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SOCIAL SCIENCE RESEARCH AND CONTEMPORARY STUDIES OF HOMELESSNESS

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Abstract

This review takes stock of contemporary social science research on homelessness. Research on homelessness in the 1980s has been prompted by the increased numbers and visibility of homeless persons including men, women, and families, as well as young people without families. Most empirical research employs a working definition of homelessness as the condition of those people who are without a permanent place to live. However, a wide range in perspectives differ over what homelessness is. In part, this reflects recognition of some the dynamics of homelessness that include intermittent movement in and out of homeless situations. But it also reflects changes in social values over what constitutes adequate housing. Research shows that the population of homeless persons is diverse, although most homeless persons are young and single. Many have severe chronic problems including mental illness, alcoholism, physical disabilities, and poor health. A significant number have criminal histories. Many were raised in foster care situations. All

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suffer from economic deprivation, and many have experienced long-term unemployment. Considerable disagreement exists over the number of homeless persons, in part because the scarcity of resources to address this problem politicizes the debate. There is also strong disagreement over the root causes of homelessness.

Debate over the causes of homelessness is caught up in whether the focus of research should be on structural forces that permit homelessness to occur or the immediate reasons why people become homeless. Research now suggests that the extreme situation of homelessness may be more accurately portrayed as the result of the convergence of many factors that drive this phenomenon, including housing market dynamics, housing and welfare policy, economic restructuring and the labor market, and personal disabilities. Policies designed to ameliorate homelessness have been inadequate to stem the tidal forces that produce such severe destitution, and this trend is likely to continue. Future important directions include addressing the role of employment and social ties in producing homelessness, comparing the economic and social situation of homeless and non-homeless persons, evaluating programs designed to aid homeless persons, and developing international comparisons of homelessness.

Introduction

The forecasting scorecard of social scientists arguably has recorded more failures than successes. Notable among recent forecasting failures are the claims in the 1950s and 1960s that homelessness in America was about to disappear (Bogue 1963). Rather than disappearing into history, homelessness surged strongly in the 1980s. Currently (1991) public opinion regards homelessness as one of the country's most pressing social problems.

In addition to the set of classical issues that plagues other research areas, social science research on homelessness manifests a high level of politicization. The critical issues facing research on contemporary homelessness include defining what is meant by homelessness, describing the characteristics and composition of the homeless population, assessing the macrostructural and microlevel causes of homelessness, counting the homeless, and evaluating public and private attempts to address problems of homelessness as well as attempts to prevent it. Each of these issues presents both technical and political aspects. Researching homelessness is not for those who would avoid controversy.

The "New" Research on Homelessness

In studying homelessness, social researchers today can look back to a long and rich history. Most of the earlier investigations of homelessness focused on "hobohemia" (also known as skid row) where concentrations of single room occupancy hotels (SROs), boarding houses, inexpensive eating places, and

spot labor employment agencies attracted casual and transient laborers in zones of transition (Anderson 1923, Zorbaugh 1929, Sutherland & Locke 1936, Park & Burgess 1967).

It is important to note that these homeless men were technically not without housing; they had addresses and places in which to sleep. Social researchers called them homeless because they were adult males who lived outside normal family life. Having a place to live with family made a house into a home. Without a place and a family to live with, a man was homeless.

After World War II, skid row populations declined as demand for transient labor decreased (Lee 1980, Bahr 1967). Findings that homelessness was on the decline helped to justify urban renewal efforts in city after city (Bogue 1963, Bahr & Caplow 1973). Urban renewal programs and housing market forces led to the demolition of most of the cheap skid row hotels (Miller 1982, Hoch & Slayton 1989).

For more than a decade, homelessness was not a popular research topic. In the early 1980s, a convergence of several macrosocial changes brought the issue of homelessness back into the public eye and put it back on the social research agenda (Elliott & Krivo 1991). Most important of all, homelessness began to increase and to spill out of the diminished skid rows.

Not only were there more homeless people, but they were more visible throughout our urban centers (Rossi 1989a). Skid rows, shrinking in size with urban renewal and the expansion of downtown, could no longer provide shelter for the majority of homeless persons (Bahr 1967). Decriminalization of public drunkenness and vagrancy in the 1970s as well as redefinitions of loitering and other public "nuisances" also gave more visibility to the homeless as people who previously would have been put in jail and who, therefore, sheltered temporarily, were less in the public view (Beard 1987, Rossi 1989b, Interagency Committee on Homelessness 1990).

Finally, public notice of the homeless became inevitable, with the demand that localities develop programs to tackle this problem (Hopper & Hamberg 1984, Baxter & Hopper 1981, 1982). Scarce or now absent skid row missions and flophouses were no longer viable options. The emergence of women and children as the "new homeless" particularly attracted attention (Birch 1985a, Stoner 1983, Bachrach 1984b, Bassuk & Rubin 1987, Kozol 1988, US General Accounting Office 1989, Wolch & Akita 1989, Kryder-Coe et al 1991). Increased visibility of, increased expenditures for, and growth in numbers of the homeless forced the issue of homelessness ever higher on the public agenda.

The Politics of Social Research on Homelessness

As with other public policy areas, much of the research on homelessness postdates proposed policies. Accordingly, research tends to be judged by the fit between findings and existing policies and programs. Researchers who

emphasize the structural causes of homelessness accuse others of "blaming the victim" by emphasizing the problems of individuals (Milburn & Watts 1986, Snow et al 1985, Hoch 1986, Hoch & Slayton 1989, Swanstrom 1989). Those who emphasize the precipitant causes of homelessness criticize structural investigations for ignoring the special needs of homeless people in professing that the "homeless are just like you and me, but unlucky!" (Stern 1984, Wright 1988a).

Counting the homeless is especially political. Advocates believe that there is a "need" to show startlingly large numbers of homeless people, particularly of the most "worthy homeless," women and children who are neither mentally ill, nor with drug or alcohol problems or criminal histories (Wright 1988a, Rossi 1987).

Causal analyses also are not exempt from scrutiny (Holden 1986a). For example, to advocate for more federal expenditures for low-income housing seems to require support for a causal relationship between homelessness and the absence of federal support for low-income housing (Carlinger 1987, Huttman 1988, Huttman 1990, Swanstrom 1989). Although analyses that stress high unemployment rates as causes of homelessness are not rejected, they receive far less favorable attention than those that stress housing issues.

What Is Homelessness?

Studies in the 1950s and 1960s of skid row residents (the "old homeless") often defined homelessness in terms of personal ties and relationships to the broader society; homelessness was not seen primarily as a housing problem (Bahr 1973, Bahr & Garrett, 1976). Contemporary definitions of homelessness are more directly linked to the housing situations of persons. Yet within that general tendency there is much disagreement on detail. Certainly those who have no shelter at all are included by all as homeless as well as those who have to resort to "emergency shelters" for housing. But some extend the term to include people who have some shelter, including persons doubled up with relatives or friends, in hospitals, prisons, or jails, or even renting a room in single room–occupancy hotels (Fischer & Breakey 1986, Hope & Young 1988).

The various definitions each support a different view of the magnitude of the problem of homelessness. Advocates for the homeless favor more inclusive definitions, whereas more conservative commentators stress narrower ones (Kondratas 1986). The debate over the definition of homelessness also reflects changes in social values concerning what constitute adequate housing situations (Shlay 1985a,b). The post–World War II improvements in housing conditions have enlarged social expectations about how people "should" be housed. This has led some to define homelessness even more broadly to include people who are "badly" housed, in units falling far short of acceptable quality.

Importantly, the wide range in perspectives over what homelessness is reflects recognition of some of its dynamics. Researchers have shown that for many homelessness is intermittent (Rossi et al 1986). At any point in time, those who are then precariously housed may have been homeless in the past and may become homeless in the future. The line between being homeless and being domiciled is a fuzzy boundary, often and easily crossed.

Who is Homeless?

Determining the characteristics of homeless persons is important for understanding the dynamics of homelessness, for developing mechanisms that can prevent homelessness, for deciding what types of help and support homeless persons require, as well as for assessing who is at risk of homelessness. Research has focused largely on measuring the age, sex, family status, race and ethnicity, economic and labor market status, and personal vulnerabilities of homeless people.

One might expect that studying the characteristics of homeless persons, although difficult, would be free of debate. However, studying who is homeless has also created divisions within the field. There are two main issues over which disagreement has arisen. The first is whether the research findings support a view of the homeless as a diverse or homogeneous population. The second issue is whether the findings indicate individual vulnerabilities or institutional failures.

HOMELESS PEOPLE: A DIVERSE OR HOMOGENEOUS GROUP

The concern over whether homeless people are diverse or homogeneous is not a debate over numbers but over interpretation of the numbers, one fueled in part by the competition for scarce resources to ameliorate problems of homelessness.

The "old homeless" were fairly homogeneous—largely white, male, single, and beyond middle age (Swanstrom 1989, Hoch & Slayton 1989, Cohen & Sokolovsky 1989). Using the old homeless as a standard, many observers believe the contemporary homeless to be a diverse group, pointing to the increased presence of women, children, and families among the homeless as well as increased diversity in race and ethnicity.

Those who assert the homogeneity of the homeless compare them with the general adult population. In that comparison, the homeless are much more heavily composed of the extremely poor, males, single persons, and young adults than are the general population. These findings support the contention that the homeless are a largely homogeneous population.

As in most of the controversies about homelessness, the roots of the different positions lie in political issues. Those who stress the diversity of the

homeless are also those who want to emphasize that the homeless are not too different from the homed and that homelessness is an event that can occur to all Americans. In contrast, the supporters of the homogeneity theory stress the view that homelessness has its roots in the distinctive characteristics of the homeless.

CHARACTERISTICS AND COMPOSITION OF THE HOMELESS: A META-ANALYSIS

There is no single authoritative study of the homeless of the 1980s. Instead, there are many studies: At least 60 local and national primary data collection investigations of the characteristics and composition of the population of homeless persons were conducted from 1981 to 1988. Although these studies do not focus on any uniform set of measures, they collectively provide sufficient information across any single indicator to begin to identify central tendencies. Despite the diversity of locale and method, the studies converge on a fairly clear demographic and social portrait.

To use these studies, we compute averages across 60 empirical studies. Each separate research study is a case, and each study's finding is a data point in this "meta-analysis." Combining information from 60 case studies is a cost-effective way to estimate the characteristics of homeless persons for the United States as a whole. (The *Appendix* contains a complete list of all of the studies used.)

The studies are quite diverse in methodology. Sixty percent are based on interviews with samples of shelter residents only. The remainder were based on interviews with shelter residents and people living on the streets. Sample sizes among these investigations ranged from 35 to 7578 persons. One study was based entirely on men from a men's shelter. Another study was based entirely on women from a women's shelter. Therefore, some of the variation in the characteristics of homeless persons (e.g. by gender) among these studies is, in part, an artifact of the variation in sampling designs. The data base for this research is the entire set of studies. Our focus is on breadth rather than quality.

THE DEMOGRAPHY OF HOMELESSNESS We summarize in Table 1 the gender, age, racial, and family characteristics of homeless persons as shown in the 60 studies. The average study found that approximately three quarters of homeless persons were male, with those studies conducted in the early 1980s no different in this respect than those conducted later. Clearly the 1980s homeless were predominantly male.

In the average study, almost all were unmarried. Yet unlike the former skid row residents, these homeless persons tended to be young, and very few homeless persons were elderly.

Table 1 Racial and demographic characteristics of homeless people (Source: Sixty local and national empirical studies of homeless persons. See Appendix.)

	Mean (standard deviation)	Range	Number of studies
Percent male	74% (25)	0–100%	60
Percent unmarried	87% (10)	60–100%	41
Median age	36.97 (4.33)	29–53	36
Mean age	36.51 (2.68)	31–43	35
Percent < 30 years old	35% (15)	15–100%	32
Percent > 60 years old	7% (4)	1–19%	39
Percent black	44% (23)	6–90%	52
Percent Hispanic	12% (7)	1–31%	37
Percent American Indian	6% (6)	0–23%	19

On the average, the studies found over 40% of the homeless persons were black. The large standard deviation around this central tendency is explained in part by regional differences; in the northern regions the homeless were more likely to be black than in the western or southern regions of the United States. The studies found fewer homeless persons who were Hispanic or American Indian.

The finding that the majority of homeless persons are single, young men (both black and white) runs counter to the assertions of two national studies conducted in the late 1980s that were not included in this data base because they were not based on direct enumerations of homeless populations. A study of homelessness in 26 cities conducted by the US Conference of Mayors, which asked mayors (and their staffs) to provide estimates, reported that only 49% of the homeless were single men, with the remaining 51% composed of women and children (Reyes & Waxman 1987). According to this report, one third of the urban homeless were families with children.

The second study, a Department of Housing and Urban Development (HUD) national survey of shelters for homeless persons in 1988, is based on interviews with managers of a national sample of shelters and providers of housing vouchers. HUD found that shelter capacity for homeless families had increased dramatically; between 1984 and 1988 the proportion of shelter beds

reserved for homeless families grew from 21% to 40%. By 1988, 36% of US shelters for homeless people served primarily homeless families (US Department of Housing and Urban Development 1989).

There is no way to reconcile the findings from direct enumerations with those of the latter two studies except to refer to their procedures. In part, the differences are due to the fact that few homeless families have been found living on the streets, with virtually all homeless families found in shelters. But in large part, the differences we believe are due to the fact that the estimates of experts are unconstrained by direct enumeration and therefore tend to exaggerate both the size of the homeless population and the numbers of those homeless who attract more sympathy. For both reasons, these two national studies probably overestimate homeless families.

THE ECONOMIC STATUS OF HOMELESS PERSONS It is the economic status of homeless persons that put them outside the housing market, as is shown in Table 2. The vast majority of these homeless persons were unemployed (mean = 81%), and unemployment rates of 75% or more were found among the homeless in three quarters of these investigations. Furthermore, the studies that measured duration have shown that unemployment is often very long-term (Rossi 1989a, Burt & Cohen 1990). Rossi (1989a) found that the duration of unemployment was longer than that of homelessness, indicating that homeless people were unemployed for a lengthy period before losing their housing.

It is no surprise that the homeless in these studies were extremely poor. On average, the yearly incomes of homeless persons would be about $1236–

Table 2 Economic characteristics of homeless persons (Source: Sixty local and national empirical studies of homeless persons. See Appendix.)

	Mean (standard deviation)	Range	Number of studies
Mean monthly income	$174.00 (96.17)	$25–$337	15
Median monthly income	$103.57 (110.02)	$0–$400	14
Percent unemployed	81% (15)	25–100%	42
Percent receiving general assistance	20% (12)	4–55%	26
Percent receiving SSI	10% (7)	2–38%	31
Percent receiving AFDC	8% (7)	1–25%	15

$2088 annually. One fifth to one fourth reported no income at all over the month preceding interviews. Even those studies finding the highest average annual income levels (from $4000 to $4800) reported income levels that were inadequate to rent a market-rate apartment while also paying for daily necessities such as food, clothes, and health care.

Although almost all homeless are in principle eligible for some sort of income benefits from public sources because of their poverty, such aid was not a major income source for homeless persons. Only 20% received General Assistance (GA) and even fewer people (10%) received Supplemental Security Income (SSI). Only two studies reported that at least half of their samples received GA benefits.

Despite the growing presence of many homeless families who are primarily single parent, female-headed households with children, an extremely small number of homeless persons (8%) received Aid to Families with Dependent Children (AFDC). Of course, only adults providing direct custodial care for children are eligible for AFDC payments, and most homeless people were not eligible because they were single males without children. Accordingly, those studies reporting the highest percentages of homeless persons receiving AFDC (20% and 25%, respectively) also found higher percentages of homeless women (37% and 38%, respectively). Possibly once families are qualified to receive AFDC they become able to acquire a place to live although low AFDC benefits are cited as one of the causes of families becoming homeless (Rossi 1989a, Wolf 1991, Newman & Schnare 1988).

DISABILITY PREVALENCE RATES AMONG THE HOMELESS Research on disabilities of homeless persons is often charged with blaming individuals for their homeless situation, because it focuses on the characteristics of persons rather than on the economic system, housing market, or social structure. The rebuttal is that most social structural faults have their consequences for individuals and are reflected in their disabilities.

Table 3 shows some of the major personal vulnerabilities of homeless persons, as discovered in the meta-analysis. The mental health status and history of homeless persons has received substantial attention. At issue is the extent of mental illness among the population of homeless persons and the roles of deinstitutionalization and noninstitutionalization as factors in the growth of homelessness. Wide variation in estimates of the prevalence of mental illness are shown because there is neither a universally accepted definition of mental illness nor a common method for measuring mental illness (Bachrach 1984a, Fischer & Breakey 1986, Wright 1988b).

Method, in part, explains the wide variance in estimates. Psychiatrists, psychologists, and others using standard diagnostic interview schedules found higher rates of mental illness (Bassuk et al 1984, Institute of Medicine 1988)

Table 3 Personal vulnerabilities of homeless persons (Source: Sixty local and national empirical studies of homeless persons. See Appendix.)

	Mean (standard deviation)	Range	Number of studies
% ever in psychiatric hospital	24% (16)	10–100%	40
% ever with detox experience	29% (15)	4–76%	22
% ever with prison experience (felony)	18% (13)	4–49%	20
% ever with jail experience (misdemeanor)	32% (18)	11–82%	18
% ever with either jail or prison experience or both	41% (18)	8–82%	26
% disabled	25% (18)	3–63%	18
% in bad health	38% (11)	19–66%	20
% with current mental illness	33% (23)	4–100%	22
% with alcohol addiction	27% (15)	3–71%	27
% with no friends	36% (22)	2–87%	14
% with no kin in contact	31% (9)	12–50%	18

than did researchers who relied on the judgments of observers without such professional skills (Snow et al 1985, Wright 1988b).

One study reporting that at most 10% of its sample of homeless persons were mentally ill suggested that at issue was the "medicalization of the problem of homelessness" (Snow et al 1985). Yet others have argued that the majority of homeless persons are mentally ill with severe chronic illnesses such as schizophrenia or manic depression as well as major personality disorders (Bassuk 1984, Fischer et al 1986). And still others, alarmed that even 20%–30% of homeless persons may be chronically mentally ill, consider homelessness in large part to be a mental health issue (Farr et al 1986).

At the same time, some consensus is beginning to emerge that about 30% of the homeless suffer from some form of mental illness (Wright & Weber 1987, Wright 1988b). The numbers in Table 3 support this conclusion, suggesting that on average, one quarter to one third of the population of homeless persons has a serious mental health problem. This also means that most homeless people are not mentally ill.

It has been reported that mental illness and drug and alcohol abuse often accompany one another (Institute of Medicine 1988, Milburn 1990). Research on the Robert Wood Johnson Health Care for the Homeless demonstration projects in 16 cities reported that approximately 40% of the people in the study considered mentally ill were also substance abusers (Wright & Weber 1987). A study of Los Angeles's homeless population reported a similar finding (Farr et al 1986). Other studies include substance abuse as a dimension of mental illness (Fischer et al 1986).

Table 3 shows that alcohol and drug abuse characterize a significant proportion of the population of homeless persons. On average, 29% of these homeless persons had been admitted to a detoxification facility to be treated for drug or alcohol abuse. An equivalent number of homeless people (27%) were addicted to alcohol. Only three studies reported rates of alcohol addiction under 10%.

Although very few homeless persons received SSI (a program providing cash assistance to the non-aged with severe health problems), many homeless persons were characterized as disabled. Table 3 shows that an average of one quarter of the population of homeless persons were disabled; these were mainly measured as self reports. Almost half of the studies included in this analysis reported disability rates of 15–30% of their samples of homeless persons, a finding corroborated by the Robert Wood Johnson Health Care for the Homeless research that found that 31% had at least one chronic physical disorder (Wright & Weber 1987).

Even more homeless people reported themselves to be in poor health (Wright 1987, Wright et al 1987). Cause and effect are clearly entangled here: Being homeless may lead to illness, and poor health may precipitate homelessness. Table 3 shows that an average of 38% of the population of homeless persons reported themselves to be in bad health. Unlike other estimates of the personal vulnerabilities of homeless persons, the variance around this estimate is small.

It is no surprise that the homeless often go without food and eat poorly when they do. A national study of users of soup kitchens and shelters found that the average homeless person ate less than two meals per day and frequently did not eat for entire days (Cohen & Burt 1990). Although it was found that soup kitchens and shelters provide nutritious meals, they do not provide all the meals eaten by the homeless, with the consequence that their total food intake is nutritionally deficient.

A substantial proportion of the population of homeless persons have been incarcerated, either in prison or in jail. Table 3 shows that on average 18% of the population of homeless persons had served time in prison after being convicted of a felony, and about one third of the population of homeless persons had been jailed on misdemeanor charges. An average of 41% of the

population of homeless persons experienced some form of incarceration within the criminal justice system. Research suggests that homeless persons are more likely to be picked up by the police and put in jail because of bizarre behavior or because they seem likely to be dangerous either to others or to themselves (Lamb 1984). Homeless mentally ill persons were also believed to be incarcerated more because deinstitutionalization of the mentally ill has eliminated noncriminal institutional alternatives (Dear & Wolch 1987). This research suggests that the high rate of incarceration may reflect not the misdemeanor behavior of homeless persons but rather the criminal justice system's treatment of homeless persons.

The high rate of felony convictions and prison experiences, however, indicates that many of the homeless have committed crimes serious enough to warrant prison terms of a year or more, a characteristic that cannot be simply the "criminalization" of mentally ill persons. Of those studies that examined the prevalence of prison experiences among homeless persons, almost half reported such for 10%–25% of their samples. This may indicate that criminal history, the experience of prison, and the status of being an ex-convict play a role in the dynamics of homelessness (Piliavin et al 1990).

Research studies consistently show that the homeless lack strong ties to social networks. Table 3 shows that on average, 36% reported having no friends, with 31% reporting virtually no contact with family members. Homeless persons' social networks are significantly smaller than the social networks of non-homeless poor people (Sosin et al 1988). This means that the possibility for social and economic support offered by adult friends or family members does not exist for very significant portions of the homeless, including homeless families.

An important finding is that homeless persons are more likely to have been raised in a foster care situation (Sosin et al, 1988). Because children so raised often have no ties with their kin, family members are not available for aid and support when help is needed. Moreover, these children may not be fully prepared for the labor market (Piliavin et al 1990).

Hoch & Slayton (1989) suggest that homeless persons experience "community." Studying the social networks of a sample of Chicago's SRO residents, they found that only 15% of this sample reported having no close personal relationship and argued that social disaffiliation is not characteristic of the "new homeless." Of course, this study deals with persons who are usually considered homed and are clearly more integrated than the Chicago homeless found in shelters and on the streets (Rossi 1989a).

Determining whether homeless persons are socially isolated appears to depend on whether emphasis is attached to the number of social ties or the virtual absence of social ties. For example, a study of a sample of Bowery skid row residents reported that these homeless men experienced more isola-

tion than other groups of men but that they did not experience "total isolation" (Cohen & Sokolovsky 1989). Another study of homeless persons in Chicago found that homeless people had less contact with domiciled friends and families than did other poor people, but that they did have a social network comprised of other homeless people (Sosin et al 1988).

Poverty and other characteristics that coincide with homelessness are considered to create a pool of children at risk of incurring serious mental, developmental, and behavioral problems (Institute of Medicine 1988). Some research points to very severe consequences of homelessness for children, but it does not distinguish the impact of homelessness per se from the overall experience of poverty that all homeless children have (Bassuk & Rubin 1987). Research that compares the social, behavioral, and psychological characteristics of homeless children to those of domiciled poor children shows less dramatic effects (Molnar et al 1991). This research suggests that homelessness increases the problems of poor children, although the manifest effects of poverty on these children are already enormous (Schorr 1988).

DURATION OF HOMELESSNESS A central question in studying homelessness is whether being homeless is a temporary, transitional, or episodic condition lasting a relatively short period of time, or whether it is a permanent and chronic problem (Freeman & Hall 1987, Rossi 1989a, Burt & Cohen 1990). Measuring the duration of homelessness is confounded by the seeming intermittent character of the experience; people who are homeless over the long-term often find places to live from time to time. It is generally agreed that to measure the amount of time spent homeless requires asking when people last resided in a permanent housing situation or when people first became homeless (Freeman & Hall 1987, Burt & Cohen 1990).

Yet even this approach tends to underestimate the duration of homelessness and overestimate the number of short-term homeless persons because the information is collected at a point when the homeless experience is still ongoing. The steady growth in the number of homeless persons throughout the 1980s may also lead to overestimations of the numbers of short-term homeless persons because more people entered into homeless situations. The assumption that homeless persons are intercepted in the middle of a homeless episode has led some to double their homeless duration estimates (Freeman & Hall 1987, Rossi 1989a).

Our meta-analysis found that the average time spent homeless was just under two years; all but two studies reported that the average time spent homeless was greater than 14 months. At the same time, these studies reported that the majority of their samples were homeless for less than six months.

It is now understood that the numbers reflect the considerable variation in duration, and hence that there are no meaningful central tendencies in the distribution (Rossi 1989a, Burt & Cohen 1990). The large numbers of people who have been homeless for long periods of time and the continual entrance of newcomers into situations of homelessness have led some to conclude that regardless of the seeming episodic nature of homelessness, it is a permanent and long-term part of the US metropolitan landscape (Lang 1989, Sosin et al 1990).

How Many Homeless People?

Considerable disagreement exists over how many homeless persons there are in particular localities or in the nation. National estimates of the number of homeless persons range from 250,000 to 3,000,000 people, and local estimates also show a wide range. Estimates are derived in a variety of ways, some amounting to sheer guesses and others using more credible approaches.

The difficulties that beset estimation are inherent in the nature of homelessness. Modern censuses and sample surveys are based almost exclusively on enumerations of persons living in "dwelling units." Obviously, by definition, the homeless cannot be reached in that way, especially those who live outdoors, in vehicles, in abandoned buildings, or in public places such as bus stations. Homeless persons staying in shelters can be enumerated as living in "congregate quarters," but there is no easy way to reach and enumerate those who do not.

A variety of approaches have been developed using direct and indirect methods (Holden 1986b). There have been no attempts to conduct a direct count of the entire universe of homeless persons in the United States. All existing counts have been conducted at the local level, primarily in cities. Although the 1990 Census made a special effort to enumerate all persons living in shelters, only a partial count was made of homeless persons outside of shelters. Accordingly the 1990 Census results, when available, can only be a lower bound.

Estimates of the number of homeless people have been constructed by surveying presumably knowledgeable key informants, asking for their "expert" judgments about the numbers of homeless in their localities (Hombs & Snyder 1982, US Department of Housing and Urban Development 1984, Reyes & Waxman 1987). Local estimates of the number of homeless persons vary according to the knowledge base of key informants, key informants' definition of homelessness, and consistency in defining a local place (Appelbaum 1990, Rossi 1989a, Cowan et al 1988).

Research using key informants has produced the extreme high values in the range of national estimates of homelessness (Hombs & Snyder 1982, US Department of Housing and Urban Development, 1984). Critics of a con-

troversial 1984 study by HUD (US Department of Housing & Urban Development 1984) argue that faulty methods produced unrealistically low estimates of the number of homeless persons (US General Accounting Office 1985). Yet critics of a 1982 study conducted by the advocacy organization Center for Creative Non-Violence (Hombs & Snyder 1982) also agreed that the high estimates of the number of homeless people found in this study were not based on any systematic method whatsoever (Kondratas 1986, Freeman & Hall 1987, Rossi 1989a). Clearly, the guesses of key informants do not converge on credible estimates.

The number of homeless persons has been extrapolated through the use of street-to-shelter ratios. In one controversial study, a sample of homeless persons in New York City food kitchen lines were asked the proportion of time spent living on the street and in shelters (Freeman & Hall 1987). Taking the average time spent on the street relative to time spent in shelters, an estimate of the number of homeless street people was extrapolated from direct counts of shelter residents, using an assumption that the street-to-shelter ratios were uniform across cities (and equal to New York City ratios). This study has been criticized (Rossi 1989a) for presuming that the street-to-shelter ratio in New York City applied to all other cities (Appelbaum 1990). Indeed, from place to place, a wide range of street-to-shelter ratios has been reported (Wiegard 1985).

In a few localities direct counts of the homeless have been attempted. In some localities, researchers have counted homeless (appearing) persons in public places (Robinson 1985, Wiegard 1985, Goldstein et al 1989, Lee 1989, Ryan et al 1989, LaGory et al 1989). More thorough surveys include interviewing people in public places to ask whether they were homeless: In Nashville, where the more thorough approach was used, counts have been undertaken for several years; these reveal a remarkable stability in the size of the population of homeless persons (Wiegard 1985, Lee 1989). Most such counts have been undertaken only in parts of the localities studied, usually the areas known to be frequented by homeless persons.

The most credible estimates have been based on modifications to the conventional area probability sampling designs. The first study to employ a probability sampling design to study homeless people living in shelters and on the street was conducted in Chicago by NORC (Rossi et al 1986, Rossi et al 1987, Rossi 1989a). Two sample designs were used; one addressed to the homeless living in shelters and the other to homeless living outside shelters and conventional dwelling units. The shelter survey yielded a probability sample of shelters and systematic samples of persons living in the selected shelters. The "street survey" was based on thorough searches of non-dwelling unit places—sidewalks and alleys, vacant lots, abandoned buildings, parked vehicles, hallways, basements and roofs, etc—in a probability sample of

Chicago census blocks stratified according to expert estimates of the density of homeless persons on each block. The street survey was undertaken in the dead of the night. Persons living in shelters and on the streets were interviewed both to determine their housing status and to collect basic demographic and epidemiological data.

Properly combined, the surveys provide a statistically sound basis for estimating the total homeless population of Chicago. The approach used by Rossi and NORC is not specific to Chicago and can be generalized to the national scene. Unfortunately, it is very expensive because the searches of samples of blocks are labor-intensive.

Although the Chicago homeless research is considered to be the most rigorous study of homelessness to date, it has been sharply criticized, for sending off-duty, plainclothes policemen to accompany interviewers (homeless people are harassed by police), for identifying homeless persons by asking them if they are homeless (homeless people are ashamed of being homeless), for failing to enumerate the "hidden homeless" (the hidden homeless, by hiding, cannot be counted), and for not including the homeless among residents of jails, prisons, and public hospitals as part of the homeless population (Cowan et al 1988, Freeman & Hall 1987, Appelbaum 1990). A large part of the attack on this research appears to be a reaction to its "low" count—2300, constituting less than 15% of Chicago advocates' estimate of homeless persons (Rossi 1987).

Since Rossi's 1985–1986 study, probability sampling designs have been used to estimate the homeless populations of Los Angeles (Hamilton, Rabinowitz & Alschuler, Inc. 1988) and Washington DC (Michael et al 1990). Up to this point, no national probability based studies have been undertaken.

Although enumerations of all the homeless in the nation have not yet been undertaken, there are enumerations of significant portions of the nation's homeless. National studies of the homeless in shelters or those using other services have been undertaken. One source relied on for the 1984 HUD national estimates was derived from a sample survey of shelters in metropolitan areas which obtained data on shelter capacities and occupancies (HUD 1984). A more recent study undertaken by the Urban Institute was based on 1987 samples of homeless persons residing in shelters or using food kitchens in 20 cities; these samples were selected to serve as representative of cities over 100,000 (Burt & Cohen 1989). Using information obtained from homeless users of food kitchens to estimate the number of homeless who are not shelter users and extrapolating to the nation, Burt & Cohen arrive at an estimate of 600,000 homeless in the nation in 1987. Note that this estimate is based on making a number of assumptions about the non-sheltered homeless that may be faulty.

Counting the number of homeless persons is confounded by the many

meanings of homelessness. Most empirical investigations measure the amount of literal homelessness. Therefore, the research obtains lower numbers of homeless persons than expected by the advocates of more inclusive definitions of homelessness.

Recent research has attempted to expand the scope of homeless research by attempting to estimate the population of persons at high risk of becoming homeless, proceeding on the assumption that the high risk population consists of extremely poor single persons. Using the *Current Population Survey*, Rossi has shown that domiciled extremely poor persons are much more numerous than the homeless, about 5.7 million people (Rossi 1989b).

Why Homelessness?

As might be expected, there is strong disagreement over the root causes of the current presence and continual growth of homelessness across the United States. A major issue is whether homelessness stems from housing shortages, acute poverty, physical and emotional disabilities, joblessness, economic structural change, capitalism; changes in family structure, or a niggardly welfare state (Wolch & Akita 1989, Lang 1989, Rossi, 1989a, Wright 1989, US General Accounting Office 1985), or some combination of such factors.

Reports on the causes of homelessness often contain a list of factors that produce it (Wright 1989, Goldstein et al 1989, Smith 1985). But the extreme situation of homelessness may be more accurately portrayed as the result of the convergence of the many factors that drive this phenomenon (Rossi 1989a). Each factor in itself is insufficient to cause large and increasing numbers of homeless persons. But these factors may interact to multiply the effects of each to the extent that it becomes impossible for many people to acquire and maintain permanent housing. In this vein, the roots of homelessness are found in analyzing the US political economy (Belcher & Singer 1988, Lang 1989). Homelessness may be driven by a convergence of political, social, and economic forces that include housing market dynamics, economic restructuring, deindustrialization and labor market changes, welfare and income maintenance policy, and policy to support vulnerable, disabled groups (Wolch et al 1988, Wolch & Akita 1989, Rossi 1989a, Wright & Lam 1986).

Yet acknowledging the multitude of forces involved emphasizes the substantial gaps in current knowledge about the causes of homelessness. While many people become homeless, others under the same apparent conditions do not. There is virtually no empirically supported theory about the conditions that lead in and out of homelessness; this lack arises in part because of the absence of a theoretically driven research agenda. At issue are the incidence of and conditions associated with entering and escaping from homelessness, whether homelessness is a chronic or brief phenomena, the consequences of

becoming homeless, and the conditions that prevent homelessness either from reoccurring or occurring at all. Addressing these issues requires a longitudinal design that compares the characteristics and life experiences of homeless and domiciled individuals and families.

Moreover, it has been argued that cross-sectional or single-point-in-time research strategies provide misleading information because they tend to overrepresent the characteristics of persons with longer episodes of homelessness (Sosin et al 1990). One of the only longitudinal studies of homelessness, while based on a limited sample, found that homelessness was best viewed not as either long-term or brief but as extreme residential instability, suggesting that understanding homelessness requires research that focuses on people on and off the street (Sosin et al 1990).

Importantly, longitudinal research on homelessness would be able to disentangle the influence of personal vulnerabilities from those of "events" on homelessness and to determine the policies and structural dimensions most responsible for homelessness as well as those that make its occurrence less likely. Longitudinal research on homelessness is important not only because it follows the same people but because it can account for the time-dependent nature of homelessness.

HOUSING MARKET DYNAMICS AND HOUSING POLICY

Metropolitan areas are currently experiencing an acute shortage of low-income housing (Wright & Lam 1986, Swanstrom 1989, Hoch & Slayton 1989). Therefore, homelessness is partly the result of an array of forces operating on the urban land and housing markets that have worked to reduce the supply of affordable housing. These forces include those that have bid up the price of housing as well as those that have led to the destruction and demolition of low-income housing.

Downtown revitalization and gentrification have increased the price of central city housing, displaced residents of formerly lower-income neighborhoods, and decimated the single-room-occupancy housing stock (Wright & Lam 1986, Hartman & Zigas, 1991a, Swanstrom 1989, Hoch & Slayton 1989, Ringheim 1990, Hartman & Zigas 1991b). Indeed, there is evidence that homelessness increases with economic growth which raises local property values (Logan & Molotch 1987, Freeman & Hall 1987). The benefits of economic growth do not "trickle down" to low-income persons; rather, poor people are harmed in this historical period by the fallouts of economic growth.

An opposing conservative perspective has been advanced by Tucker (1990) whose research has claimed that rent control is implicated in homelessness by

making low-rent housing unprofitable. Yet later research using Tucker's data found that rent control did not have an independent effect on homelessness when city housing and employment characteristics are taken into account (Appelbaum et al 1991).

The negative impacts of central city growth and changes upon the poor have been intensified by suburbs' and cities' use of zoning and other land-use policies to exclude low-income housing and non-nuclear families from their communities (Shlay & Rossi, 1981, Hartman & Zigas 1991a, Ritzdorf 1984, Witkin 1981). In addition, housing codes embodying mainstream conceptions of housing quality help to set the stage for homelessness by rendering the construction of new low-income housing impossible without large subsidies (Freeman & Hall 1987).

These changes in urban structure and form bring federal cutbacks in housing programs to center stage. At the precise period where the need for housing subsidies was increasing, the amount of public subsidy was sharply reduced. The number of new households serviced each year declined throughout the 1980s (Hartman & Zigas 1991b). At the same time, middle class homeowners retained their indirect housing subsidy through their ability to deduct interest payments from their taxable income.

ECONOMIC RESTRUCTURING AND THE LABOR MARKET

Because of economic restructuring, the loss of manufacturing employment, the rising skill level demanded in new jobs that pay well, and the increasing number of low wage jobs in the service sector, the metropolitan employment base is increasingly unable to provide jobs that pay enough to permit people with few skills to acquire and maintain tenure in permanent housing. Unemployment and long-term joblessness are cited as major reasons for homelessness (Rossi 1989a). Although the proportion of persons below the poverty level has not increased by very much, these structural changes have concentrated poverty among the minority populations in urban areas. Large numbers of these populations have essentially no income for housing (Ellwood & Summers 1986).

Homelessness also stems from the reduced income levels of households and families (Rossi 1989b). Declining real incomes of households may not automatically lead to these low-income households becoming homeless. However, the poverty of such households may prevent them from aiding more destitute friends and kin. Many would-be homeless people live in households maintained by others, especially close kin such as parents and siblings; this is why they are termed the "hidden homeless" (Rossi 1989a, Milhaly 1991).

WELFARE AND INCOME MAINTENANCE POLICY

The reductions in federal appropriations for employment and training programs, income maintenance assistance, and food stamps that accompanied the Reagan and Bush presidencies meant that fewer people in need could be assisted when the need for assistance was dramatically increasing and that the funds made available were less. Even if funding levels had been maintained at their pre-1980 levels, the available resources would have been unable to ameliorate problems of homelessness effectively because the real value of these benefits had been so severely eroded by inflation (Ellwood & Summers 1986).

While the need for job training increased, funding for employment and training programs decreased (Bassi & Ashenfelter, 1986, Wolch & Akita 1989). A reduced supply of low-income housing combined with low AFDC benefits is one major reason why homeless families with children have emerged on the urban scene (Wolf 1991). Welfare assistance, through providing a shelter allowance, may also be considered a form of housing assistance. However, these allowances only cover a fraction of the actual cost of housing (Newman & Schnare 1988). For single persons, lower General Assistance benefits (which vary dramatically among states) do not provide sufficient resources to rent an apartment or even a room (Rossi 1989a). More generous SSI benefits which average less than $350 per month are still inadequate to pay for daily necessities and housing in most urban centers (Newman & Schnare 1988). The large gap between household income levels and local rent levels is considered to be a structural force that creates a population at risk of homelessness (Ringheim 1989, Ringheim 1990, Elliott & Krivo 1991).

THE ROLE OF DISABILITIES IN CREATING PERSONAL VULNERABILITIES

Although many homeless people suffer from disabilities resulting from drug and alcohol abuse, mental and physical illness, and criminal convictions, these vulnerabilities may not be the ultimate causes of their homelessness (Redburn & Buss, 1986, Rossi & Wright 1987). One view is that personal vulnerabilities indirectly affect homelessness by interfering with people's abilities to participate in the labor market and to maintain stable and secure relationships with friends and family (Rossi 1989a). Chronic disabilities may promote economic destitution through the lack of economic and social support that accompanies being chronically disabled.

Patterns of causation may also vary among subgroups. Homelessness for women (and for homeless families) is often preceded by domestic violence (Sidel 1986). The enlarged role of domestic violence in forcing a homeless

situation may not indicate that domestic violence is increasing but rather suggest that women experiencing abuse and battering have more options to leave oppressive family situations, as is demonstrated by the increased number of shelters for battered women.

Programs and Policies to Address Homelessness

Although research consistently supports the necessity of long-term solutions to homelessness, most of the programs and policies in place deal with homelessness in the short-term, as emergency situations (Redburn & Buss 1986, Buss 1990). The largest line items under the McKinney Act in 1989 (the most important federal legislation to aid homeless persons) were for emergency shelter and assistance. The smallest appropriations went to job training, adult literacy, and alcohol and drug treatment (Schwartz & Glascock 1989).

A three-tiered approach to providing housing for the homeless has been recommended (Baxter et al 1982, Mayer & Shuster 1985). The first tier is composed of emergency shelters, including those that provide overnight housing and those that provide shelter during the daytime (e.g. drop-in centers) (Sosin et al 1988).

This approach is criticized because it is a temporary solution, often of poor quality, providing an unsafe environment frequently avoided by homeless persons (Huttman 1988, Rossi 1989a). Indeed, the 1988 HUD shelter survey reported an occupancy rate of 66% (US Department of Housing and Urban Development 1989).

The second tier, transitional housing, is currently attracting more public and private funding (Heskin 1987). This approach allows stays of longer durations than emergency housing, usually from six months to one year, and typically provides an array of support services (or connections to services) that include drug treatment, medical care, job training, education and child care for homeless families (Shlay 1986, Bach & Steinhagen 1987, Bassuk 1988, Schwartz & Glascock 1989). The goal is to aid homeless people in making the transition to permanent housing.

No research has systematically examined the impact of transitional housing on the lives of homeless persons. Despite the absence of research, transitional housing programs are criticized for potentially reinstitutionalizing homeless persons and creating "service dependent ghettos" (Dear & Wolch 1987, Hoch & Slayton 1989). Yet the short-term tenancy of transition housing residents, the large need for intense service delivery, and the current status of programs to address homelessness raise questions about the validity of these concerns.

The third tier consists of permanent housing for homeless people. With virtual unanimity, almost all commentators call for more low-cost housing to redress homelessness (Wright & Lam, 1986, Rossi 1989a). Yet providing

permanent housing has prompted the least amount of activity (Hartman & Zigas 1991b, Stegman 1991). Homelessness is treated largely as a short-term housing problem because developing long-term, low-income housing is confounded by the decreased availability of construction and rent subsidies, large building acquisition and rehabilitation costs, the high costs of developing new low-income housing and high interest rates. Moreover, very deep subsidies are needed because most homeless persons cannot afford to pay any rent at all (Rossi 1989a).

Since the low-income housing stock for poor single persons has mostly been single-room-occupancy hotels (SROs), efforts are increasing to preserve this housing, to halt demolition, and to fight gentrification forces (Kasinitz 1984, Mostoller 1985, Hoch & Slayton 1989). Although SRO rents are lower than conventional apartment rents, they remain too high for many homeless people and subsidies are therefore required (Rossi 1989a).

The McKinney Act provides for housing vouchers to subsidize the homeless in existing housing. Critics argue that housing vouchers (demand-side housing subsidies) are inadequate because of the small supply of affordable housing units in which the vouchers could be used (Swanstrom 1989).

Existing subsidized housing also appears not to be the answer. Waiting lists for all subsidized housing programs are extremely long, indicating that they cannot alter the immediate condition of homelessness in the short-term unless subsidies are targeted to homeless persons. In addition, most housing assistance does not aid the majority of homeless persons who are young and single because the vast majority of aid goes either to elderly persons or to families with children (Hartman & Zigas 1991b).

Another approach to homelessness is to provide social services to the homeless. As with housing assistance, the major target of social services is homeless families. Combining services and housing, The Robert Wood Johnson Foundation with the Department of Housing and Urban Development has taken the lead in developing demonstration programs that coordinate public and private resources for addressing the needs of homeless mentally ill persons and homeless families with children.

With the not surprising discovery that homeless people suffered from a multitude of physical problems, providing health care for homeless persons became a focus of national attention. In 1985, the Robert Wood Johnson Foundation and Pew Memorial Trust jointly funded nineteen cities for four years to establish clinics to coordinate and provide health care for homeless persons. An evaluation of this demonstration project showed that it was feasible to provide health care systems accessible to homeless persons (Wright 1987, Wright et al 1987, Wright & Weber 1987). It is likely that this success in private initiative was directly responsible for the health care provisions contained in the McKinney Act (Institute of Medicine 1988).

The food and nutritional needs of homeless persons have also received increasing national attention, generating support from both public and private sources (Cooper 1987). Providing free food has led to the development of a national organizational infrastructure that obtains food from suppliers and distributes it to local food banks who then supply food to local service providers. Soup kitchens and food pantries, primarily operated by religious organizations and other nonprofit organizations, are available to any person in need. Indeed, there is evidence that the free food available from food kitchens enables many precariously housed persons to put most of their income into housing, thereby preventing or postponing homelessness (Sosin et al 1988, Burt & Cohen 1989). This suggests that without free food, the number of homeless people might even be larger.

The recognition that existing efforts to aid homeless persons are inadequate has fostered a wide range of policy recommendations for preventing homelessness. These include recommendations to revise US social welfare policy (Rossi 1989a), expand the availability of job training programs (Redburn & Buss 1986), and enlarge public and private support for increasing the availability of low-income housing (Swanstrom 1989, Hartman & Zigas 1991b). It has also been suggested that homeless persons organize themselves into unions that can advocate on their own behalf (Cress 1990).

Recommendations include short- and long-term measures. Suggested short-term measures are those that intervene in the proximate causes of homelessness. These include increasing individual access to existing services and augmenting support for emergency shelters (Baxter & Hopper 1981, Baxter & Hopper 1982, Baxter et al 1982).

Long-term measures deal more directly with those factors that obstruct the production of affordable housing and those that produce acute poverty. In addition to increasing subsidies, suggested housing initiatives include developing non-conventional housing (e.g. shared housing), initiating new tenure forms (e.g. community land trusts), altering prevailing zoning codes, encouraging new forms of housing production (e.g. manufactured housing), enacting housing market restrictions (e.g. anti-speculation laws) and increasing housing credit availability (Birch 1985b, Hartman & Stone 1986, Lang 1989, van Vliet 1989). It has also been suggested that the United States adopt the third world's ongoing housing production method of self-help where unemployed homeless residents construct their own homes; others argue that squatting in vacant housing would remedy some homelessness (Burns 1987, Borgos 1986).

Short-term measures suggested to improve the US welfare system include increasing welfare benefits (i.e. AFDC, GA, and SSI), joint coordination of housing and welfare subsidies, an expansion of eligibility for assistance to include families with dependent adults, public sector intervention in the labor

market (e.g. public sector employment) and national economic planning (Belcher & Singer 1988, Newman & Schnare 1988, Rossi 1988).

Long-term measures to alter the conditions that produce homelessness are by definition designed to alleviate problems accompanying acute poverty and an inadequate supply of low-cost housing. Reducing the prevalence of homelessness is not equivalent to eliminating poverty although policy designed to benefit homeless persons would also provide positive benefits for non-homeless poor persons from whose ranks the population of homeless persons is recruited (Rossi 1989b, Hartman & Zigas, 1991a).

Homelessness: A US or Worldwide Phenomenon?

Homelessness is not new to third world cities. Rapid urbanization, urban primacy and now the introduction of "mega-cities" have led to large numbers of homeless persons in developing countries who cannot be absorbed by already severely strained labor and housing markets (Rondinelli 1983, Chase-Dunn, 1985). Indeed, US research on homelessness has a parochial quality because it does not take into account either worldwide homelessness nor third world innovations in addressing this problem (e.g. self-help) (Burns 1987).

Yet there are important differences between US and third world homelessness. Third world homeless persons are recent migrants to cities; in the US homeless persons tend to be long-term residents (Burt & Cohen 1990). Moveover, third world homelessness is a product, in part, of rapid urban growth while increasing US homelessness has been accompanied by central city population decline.

A stronger parallel exists between US and European homelessness (Friedrichs 1988). Increasing numbers of homeless persons have been reported in several European countries such as France and Great Britain. Speculation on the causes of European homelessness mirror US findings—economic restructuring, a decline in the low-income housing stock, unemployment, and cutbacks in welfare spending (Lang 1989, Ferrand-Bechmann 1988, Murie & Forrest 1988). In addition, British and French homeless are also dominated numerically by men who are rapidly being joined by women and children (Murie & Forrest 1988). These similarities suggest that US homelessness is not unique but is a product of economic and political forces found in many modern market economies (Adams 1986). If homelessness is a phenomenon driven by the current politics governing market economics, it may develop in eastern European countries that are dismantling their socialist economies and embracing market principles.

Future Roles and Directions for Social Science Research

Until now the role of social research has mainly been to document the social characteristics of homeless persons and to monitor the size of the homeless

population. It is now time to explore more the precipitant and structural underpinnings of homelessness, and to outline the role of policy in fostering or preventing a homeless situation. Consensus appears to be growing that contemporary homelessness is not temporary but will be with us for some time. Social research will need to play an even more important role in developing our knowledge base concerning this tragedy. Social research must maintain its commitment to the methodological rigor that this complex problem deserves despite the pressures of social movements and political forces to come up with a variety of "right" answers.

Many aspects of homelessness require more attention by the social research community. Homelessness is a multidimensional problem, and the different facets of this problem are not well understood. While research has been more attentive to homelessness as a housing or mental health problem, less concern has been placed on other important aspects of this problem. One of these is the role of employment (Sosin et al 1988, Rossi 1988, Elliott & Krivo 1991). Research needs to address the dynamics of homelessness in terms of labor market participation, joblessness, structural change, and the stabilization of the economy. This is particularly important in understanding the homelessness of young single men. Clearly longitudinal studies of the paths taken and events encountered on the way to homelessness and back to the domiciled condition are called for.

A second important issue is the role of social ties in homelessness. This is not to equate homelessness with social disaffiliation but to examine explicitly the place of family and friendship networks in the process of becoming and staying homeless. A promising direction in this vein is the recent focus on the foster care experiences of homeless persons (Piliavin et al 1990). Here again, longitudinal studies are needed to determine how primal kinship ties deteriorate under adversity and what social relations sustain them.

To aid in the development of remedies to homelessness, research needs to continue to compare the economic and social situations of homeless persons to non-homeless persons. Social science research has a central role to play in determining the strengths and weaknesses of various strategies to address homelessness, particularly those programs that offer the possibility of moving homeless persons off the streets, into the labor market, into permanent housing, and, ultimately, into the social and economic mainstream. Programs are in place, but they do not appear to have clear objectives nor have they generated hard estimates of their effectiveness. Good social science evaluations are called for.

Important lessons may be garnered from international comparisons of homelessness. It would be useful to understand the relationship between homelessness and variations in characteristics of countries including housing, economic and welfare policy, types of economies (e.g. market versus social-

ist), community culture, standard of living, and quality of life. We believe significant variation occurs among countries in homelessness: For policy purposes as well for the understanding of structural causes, we need to know the sources of these variations.

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