et alii (1995)	1991	Los Angeles County	1563	25 %
Bassuk et alii (1997) <sup>b</sup>	1992	Worcester (Mass.)	220	20 %
Marpsat, Firdion (1996) <sup>c</sup>	1995	Paris intra muros	591	16 %
<b>Idem concerning just “in care” at age 16<sup>d</sup></b>				10 %

\* in care<sup>8</sup> in a foster family, specialist residential institution, as well as in hostels and other collective accommodation.

a: concerns only homeless men.

b: concerns only female headed homeless families.

c: situation of people at age 16 (not living with their family).

d: situation of people at age 16 (living in foster families, DDASS care homes (social service) and specialist residential institutions).

Turning to the question of being in a care placement during childhood, at age 16 nearly one in ten of homeless people had lived in a DDASS (social services) childrens' home, in a foster family or a specialist residential institution.<sup>9</sup> This estimation for the homeless in Paris is very high in comparison with the 1% of under-20s who had been in care in the French population as a whole, and the 2% of children of manual workers of the same age group (Corbillon et al., 1988). The correlation between being in care or fostered as a child and subsequent homelessness is especially difficult to analyze, since a young person's risk of being placed in care is itself also related to the social level of their family-of-origin and its degree of poverty (Susser et al., 1993, p.552). In addition, the social problems subsequently observed could owe less to the fact of having been in care and more to the conditions in which the child grew up and which were the reason for him or her being placed in care. Being in care is not in fact necessarily a factor of 'psycho social stress' (Bauer et al., 1994, Corbillon et al., 1988). So what is the main influence in the process of becoming homeless: social and family background, including economic conditions, or the fact of having been in care during childhood? Or could the latter act rather as an aggravating factor? A future study based on a random control sample might provide an answer to this question.

The proportion of homeless in Paris who had been in care or fostered when children is higher among the younger age groups. This pattern cannot be attributed to a greater willingness of social workers to place children in care in recent years, since the numbers in care have actually been falling. This reduction is probably due to the 'new orientation [since the end of the 1970s] in child welfare policy (...) which has been to help parents to bring up their children themselves'.<sup>10</sup> (Oui and Saglietti, 1993). In addition, there may also have been 'a fall in the number of children who

<sup>8</sup> “childhood out-of-care experience, for example foster care” (Sosin et alii, 1990).

<sup>9</sup> Our estimation (10% of men and 6.5% of women) understates the phenomenon slightly since it does not take into account other situations which may include cases of local authority care or foster families, such as the fact of being housed by an employer at age 16 or being a boarder at school. In addition, periods in care when very young but which did not continue up to age 16 go unrecorded.

<sup>10</sup> French social services for children are increasingly in the form of 'Action Educative en Milieu Ouvert (AEMO) which is action based on a close monitoring of the child and his family by a social worker (Audirac and Rattier, 1996).

were candidates for residential care or fostering' (Audirac and Rattier, 1996, p.460). Even independently of the social welfare system therefore, the fact of having been placed in care during childhood does indeed seem to be a risk factor for becoming homeless later in life, particularly at the point of transition to adulthood. The creation of a social assistance measure (the 'mesure jeune majeur') targeted mainly on young adults leaving the system of institutional care, is doubtless to be interpreted as an attempt to respond to these specific difficulties.

Of the homeless individuals who know their father's occupation, half report that their father was a manual worker, as compared with less than a third for inhabitants of the Ile-de-France region who have housing, thus confirming the predominance of a low social class of origin. The older homeless are more likely to have had fathers who were manual workers or farmers, while for the younger homeless they are more likely to be clerical or service sector workers (Cf. table 2), a difference which reflects the changing socio-occupational structure of France. This over-representation of people from low social class background is important, given the influence that social background is known to have on educational attainment (Van Zanten, 1996) and on social insertion in adulthood<sup>11</sup> (Chambaz and Herpin, 1995, Lagrée, 1997).

**Table 2 – Occupation of respondents' father**

	<b>Homeless people in Paris<sup>a</sup></b> (“when you were 16, what was your father’s job?”)		<b>Residents of Ile-de-France region<sup>b</sup></b> (“when you finished your full-time education”)	
	<b>men</b>	<b>women</b>	<b>men</b>	<b>women</b>
<b>Farmers</b>	9 %	7 %	48 %	6 %
<b>Self-employed, businessmen</b>	11 %	20 %	15 %	14 %
<b>Higher intellectual professions</b>	7 %	5 %	16 %	18 %
<b>Intermediate professions</b>	8 %	10 %	13 %	14 %
<b>Clerical and service sector workers</b>	16 %	9 %	16 %	16 %
<b>Manual workers</b>	49 %	49 %	32 %	31 %
<b>Total</b>	100 %	100 %	100 %	100 %

a: INED survey of homeless in Paris (1995): 19 % of men and 21 % of women were unable to give their father's occupation.

b: INSEE Labour Force survey, 1995, data corrected by age structure.

Studies of homeless people in the United States have produced similar results. Research by Dennis Culhane in Philadelphia and New York found that the prior address given by people in the shelters for the homeless was usually located in the districts with high concentrations of poor households, jobless people, female-headed families, and ethnic minorities (Culhane et al., 1996). Paul Koegel and his team have also demonstrated the importance of poor social origin in the case of the homeless in Los Angeles, as well as the role of personal and family-related problems for those who were not of a low social origin (Koegel et al., 1995).

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<sup>11</sup> 'The parents [of working class youth] had believed that they would achieve integration-insertion in society. But the youth themselves are becoming aware of the distance which separates them from the dominant standards and of their inability to meet those standards. (...) At the European level, we are seeing the emergence within the social system now taking shape before our eyes of a social strata which stands - or is kept - outside of the mainstream.' (Lagrée, 1997, p. 28).

## The homeless and the family by partnership

More than half of the homeless people in Paris have never been married. But one-third have been divorced or separated, and nearly 10% are still married (Cf. table 3). However, the questions dealing with family situation (present and past) and partnership histories were those which caused the most difficulty in the interviews; they dealt with what were often very painful experiences. The categories of 'separated' and 'never married' are unsatisfactory, for example, being too uncertain as regards the statute they are intended to define. But it proved hard to produce a more clear-cut categorization of the respondents' marital status.<sup>14</sup>

**Table 3 – Marital status of homeless people in Paris, Chicago and Los Angeles (Skid Row)**

	<b>Survey in Paris (1995)*</b>	<b>Survey in Chicago (1986)**</b>	<b>Survey in Los Angeles (1988)***</b>
<b>Married</b>	9 %	7 %	3 %
<b>Widowed</b>	3 %	4 %	5 %
<b>Divorced, separated</b>	32 %	32 %	33 %
<b>Single</b>	56 %	57 %	59 %
<b>Total (number)</b>	100 % (591)	100 % (716)	100 % (379)

\* Marpsat and Firdion, 1996.

\*\* Rossi et al., 1987.

\*\*\* Koegel et al., 1990.

Without a home it becomes very hard to sustain a family life. Keeping the family unit intact is further complicated by the splitting up operated in the shelters and by the shortage of facilities for couples. In the FNARS 'Urgence sociale' (Social emergency) survey (for the year 1996), people in charge of shelters or who worked with the homeless<sup>12</sup> were asked: 'which are the groups for which nothing is being done at present?' (FNARS, 1997, p.22). The case of couples came third in the list of inadequately met needs (reported by 14% of respondents), coming behind those of young people in the 18–25 age group (19%) and people with mental illness (15%) but above the 'marginals' (11%) and substance abusers (9%).

The small number of couples in the homeless population cannot be explained by reference to a protective effect that living in a couple confers against social exclusion. Serge Paugam has established that the risk of marital breakdown 'rises sharply with the degree of employment insecurity (...). For both sexes, the less secure the position in the labour market, the greater the risk of family disruption' (Paugam et al., 1993, p.30). 'When we consider not just eighteen months in the life of an unemployed person but the partnership history in its entirety, the correlation between partnership breakdown and unemployment is clear (...)' Paugam et al., 1993, p.32). This link between economic difficulties and union instability can be compared with the reasons for the loss of a home reported by respondents who had lived for at least three months in a stable independent dwelling place. Reasons of family and domestic conflicts were reported by 35% of men (partnership breakdown: 26%) and by 62% of women (partnership breakdown: 56%). Financial reasons were reported by 37% of men and 16% of women. We are thus dealing essentially with partnership breakdowns which occur prior to the loss of a home, a phenomenon which can be linked with the effects of 'economic stress' that result in the breakup of the family following bouts

<sup>12</sup> Of the homeless people using the Paris clinic of the 'Médecins du Monde' charity (Caussat, 1996), the proportion divorced, widowed, never-married or living alone was 88% (91% in the INED survey).

<sup>13</sup> These were officials, representatives of local authorities and service providers, and other charitable organizations.

of depression, violent behaviour and/or alcoholism. This breakup of the family, which in the United States seems to be no more frequent among the homeless than among poor housed families<sup>14</sup>, results in the loss of housing when the household members have few or no familial or social resources (Conger et al., 1990, Letiecq et al., 1996, p.265, Milburn and D'Ercole, 1991). This outcome is thus more common for the poorest social groups, for whom family solidarity is compromised by the members' very limited financial resources. (Paugam and Zoyem, 1997, p.197).

Although the housing provided for homeless couples and parents with children increasingly takes the form of self-contained flats within communal structures and of transitional housing, a large proportion is still in accommodation with shared facilities (intended to cope with 'emergency' needs). However, the slow turnover associated with this system of help (due to the limited financial resources of the households and the scarcity of low-cost housing) means there is a tendency for temporary solutions to become long-term, a point that is emphasized by the associations and organizations who run these services (Pillonel, 1991). Living in shared accommodation can prove hard to accept if one or both of the parents have already lived on their own (though this is not always the case of the very young mothers). The work by Minelle Verdié and Jean-Louis Saïz (1995) contains the description by Fatima of the living conditions she and her family experienced for nearly eight years in prefabricated 'emergency' housing in Paris: 'The hostels are intended for single men; for families and children they are no good at all. We had no space, in the last years there were eight of us in two rooms, one for living and one for sleeping. I bought a small stove for cooking, but the toilets and sinks were outside. We had to do the washing up in the corridors with the other families. Even when we cleaned up, someone would dirty it again, we didn't know who... (...) And the children were always tired and irritable ...' (p.25, 27). Sophie Watson has described the same reactions in Great Britain and the frustration produced by years of institutional living (Watson and Austerberry, 1986, p.125).

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<sup>14</sup> Similar proportion of homeless (69%) and housed mothers (57%) reported a major family disruption (e.g. divorce, death) during childhood: the age at the time of the first disruption and the nature of the disruption were also very similar (Bassuk and Rosenberg, 1988, p. 785).

## The homeless and their children

Although very few of the homeless are living in couples many of them have had children, especially the women, among whom the proportion is two-thirds (Cf. table 4). But this does not mean that all these people live with their children - only 37% in the case of women and a tiny proportion of the men. However, living apart concerns mainly the situations when at least one of the children is aged 18 or over. This is the case for more than two-thirds of women not living with their children (and for 62% of the men not living with their children). In all, 8% of the homeless adults interviewed were living with their children, though there was a very large difference between men and women.<sup>15</sup>

**Table 4 – Living with their children**

	<b>Men</b>	<b>Women</b>
<b>Have no children</b>	59 %	34 %
<b>Have children</b>		
<b>From whom they are separated</b>	38 %	27 %
<b>With whom they live<sup>a</sup></b>	2 %	37 %
<b>Non response</b>	1 %	2 %
<b>Total</b>	100 %	100 %

a : l'enquêté vit avec au moins l'un de ses enfants.

source : Enquête INED auprès des personnes sans domicile à Paris (1995).

In a macro-economic perspective, a number of British and American studies have established that homelessness has negative consequences for the mental health of parents (Kearns et al., 1994) and children (McLeod and Shanahan, 1993), and for the physical health (Alperstein et al., 1988) and development of children (Bassuk and Rosenberg, 1988). One study, for example, has shown that the children of 118 families living in shelters in Los Angeles had a higher incidence of emotional disturbance and learning disability, mental retardation and physical handicap than children of poor but housed families in the county: 45% compared with nearly one-third (Zima et al., 1997); for a review of American studies on this theme see, Wright, Rubin and Devine, 1998). These problems compound the difficulties affecting the school performance of older children from families whose housing is insecure or poorly situated in relation to urban infrastructures (a long way from schools, transport facilities, etc.) and that have frequently been identified by studies in France and abroad. The commitment of substantial resources to finding a satisfactory housing solution for these families must be a priority in order to limit the damage to these children and reduce the likely harmful long-term consequences for their physical and mental health (Lecomte et al., 1996, Molnar and Rath, 1990).

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<sup>15</sup> This figure is close to that for the United States: '10% of homeless households are families with children' (Burt and Cohen, 1989).

## Family contact

It would be misleading to present an image of the homeless in entirely negative terms. Homeless people often remain in contact with their family-of-origin and with their children (Cf. table 5), even when this contact is not or no longer associated with the offer of somewhere to stay (Laé and Murard, 1996).

**Table 5 – Contact with their family**

Contacts with parents								
	Alive	Deceased	Don't know, no answer	Seen in last month (excepted « lives with »)	Number concerned	Among those whose father (mother) is alive, and who don't live with him (her)		
						Know where lives	Seen in last month	Seen, or contact by letter or telephone call in last year
<b>Men</b>								
<b>Father</b>	38	52	10	7	183	96	18	75
<b>Mother</b>	50	40	10	8	248	94	17	74
<b>Women</b>								
<b>Father</b>	49	46	5	10	32	97	20	75
<b>Mother</b>	63	30	7	11	41	91	18	76
Contacts with children and siblings								
	Alive			Seen in last month (excepted « lives with »)	Number concerned	Among those who have at least one child (sibling) alive, and who don't live with him (her)		
						Know where lives	Seen in last month	Seen, or contact by letter or telephone call in last year
<b>Men</b>								
<b>At least one child</b>	36			11	172	91	31	61
<b>At least one sibling</b>	71			20	342	93	29	71
<b>Women</b>								
<b>At least one child</b>	61			17	30	90	49	73
<b>At least one sibling</b>	65			20	50	91	30	71

Source : INED survey, Paris, February-March 1995

Field : homeless people in Paris, users of shelter or food distribution services on an average day.

Even when we have controlled for their particular age structure, the homeless are found to have less contact with their family-of-origin than other people, which is hardly surprising when it is remembered that a quarter of them were already separated from their family at age 16. Contact with

family is nonetheless real, however. Asking questions about the family-of-origin almost invariably presents the respondent with delicate problems. It is a subject they find hard to talk about and they are likely to be torn between having nothing more to do with their family because they have rejected it or because they are ashamed of their current plight, getting in touch on the 'good days' and when they can conceal their difficulties, and wanting to benefit from any surviving sense of family solidarity, etc. It may be added that the natural family, when it still exists as such, is often itself also facing difficulties.

For these reasons we have employed a number of measures which indicate the existence of some degree of family contact. These are: the fact of knowing if parents or brothers and sisters are still living; of knowing where they live; of having seen them recently; of having had contact with them by letter or telephone or having news of them through someone else. Some of these indicators are suitable for making comparisons with the general population of France.<sup>16</sup>

Among homeless men, 38% still had their father living, and among those 75% had had contact with him in the previous year (meeting, letter, or telephone conversation). This result is lower than in the housed population, but does not support a view of a total breakdown of contact. For one in two homeless men their mother was still living, and among those 74% had had contact with her in the previous year.

Turning to women, who are younger and whose parents are more likely to be alive, contact with them is more frequent than for men, though still lower than for housed people. However, limiting the results to the women who have declared that their parents were still alive gives about the same proportions as for men : about 75 % had had contact with their father (their mother) in the previous year.

A significant degree of contact is also maintained with brothers and sisters. Two in three homeless men and women have siblings ; almost all of them can say where at least one of them lives, one in three has met at least one of his/her siblings in the course of the previous month ; seven out of ten had been in touch by letter or telephone or met one of their siblings during the previous year. The absence of direct contact for the others does not necessarily indicate a complete loss of contact since almost all of those with brothers and sisters can give the place of residence of at least one of them.

These results show that compared with the general population, homeless people have less contact with their family of origin or their children but that links do nonetheless continue. This situation is a reflection of the complex relationship which exists between the effects that social exclusion has on keeping the family unit intact even before the loss of a home, and the difficulties of living as a family when homeless.

## **Conclusion**

The data reported here relate only to the homeless of Paris and cannot provide the basis for reaching general conclusions about France as a whole, though we have seen that as regards the family, studies of other western cities have reported similar patterns.

An effective policy response for homeless people must be based on an improved understanding of this highly heterogeneous population whose characteristics are sometimes the opposite of widely held views. An important ingredient of this improved understanding is comparisons between families living in conditions of poverty and those without a permanent place to live. In view of the difficulties that many of these individuals have experienced since early childhood, families must receive special attention in the elaboration of policies designed to prevent and alleviate poverty.

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<sup>16</sup> Source for comparison: the INSEE 'Living Conditions' survey, 1993–1994. Data corrected by age structure.



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## **An Advantage with Limits**

### **The Lower Risk for Women of becoming Homeless**

Maryse Marpsat\*

*Conducting surveys on homeless people is particularly difficult for many reasons. Homeless women have to date received relatively little attention, probably because they are far less likely than men to be in this position. But this of course begs the question of why this should be. Most homeless people are recruited from the poorest sections of the population; yet these are the categories in which women are the most numerous. So why do women form only a small minority among the homeless, and why are they less likely than men to end up in the street after losing their home? In this article Maryse MARPSAT shows that this relative 'advantage' is probably an effect of social representations of gender roles, and of the power of the mother ideal in our society. But it also has to be pointed out that preferential treatment for mothers is not entirely free of paternalism.*

The people who become homeless at some point in their lives do not form a distinct population. As we have shown elsewhere (Marpsat, Firdion, 1998), the social profile of the homeless is very similar to that of poor households with housing, from whom they are distinguished merely by their immediate situation. Moreover, between the state of homelessness and that of people in housing there is no sharp division but a continuum of different housing situations. One reason for this is that homeless people tend to move between a succession of squats, hostels, the street, hotel rooms, 'ordinary' dwellings (as defined by Insee, France's official statistical agency), of varying standards and occupied with varying degrees of insecurity. Another reason for thinking in terms of a continuum is that between the extremes of people living in an 'ordinary' owner-occupied or rented dwelling, and permanent street dwellers, there exists a whole series of situations which do not fall clearly on one side or the other of a single definition of homelessness (Clanché, 1998). How are we to classify, for example, people paying rent for a flat but as the sub-tenants of a voluntary organization and only for a fixed term? And where is the line to be drawn between a young person whose social worker has had transferred from an emergency shelter catering for 'anyone and everyone' to a hostel for young working men, and a resident in the same hostel who has lost his job?

Since there is no discontinuity between homeless people and poor people in housing, and given that women outnumber men among the latter, one would expect the proportion of

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women among the homeless to be even higher than among the poor households, whose members have the greatest risk of becoming homeless (Table 1). Yet surveys conducted in several western countries on the 'literally' homeless population, that is on people sleeping in homeless hostels and shelters, or in the street or in other places not intended for human habitation, all produce the same result: *far fewer women than men are homeless*.

**Table 1. The over-representation of women among poor households**

	<b>Ratio of women/men in households with settled housing</b> <i>Excluding students and conscript soldiers</i>		
	<b>All households</b>	<b>Poor households<sup>1</sup></b>	<b>Poor households in social housing (HLM)</b>
<b>Among reference persons of households and their partners</b>	116	142	159
<b>Among people aged 18 and over</b>	112	133	143

1. Defined here as having a total income (before housing benefit) per consumption unit less than half of the national median.

Source : INSEE, enquête Logement (Housing survey), 1996.

This result, implying the existence of a discontinuity between the situation of the homeless and that of the population in settled housing, in fact has its origin in the state of gender relations, whereby men and women are attributed contrasting roles in homelessness, as in the rest of society. In the analysis by Joan Passaro (Passaro, 1996) this is interpreted as an effect of the different social representations of men and women, which identify the latter with the 'indoors', the 'home' and the 'domestic environment'. It follows that it is unacceptable for women to be left homeless, while the fact of their not having paid employment is judged acceptable, providing they respect the feminine gender roles. Men, by contrast, are identified with 'outdoors' and with 'work', and consequently their presence in the street is judged more acceptable and may be viewed as a punishment for transgressing the role of the worker who supports his family. While not disputing this analysis, the argument does have to be qualified or rather clarified. The relative protection enjoyed by women is in reality a consequence of their role - whether actual or potential - as mothers. As Michel Messu observes in his analysis of single parent benefit (API), the child appears in this perspective as an 'asset' in not just moral and emotional terms but also economic terms (Messu, 1992, p80).

Finally and at a more general level, a subordinate status (Mathieu, 1985; Battagliola et al., 1986; Guillaumin, 1992; de Singly, 1993; Bourdieu, 1989) brings with it a number of 'advantages' that are granted to the 'weakest'. These include cash payments made exclusively or primarily to women (surviving spouse's pension, single parent benefits) and relatively easier working conditions (less anti-social hours, statutory restriction on night working). A lower probability for women of becoming homeless thus appears as one of the secondary advantages of their subordinate status. Homeless men, by contrast, tend instead to accumulate the secondary disadvantages that penalize those who fail to conform to the role associated with men's dominant status.

The purpose of what follows is to examine the practical forms of this relative advantage apparently enjoyed by women. In the process we shall see the limitations of this notion of 'relative advantage' and of ranking the respective situations of men and women in a sort of 'hierarchy of misfortune'. We do not deny the role of women as agents of their own destiny, though it is clear that the pressures upon poor women in general and homeless women in

particular seriously restrict their possibilities for choice, and that in a constrained context it is more accurate to speak of margins of manoeuvre than of authentic strategies. But attention will focus primarily on collective provision for them, and in particular on the role of institutions in the social construction of the 'homeless' category. The behaviour of homeless people and the perception and understanding they have of their situation<sup>1</sup> will be touched upon only occasionally.

In the first part we review data on homeless women in western cities. In the second and third sections, we consider a number of elements that help to explain, first, why women are less likely than men to become homeless, and second, why they spend less time in this situation if it does occur. The behaviour of people who are homeless or at risk of becoming homeless, and the response to their needs from families, communities, and social workers, are analyzed by sex and, in the case of women, by the presence or not of children under-18, the woman's age and her social background. In the final section these results are interpreted in the light of studies on 'sympathy' (Clark, 1987, 1997) showing how it varies depending on the characteristics of the person in difficulty.

## **I.- The characteristics of homeless women**

The surveys conducted in Europe and the United States all report fewer women than men among the homeless. Homeless women differ from their male counterparts in other respects too. They are younger (Table 2), are much more likely to be accompanied by young children (Table 3), are rarely rough sleepers and their situation usually has its origins in family breakdown in the form of separation from partner or disputes with parents. In addition, women tend not to have been homeless for as long as men.

### ***1. Far fewer women than men among the homeless***

The survey carried out by Ined in Paris (see appendix 1) found women to form a small proportion of homeless Parisians, since they accounted for no more than 17% of those using food or shelter services on an average day in February 1995. Another study, conducted in 1992 on people using Médecins du Monde's dispensary in Paris, estimated at 14% the proportion of women among the homeless patients, though the field used was not the same, in particular because these were people with health problems (Caussat, 1996, p511). A study carried out in 1995 by the Secours Catholique at La Rochelle on people sleeping in the street, in a squat, with friends or in an emergency night shelter (though not in long-stay hostels) and who had used the Secours Catholique drop-in day centre during the winter, established the proportion of women at 13% (24% among the under-25s). Finally, a study of people in accommodation for the homeless (but not including rough sleepers) conducted in Strasbourg in 1995 found 28% were women. A number of characteristics thus emerge from the studies conducted in French cities: the small proportion of women in general and, as will be seen later, the fact that they are more likely to be staying in hostels, especially long-stay facilities, plus the fact that the proportion of women is higher in the younger sections of the homeless population.

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<sup>1</sup> For an ethnographic approach to the differences by sex in perception of their situation among the homeless, see for example Wardhaugh, 1999 (combining interviews with a survey on young homeless people in three English towns). For an approach focused on the case of women, see also Watson and Austerberry, 1986 (interviews with lone homeless women in London). Finally, for France, mention can be made of the research currently being undertaken by Carole Amistani (Amistani, 1998).

**Table 2. Age and sex distribution of the homeless and persons in « private » housing in Paris (%)**

Age	Men		Women	
	Homeless <sup>1</sup>	Privately housed <sup>2</sup>	Homeless <sup>1</sup>	Privately housed <sup>2</sup>
<b>18-24</b>	9	13	17	12
<b>25-34</b>	24	25	38	22
<b>35-44</b>	29	21	26	18
<b>45-59</b>	32	21	17	19
<b>60 or more</b>	6	20	2	29
<b>Total</b>	100	100	100	100
<b>Number of respondents</b>	484		74	

Sources: 1) INED survey, Paris, February-March 1995. The number of women in the survey was small so the results are merely rough indications; 2) Population Census, 1990, Paris.  
Scope: homeless people in Paris, users of shelter or food distribution services on an average day.

The Ined estimate is also consistent with those produced by surveys in the United States (see appendix 1). Women were found to account for 17% of the homeless in Los Angeles county (Koegel et al., 1995), 24% in the Washington metropolitan area (NIDA, 1993) and 19% in American cities of over 100 000 inhabitants (Burt and Cohen, 1989a). Studies based on comparable methods are rare in Europe, though the proportion of women among the homeless has been put at 19% for Vienna (Kofler, 1999; Scharinger, 1993) and 21% for Madrid (Vazquez et al, 1997).

Our results cannot be generalized to France as a whole until the national survey that is planned for 2001 in collaboration between Insee and Ined. However, it does seem that the small proportion of women among the 'literally homeless' is part of a general pattern in western cities.

## ***2. Many homeless women have young children***

A high proportion of homeless women have young children with them, while the proportion of men in this position is negligible. 37% of homeless women in Paris, almost all of them with no partner, were living with one or more children. By contrast, very few men were in this position, and almost all of these were living in couples. Similarly, in Vienna, '40% of the women had legal responsibility for one or more children, and 20% were still living with their children' (Kofler, 1999), though in general few figures are available for Europe.<sup>2</sup> In cities of over 100 000 inhabitants in the United States, approximately half of all homeless women were accompanied by at least one child.

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<sup>2</sup> The Madrid survey in 1992-93 did not collect this type of information. A new survey, using a questionnaire exploring a broader range of topics, was conducted by the same team in 1997 and should enable comparisons to be made (see appendix 3).

**Table 3. Homeless men and women in Paris with or without children (%)**

	Men	Women
<b>No children</b>	59	34
<b>Children</b>		
- <i>not living with them</i>	38	27
- <i>living with them (or at least some)</i>	2	37
<b>Refusal, non response</b>	1	2
<b>Total</b>	100	100

Source: INED survey, Paris, February-March 1995. The number of women in the survey was small so the results are merely rough indications.

### ***3. Few homeless women live on the streets or in emergency shelters***

Results from the Paris survey showed that few homeless women spend the night in the street or in forms of makeshift shelter (tent, car, etc.); and that when they sleep in accommodation for the homeless it is usually a long-stay establishment (see Box 1). On the night before the survey, 83% of the women had slept in a hostel, compared with 72% of the men; by contrast, 1% of the women had spent the night in the street or in a makeshift shelter, as against 8% of the men.<sup>3</sup> This lower proportion of rough sleepers among homeless women is observed in other western countries. For example, when the survey in Vienna was conducted, 39% of homeless men were in the street, as against 11% of women; 81% of the women were staying in a hostel, compared with 45% of men. Furthermore, women were much less likely to use the emergency night shelters. In the week before the survey in Paris, 67% of the women had spent at least five nights in the same long-stay hostel, as against 29% of the men; 5% had stayed in the same emergency shelter and 14% had moved from one shelter to another, whereas for the men these proportions were 29% and 11% respectively. The greater presence of women in the long-stay hostels is also signalled by various local studies (ORSAS-Lorraine, 1996, 1997).

### **The system of accommodation for the homeless in France**

Homeless people can be accommodated in hostels for varying lengths of stay and with varying degrees of social support. Some hostels provide *long-stay accommodation* but without any programme of resettlement help; in others the accommodation is accompanied by so-called social 'readaptation' or 'reinsertion' interventions aimed at equipping residents to handle problems over their administrative status, health and resources, and at finding them a job and somewhere to live. Lastly, *emergency shelters* provide direct access accommodation but for short periods, of fifteen days on average. What exactly constitutes an emergency is not defined and is interpreted differently by the various actors (social services, voluntary

<sup>3</sup> For 12% of the men and 11% of the women the solution had involved a 'proper' dwelling such as a hotel room, a working men's hostel, a squat, the home of friends or relatives, etc.



agencies, users). Common practice (followed by the Ined survey) is to classify as emergency shelters the establishments that open only at night, provide accommodation just for the night and shut again in the morning. It is not unknown for individuals to use these establishments over long periods, by turning up every evening. Some hostels offer both 'emergency accommodation' and 'long-stay accommodation' facilities with or without resettlement work. These were treated as distinct units in the Ined survey.

The Direction de l'Action Sociale (social services) keeps lists of these hostels, that are considered to be 'establishments for adults and families in difficulty' and classed as either CHRS or unlicensed hostels. When set up in 1946, the first 'rehabilitation' centres, forerunners of the CHRS, were intended to accommodate prostitutes (when the 'maisons closes' or licensed brothels were shut down) and it is noteworthy that 'people who are, or who risk becoming, involved in prostitution' are still among the 'targets' listed in the legislative project of 1998 on the CHRS. Their remit was later extended to include people coming out of prison or hospital (in 1953), 'vagrants' (in 1954) and finally 'people and families with inadequate resources, who experience difficulty rebuilding or leading normal lives mainly because they have no or sub-standard housing and who require material and psychological support and, if appropriate, temporary counselling' (in 1974) (Soulié, 1999; CETAF, 1996 edition). The 1998 law on measures against social exclusion (loi 98-657) reworded this passage to read 'people and families experiencing serious difficulties, notably financial, family, housing, health or insertion, with a view to helping them achieve or recover their social and individual independence'. The meaning of the R in the CHRS abbreviation has changed from 'readaptation' (Centre d'Hébergement et de Réadaptation Sociale) as used in article 185 of the Code de la Famille et de l'Aide Sociale introduced by a law of 1974 (loi 74-955), to 'réinsertion' in a DAS (social services) circular of 14 May 1991 on the role of the CHRS. However, the earlier term of Centre d'Hébergement et de Réadaptation Sociale is still widely used in the publications of the Ministry of Social Affairs; also, the FNARS, though not always followed by individual members, still gives its full name as the Fédération Nationale des Associations d'Accueil et de Réadaptation Sociale.

The CHRS are funded principally by central government as part of social assistance. Their functions are not necessarily limited to accommodation, and although they provide some emergency accommodation (in part or in all of the establishment, like the CHRS Crimée in north-east Paris, which is an emergency hostel for women with or without children), their main vocation is provision of accommodation accompanied by insertion measures. Admission is by application and is decided by the Prefecture in each department. Nowadays the accommodation is increasingly in the form of flats or bedsits (37% of the places occupied by adults on 1 January 1998), less and less as dormitories, and the CHRS are assuming a broader range of functions. Most residents pay something towards the cost of their accommodation; a decree that was still in the planning stage at the end of October 1999 is expected to set the minimum percentage of their total income that should be left to residents. Accommodation is for six-month periods with the possibility of renewal.

Women who are pregnant or have children under 3 can be accommodated in mother-child reception hostels as part of social assistance for young people (Rollet *et al.*, 1995). These hostels are administered by the Conseil General of each département. They were not part of the Ined survey field. Under this heading come the mother-child hostels, children's foyers and public children's homes with a section for mothers and children.

Some of those who request help with housing are directed to hotels for either emergency or long-term accommodation. This seems to be particularly the case for young people. Women, especially if they have children, tend to be found emergency housing in hotel rooms until

longer-term accommodation in flats becomes available, the aim being to preserve as far as possible a 'family' form of housing.

For the youngest people of both sexes, usual practice is for social workers to attempt to find them places in the foyers for young working people (FJT).

At a time when changing attitudes towards the poor ('le bon usage des pauvres') (Sassier, 1990) are slowly dissociating the notion of poverty from that of deviance, and the approach is described in terms of reinsertion, independence, citizenship, it is noteworthy that some establishments have until very recently operated in buildings dating from a much earlier era. It was only at the end of 1998 that extensive work got under way to rebuild the CHAPSA (Centre d'Hébergement et d'Assistance aux Personnes Sans Abri) at Nanterre, just outside Paris, whose structure was a product of the old policy of incarcerating vagrants<sup>1</sup>.

#### ***4. Women give family breakdown as the main reason for becoming homeless***

Factors such as conditions in the labour and housing markets, public policy measures to help people in difficulty, care facilities for the mentally ill, are among the 'structural' causes that are important in explaining the spread of homelessness. Yet when the homeless themselves are asked to explain their situation they often refer to what they perceive or reconstruct to be the 'proximate' causes. In both France and Austria (the only countries for which we have this information), relationship breakdown was the reason most often invoked by women to explain why they had become homeless, whereas men tended to mention loss of job and periods in prison and hospital. In the Paris survey, for example, domestic violence or partnership problems were reported as the reason for leaving a previous settled home by more than half of the women, as against just over a quarter of the men.

The role of conflict with partners is confirmed by reports from the various hostels, while conflicts with parents emerge as a factor for young women not living in couples. In the Crimée CHRS (Centre d'Hébergement et de Réinsertion Sociale, see box 1), an emergency shelter in north-east Paris run exclusively for women with or without children, 22% of women on their own and 11% of those with children cited conflict with parents as the reason for being in the hostel; domestic violence or relationship breakdown accounted for 21% of women on their own and 42% of women with children. This report identifies '*errance*' or vagrancy<sup>4</sup> as the reason for admission to the hostel of 18% of lone women; in this case, it applies mainly to older women (1995 report).

In assessing this difference by sex, however, it has to be recognized that it is also a product of representations. Candace Clark (1997, p120) has demonstrated that what elicits most sympathy<sup>5</sup> for a man are problems to do with his work or career or the difficulties of providing for his family, whereas women attract most sympathy for problems in their

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<sup>1</sup> The Maison de Nanterre hostel complex was founded in 1887. In the reorganization it is planned to replace the large dormitories and communal showers by rooms containing a maximum of six beds with individual showers (interview with M. Mataillon, director of the CHAPSA).

<sup>4</sup> A link can be made between the use of this term for older women and the psychopathological representation of vagrancy. A number of nineteenth-century specialists described it as 'dromomanie' (Régis), 'manie errante' (Berklen) and 'automatisme ambulatoire' (Charcot). For a review of these terms, see Vexliard, 1951, p139. Nowadays, by contrast, and in relation to the youngest people, social workers prefer to use the term 'jeunes errants' (runaways) to that of S.D.F. (Sans Domicile Fixe-No Fixed Abode), because of the positive connotations of the social and psychological mobility it suggests. For an example of the application of this term to young people, see Lagandré, 1995.

<sup>5</sup> In the sense explained later in this article. However, this analysis deals with the United States and care is needed when transposing the results to the French context.

relationships with their partners. There may therefore be a tendency for survey respondents to present (both to others and to themselves) the causes of their situation in the way that projects the best possible image.

There is also evidence that for some young people the difficulties associated with their social background are combined with problems linked to their foreign origins (itself reflecting the family's social background, usually agricultural, in the parents' country of origin). On the one hand, family breakdown may in part be caused by the clash of two cultures. This is true for young people of both sexes<sup>6</sup> and in the case of young women can stem from different conceptions of the status of women. These difficulties can also be interpreted as a variant on the conflicts that occur between parents and children at all levels of society during the transition to adulthood and which often crystallize around attempts by parents to control the sexual activity of their children, and particularly their daughters. On the other hand, these young people may be victims of forms of discrimination which increase their risk of unemployment, for example, or make it harder for them to find housing of their own.

Early results from the Ined research on homeless and vulnerable youth, as well as some monographs (UDCHRS/Lardoux, 1997; Jaspard, 1994) are consistent with this view. According to Maryse Jaspard, 57% of the young women who make use of the socio-educational service of the ANEF voluntary organization (see appendix 2) are of foreign origin (42% of North African or Black African origins). Many of these young women have a job or are receiving education and in this sense are in a less marginal situation than others.<sup>7</sup> But their problems are caused partly by the position of women in their family's culture. For example, the prospect of an 'arranged' marriage is given as the reason for leaving the parental home by 19% of young women of Maghreb origins and 11% of those of Black African origins. The report by the Union Départementale des CHRS du Val-de-Marne (UDCHRS/Lardoux, 1997) mentions young women of North African origin being held against their will by their in-laws, or by their family with the intention of sending them back to the home country.<sup>8</sup> For one young woman in our survey, the breakdown of her 'slightly arranged' marriage had revealed a difference in the conception of the woman's role between her husband's family, which despite emigrating to France long ago had remained traditional in outlook, and her own family, which still lived in Algeria<sup>9</sup> but whose other daughters had chosen their own husbands and received an education - as had, at least until her marriage, the young woman in the survey.

The help provided by the family can also be a source of constraints. This is a fairly general situation, as summed up by Bonvalet *et al.* (1993): 'the family supports but imprisons, provides security but suffocates' (p106). One young woman who was interviewed in a hostel for women with children, had been staying with her uncles following separation from her husband but had moved out when they began pressuring her to find a partner: 'They started

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<sup>6</sup> For the young men, see the reports of the CHRS Pixérécourt (Collectif de recherche en sciences sociales appliquées, 1995; Résidence Pixérécourt, 1995).

<sup>7</sup> Young women from the Dom-Tom (France's overseas departments and territories), accounting for 12%, are in an intermediate position in terms of work and education. On the other hand, they are the least likely to have been victims of violence from their family. Their difficulties may arise in part from discriminatory attitudes or from difficulties of integration exacerbated by isolation from their extended family network.

<sup>8</sup> It is never easy to distinguish between the situation actually experienced and how it is presented to social workers, especially when help with finding work or housing is at stake. For a discussion of how women present their 'case' in order to be classed as 'battered wives' and be admitted to the relevant hostel, see Loseke, 1992.

<sup>9</sup> For an analysis of the different evolution in the cultural attitudes of families depending on whether one is living in one's country or has emigrated, see Sayad, 1977. The emigrants interviewed by Sayad are broadly speaking the generation of the parents of the young people we interviewed in 1998.

showing me photos of blokes they knew [...] when I refused they told me to chose, either go back to your husband or return to Algeria, there is no way you can stay like this'.

It is also relevant that staff of hostels for women report that some women of African origin have left their husband when a second wife has come on the scene. The scale of this phenomenon is hard to assess accurately, though polygamy is known not to be widespread among the populations of African origin living in France (Tribalat, 1995, pp54-8).

**5. Women are homeless for shorter periods than men**

The survey in Paris found that women had been homeless for a shorter time than men. For 28% of them it was less than six months, as against 12% of men. However, for one tenth of all men and women the loss of the home had occurred more than ten years ago.

Similar results are observed in other countries and suggest that this is a general pattern. In American cities, women with children had the shortest periods of homelessness, since 41% had been homeless for less than three months, compared with 36% of lone women and 16% of lone men. The average length of time since the loss of a home was 15 months for women with children, as against 34 months for lone women and 43 months for lone men. Very long periods are again observed for men (for 21% the loss of a home occurred more than four years ago) and for some women, in particular women on their own (17% of lone women had been homeless for the same period, as against 7% of women with children) (Table 4).

**Table 4. Length of time since loss of housing for different categories of homeless people in the United States**

Length of time	Lone women	Women with children	Lone men
<b>3 months or less</b>	36 %	41 %	16 %
<b>3-12 months</b>	28 %	29 %	33 %
<b>2 years-less than 4 years</b>	9 %	8 %	13 %
<b>4 years or more</b>	17 %	7 %	21 %
<b>Average length of time in months</b>	34	15	43
<b>Number</b>	242	268	1042

Scope: American cities of 100,000 inhabitants or more.  
Reference: Burt and Cohen, 1989b.

In Vienna, 30% of the women had been without a home for less than a year, as against 20% of men, though 19% of the women and 18% of the men had been homeless for more than ten years. Evidence from the Madrid survey appears on the face of it to run counter to the pattern observed elsewhere, since the women had experienced longer periods of homelessness than the men and, in addition, had often spent time in psychiatric hospitals and were older. However, this apparent difference can be explained by the specific features of the Spanish survey field and by the nature of family solidarities in Spain (Paugam, 1999). First, the Madrid survey considered only Spanish nationals, whereas this was not a restriction in the French sample and many of those surveyed in Paris were foreign-born (the question of nationality was not asked). It is reasonable to suppose that in both countries it is easier for individuals to be accommodated by their own family when they are from that country and the support networks have not been disrupted by migration. This would explain why a higher proportion of homeless women are mentally ill, the individuals for whom a family solution could not be found. Also relevant is that in Spain young people continue to live with their

families for longer than in France. In 1990, 86% of young Spaniards aged 15-24 were still living with their parents, whereas the proportion for young French people of the same age was only 62% (Cavalli and Galland, 1993). In the more specific case of Madrid, just 28% of young people aged 27 had moved out of the parental home in 1995 (compared with 46% in 1987)<sup>10</sup> These various factors may account for the higher age of homeless women in Madrid, which as observed everywhere is associated with longer periods of homelessness.

## **II. Women are less likely to become homeless**

Lower levels of homelessness among women than men can be interpreted as a consequence of the support women get from family and friends and from the public welfare system. Welfare provisions are certainly better for women with children than for men, and the former also appear to have a stronger claim on support from family and friends. But a second factor also has to be taken into account: women facing difficult domestic or family circumstances may be more reluctant than men to move out and face the dangers of life in the street, especially since applications for a place in a CHRS are not always successful. This can result in women tolerating for longer situations of family conflict.

### ***1. Women benefit more from the support of family or friends***

The financial help that families provide has been studied in detail by Paugam and Zoyem (1997) using two complementary indicators. The first is the financial help *actually received* by the households, on either a regular or irregular basis; the other concerns the *available help*, which is defined as a potential help, that the household could count on in case of difficulties and which thus represents a factor of security. Between these two types of help there is a large discrepancy. Family help, when it actually operates, is directed in priority to single-parent families; yet it is among these households that the proportion without a 'family safety net' is highest (Table 5). For while 68.9% of households report that they could count on support from their family in the case of difficulties, the proportion is lowest for women bringing up children on their own (64.2%) and is higher for lone women (71.2%). The opposite is observed for the help actually received, for although 12.6% of households receive help from their family, the proportion rises to 17% for women bringing up children on their own<sup>11</sup> but is below the average for lone women (Table 5). Similarly, among people receiving the RMI (Revenu Minimum d'Insertion - Minimum Social Insertion Income), more women than men are helped, both regularly and occasionally, by their family (Table 6).

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<sup>10</sup> Figures provided by Carmelo Vazquez. Unfortunately we do not have the results by sex.

<sup>11</sup> A similar result is found by Herpin and Olier: in single parent families (usually headed by a woman), 15% of custodial parents receive financial help from their own parents (Herpin, Olier, 1997).

**Table 5. Proportion of housed households with actual or potential financial help from their family, by family situation (%)**

	Available help <sup>1</sup>	Received help		
		Regularly	Occasionally	Total
<b>Couples</b>				
- no children	67.5	5.9	6.7	12.6
- one child	70.8	4.1	8.4	12.5
- two children	72.3	3.2	9.9	13.1
- three children and more	64.3	2.3	9.5	11.8
<b>Lone women</b>				
- no children	71.2	5.1	5.9	11.0
- children	64.2	6.9	10.1	17.0
<b>Lone men</b>				
- no children	68.2	5.8	5.2	11.0
- children	69.0	3.9	10.4	14.3
<b>Total</b>	68.9	4.5	8.1	12.6

1. Existence of family members who can be counted on to give or lend money in case of difficulties.

Scope: households whose reference person is aged 18-65, except students and retired people.

Sources : INSEE, Conditions de vie des ménages « Situations Défavorisées » survey, 1993-1994, for the first column ; Budget de famille survey, 1995 for the last three columns.

Reference : Paugam and Zoyem, 1997.

**Table 6. Financial help from family to people receiving RMI (minimum social insertion income) by sex (%)**

	Regular help	Occasional help	No help	Total
<b>Men</b>	14.1	28.8	57.1	100
<b>Women</b>	17.9	31.9	50.1	100
<b>Total</b>	15.9	30.1	54.0	100
<b>Number</b>	169	322	573	1064

Scope: people receiving RMI in May 1990, help received from July 1990 to December 1990.

Source: CERC, RMI survey, 1990-1991.

Reference : Paugam and Zoyem, 1997.

### *Support in the event of partnership breakdown*

The importance of family breakdown and in particular partnership breakdown among the reasons for women becoming homeless has already been seen. Surveys on housed households provide valuable information about this episode in the life course (Villeneuve-Gokalp, 1994; Table 7). When a partnership ends (divorce, end of non-marital union, death of partner), it is usually the woman who moves out. Among people who had experienced separation from a partner, 58% of women had subsequently moved out, compared with 48% of men. This overall figure masks differences according to family situation: when there are no children the woman is more likely to move out, while when there are children it is slightly more often the man who moves out.

Women who are separated from their partners are more likely to receive help from family or friends, either in the form of money or in kind, gifts, child care, temporary accommodation. Although women are not much more likely than men to go and live with their family or with friends, they are much more likely to move closer to them geographically or develop stronger relational bonds (Table 7). Moreover, 33% of women and 11% of men have been helped financially by their family. It is true that far more women reported a deterioration in their financial situation following separation,<sup>12</sup> leaving some of them barely enough to live on. However, even if attention is limited just to the people who reported needing financial help, 60% of women had received help from their family, as against only 49% of men.

### *Local evidence that doubling up with friends or family is especially common for women applying for a place in a CHRS*

A source of local-level information is the survey by the Observatoire de la demande en CHRS du Val-de-Marne. It concerns 1 323 applications for places in CHRS completed by social workers between 17 February and 16 May 1997. The applications were for 1 491 adults (lone or in couples) and 1 446 children, a total of 2 937 individuals (appendix 2). Women who have left the home of parents or partner often double up with friends or family (Table 8 and appendix 2). Among lone women aged 18-25, 38.2% were staying with friends or family when they applied for a CHRS place (compared with 15% of the men of the same age)<sup>13</sup> and 42.1% of older women on their own (17.6% of the men). The presence of several children has the effect of attenuating but not eliminating this solidarity since of these one-parent families, the proportion staying with friends or family was 33.7% for women under 25 (who presumably have fewer children) and 25.8% for older women. As will be seen shortly, women with children are much more likely to apply for a CHRS place when they are still living in their own home.

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<sup>12</sup> One factor in their lack of economic independence was no doubt their professional situation, related to the position of women in the labour market.

<sup>13</sup> Men in this age range report mainly insecure housing forms such as squats, the street, etc. (40% of answers), but with a non-response rate of 48%. Women on their own aged over 25 have a higher response rate but are few in number.

**Table 7. Partnership breakdown and solidarity (general population) per 100 partnership breakdowns**

	Women			Men		
	All	With children	No children	All	With children	No children
<b>Proportion of people who have moved</b>	58	55	62	48	57	42
- to live with friends or family	9	7	10	8	4	11
- to live nearer to friends or family	9	10	9	3	5	1
<b>Following the separation, relations with the family reinforced</b>	12			3		
<b>Proportion whose financial situation:</b>						
- has deteriorated	29	33	23	18	32	10
- was just enough to live	31	40	21	10	15	7
<b>Proportion having received financial help:</b>						
- from family	33			11		
- from friends	2			2		
<b>Proportion having received financial help among those in need of it:</b>						
- from family	60			49		
- from friends	4			8		

Source: INED, Situations familiales survey, 1985

Reference: Villeneuve-Gokalp, 1994.

Similarly, Maryse Jaspard notes that among the young women admitted to the Service d'Action Educative en Milieu Ouvert (socio-educational service) of the ANEF, only 13% had come straight from the parental home, while 11% were living with other members of their family, 14% with friends and 15% staying either with someone on a very temporary basis or in a hotel. These figures underscore the importance of studying these marginal housing situations if we wish to understand the full extent of insecurity that is not covered by a narrow definition of homelessness (Clanché, 1998).

## ***2. Welfare provisions improve conditions for single mothers***

In addition to the support from family and friends which tends to favour women, at least those with children, there is also collective support, in the form of access to social housing and the system of family allowances (in particular the API - Allocation de Parent Isolé-Single Parent Allowance).

*In the housed population, far more women than men live in social housing*

As was seen earlier, women heavily outnumber men among poor households; and this is especially true for those in social housing (HLM - Habitations à Loyer Modéré) (Table 1). The reason is the concentration in this segment of the housing stock of single-parent families



headed by women. Such families account for 2% of non-poor households, 11% of poor households and 24% of households living in HLM. These results are indicative of women's vulnerability to poverty but also of the greater support they receive from public welfare provision. However, we have no way of distinguishing previously homeless women who have been rehoused in HLM from those, certainly far more numerous, for whom access to this lower-cost housing has enabled them to avoid becoming homeless, or from those who though poor have never faced this risk.

**Table 8. Housing circumstances of people applying for a CHRS place in the Val-de-Marne by the main categories of applicants**

Main categories of applicants and % of total replying for both household category and situation						
Lone men		Lone women		Women with children		Couples with children (8.5 %)
25 or under (4.2 %)	Over 25 (9.0 %)	25 or under (17.5 %)	Over 25 (4.0 %)	25 or under (18.6 %)	Over 25 (32.0 %)	
Insecure (40.0 %)	Collective (38.8 %)	Doubled up (38.2 %)	Doubled up (42.1 %)	Doubled up (33.7 %)	Domicile (32.5 %)	Doubled up (27.5 %)
Collective (30.0 %)	Insecure (28.2 %)	Collective (32.7 %)	Insecure (18.4 %)	Collective (33.1 %)	Collective (26.5 %)	Collective (26.3 %)
Doubled up (15.0 %)	Doubled up (17.6 %)	Insecure (18.8 %)	Collective (13.2 %)	Domicile (18.9 %)	Doubled up (25.8 %)	Insecure (22.5 %)

Doubled up: staying with friends or family.

Collective: emergency or long-stay shelter, social lodgings, hostel, social SAMU, etc.

Insecure: makeshift shelter, squat, street, metro etc.

Read: 15.0 of lone men aged 25 or under who reported their situation were staying with friends or family when they applied.

Reference: UDCHRS, 1997.

### *Welfare measures improve conditions for women bringing up children on their own*

A number of means-tested social benefits help to improve the economic situation of women, especially those with children. These benefits have a role in preventing women from experiencing extreme poverty. This is the case of the API (Allocation de Parent Isolé - Single Parent Allowance) (see Box 2), intended for lone parent families satisfying certain conditions. 98% of API recipients are women (Chaupain and Guillot, 1998).

### **More women than men receive the means-tested social minima**

The French system of social protection is made up of eight benefits intended to guarantee a minimum income to people on very low incomes (Amrouni and Math, 1998). These benefits are: minimum old-age pension, sickness and injury allowance, disabled adult allowance (AAH), single parent allowance (API), surviving spouse's pension, insertion allowance (since 1992 paid mainly to released prisoners and asylum seekers), long-term unemployed allowance (mainly for those whose contributory unemployment insurance is exhausted), and the minimum insertion income (RMI). Approximately 60% of recipients are women, thanks to three allowances that are paid primarily to women: the API (98% of recipients are women), plus the minimum old-age provision and the surviving spouse's pension, because of women's longer life expectancy than men. In the case of the minimum old-age provision, there is also the fact that women may not have made enough contributions for their own pension, particularly farmer's wives, who were not registered as working with their husband. Only the

insertion allowance is paid predominately to men; slightly more women than men receive the AAH and RMI, slightly fewer receive the long-term unemployed allowance.

The single parent allowance was introduced in 1976 during the presidency of Valéry Giscard d'Estaing. The reports and parliamentary debates place the emphasis on preventing abortion and the abandoning of children, plus the need for a temporary measure of state help to alleviate the problems faced by mothers when returning to employment (Lefaucheur and Martin, 1995, p138; 1997, pp224-7).

Originally intended for widows bringing up children, this measure was extended to all lone women, including divorcees and those who were legally or de facto separated, and later to all lone parents (including men) (Bichot, 1997, p108). This allowance is paid until the third birthday of the youngest child, or for one year if there is no child in this age range. The allowance seems to go some way to restoring a positive self-image as a parent. But the low self-esteem associated with being dependent on benefits is often experienced again when API entitlement ends and the parent is transferred to RMI (Aillet, 1998). In 1995, API was received by 13.6% of one-parent families, and RMI by 16% (Herpin, Olier, 1997, p96).

The RMI, introduced in 1988, ensures a minimum income and is accompanied by so-called "social reinsertion" interventions. The recipients must be aged at least 25 or have dependent children; students and non-nationals without residence permit are excluded from this benefit.

Among households that include children, single-parent families now have the highest risk of poverty,<sup>14</sup> far higher than for large families, since in 1995 nearly one in five of the former was below the poverty line (Herpin, Olier, 1997). Despite substantial social transfers, the situation of these families has deteriorated. However, it remains better than in the United States: in the mid-1980s, the proportion of one parent families below the poverty line in France was reduced from 38% to 17% by social transfers, compared with a fall from 56% to 53% in the United States.

Paugam and Zoyem (1997, p202) have examined the income of various types of household at three stages: excluding all social transfers and informal help; including means-tested benefits; and including all social transfers and family help (Table 9). Their analysis shows that the impact of social transfers and family help is greatest for single parent families, while for lone women the result is less clear. Among the households with a low initial income, the proportion of lone women whose income after all social transfers was still below 2300 francs per month was higher than the average for all households (13.8% against an average of 12%). Of lone men, 16.6% remained below the 2300 francs threshold. By contrast, social transfers produced a very substantial improvement in the income of households in which a woman was bringing up one or more children on her own, while informal family help had a complementary role. For example, among households with a low initial income and comprising a woman and one child, the percentage with an income per consumption unit below the 2300 francs threshold fell from 49.8% to 3.2% when the means-tested benefits are included.

Social transfers specifically for housing also greatly reduce housing costs for poor families, including one-parent families. Indeed, of the various types of poor household, the lowest net housing expenditure<sup>15</sup> is that of families composed of a woman with two or more children.

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<sup>14</sup> In the study by Herpin and Olier, a household is considered to be poor if its standard of living, defined as pre-tax income plus benefits, per consumption unit, is less than half of the median figure.

<sup>15</sup> That is, the proportion of their income that is devoted to housing after deduction of housing allowances.

### 3. Applications for places in CHRS are not always successful

In the survey by the Union Départementale des CHRS du Val-de-Marne (UDCHRS, 1997), 18.5% of applicant households were lone women and 52.9% were women with children and no partner. Women thus make up a large majority of applicants, contrary to what might be expected given the sex structure of the 'literally' homeless population. Couples with or without children make up a further 12.7%, whereas they are a negligible proportion in the Ined sample of homeless people.

**Table 9. Distribution of low-income households by composition and income per consumption unit before and after social transfers and family help (general population) (%)**

	Before social transfers and family help		After means-tested social transfers			After social transfers and family help (when this exists)		
	Below 2,300 F	2,300 to 3,300 F	Below 2,300 F	2,300 to 3,300 F	Over 3,300 F	Below 2,300 F	2,300 to 3,300 F	Over 3,300 F
<b>Couple</b>								
- no children	45.0	55.0	20.9	54.3	24.8	14.3	44.2	41.5
- one child	51.3	48.7	16.1	49.0	34.9	13.6	46.8	39.6
- two children	47.1	52.9	22.0	44.8	33.2	18.9	45.8	35.3
- three or more children	31.0	69.0	6.5	36.7	56.8	6.5	34.2	59.3
<b>Lone women</b>								
- no children	55.9	44.1	22.5	33.6	43.9	13.8	38.6	47.6
- one child	49.8	50.2	3.2	32.8	64.0	3.2	28.5	68.3
- two or more children	48.6	51.4	4.4	37.8	57.8	4.4	36.5	59.1
<b>Lone men</b>	54.2	45.8	26.5	49.0	24.5	16.6	45.1	38.3
<b>Total</b>	47.8	52.2	16.1	42.1	41.8	12.0	40.2	47.8
<b>Number</b>	697,152	761,119	235,253	613,876	609,141	174,243	586,479	697,548

Read : before help, 45 % of couples with no children have an income per CU below 2,300 F, and 55 % have an income per CU between 2,300 F and 3,300 F. After social transfers and family help, 14.3 % have less than 2,300 F and 41.5 % have more than 3,300 F.

Scope: households whose reference person is aged 18-65, except students and retired people, and whose income per CU is below 3,300 F before family help and means-tested social transfers.

Source: INSEE Budget de famille survey, 1995.

Reference: Paugam and Zoyem, 1997.

The housing problems of the youngest applicants, of either sex, have their origins in family conflict. For young women, conflict can arise over a pregnancy that their parents refuse to accept. Women with children may have been abandoned by their partner or be in conflict with

him and perhaps suffer domestic violence. Women in the latter situation who have no job find it hard to leave the family home, especially if the family allowances are paid into their husband or partner's bank account - despite efforts by the Caisses d'Allocations Familiales (the agencies which administer family allowances) to make the necessary changes promptly after a separation.

Applicants for CHRS places may still be living in their home, staying with friends or relatives, in a hotel, in the street or a squat, in some form of hostel accommodation or in an institution such as prison or hospital (appendix 2). Women, either alone or with children, are the most likely to be staying with friends or relatives and account for more than 80% of households in this position. The most common housing situation of lone women applicants is to be staying with friends or relatives (Table 8), while those applying for themselves and their children are divided in roughly equal proportions between doubling up with friends or relatives and staying in some form of hostel accommodation (roughly a third of the under-25s and a quarter of the over-25s). But many women with children are still living in their home: 18.9% of the under-25s and, above all, 32.5% of the over-25s, for whom the home is the single most important source of applications. Some women are 'housed' in hospitals. This can happen when they have been admitted as a result of domestic violence; but others, especially among the youngest, are allowed to stay on in hospital longer than is usual after giving birth because they have nowhere to live. Finally, at the time of the survey a number of African families who had been involved in the protest occupation of the homeless at Vincennes were living in the grounds of a local hospital, though without actually being admitted to the hospital for medical reasons.

Lone men over-25 most commonly reported staying in shelter or hostel accommodation at the time of their application, followed by being in the street or in squats. The opposite pattern is observed among younger men, whose aversion to the shelters and hostels has often been signalled by social workers.

There is also evidence that the number of successful applications by type of population may not be very favourable to families, whether single-parent or couple-based. In the Val-de-Marne, where the average of applicants obtaining a place is 6%, the proportion is reported to be slightly lower for couples and women with children. Comparable situations appear to exist in other departements in the Paris region.<sup>16</sup> This result is in apparent contradiction with the idea of priority being given to women and to children, whether they are with one or both of their parents; but in our view this reflects rather the difficulty of conceptualizing women as being 'outside' with nowhere to live. One female director of departmental social services we met was of the view that for women it was better to try to find a solution within the family.

#### ***4. Women are more reluctant to leave their homes, even when facing severe family problems***

In contrast to men, who are often already living in the street or in a squat when they apply for a place in a CHRS, many women, as was seen, make their application when they are still

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<sup>16</sup> This relates mainly to long-stay accommodation. The survey of staff working in short-term provision for the homeless, conducted by the CREDOC for the Fédération Nationale des Associations d'Accueil et de Réinsertion Sociale (FNARS), found that 10% identified an accommodation problem for women with children (6% for women on their own), far behind other categories of population such as 18-25 year olds (mentioned in 21% of cases). They also thought that the situation had improved since the previous year (Aldeghi *et al.*, 1997). Furthermore, a report by the Direction Régionale de l'Action Sanitaire et Sociale d'Ile-de-France (Drassif, 1998) points out that while the average proportion of men accommodated in the emergency shelters of the region (excepting Seine-Saint Denis, which was unable to take part in the survey) is 79%, the percentage falls to 55% in Essonne and to 52% in the Val d'Oise, where a higher proportion admit families and women with children.

living at home. Their main reason for applying is to escape from a difficult family situation, often involving conflict with the partner though also, especially for the youngest women, with parents. This has to be seen as evidence of an unwillingness to take to the streets, especially with children, despite almost unbearable home conditions.

An examination of the situation of the women before they move out of their home is revealing of the pressures they are under. 15% of the women in the UDCHRS study reported being victims of violent partners and this proportion is probably an under-estimate since the question was not systematically explored during the admission procedure. 96% of women who are victims of violence have children, and half of them are living at home when they make their application. The case of these women is a major challenge, for unless a satisfactory long-term housing solution can be found they may well have to go back to their partner between two stays in a CHRS.

At the national level, for the people who do get places in CHRS, the pattern is the same though less sharply contrasted. Women are more likely than men to have come from housing, either their own or that of friends or family; men are more often actually homeless or in some form of collective accommodation.<sup>17</sup> Thus among those obtaining a place in CHRS, 13.4% of the men had nowhere to live, compared with 5.4% of the women; 16% of men came from their own housing, compared with 32% of women; 25% of men were staying with friends or family, compared with 30% of women; and 46% of men were in a hostel or shelter, compared with 33% of the women.

### ***III. Women are homeless for shorter periods***

The period since the loss of housing is on average shorter for women than for men. The fact that this is particularly marked for women with children suggests that it is primarily the presence of children which confers some protection against becoming homeless, or at least makes it possible to leave homelessness fairly quickly. This priority given to the mothers may have for corollary an additional difficulty for their partners. A social worker explained to us that if a couple breaks up after having been rehoused (by the voluntary agency she worked for), it is usually the woman and children who stay in the housing, thus in effect condemning the man to hostel accommodation or to rough sleeping. On the other hand, however, the presence of children may deter women who are victims of violent partners from moving out, being unwilling to face life on the streets with their children, thus enduring a very difficult situation over a long period.

Leaving homelessness, in the narrow definition used for our survey, does not necessarily mean moving straight into 'ordinary' or settled housing. As well as the situations referred to already in which women can call upon friends or family for help with accommodation, they also have access to a number of statutory and voluntary structures within the system of assistance for people in difficulty. But while this has the effect of reducing the public visibility of their situation, the underlying insecurity of their position in the short and medium term is unchanged.

#### ***1. Women have greater access than men to facilities not specifically intended for the homeless***

As was seen earlier, women are disproportionately present in long-stay hostels. But they are also more likely than men to be admitted to facilities not intended primarily for the

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<sup>17</sup> Figures at 1 January 1998 supplied by Emmanuel Woitrain of the Drees.

homeless,<sup>18</sup> such as hotel rooms, flats provided by voluntary organizations, and other forms of transitional housing, or other types of hostels, such as the mother-child hostels which accommodate young mothers who satisfy certain criteria (see Box 1). The latter hostels, for example, increasingly provide accommodation for young women suffering extreme social deprivation and whose multiple problems include the lack of independent housing (Rollet *et al.*, 1995, p302). Of the 400 moves out of hostels in the Paris region examined by Rollet *et al.*, 27.5% were to foyers or other similar accommodation, 28.5% to stay with friends or family, and just 25.7% to housing of their own<sup>19</sup> (p183). The results from the national survey by the Drees (formerly the Sesi) are slightly more positive, since they show that 49% of the women leaving the mother-child hostels were moving to a place of their own, 30% to stay with friends or family, while only 10% were being directed to another social sector institution. Nonetheless, the fact remains that barely half of the mothers involved were leaving to go to a place of their own.

Inclusion of the specialized mother-child hostels (not covered by the Ined survey) has the effect of greatly reducing the disparity between male and female residents of the establishments that provide accommodation accompanied by social reinsertion measures. Figures from the Sesi for 1 January 1994, indicate that adding the numbers in the specialized mother-child hostels to those in the CHRS, excluding their emergency accommodation sections, gave a total percentage of 42% of women in long-stay hostels.<sup>20</sup> In the Ile-de-France region, the proportion of women was 49%, nearly three times more than in the population of 'literally' homeless people in Paris (Sesi, 1997; see Table 10). Most of the people resident in CHRS are common to these two populations.

**Table 10. Adult population resident in CHRS-insertion and mother-child hostels in 1994**

	Île-de-France			All of France including DOM		
	CHRS (except emergency)	Mother- child hostels	Total establishments	CHRS (except emergency)	Mother-child hostels	Total establishments
<b>Men</b>	1,713	0	1,713	9,767	0	9,767
<b>Women</b>	1,202	441	1,643	5,554	1,607	7,161
<b>All</b>	2,915	441	3,356	15,321	1,607	16,928
<b>% of women</b>	41.2	100.0	49.0	36.2	100.0	42.3

Scope: see heading.

Source: DREES (figures supplied by Emmanuel Woitrain).

However, as we have shown for the accommodation facilities for the homeless in Paris (Marpsat and Firdion, 1998), the chances of being admitted to the specialized mother-child hostels also appear to be higher if the woman possesses a certain 'capital'. A number of social workers have indicated that places in these hostels are easier to obtain for women who have French nationality, a job, and are in good health or at least have no serious medical or drug problems. In-depth research would be needed to confirm this impression, however.

<sup>18</sup> As will be seen later, prostitution can also be a way of 'escaping' from homelessness.

<sup>19</sup> The remainder are: 8.2% to other solutions and 10.1% to unknown solutions.

<sup>20</sup> A more recent figure (supplied by Emmanuel Woitrain, Drees) gives 44% of women among the people accommodated on 1 January 1998 in social reinsertion accommodation, for the total of CHRS, mother-child hostels and non-registered hostels and reception centres. Of the women involved, however, 63% are with children, compared with only 12% of the men.

In addition to the specialized mother-child hostels, some accommodation for the homeless takes the form of places allocated for the most socially deprived in various hostels, such as the Foyers de Jeunes Travailleurs, for young people of both sexes, and the Foyers pour Travailleurs Migrants, for men of all ages. It is virtually impossible to distinguish these situations from those of the 'ordinary' residents of these institutions. Consequently no figure can be given for how many women (or men) are housed in these institutions as a result of family breakdown or situations of extreme vulnerability.

#### **IV. Women as 'deserving poor', worthy of 'sympathy'**

In this section we apply to the category of homeless women the analysis developed by Candace Clark (1987) of the sympathy that is given to individuals. Sympathy is defined as the combination of empathy (taking the role of the other) and the fact of feeling something in response to the other's emotion and/or of expressing this feeling or offering some form of help. Clark argues that the sympathy shown to someone in a difficult or distressing situation is the product of a judgement involving several elements: whether or not the person's situation is one that society considers sympathy worthy, something which changes over time and varies between groups; the moral worth of the person in difficulty; their personal responsibility for what has happened to them; the result of a comparison between the observer's situation and that of the person in difficulty. In addition, for identical situations, the social status of the person to whom sympathy may be shown is also taken into account: sympathy is accorded more easily to children than to adults; a man bringing up children on his own will get more sympathy than a woman in the same position, and so forth. Giving sympathy to someone sends a message of caring or connectedness but also of superiority - it is the 'strong' who help the 'deserving weak'. A related point is that sympathy is likely to be conditional on actually being able to help: a powerlessness to help can be the source of a mechanism leading to 'blame the victim' in order to protect one's own felt worth.

In a more recent book, Candace Clark (1997, p118) has examined the differences between men and women as regards the sympathy they elicit. She argues that the greater sympathy accorded to women is due in part to the traditional representations of the woman (as being weak, vulnerable, dependent, more emotional, for example) and to the representations introduced by feminism (women as victims of a patriarchal society in the home, in society and in the labour market). Men arouse less sympathy in both respects: in the traditional gender logic, because a man is expected to be strong and self-sufficient, an image that is compromised by offering him sympathy; and in the feminist logic, because men are at best privileged, at worst guilty.

In what follows we examine the ways in which the situation of women who are already or are at risk of becoming homeless is judged 'sympathy worthy', a response reinforced by the view of a woman as someone who is 'weak' and not responsible for her own difficulties (and therefore as 'deserving'<sup>21</sup>).

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<sup>21</sup> As we have observed elsewhere (Marpsat, Firdion, 1998), through a phenomenon that has sometimes been described as 'handicapologie' [handicapology], people whose insertion or resettlement problems social workers are unable to solve are classified as 'invalides sociaux' [socially disabled] (Rosanvallon, 1995, pp118-21; Thomas, 1997, p37). Classifying poor people in the handicapped categories means they can be redefined as disabled - and thus deserving - poor.

### ***1. Street living: a dangerous situation arousing 'sympathy' that varies with age and sex***

People living on the street have varying perceptions of their experience, and the same people can judge it differently depending on their circumstances at the time. Street living presents multiple dangers, but can also be a sort of self-assertion (young people may see it as an opportunity to show their parents that they can 'make out', Guillou, 1994) or as a form of freedom. The street can also be seen as a source of dangers that vary depending on sex, and thus be an element in the representation of homeless women as people in need of special protection.

It is undeniable that being homeless exposes men and women to a whole range of aggressions. This question has received little attention in France, but the research done in the United States has identified the groups among the homeless who 'face higher-than average risks of traumatic injury due to intentional violence' (Wright and Rubin, 1998): teenagers, the mentally ill, alcoholics, drug addicts, and in particular women, for whom the risk of rape is always mentioned. Studies of homeless women describe their fears and the strategies they employ to protect themselves against sexual aggression. They try to conceal their femininity or else find a companion, if necessary a fake one, like those noted by Kim Hopper during a night spent with the street homeless in New York:

*'A number of them sleeping indoors in a vast transportation terminal were observed carefully fashioning their belongings into the shape of a sleeping figure which they then arranged next to themselves; three elderly Jamaican women assumed regular spots in adjoining toilet stalls in the women's restroom at one terminal and stayed in verbal contact throughout the night. Others covered themselves with blankets, shawls, sweatshirts or overcoats to render themselves genderless in the eyes of potentially predatory observers' (Hopper, 1991, p141).*

Jean, interviewed by Joan Passaro (1996, p87) reported that she wanted at all cost to avoid being on the street at night: 'even in daytime I cover myself up. I wear a hat, gloves, coat, raincoat, anything. I try to make sure the wrong people don't notice me'. Yet as Joan Passaro points out, these women are forced to play a double game: they have to hide their femininity to protect themselves, yet they also need to play it up so as to arouse pity when asking for money.

According to Julia Wardhaugh (1999), author of an ethnographic study of homeless 16-25 year-olds, 'lacking access to that second skin, the home, the homeless person's body becomes their first and often only line of defense against a dangerous world' (p102). The usual reaction of women is to try to reduce the visibility of their body by hiding, whereas men can sometimes find relative security through increased visibility, for example by occupying a public space in groups. The oldest and most marginalized ('clochardisées') women, the bag ladies, are the exceptions, seemingly set on taking up as much space as possible with their bags and trollies and assorted possessions.

Women<sup>22</sup> sometimes accept sexual relations in return for somewhere to sleep or some money to pay a hotel room. The 1995 report of the Amicale du Nid (a voluntary organization working with prostitutes) 'notes the existence of a casual prostitution linked to severe social deprivation. This prostitution, which is not always referred to as such, often starts with the acceptance of sexual relations in return for a short-term housing solution'. In a study on the women staying in various shelters of the Washington region, Eliot Liebow (1993, p47) describes several situations in which employers or landlords offer these women a degree of

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<sup>22</sup> The situation also arises for men.



security in exchange for sexual favours. While prostitution, either casual or not, can be a way, albeit limited, of getting off the street, it may also have been imposed by a man such as a partner, dealer or sometimes brother (AIEM, 1998). One female manager of an emergency shelter put it in these terms: 'more often than not, women aren't on the street so much as on the game'. Another manager told a sociologist in our team that it was easier for a woman to find a bed 'though with a man in it'.<sup>23</sup> Prostitution can also be used to get money for drugs:

*'The increase in hard drugs problems which has accompanied the deterioration in living conditions for young marginal populations is partly responsible for the development of prostitution by "part-timers"' (Mathieu, 1999).*

Men also face the threat of rape and the risk of prostitution (Mathieu, 1999), though these topics are seldom explored by researchers or by social workers,<sup>24</sup> except when young children are involved. These dangers are elements in the construction of the representation of homeless women as people whose situation calls for special protection, just as it is the image of women and children as weak which results in more attention being given to the risks they face than if an adult man was involved.

## ***2. Priority to women in general and to mothers in particular***

As was reported to us by a social services manager in Paris, social workers<sup>25</sup> tend to adopt a 'women and children first' approach. Another referred to 'limiting the time in the street' and to ensuring a 'follow-up to their action' when women and couples with children were involved.

In a suggestively titled book (*The unequal homeless. Men in the streets, women in their place*), Joan Passaro documents a similar attitude in the United States and relates it to different representations of masculine and feminine roles. She argues (Passaro, 1996, p36) that homeless men are perceived to have transgressed the image of the man as family provider and breadwinner. The problem of homeless women is viewed differently, since even though they are dependent on a paternalistic welfare state and are unable to provide for their family, this is not incompatible with the traditional role of the woman - she must be rehoused because the woman's place is in the home.

When we interviewed American researchers and research sponsoring agencies about the reasons for the low percentage of homeless women in the United States, one of the researchers initially thought that we wanted to know why it was so high. More generally, the question caused surprise and was clearly not among those our interlocutors were used to asking. After giving the matter some thought, an official from one research sponsoring agency told us that unlike men women had until recently not been expected to work and that there was thus a greater readiness to help them. However, the same source suggested that this vision of the woman was now being modified. It is relevant to recall that in American culture there is a strong tendency to 'blame the victim', that is to interpret someone's difficulties as originating in their own shortcomings.

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<sup>23</sup> A young woman who had been living in a squat run by a group of young people after running away from her parents, remarked to us that 'you had to pay the bill'.

<sup>24</sup> Mention must be made, however, for the Paris region, of the Altaïr voluntary organization, which deals with the accommodation and resettlement of male prostitutes.

<sup>25</sup> There is a need for more detailed investigation of the various groups working with the socially excluded populations, such as hostel wardens, counsellors, social workers, doctors, volunteers with religious, political or trade union convictions, and of their roles in the resettlement procedures adopted. For a first step in this direction, see Soulié 1997 and 2000. Also, these participants are guided by different principles, related to their various interests and concerns. Lebleux, 1991, analyses the ethical and practical conflicts arising between volunteers and social workers in an organization working with ex-prisoners.

The conception of masculine and feminine roles in France is not the same as in the United States.<sup>26</sup> Joan Passaro's approach is nonetheless of interest, particularly for the distinction it establishes among women between the youngest who have or could have children, and those women who no longer conform to this feminine role, as typified by the bag lady, getting on in years, often mentally ill, living in the street and carrying all her possessions around in plastic bags (pp62-3).

The importance of the child also emerges in the report of the ORSAS-Lorraine (1996), and in the Drees data (Table 11). Couples with children and one-parent families<sup>27</sup> are the most likely to move to a more 'independent' form of housing after their stay in a hostel, but also to go on being housed by the institution, in either the same or another establishment, and are less likely to move back into insecure housing conditions. As Michel Messu has remarked on the subject of the API (lone parent allowance), 'a child, like a job that has been lost or a handicap that has been acquired, gives an entitlement to collective solidarity' (Messu, 1992, p77). However, unless low-cost child-care is available the presence of a young child can be a further obstacle to finding paid employment.

**Table 11. Moves out of CHRS in 1997 by destination and family situation (%)**

	<b>Place of their own</b>	<b>Another institution</b>	<b>Other</b>	<b>Total</b>
<b>Lone adults</b>	25 %	25 %	50 %	100
<b>Adults in couple no children</b>	48 %	20 %	32 %	100
<b>Lone adults with children</b>	54 %	16 %	30 %	100
<b>Adults in couple with children</b>	66 %	16 %	18 %	100

Scope: 34,700 adults moving out of CHRS where they had been resident and participating in social reinsertion programs.

Source: DREES (figures supplied by Emmanuel Woittrain).

Also to be noted is that the threat, real or perceived, to take a child away from its mother can exercise a powerful influence on her behaviour. However, women often mention how much the prospect of keeping or getting back their children has been a support for them during a difficult period. Such a support is much more rarely available to men, who are usually separated from their children. In her examination of another extreme situation, that of women in prison, Corinne Rostaing draws attention to this double representation of the child:

*'For a woman in prison, the child represents an opportunity, a support, the future. The prisoner's duty is to accept her imprisonment bravely so as to get back to her children as soon as possible [...]. Children provide a reason to struggle on, to hold out [...]. But the child is also a burden, a source of suffering. Mothers suffer from being separated from their children' (Rostaing, 1997, p278).*

<sup>26</sup> For a study of the changing analytical field of gender relations in France and a bibliography on the topic, see Battagliola, *et al.*, 1986; for an insight into the different approaches to sex roles and gender relations by American researchers, see for example Messner, 1998.

<sup>27</sup> Followed by couples with no children. The fact of being in a couple can thus also make it 'easier' to obtain housing.

### *Allocation of a scarce resource*

The practices used to decide what help people who are homeless should receive have been analysed by Charles Soulié (Soulie, 1997 and 2000). Their impact is in fact cumulative, since the individuals with the most 'assets' in social terms, that is the least disadvantaged, tend to be directed towards the services which do the most to achieve social reinsertion.

Hostel accommodation with resettlement help, or low-cost housing, are scarce resources, and the criteria for their allocation can be examined by adapting Elster and Herpin's analysis<sup>28</sup> of the ethics of medical choice (Elster, Herpin, 1992, pp1-35). These authors suggest that three decision models can be applied when choosing who is going to receive a scarce treatment (such as a transplant). The three logics are those of *perfectionism*, *maximum effectiveness*, and *compassion*, and take into account, though to produce different conclusions, the seriousness of the patient's condition (in the present case this is the degree of difficulties of the homeless person) and the predicted outcome if the patient receives or does not receive the treatment (whether the homeless person is helped or not). Medical effectiveness is dependent on the patient's initial condition. When this is very serious, treatment is relatively ineffective; and the results are also slight when the patient is not very ill. By contrast, improvement is greatest for an intermediate initial situation. The first logic governing medical decisions is that of *perfectionism* : the least seriously ill patients are selected because following treatment their state of health is the most likely to show a complete success (help will go to the people in need who are the least marginalized and still have some social assets, since it is with them that reintegration measures have the greatest chance of success). The second logic is that of *maximum effectiveness*, giving priority to the patients in a moderately serious condition with whom the greatest improvement will be achieved (as in the hostel for battered women studied by Marcel Drulhe (1987), where no help is provided to people who either have extreme social problems or who still possess some material resources). The third logic, finally, is that of *compassion*, which gives priority to the patients in the worst condition (the most disadvantaged or marginalized, for example), even though the risk of failure is higher. The three principles can operate conjointly.

These logics operate in the allocation of help to homeless people, where social workers with finite resources<sup>29</sup> are split between compassion and a desire to see their efforts succeed (Marpsat, Firdion, 1998). Compared with medical decisions, the assessment of the 'seriousness' of the condition and the chances of 'cure' are of course even harder to measure than in the case of an illness. The directing of women with children towards long-stay accommodation reflects the logic of compassion (to protect the weakest) but also that of effectiveness, inasmuch as women are less likely than men to suffer from some of the problems that social workers categorize as 'serious', such as alcohol abuse and psychiatric disorders (Kovess, Mangin-Lazarus, 1996).

### *A treatment that is 'courteous', 'paternalistic' or discriminatory?*

The social 'treatment' of homeless women can also be compared with that administered to women by the penal system. Studies of this question usually invoke two types of argument, which are more complementary than contradictory (Parent, 1986). The first is that women

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<sup>28</sup> This parallel was suggested to us by François Héran.

<sup>29</sup> From a research perspective, it would be interesting to use an analysis like that of D. Loseke (1992) to explore the processes whereby social workers make sense of a particularly difficult task, in a context of scarce resources and where decisions about who to help are often their responsibility.

benefit from a more lenient treatment, described as 'courteous' or 'paternalistic'.<sup>30</sup> The other is that women are discriminated against, not for being members of a minority group (in the sense of 'without power') but for being 'failed women', who have stepped outside their traditional role and become law breakers. It would appear that less tolerance is shown towards those who deviate from their 'feminine nature' by, for example, neglecting or abusing their children. On the other hand, when there has been no ill-treatment, the presence of dependent children can be a factor of leniency, resulting for example in being freed before a trial (p159).

Little work has been done in France on the existence of a sex differential in legal punishment, related to the social representations of the actors in the criminal justice system. The proportion of women is certainly low throughout the system, however, from being arrested for questioning by the police and gendarmerie (involving 14% of women in 1995) to being sent to prison (4.2% of prisoners were women in 1997), and including being charged (13% of women among those charged) and being convicted (10% of convictions were of women in 1993). But the available statistics provide no consistent evidence of a differential treatment (Mary, 1998). Such data as we have suggests that women do benefit from a more favourable treatment: they are more likely to be left free during an investigation, they are more likely to receive suspended sentences, and they receive shorter sentences. This is true regardless of the nature of the offence, except for assault and deliberate injury and other crimes against the individual or the family, in which case the median length of custodial sentences is longer for women. But while the hypothesis can therefore be made (subject to confirmation) of a more favourable treatment for women at a general level,<sup>31</sup> microsociological studies of women's prisons reveal a qualitative treatment that rewards submissive and contrite behaviour. The hypothesis could then be qualified by distinguishing several categories of women, depending on whether they have a family, or on how closely they conform to the ideal of the mother figure, and so forth. The same pattern appears to be present in the relations of prisoners with each other and with the prison staff. Corinne Rostaing notes:

*'The child confers a status, a social value. [...] To be a mother is the supreme status, the one that's held in high esteem by both prisoners and staff. Conversely, people who have abused or committed crimes against children are rejected by everyone.'* (Rostaing, 1997, p277).

Homeless women can also be classified into separate categories that attract different responses: mothers, who may get priority in allocation of housing or long-stay hostel places, at least while their children are with them; young women, extremely vulnerable to drugs and sexual exploitation, but who may receive a preferential treatment as an extension of child protection policy; and finally the older and single women, whose situation is particularly difficult, especially if they also suffer from mental health problems, the extreme forms of which are the French 'clocharde' and the American 'bag lady'.<sup>32</sup> One hostel manager reported that such women are too few in number to be a real problem and that consequently few measures have been taken on their behalf.<sup>33</sup> The hypothesis can be made that differences in the social treatment of the sexes tend to diminish at higher ages, when the woman ceases to be

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<sup>30</sup> Or at least, some authors argue, those who respect the rules of behaviour associated with gender roles.

<sup>31</sup> However, F.-L. Mary notes that the difference in treatment between men and women has tended to diminish in the last ten years.

<sup>32</sup> Though probably with an important difference because of the measures that make up the social 'safety net' in each country, such as the RMI (Minimum Social Insertion Income) in France.

<sup>33</sup> She identified the same phenomenon affecting couples, who have difficulty finding hostels in which they can stay together.

a mother - either actual or potential - and has left her own childhood far behind. If we accept Julia Wardhaugh's analysis (see above), the same may be true for patterns of behaviour.

## Conclusion

### *Situations different from those of men but with no obvious hierarchy*

The small number of women among the homeless could prompt the conclusion that women have a relatively favourable situation. However, the factors responsible for this state of affairs are not always advantageous to women. Consequently it appears overly simplistic to rank the respective situations of men and women in terms of 'more' or 'less' difficult.

While there are indeed fewer women than men sleeping rough or in accommodation for the homeless, this cannot be taken as evidence that they are facing no problems. Within the social assistance tradition, young women and single mothers with children are much more likely to receive a high degree of welfare protection, as well as support from friends and family. Thanks to this preferential treatment women may avoid becoming homeless or experience shorter periods of homelessness. But they also have to face a range of difficulties. Women without a job of their own can face severe financial hardship if abandoned by a partner or if for some reason they have to move out; if support from friends or family cannot be relied on they may be reluctant to move out and consequently stay on longer in situations of violence and conflict. For Julia Wardhaugh (1999) these are the 'homeless-at-home women', condemned to the 'home-as-prison'. They may also experience multiple pressures arising from their position in the sexual and marriage market.<sup>34</sup> The difficulty of obtaining a place in suitable accommodation means that they are often in situations which are equally stressful but which remain out of sight. As for the older women, although not numerous among the street homeless, they are often extremely desocialized or 'clochardisée'. In the absence of independent housing or while waiting for it to become available, a change in policy on accommodation for the homeless, with more hostels for women who although housed are experiencing very difficult domestic conditions, would probably cause an increase in the number of women classified as homeless, at the same time, perhaps, as alleviating some of the difficulties experienced by women who are currently housed.

### *Being homeless: a category dependent on sex and changing representations*

The categories used by researchers to classify individuals do not necessarily correspond to identical social practices for both sexes, and do not always carry the same meaning for the actors involved (Battagliola *et al.*, 1991, p59). The construction of the homeless category has analogies with that of the categories of occupations and unemployment: individuals' situations are located upon a *continuum*, and the content of the categories created to describe these situations, by establishing a break in this *continuum*, is different for men and for women (Battagliola *et al.*, 1991, p73 *et seq.*). As was seen earlier housing situations are characterized by a continuity that runs from conventional housing of good standard and in secure tenure, to living in the street; and people move backwards and forwards repeatedly between different housing situations. Likewise, someone working full time on a secure employment contract and an unemployed person who has no work at all, form the two extremes of a *continuum*. Between these extremes is the full spectrum of insecure employment, with, again, a succession of moves between work of varying security, juxtaposing periods of casual work,

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<sup>34</sup> Even if it is accepted that women's position in the marriage market - women are more likely to remain single when they have a high status occupation, whereas for men it is lower status occupations which lead to not forming couples - means that the most disadvantaged women do have the possibility, more than men of comparable status, of finding a partner.

double activity, unemployment and exits from the labour market. Men and women are distributed differently between these situations, which they invest with different meanings; it follows that these categories, whose content varies by sex, may be modified with the representations of men and women (Bourdieu, 1998, p98 *et seq.*) and of their respective places in the system of production (the 'outside') and in the family and the couple (the 'inside'). There are not yet any periodic statistical surveys with which to measure the changes taking place, so it is not possible to confirm the rise in the proportion of women among the homeless that has been reported by those working in the field. If this increase was indeed found to be the reality, however, it may be that in addition to poverty and social exclusion it reflects a change in these representations, as would occur, for example, if women had become less willing than previously to remain in conflictual partnerships, or if their support networks now judged it less natural for women not to be in the labour market.

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## Appendix 1

### Some homeless surveys in western cities

#### The Ined survey in Paris

Ined conducted a survey in February-March 1995 on a representative sample of people using shelter and food distribution (fixed and mobile) services in Paris. The survey covered a total of 591 people. Within this total, we identified as 'literally homeless' the individuals who spent the night in a shelter or a place not meant for habitation (street, staircase, car parks, station, etc.), and to these are added people sleeping in hotel rooms or in squats, plus those housed temporarily by family or friends. These 'literally homeless' make up almost all of the population of service users. The method developed by Ined overcomes the problem of double counting, and the corrective weightings employed<sup>35</sup> make it possible to allow for the varying levels of service use by the people in the survey (Marpsat and Firdion, 1999). The percentages reported here concern weighted data and correspond to the characteristics of homeless people using the services on an average day in the survey period (roughly 7 500 homeless people used the services in Paris on an average day in February-March 1995). The estimates for women from the Ined survey relate to a small number of respondents (74) and should therefore be treated merely as broad indications. Further research is needed to describe the characteristics of the people who use the services on an occasional basis, at least once in the course of an average week.

Conducting surveys on homeless people raises serious ethical and scientific problems (Firdion *et al.*, 1995). In view of the lack of private space available to these people and their difficult living conditions, particular attention was given to the way they were approached and to the interview procedure. The questionnaire focused mainly on living conditions and family and labour force histories. The results presented in this article relate only to Paris in 1995 and cannot be extrapolated to other periods or other geographical contexts.

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<sup>35</sup> The weightings were calculated by Benoît Riandey (Ined) and Olivier Sautory (Insee).

## Surveys in other western countries

### United States

1. The Urban Institute survey conducted in March 1987 and directed by Martha Burt. This survey was based on a sample of 1 704 homeless people using shelters and food distribution services in American cities of 100 000 or more inhabitants. Sampling was in three stages - cities, service sites and individuals - and the sample was weighted to allow for multiple use of services over a period of one week before the survey. The estimates are for homeless adults during an average week in March 1997, in the universe of the 178 cities with 100 000 or more inhabitants (Burt and Cohen, 1988, 1989a and 1989b; Burt, 1992b). The Urban Institute results can be compared with those obtained by Ined thanks to the similarity of the methods and definitions used (same age groups, examination of the literally homeless), but Ined (like the Research Triangle Institute) estimated the homeless on an average day during the survey period, whereas the estimates of the Urban Institute are for the structure of the population over an average week. Ined intends to produce one-week estimates at a later date.

2. The Research Triangle Institute (RTI) survey conducted in February-June 1991 and directed by Michael Dennis. This was a complementary survey to a household survey on the topic of drugs. It dealt with a sample of the homeless and transient population aged 12 or more in the metropolitan area of Washington (DCMSA, District of Columbia Metropolitan Statistical Area). Corrective weightings were applied in order to obtain a representative sample for an average day in the given period (NIDA, 1993; Dennis and Iachan, 1993). Comparison with the Ined survey is made possible by similarity of methods (Ined's was based on that of RTI) and definitions (people using services intended mainly for the homeless). In order to compare the size and structure of the populations involved, it becomes necessary to use the Ined sample in its entirety and no longer just the literally homeless. This is because the published results from RTI also take account of people with housing who make use of the food distribution services. For Paris *intra-muros*, the proportion of women service users is then 18%. However, the results published by RTI are for age 12 and over - but 12-18 year-olds account for only 13 of 908 respondents (we have no weighted result).

3. The Rand Corporation survey in Los Angeles in 1984. Audrey Burnam and Paul Koegel were the first to try to solve the problems of representativity in the early American homeless surveys, not referred to here, which were based on samples of hostel residents. They developed a method which allowed the individual probability of respondents being selected to be calculated (Burnam and Koegel, 1988; Rahimian *et al*, 1992). For the first time a questionnaire was administered on a face-to-face basis to a representative sample of people who passed through facilities of Los Angeles inner city in the course of a month. In contrast to the method later employed by the Urban Institute, three mutually exclusive strata were defined in order to avoid double counting. However, deciding in advance the proportion of the population to allocate to each stratum posed a genuine problem. The survey was conducted in 1984 and repeated in 1985 (again at Los Angeles). The 1991 survey quoted from here was conducted using the same method and formed the basis for a panel of homeless people. This method also provided the model for several European surveys (Madrid, Munich) in which the main topic was the mental health of homeless people, thus opening the possibility for cross-national comparisons.

### Spain

Complutense University of Madrid conducted a first survey between November 1992 and February 1993, with mental health (assessed using the CIDI or Composite International

Diagnostic Interview) as the main topic. The sampling method was modelled on that of Paul Koegel and Audrey Burnam of the Rand Corporation in Los Angeles. 262 people were interviewed in central Madrid at two hostels, two food distribution sites, a specialist welfare service for the homeless, and in the street, with the help of a mobile service (Vasquez *et al.*; 1997 and 1998; Munoz *et al.*, 1995, 1998 and 1999).



**Table A1. Some surveys of homeless people in Western cities**

Survey place	Year	Sample size and % of women <sup>1</sup>	Organization	Reference	Scope, and period covered by results
Paris <i>intra-muros</i>	February-March 1995	591 17 %	Institut National d'Etudes Démographiques (INED)	Marpsat, Firdion (1996)	Users (aged 18 or more) of shelter or food distribution services on an average day in February-March 1995
Washington DC, Metropolitan Statistical Area	February-June 1991	908 24 %	Research Triangle Institute (RTI)	Dennis, Iachan (1993)	Users (aged 12 or more) of shelter and food distribution services or encampment dwellers on an average day in February-June 1991
American cities of 100,000 or more inhabitants	March 1987	1,704 19 %	Urban Institute	Burt, Cohen (1989a and b)	Users (aged 18 or more) of shelter or food distribution services over an average week in March 1987
Los Angeles County (Downtown et Westside)	October 1990-September 1991	1,563 17 %	Rand Corporation	Burnam, Koegel (1988), Koegel <i>et al.</i> (1995)	Users (aged 18 or more) of shelter or food distribution services, and street sleepers, over an average month in the survey period
Madrid (centre)	November 1992-February 1993	262 21 %	Complutense University	Vazquez <i>et al.</i> (1997)	Users (Spanish nationals aged 18 or more) of shelter or food distribution or a mobile outreach service
Vienna	March 1993	235 19 %	Interdisciplinary Centre for Comparative Research in Social Sciences (ICCR)	Kofler (1999) Scharinger (1993)	Users (aged 18 or more) of shelter services and some outdoor sites in the first week of March 1993

1. The percentage of women is from the weighted numbers.

The same team conducted a second survey in two rounds, the first of which was held in February-March 1997 and involved 289 people, using shelter and food distribution services. The questionnaire contained a section on health assessed using the GHQ-24 (Goldberg Health Questionnaire), and other sections on a broad range of topics, such as labour force and housing histories, formative events, social security entitlements, and so forth. A second round was conducted between March 1998 and February 1999, with the aim of re-contacting the people interviewed a year earlier and thus create a panel.

### **Austria**

The ICCR conducted a survey in 1993 on 235 homeless adults (217 in the first week of March, 18 in the preliminary tests). This survey took place in Vienna, in the services for the homeless (21 sites), three railway stations and three metro stations. The results are unweighted (Kofler, 1999; Scharinger, 1993).

## **Appendix 2**

### **The survey of the Val-de-Marne UDCHRS and the survey in the AEMO service of the ANEF**

The Val-de-Marne departmental group of CHRS conducted a survey of applicants for places in the CHRS of this *département* between February and May 1997. The CHRS tried to avoid double counting in the data gathering stage; and at the analysis stage, although anonymity was respected in the data file, double counts were eliminated where possible using computerized sorting methods. The result can therefore be assumed to give a good idea of applicants (and not merely of applications) even though it is a rough estimate. Some hostels in the *département*, accounting for approximately 30% of the available places and mostly those with a non-selective admissions policy, did not take part in the survey. But it seems that this does not seriously modify the conclusions.

Applications can fail because of a shortage of places. This appears to be the case in the Val-de-Marne, since as the report observes, 'applications far outnumber hostel places. If all the places were available at the time of the application, barely 15% of needs could be met' (UDCHRS, 1997, p38). The rejection of an application can also be linked to considerations such as the intake criteria and priorities specific to a hostel.

In 1994, Maryse Jaspard conducted a survey of young women using the socio-educational service (AEMO) of the ANEF (Association nationale d'entraide féminine), a voluntary agency specialized in helping young women, and latterly also young men, in difficulty. Not all of the young women in the survey were 'literally homeless', since at the time of contacting the service 13% were living with their parents and 9% lived in independent housing either with or without a partner. The remainder were staying with family or friends, sleeping rough, or living in hostels or institutions. This service is not area-based and works with young women aged 16-24, with children or not, who are in conflict with parents or partners and who are socially vulnerable or at risk of sexual exploitation. It must be noted that it is not typical, since AEMO works mainly with teenagers under-16. When this particular research was carried out, the service was working with approximately 350 young people over the year, providing reception facilities and help with the costs of accommodation, food, and health care, assisting with job-hunting and training schemes, plus counselling and psychological support.

**Table A2. Applicants for CHRS places (Val-de-Marne department) by housing circumstances and household type**

<b>Housing circumstances</b>	<b>Lone men</b>	<b>Lone women</b>	<b>Women with children</b>	<b>Couples</b>	<b>Couples with children</b>	<b>Men with children</b>	<b>No response for household type</b>	<b>Total</b>	<b>Proportion of total (%)</b>
<b>Doubled up</b>	23	82	158	8	22	3	2	298	22.5
<b>Collective (emergency)</b>	48	61	174	10	21	2	4	320	24.5
<b>Prison</b>	5	4	4	1	0	0	0	14	1.1
<b>Medical</b>	7	4	15	1	1	0	0	28	2.1
<b>Home</b>	4	18	160	1	10	1	0	194	14.7
<b>Insecure</b>	42	36	40	20	18	1	1	158	11.9
<b>Hotel</b>	7	7	29	10	8	0	1	62	4.7
<b>Total replying for housing circumstances</b>	136	212	580	51	80	7	8	1,074	100
<b>No response for housing circumstances</b>	56	33	120	3	34	3	0	249	18.7
<b>General total</b>	192	245	700	54	114	10	8	1323	100

Doubled up: staying with friends or family.

Collective: emergency or long-stay shelter, social lodgings, hostel, social SAMU, etc.

Insecure: makeshift shelter, squat, street, metro etc.

Reference: UDCHRS, 1997.

## **Appendix 3**

### **An overview of public assistance to homeless people in the United States pre-1996**

At the time of the surveys referred to in this article, that is prior to the reform of the American social welfare system in 1996, homeless people could receive aid under the provisions of five key programmes. These were: Aid to Families with Dependent Children (AFDC) which was replaced in the reform by Temporary Assistance to Needy Families (TANF), Food Stamps (FS), Supplemental Security Income (SSI), Unemployment Compensation (UC), and General Assistance (GA) (Greenberg and Baumohl, 1996). In addition there was Medicaid, the means-tested counterpart to Medicare.

#### **Aid to Families with Dependent Children**

The general principles of AFDC are as follows (though individual states are allowed to modify them): the household must contain a child under 18; the child must be living with members of his or her family (including uncles, aunts, cousins, grandparents); one of the parents must be absent, dead or incapacitated, or, in very limited circumstances, unemployed; income must be below a certain threshold; the same rule applies to 'equity' (including ownership of capital goods such as a car). The amount of AFDC varies between states.

#### **Food Stamps**

These are provided by the federal government on a means-tested basis and with a non-categorical eligibility.

#### **Supplemental Security Income**

SSI is a federal programme intended to provide a monthly income to people who are physically or mentally handicapped and to top up the income of people over 65 whose social security retirement pension is below a certain threshold. The basic level SSI is higher than that of AFDC. Each state can make a supplementary payment to the federal SSI. The eligibility requirements are strict, however, and the application procedure is lengthy and complex.

#### **Unemployment Compensation**

This benefit was paid to less than 40% of the unemployed in the early 1990s, as a result of conditions of access which though varying between states usually include: to have worked for long enough and earned enough; to be able and available for work; to be eligible, that is to have been in covered employment for which contributions have been paid (not the case for undeclared work). A person can be refused or have their application delayed if they have been dismissed for misconduct or left their work without good cause or if they have turned down 'suitable' work.

#### **General Assistance**

Some jurisdictions run a programme known as General Assistance or General Relief. The federal government does not contribute to this programme. The decisions are taken by

individual states, with or without involvement of the counties. Programmes vary between states, mainly concerning the eligibility conditions and duration of the benefit.

In the Urban Institute survey, 33% of women with children had received AFDC in the month before the survey, 36% had received General Assistance and 3% SSI, while 53% had received Food Stamps (Burt, 1992, p20). Of women on their own, 16% had received General Assistance and 14% SSI, while 22% had received Food Stamps. For middle-aged women with no children there is no equivalent of the French RMI and consequently often no provision at all when the person does not have a disability of some kind, apart from General Assistance in the states where it has been introduced. Moreover, 15% of women with children and 27% of lone women had received an income from employment in the month before the survey.

On the changes in social policy for the homeless and the McKinney Homeless Assistance Act voted in 1987, see Burt, 1998, or Foscarinis, 1996.

## **Appendix 4**

### **List of abbreviations**

AAH: Allocation Adulte Handicapé

AEMO: Action Éducative en Milieu Ouvert

AFDC: Aid to Families with Dependent Children

AIEM: Association d'Information et d'Entraide Mosellane

ANEF: Association Nationale d'Entraide

API: Allocation Parent Isolé

CERC: Centre d'Études des Revenus et des Coûts

CHAPSA: Centre d'Hébergement et d'Assistance aux Personnes Sans Abri

CHRS: Centres d'Hébergement et de Réinsertion Sociale (Centres for Accommodation and Social Reintegration)

CIDI: Composite International Diagnostic Interview

CREDOC: Centre de recherche pour l'étude et l'observation des conditions de vie

CU: Consumption Unit

DAS: Direction des Affaires Sociales (Directorate of Social Affairs)

DCMSA: District of Columbia Metropolitan Statistical Area

DDASS: Direction Départementale des Affaires Sanitaires et Sociales (Departmental Directorate of Health and Social Affairs)

DOM: Départements d'Outre-Mer

DRASS: Direction Régionale des Affaires Sanitaires et Sociales (Regional Directorate of Health and Social Affairs,)

DRASSIF: the DRASS for the Ile-de-France region (the region that includes the municipalities of Paris and its suburbs plus other municipalities)

DREES: (previously SESI): Direction de la Recherche, des Études, de l'Évaluation et des Statistiques (Directorate for Research, Studies, Evaluation, and Statistics, the statistical services of the Ministry of Health and Social Affairs)

FJT: Foyer de Jeunes Travailleurs (young workers' hostel)

FNARS: Fédération Nationale des Associations de Réinsertion Sociale (National Federation of Social Reintegration Associations)

GHQ: Goldberg Health Questionnaire

HLM: Habitation à Loyer Modéré (social housing)

ICCR: Interdisciplinary Centre for Comparative Research in social sciences

INED: Institut National d'études démographiques (National Institute of Demographic Studies)

INSEE: Institut National de la Statistique et des Études Économiques (National Institute of Statistics and Economic Studies)

NIDA: National Institute on Drug Abuse

ORSAS: Observatoire régional de la Santé et des Affaires Sociales de Lorraine (Regional Observatory of Health and Social Affairs of the Lorraine region)

RMI: Revenu Minimum d'Insertion

RTI: Research Triangle Institute

SESI: now the DREES

UDCHRS: Union Départementale des Centres d'Hébergement et de Réinsertion Sociale

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## **The homeless in Paris: Health and access to health care services**

Thérèse Lecomte, Andrée Mizrahi, Arié Mizrahi

Inequities in access to health care and in morbidity depending on differences in socio-economic characteristics have been widely documented in the last thirty years. How does this apply to the homeless, who are the most disadvantaged and who in many respects occupy an extreme position in the social hierarchy?

The survey conducted by INED on the homeless in Paris in February-March 1995 [1] is used here to explore three themes: the medical cover of the homeless, their access to health care services, and their self-reported morbidity.

### **The survey of the homeless and sources for comparison**

Conducting a survey of homeless people involves particular difficulties as regards establishing contact, and means looking for them in the places where they are known to congregate. Each person in the survey is selected in a two-stage sampling process, with first a sample of the services (providing a night's shelter or meals) and second a sample of the individuals in each of the services selected. The survey was conducted in Paris on 589 individuals using the services for the socially marginalized (emergency or long-term shelters, or food distribution services). Interviewing was face-to-face and carried out in February-March 1995. Of the 589 individuals interviewed, 33 reported that they had somewhere to live and are not included in the present analysis.

Comparison of the character of and reasons for health care utilization by the homeless with that of the general population was facilitated by the creation of two random control samples of people living in Paris and the departments comprising the capital's inner suburban ring (French *département* numbers 75, 92, 93, 94). One of these was from the survey on health and medical care conducted in 1991–92 by INSEE and CREDES (ESSM1991). The other came from the annual survey on health and medical cover (ESPS) conducted by CREDES, for the two most recent years available, 1994 and 1995. This combination of information is compatible with the methodology of the survey and gives numbers large enough for comparison to be possible. The data on homeless hospital patients from the CREDES survey on hospital patients in 1991–1992 relate to the national sample.

The sub-sample of the general population surveys (ESSM and ESPS) were weighted by age (eight groups) and sex, in such a way as to obtain the same structure as for the sample of homeless people.

Whenever possible the results have been compared with data collected in the general population or from hospital surveys in which the homeless have been identified. Most published data on the health status of socially excluded people originate from free clinics and

are thus analogous to surveys of service users [2], [3], [4], [5]. The data presented here is based on information collected directly from the individuals themselves and are therefore analogous to data from general population surveys (see box).

The 556 homeless people who took part in the survey comprised 482 men and 74 women. So as to adjust for the differing levels of service use, weightings were performed and it is the weighted data which are used to calculate the statistics, percentages, rates, number per person, etc. given in this article. However, to allow the reader to judge the accuracy of the estimators, the numbers actually observed are also given in the tables.

## 1. The medical cover of the homeless

The questionnaire contained 5 questions exploring the respondents' degree of social security health insurance cover. The answers to these questions were used to define 6 levels of cover, ranging from no cover at all to those who had the 'Carte Paris Santé' (which allows impoverished inhabitants of Paris to obtain free treatment and prescriptions, under certain conditions).

To meet the costs of getting health care, 26% of the homeless had the 'Carte Paris Santé'. This card, which is issued in the community social service centres, provides a full health care cover within the standard health insurance rates and, most importantly, avoids the need to pay for treatment and prescriptions and then claim reimbursement. At the other extreme, 17% of the homeless have no social security medical cover at all, while 8% have only an expired medical cover, which can make it easier to re-establish an earlier entitlement. 20% of respondents are in the position of having to pay the 'ticket modérateur'. This means that they have to pay a proportion, typically around one-third, of the cost of treatment and prescriptions, the rest being paid by the social security system. Lastly, 14% of the homeless are exempt from paying the 'ticket modérateur' (because they have a serious illness), while 8% receive 'Aide Médicale Gratuite' (completely free medical care).

**Table 1 – Medical cover of the homeless**

Where staying in the week prior to survey								
	Emergency shelter		Long-stay shelter		Street, other, varied		Total	
	Calculated on weighted numbers	%	Calculated on weighted numbers	%	Calculated on weighted numbers	%	Calculated on weighted numbers	%
None	56	23,5	8	6,8	47	21,9	111	16,9
Expired social security medical cover	24	12,5	5	3,0	19	9,3	48	7,9
Social security with payment of “ticket modérateur”	42	21,2	27	21,0	38	17,9	107	19,8
Social security, exempt from “ticket modérateur”	22	10,3	21	19,0	28	10,8	71	13,6
Free Medical Care	17	8,0	8	8,2	17	7,2	42	7,8
“Carte Paris Santé”	41	18,2	48	34,7	51	24,3	140	26,5
Other	14	6,3	10	7,4	13	8,5	37	7,5
<b>Total</b>	<b>216</b>	<b>100,0</b>	<b>127</b>	<b>100,0</b>	<b>213</b>	<b>100,0</b>	<b>556</b>	<b>100,0</b>

Source: CREDES. Data: INED survey of homeless in Paris, February-March 1995

In spite of the 'Carte Paris Santé', the homeless appear to have a poor health cover compared with that of the rest of the population, given the large proportion without any cover at all. In the control sample of the Paris region, with the same age and sex structure, 25% had to pay the full 'ticket modérateur', the rest either having private insurance schemes to cover the extra cost or were exempt from the 'ticket modérateur'. On the other hand, the rate nearly twice as high (14% as against 7%) of homeless who are exempt from paying the 'ticket modérateur'<sup>10</sup> is certainly indicative of a higher frequency of serious ill-health among them.

Among the people who sleep rough or have unstable accommodation, 22% are without any medical cover in the event of illness and 9% have only a social security medical cover that has expired. By contrast, those with a place in the long-stay shelters have a fairly high degree of cover, since 43% have either the 'Carte Paris Santé' or completely free medical help, and 19% are exempt from paying the 'ticket modérateur', while 10% have no medical cover or an expired cover. Residents in the long-stay shelters are helped in various ways with a view to encouraging their 'reinsertion', that is, getting them back into the social and economic networks of work, family and community, and efforts are made to help them re-establish or claim their entitlements, in particular those relating to medical cover.

This helps to explain why women, who are proportionally more numerous than men in the long-stay shelters, have a better medical cover than men: 41% possess the 'Carte Paris Santé' (as against 23% of men) while 11% have no medical cover, compared with 18% of men (see table 2). It may also be the case that as in the rest of the population, homeless women are more aware than men of health problems and health care. They may also be better than men at accomplishing in a particularly difficult context the administrative procedures necessary in order to claim their rights, while above all a higher proportion of women are in the kind of shelters where support can be provided.

Paradoxically, the under-25's are more likely to have no medical cover (28%) and are more often exempt from paying the 'ticket modérateur' (21%) than those of age 60 and over (17%).

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<sup>10</sup> Social security contributors are exempted from payment of the 'ticket modérateur' if they are suffering from a serious illness, disability or long-term job-related injuries.

**Table 2 – Medical cover of homeless people, by sex**

	<i>Men</i>		<i>Women</i>		<i>Total</i>		<i>Sample ESPS 94-95 (2)</i>
	Number observed	% (1)	Number observed	% (1)	Number observed	% (1)	%
None	97	18,1	14	10,9	111	16,9	0,2
Expired social security medical cover	47	9,4	1	0,5	48	7,9	
Social security, with payment of “ticket modérateur”	97	21,0	10	14,3	107	19,8	91,2 66% with CC* 25% without CC*
Social security, exempt from “ticket modérateur”	59	12,6	12	18,5	71	13,6	6,8
Free Medical Care	37	7,7	5	8,0	42	7,8	1,7
“Carte Paris Santé”	112	23,5	28	41,1	140	26,5	
Other	33	7,7	4	6,7	37	7,5	0,1
<b>Total</b>	<b>482</b>	<b>100,0</b>	<b>74</b>	<b>100,0</b>	<b>556</b>	<b>100,0</b>	<b>100,0</b>

Calculated on weighted numbers.

Weighted sample comparable by age and sex to the sample of homeless – Paris and inner suburbs.

\*CC = “couverture complémentaire” – complementary health insurance (mutual fund or private insurance).

Source: CREDES

Data: INED survey of the homeless in Paris, February-March 1995; CREDES survey on health and medical cover (ESPS) 1994 and 1995.

A higher proportion of homeless people born abroad have no medical cover (see table 3).

**Table 3 – Medical cover of homeless people, by country of birth**

	<b>Born in France</b>		<b>Bord abroad</b>	
	Number observed	% (1)	Number observed	% (1)
None	46	12,7	65	22,9
Expired social security medical cover	35	9,7	13	5,3
Social security, with payment of “ticket modérateur”	71	23,0	36	15,3
Social security, exempt from “ticket modérateur”	36	10,6	35	17,8
Free Medical Care	22	5,8	20	10,6
“Carte Paris Santé”	90	29,1	50	22,9
Other	21	9,2	16	5,2
<b>Total</b>	<b>321</b>	<b>100,0</b>	<b>235</b>	<b>100,0</b>

Calculated on the weighted numbers

Source: CREDES

Data: INED survey, Paris, February-March 1995.

## 2. Access to health-care services

### 2.1 Hospitalization of the homeless

66% of respondents reported having been hospitalized at least once in their lives. For some this happened a long time ago, so that for 14% their last hospitalization occurred between 4 and 10 years before the survey and for 13% it occurred more than ten years ago (see table 4).

**Table 4 – Date of last hospitalization of homeless persons, by age**

At least one hospitalization since														
	Never hospitalized		1 year and less		2-3 years		4-10 years		11 years and more		Don't know when		Total	
Age	Number observed	%( <i>I</i> )	n° obs.	%( <i>I</i> )	n° obs.	%( <i>I</i> )	n° obs.	%( <i>I</i> )	n° obs.	%( <i>I</i> )	n° obs.	%( <i>I</i> )	n° obs.	%( <i>I</i> )
Under 25	21	30,0	12	25,5	6	13,2	6	10,1	4	8,8	4	12,5	53	100
25-29	31	43,9	13	15,7	6	8,1	14	21,6	4	8,1	2	2,6	70	100
30-34	28	40,9	17	22,0	10	12,2	10	10,2	5	8,6	4	6,3	74	100
35-39	34	44,3	19	19,7	8	6,8	7	7,3	9	14,9	7	7,0	84	100
40-44	17	18,2	14	15,7	13	13,4	18	26,3	12	14,7	5	11,8	79	100
45-49	27	35,4	18	19,8	6	9,6	8	8,7	13	17,2	8	9,4	80	100
50-59	25	22,8	23	33,7	5	5,2	10	15,2	16	14,6	3	8,5	82	100
60 and above	9	28,0	8	19,9	4	8,6	6	15,7	5	20,7	2	7,1	34	100
<b>Total</b>	<b>192</b>	<b>33,7</b>	<b>124</b>	<b>21,8</b>	<b>58</b>	<b>9,4</b>	<b>79</b>	<b>14,1</b>	<b>68</b>	<b>13,0</b>	<b>35</b>	<b>8,0</b>	<b>556</b>	<b>100</b>

Calculated on the weighted numbers

Source: CREDES. Data: INED survey, Paris, February-March 1995

The lifetime probability of being hospitalized at least once is of course related to the length of exposure to the risk, that is, to age. However, the defects of memory mean that omissions and errors become more frequent the longer ago the events occurred. For this reason we focus mainly on recent hospitalizations. In the discussion that follows we are concerned only with hospitalization occurring in the last year.

22% of the respondents report having been hospitalized during the last twelve months, and women more so than men, the respective proportions being 29% and 20% (see table 5).

For men and for women, hospitalization becomes more common after age 45.



**Table 5 – Hospitalization of homeless persons, by age and sex** (in the last 12 months)

Age	<i>Men</i>		<i>Women</i>		<i>Total</i>	
	Number hospitalized observed	<i>%(1) hospitalized</i>	Number hospitalized observed	<i>%(1) hospitalized</i>	Number hospitalized observed	<i>%(1) hospitalized</i>
Under 30	18	16,2	7	28,9	25	20,0
30-44	40	18,7	10	22,5	50	19,3
45 & over	42	24,1	7	44,5	49	26,1
<b>Total</b>	<b>100</b>	<b>20,2</b>	<b>24</b>	<b>29,4</b>	<b>124</b>	<b>21,8</b>

Calculated on the weighted numbers

Source: CREDES

Data: INED survey, Paris, February-March, 1995

Individuals with no medical cover had been hospitalized less often than the others (18% as against 22%) (see table 6). We have no information with which to decide whether this reflects a cause or an effect, bearing in mind that a hospitalization can be a good occasion to operationalize the sick individual's rights to medical cover.

**Table 6 – Hospitalization of homeless persons, by type of medical cover** (last 12 months)

Type of medical cover	Number hospitalized observed	<i>%(1) hospitalized</i>
None	19	18,5
Expired Social Security medical cover	10	21,0
Social Security, with payment of "ticket modérateur"	13	11,7
Social Security, exempt from "ticket modérateur"	26	33,9
Free Medical Care	18	36,2
"Carte Paris Santé"	29	19,7
Other	9	26,9
<b>Total</b>	<b>124</b>	<b>21,8</b>

Calculated on the weighted numbers

Source: CREDES. Data: INED survey, Paris, February-March 1995.

The name and address of the hospital had to be given in the survey. This made it possible to check that respondents had not supplied completely fictitious information (almost all the institutions reported were in fact identified) and to classify the hospitals by type of institution. From this it emerged that 49% of hospitalizations were in the capital's public sector general hospitals (Assistance Publique-Hôpitaux de Paris), 11% to specialized institutions (psychiatric hospitals), 17% were to the Max Fourestier hospital at Nanterre, and 24% to other types of institution.

Men account for the great majority of homeless people hospitalized at the Max Fourestier Hospital of Nanterre. It is relevant to note that Nanterre, in the western suburbs of Paris, is the site of important facilities for homeless individuals brought from the capital, including a long-stay shelter, a hospital and an old-people's home.

**Table 7 – Place of hospitalization for homeless people, by sex (in the last 12 months)**

	Men		Women		Total	
	Numbers observed	% (1)	Numbers observed	% (1)	Numbers observed	% (1)
Public Sector General Hospitals (Assistance Publique-Hôpitaux de Paris)	53	43,9	15	66,1	68	48,9
Specialist hospitals	8	9,0	3	16,8	11	10,8
Nanterre Max Fourestier hospital	14	20,7	2	2,7	16	16,6
Other institution	25	26,5	4	14,5	29	23,7
Total	100	100,0	24	100,0	124	100,0

(1) Calculated on weighted number

Source: CREDES

Data: INED survey, Paris, February-March 1995.

### ***The reasons for hospitalization***

The two main reasons for hospitalization in the previous 12 months were psychological disorders (17%) and traumatic injuries (17%). Respiratory system and ENT problems were at the origin of 11% of hospital admissions, genito-urinary disorders (including sexually transmitted diseases) accounted for 13% and locomotive problems for a further 8% (see table 8).

In the survey of hospital patients in 1991–92 [8], 44 individuals – 12 women and 32 men - reported themselves as homeless, equivalent to a rate of 1% of homeless among those hospitalized on a given day. Although the number of observations is small, an analysis of the reasons for these homeless people being in hospital adds valuable detail to the self-reported data collected by the INED survey. Mental and behavioural disorders account for 27% of the reasons, of which one-third are alcohol-related and two-thirds stem from serious psychiatric illness. The category of 'other' illnesses, which in this survey are limited to cancers, is common since they account for 16% of the reasons given. The occurrence of these two groups of illnesses is thus higher in surveys of hospital patients where the diagnoses are supplied by medical staff, indicating that like the general population, homeless persons are somewhat reluctant to report suffering from cancer or mental illness.

**Table 8 – Reasons for the most recent hospitalization in the last 12 months**

Illnesses	INED survey 1995			CREDES survey of hospital patients 1991-92 (homeless)	
	Number of reasons observed	% (1) of reasons for hospitalization	Hospitalized for this reason/100 persons (1)	Number of reasons observed	% of reasons
Cardio-vascular disease	10	7,4	1,7	2	4,5
Respiratory and ENT infections	17	11,2	2,6	4	9,1
Dentition	1	1,1	0,3	-	-
Gastro-intestinal	6	8,1	1,9	3	6,8
Traumatic injuries	27	16,9	4,0	5	11,4
Locomotive	14	7,9	1,8	1	2,3
Mental illness	19	16,5	3,9	12	27,3
Nervous system	2	1,7	0,4	1	2,3
Genito-urinary and STDs	11	12,8	3,0	7	15,9
Skin disorders	4	4,1	1,0	1	2,3
Nutritional deficiency disorders	9	5,4	1,3	1	7,3
Others	11	6,4	1,5	7	15,9
Not reported	1	0,7	0,2	-	-
<b>Total</b>	<b>132</b>	<b>100,0</b>	<b>23,4</b>	<b>44</b>	<b>100,0</b>

Calculated on weighted number

Source: CREDES

Data: INED survey, Paris, February-March 1995, and CREDES survey of hospital patients 1991-92.

### ***Comparison with hospitalization of the general population***

Homeless respondents experienced hospitalization much more frequently<sup>11</sup> than the other inhabitants of the Paris region of the same age and sex. 11.9% of homeless respondents reported having been hospitalized at least once in the previous six months. This is double the rate of those in the control sample from the 1991–92 survey on health and medical care, where a hospitalization in the last six months was reported by only 5.5%. In the sample from the survey on health and medical cover of 1994 and 1995, comparison can be made over the last three months, and here too the homeless are seen to have been hospitalized much more often, the respective proportions being 8.4% and 2%, that is, four times higher. In both these comparisons, the difference between the rate of hospitalization for the homeless and the rest of the population appears to be greater for men than for women (see Table 9).

This information in all three surveys is based on the memory of the respondents and for this reason is doubtless unreliable. Furthermore, the health and medical cover survey is conducted in two stages, one in April, the other in October, and for this second stage the last three

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<sup>11</sup> Some homeless persons may have reported as a hospitalization what in fact was a short-term admission to an emergency service.

previous months cover the summer months when hospitalization rates are lower. However, notwithstanding these reservations, the differences are so large that they clearly indicate a higher rate of hospitalization among the homeless than in the general population. This higher rate of hospitalization is no doubt associated with a higher morbidity.

**Table 9 – Comparative hospitalization of the homeless and the general population**

	Hospitalization, in 3 months		Hospitalization, in 6 months	
	Homeless (1)	ESPS 94-95 (2)	Homeless (1)	ESSM 91-92 (2)
Men	7,7 %	1,7 %	11,3 %	5,0 %
Women	11,8 %	3,9 %	14,5 %	7,6 %
<b>Total</b>	<b>8,4 %</b>	<b>2,0 %</b>	<b>11,9 %</b>	<b>5,5 %</b>

Calculated on weighted numbers

Weighted sample comparable by age and sex to homeless sample

Source: CREDES

Data: INED survey, Paris, February-March 1995, CREDES surveys ESPSE 1994-95 and ESSM 1991-92.

## 2.2 Access to primary health care services

### *A near-average use*

Unlike hospitalization, access to health care services which do not involve hospitalization (services provided in community-based clinics and independent surgeries - known in French as '*soins de ville*') is similar among the homeless to what it is for other people. Nearly half (46%) report having used primary health care services at least once in the last three months, a proportion which is fairly close to that observed in the general population.

Given the way in which the question was worded: "the last time you needed medical treatment was: when ..., where ..., why ...", which did not specify the type of treatment, it was decided that the comparison with the health care service use by the general population should at least involve going to see a physician, dentist or nurse during the periods under consideration.

46% of the homeless reported having required primary health care in the last three months, and 53% of the 1991-92 control sample had had to see a physician, dentist or nurse on at least one occasion in this period. For the more recent period, 32% of the homeless reported having received primary health care in the last month and, in the comparable sample of 1994-95, 27% of people reported having seen a physician, dentist or nurse,<sup>12</sup> in this survey (see table 10).

These are relatively small contrasts compared with those observed for hospitalization, especially since the information is gathered in different ways in the two types of survey, being based on memory for the homeless and on health records kept during the period of observation in the household surveys.

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<sup>12</sup> In the survey on health and medical cover, people who had been treated by a nurse without having previously seen a doctor were not counted as health care consumers, though in the age bands examined the use of nurses in a given month is at very low levels in the general population.

**Table 10 – Comparative health care access by the homeless and other populations**

	Primary health care in last month			Primary health care in three months		
	Homeless (1)	ESPS 94-95 (2)		Homeless (1)	ESSM 91-92 (2)	
		Treatment by doctor	Treatment by doctor or dentist		Treatment by doctor	Treatment by doctor, dentist or nurse
Men	28,7 %	18,5 %	20,9 %	40,4 %	43,6 %	49,5 %
Women	49,1 %	21,8 %	24,5 %	71,3 %	64,2 %	68,1 %
<b>Total</b>	<b>32,2 %</b>	<b>19,1 %</b>	<b>21,5 %</b>	<b>45,6 %</b>	<b>47,1 %</b>	<b>52,7 %</b>

Calculated on weighted numbers

Weighted sample comparable by age and sex to the homeless sample

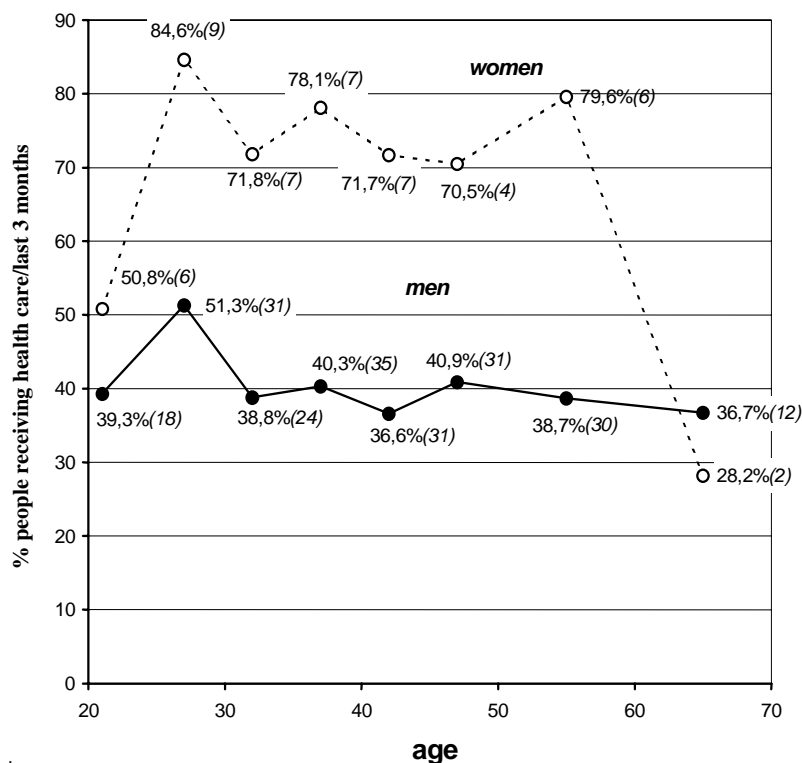
Source: CREDES

Data: INED survey, Paris, February-March 1995, CREDES surveys ESPS 1994-95 and ESSM 1991-92.

As in the general population, women report a higher frequency of treatment than men, 71% as against 40%.

The use of primary health care varies little with age, though a maximum is reached between ages 25 and 29 for both men and women (see figure 1).

**Figure 1. Health care uptake by the homeless by age and sex (in last 3 months)**



\* calc. on weighted numbers

The number of health care consumers observed is given between brackets

Source: CREDES - Data: INED survey, Paris, February-March 1995

The reasons reported for having sought treatment in the last three months break down as follows: in 21% of cases problems of the respiratory system half of which were for 'flu, 8% ENT problems, 8% traumatic injuries (fractures, wounds), 8% mental disorders, 7% skin problems (mainly infected wounds), and 7% also for locomotive problems and diseases of the genito-urinary system including STDs (see table 11).

A comparison of the reasons for seeking treatment with those observed in the comparable sample from the survey of health and medical cover reveals the very high frequency in the homeless population of problems of the respiratory system and mental disorders, but also of skin ailments and disorders of the genito-urinary system.

**Table 11 – Reasons for using primary health care services in last 3 months** among the homeless and respondents in the ESPS survey

	<b>Number of reasons observed among the homeless</b>	<b>% of reasons</b>	<b>Rate per 100 homeless (1)</b>	<b>Rate per 100 individuals ESPS 94-95 (2)</b>
Cardio-vascular	9	3,7	1,9	2,0
Respiratory and ENT infections	65	29,3	14,9	4,2
Dentition	18	4,3	2,2	-
Gastro-intestinal system	11	5,5	2,8	0,6
Traumatic injuries	31	7,8	4,0	2,7
Locomotive	23	6,1	3,1	2,1
Mental illness	24	7,7	3,9	0,6
Nervous system	14	5,7	2,9	0,1
Eyes	5	1,9	1,0	1,4
Genito-urinary system, STDs	18	6,5	3,3	0,8
Skin disorders	22	6,6	3,4	1,0
Nutritional deficiency disorders	15	3,9	2,0	0,8
Others	34	10,2	5,2	4,8
Don't know	2	0,6	0,3	-
All reasons (excluding dental)	274	-	48,6	21,1
All reasons	292	100,0	50,8	-

Calculated on weighted numbers

Weighted sample comparable by age and sex to the homeless sample

Source: CREDES

Data: INED survey, Paris, February-March 1995 and CREDES survey ESPS 1994-95.

### ***Health-care outlets***

In nearly two thirds of cases, the health care services received by the homeless in the course of the last three months were delivered in public facilities of general health care provision (hospitals, clinics) and in 12% by independent practitioners. Clinics run by the Médecins du Monde charity received 11% of requests for health care, and those run by other charitable

agencies received 6% (see table 12). Thus it can be seen that just one fifth of health care utilizations took place in health care outlets which are not part of the standard health care system.

**Table 12 – Health care outlets used in last three months**

	<b>Number observed</b>	<b>% (I)</b>
Public hospitals	117	47,4
Clinics	43	15,7
Médecins du Monde (charity)	32	10,7
Other charitable organizations	15	5,8
Independent practitioners	28	12,0
Other structures	14	3,5
Not given, don't know, refusal	11	4,9
<b>Total</b>	<b>260</b>	<b>100,0</b>

Calculated on the weighted numbers  
 Source: CREDES  
 Data: INED survey, Paris, February-March 1995.

**3. Morbidity**

The levels of morbidity measured in the survey of the homeless are to be taken as a minimum morbidity, in that they correspond to the set of health problems reported spontaneously by the respondents in answer to the question: 'Have you any health problems at present?'

There may be significant differences between data collected from respondents in difficult material conditions and data that results from a clinical examination by a health professional.

**3.1 'Current' health problems**

As would be expected, the homeless population, which is predominantly male and includes no children or old people, has a pattern of morbidity different from that of the general population.

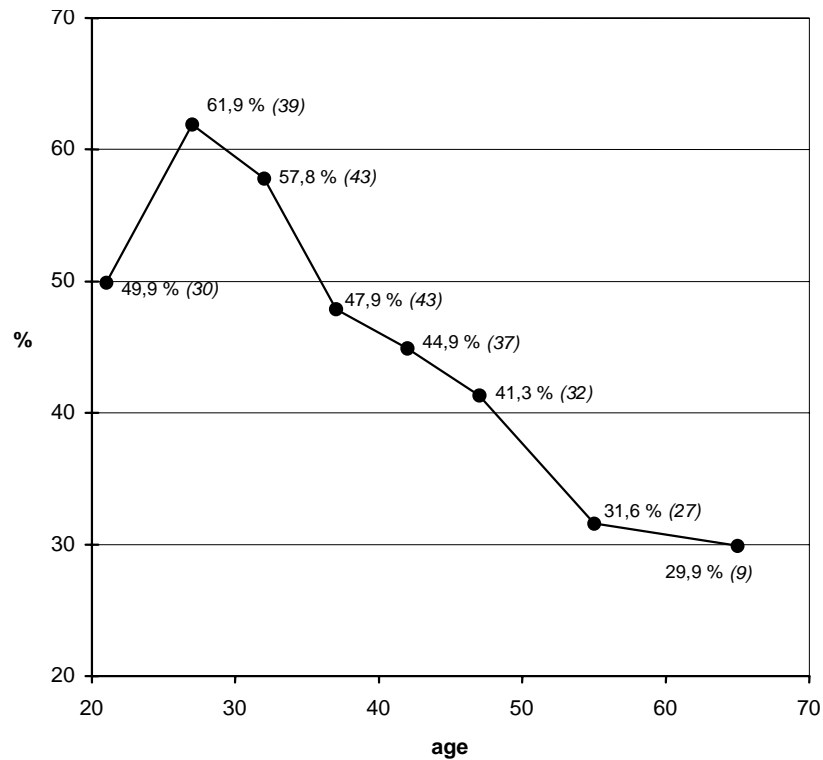
56% of respondents reported having no health problems at present. However, this figure is modified by a reexamination of the completed survey questionnaires and in particular the information they contain about difficulties in performing a number of day-to-day actions, the reasons for seeking health care, plus the observations of the interviewer. Thus revised, the proportion of respondents with no discernible health problem comes down to 47%.<sup>13</sup>

The older the respondents, the smaller the proportion who reported having no health problems: nearly 50% of the under-24's are in this position, but the proportion falls to 41% of those aged 45–49 and is only 30% for those older than this (see figure 2).

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<sup>13</sup> The respondents reported a total of 368 illnesses, but a re-examination of the questionnaires made it possible to identify a number that had been overlooked (of these, half involved mental illness, while nearly 20% involved problems which were classified as locomotive disabilities often because there was no other information about their origin).

**Figure 2. Percentage of homeless persons reporting no illness on the day of the survey (number observed)**



% calculated on weighted numbers and, in brackets, the number observed

Source : CREDES

Données : INED survey, Paris, February-March 1995.

In all, and after correction of the results, 296 respondents reported a total of 400 current health problems (some having two or three).

The prevalence rates of the different groups of illnesses (both sexes combined) are very specific to the survey population: 19% of the homeless suffer from mental illness, 10% from locomotive problems<sup>14</sup> and 8% from problems of the respiratory system (including upper respiratory infections). The very low levels reported for skin diseases (2%) and dental problems (4%) could be judged surprising, but they doubtless reflect the self-neglect which has frequently been observed among people experiencing severe social deprivation, as well as the lack of specific questions about these problems in the questionnaire, unlike for locomotive problems. Cardio-vascular diseases are relatively rare (6%), no doubt because they tend to escape diagnosis (see Table 13).

The respondents who are staying in the emergency shelters present the highest frequency of mental illness, 25% as against 18% for the other homeless individuals. Problems of the respiratory system are more common among respondents who were sleeping rough or in unstable accommodation (9%) or in the emergency shelters (11%), than among those in long-stay shelters (6%). (see table 14).

<sup>14</sup> Though this is doubtless because of the specific set of questions concerning locomotive problems.



**Table 13 – The self-reported health problems of homeless persons, by sex**

Diseases	Men		Women		Total	
	Number observed	Rate (1) per 100 people	Number observed	Rate (1) per 100 people	Number observed	Rate (1) per 100 people
Cardio-vascular	23	5,5	11	10,2	34	6,3
Respiratory and ENT infections	40	7,1	10	13,9	50	8,3
Dentition	23	4,0	2	2,1	25	3,7
Gastro-intestinal system	15	3,6	1	0,5	16	3,0
Traumatic injuries	15	2,7	0	0,0	15	2,3
Locomotive	52	11,0	7	8,2	59	10,1
Mental illness	96	20,5	10	12,1	106	19,0
Nervous system	23	5,8	2	2,3	25	5,2
Eyes	8	1,5	0	0,0	8	1,2
Genito-urinary system, STDs	9	2,4	7	6,2	16	3,0
Skin disorders	13	2,1	2	2,1	15	2,1
Nutrition deficiency disorders	14	2,6	7	9,5	21	3,8
Others	7	1,5	3	4,5	10	2,0
<b>Total</b>	<b>338</b>	<b>70,2</b>	<b>62</b>	<b>71,8</b>	<b>400</b>	<b>70,5</b>

Calculated on weighted numbers. Rate = health problems per 100 persons

Source: CREDES.Data: INED survey, Paris, February-March 1995.

**Table 14 – The self-reported health problems of homeless persons, by type of accommodation**

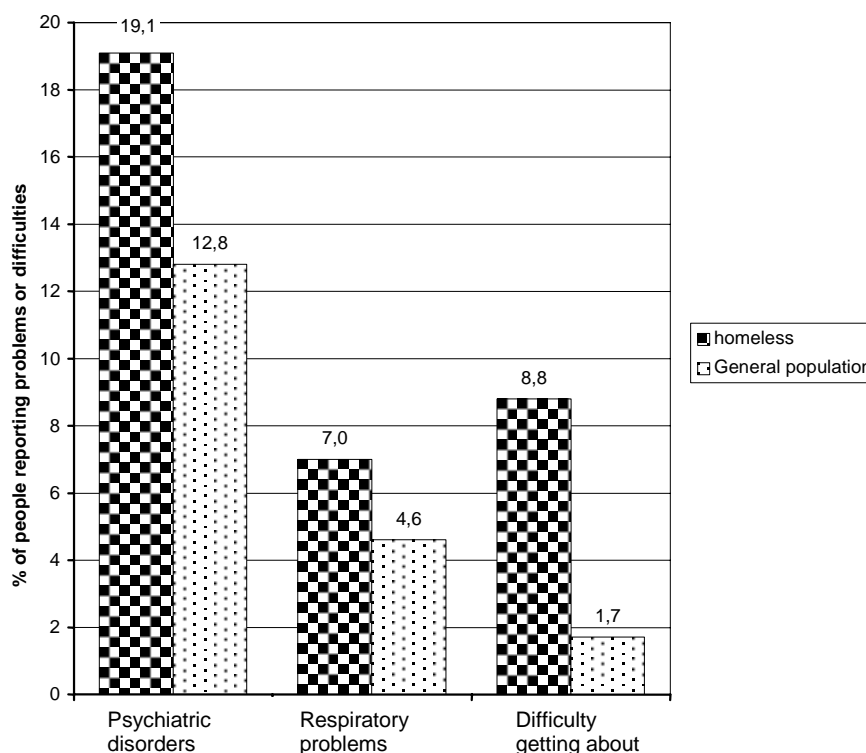
Diseases	Emergency shelter		Long-stay shelter		In the street, other, mixed		Total	
	Number observed	Rate (1)	Number observed	Rate (1)	Number observed	Rate (1)	Number observed	Rate (1)
Cardio-vascular	8	3,8	10	8,6	16	5,9	34	6,3
Respiratory and ENT infections	23	10,8	7	15,9	20	9,4	50	8,3
Dentition	13	7,3	4	2,8	8	2,4	25	3,7
Gastro-intestinal system	7	3,1	3	3,3	6	2,8	16	3,0
Traumatic injuries	8	4,0	1	0,5	6	2,9	15	2,3
Locomotive	25	12,6	12	9,1	22	11,0	59	10,5
Mental illness	50	25,2	21	17,7	35	17,6	106	19,1
Nervous system	7	3,9	2	1,2	16	9,9	25	5,2
Eyes	3	1,4	1	0,9	4	1,4	8	1,2
Genito-urinary system, STDs	5	3,1	5	4,0	6	3,0	16	3,3
Skin disorders	7	3,2	3	1,9	5	1,8	15	2,1
Nutrition deficiency disorders	6	2,6	5	5,2	10	3,3	21	3,8
Others	3	1,3	2	2,5	5	2,1	10	2,0
<b>Total</b>	<b>165</b>	<b>76,3</b>	<b>76</b>	<b>63,7</b>	<b>159</b>	<b>73,5</b>	<b>400</b>	<b>70,5</b>

Calculate d on weighted numbers. Rate = health problems per 100 people.

Source: CREDES. Data: INED survey, Paris, February-March 1995.

The question in the survey dealing with the existence of an illness was not accompanied by a list of health problems, illnesses and disabilities, which would have acted as a sort of memory jogger and helped the respondent give as full an answer as possible. This choice of survey method makes it difficult to carry out a full comparison with the results from surveys that are more specific to the health field. In the survey on health and social protection, for example, the respondent completes a questionnaire about his or her health which includes a list of illnesses and a range of questions about the obstacles or difficulties experienced in carrying out basic day-to-day activities. In view of these differences in questioning methods, we will note simply that the homeless differ from the other people of comparable age and sex structure by their appreciably higher rates of mental illness (19.1 per 100 people as against 12.8) and problems of the respiratory system (7.0 as against 4.6), at least for those that were reported (see figure 3).

**Figure 3. Some comparisons in the reported morbidity of the homeless (1) and the general population (2) (percentage of people reporting problems or difficulties)**



Calculated on weighted numbers (2) weighted sample comparable by age and sex to the homeless sample  
 Source : CREDES  
 Data : INED survey, Paris, February-March 1995 and CREDES survey ESPS 1994-95

The survey on health and medical cover contains a number of questions designed to measure the obstacles or difficulties in performing day-to-day tasks. One of these questions: 'Do you have difficulty getting about?' produced answers as follows: 98.3% no and 1.7% yes, and of the latter 29.9% could only get about with a frame or walking stick, while 68.6% did not require help but experienced certain limitations. In short, in the ESPS 1994-95 sample comparable to that of the homeless, 1.7% found it hard to get about, either in the form of a difficulty or requiring use of an appliance.

The homeless survey contains a question similar though not identical to that quoted above and which can be used to compare the results. To the question: 'Can you walk for a quarter of

an hour without any problem?', 91% replied 'yes, easily', while 6% replied 'yes, with difficulty' and 2.2% replied 'no'. Although the two questions are not measuring exactly the same disability, they do both concern a personal mobility problem, and the disparities are very large: 1.7% as against 8.2%.

### 3.2 The impact of traumatic events

The lives of homeless people have typically been marked by a series of dramatic events<sup>15</sup>, some of which may have left deep psychological scars. The repercussions of these events can help to explain their present situation, both as regards their difficult material and social conditions, and as regards relationships with their families and their state of mental health.

It could be thought that people affected by mental illness and psychiatric symptoms are more likely to have suffered traumatic or serious incidents in childhood. One quarter of respondents reported having had at least one such experience with highly negative connotations before age 18, and of these, 20% were reported to be currently suffering from psychiatric disorders. However, this proportion, although high, is barely higher than for respondents who reported not having experienced traumatic events before age 18 and among whom the proportion reporting psychiatric disorders was 18% (see Table 15).

**Table 15 – Traumatic events and mental illness (rate = number of illnesses for 100 people)**

	At least 1 mental illness		No mental illness		Total		
	Number observed	%	Number observed	%	Number observed	%	% (col.)
Traumatic events							
At least one event before age 18	27	19,7	110	80,3	137	100,0	24,6
No event before age 18	74	17,8	345	82,3	419	100,0	75,4
<b>Total</b>	<b>101</b>	<b>18,2</b>	<b>455</b>	<b>81,8</b>	<b>556</b>	<b>100,0</b>	<b>100,0</b>

Calculated on weighted number

Source: CREDES

Data: INED survey, Paris, February-March 1995.

Although this study is based on non-specific questioning about the state of health, it does allow us to confirm a higher morbidity of the homeless in at least three fields: psychiatric problems, locomotive disorders and diseases of the respiratory system. Even if there were no differences in the other pathologies, we can conclude that this population has a poor health status, a conclusion further supported by its very high level of hospitalization and by the large proportion of respondents who were exempt from paying the 'ticket modérateur', which is a clear indication of a high prevalence of serious illnesses. By contrast, the homeless population and the general population seem to have the same level of utilization of health care delivered by independent practitioners, though it is questionable if the same is true for complementary examinations such as laboratory analyses and X-rays and scans.

When it comes to meeting the costs of health care, many homeless people remain poorly protected and in some cases have no medical cover at all.

<sup>15</sup> The question dealing with events which had had major consequences was not accompanied by a list. Consequently our analysis concerns only those which were reported spontaneously.

The worst off among the homeless in terms both of their state of health and of their medical cover are those who regularly sleep in the street or in the emergency shelters.

The difficult and dangerous living conditions experienced by the homeless and the specific pathologies that result have a twofold consequence for their health care consumption:

- more frequent and longer hospitalizations are needed whenever they require complex examinations or treatments that have to be carried out at regular intervals and in satisfactory conditions of hygiene, and these are hospitalizations which would not take place for people who are not homeless
- health-care delivery is overwhelmingly concentrated on emergency treatment of symptoms that are acute, painful or disabling, whereas health care for the general population, though also dealing with acute problems, is directed mainly at chronic pathologies and at encouraging prevention.

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## **The homeless in Paris and the United States**

Maryse Marpsat

The increase in urban homelessness has raised the question of the extent and causes of the phenomenon. A survey by Ined of the homeless in Paris has produced results suitable for comparison with data from the United States. The findings of the survey conducted in Paris intra-muros in 1995 suggests that on an average day for one thousand housed people, roughly five make use of welfare services for the homeless. A similar proportion has been observed for the main cities in the United States. Broad similarities are noted between Paris and the United States as regards characteristic patterns of age, gender, and marital status; and in both contexts the homeless are in poor health, although alcohol- and drug-related problems seem to be less extensive in France. On both sides of the Atlantic, an essential role is played by poverty and by structural factors such as a reduction in the amount of low-income housing and the lack of job opportunities.

Growing numbers of homeless people on the streets of America have prompted social policy initiatives and the rise of activist groups. Another consequence has been an expansion of research on the theme of homelessness, especially from the 1980s. The homeless have been examined in numerous statistical surveys, all of which have had to resolve the multiple difficulties associated with forming a representative sample. Researchers in Europe, as well as in Japan and India and in a number of other countries, have also studied the living conditions of homeless people. A survey on this theme was conducted in Paris by Ined in 1995 (see box 1).

The same methodology was used by a team of psychiatrists in 1996 for a survey of the homeless in Paris from the perspective of mental health, alcohol and drug consumption and access to health care. Some of these results are used in what follows. Close comparisons are possible between the results for Paris and those from two American surveys whose methodology Ined had adapted to the French context. For the other works, we give merely general proportions and qualitative indicators.

### **Importance of the national context**

In a context where the increase in the number of homeless people is explained by structural factors — such as changes in the economy and in the skills needed to find work, the contraction in the supply of cheap housing relative to the number of low-income households, increasing difficulty of obtaining rented accommodation — some sections of the poorest population are more likely than others to become homeless.

Some characteristics of the homeless population are similar in different countries, indicating an underlying affinity in the mechanisms responsible for the loss of housing and in the repercussions of this situation on, for example, health. Other characteristics reflect conditions that are specific to a country, such as the presence of particular ethnic or national minorities.

Differences in social policies can also mean varying degrees of protection from one country to another for certain categories of the population, such as the handicapped, women with children, etc. It can also be noted that in a very different society like India the analogy with the homeless of America or France is purely formal. The 'pavement dwellers' in Old Delhi are in fact fully integrated in the local labour market and retain strong links with their home village (Dupont, Tingal, 1997). They are like 'migrant workers' in their own country, sending money back to their families or saving up in order to buy small businesses. For this reason we limit our comparisons to the United States.

### **Structural factors**

The nature of the data from the survey of the homeless means that structural factors can only be approached via the experience of individuals, as in their difficulties in finding work or the influence of their social origin, for example. A few general points can be made, however, about the disparity between an increase in low-income households and the decline in affordable housing.

Between 1980 and 1993, the number of Americans living below the poverty line, defined officially by a consumption norm revised annually to allow for inflation, rose from 29 million to 39 million (Wright, Rubin, 1998). For the American population as a whole, the poverty rate rose from 11.4% in 1978 to 15.1% in 1993. The increase was from 30.6% to 33.1% for Blacks and from 21.6% to 30.6% for Hispanics. This suggests that the experience of poverty has become deeper and longer. Another change has been the contraction in the stock of low-cost housing as a result of inner-city renovation and the withdrawal of public authority funding from social housing schemes.

France has experienced a spread of social precariousness, job insecurity and family breakdown, and an increase in calls on charitable organizations. At the same time, and as in the United States, the supply of low-income private-sector housing (cheap hotels, furnished rooms, etc.) has declined. Yet this is the only part of the housing stock accessible to those unable to provide guarantees of adequate financial resources.

## **1. The Ined survey in Paris**

**The survey** (Marpsat, Firdion, 2000) was conducted in the daytime, in February-March 1995, on 591 users of shelters (emergency and long-stay) and food distribution services and mobile soup kitchens in Paris intra muros, plus the suburban centres which accommodate people brought from Paris.

### **Survey field**

The field the survey aimed to cover was the 'literally' homeless, that is individuals spending the night in hostels and shelters for the homeless or in places not intended for habitation (street, staircase, car park, station, etc.). The field actually covered is that of people using a shelter or hostel for the homeless or a food distribution service, it having been established that most people who sleep rough use the food distributions and mobile soup kitchens at least once a week.

The presence in the survey of a small number of people who had housing but who also made use of the services examined illustrates the continuum which exists between the 'literally' homeless and the service users who do have some form of housing.

### **Method**

Conducting surveys of the homeless raises ethical and methodological problems. Special attention was given to the conditions in which contact was established with homeless people and to the interview procedure, bearing in mind the lack of privacy and difficult living conditions of these individuals.

Unlike surveys on conventionally housed households, there is no sampling frame for the homeless in the form of a full list of people or addresses from which to draw a representative sample. The sample frames used here are provided by the sites of provision of services to the homeless, such as soup kitchens and shelters. The main difficulties with this approach are the risk of double counting (someone could be interviewed on more than one site) and the unequal individual probabilities of inclusion in the sample, because of differing levels of service use. So as to adjust for the probability of the user being in the different sampling frames, information about the use that the homeless persons interviewed make of the services is collected and used to compute the corrective weightings.

The survey questionnaire explores a wide range of themes, including the interviewee's demographic characteristics, residence and family history, the existence of contact with family members, employment, educational qualifications, work, state of health, and sources of income.



## **2. Problems of comparability**

The differences observed when comparing surveys conducted in different countries and regions may be due to the methods and definitions employed in each survey, or may be the result of actual local-level differences, caused for example by differences in social policies or economic conditions. Comparisons are meaningful when the variables are produced by a registration system that is identical in each country, such as for age and sex. They are more problematic when the definitions vary from one society to another, such as for mental illness, physical health, work, or because the response can be influenced by a situation's acceptability in a particular local context, such as having spent periods in prison, alcohol and drug abuse, violent behaviour.

### **Interpretational difficulties**

The interpretational difficulties consequent on these problems of comparability can be illustrated by some examples. A higher percentage of women in a country's homeless population could be due to lower levels of formal and informal help for women who are in difficulty, to more women being in difficulty because of greater female unemployment or lower labour market involvement or higher levels of family breakdown; but equally it could reflect national variations in the ease of finding a place in a shelter when family conditions become unbearable. It is in fact rare for women to end up in the street as such, especially when they have children. A number of local studies have suggested that in some parts of France more women than men fail to get places in the homeless shelters. These requests for places come from women currently living with their family-of-origin or with a partner, and with whom they are thus forced to remain, whereas the men are more likely to be in another shelter or in the street.

The same point can be made concerning a higher proportion of mentally ill among the homeless. Besides differences in the definition of mental illness, this could be a sign that policies designed to prevent poverty were more effective and were only allowing the most handicapped to fall through the 'safety net'. Alternately, it could indicate that public health policies are not keeping mentally ill people off the streets, a result which could reflect a different balance between policies of hospitalization and those based on care in the community (by means of sheltered accommodation units, for example).

### **Comparison of American and French sources**

The Urban Institute survey conducted in March 1987 and directed by Martha Burt (Burt, Cohen, 1989). This used a sample of 1704 homeless people using the emergency shelters and food distribution services in cities of over 100 000 inhabitants. Sampling was in three stages - the cities, the shelters, and the individuals - and the sample was then weighted to correct for multiple use of services in the week prior to the survey. Comparison of the Urban Institute results with those of the Ined is made easier by similarities in their methods and definitions, since both use the same age range and the 'literally' homeless category. On the other hand, however, the Urban Institute estimates the structure of the population for an average week, whereas the Ined (and the Research Triangle Institute) consider the homeless making use of services on an average day in the survey period.

The Research Triangle Institute (RTI) survey conducted in February-June 1991 and directed by Michael Dennis (NIDA, 1993). This was a complementary survey to a household survey on drug use. It used a sample of the 'homeless and transient population' aged 12 or more, in the Washington metropolitan area (DCMSA, District of Columbia Metropolitan Statistical Area). Corrective weightings are applied to obtain a representative sample for an average day in the survey period. Comparison with the Ined survey is possible thanks to similarities in method - that of the Ined survey was based on the RTI survey - and in definitions, despite a slight difference in the age range studied.

## **From 'how many homeless?' to 'who are the homeless?'**

The focus of American research on the homeless has shifted in recent years from the problem of counting the homeless to exploring their characteristics and identifying the reasons for their situation. Definitional problems make it especially hard to measure the size of the homeless population. Problems also arise from the differences between estimates on a given day or over a given period, and from the difficulty of reaching a population which is mobile and cannot always be distinguished from other poor people. Homelessness can be defined broadly to include people in sub-standard housing, who are doubling up with family or friends or living in hotel rooms. A narrower definition, however, would be limited to people who sleep in the street. Any attempt to produce a definition is also political and is related to the notion of what exactly constitutes acceptable housing, something which varies according to temporal and spatial context (Hopper, 1998).

For the results discussed here, the homeless are defined as people sleeping in shelters, in the street and in other places not intended for habitation (see boxes 1 and 2). The number of people using services for the homeless on an average day in the Washington metropolitan area as a whole is roughly 10 000, which is broadly the same (roughly 8 000) as in the Ined survey in Paris. More detailed comparisons are made difficult by the geographical scope of the different surveys. The Washington metropolitan area is much larger than Paris *intra muros* though its population is smaller. For the central part of this area (Washington DC), which is more like the Paris urban area (city plus inner suburbs) than Paris *intra muros*, the estimate for an average day between February and June 1991 is 7 400 people using services intended primarily for the homeless, for a housed population of approximately 556 000 people, representing a ratio of 133 homeless (age 12 and over) for 10 000 housed people. The Ined estimate concerns individuals of age 18 and over. The population of Paris in this age range was 1 751 000 people at the time of the 1990 census, which gives a ratio of roughly 45 people using services for 10 000 housed people. This proportion would no doubt be lower if calculated for the whole of the Paris urban area, given that the homeless tend to be concentrated in the city's centre.

For the United States as a whole, the Urban Institute's estimate of the number of homeless, including children, over an average week in March 1987, is between 500 000 and 600 000 depending on the hypotheses adopted, representing a rate of between 20 and 25 for 10 000. If attention is limited to cities of 100 000 inhabitants or more, and still including children, the Urban Institute figure gives a rate of approximately 37 in 10 000 (229 000 homeless adults and 35 000 children).

### **Main characteristics of the homeless**

In the United States and in France, elderly people are rarer among the homeless than in the housed population. This reflects the existence of specific forms of accommodation for the elderly, such as residential care homes, but also the impact of high mortality rates among the homeless. Statistics are not available for France, but in the United States the average age at death for the homeless is believed to be in the low 50s (Wright and Rubin 1998). The population of homeless men in the main American cities has a similar age structure as in Paris (table 1). By contrast, the homeless in the Washington metropolitan area are younger (table 2).

**Table 1. Age structure of homeless population**

(in %)

Age	American cities over 100 000 inhabitants			Paris <i>intra-muros</i>	
	Single men	Single women	Women with children	Men	Women
18-30	25	39	61	22	48
31-50	54	41	37	57	45
51-64	18	19	2	19	6
65 or more	3	1	0	2	1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

Sources: Urban Institute, 1987, Ined, Survey on homeless in Paris, 1995.

In Paris as in the United States, the proportion of homeless women is much smaller than that of men: 24% in Washington, 19% in the main American cities, 17% in Los Angeles and in Paris. Half of the women in the Urban Institute survey in cities of over 100 000 inhabitants were accompanied by children, with or without their partner; this was true of only one in three in Paris. This contrast may be due to differences in general social policy or in shelter operating procedures: levels of welfare payments in France arguably make it easier for single mothers with children to avoid losing their home; those who do are possibly directed towards forms of accommodation not intended for the homeless; shelters for battered women and for families may be more common in the United States and are perhaps opened to women in difficulty; finally, there are differences between France and the United States over the separation of mothers from children and over care placements for children.

**Table 2. Age structure of homeless people and other service users**

(in %)

Age	District of Columbia Metropolitan Statistical Area	Paris <i>intra-muros</i>
12-25	15	-
18-25	-	13
26-34	37	24
35 or more	48	63
<b>Total</b>	<b>100</b>	<b>100</b>

Sources: Research Triangle Institute, 1991, Ined, Survey on homeless in Paris, 1995.

More than half of homeless persons are never-married, while about one-third are divorced or widowed. The marital status of the homeless in Paris is very similar to that in the main American cities (table 3). These results are also close to those for Washington if those living separated from partners are included with the divorced or widowed (tables 4 and 5).

**Table 3. Marital status of homeless people**

(in %)

Marital status	American cities of over 100 000 inhabitants				Paris <i>intra-muros</i>		
	Total	Of which			Men	Women	Total
		Single men	Single women	Women with children			
Married	10	7	9	18	8	8	8
Divorced, separated	29	31	36	27	31	35	32
Never-married	56	57	50	50	58	54	57
Widowed	5	5	5	5	3	3	3
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

Sources: Urban Institute, 1987, Ined, survey of homeless in Paris, 1995.

**Table 4. Marital status of homeless people and other service users**

(in %)

Marital status	District of Columbia Metropolitan Statistical Area	Paris <i>intra-muros</i>
Never-married	60	56
Married	8	9
Divorced, widowed*	32	35
<b>Total</b>	<b>100</b>	<b>100</b>

\* Ined includes those separated.

Sources: Research Triangle Institute, 1991, Ined, Survey on homeless in Paris, 1995.

### More health problems

The homeless populations in both Paris and the United States contain a disproportionate number of individuals with problems of physical or mental health and problems related to alcohol or drug abuse (tables 6 and 7). What the surveys conducted so far have failed to determine, however, is whether these problems are responsible for the person becoming homeless or are themselves a consequence of this situation. Some authors have suggested that drug and alcohol abuse and even certain types of mental illness should be considered as coping strategies for life in the street (Snow and Anderson, 1993). In the United States, the problems of alcohol and drug abuse are more prevalent among homeless men than women, while mental illness, including depression, is more common among women. The proportion who have spent time in a psychiatric hospital is 19% for single men and 27% for single women, but only 8% for women with children. The results for Paris were obtained using

measuring methods for mental health, alcohol and drug abuse similar to the American surveys and show an incidence of mental health problems among the homeless population close to that observed in the United States, though with a better access to health care if not to adequate medical follow-up. The incidence of alcohol- and drug-related problems in France, although higher than for the general population, may be lower than in the United States. In the last six-month period, just 15% of the homeless in Paris had experienced alcohol-related problems. Several groups can be identified as having specific difficulties: the under-25's, for example, have a higher level of hard drug abuse and personality disorders; women are more likely to have been hospitalized for psychiatric problems but have fewer alcohol-related problems and personality disorders than men; men in the middle age group who use the emergency shelters have the highest level of alcohol-related problems.

**Table 5. Main demographic characteristics of homeless people in USA**

(in %)

	American cities of over 100 000 inhabitants (1)				District of Columbia Metropolitan Statistical Area (2)	Studies in USA**, 1981-1988 (mean, standard deviation) (3)
	Total	Of which				
		Single men	Single women	Women with children		
<b>Sex</b>						
Men	81	100	-	-	76	74 (25)
Women	19	-	100	100	24	26 (25)
<b>Marital status</b>						
Married	10	7	9	18	8	...
Never-married	56	57	50	50	60	87 (10)
Divorced, widowed, separated	34	36	41	32	32	
<b>Education*</b>						
Not graduated from high school	48	49	37	57	40	...
High school graduate	32	31	43	32	39	...
Post high school	20	20	20	11	21	...
<b>Race or ethnic group</b>						
Non-hispanic Whites	46	49	41	17	17	...
Blacks	41	40	46	56	77	44 (23)
Hispanics	10	9	7	22	6	12 (7)
Others	3	2	6	5	-	...

\* In surveys in the USA, "high school" usually corresponds to age 17 or 18.

\*\* Analysis of results from local- and national-level studies on the homeless in the USA, between 1981 and 1988.

Read: the mean % of never-married in the studies which give this information is 87%, the standard deviation around this mean being plus or minus 10 points.

Source: (1) Urban Institute survey, 1987, (2) Research Triangle Institute survey, 1991, (3) study by Anne B. Shlay and Peter H. Rossi (1992).

Being homeless brings an increased risk of becoming the victim of violence and thus of suffering from a range of traumatic injuries. Additionally, despite the efforts of voluntary

organizations and public authorities to help the homeless, living in the street frequently makes it difficult to get regular food and sleep. In the Urban Institute survey, 46% of respondents had not eaten at all on at least one day in the week prior to the survey, and those who did eat had an extremely unbalanced food intake. The results from Paris paint a similar picture. The homeless commonly do not eat in the middle of the day: in the week prior to the survey, only 59% of men and 78% of women had eaten in the middle of the day on every day in the week prior to the survey, including those who had just a sandwich; and 16% of men and 10% of women had not eaten in the middle of the day at all during the previous week. These conditions help to explain the serious deterioration in physical health observed among the homeless.

**Table 6. Health problems of homeless people in the USA**

	American cities of over 100 000 inhabitants (1)				District of Columbia Metropolitan Statistical Area (2)
	Total	Of which			
		Single men	Single women	Women with children	
Treatment needed during previous year	51	...	...	...	70
Lifetime experience of					
- mental hospitalization	19	19	27	8	17
- hospitalization for deintoxication (drugs, alcohol)	33	37	19	7	...
- deintoxication treatment with or without hospitalization	...	...	...	...	48

Sources: (1) Urban Institute, 1987, (2) Research Triangle Institute, 1991.

Morbidity is measured in the Ined survey from self-reported answers to the general question: 'Have you any health problems at present?'. Homeless people were found to have significantly higher rates of psychiatric problems than housed people comparable by age and sex (20% and 13%, respectively), and the same is true for respiratory problems (7% as against 5%). The homeless population is characterized by a very high rate of hospitalization, and its demand for health care is directed more at the hospitals than at primary health care providers. This can be seen as reflecting an extreme position in the social hierarchy, since the attitude of the lower social classes towards health is also less often based on prevention than on treating conditions which have become acute and may require a hospitalization (Firdion *et al.* 1998).

### Harder living conditions

Women tend to have been homeless for shorter periods than men. In the main American cities, the shortest period of homelessness was experienced by women with children, 41% of whom had been homeless for less than three months, as against 36% for women on their own and 16% for men on their own. The present period of homelessness had lasted on average 15 months for women with children, 34 months for women on their own and 43 months for men on their own. Although the very small numbers involved mean that exact figures cannot be given, the observations for homeless women in Paris are consistent with these findings.

**Table 7. Main problems experienced by homeless people in USA**

	(in %)
	Studies conducted in USA, 1981-1988 (mean, standard deviation)
Unemployment	81 (15) (in 42 studies)
Poor health	38 (11) (in 20 studies)
Mental illness	33 (23) (in 22 studies)
Alcoholism	27 (15) (in 27 studies)
Absence of contact with family	31 (9) (in 18 studies)

Read: of the 60 studies examined, the number containing any given information is variable. The mean % of jobless in the 42 studies which contain this information is 81%, with a standard-deviation around this mean of plus or minus 15 points.

Source: study by Anne B Schlay and Peter H. Rossi, 1992.

Unemployment affects the homeless more than the general population in both countries, and although a significant proportion do have jobs, these are seldom stable positions of the sort that provide a basis for the individual's reintegration in the collectivity (tables 7 and 8). The proportion of homeless people in the Washington metropolitan area who were in part- or full-time work at the time of the survey was 34%, as against 27% in Paris. In the main American cities, 25% of the homeless had worked in the month before the survey. It can be added that the homeless have a lower level of educational qualification, though in the United States it is not much lower than that of the poverty population as a whole (tables 5, 9, 10).

**Table 8. Employment status (homeless people and other service users)**

	(in %)	
	District of Columbia Metropolitan Statistical Area	Paris <i>intra-muros</i>
Current employment (full or part time)	34	27

Sources: Research Triangle Institute, 1991, Ined, 1995.

A large number of the homeless keep in contact with family and friends, albeit less than among the general population. In Paris, roughly half of homeless women have a father who is still living, and of these approximately 40% have either seen him or been in contact by letter or telephone during the last month. For women whose mother is still living the percentage is 28%, while for men whose father is still living it is 32% and 30% for those whose mother is still living. In the United States, the percentages range from 50 to 88% for people who have retained contact with a member of their family (Shlay, Rossi, 1992).

A particular vulnerability to homelessness has been observed in the United States among individuals who have had difficult personal itineraries, such as Vietnam veterans, and among members of the ethnic minorities (Blacks, Hispanics, etc.) (table 5). For example, the three-year probability of using a shelter for the homeless in New York or Philadelphia is fifteen to twenty times higher for a Black than for a White (Culhane *et al.*, 1993). The proportion of homeless varies considerably from city to city, as does the composition of the homeless population, reflecting particular local conditions.

**Table 9. Level of schooling of homeless people**

(in %)

	Men	Women	Total
Still at school	1	0	1
Never been to school	6	3	5
Left school before "terminale" year*	68	70	69
Left school in "terminale" year	7	16	8
Left school after "terminale" year	12	4	11
Not relevant, no answer, incomplete	6	7	6
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

\* The French "terminale" is usually at age 18 and corresponds to the English upper sixth form and American senior year

Note: Because the number of homeless women in the Ined survey is small, these results can be taken only as an approximation.

Source: Ined, survey on the homeless in Paris, 1995.

## The role of poverty

Fifteen years of research have established two things about the personal characteristics of homeless people in the United States. First, the great diversity of those involved and of their personal life-histories. Second, the overwhelming role of poverty as an explanation of homelessness, even though other factors such as mental illness and substance abuse may act as 'proximate causes' (Wright, Rubin, 1998). Because social origin has tended to receive less attention from American researchers, comparative analysis is not possible, but many of the homeless of Paris are from working-class backgrounds: this is the case for half of all those able to report their father's occupation. One in five, however, are unable to give their father's occupation, either because he is not known or has had a very disrupted labour force history, or because contact with the family was lost at an early age.



**Table 10. Educational qualifications of the homeless**

(in %)			
Qualification	Men	Women	Total
No qualification	41	42	41
Lower than “baccalauréat”*	40	40	40
“Baccalauréat” or higher	17	17	17
Other qualifications	2	1	2
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

\* The French “baccalauréat” is the high school diploma necessary for university entrance.

Note: Because the number of women in the Ined survey is small, these results can be taken only as an approximation.

Source: Ined, survey on the homeless in Paris, 1995.

For there is evidence that the problems of homeless individuals often begin in childhood. A comparison of childhood difficulties for the homeless and housed populations in Los Angeles county shows the homeless were much more likely to have been placed in care, particularly for the Whites, while a much higher proportion had experienced poverty and even homelessness during childhood, and had suffered physical or sexual abuse. These difficulties are observed to varying degrees depending on age, sex and race (Koegel *et al.* 1995).

### 3. Permanent and episodic homelessness

While some American studies examine the homeless population on a given night, others focus instead on those who have had at least one episode of homelessness during a given period (one year, five years). Studies of this second type have not to date been conducted in France. For the United States, Wright and Rubin (1998) have suggested that only a minority of the homeless are permanently homeless, while many more experienced one or more periods of homelessness during their lifetime. These changes in situation help to explain the disparities between estimations of the number of homeless over a given period and on a specific date.

Various American studies have established the large size of the population who experience homelessness at some point in a fairly long period, the high frequency of exits from the homeless situation, and the high ratio (depending on city) between the number who are homeless at least once in the course of the year and the number homeless on any given night. For New York and Philadelphia, Dennis Culhane has shown that the number of people who stay in a shelter at least once in the course of a year is roughly four times that staying on any given night (Culhane *et al.*, 1993). An analysis by Link *et al.* (1994) of a survey in which conventionally housed families were asked about their past difficulties, estimated at 26 million individuals, representing 14% of adult Americans, the number who had not had a place of their own at least once in their life, and for 8,5 million (4,6% of adults) this had occurred in the course of the last five years. Of the 26 million who had been in this situation, 13,5 million (7,4% of the adult population) had at some time spent the night in the street or in a shelter. There are grounds for thinking that this survey, conducted by telephone, underestimates the extent of the problem.

A fuller understanding of the spread and development of these problems would require a description of the homeless population that was not limited to a particular point in time but

covered a certain period of time. This question of the permanent or episodic nature of homelessness has been examined by a number of American studies (see box 3). The reactions of the local population to the homeless can also be a source of problems, exemplified by the 'Nimby syndrome' (resistance to siting facilities for the homeless in a neighbourhood) (see box 4). In conclusion it can be noted that although the 'visibility of poverty' represented by homelessness is no doubt a less acute problem in France than in the United States, an analysis of the phenomenon's structural causes and of the personal characteristics of those involved reveals many points of similarity. The spread of situations that are marginal or insecure (in relation to jobs or the family) is being accompanied by a contraction of the 'marginal sectors' of the housing market, that is, of the low-income housing and cheap forms of accommodation that are accessible to the poorest groups. Improvements to the housing stock can have perverse consequences for people in socially vulnerable positions. Prevention must remain the priority if they are to avoid ending up in the street.

#### **4. The Nimby syndrome**

Originally employed to describe neighbourhood opposition to the siting of pollution-causing factories and other developments likely to have a negative effect on real estate values, the term NIMBY has also been applied to local resistance to the setting up of services for the homeless. These public reactions have been studied (described in particular in Takahashi, 1996) in their own right and in relation to the recent shift in public policies towards cutting the budget for the socially disadvantaged and to tightening the conditions of eligibility for help. Work by Dear, quoted by Takahashi, has identified hierarchies of acceptance based on the characteristics of the potential users, of the population of the potential host community, of the planned facility, and on the proximity of the facility to residents and businesses in the neighbourhood: 'That is, clients tend to be less acceptable the more demographically distinct they are from the community, the more stigmatized and dangerous they are perceived to be, and the greater the attention generated by their physical appearance and behaviour'. No studies of this kind have yet been conducted in France.

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