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Les documents de travail n'engagent que leurs auteurs
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***Économie et statistique*, special issue on « The Homeless », English version**

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A special survey

The homeless: a new survey

Throughout history, paupers, vagrants, down-and-outs and the homeless have always provoked ambiguous responses of fascination and rejection. Many factors are involved, including the “spectacular” nature of life on the street, which “mirrors our fears and our feelings of solidarity” (Roulleau-Berger, 2004), and feelings of compassion mixed with guilt, attraction, fear and even disgust when faced with situations of extreme suffering and dehumanisation¹. Many literary works (Jack London, 1902; George Orwell, 1931), qualitative surveys and research projects – for the most part anthropological and sociological (Georg Simmel, 1908; Alexandre Vexliard, 1957) – have analysed the typology of and the paths taken by people living on the margins of society, but without succeeding in influencing the shared images deeply rooted in our collective unconscious.

Nonetheless, there are times when the increased number or visibility of people “living rough”, and the appearance of previously unknown sub-groups among them, raise new issues for social actors, politicians and society as a whole. By drawing attention to these turning points, when marginalisation seems to develop in response to economic and social step-changes, the work of sociologist Robert Castel (1995a; 1995b) raises an important question for the development of public policy. For him, “what takes shape on the peripheries of society - in the form of vagrants before the industrial revolution, ‘paupers’ in the 19th century and ‘outcasts’ today - forms part of an overall social dynamic” (Castel, 1995a); “marginality [...] has its origin in society’s basic structures, the organisation of work and the system of dominant values. The marginalised pay a high price for their deviation, but at the same time constitute a factor of historical change” (Castel, 1995b).

Thus, when situations of extreme insecurity develop and metamorphose, they are linked to a major social problem: in addition to the suffering and danger they represent, they are also fuelled by the emergence and development of zones of “social turbulence” which targeted measures alone are powerless to regulate.

At the beginning of the 1990s, there was an upsurge in interest in and concern about homelessness, in France and at European level².

“There are homeless people in our towns and cities; we see them and our lives cross in an opulent society in which floor space per person has never been as high. They are increasing in number or, rather, are more and more present, more and more visible. They are on our screens and in our consciousness. How many? Who? Why? What can we do?” (CNIS, 1996)³

¹ Patrick Declerck (2001) produced a striking description of the suffering which afflicts the most socially outcast people, the “tumultuous disorder of actions, the worrying lifelessness of their existence”.

² “After the UN International Year of the Homeless (1987), the subject of the homeless emerged in Europe at the beginning of the 1990s: the European Federation of National Organisations Working with the Homeless (FEANTSA) was founded in 1989 and funded by the European Commission, which asks FEANTSA to produce an annual report on the homeless...” (Marpasat, 2006).

³ The working group on the homeless, established by the plenary session of the CNIS (the French National Council for Statistical Information) in 1993, was chaired by Pierre Calame, president of the Foundation for human progress. Its vice-president, Françoise Euvrard, who unfortunately died in 1995, made a decisive contribution towards the success of its work.

The French National Institute for Statistics and Economic Studies (INSEE) then began to develop its work on poverty, which made great strides in extending knowledge of the subject (Économie et statistique, 1997; Freyssinet, 2006). But the search for statistical data on the homeless, conducted by actors on all sides, created thorny problems for statisticians. Their variety of names – homeless, of no fixed abode, etc – and blurred definitions hardly created the best conditions for a calm debate on the figures⁴. In any case, the most insecure groups of people were poorly covered by censuses and general surveys. Groups of people living in collective accommodation, which are included in the census, are not usually covered by modern household surveys, which in most cases only consider households in ordinary housing. Foreign non-French speaking groups, the inhabitants of some very difficult neighbourhoods, people living rough or in squats, and very mobile people are by definition difficult to survey and are thus “excluded” from statistics. Only a specific survey, based on rigorous and widely accepted definitions, could enumerate and describe the profiles of the homeless, and the processes which led them into homelessness.

But was it scientifically and ethically legitimate to undertake a statistical survey of the homeless (Firdion, Marpsat and Bozon, 1995)? And how could a large-scale survey of a mobile and partly invisible population be carried out?

The birth of an unprecedented survey

Although, since the mid-1980s, the number of sociological studies of exclusion, disqualification and disaffiliation (Paugam, 1991 & 1996; Castel, 1995a & 1995b; Laë, 2000) had increased significantly, qualitative and ethnographical surveys of the homeless remained limited in number at the beginning of the 1990s. Only one specific, fairly wide-ranging programme was started in 1991 by the “Urban Plan”⁵, to study people “of no fixed abode” (*sans-domicile fixe*). Some research projects undertaken within this framework concerned delimited groups of homeless people while others focused more specifically on the processes which led to their current situation. Many studied the conditions of life on the street, survival strategies and relationships with social institutions (Pichon, 2000).

Nevertheless, these works could not avoid an attempt at quantification; to some extent, they made it all the more necessary. Only a representative survey, measuring the range of situations and their respective significance, would be able to avoid the images of the homeless being unjustly dominated by certain “figures” which are either more striking or have a higher media profile than others. Moreover, by highlighting the respective significance of individual and structural factors, it would allow the relative importance of processes leading to extreme insecurity to be weighed and therefore to direct the actions of public and social actors.

⁴ It is interesting to note, as Cécile Brousse does (2005), that with improved accommodation services and progress in statistical work, the terminology has changed: the terms indicating the absence of a roof or shelter (*sans-abri*: “roofless” and *sans-logis*: “shelterless”) gradually gave way to terms referring to housing deprivation (*sans-domicile*: “homeless”, with the adjective “*fixe*” (“fixed”) being gradually abandoned as well). This change was appreciable in France and other European Union countries.

⁵ “Le Plan urbain”, a research arm of the Ministry for Transport, Infrastructure, Tourism and the Sea, created in 1984.

But, by making such a choice, was there not the risk of favouring an impoverished and “essentialist” approach to poverty, which merely enumerated and described the variety of groups and studied how they lived, especially given that all French and foreign sociological work rejects the reasoning which sets up an opposition between the characteristics of poor people and the rest of the population, and instead emphasises their interdependence with the society of which they are a part (Paugam and Schultheis, 1998)? Furthermore, according to charities working closely with the homeless, a large-scale survey of these populations seemed very difficult without a deep understanding of the terrain, which the use of an extended network of surveyors could not guarantee. The importance of the work and discussions undertaken by the National Council for Statistical Information (CNIS) group, and later the National Observatory of Poverty and Social Exclusion (ONPES), the contacts made when carrying out the pilot surveys and the preparation of the survey proper showed that these difficulties could be overcome. Qualitative and quantitative methods should not be considered to be “irreconcilable paradigms”; they should and can be mutually advantageous (Marpsat, 1999). In addition, extended surveying methods can, in some circumstances, be respectful of an extremely fragile population and adapt to their life conditions without violating their privacy.

In the end, a representative national survey seemed possible. From the 1980s onwards in the United States, following intense controversy over estimations of the number of homeless people, work was carried out by the census office (Firdion and Marpsat, 2000a). In the framework of the CNIS group’s work on the homeless, the National Institute for Demographic Studies (INED) used elements of the American methods to carry out two pilot surveys: the first using a representative sample of 591 users of services for homeless people in Paris during the winter of 1994-95 (Firdion and Marpsat, 2000b), and the second among young homeless people in Paris in 1998 (Marpsat and Firdion, 2001; Amossé *et al*, 2001). INED’s surveys proved both that an extended survey was feasible and the utility of its results.⁶

The first results of the survey of users of accommodation and hot meal distribution services

The most anticipated results concerned *the number of homeless people*, despite the very rigid positions adopted by the CNIS working group.⁷ The figures circulating before the survey varied from 100,000 to 800,000 people. The first results from the survey *auprès des personnes fréquentant les services d’hébergement ou les distributions de repas chauds* (or *Sans-domicile* (*‘Homeless’*) 2001) presented in early 2002 at ONPES (Brousse *et al*, 2002a and 2002b), were at the lower end of this range: during one week in January 2001, 93,000 people used support services (accommodation or hot food distribution) at least once; of this number, an estimated 86,000 were homeless in the sense used in the survey (people who had spent the previous night in a shelter or a place not designed for habitation): 70,000 adults, accompanied by 16,000 children.

⁶ *These surveys showed, for example, how the selection criteria used by reception centres “constructed”, to a certain extent, a hierarchy within the insecure populations surveyed. “This group should be thought of more as a cluster resulting from a series of categorisation, selection and finally ranking processes at work in the labour, housing and social work markets” (Soulié, 2000).*

⁷ *“To those who simply ask ‘how many?’, we say and will continue to say: no” (Cnis, 1996, p.1).*

This result, which may have seemed “deceptive” to charities working with the homeless, did not provoke the kind of controversy which developed in the United States during the 1980s, where the first official results reduced estimations of between 2 and 3 million people to between 300,000 and 350,000. However, it is true that the French charitable network is minimal compared with the American one and there is no doubt that the preparatory work undertaken at CNIS and ONPES had familiarised the social actors with the very precise criteria of the definition used.⁸ This excludes difficult housing situations (people forced to live with close relations and residents of cramped or unhygienic housing), non-French speakers⁹, homeless people not using accommodation and meals services, and those living in towns with fewer than 20,000 inhabitants.¹⁰ Equally, choosing a short reference period as a basis for the definition of homelessness (the night before the respondent was surveyed) produced results which were necessarily lower than a longer period would have produced. The presentation of the first results stated these limitations and estimated, where possible, their incidences. Thus, some so-called “particular” housing situations not covered by the definition used were estimated using the *Logement (Housing)* surveys or the census of some 300,000 people.¹¹ The incidence of changes from a daily reference to a weekly reference was also estimated (at around 5% more). Subsequently, the use of a retrospective question asked in the *Santé 2003 (Health 2003)* survey made it possible to estimate the number of people currently in ordinary housing who had had to sleep rough or in a shelter at least once. Finally, a supplementary survey was carried out by INED at the request of ONPES, in order to study the survey's “margins”.¹²

The first results confirmed some of the hypotheses drawn from the qualitative surveys and the results established from INED’s pilot surveys, and highlighted phenomena greatly underestimated by public opinion and decision-makers.

Thus, the first descriptions of the surveyed population, mainly young and male, highlight the proportion of foreign nationals, which is four times higher than in the French population¹³, young adults aged 18 to 29 (more than a third compared with a quarter of the whole population), and the significant number of young women (as many men as women in the 18 to 24 age range) and people with one or more children (a quarter of the homeless population). These results confirm the observations of actors on the ground regarding the transformation of the population they work with, and calls for urgent reflection on the unsuitability of the methods and facilities used to deal with it.

Another significant result concerns the constant comings and goings – largely influenced by facilities’ capacities and the choices people make as a result – between different types of shelters: emergency centres open only at night; shelter and reintegration centres open during the day and where stays can last from two

⁸ It is worth restating that the definition of the homeless used in the survey covered people who had spent the night before they were surveyed in a place not designed for habitation and those staying in a free or low-rent accommodation service.

⁹ Counted, but not surveyed.

¹⁰ Counted, but not surveyed.

¹¹ 129,000 people living in mobile homes; 51,000 living in and paying for a hotel room; 41,000 in a temporary structure or a makeshift shelter; 80,000 forced to live with family members or friends (Brousse et al, 2002b, pp. 402-403).

¹² The survey focused on a sample of 106 people encountered by mobile services, with the aim of finding out whether these individuals had different characteristics from those surveyed by INSEE in 2001 (Marpsat and Quaglia, 2000; Marpsat et al, 2004).

¹³ Although the surveyed population, as mentioned above, did not include non-French speaking foreigners.

to six months, and often longer when there is no possibility of finding other housing ; and dwellings and hotel rooms owned by shelter providers. For the homeless in particular, dividing them at a given moment into people living rough or in makeshift shelters (8%) and in emergency shelters open only at night (15%) does not give a true reflection of the extreme difficulties of life between “the street and the hostel” linked to overcrowding and the living conditions in some centres (a proportion of people living rough could not find a place for the night prior to the survey or did not want to spend the night in a shelter because of poor hygiene and security conditions).

The fact that centres are full to capacity is also the consequence of longer stays: these often exceed regulatory durations in reintegration centres, particularly for foreigners waiting for a residence permit and older men. Homeless people only staying in shelters at night have also been in the system for a long time.

There was also a striking observation among the first results¹⁴: the homeless do not inhabit a world apart from the rest of society. Nearly a third have a job (this proportion is highest in the Paris agglomeration, Debras *et al*, 2004); most are manual workers or unqualified employees. A near majority say that they have family and friends, and nearly three quarters say that they are quite frequently in contact with them, though they also admit that they often suffer from loneliness (Monrose, 2004). They have contact with social institutions (70% had at least one contact in the previous twelve months), and more frequently with doctors and social workers; the level of contact is very variable according to how long the individual has been homeless, age and life conditions (Avenel and Damon, 2003).

New breakthroughs

In addition to the first results, the novelty of this survey and the complexity of the questions raised by the scientific literature required painstaking work which has shed light on several central questions which run through this issue :

- the interaction between the assistance policy and the people it is aimed at: how and according to what criteria are people suffering housing deprivation distributed between the different forms of assisted housing ?
- the proportions of the population studied which are "cut off" from the rest of society and people who are in touch with it: are these separate categories or is there a continuum of situations ?
- questions concerning individual and structural factors at play in the origin of homelessness: “miserabilism or determinism ?”

The health of the homeless, a major area of concern for the health authorities and social workers, was also the subject of a specific investigation.

¹⁴ At the end of 2005, therefore much later. This observation first emerged in 1996 with the publication of INED's pilot survey (Marpsat, Firdion, 1996) and, as regards the INSEE survey, in the Travaux de l'ONPES 2001-2002.

To conclude, the answers given by the respondents to an open-ended question at the end of the questionnaire were collected and analysed statistically, providing a wealth of information in addition to the answers to the closed-ended questions.

The interaction between assistance and the different categories of homeless people

After describing the organisation of the shelter and hot meals distribution network which formed the basis of the survey, **Cécile Brousse** studies *the link between the category of homeless people and the way in which this population is dealt with*. She highlights the highly heterogeneous nature of the population studied, broadly structured by family configuration and the relationship with the labour market, by distinguishing five groups of unequal size: single professionally inactive people (45%), who are mainly male; a younger, better qualified category, who are also living with neither a partner nor children but are in work (22%); a group made up mainly of women, of which three quarters have young children (18%); a fourth group (13%) made up of relatively young people living with partners and half of whom also live with children; and older people over the age of 50 (2%) who have never lived with a partner and have no occupation. Faced with this population, there is a significant hierarchy of provision in the shelter network, according to which service is provided continuously or discontinuously and individually or collectively, depending on how stable accommodation conditions are and the degree of personalisation of the location. The distribution of the different categories between the various dwelling types – from the street to hotel rooms and residential hostels – is dependent on the level of income, family configuration and relationship with the labour market. The analysis of the results suggests that the selection criteria at work in the shelters lead to the most personalised and stable forms of accommodation being reserved for certain types of people. Selection operates, therefore, either at the moment that the individual enters the shelter system, or through processes of ascending or descending mobility within the system itself.

Disconnection or continuity

Cécile Brousse then draws a parallel between the homeless and other more or less comparable categories of people in order to place the homeless population within a broader framework – particularly the categories of poorly housed people and those on very low incomes. This enables her to investigate whether *the homeless constitute a homogeneous group occupying a particular position within the broader population of poor people*.

The homeless have similar characteristics to other poorly housed people: the same ratio of men to women and the same percentage of people born abroad. However, there are more young people and fewer people over 50 years of age. On the other hand, the unemployment rate is much higher and the level of economic inactivity is twice as high. The analysis of the poorly housed population highlights the poor housing conditions of people who are single, lack qualifications and are affected by unemployment, but also underlines the over-representation of men and immigrants in atypical forms of housing. In this

respect, homeless people constitute a particular example of a more widespread problem. They are prevented from accessing an independent form of housing, even in the most rundown sectors of the housing market, by a lack of resources.

On the other hand, although there is no doubt that the homeless belong to the group of people on low incomes, they are far from being a scaled-down version of great poverty. Unlike the homeless, there are more people on low incomes with an independent dwelling in small towns, most of them are female and a relatively high proportion are over 45 years of age. Furthermore, there are a wide variety of income levels within the homeless population: in comparison with people on low incomes, there are not only more people on extremely low incomes, but also more people on relatively high incomes. Household composition is the most discriminant factor, with households on modest incomes having an even greater chance of living in social housing if they have children. Entrance criteria into the social housing sector help to negatively shape the composition of the homeless population. The hypothesis of a continuum of situations between the homeless, the poorly housed population and people on low incomes is confirmed, as is the role of the assistance and social housing policy in determining the composition of the category of people with the most insecure living conditions.

An article by **Maryse Marpsat**, in which she highlights a deep but less visible form of poverty, what she calls "a discreet form of poverty", is another illustration of the grey area which exists between the situations in which the homeless find themselves and those of similar populations. These are people who were questioned during the distribution of hot meals as part of the survey, but are in independent housing and so were not included in the analysis of the homeless population. This sample is compared, on the one hand, with people who say they have never lived independently and, on the other hand, with those who have had independent housing but have lost it, taking comparable American and Spanish studies conducted in the 1990s as a starting point. A significant proportion of this population have been homeless at one time in their lives. They are older and more often male, of French nationality, and eight in ten live alone. They have relatively few external contacts (with family, friends and social workers). The investigation into difficulties encountered before the age of 18 only shows weak deviations from the other two categories. The differences are clearest in the area of work. A very large proportion of people in housing have worked and have fairly extensive professional experience but, because they have lost their job or been made redundant, or because of their age or state of health – factors which are often cumulative – far fewer of them had a job at the time of the survey. The nature of their income also distinguishes them quite clearly from those who have never lived independently and those who had lost their independent housing at the time of the survey: benefits such as adult invalidity allowance, a retirement pension or the minimum state old-age pension and housing benefit have a much more important role to play. Housing conditions are often basic, and a number of people surveyed had tried, without success, to change housing during the previous year. Overall, this study highlights a form of poverty which is less visible within the public realm, but which is no less profound. These people, who for the most part are older, suffer from loneliness, live in poor quality housing and need help from various bodies or private individuals to compensate for the low level of their resources. A significant number of people in housing but using homeless services are formerly homeless people, and their predicament calls into question housing policies which do not allow some people, even those receiving benefits, to access comfortable housing and reintegration tools which get homeless people "off the streets" but not out of very great poverty.

Individual factors and structural factors

Jean-Marie Firdion studies *the links between the current situations of people using support services for the homeless and childhood events*, factors which cannot merely be considered to be individual, but also link to structural elements. He places his study in the framework of Pierre Bourdieu's "fields" and "capitals" (1984) by referring to the resources and capital which in the world of the homeless can be represented by one's educational level, the contacts one maintains, health, and income from work or benefits. He looks initially at the effects of being fostered in childhood, identifying the indicators of risk related to the family environment which are profoundly linked to this event: family violence, ill or deceased parents and a family in extreme insecurity, and comments on these results using several foreign and French works.

Then, broadening his study, he tries to use models which he has constructed to estimate the respective impacts of social and familial antecedents (including being taken into foster care), and the capitals which the users of support services for the homeless might enjoy, according to three variables: having a job at the time of the survey; having been the victim of violence during the previous two years; and having made contact with a social service (local municipality, communal social action centre, social assistance office) during the previous twelve months.

As regards currently having a job, the determining elements are structural in nature: educational capital (having at least one qualification, not being illiterate), social capital (contacts with parents, family and friends) and health capital (youth, feeling in good health).

Individual factors (living with one's children, having slept rough or in a squat during the year) and social/familial factors (being taken into foster care, problems relating to family violence, parents' death) have the greatest positive or negative influence on the risk of being the victim of violence.

For men, turning to the social assistance office is influenced by social/familial factors (being taken into foster care, family financial problems, problems relating to family violence), while for women educational capital and social capital have a greater impact. For both sexes, factors relating to their present situation also have an impact: not having had stable, independent housing for over a year, having been the victim of violence.

Thus, the influence of the primary method of socialisation and family links becomes important in adulthood in very different areas within this particularly disadvantaged group, such as the risk of assault and contacts with a social assistance office (for men). However, structural factors linked to capitals have the most important role to play in determining the probability of currently having a job, whether or not the individual has contacted a social assistance office, and in the lives of women, even in the field of social action. Even though contextual effects nuance these social and familial "inheritance" effects, and although social and familial factors are clearly not unrelated to structural factors, Jean-Marie Firdion concludes that an approach based on capitals can overcome the classical opposition between individualist approaches (often "miserabilist") and structural

approaches (often "determinist"). His work places the emphasis on policies of prevention which break free of the limited framework of social assistance, while also opening up fertile grounds for designing remedies to the failings of the social action system, such as collective care being given to children despite residential instability. His work also calls for the evaluation, especially in emotional terms, of the fostering policies for minors to counterbalance the very negative effects of some of the educational ideas practised in some centres.

The health of the homeless

Next, investigating issues related to the health of the homeless population which are a particular concern for the assistance networks and the health authorities, Patrick Peretti-Watel, and François Beck, Stéphane Legleye and Stanislas Spilka compare some of the results from the homeless survey with data relating to other categories of the population.

Patrick Peretti-Watel examines the relationship between health and interpersonal relationships – a subject widely covered by recent epidemiological studies, which conclude that interpersonal relationships do not improve health, but help to maintain it when unfavourable circumstances arise. In order to verify or invalidate these results in a particularly disadvantaged population¹⁵, Patrick Peretti-Watel begins by describing the relational bonds of support service users by distinguishing, according to the time elapsed since last contact, a selection of "relational types". Studying the links between the relational network and health leads the author to conclude that, all other things being equal, relations with close relatives have no impact on whether an individual judges their state of health to be very good, good or average. It is at the two extremes (very good and good versus mediocre, bad and very bad) that a significant impact is observed, relational isolation being associated with perceived poor health. Then looking more specifically at depressive states, he notes that, as with other categories of the population, the rarity or absence of contacts with close relatives are significantly associated with perceived depressive states in the cases of people suffering from chronic and serious illnesses, with the breakdown of relationships with close relatives being more harmful than their death. For people not reporting a chronic or serious illness, the opposite results were observed: the risks of depression are significantly lower among those people who have most frequently lost close relatives or have no more close relatives to contact. The author thus suggests the hypothesis, taken from an American study of very disadvantaged families, that the existence of familial dysfunctions provokes psychological difficulties rather than reducing them.

François Beck, Stéphane Legleye and Stanislas Spilka examine *alcohol consumption and the homeless*. The *Sans-Domicile 2001 (Homeless 2001)* survey makes possible a re-evaluation of a number of prejudices which systematically attribute excessive alcohol consumption to homeless people without taking account of the range of populations and situations involved.

¹⁵ The author worked with all users of support services, whether or not they were homeless.

According to the results of the survey, the homeless may even consume less alcohol than the general population of an equivalent age – although the authors suggest that these results be treated carefully given the nature of the questions asked and the survey conditions. The interest however lies in showing that, contrary to popular belief, alcohol is not always omnipresent in the lives of homeless people and that excessive consumption most often corresponds to states of great insecurity. Comparability limits between the questions in the *Sans-domicile 2001* survey and surveys of the general population lead the authors to suggest areas for future improvement. For individuals consuming excessive amounts of alcohol, it would be important to analyse how temporary this consumption is and its context in order to discover in which emergency situations and unfavourable conditions alcohol is systematically consumed, and to what extent consumption reduces as the environment improves.

A word from the users

An open-ended question was inserted at the end of the *Sans-domicile 2001* survey to, in a sense, "return a favour" to the respondents, who had been subjected to many retrospective questions which stirred up often painful memories. 52% of users responded to this question, providing material which was difficult to analyse statistically (because responses were of unequal length, interviewer effect, etc). **Gaël de Peretti** devotes the last article in this issue to the results of an experimental analysis of the responses. This article is interesting for two reasons. Firstly, for methodological reasons, open-ended questions, which have been increasingly used in recent INSEE surveys, remain rarely used, except when they are closed using a postcoding process involving varying degrees of detail, which is a method criticised by advocates of textual analysis. The method used here makes use of lexicometric analysis software, the methodology, conventions and limits of which are outlined precisely. Overall, the results of this analysis shed new light on the subject, and are consistent with what social actors and a majority of researchers now see as the clear need for a participative approach to tackling poverty. The statistical processing technique used groups the respondents into 18 categories according to the vocabulary used in their answers, such as "the questionnaire is", "housing is the main problem", "working", "the shelter is", "my family", etc. Within each category, the selection of characteristic responses enables the preoccupations and judgements to be "heard", providing precious material for improving the questionnaire and understanding relationships with social services. The recurrence of some ideas can help to improve practices. In addition, the system's defects are clearly highlighted – processing too often takes place urgently, the time needed for social reintegration is underestimated – as are the acute problems encountered by some homeless categories: young people, people without documents and couples with children.

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* *

Launched several years after the American surveys, and the largest in scope in Europe, INSEE's survey of users of accommodation and hot meal distribution services of 2001 made significant breakthroughs possible in terms of knowledge of exclusion mechanisms and forms of "turbulence" which are casting new segments of the population onto the margins of developed societies. The studies

presented in this issue bear witness to this contribution both to the scientific literature and to debate on social policy which goes beyond the direct care provided for the populations concerned. The only regret remains that political and social actors, the media and public opinion are taking a long time to grasp this analysis, which calls for the adoption of new approaches to analysis and action which are more collective and less exclusively focused on individuals and their behaviour.

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The homeless support network : a segmented world

Cécile Brousse*

Accommodation and hot meal distribution services, which are mainly found in the large towns, serve nearly 55,000 homeless people per day in winter. While one in ten sleeps rough or in makeshift shelters, the vast majority are housed by local authorities or charitable organisations.

This is a particularly varied group of people: half are single men who are either on very low incomes, unemployed or economically inactive after beginning low qualified careers, but there are also younger, more highly qualified individuals, more of whom receive income from work, young mothers on social benefits, foreign nationals living with partners and children and finally a small group of single men nearing retirement age.

In order to house this diverse range of people, the shelter sector is itself very segmented depending on whether residents are offered individual or collective and long-term or temporary accommodation. Shelter is thus available in collective structures which residents must leave in the morning, in centres which are accessible during the day, in hotels or separate dwellings, and finally in working communities. The institutions which offer the best care select their residents according to their financial resources and family situation. Those who live alone and on very low incomes therefore have little chance of being offered lasting, personalised accommodation, unlike people who live as a couple and/or with children, or who have the means to pay their housing costs. The fact that the support network is hierarchically structured in this way helps to filter the homeless through the two main housing access channels: social housing on the one hand, and low-rent private sector housing on the other.

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The demand for information about the homeless population increased at the beginning of the 1990s, leading in 1993 to the creation of a specific work group within the National Council for Statistical Information (CNIS, 1996). The first pilot studies which this group instigated included a survey of the housing access conditions for populations on low incomes (in the Lyon agglomeration and in the Seine-Saint-Denis département), a survey of families threatened with eviction (in Arras, Chartres and Marseille) and, of course, surveys of homeless people (in Paris and Strasbourg). In particular, the National Institute for Demographic Studies (INED) conducted a pilot survey in Paris during the winter of 1994-95 of users of aid services for homeless people based on the investigation methods pioneered in the United States in the mid-1980s (Marpsat and Firdion, 2000). INSEE's national survey of 4,000 people aged 18 and over using accommodation or hot meal distribution services is part of a long line of work which began with INED's preliminary studies. It entailed making contact with people through the intermediary of the aid services which they use. The services included were on the one hand accommodation services, since a proportion of homeless people are defined by the fact that they use these types of institution, and on the other hand, hot meal distribution, without which it would be impossible to contact rough-sleepers who never use the shelters which are designed for them (see annex).

A system run by a myriad of organisations

In January 2001, there were 2,000 organisations managed either by charities or local authorities in urban areas of over 20,000 inhabitants. Nine in ten offered accommodation services and one in two provided free or low-cost meals (see Box 1). In urban areas of over 20,000 inhabitants, accommodation is managed by 1,800 organisations with very varied legal statuses: 800 offer places in Temporary Housing Assistance (ALT), 760 provide places in Housing and Social Reintegration Centres (CHRS), 680 offer places in institutions which are not government-regulated and are financed by subsidies rather than permanent funding (unregulated shelters) and 190 provide accommodation for pregnant women or women with children and/or are regulated under the youth welfare programme (aide sociale à l'enfance, ASE) (Brousse *et al*, 2002c). Finally, there are around a hundred working communities. One organisation in three receives mixed financing, usually CHRS or unregulated centres which also have places in ALT (see table 1).

In urban areas of over 20,000 inhabitants, 45,000 people were housed for an average of one night in January 2001

Within a shelter institution there are different types of services, depending on the type of accommodation offered. Each organisation may offer one or two broad categories of accommodation: on the one hand collective accommodation, provided in the organisation itself; and on the other hand, dispersed or fragmented accommodation. Collective accommodation takes on different forms

depending on the length of the stay and entry criteria. Short-term accommodation (under two weeks) without entry criteria (21% of beds occupied) and long-term accommodation with entry criteria (42%) are both available. In this area the common distinction between “emergency” and “integration” structures is to be found. Dispersed accommodation is mainly offered in housing (29%), but places are also available in hotel bedrooms or in hostel accommodation, on an emergency basis (8%). Most accommodation services which fall under this definition are small in scale. Three quarters of those housed use services with capacities of under 50 people. Only 6% of services house more than 50 people per night.

Table 1
Distribution of shelter institutions according to legal status

		In %
Simple institution	HRS (1)	20
	Unregulated shelter	20
	Institution offering places in ALT (2)	18
	Mothers' centre, mother and child care	6
	Working community	3
Mixed institution	CHRS (1) + places I, ALT (2)	11
	Unregulated shelter + places in ALT (2)	8
	CHRS (1) + unregulated shelter	4
	CHRS (1) + unregulated shelter + places in ALT (2)	3
	Other configurations	7
All		100
1. Housing and Social Reintegration Centre		
2. Temporary Housing Assistance		

Scope: institutions offering at least one accommodation service, except for Accommodation Centres for Asylum Seekers (CADA) and Provisional Housing Centres for asylum seekers (CPH), in urban areas of over 20,000 inhabitants, Metropolitan France.

Source: survey of bodies managing aid services (February-April 2000) and survey of users of accommodation and hot meal distribution services (2001), INSEE.

A little under 30,000 hot lunches and evening meals

Food aid takes two forms: the distribution of meals and food parcels. The study only focuses on hot meal distribution since food parcels, which form the majority of food aid distributed in France, are mainly aimed at people in housing. Hot meal distribution is characterised by the fact that it offered immediately consumable food at set times at least once a week during the survey period, and so was aimed more at the homeless population. Distribution takes place either in a location specially designed for catering or in a fixed location (a street or a square, for example) using a van. Half of lunchtime meals are served in centres to people who live there, with the other half distributed through social restaurants or vans in the street. These calculations also include meals served in centres to people who do not live there but do not include meals served by roaming “maraudes”¹ In the

¹ “Maraudes” are recently established services which roam through the streets providing aid and support to people who sleep rough.

evening, 70% of meals are served in centres. By comparison with accommodation services, street catering services are of a much larger scale. 30% of these services serve more than 100 meals a day, accounting for around 80% of food aid provided in the street.

Box 1

BODIES INCLUDED IN THE SCOPE OF THE SURVEY

Hot meal distribution

Hot meal distribution is characterised by the fact that it offered immediately consumable food at set times at least once a week during the survey period, and so was aimed more at the homeless population. Distribution takes place either in a location specially designed for catering or in a fixed location (a street or a square, for example) using a van.

The study only focuses on hot meal distribution because food parcels, which form the majority of food aid distributed in France, are mainly aimed at people in housing.

Accommodation services

These include:

- Housing and Social Reintegration Centres (CHRS) providing accommodation (financed by State social housing assistance);
- mothers' centres (financed by the youth welfare programme, which is the responsibility of the Departmental General Councils);
- social hotels;
- charitable centres not regulated by social welfare;
- emergency places in institutions such as young workers' hostels (FJT), migrant workers' hostels (FTM) and social residences;
- hotel rooms rented by charities or public bodies;
- working communities.

Accommodation Centres for Asylum Seekers (CADA) are not included as such in the scope of the survey. However, some of the institutions mentioned above may contain a CADA-type section, which then features in the scope of the survey.

A few historical pointers

In 1953, four types of centre were grouped together to form CHRS: Female rehabilitation centres (aimed at combating prostitution), shelters for the needy leaving hospital, shelters for former inmates and shelters for "vagrants judged ready for rehabilitation and their families". Until the 1970s, the State and local authorities made little contribution to sheltering the homeless, which was largely undertaken by (mainly denominational) private institutions, and usually financed by gifts and donations. Between 1974 and 1980, the State supported the creation of new CHRS. In 1981, mothers' centres replaced two types of institution: mothers' houses (*maisons maternelles*) (which cared for women at least seven months pregnant and mothers and their newborn children, fully financed by the youth welfare programme) and mothers' hotels (*hôtels maternels*), which accommodated single women with children after leaving mothers' houses, in exchange for a financial contribution. Next, in the framework of the 1983-1984 Plan Précarité (programme to counter poverty and insecurity), the prefectures encouraged charities to open accommodation and meal distribution centres. During this same period, the French Salvation Army restarted hot meal distributions which had not operated for 60 years. In 1984, the Council of Ministers established a plan to fight poverty. Emergency teams were created in each département, bringing together all local actors and an "emergency appeals" system was established. In 1985, Restaurants du Cœur opened their first soup kitchens and the Salvation Army, Secours Catholique (Catholic Aid) and the Compagnons d'Emmaüs founded the Banque alimentaire (Food bank). A book by Julien Damon (2002) critically examines the emergence of these services for the homeless.

Fewer street meals served on Sundays

Accommodation and catering provision varies through the year. This is particularly true of catering: one accommodation service in ten closes at least once a year compared with six in ten catering services. Closures are yet more frequent for meals-on-wheels services, only two in ten of which are open all year round.

While accommodation services are open seven days a week, 58% of street meal distribution services are closed at least one day of the week. On Saturdays, a quarter fewer meals are distributed compared with an average weekday. This phenomenon is more marked on Sundays, when 40% fewer street meals are served.

An aid mechanism concentrated in large towns and cities

A greater proportion of people experiencing housing deprivation live in large urban areas. In urban areas of over 100,000 inhabitants, there is one place in a shelter for every 550 inhabitants compared with only one for every 825 in urban areas of 20,000 to 100,000 inhabitants (see table 2). Moreover, aid organisations are mainly located in the central districts of urban areas. In the whole of France, peripheral districts account for around a quarter of accommodation provision but contain nearly a half of the population of urban areas. This is particularly true of Paris where the central district has 23% of the city's population but provides 55% of the accommodation. Even greater differences apply to catering services. Only 18% of meals are served in peripheral districts (26% for the Paris agglomeration). Meals-on-wheels served from vans are almost exclusively served in central districts.

Table 2

Number of beds occupied and free meals served to adults

(on an average weekday)

	Aid given to adults by accommodation and hot meal distribution services			Total population aged 18 and over (1999 population census)	Number of beds occupied per 10,000 inhabitants
	Beds occupied in bedrooms, dormitories, hotels and assisted housing	Lunchtime meals (including meals in centres) (1)	Evening meals (including meals in centres) (1)		
All	54,041	28,364	31,345	45,762,351	12.2
Paris agglomeration	13,750	6,369	10,599	7,379,236	18.6
Urban areas: of 200,000 to 1,999,999 inhabitants	17,566	8,836	9,020	9,757,778	18.0
of 100,000 to 1,99,999 inhabitants	5,668	2,962	2,708	3,143,065	18.0
of 20,000 to 999,999 inhabitants	7,220	4,316	3,817	5,942,219	12.2
of 5,000 to 19,999 inhabitants (2)	3,472	2,076	1,836	4,760,178	7.3
of under 5,000 inhabitants (3)	1,217	728	643	2,770,714	4.4
Rural municipalities (3)	5,148	3,077	2,722	12,009,161	4.3

1. In rural municipalities and urban areas of under 20,000 inhabitants, data on the number of meals served were estimated by extrapolation (dark grey).
2. These data are taken from a sample survey conducted using a sample of 80 urban areas of 5,000 to 20,000 inhabitants. An inventory of the accommodation services in these urban units was made and then surveyed by telephone. This supplementary survey provides results comparable to those from the census of this category of urban area.
3. These data are taken from the census of emergency and long-term shelters conducted as part of the 1999 local authorities census.

Scope: Metropolitan France, urban areas of 20,000 inhabitants or more, French-speaking users of aid services aged 18 and over.

Source: survey of users of accommodation and hot meal distribution services, January 2001, Insee.

55,000 users per day

On average, 98,000 services (meals and overnight stays) were provided each day to people aged 18 and over in all urban areas of over 20,000 inhabitants during the survey's reference period, not including weekends. Far fewer people were served (54,500). Indeed, around 30% of these users received three service provisions, 20% two (most often evening meals and accommodation, much more rarely lunchtime and evening meals or lunchtime meals and accommodation) and 50% one service (most often accommodation) (see table 3). Over an average period of seven days, whatever the start day (including Saturdays and Sundays), the number of users in this same geographical area (urban areas of over 20,000 inhabitants) was estimated at 70,800. The figure is naturally higher than the number of day users, but only by a limited amount (+30%). The reason for this is that aid services are mainly used, at least over a short period, by a "regular clientele". Thus, 59% of people interviewed disclosed that they had also used an accommodation or hot meal distribution service each of the seven days before the day on which they were interviewed (see tables 4 and 5) (Brousse *et al*, 2004).

Table 3
Distribution of users in January 2001, by number of aid services used
(on an average weekday)

Received	In %
One aid service	48
Two aid services	16
Three aid services	25
No aid services	11

Reading key: 48% of users on an average day used one aid service. The modality "no aid services" is a consequence of the definition adopted, since the homeless were contacted on the day of the survey (day D) while aid service use was measured over the seven previous days (D-1 to D-7). It is therefore possible that a person who had used a service on day D (when s/he was interviewed) had not used any aid services during the previous week.

Scope: Metropolitan France, urban areas of 20,000 inhabitants or more, French-speaking users of aid services aged 18 and over.

Source: survey of users of accommodation and hot meal distribution services, January 2001, Insee.

Table 4
Distribution of users in January 2001, by usage mode of accommodation and hot meal distribution services

Received aid for	In number
Accommodation only	25 606
Lunchtime and evening meals and accommodation	16 752
Evening meal and accommodation	7 453
Lunchtime meal only	3 253
Evening meal only	2 849
Lunchtime meal and accommodation	1 675
Lunchtime and evening meals	1 827
No aid service(1)	7 197

1. The modality "no aid service" is a consequence of the definition adopted, since the homeless were contacted on the day of the survey (day D) while aid service use was measured over the seven previous days (D-1 to D-7). It is therefore possible that a person who had used a service on day D (when s/he was interviewed) had not used any aid services during the previous week.

Reading key: 25,606 individuals used only an accommodation service on an average weekday. Data for users in small urban areas were extrapolated. We assumed that in urban areas of under 20,000 inhabitants, service use profiles were the same as those observed in those of over 20,000 inhabitants.

Scope: Metropolitan France, urban areas of 20,000 inhabitants or more, French-speaking users of aid services aged 18 and over.

Source: survey of users of accommodation and hot meal distribution services, January 2001, Insee.

Table 5
Distribution of users by aid use frequency

Number of days when the individual used one or more aid services	In %
Seven days	59.0
Six days	4.8
Five days	6.4
Four days	4.0
Three days	5.4
Two days	4.0
One day	6.8
No day	9.7

Reading key: 59% of individuals used the aid service every day of an average week in January 2001.
Scope: Metropolitan France, urban areas of 20,000 inhabitants or more, French-speaking users of aid services aged 18 and over.

Source: survey of users of accommodation and hot meal distribution services, January 2001, Insee.

Three quarters of users in an average week are homeless

The number of homeless users of accommodation or hot meal distribution services was also estimated over an average week, on the basis of an "operational" approach: it was agreed to categorise as homeless those people who had disclosed in the survey that they had spent the previous night in a shelter or in a place not designed for habitation (on the street or in a makeshift shelter). In the field of urban areas of over 20,000 inhabitants, 75% of the people who in an average week used accommodation or hot meal distribution services were classed as homeless. Among the 70,800 adults who used one of these services at least once during an average week in January, 53,000 were homeless as defined in the survey (see Box 2). Finally, around 16,000 children accompanied them. These were mainly children accommodated with their mothers in centres for mothers financed by youth welfare aid (ASE, see above).

A quarter of aid service users were not homeless as defined in the survey

Of the users who were not homeless, half lived in personal housing, as tenant or subtenant, while the other half living in an insecure situation, being put up by private individuals or living in a hotel or in a squat². Of these aid service users who were not homeless according to the definition used in the survey (i.e. the day before), 17% had been homeless at least once during the week. These are mainly users living with private individuals or family members, of whom 22% had slept rough or in a shelter at least once during the week. This observation explains why the definition chosen for this study (situation the day before) leads to an estimation of the number of homeless people which is around 5% lower than would be obtained using a broader definition (incidence of homelessness at least once during the week, for example).

² In other words, in housing without occupancy status.

Box 2

HOW WAS HOMELESSNESS DEFINED ?

A person is said to be homeless on a given day if during the previous night he or she used an accommodation service or slept in a place not designed for habitation (the street or a makeshift shelter). Defined in this way, the category of homeless people is broader than that of rough-sleepers: it includes people accommodated long-term, such as women living in mothers' centres. Conversely, this definition may seem restrictive since it excludes, notably, people without housing forced to sleep in a hotel (at their own cost), to live with private individuals or to occupy housing unofficially. Finally, this definition also does not include people living in unusual conditions (in temporary constructions, makeshift dwellings or mobile dwellings, for example).

In terms of habitation type, the homeless are thus a very diverse group. On the other hand, they share very similar occupancy statuses, since this criterion is part of the definition used by INSEE, after work conducted by the National Council for Statistical Information (CNIS) (1996). Indeed, by definition, the homeless have in common the fact that they are deprived of common-law occupancy status. This criterion was used to categorise people accommodated by charities as homeless and, on the contrary, to exclude people accommodated by charities having signed a tenancy agreement. Thus, many shelter institutions work in the area of rehousing. Using "gateway" housing or transferable leases they try to move residents into common-law housing. During an interim period, residents pay a rent without being full tenants. As they have signed a tenancy lease they are considered to be tenants of the charity and no longer belong to the category of homeless people according to the definition used.

The occupancy status criterion also distinguished the homeless from other poorly housed people, such as residents of sheltered housing (*foyers-logements*). To distinguish them, we used occupancy status (basically length of stay) but the line was not always easy to draw. Homeless people accommodated in collective institutions have a similar status to that of residents of sheltered housing (young or migrant workers' hostels and social residences). However, in sheltered housing, length of stay is at least one year, compared with renewable six month stays in CHRS (Housing and Social Reintegration Centres) and mothers' centres. Furthermore, the residents of sheltered housing pay a rent, and they have greater independence than homeless people accommodated under the social welfare programme. However, the distinction between shelters and workers' hostels is not clear-cut. Young homeless people can be admitted in exceptional circumstances to young workers' hostels and, in some large towns, some older homeless people are housed in sheltered housing specifically aimed at this group of people.

The fact that all users of aid services are not homeless should be linked to the characteristics of the people served by hot meal distribution services: 19% have no home, others are housed insecurely (37%) or are tenants (37%). Others live in hostels, or are leaving hospital or prison (7%) (Marpsat, 2006, this issue).

Finally, the study was limited to the 46,800 French-speaking adult users of aid services in urban areas of more than 20,000 inhabitants.

8% of homeless people using aid services sleep in places not designed for habitation

In January 2001, half of homeless people using aid services lived in a privately-owned location (cellar, factory, car or stairwell), and in a third of these cases the owner was aware of the situation. The other half slept in public areas: in enclosed spaces (underground stations, train stations, shopping centres) or in the open air (the street, public gardens). Three quarters of homeless people can receive mail, as most of them are housed by charities. People who sleep rough in the street or makeshift shelters may experience alternative accommodation modes for short periods. One third of homeless people who have been sleeping rough for over a week say that they do not sleep on the street every day: they are sporadically put up by family or friends or are housed by the shelter network. However, more than a quarter of people who slept rough the night before the survey disclosed that they arrived at a centre too late, that it was full or that they had already exceeded the regulation accommodation period. Two thirds of homeless people using aid services cannot leave their belongings in the place where they sleep. They carry them with them (50%), or leave them in a left-luggage facility, with friends or with a charity. Half of them had used a day centre during the month prior to the survey and one third had received clothing from a charity, a municipality, etc.

Homeless people who neither sleep rough on the street nor in makeshift shelters are housed in a very wide variety of conditions depending on the type of shelter organisation. However, it is possible to distinguish shelter organisations according to two criteria: whether accommodation is individual or collective; and whether care is provided continuously or episodically. These two criteria broadly determine users' living conditions (see graph I). The classification highlights five types of services with relatively different characteristics.

Accommodation in night-only shelters is temporary and barely personalised

These fairly unspecialised centres are mainly located in large municipalities. They have greater accommodation capacities and higher attendance levels than average centres, with the likely consequence that they have lower supervision levels than in other establishments. They accommodate 13% of homeless people who are in accommodation. Three quarters of them are accommodated in bedrooms for three or more people. Further, people in this type of accommodation do not have access to the centre during the day, the length of time they can stay is often limited to several days (in nine out of ten cases this cannot exceed two weeks) and the centres often close at the end of winter. These breaks explain why stays in these centres are brief. Four residents out of ten have been living there for less than two weeks (compared with fewer than one in ten in other types of accommodation). The lack of continuity in accommodation forces the individuals concerned to find alternative solutions to fill in the gaps in the system, such as free meals, day centres, housing provided by charities or municipalities, left-luggage facilities to store belongings, moving, where possible, from centre to centre, and living with third parties, in hotels or on the street during periods when centres are inaccessible. In this context, social work is very limited. Furthermore, these centres fulfil a public service function.

Indeed, nearly one person in five did not enter the institution on their own initiative, but were taken there by a roaming “maraude” service, the fire service or the police. This category of centres in reality includes a very diverse range of accommodation and living arrangements: while in most centres stays are limited to several days only, some large centres, many of them located in the Paris agglomeration, accommodate residents for long periods of time while also offering them minimal, reduced accommodation in lodgings.

Day centres where stays are longer

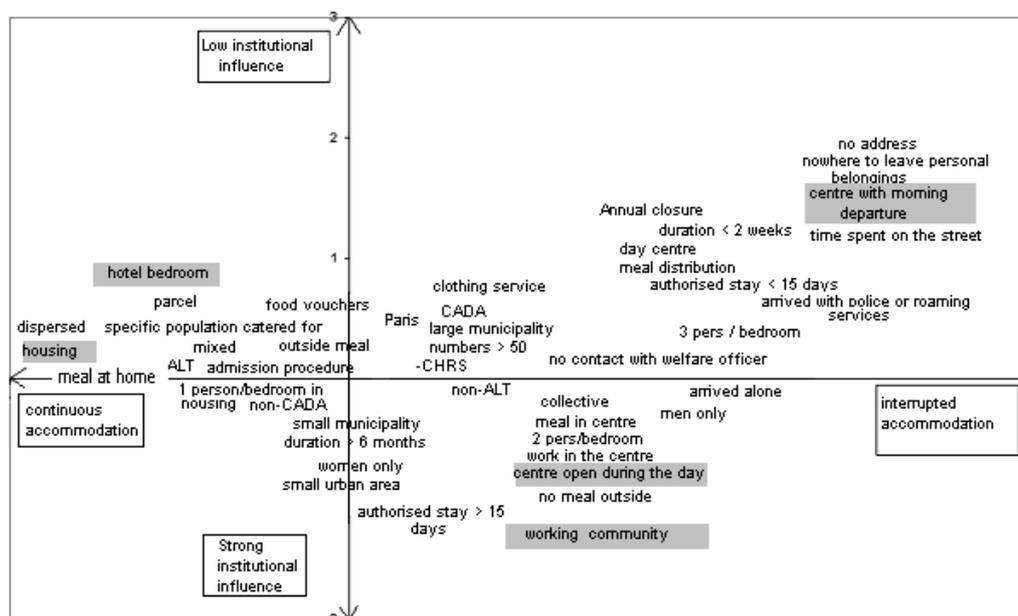
In centres accessible during the day and the various collective forms of accommodation attached to this second category, shelter is more lasting: in eight in ten cases, it can exceed two weeks and more than 60% of individuals housed have spent between two weeks and six months (inclusively) in this form of accommodation. These centres accommodate 35 % of homeless people who are in accommodation. Life in these institutions is communal: 30% of people contribute to the centre's operation through their work. More than half of the people housed in these centres share their bedroom with another person. Gender segregation is more common than in other services: a quarter of institutions are reserved for women and nearly a third for men. The social work conducted in the female centres focuses on the care of young children and therefore differs radically from supervision in men-only centres. Furthermore, in eight in ten cases, more than half of meals are eaten in the institution. Two thirds of institutions which fall into this category have CHRS status (see Box 1).

Working communities: a particular form of accommodation

These are made up of bedrooms or bed-sits collected in one single location. 6% of homeless people in accommodation are housed in this type of institution, but it is the least common category. Working communities have particular characteristics which distinguish them from other institutions: two thirds of places are in men-only institutions and nearly half of those housed have to work in exchange for their accommodation. Many enter on their own initiative and stays are significantly longer than in other institutions: three quarters of residents have lived in the communities for over a year. Attendance levels are slightly higher than the average in other institutions and while they are mid-sized by comparison with other institutions, they cater for all their members' needs and operate relatively self-sufficiently. Supervision by the management is more limited than in CHRS or mothers' centres. Entry procedures are not regulated by an external body. Residents have little recourse to the conventional support network: they rarely use food vouchers or parcels. Half of residents have not been in contact with the welfare office during the past twelve months, a proportion three times higher than among other accommodated homeless people. Residents seldom eat outside the community. Finally, working communities are located in relatively unurbanised areas: 80% are in small municipalities (under 50,000 inhabitants) and are often in peripheral districts.

Graph 1

The characteristics of accommodation service providers and the types of services associated with them



Reading key: accommodation service characteristics were analysed. Thus, some information, taken from the survey of French-speaking respondents, focuses on the characteristics of residents using these services (length of stay, admission mode, type of habitation, need to leave the centre, contact with a welfare officer, number of people per bedroom, need to work in exchange for accommodation, type of meal), and other data were collected in the telephone survey and refer either to the service (maximum length of stay, annual closure) or to the institution, in other words the managing body (segregated accommodation, specific population catered for, legal nature and financing mode (CHRS, ALT, mothers' centre, CADA, working community)).
Source: survey of users of accommodation and hot meal distribution services, January 2001, Insee and telephone survey of bodies managing aid services, 2000, Insee.

Personalised and lasting accommodation mainly in isolated dwellings

Unlike working communities, this fourth type of services is much more widespread: habitation mode is made up mainly of isolated and dispersed dwellings (76%) and of several dwellings collected in a single location. It is rare that a person will have to share with others (one in ten). This type of personalised accommodation guarantees a high level of independence to those housed (four homeless people in ten): they eat at their own house or outside (with parents, in town), and they do not have to work for the accommodation provider. Financing is also personalised, insofar as 60% of places are financed by Temporary Housing Assistance (ALT). Selection on entry, recourse to welfare officers (in more than 90% of cases), the low numbers and low attendance rates show the importance of the social support which the people housed in this way benefit from. This mode of accommodation is more common in small municipalities and medium-sized urban areas where rents are lower and the shelter network has more recently been established.

Hotel rooms: an accommodation mode similar to night-only shelters

Finally, there is a more urban, less comfortable and more precarious variation of personalised accommodation: stays in hotel rooms. 5% of homeless people in accommodation live in this type of dwelling, with two thirds of hotel rooms located in the Paris agglomeration. The people concerned rarely have the chance to eat at home: they use twice as many food vouchers than other people in accommodation and often eat outside (food purchases, cheap restaurants and eating with friends or family members). Lengths of stay are lower than in dispersed accommodation and access is more often free of charge (seven in ten). This type of accommodation shares some characteristics with night-only shelters: a fairly short length of stay, limited comfort and a high number of people using it. However, it is probably aimed at a group of people which is selected in a particular way. Twice as many managers of hotel rooms as those of other institutions disclose that they accommodate a particular segment of the population.

In this way, the segmentation of accommodation services and accommodation itself (continuous or interrupted, individual or collective) is related to the users' occupancy status, which in turn is characterised by two parameters: the greater or lesser stability of living conditions and the location's ownership status (degree of privacy of use). The description of the living conditions of the homeless in Sweden uses similar categories ("*tenure security*" and "*privacy*") (Sahlin 2001). Nevertheless, compared with previous approaches, the ascending hierarchical classification highlights the very particular characteristics of working communities by comparison with other shelter institutions.

The first criterion orders institutions according to the stability of living conditions which they offer to their residents. As such, the two types of institutions which are most dissimilar are night-only shelters and dispersed accommodation. However, institutions also differ in their degrees of inclusiveness, or how "enveloping" they are, to use one of the concepts developed by Goffman (1961) in his analysis of asylums. Institutions can thus be categorised according to the level of influence they have on the daily lives of their residents. The institutions which offer the lowest level of independence to their residents are working communities, followed by collective women's institutions, followed by other collective institutions. Hotel rooms, dispersed accommodation and short-stay centres, meanwhile, allow their residents more freedom.

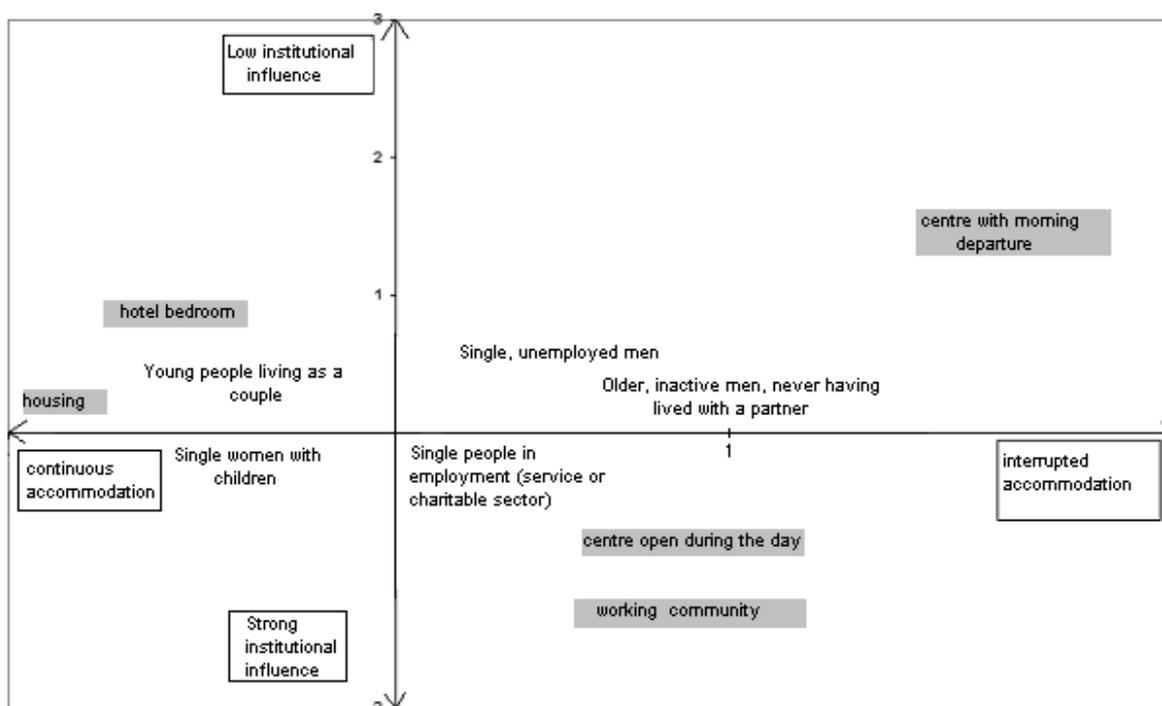
Homeless people using aid services are distinguished by their income and family situation

An ascending hierarchic classification of the whole homeless population shows five very unequally sized sub-groups (see graph II). A first group (45%) is made up of single, professionally inactive people, most of whom are male (80%). Nearly one third of these people have been unemployed for over a year, and a quarter for less than a year. More than one third are not looking for work. There are three times more refugees, who are not entitled to work, in this category than in the other categories of homeless people. This group contains individuals who have no income from work, family allowances or housing benefit, and features two thirds of people whose income falls into the first two deciles: three in ten are on unemployment benefits, four in ten receive the RMI (basic guaranteed income) or adult invalidity benefit compared with two in ten in the rest of the homeless population. 15% of the people in this group have recourse to begging, which is

virtually absent from other categories. Within this category of people on the margins of the labour market, the search for a job takes precedence over the search for housing: during the past twelve months, only a third have taken steps to find housing. These single people, who are not given priority in access procedures to social housing, remain in housing deprivation longer than other people. More than a quarter left their housing more than five years ago. Health and alcoholism issues are more common than among the rest of the population (Beck *et al*, 2006, this issue).

Graph II

Projection of the five categories of homeless people against the first two ACM axes (supplementary variables)



Reading key: one homeless person corresponds to each accommodation provision. The categories of homeless people identified using the (AHC) classification undertaken above are projected as supplementary variables.

Scope: Metropolitan France, urban areas of over 20,000 inhabitants, services provided by accommodation services on an average night.

Source: survey of users of accommodation and hot meal distribution services, January 2001, Insee and telephone survey of bodies managing aid services, 2000, Insee.

In opposition to this group, the classification procedure brings to light a second category (22%) of younger, better qualified homeless people, who also live alone without children, but are in employment, two thirds being employed in the market sector and one third in the charitable sector. Income from work is the main source of income for the people in this group, who have a better-than-average quality of life, four in ten belonging to the fourth decile of the income distribution per consumer unit. Unlike the homeless people in the previous category, more individuals in this group take steps to find housing. They are less isolated, and are more frequently housed by family members (17% compared with 10%). A similar proportion are accommodated by friends (one in four).

The third group (18%), meanwhile, is mainly composed of women, of whom three quarters have young children. They more recently separated from their partners (compared with the separations experienced by men in other categories). They have few qualifications, but have a better-than-average quality of life. Three quarters of them receive income from family allowances, and more than a quarter receive housing benefits. Nearly half have an income which falls into the third decile. More than 70% are looking for housing, compared with 50% of other homeless people. On the other hand, those who are looking for work are relatively under-represented. They have relatively limited mobility, 74% living in the département where they lived previously compared with 60% of other homeless people. Compared with the rest of the homeless population, twice as many of them have moved to a very urbanised département since leaving their previous home. There are slightly more members of this category in small urban areas, and the Paris agglomeration only has a limited attraction. Twice as many have been able to live with their parents and half as many have had to sleep rough since the age of 18.

A fourth group (13%) is made up of relatively young people living with partners, and half of whom live with children. The proportion of foreign nationals is higher than in the rest of the homeless population. Three quarters are looking for housing. Twice as many of the people living as a couple receive family allowances as other homeless people.

A fifth, very small, sub-group (2%) includes people over the age of 50, mainly men, who have never lived with a partner and have no occupation. They receive a retirement or basic old-age pension (83%) or the adult invalidity benefit (14%), which means that they have a higher-than-average income compared with other homeless people. Three quarters have no qualifications. This category includes a high proportion of former immigrant workers and people who have had to leave housing which became unavailable (as a result of the end of a lease or destruction, for example). Furthermore, nine in ten of them have lived in independent housing but nearly half of them lost it more than five years ago. Only a third of them are looking for housing. The oldest members are probably waiting to be housed in retirement homes.

These various forms of marginalisation from the labour market and the variety of circumstances surrounding housing loss explain the very wide range of situations of homelessness. This diversity has long been recognised by historians and sociologists. Castel (1995) notes, for example, the variety of different conditions leading to recognised situations of dependence, but their very coherent relationship to work.

The impact of entry by selection into the shelter network

People with different socio-demographic characteristics do not receive the same treatment in the shelter system or even, probably, in the distribution of hot meals (Marpsat, 2006, this issue). In order to appreciate the selective nature of the shelter network, we will undertake an analysis, "all other things being equal", using an unordered polytomous model (see Box 3) so that the numerous structural effects are neutralised (see table 6). However, the illustrations we provide are the results of a purely descriptive approach. Some variables arise from the practices of institutions rather than the individuals' intrinsic

characteristics. This differentiated treatment of users may be written into law, particularly as regards accommodation, as a result of the distinction between finance for social emergency cases and finance for integration. We therefore approach the limits of the validity of the logistical model because of the endogenous nature of the variables. Seemingly individual characteristics are thus in reality the products of institutional actions, such as not living with one's children in the case of a woman housed in a mothers' centre, not disclosing alcohol problems and not claiming RMI in the case of a person living in a working community, or receiving a housing benefit in the case of someone living in housing. In this world where life is very restricted, we must be careful not to attribute to individuals characteristics which are the products of institutions and their selection criteria.

Table 6
According to what criteria are those homeless people using aid services distributed between the street and the different segments of the shelter network?

	Spent the previous night in... (<i>versus</i> centre without compulsory departure in the morning)				
	A place not designed for habitation (street or makeshift shelter)	Centre with compulsory departure in the morning	A hotel room provided for them	A working community	Housing provided for them
Constant	-2.80 ****	-0.5961 **	-1.0919 **	-2.2704 ****	-0.9083 ****
Type of household					
Man living alone	Ref.	Ref.	Ref.	Ref.	Ref.
Woman living alone	- 1.20 **	- 1.65 ****	- 0.49	- 0.24	0.43 ***
Woman living alone with one or more children	- 10.94 ****	- 3.11 ****	- 0.25	- 1.22 ***	1.28 ****
Person in a couple without children	- 10.05 ****	0.46	1.05 **	0.86 **	1.85 ****
Person in a couple with one or more children	- 0.19	- 2.89 ***	1.93 ****	0.92 **	3.05 ****
Person living in another type of household	1.11 **	- 0.13	0.73 *	- 0.43	1.99 ****
Age in years	0.014	0.0224 ****	- 0.0209 *	0.0222 **	- 0.00170
Children's situation					
One or more children not living with the person	- 0.19	- 0.28 *	0.10	- 0.24	- 0.23 **
<i>No child not living with the person</i>	Ref.	Ref.	Ref.	Ref.	Ref.
Qualifications					
<i>No qualifications, Primary studies certificate, BEPC (first cycle diploma), Elementary diploma, schools diploma, CAP (Vocational Proficiency Certificate), BEP (Vocational Training Certificate)</i>	Ref.	Ref.	Ref.	Ref.	Ref.
General, technological or vocational baccalaureate, technical diploma	- 1.09 **	- 0.43 *	0.02	0.45	0.14
Higher education qualification	- 1.31 **	- 0.51 **	0.20	- 0.54	0.35 *
Reading abilities					
Reading difficulties	0.26	- 0.0602	- 0.0582	- 0.05	- 0.25 *
No reading difficulties	Ref.	Ref.	Ref.	Ref.	Ref.
Occupation and working conditions					
Employed on a fixed-term or open-ended contract	- 1.31 *	- 1.21 ****	- 0.12	- 0.48	0.05
Particular forms of work (apprenticeship, internship, CES (Employment Solidarity Contract), temporary work)	-0.84	-0.96 ****	-0.85 *	-0.49	0.15
Job without work contract	-1.50	-0.43	-1.67	1.62 ****	-0.89 ***
Unemployment	Ref.	Ref.	Ref.	Ref.	Ref.
Prohibited from employment (refugee, etc)	0.22	0.49 **	- 0.25	- 0.72	- 0.74 ****
Other inactive	- 0.24	- 0.27	- 0.13	- 0.59 **	- 0.10
Time spent in sporadic employment over the past 12 months (in months)	0.11 ***	0.08 ****	0.08 **	- 0.09 *	0.04 *

Table 6 (cont.)

Individual's and parents' country of birth					
Born in France, both parents born in France	Ref.	Ref.	Ref.	Ref.	Ref.
Born in France, at least one parent born abroad	- 0.23	- 0.20	- 0.05	- 0.56 **	0.16
Born abroad	0.60	* 0.24	0.41	- 0.78 ***	0.53 ****
Foster care during childhood					
Was fostered by an institution or host family	0.36	0.04	0.54 **	0.07	- 0.10
Was not fostered by an institution or host family	Ref.	Ref.	Ref.	Ref.	Ref.
Parents' death					
Father and mother deceased	0.28	- 0.12	- 0.13	0.10	- 0.29 **
At least one of two parents still living	Ref.	Ref.	Ref.	Ref.	Ref.
Hospitalisation					
Hospitalised at least once during the past 12 months	- 2.20 *	- 0.72 *	- 0.61	0.05	- 0.11
Not hospitalised over the past 12 months	Ref.	Ref.	Ref.	Ref.	Ref.
Alcoholism					
Discloses alcohol problems	0.51*	0.06	- 0.08	- 0.12	0.10
Does not disclose any alcohol problems	Ref.	Ref.	Ref.	Ref.	Ref.
Previous month's income per consumer unit	- 0.00004	- 0.00050 **	- 0.00020	- 0.00072**	0.00052 ***
Receipt of unemployment benefit					
Received unemployment benefit during the previous month	- 0.82 *	- 0.52 ***	- 0.88 **	- 0.86 ***	- 0.02
Did not receive unemployment benefit during the previous month	Ref.	Ref.	Ref.	Ref.	Ref.
	Spent the previous night in... (<i>versus</i> centre without compulsory departure in the morning)				
	A place not designed for habitation (street or makeshift shelter)	A centre with compulsory departure in the morning	A hotel room provided for them	A working community	Housing provided for them
Receipt of housing benefit					
Received housing benefit during the previous month	- 8.66	- 0.95 **	- 0.64	0.30	0.81 ****
Did not receive housing benefit during the previous month	Ref.	Ref.	Ref.	Ref.	Ref.
Receipt of basic guaranteed income (RMI)					
Received the RMI during the previous month	- 0.11	- 0.04	- 0.36	- 0.55 **	- 0.04
Did not receive the RMI during the previous month	Ref.	Ref.	Ref.	Ref.	Ref.
Begging					
Discloses having begged during the previous month	1.45 ****	1.21 ****	0.78 **	- 2.20 **	0.16
Does not disclose having begged during the previous month	Ref.	Ref.	Ref.	Ref.	Ref.
Relocation					
No change of region during the past 12 months	Ref.	Ref.	Ref.	Ref.	Ref.
Change of region during the past 12 months	0.59	0.81 ****	- 0.19	0.54	- 0.49 ***
Change of country during the past 12 months	0.45	0.37 **	0.28	0.46 **	- 0.39 ***
Number of months spent homeless during the previous year	- 0.31 ****	- 0.11 ****	- 0.12 ****	0.10 ****	0.04 ****
Number of months spent living on the street or in a makeshift shelter during the previous year	0.62 ****	0.14 ****	0.18 ****	- 0.06	- 0.03
Size of urban area					
20,000 to 100,000 inhabitants	- 0.80	- 1.35 ****	- 0.70*	0.31	- 0.05
100,000 to 2 million inhabitants	Ref.	Ref.	Ref.	Ref.	Ref.
Paris agglomeration	1.20 ****	1.03 ****	1.08 ****	- 0.57 *	- 0.69 ****

Reading key: the polytomous Logit model used here describes the characteristics of homeless people using aid services according to their habitation conditions. The modality "staying in a centre without compulsory departure in the morning" is taken as a reference. The results should be read as deviations from the individual reference characteristics. The parameters of the constant variable take into account the fact the categories are not equally presented. The significance thresholds are at 0.1% (****), 1% (***) , 5% (**) and 10% (*).

Scope: Metropolitan France, urban areas of 20,000 inhabitants or more, French-speaking homeless people aged 18 or over using aid services.

Source: survey of users of accommodation and hot meal distribution services, January 2001, Insee.

THE POLYTOMOUS LOGIT

The polytomous logistical regression describes the behaviour of a variable which presents more than two modalities. For example, homeless people using aid services may stay in centres which they do or don't have to leave in the morning, in a place not designed for habitation, in a hotel bedroom, in a working community or in housing provided for them by a charity or a public body. We are trying to characterise the individuals who experience these habitation conditions.

If we note all the variables which seem, a priori, to have an impact on habitation conditions, for each individual in the sample the probability of experiencing the habitation condition of modality k is written:

$$P_{ik} = \frac{\exp(-b_{k0} \cdot X_i)}{\sum_{t=0}^5 \exp(-b_{t0} \cdot X_i)}$$

For the model to be identifiable, it is necessary to use a reference modality. In this example, the modality "staying in a centre without compulsory departure in the morning" is taken as the reference. b_{k0} is therefore a parameter vector to be estimated and which enables us to characterise homeless people using aid services experiencing habitation condition k rather than the reference habitation condition. Where the sample includes n individuals and these observations are independent, the probability of experiencing the habitation conditions observed is written as follows :

$$L = \prod_{i=1}^n \prod_{k=0}^5 P_{ik}^{n_{ik}}$$

where $n_{ik} = 1$ if the individual i is in the situation k and n_{ik} otherwise = 0. We therefore estimate the b_{k0} parameters ($k = 1, 2, 3, 4$ ou 5) using the method offering a maximum of likelihood. This estimation, which tends towards the true parameter value, when there is a large number of observations, allows us to calculate the individual probabilities of each habitation condition using the following equalities :

$$\hat{P}_{ik} = \frac{\exp(-\hat{b}_{k0} \cdot X_i)}{\sum_{t=0}^5 \exp(-\hat{b}_{t0} \cdot X_i)}$$

where b_{k0} ($k = 1, 2, 3, 4$ ou 5) are the estimated parameter values. The model's usefulness lies in comparing the theoretical allocations in the different categories with the situations actually observed.

Homeless people on high incomes have lasting and fairly unrestrictive accommodation

The median monthly income of single rough-sleepers is only €305, a figure which rises to €488 for the homeless in housing. We can assume that solvency is one of the criteria taken into account in admission to an institution, insofar as residents often contribute to their housing costs: 30% of those who sleep in a hotel room, 50% of those living in collective accommodation and 80% of those in housing. For people living in hotels or housing, median monthly contribution to rent is €91.

Like level of income, family configuration is an important factor. Single childless people are more commonly housed in collective accommodation. People with partners enjoy a more independent form of accommodation: 85% of people with partners and child(ren) live in housing compared with 65% of people with children but not living as a couple. Furthermore, not all families can be housed in mothers' centres since children over the age of three are not admitted. In the logistical regression, having a child who does not live with you is associated with living in collective accommodation.

Labour market position also has an impact: homeless people employed in the market sector are rarely housed in long-term collective accommodation, more often living in dispersed accommodation, hotels or short-stay centres. Conversely, people who live in working communities rarely have jobs outside the institution. As Goffman (1961) pointed out, the most "enveloping" institutions are incompatible with the two basic institutions: family and the labour market.

Homeless people from other départements or countries are housed in short-stay institutions

This is another discriminant factor: the homeless who have no ties in the place where they live are accommodated sporadically. This is the case for people who come from another region or country (having moved in the past twelve months). Being able to prove a link to the local area facilitates access to assistance since the support network prioritises members of the community (this is particularly significant in the case of youth welfare assistance administered at departmental level) (Castel, 1995). In any event, staying in short-stay accommodation is often a necessary step for homeless people with no local ties. Foreign nationals are thus more frequently accommodated in organisations with a low institutional sway over their residents. They rarely use working communities. Those who disclose that they cannot work because they have no residence permit have recourse to short-stay centres which are open to all.

Having slept rough can be a handicap

All other things being equal, having slept rough on the street or in a makeshift shelter increases the possibility of later being housed in centres where accommodation is more rudimentary and therefore probably also reduces one's chances to gain rapid access to employment and housing. On the other hand, people in poor health more rarely sleep rough, either because the shelter network prioritise them or because these people themselves avoid sleeping rough.

While homeless people using aid services overall are mainly young, the proportion of those sleeping rough or in a makeshift shelter increases with age. The young homeless are more often housed in a hotel room, twice as frequently as homeless people on average. The heads of shelters often emphasise their desire not to "mix" this young population with more hardened homeless people or not to place these young people in conditions like those they may have experienced in their childhood (such as in DDASS³ hostels). More generally, being fostered as a child seems to increase the probability of using more

³ DDASS: *Direction Départementale des Affaires Sanitaires et Sociales (Departmental Health and Social Affairs Directorate)*

individualised forms of accommodation (see table 6). On the other hand, older homeless people are mainly housed in centres and individual or collective bedrooms (70% of those over 60). They also more frequently turn to working communities.

Female homeless people are better accommodated

The proportion of men sleeping in places not designed for habitation is thirteen times higher than the proportion of women. The response of formerly homeless people contacted for the *Santé (Health)* survey broadly confirms this observation: men and women used shelters in similar proportions and for comparable periods of time. On the other hand, women more rarely disclose that they have slept rough and reveal shorter periods of time spent on the street. Given the brevity of their stay on the street, they probably did not have the time to use hot meal distribution services. Thus they are perhaps slightly under-represented by comparison with men in the category of homeless people using aid services as defined in the survey conducted in 2001, which would confirm the hypothesis already established by Marpsat (1999). Moreover, the accommodation provided for men is more rudimentary than that provided for women (Brousse, 2006, this issue). Men account for around 80% of people housed in bedrooms or dormitories. More men use centres where accommodation is only offered in lodgings and covered areas (which have to be vacated in the mornings and offer collective accommodation, etc).

This difference in favour of women is partly explained by the fact that they are often accompanied by children. Homeless women accompanied by children, or one in two, are directed towards accommodation modes more compatible with family life: three quarters are housed in bed-sits or flats and a quarter in shelters where they can stay during the day if they wish. However, even childless women enjoy much better accommodation conditions than men: twice as many are accommodated in housing and three times as many in night-only shelters (see Marpsat, 1999, for a more detailed analysis).

Given the scarcity of places, institutions which offer the best accommodation conditions select their residents

Selection operates either at the moment that the individual enters the shelter system, or through processes of ascending and descending mobility within the system itself. Indeed there are two entry methods. More than half of residents are admitted by the intermediary of a social service, which one can therefore assume chooses from a number of candidates. The rest are not subject to an admission procedure, arriving either with police, firemen or a street team (12%) or on their own initiative (34%) (of which two thirds arrive alone and one third accompanied by other people). Residents whose candidature has been assessed by a social service enjoy better accommodation conditions: for example, only a fifth have to leave the centre in the morning compared with two in five residents who were not subject to an admission procedure.

Segmentation arises from the selection procedures operated by institutions offering the best accommodation. The users of these "top of the range" institutions have particular characteristics: a high proportion of homeless people in housing have not previously experienced other forms of accommodation (as a rule these are people who have recently lost their housing or who have children). They were accommodated immediately after losing their housing. Others were first accommodated in one or more centres before gaining access to this type of accommodation. Thus, an analysis of users' residential history over the past twelve months shows that a third of people in housing first stayed in a shelter. As the profile of these homeless people who have, over the year, experienced a bottom-up residential history shows (street-centre or centre-assisted housing), selection processes are probably at work: those who are best-off financially and those who can prove local ties or have a traditional lifestyle (living as a couple, with children) have upwards mobility while others, fewer in number, move in the opposite direction.

It is clear that there are quite strong correlations between the categories of homeless people which emerge from the ascending hierarchic classification and living conditions. Indeed, the projection of five categories of homeless people within shelter institutions shows that each of these categories experiences relatively specific accommodation conditions (see graph II).

We might suggest three explanations for this segmentation of the support network. The first is a historic reason: before being categorised as CHRS and mothers' centres, shelters were in fact already very specialised (see Box 1). We might also restate, following Charles Soulié, that like all social fields, the world of social accommodation assistance is very hierarchical. The interviews he conducted led him to analyse the Paris shelter network for the homeless in terms of dualism. He draws a distinction between the open sector, in other words with no entry conditions, and the closed sector, characterised by specific admission procedures and better quality accommodation, each catering for a specific public. He uses a fields approach to explain the adjustment between shelters and their publics: the most valuable capitals in this world of social work are youth, femininity, having young children, being handicapped, having qualifications, receiving social benefits, not having a criminal record, having been sleeping rough for a short time and not having problems with alcoholism. We should undoubtedly extend this analysis by paying attention to segmentation which may operate within institutions themselves. Indeed, with the exception of working communities, institutions which hold the strongest institutional sway over their residents seem to be the most segmented. Thirdly, there is an undoubted relationship between shelter network segmentation and access to housing. In the upper range of the shelter network (centres open during the day, accommodation in housing), the residents prioritise the search for housing, which does not preclude them from also looking for a job if they do not have one. As waiting times to obtain housing are long, residents are accommodated for a lasting period. On the other hand, homeless people accommodated in short-stay centres look for employment rather than housing, and the length of their periods of homelessness is governed more by labour market logic than that of the housing market. The extreme case is that of people who alternate periods sleeping rough with periods spent in insecure housing and who rely on occasional jobs (see table 6). There are nevertheless particular cases: foreign nationals who hope to get their residence conditions in order, older workers who are waiting to reach retirement age, handicapped people waiting for a COTOREP⁴ decision, ill people hoping for their health to improve, younger people looking forward to marriage

⁴ COTOREP: *Commission technique d'orientation et de reclassement professionnel (Technical career guidance and regrading commission)*

and finally the case of people who no longer expect their situation to change and are no longer looking for employment or housing, either because they are happy with their situation (residents of working communities) or because they are resigned to their fate for want of anything better (see graph III). (see De Peretti, 2006, this issue, for more on the expectations of the homeless).

Graph III

The search for employment and housing by homeless people using aid services not already working in the market sector



Scope: Metropolitan France, urban areas of 20,000 inhabitants or more, French-speaking homeless aged 18 or over using aid services.
 Source: survey of users of accommodation and hot meal distribution services, January 2001, Insee.

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**THE SURVEY AUPRÈS DES PERSONNES FRÉQUENTANT LES SERVICES
D'HÉBERGEMENT OU LES DISTRIBUTIONS DE REPAS CHAUDS (OF USERS OF
ACCOMMODATION AND HOT MEAL DISTRIBUTION SERVICES)**

The scope of the survey: aid service users

The method used by INSEE to contact the homeless was inspired by surveys conducted in France and the United States (Brousse *et al*, 2004). It entailed making contact with people through the intermediary of the aid services which they use. The services included were on the one hand accommodation services, since a proportion of homeless people are defined by the fact that they use this type of organisation, and on the other hand, hot meal distribution, without which it would be impossible to contact rough-sleepers who never use the shelters which are designed for them. Furthermore, the collection period was chosen on the basis of the time of the year when homeless people tend to use aid services the most (winter, which is the period when the availability of services is at its greatest). In order to avoid double counts, the interviewers asked the interviewees which shelter or free food providers they had used in the past week. In January 2001, therefore, INSEE interviewed 4,000 people aged 18 and over, in 80 urban areas of more than 20,000 inhabitants in Metropolitan France, in order to obtain a representative sample of adults using hot meal distribution and accommodation services. The children accompanying them were counted but not interviewed.

Survey limitations

Several categories of homeless people were not taken into account in the present survey, such as, firstly, those who sleep rough for a short period and do not use a shelter or food provider. This may concern, for example, a person who is forced to spend the night on the street following domestic violence. The following day, the person is accommodated by her family or returns to her housing. Nor does the survey take into account the homeless who sleep rough for long periods and are aware of aid services, but do not use them. They survive using various means of subsistence: income from begging or occasional small jobs, support from local residents, food gleaned from markets and products donated by shopkeepers. Finally, homeless people in urban areas without accommodation or free catering services were not interviewed either. These are mainly small towns in which we can assume that residential insecurity leads to people seeking refuge in temporary constructions or makeshift shelters such as construction site huts, static caravans or agricultural buildings converted into dwellings, rather than sleeping in public places. We must therefore restrict ourselves to assessing the number of homeless people who, in order to sleep or eat, have at least weekly contact with charitable organisations or local authorities. A supplementary methodological survey, conducted by INED in collaboration with INSEE, attempted to evaluate, using other methods, the proportion of homeless people who have no contact with these aid services.

Finally, in the detailed analyses of users' characteristics and the homeless, the non-French speaking population is not considered. The interviews were conducted solely in French, so non-French speaking individuals could not be interviewed in detail. They were enumerated, however, and as such, feature in the estimations of the number of aid service users and homeless people (using the dual hypothesis that their aid system usage profiles and housing situation are similar to those of the French-speaking population). Non-French speakers account for 14.5% of all users and 10.5% of the homeless population. They were the subject of a supplementary study conducted by INED in February 2002.

Sample design

The field is the result of a three level sample: urban areas, visits and users.

First sample level: urban area sample (June 1999).

The random selection of the sample urban areas was carried out proportionately to a size criterion defined as a combination of the total population and the capacity to accommodate people in difficulty as evaluated on the basis of a list of health and social institutions. In total, 80 urban areas were selected in this way.

A full census of accommodation and hot meal distribution services was carried out in these 80 urban areas. In March 2000, a telephone survey of 2,800 institutions was conducted in order to collect supplementary information on the nature and characteristics of the services on offer. A base of nearly 1,500 services was built up.

Second sample level: visit sample (October 2000).

The units sampled at the second sample level belonged to the total composed of the Cartesian product "service per survey day". The random selection was carried out proportionally to the average daily use as disclosed in the telephone survey, reduced by the probability of urban area selection.

Third sample level: selection of service users (January-February 2001)

The third sample level applied to services provided per "service per survey day" unit drawn at random onsite on the day of the survey using a sample table: four, generally. Of course, in practice "surveying services provided" entailed interviewing the recipients of the services in question. The services surveyed were selected either by drawing at random from the list of users of the service or, where such a list was unavailable, according to a ranking of the number of individuals using a service measured at a given point: entrance door, exit or meal distribution table.

Very few (1%) services selected at random refused to cooperate. This low refusal rate can be explained by the support given by the main institutions, which were consulted throughout the preparation of the survey. Around a third of individuals using the services selected at random could not or did not want to take part.

Using this survey method, the probability of a user being interviewed increases the more frequently he or she uses an aid service. The so-called weight sharing method corrects this bias using a system of differentiated weightings which requires an additional item of information to be collected: the number of times these people had used, during a reference period, an accommodation or hot meal distribution service. In practice, this "use intensity" was measured over the week prior to the survey day, using a week-long diary integrated into the survey questionnaire. The aim of this additional questioning was to more accurately draw up the list of places where the individual had eaten and slept over the week in question.

The weight sharing method is an essential part of this survey. It makes it possible to move from estimators of services (obtained using weightings in the survey design) to estimators of the individuals using the service providers which offer these services (Ardilly and Le Blanc, 2001; Massé, 2006).

Becoming and remaining homeless: a breakdown of social ties or difficulties accessing housing?

Cécile Brousse*

Compared with people who live in ordinary housing, homeless people using aid services live alone more often and have low incomes. Most are not active in the labour market, are unemployed or are in very low skilled employment. Furthermore, a large number of them have undergone very difficult experiences, such as immigration, separation, leaving home at an early age or the death of a parent during childhood.

Formerly homeless people who now live in ordinary housing, meanwhile, do not present very significant differences with the rest of the population and have broadly similar family situations. Nevertheless, they more frequently rent council housing (HLM) or private sector housing lacking all comfort, and also more frequently live with third parties. The people who have been homeless for the longest periods are single people and men, but also those with no employment history, the lowest qualifications and the poorest health, all of which are factors which can cause economic difficulties. Solitary people, those without administrative documents or who are on low incomes, have little chance of quickly gaining access to social housing. The private housing market, meanwhile, is only accessible to those who accept very poor housing conditions or higher rents.

The comparison between homeless people and people living in similar housing conditions, either in terms of the lack of comfort (a hotel room or housing without sanitation, for example), or precarious occupancy status, highlights the poor housing conditions experienced by solitary people afflicted by unemployment and a lack of qualifications, but also the over-representation of men and immigrants in the most atypical forms of housing. In this respect, the situation of homeless people constitutes an extreme case of a more widespread problem.

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Within academia, several fields of research have conflicting views of the issue of homelessness: some give great importance to social ties in explaining the phenomenon, while others highlight poverty, difficulties accessing housing and institutional relationships.

Thus, some authors argue in terms of breakdown, emphasising the determining role of childhood events and the role of the family environment. The most important goal is to understand why great poverty affects some people more than others (Paugam and Clémenceau, 2003). They are concerned with people who have broken or who are in danger of breaking filial bonds or integration and citizenship links which tie them to other people or to society as a whole. These breakdowns are bruising experiences which test an individual's psychological equilibrium and their cumulative effect compromises that individual's social integration. For the authors, the breakdown of marital relations is the one which is most often said to have caused upheaval, ahead of the loss of housing or employment, childhood difficulties, health problems and dwindling resources. From a public policy perspective, these analyses require compensatory measures, assistance policies and even preventative action.

Up to the present time, the homeless issue has barely attracted economists' attention, particularly in France. In the United States, on the other hand, the economist O'Flaherty has carried out detailed analyses on the subject. For him, the high number of homeless people may be the result of an imbalance between income distribution and housing provision (O'Flaherty, 1996). In other words, macroeconomic factors are more important than familial or psychological factors which might be found in a person's biography. Income thus becomes the central factor, with housing prices being set according to market laws depending on the degree of comfort: in a state of balance, households should see the quality of housing completely lacking comfort and complete housing deprivation as being equivalent. That being the case, it is indeed the lack of income which prevents most homeless people from having the rent necessary to access the housing available on the market (including the most rundown housing). Thus, according to this model, the number of homeless households is an adjustment variable between supply and demand in the housing market.

A childhood characterised by hardships

One homeless person in five had to leave their parents' home before the age of sixteen (a proportion six times higher than among the rest of the population). Nearly three quarters of them were then placed in a children's home and/or with a host family (see Firdion, 2006, this issue, on the consequences of placement in a children's home). A third experienced economic difficulties before the age of eighteen, a number three times higher than among people in ordinary housing. Half of homeless people using aid services (1) were affected by the illness or the death of at least one parent before the age of eighteen, which is again three times higher than among the rest of the population, and the parents of 40% of homeless people divorced or separated during their childhood, a figure which falls to 20% for people in ordinary housing (see Boxes 1 and 2). Finally, homeless people are twice as likely to belong to a large family (six children or more) and half as likely to be an only child.

Two-thirds of homeless people on benefit are male, and most are solitary...

Childless solitary people account for 70% of the category of homeless people using aid services compared with barely 22% of people in ordinary housing. Among solitary people, there are more homeless people than those in ordinary housing who have never lived with a partner. This is particularly marked among homeless men, of whom 30% have never lived with a partner, while this figure is no higher than 4% among people in ordinary housing. Moreover, the mothers of young children make up a large proportion of homeless people using aid services. They account for half of homeless women. Furthermore, homeless people using aid services are a relatively young category of people, including very few elderly people (half are under 35). While the female members of the category are mainly aged 25 to 35, the male age structure more closely resembles the age structure of people in ordinary housing (see graph I). Finally, a large number of homeless people using aid services were born in foreign countries. Indeed, in comparison with people living in ordinary housing, there are three times more people born in a North African or eastern European country, and twelve times more people from sub-Saharan Africa.

1. Homeless people using aid services are people who use accommodation and hot meal distribution services and are defined as homeless according to the Insee definition; in other words, if they used an accommodation service or slept in a place not designed for habitation the previous night.

THE DIFFERENT SOURCES USED

To make comparisons possible, whatever the source of data used, only people aged between 18 and 65 (inclusively) who have left the education system and live in urban areas in metropolitan France of more than 200,000 inhabitants form part of the study.

Homeless people using aid services

In January 2001, the study of people using accommodation and hot meal distribution services surveyed 4,000 French-speakers aged 18 and over. The survey did not only study the homeless because some users of free meals services may have housing or be housed by a third party, while a person is said to be homeless if they slept in a place not designed for habitation (the street or a makeshift shelter) or an accommodation service during the night before the survey. This study is therefore restricted to adult, French-speaking homeless users of these services (accommodation and hot meal distribution) who are using aid services (for more information on the survey, see Brousse, 2006 (this issue) and Brousse *et al*, 2006).

General comparisons

Different sources of data were used according to the variable type: the 1/20th census (*recensement au 1/20^e*), the *Santé* (Health), *Logement* (Housing) and *Famille* (Family) surveys, and the survey of *personnes fréquentant les services d'hébergement et de distribution de repas chauds* (users of accommodation and hot meal distribution services).

The *Famille* survey is the most used source of data because it strikes the best balance between sample size (200,000 observations of adults aged 18-65 living in urban areas of at least 20,000 inhabitants), the sensitivity of data on housing conditions and the wealth of individual information. However, the lack of information on income and health limits the field of investigation. The *Famille* survey is also used to compare homeless people using aid services with residents of workers' hostels and council housing (HLM).

Formerly homeless people

In 2002, Insee inserted questions on periods of homelessness into the *Santé* survey. The respondents answered three successive questionnaires followed by a self-administered questionnaire on sensitive health problems and family history (parents' death and childhood poverty). In total, 16,000 households replied to the survey: 25,000 people aged 18 and over, of whom 24,000 answered the self-administered questionnaire.

The definition of a period of homelessness chosen by the *Santé* survey is similar to the one used for the survey of *personnes fréquentant les services d'hébergement et de distribution de repas chauds* (users of accommodation and hot meal distribution services) in order to make comparisons easier, although the comparability between the two sources of data is not perfect.

Indeed, homeless people who use no accommodation or hot food distribution service are not considered by the statistical operation, while the *Santé* survey considers any homeless person whether or not they have used an aid service. Nevertheless, in the case of this latter, declarative survey, it is difficult to know whether individuals accommodated in shelters or in hotels through the intermediary of charities or the local authorities declared that they had been housed in a centre (this problem applies particularly to recent periods, when this form of accommodation was developed). Conversely, former residents of workers' hostels may have declared that they had stayed in an accommodation centre. In addition, retrospective surveys rely on individuals' declarations and not on the real time observation of situations. They are therefore limited by the respondents' capacity for memory, particularly individuals with a complex residential history and the elderly. Finally, only formerly homeless people who lived in ordinary housing at the time of the survey were surveyed (people who are deceased or who live in institutions fall outside the scope of the survey). In any case, unlike transverse studies, retrospective surveys under-represent the longest periods of housing deprivation (Rossi, 1991).

It is a fact that many formerly homeless people did not reply to the self-administered questionnaire, with writing and French comprehension difficulties being the most commonly cited reasons. Since we want to introduce family history into the analysis, the sample of respondents falls to 350 formerly homeless people, which limits the accuracy of the results.

Poorly housed people

There is little statistical data available on poorly housed people. With the exception of homeless people using aid services, no specific national survey has focussed on other poorly housed people.

The sample which supplements the census (1/20th) is sufficiently large but only analyses a small number of variables, housing conditions are not analysed in detail and household income is not included. The *Logement* and *Santé* survey samples, while containing a lot of information, are small when limited to poorly housed people and do not include people housed in collective structures (workers' hostels, etc). In terms of construction, the focus of analysis in the *Logement* survey is the household ; however, not all members of a household share the same housing conditions, particularly those housed atypically, such as domestic workers or live-in employees, lodgers and children, or friends being put up. This latter category of people often has limited access to housing resources, and do not necessarily have the same residential history or the same mobility intentions. They also differ in terms of family arrangements, quality of life and contribution to rent. As a result, in many areas it is difficult to compare the characteristics of the people affected by these poor housing conditions because of a lack of individual data. The *Santé* survey meanwhile, while containing a wealth of individual data, does not make it possible to accurately isolate the different forms of poor housing. Given these restrictions, only the *Logement* survey, the census (1/20th) and the survey *auprès des personnes fréquentant les services d'hébergement et de distribution de repas chauds* (users of accommodation and hot meal distribution services) were used to place homeless people using aid services Within the field of poorly housed people.

...and very marginalised in the labour market

Nearly three quarters of homeless people using aid services belong to the working classes, and half have no qualifications. The presence of some homeless middle-managers (3%) is mainly due to the fact that six homeless middle-managers in ten are foreign nationals. Furthermore, with 40% unemployed and 30% economically inactive, the great majority of homeless people using aid services remain outside the labour market. This observation would be reinforced if we took into account the fact that half of the "jobs" they occupy in fact concern the social-profit sector or are fulfilled in exchange for housing services (De la Rochère, 2003). Among working homeless people, the proportion of employees with short-term contracts (not fixed-term contracts) is five times higher than in the rest of the population. Finally, nearly eight homeless people using aid services in ten belong to a household in the first decile in the income distribution. However, slightly more women than men belong to the second income decile.

Box 2

SPECIFIC CONSIDERATIONS

Since homeless people in ordinary housing are included both in the scope of the study of users of aid services and in the scope of various studies used for this study, it was necessary to identify comparable populations. In this respect, the people identified by the *Logement* survey as being housed free of charge by charities were excluded. As these people were not identifiable in the *Santé* survey, or in the *Famille* survey, all individuals housed free of charge were removed from comparisons between these two studies.

Further, residents of young workers' hostels (YWH) and residents of migrant workers' hostels (MWH) are included in the 1/20th census (recensement au 1/20^{ème}) and in the *Famille* survey but are grouped together in the same statistical category. In order to distinguish them, the census data was used with the hypothesis that if most people living in a district were born abroad, all residents of workers' hostels in that district were migrant workers. This relatively imperfect criterion may have led to coding errors, particularly where there are several workers' hostels in a single district, or where the size of a hostel is too small for the sample of its residents to be representative; some YWH may also have been classed as MWH because of the presence of a number of young foreign nationals. The aggregate data concerning these two populations should be read with caution.

The category of people living with parents or friends for financial reasons corresponds to the forced lodgers category, characterised by the fact that they would be in a position to live in independent accommodation if they had the financial means (Bessière and Laferrère, 2002). This definition distinguishes, among the children who have lived in independent accommodation and have returned to live with their parents, those who have had to do so for financial reasons from those who have experienced health problems or have returned to help their parents. As for people living with friends, it is also important to distinguish those who are in this situation for financial reasons (which particularly excludes conjugal or platonic cohabitation).

Separation, leaving home, emigration and eviction lead to homelessness

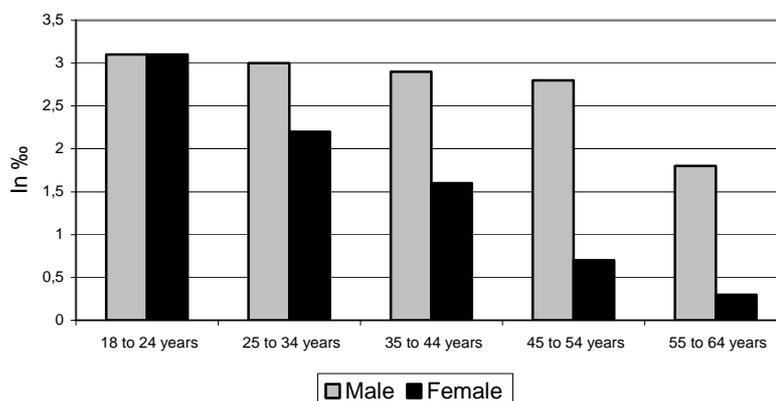
When asked about the circumstances which led them to leave home, homeless people using aid services most frequently cite: leaving the marital home (26%), the end of cohabitation with parents (21%), arrival in the country (19%), housing deprivation for financial reasons (such as eviction and not being able to pay the rent) (16%), or for material reasons (such as destruction, poor hygienic conditions and the end of a lease) (3%), leaving institutions (workers' hostels, hospital, prison) (12%), and finally moves for financial reasons (such as to look for work and professional mobility) or for personal reasons (such as an enlarged family or to live with a partner) (3%). Each of these circumstances is associated with a particular profile (see table 1). Evictions, departures from institutions and immigration mainly concern men, leaving home mainly involves fairly young men, and departures from the marital home concern middle-aged men and women.

These events include most of the breakdowns described by sociologists specialising in poverty and social exclusion, who give great importance to retrospective questioning (Paugam and Clémenceau, 2003). This type of approach provides an accurate picture of the homeless population and the multiple difficulties with which these people are confronted (especially psychological difficulties) as a result of the paths their lives take. It is very tempting to interpret these retrospective declarations on the causes behind the loss of a former home (or the “plunge” into distress to use the terms used by these authors) in causal terms and so to place family-type events (separation, leaving home) at the centre of the analysis. In fact, responses to retrospective questioning on the causes of housing loss do not make it possible to establish a classification of events involving the loss of accommodation. Indeed, first of all, people remain homeless for differing periods of time, depending on the circumstances which led them to leave home (see table 2). Thus, people who have left institutions or the parental home have been in a situation of housing deprivation for longer than those who have left the marital home or their country of origin; the first two groups are therefore over-represented compared with the second (see table 3). As a consequence, the weight of the various circumstances is biased by the relative differences between periods of homelessness. Secondly, events described as “breakdowns” are only analysed insofar as they affect homeless people, although these events may also affect the rest of the population.

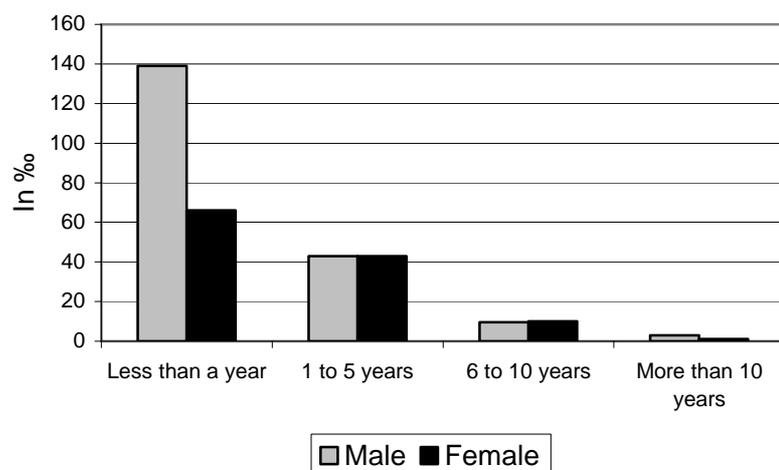
Graph I

Homeless people in the general population

A – By age



B – By time since leaving the parental home



Reading key: in the general population aged 25 to 34, three men in a thousand and two women in a thousand are homeless. Scope: Metropolitan France, urban areas of 20,000 inhabitants and over, adults aged 18 to 65, except for students and people housed free of charge (with the exception of homeless French-speaking people using aid services). Sources: Famille survey, 1999, Insee and survey of users of accommodation and hot meal distribution services, January 2001, Insee.

Table 1

The principal characteristics of homeless people using aid services and of residents of ordinary housing

	Homeless people using aid services			Residents of ordinary housing		
	All	Male	Female	All	Male	Female
In %						
Income per consumption unit (1)						
First decile	74	76	72	11	10	12
Second decile	13	11	15	10	10	11
Third to tenth deciles	10	10	10	79	80	77
Socio-professional group						
Farmers, tradesmen and employers	5	6	4	5	7	3
Middle-managers, intellectual professions	3	3	2	12	16	9
Intermediary professions	8	9	7	12	16	9
Employees	33	19	56	29	15	42
Manual workers	41	57	12	20	33	8
Unemployed who have never worked	4	2	8	1	1	1
Other economically inactive people with no profession	7	4	11	20	12	27
Current occupation						
Self-employed	1	2	0	5	5	5
In an open-ended contract or other contract with no time limit	7	6	10	43	44	43
In a fixed-term contract	4	4	5	4	4	4
Other short-term contract (employment solidarity contract (CES), temporary employment, internship)	16	19	10	3	3	3
Unemployed for more than a year	21	22	19	4	4	4
Unemployed for less than a year	20	19	22	3	4	3
Economically inactive	30	29	33	37	36	37

Qualification						
No qualifications	46	46	46	17	17	17
Primary studies certificate, BEPC (first cycle diploma), Elementary diploma, schools diploma	18	15	23	25	25	25
CAP (Certificate of vocational proficiency), BEP (Vocational training diploma)	19	23	13	25	25	25
General, technological or vocational baccalaureat, technical diploma	10	9	12	13	13	13
Higher education qualification	7	8	6	19	19	19
Age						
18 to 24 years	20	16	28	14	14	14
25 to 34 years	30	27	35	25	26	25
35 to 44 years	25	25	25	24	23	24
45 to 54 years	18	23	10	23	22	23
55 to 64 years	7	10	2	15	15	15
Household type and marital history						
Person living alone without children and having never lived with a partner	25	31	14	3	4	3
Person living alone without children and having lived with a partner	33	44	13	12	12	13
Single-parent family	19	3	47	7	7	7
Childless couple	7	6	9	29	28	29
Couple with one or more children	9	8	12	42	42	42
Other	7	8	6	7	7	7
Marital status						
Single	62	65	58	41	44	39
Married	15	12	21	49	49	49
Widowed	2	2	3	2	1	3
Divorced	20	21	18	8	6	10
Country of birth						
Born in France or in an EU member state (EU15)	69	70	67	94	94	94
Born in a European country outside the EU (EU15)	3	3	4	1	1	1
Born in Algeria, Morocco or Tunisia	16	17	13	4	5	4
Born in another African country	12	10	16	1	1	1
Length of time spent in Metropolitan France						
Not applicable, born in France	66	67	63	90	90	90
Less than a year	9	10	7	0	0	0
Between 1 and 5 years (inclusive)	8	6	11	0	0	0
5 years or more	17	17	18	9	9	9
Father's socio-professional group						
Manual worker, employee	67	66	68	55	55	54
Middle-manager, professional, craftsman, tradesman, farmer	33	34	32	46	45	46
Parents' death						
Father and mother deceased	21	25	14	18	17	18
At least one parent still living	79	75	86	82	83	82
Age when leaving the parental home						
Not applicable, has not left the parental home	1	1	1	13	16	11
Left before the age of 16	21	22	19	2	3	2
Left between 16 and 29	74	72	77	85	78	85
Left aged 30 or over	5	5	4	2	3	2
Number of siblings						
Only child	6	7	4	11	11	11
Two or three children	28	27	29	47	48	47
Four or five children	27	27	27	23	23	23
Six children or more	39	38	40	19	18	19
Size of urban area						
20,000 to 200,000 inhabitants	31	28	35	36	36	36
200,000 to 2 million inhabitants	39	40	36	36	36	36
Paris agglomeration	31	32	29	28	27	28
Childhood poverty (1)						
Economic difficulties before the age of 18	34	32	38	11	10	12
No economic difficulties before the age of 18	66	68	62	89	90	88

Illness or death of one parent (1)						
Illness or death before the age of 18	48	51	53	16	15	16
No illness or death before the age of 18	52	63	51	77	80	75
Divorce of or dispute between parents (1)						
Divorce or dispute before the age of 18	41	37	49	23	20	25
No divorce or dispute before the age of 18	59	63	51	77	80	75
Declared state of health (1)						
Good	17	19	14	30	33	27
Average	36	35	37	51	50	51
Bad	47	46	49	19	17	22
1. The variables come from the <i>Santé</i> survey						

Scope: Metropolitan France, urban areas of 20,000 inhabitants and over, adults aged 18 to 65, except for students and people housed free of charge (with the exception of homeless French-speaking people using aid services).

Sources: of users of accommodation and hot meal distribution services, 2001, Insee; *Santé* survey, 2003, Insee; and *Famille* survey, 1999, Insee.

Table 2
Circumstances of leaving previous housing, among homeless people using aid services

	Leaving parental home	Leaving marital home	Eviction, cost of rent	Leaving an institution (1)	Arrival in the country (2)	End of housing availability (3)	Moving house (4)	All
In %								
Gender								
Male	60	52	72	69	67	78	63	63
Female	40	48	28	31	33	22	37	37
Country of birth								
Born in France	61	78	77	84	21	75	77	64
Born abroad	39	22	23	16	79	25	23	36
Age								
18-24 years	42	10	12	33	17	13	15	21
25-34 years	31	30	23	22	35	9	37	29
35-44 years	13	30	26	22	26	26	29	24
45-54 years	8	21	27	18	16	23	13	17
55-64 years	5	8	10	5	3	17	6	7
65 or over	1	1	3	0	3	2	0	2
1. Hostel, hospital, prison. 2. When a number of these circumstances were linked, such as arrival in the country and leaving the marital home or moving home for financial reasons, arrival in the country was given precedence. 3. End of lease or job, death, insalubrity, destruction. 4. For family reasons or to look for work.								

Scope: Metropolitan France, urban areas with 20,000 inhabitants or more, French-speaking homeless aged 18 or over using aid services.

Source: survey of users of accommodation and hot meal distribution services, January 2001, Insee.

Emigration is the event most linked to homelessness, along with fragility of labour market situation

To find out which events (or which breakdowns) best explain homelessness, it is necessary to take into account not only how often these events occur among the general population and among the homeless, but also how these events are interrelated. Thus, loss of employment is a factor in divorce, arrival in the country may precede a period of unemployment, or vice versa. Moreover, people who lost one of their parents during childhood are also more likely to have experienced poverty or to have been placed in a health and social services hostel. This means it is necessary to analyse the totality of these events, taking into consideration their interdependence (see annex).

Having emigrated recently is the factor most associated with homelessness, and this is the case even more so for women than for men, especially women from sub-Saharan Africa. In terms of access to housing, the first year spent in France is a particularly difficult period (see graph 1). Clearly, immigrants from poor countries have the greatest housing difficulties. However, ten years after arriving in France, housing deprivation affects immigrants in similar proportions to the rest of the population. It is not excluded that difficult housing conditions may have caused some immigrants to have returned to their countries of origin, at least temporarily. However, because of a lack of information on the rate of return to country of origin, this hypothesis remains to be confirmed.

Among men, employment contract insecurity is the second most prevalent factor behind emigration; this concerns employees on training courses and employment solidarity contracts (CES), along with people working for temporary work agencies.

Table 3
Time since housing loss among homeless people using aid services

Time since loss of previous housing	In %						
	Leaving parental home	Leaving marital home	Eviction, cost of rent	Leaving an institution (1)	Arrival in the country	End of housing availability (2)	Moving house (3)
All							
Less than a year	18	53	37	12	44	30	52
1 to 2 years	13	18	26	18	28	40	24
3 to 9 years	39	10	18	26	15	16	9
10 years or more	30	19	19	44	13	14	15
Male							
Less than a year	16	30	31	12	48	23	53
1 to 2 years	10	21	27	18	22	42	19
3 to 9 years	36	14	18	23	13	19	9
10 years or more	38	35	24	47	17	16	19
Female							
Less than a year	21	75	54	12	35	51	48
1 to 2 years	18	16	22	16	41	36	34
3 to 9 years	43	6	19	32	19	4	9
10 years or more	18	3	5	40	5	9	9
1. Hostel, hospital, prison.							
2. End of lease or job, death, insalubrity, destruction.							
3. For family reasons or to look for work.							

Scope: Metropolitan France, urban areas with 20,000 inhabitants or more, French-speaking homeless aged 18 or over using aid services.

Source: survey of users of accommodation and hot meal distribution services, January 2001, Insee.

There then follows having divorced and being unemployed. Among women, the hierarchy is slightly different. Having lost one's job in the last year comes immediately after emigration, followed by factors with an equivalent discriminative power: raising one's children alone, leaving the parental home before the age of 16, never having met a spouse and having an insecure work contract. There are then other factors of lesser importance. Among men: never having lived with a partner, having had to leave the family home before the age of 16, being sub-Saharan African and finally being a widower. As regards women, the order of secondary factors differs significantly. First come widowhood and divorce, being from an eastern European country, having many brothers and sisters, having left the parental home after the age of 30 and finally being under 25 years old.

Despite their significance in the lives of homeless people, having emigrated and great insecurity in the labour market are not the most discussed aspects in the studies on the subject, while the impact of family breakdowns and their psychological consequences are developed in detail.

Homelessness is strongly linked to a lack of economic resources

A comparison between previous results, which are available for the general population thanks to the *Famille* survey, and the analysis of the data in the *Santé* survey, which includes income, shows that living without a spouse is still the principal characteristic of people living with housing deprivation, thus confirming the preceding analysis; low income comes in second position (see annex). Nevertheless, apart from income, other significant variables lose discriminative power when we include being young or unemployed, having been born abroad, living alone or having experienced poverty as a child, because these characteristics are greatly over-represented in the category of individuals on low incomes, whether homeless or otherwise (see annex). Low income has two impacts. Either it leads directly to the loss of housing (eviction, inability to pay rent, etc.) or it makes access to new housing very difficult after leaving one's previous accommodation for whatever reason (separation, leaving the parental home, emigration or leaving an institution such as a prison or a hostel).

A lack of financial resources is the main reason why homeless people postpone their search for housing (see graph II). Some people have such limited resources that they would not have the means of looking for housing, such as having access to transport, having presentable clothes and paying a deposit. Others take steps towards finding housing but find their paths blocked because they do not have the necessary resources (such as deposits or wage slips). People who had difficulties paying the rent in their previous accommodation receive fewer offers than those who had to leave for other reasons. Others, finally, receive offers of housing but are forced to turn them down for financial reasons: for example, their budget does not stretch to the rent offered or the housing is at a distance which would entail travel costs that they could not afford. In addition, people on very low incomes are also at a disadvantage when it comes to finding a spouse, which probably reduces the likelihood that they will meet a person in housing (or not) and so gain more rapid access to new housing (possibly by means of the charitable sector); this phenomenon is undoubtedly more marked among men.

The impact of unemployment is mitigated when income is taken into account, but remains significant

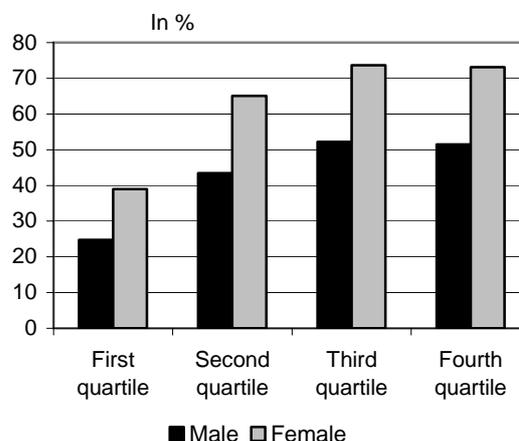
Losing a job may lead the unemployed to leave their home to look for work in another town or another part of the country, and thus to become homeless. Among private sector employees housed by their employer, the link between the loss of employment and housing is particularly clear-cut (in the case of domestic workers, seasonal employees, workers on mobile construction sites, workers in casual employment in showbusiness, and employees in the catering and hotel trades). In their cases, the seasonal nature of their work increases their residential insecurity. Furthermore, the unemployed are disadvantaged in the housing market because they have fewer guarantees than people in work. Finally, for most unemployed people, the search for a job takes precedence over the search for housing. On the one hand, they must show themselves to be available in the labour market, requiring a certain geographic mobility, and on the other hand, for lack of professional guarantees, they must first find a job before concerning themselves with their housing conditions.

As regards demographic characteristics, the use of data from the *Famille* and *Santé* surveys leads to similar conclusions. The young age of the homeless, and of homeless women in particular, does not in itself constitute an explanatory factor. This characteristic of the homeless can be explained by the fact that most of the events which cause housing loss (leaving the parental or marital home and arrival in the country) happen at young ages, and it is these events which lead to housing deprivation more than the youth of the people involved. Furthermore, the over-representation of young people is reduced when the events which caused the departure from the previous residence are taken into account in the explanatory model. Indeed, once these effects are neutralised, young women (aged 18 to 35) are slightly over-represented among homeless people using aid services, while men aged 55 and over and women aged 45 and over are under-represented (see annex).

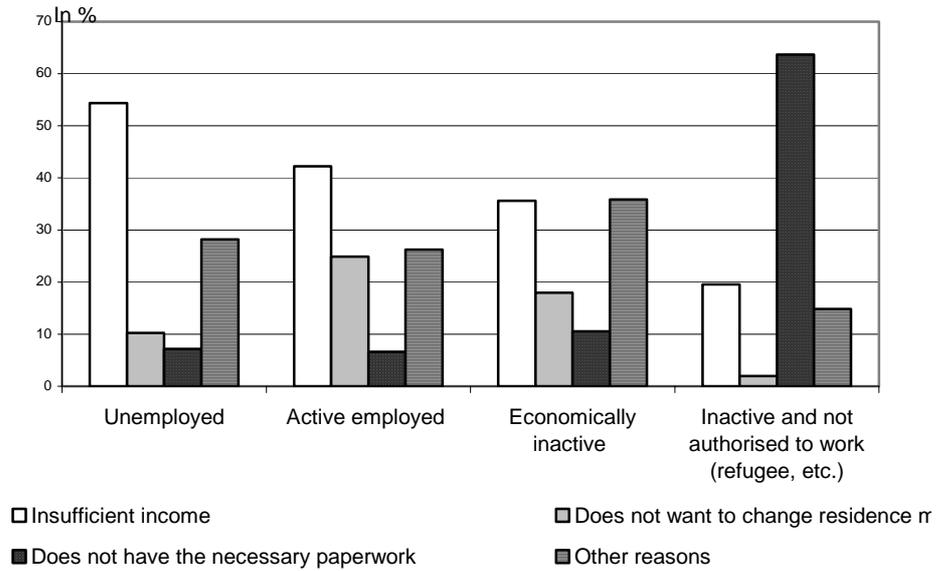
Graph II

The steps taken (or not) by homeless people using aid services to access housing during the previous twelve months

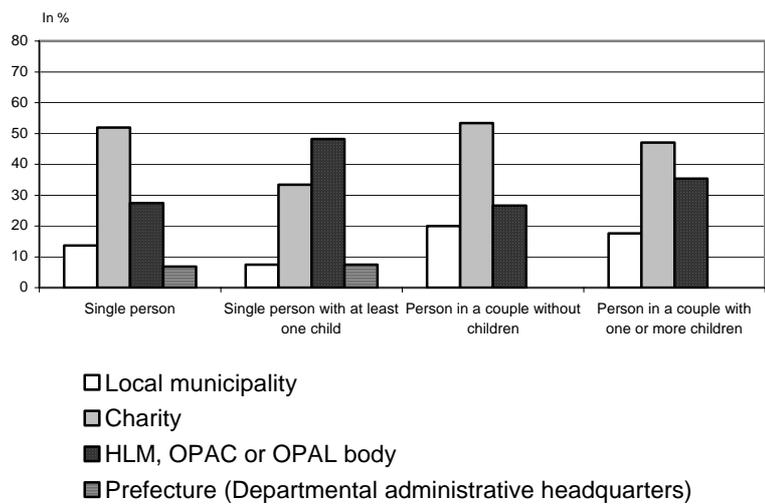
A – By income



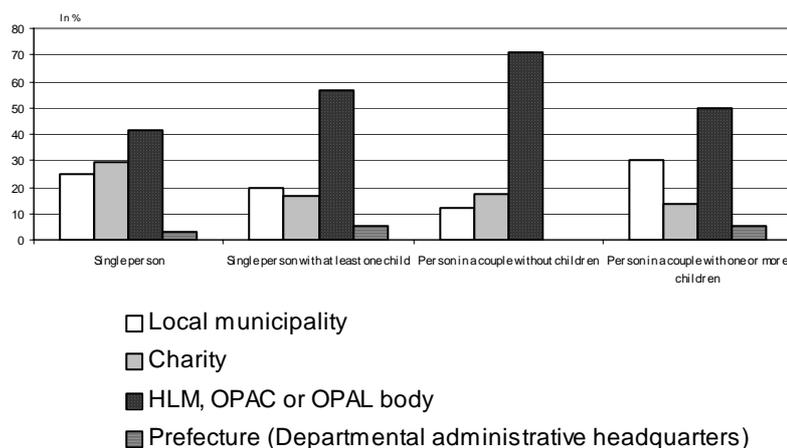
B – The type of reason given and the labour market position for those who have not taken any steps



C – Last body consulted by homeless people using aid services on the lowest incomes (first quartile) in their search for housing



D – Last body consulted by homeless people using aid services on the highest incomes (fourth quartile) in their search for housing



Scope: Metropolitan France, urban areas of 20,000 or more inhabitants, French-speaking adults aged 18 to 65.
Source: survey of users of accommodation and hot meal distribution services, January 2001, Insee.

Finally, the two surveys highlight an important factor: some events seem to have a time-limited impact – separation, particularly for women, leaving the parental home, the loss of one's job or arrival in France – while others, on the contrary, have more long-term repercussions: death or illness of a parent, leaving home at an early age or childhood poverty, for instance. As a direct consequence of these events, it is not possible – on a long-term or even permanent basis – for children to be assisted by their parents.

Formerly homeless people are now in council housing, live with third parties, or rent housing which lacks all comfort

Although it is possible to understand how a person becomes homeless in these terms, whether as a result of immediate causes (leaving home, separation, emigration) or more structural factors (living alone, limited income, unemployment, lack of family support), it is more difficult to identify the conditions surrounding the transition away from a state of homelessness. This second aspect – access to new housing – is much more rarely analysed in quantitative studies, probably as a result of the lack of data, although six homeless people in seven say that they are unsatisfied with their housing conditions.

The length of time spent in a state of housing deprivation varies considerably according to the individual. It is clear from interviews of formerly homeless people for the *Santé* survey that people belonging to this group have very different residential histories. The period of homelessness was for some a transition period, while for others it was a more lasting experience: although 22% of formerly homeless people have spent less than three months in a shelter during their adult lives, 15% have spent more than three years in one since the age of eighteen, 24% have spent less than two weeks living rough or in a makeshift shelter and 31% have spent more than a year in this situation (see table 4). Some have been homeless just once during their lifetime, while others have had to deal with the problem repeatedly. Of course, the retrospective nature of the questionnaire introduces a bias because the oldest formerly homeless people automatically reveal longer periods of homelessness. However, there is still significant variation between the durations, even when the respondents' age is taken into consideration.

Thanks to the *Santé* survey, we have a certain amount of information on the housing conditions of formerly homeless people (see table 5). Firstly, 40% of this group live in council housing (HLM), 25% rent private-sector housing which lacks all comfort, and 10% live with third parties or are housed free of charge. In the general population, these percentages are two to three times lower. However, as surprising as it may seem, home ownership is not inaccessible to formerly homeless people, one in seven being owner-occupiers (or the spouse of the owner). More than a third of these forms of housing do not have minimum comfort levels, however. It is not yet clear under what circumstances these houses were acquired (after forming a couple, purchase, inheritance or self-build). To build up a more complete picture of how formerly homeless people come to access housing, it remains to be discovered what proportion live in collective accommodation (hospitals, retirement homes, workers' hostels or prison). Finally, the picture presented here only reflects imperfectly the housing conditions of homeless people as observed just after the end of their period of homelessness. These conditions were probably less satisfactory. For example, the people interviewed during the provision of hot meals for the survey of users of accommodation and hot meal distribution services in 2001, shortly after a period or periods of homelessness, provide information which seems to confirm this hypothesis: a significant proportion live in housing lacking all comfort, are living with third parties or are unofficially living in a property (Marpsat, 2006, this issue).

Table 4

Formerly homeless people according to time spent in an accommodation centre or in a place not designed for habitation

Since the age of 18	In %		
	Born before 1970	Born after 1970	All
Has lived in an accommodation centre			
- under three months	24	15	22
- three months to one year	34	44	36
- one to three years	25	31	27
- three years or more	17	10	15
Has lived in a place not designed for habitation			
- under two weeks	22	30	24
- two weeks to two months	15	31	21
- two months to one year	24	25	24
- one year or more	29	14	31

Scope: Metropolitan France, people aged 18 over in ordinary housing who have experienced at least one period of homelessness since the age of 18.

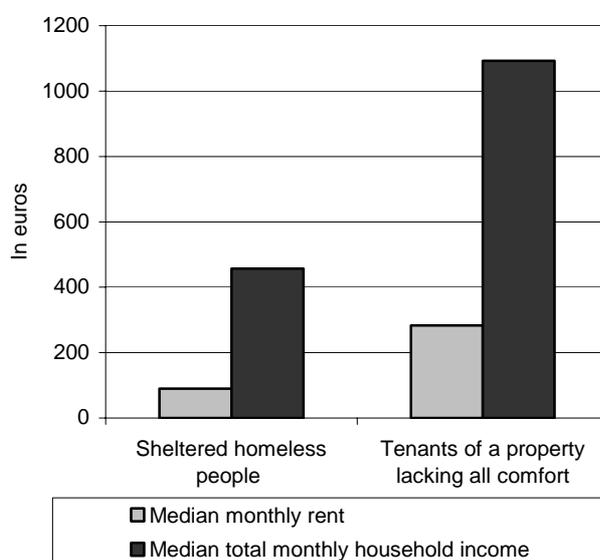
Source: Santé survey, 2003, Insee.

No access to private sector housing, even in the worst conditions, without sufficient resources

Among the “most well-off” homeless people – those housed by a charity or a public body – median monthly income is 450 Euros, which is not enough to pay the least expensive private sector rents. Indeed, median monthly rent for housing without sanitary facilities is as much as 300 Euros before housing benefit (see graph III). Of course, people housed in shelters contribute to their housing costs, paying the charity or municipal authority which houses them a median contribution of 90 Euros towards the rent, which is well below the market rate. It is clear that the most well-off homeless people and, *a fortiori*, those on the most modest incomes experience a situation which resembles that described by O’Flaherty (1996), whereby the low level of their economic resources prevents them from accessing private sector housing.

Graph III

Income and rent paid by homeless households in shelters and households renting housing lacking all comfort, furnished or unfurnished



Reading key: housing lacking all comfort is housing without sanitary facilities or without an inside WC, which fall into the following categories: hotel bedrooms and rented furnished dwellings (one quarter) and rented unfurnished dwellings (three quarters).

Scope: Metropolitan France, urban areas of 20,000 or more inhabitants, adults aged 18 to 65.

Sources: survey of users of accommodation and hot meal distribution services, 2001, Insee and Logement survey, 2002, Insee..

Table 5

Formerly homeless people according to their current housing conditions

		In %	
		People having been homeless	People having never been homeless
Living with friends	All levels of comfort included	1	0.3
Cohabits with parents and has never lived independently			9
Cohabits with parents but has lived independently		4	1
Housed free of charge (2)	without comfort (1)	2	1
	with comfort	3	2
Rents a non-HLM ¹ dwelling (2)	without comfort (1)	8	4
	with comfort	27	14
Rents a HLM dwelling (2)	without comfort (1)	11	3
	with comfort	28	10
Rents a dwelling (2)	without comfort (1)	4	6
	with comfort	11	50

1. A dwelling is said to be without comfort if it has at least one of the following characteristics: number of rooms per person lower than one, no sanitary facilities or inside WC, no central heating or presence of damp.
2. Except for people living with friends and cohabiting with parents.

Scope: Metropolitan France, people aged 18 and over, in ordinary housing
Source: Santé survey, 2003, Insee.

¹ HLM (Habitation à loyer modéré): Council housing

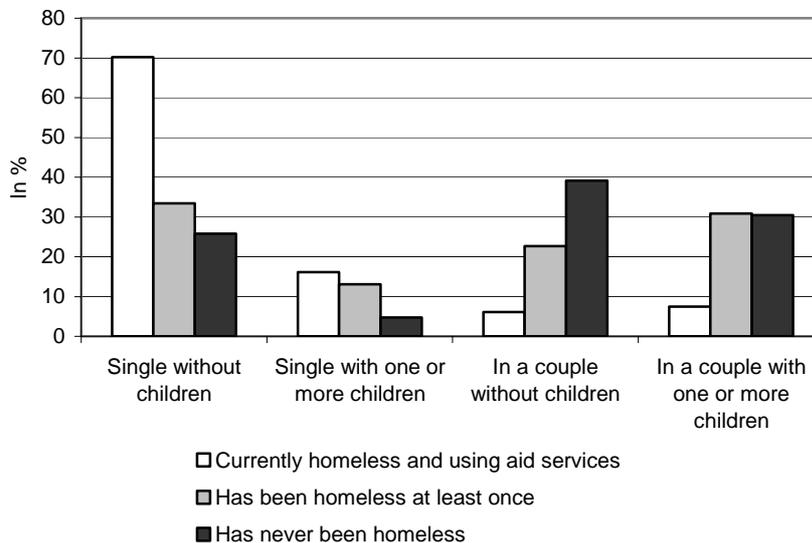
Another result which confirms the importance of economic factors, according to the *Santé* survey, is that homeless people who have found housing have significantly higher incomes than people who are currently homeless (more than half of formerly homeless people have an income in the third income decile or in the higher deciles, compared with only a tenth among the currently homeless). As a corollary to this, the number of employed active people among the formerly homeless is twice as high as among the currently homeless, and the number of unemployed people is twice as low (see graph IV). We can therefore suppose that the improvement in housing conditions of formerly homeless people is in part due to their increased income and their having found employment. However the inverse of this phenomenon is not excluded, their return to employment having perhaps been made easier by access to housing. Finally, people who were homeless the longest are probably those who had to cope with the most serious financial difficulties. Thus, all other things being equal, the people who were homeless for a long period were especially those who had health problems, had few academic skills and little professional experience, all factors associated with earning very low incomes, particularly when they occur together (see annex).

However, three phenomena seem to contradict the microeconomic reasoning we have outlined above. The charitable housing sector is extremely varied in terms of the price asked of tenants and the quality of service provided. Theoretically, all homeless people are given 'zero quality'. In reality, some housing services are paid for, particularly the most personalised (Brousse, 2006, this issue). It is also not uncommon for homeless people to refuse a housing offer for comfort reasons. Indeed, although more than half refuse because the rent is too high, others refuse because the property is unhygienic, too small or poorly located. Next, O'Flaherty's model does not take into account the large number (with equal incomes) of single people, with or without children, among the homeless, or of the fact that some people with lower incomes than the homeless live in ordinary housing (see graph V). In fact, in the French context, contrary to the microeconomic theories, access to housing is not completely governed by the actions of individual actors (households and private lessors) because of the role played by the social housing stock.

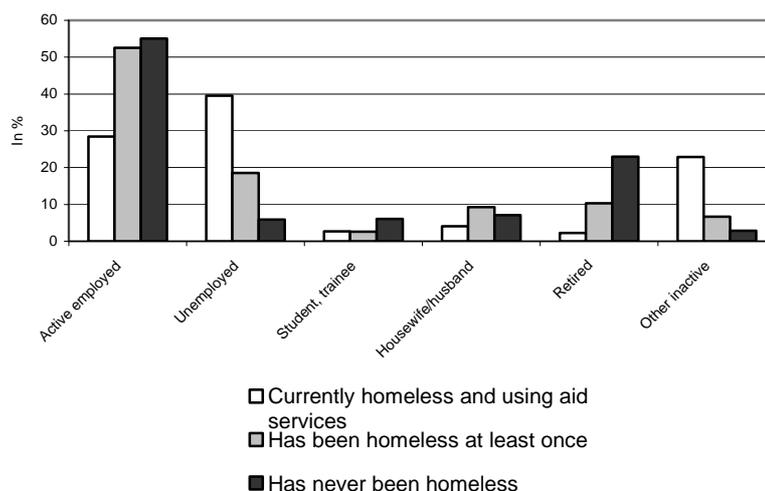
Graph IV

Socio-demographic comparison of homeless people using aid services, formerly homeless people and people who have never been homeless

A – Family situation



B—Economic activity

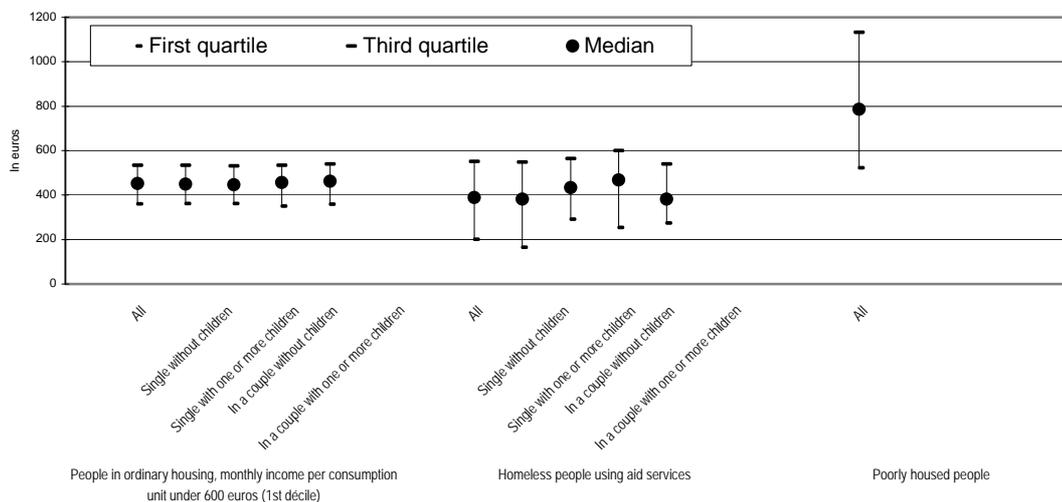


Scope: adults aged 18 and over, Metropolitan France, urban areas over 20,000 inhabitants
Sources: survey of users of accommodation and hot meal distribution services, 2001, Insee and Santé survey, 2002, Insee.

Graph V

Monthly income per consumption unit of homeless people using aid services, people on low incomes in ordinary housing and poorly housed people

In Euros



Reading key: to compare the quality of life of people belonging to households of differing size or composition, we use a measure of monthly income per consumption unit (CU) adjusted using an equivalence scale. The scale used is the so-called OECD scale with the following weighting: 1 CU for the first adult in the household; 0.5 CU for other persons aged 14 or over and 0.3 CU for children aged under 14. For people in ordinary housing, the measure includes total income after transfers but does not include housing benefit. For homeless people using aid services, the measure includes total income after transfers and housing benefits (11% of homeless people using aid services claim to receive housing benefit).

The category of poorly housed people does not include the residents of workers' hostels and people living with private individuals (domestic workers, people housed for financial reasons).

Scope: Metropolitan France, urban areas of 20,000 or more inhabitants, people aged 18 to 65, except students and people residing in hospitals, prisons or retirement homes.

Sources: survey of users of accommodation and hot meal distribution services, 2001, Insee and Logement survey, 2002, Insee.

Table 6

Relationship between previous periods of homelessness and the probability of currently living in HLM² (logistical regression)

	Parameter	Pr > ChiSq
Constant	- 2.3885	< 0.0001
Income per consumption unit		
First decile	0.6521	< 0.0001
Second decile	0.5863	< 0.0001
Third decile	0.4222	< 0.0001
Fourth decile	0.1901	0.0065
<i>Fifth decile</i>	<i>Ref.</i>	
Sixth decile	0.3139	< 0.0001
Seventh decile	0.3422	< 0.0001
Eighth decile	0.4890	< 0.0001
Ninth decile	0.6846	< 0.0001
Tenth decile	1.5642	< 0.0001
Former periods spent in a shelter		
Has stayed at least once in a shelter	0.6511	< 0.0001
<i>Has never stayed in a shelter</i>	<i>Ref.</i>	
Former periods spent sleeping rough or in a makeshift shelter		
Has slept rough at least once	0.1601	< 0.0001
<i>Has never slept rough</i>	<i>Ref.</i>	

Reading key: the following variables are also control variables: gender, age, country of birth, family situation, level of studies, socio-professional group, periods of unemployment and size of urban unit.

Scope: Metropolitan France, adults aged 18 or over, in ordinary housing, except people living free of charge (unless homeless).

Source: Santé survey, 2003, Insee.

The conditions to be met to access social housing: live with a partner with children...

All other things being equal, people on very low incomes mostly live in social housing (see table 6). Thus, in urban areas of more than 20,000 inhabitants, 70% of individuals aged 18 to 65 and belonging to a household with a monthly income per consumption unit of less than 400 Euros live in council housing. This observation is unsurprising insofar as council housing is specifically aimed at people who do not have sufficient income to access private sector rented housing (Driant and Rieg, 2004).

Households with very modest means have a better chance of living in ordinary housing (in fact, social housing), if they live with a partner (see graph VI). Family situation is moreover the parameter which best explains the probability of being homeless rather than renting council housing. If we compare people who live with a partner, having equivalent qualifications and labour market positions, single men but also single women (whether mothers or otherwise) are more frequently homeless and less frequently live in council housing. And the category of people living with a partner breaks down into those who have children and those who do not: the former sub-category more frequently live in council housing and are less often homeless than the latter.

² HLM (Habitation à loyer modéré): Council housing

Furthermore, the retrospective approach allowed by the *Santé* survey also shows the importance of family situation. All other things being equal, there are more people living as couples among formerly homeless people than currently homeless people (see graph IV). Nevertheless, because of a lack of information on the date of their marriage, it is difficult to know whether meeting one's spouse facilitates access to council housing or whether the reverse holds true. Finally, all other things being equal, single people remained homeless longer than married, widowed or divorced people.

Eligibility criteria for social housing probably help to explain these differences because, as a general rule, couples are given priority over single people. Incidentally, French researchers pay little attention to the hypothesis that eligibility criteria for social housing may shape the profile of the homeless population. British researchers, on the other hand, pay particular attention to the case of the single homeless.

In Britain, indeed, not only are homeless people living alone not given priority access to municipal housing, which is reserved for couples, and for fathers and mothers (Fitzpatrick *et al*, 2000), but this rule is also written into the Housing act; in France, it operates on a less official basis.

However, we cannot exclude the possibility that couples are more drawn to social housing. 81% of homeless people living with a partner with children, and 67% of those living as couples without children, contacted council housing bodies in the previous twelve months. However homeless single mothers express an equal desire to live in council housing: over the previous year, 76% of this category made a request to a council housing body.

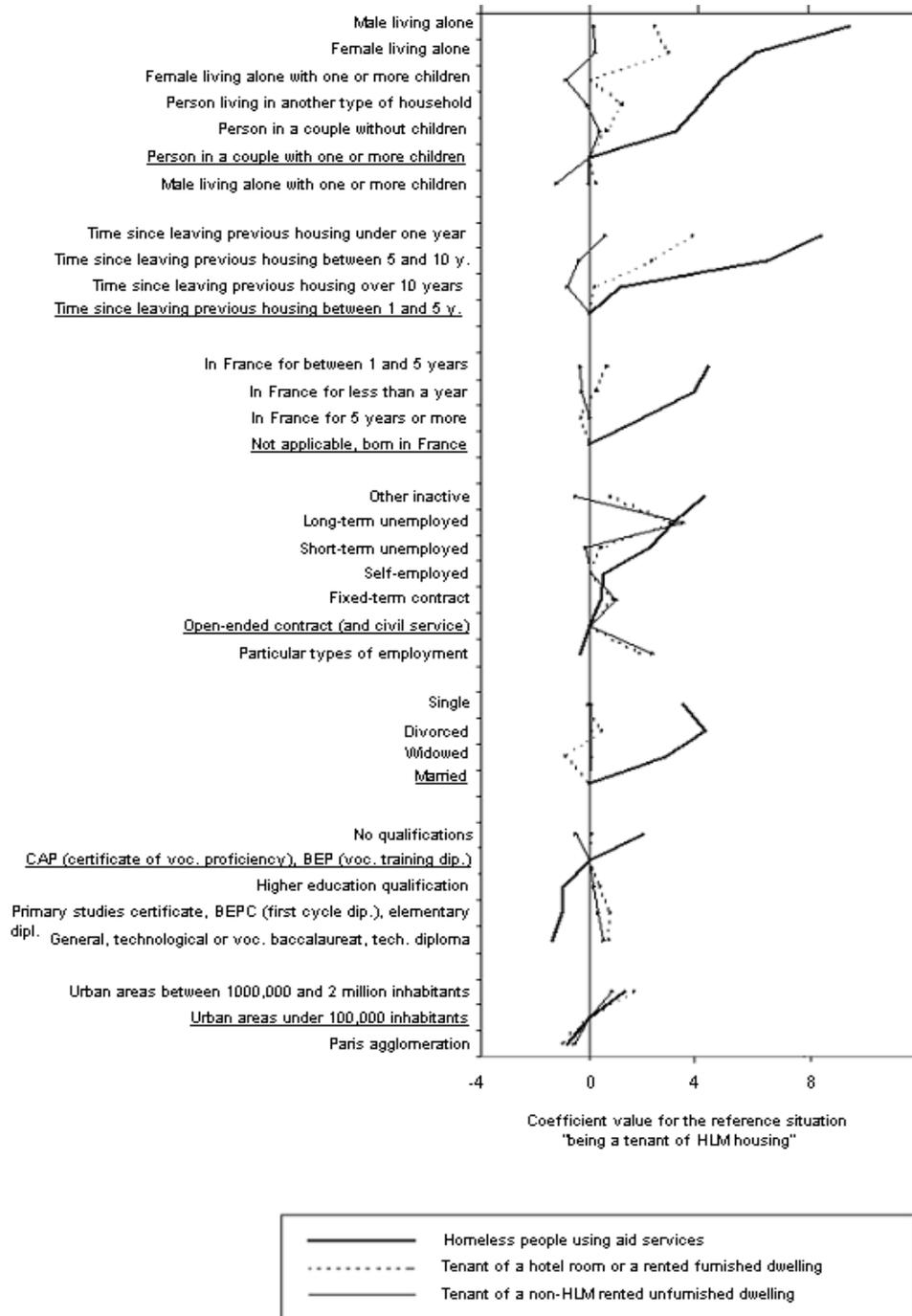
...make your request a long time in advance, and have sufficient income

Another factor is extremely important: the waiting list for social housing is very long. Thus, of homeless people who made a request to a council housing body over the previous twelve months, only a quarter received an offer and a further quarter were to be contacted again later. The remaining half were turned down, because they did not have sufficient income. In these conditions, all other things being equal, there are very few people living in council housing who have just left their previous accommodation, despite the fact that this is a very common situation among the homeless population. There are also fewer unemployed and inactive people among tenants of council housing than among the homeless population.

Finally, the shelter network does have an impact on access to social housing. Indeed, all other things being equal, having lived in a shelter increases the probability of living in council housing, while having lived rough has no effect (see table 6). This result, which points to the existence of access paths to social housing, is hardly surprising given the activities undertaken by shelters to help their residents to obtain social housing and the guarantees they provide to lessors of social housing through their candidate selection process. From a homeless person's perspective, the strategy to adopt in order to be accepted into council housing is to show oneself in the best possible light during one's stay in a shelter (demonstrating exemplary budgeting skills, stability, job hunting and training course attendance). Furthermore, by giving couples the least stigmatising forms of housing (individualised accommodation), the shelter network has an impact because it helps these people access ordinary housing.

Graph VI

Homeless people using aid services and tenants of furnished or unfurnished non-HLM dwellings compared with tenants of HLM housing



Reading key: the condition "being a tenant of a rented unfurnished HLM dwelling" is taken as the reference situation. The regression parameters are represented on the graph and should be read as a deviation from the individual characteristics used as controls (underlined). All parameters are significant at the threshold of 0.1% except those concerning qualifications (conditions 1 and 3). The survey questioned 3,369 homeless people, 1,127 tenants of furnished dwellings, 26,949 tenants of non-HLM dwellings and 22,749 tenants of HLM dwellings.

Scope: Metropolitan France, urban areas of 20,000 inhabitants and over, adults aged 18 to 65, except for students and people housed free of charge (unless homeless).

Sources: survey of users of accommodation and hot meal distribution services, 2001, Insee and Famille survey, 1999, Insee.

Multiple conditions to fulfil in order to be housed in collective accommodation or by family members

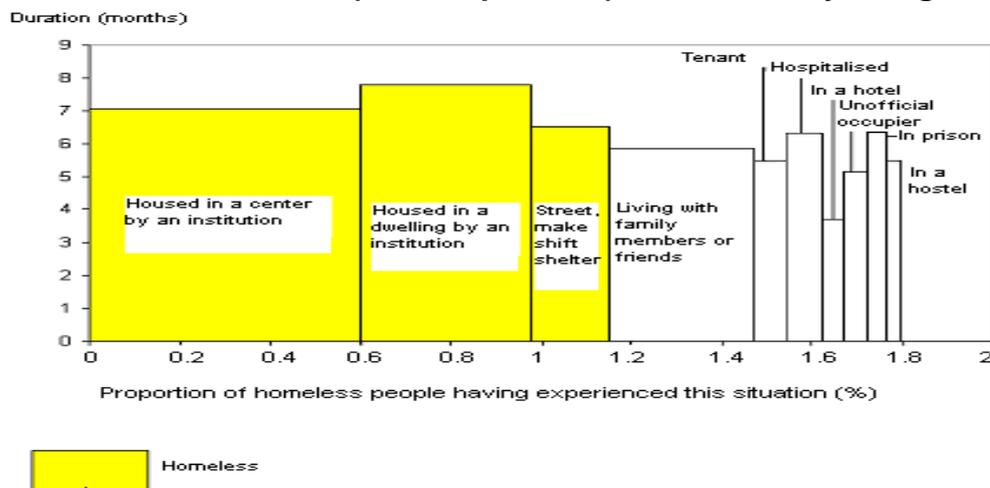
Under certain conditions, homeless people may access forms of collective housing, but all are subject to entry criteria. The oldest homeless people may be admitted to a retirement home or a hospice, while the youngest homeless people and single men have alternatives which are not open to other groups. If they have a job, the correct paperwork and a residence permit, they can stay in a workers' hostel.

As regards housing assistance, family support is a determining factor. Depending on the parents' economic situation, this assistance can take a number of forms: help becoming property owners, free housing loans, deposit payment and contributions to rent and accommodation. Living with parents is one of the main alternatives to homelessness. The necessary conditions are, of course, that at least one parent is living, that they have housing capacity and that they are well disposed to their son or daughter. As a result, quite a wide range of situations make it difficult or even impossible to live with parents: the father or mother's death, serious illness or disappearance, the parents' place of residence being too distant (in another country or region) or too small, limited income, a large number of siblings, having been abandoned by one's parents in childhood and parent-child conflict. It is clear that homeless people who left home before the age of 16 very rarely live with third parties.

For others, this remains an alternative, and 22% of homeless people were living with parents or friends one year before the survey. The youngest homeless people were put up for the longest periods, along with the unemployed, those who arrived in France recently, and those who live alone or with a single dependent child. Finally, more divorced homeless people were put up by third parties than single homeless people, and more of those whose fathers are manual workers or employees than other groups. However, this form of assistance is certainly not a sustainable alternative because it is time-limited: during the previous twelve months, homeless people were on average put up for six months by parents or friends (see graph VII). The person given housing may be forced to move out because of a conflict with the owner caused by cohabitation, financial difficulties experienced by the owner or a changed family situation. Those who cannot rely on family support can also turn to friends for housing, which of course requires the person to have built up a solid network of friends. But this form of housing is also temporary.

Graph VII

Living conditions over the previous 12 months for homeless people using aid services who left their (or their parents') home over a year ago



Reading key: of homeless people who left their or their parents' home more than a year prior to the survey, 60% were housed in a centre by an institution for an average of seven months during the previous year and nearly 20% slept rough during the previous twelve months, for an average of 6.5 months. A homeless person using aid services may experience several different living conditions at different times over the course of a year, which explains why the total exceeds 100%. Scope: Metropolitan France, urban areas with 20,000 inhabitants or more, French-speaking homeless aged 18 or over using aid services.

Source: survey of users of accommodation and hot meal distribution services, 2001, Insee.

The requirements for escaping homelessness correlate closely with the profile of the homeless

It is clear that the characteristics of homeless people depend quite significantly on the nature of the difficulties they encounter in the housing market: living alone limits access to social housing, while low income and the lack of administrative documents (a residence permit or pay slip) hinder access to all forms of regulated housing (workers' hostels and private or social rented housing). Finally, people who lack family support have no other option than to be homeless when no institutional alternative is available and the cost of access to free sector housing proves prohibitive (see diagram). As a consequence, the profile of homeless people is less the product of their family history than of the constraints which regulate access to the different forms of housing (e.g. entry criteria for social housing and hostel accommodation and the cost of housing in the private rental sector).

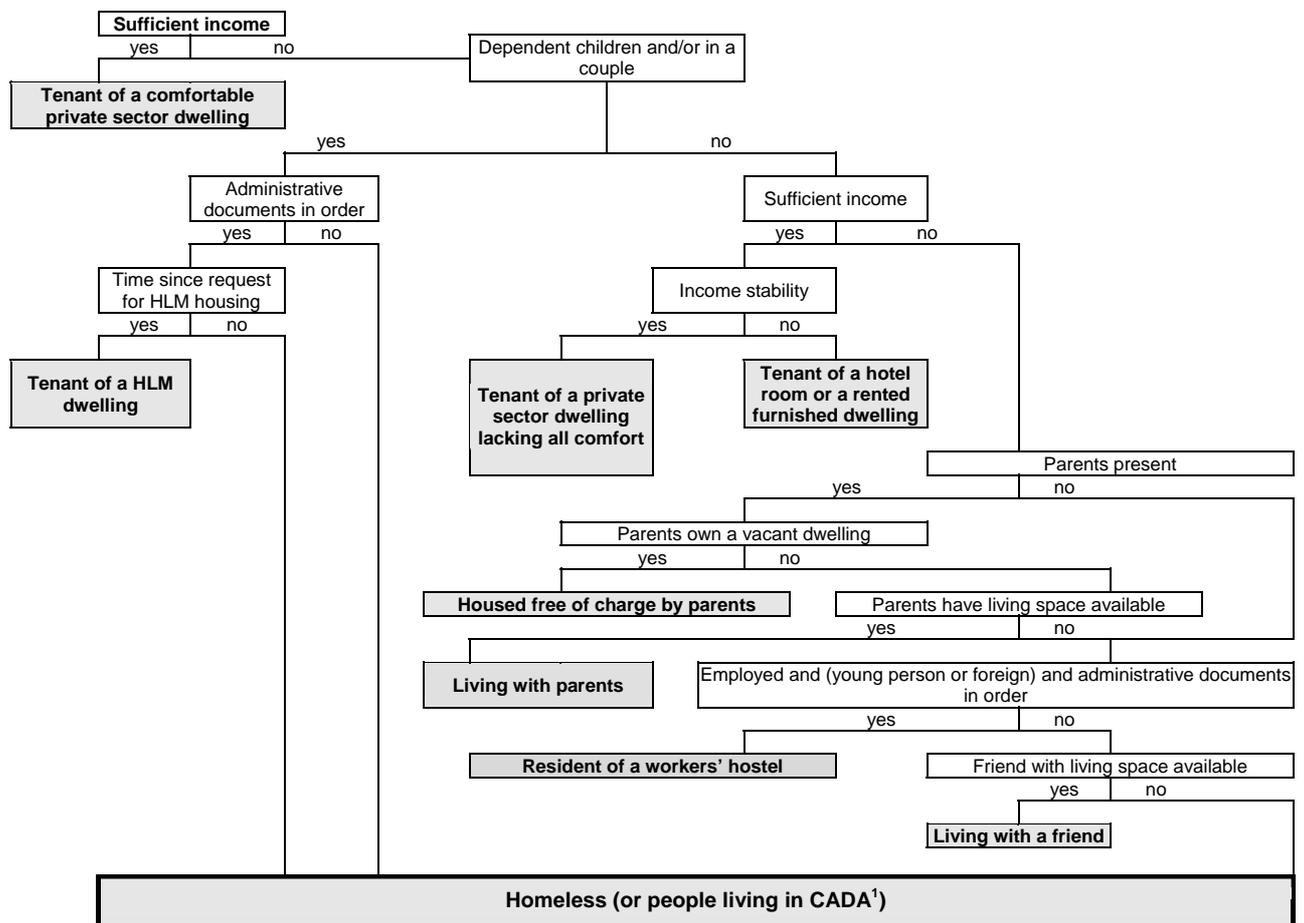
Homeless people account for a tenth of the 500,000 people with the worst living conditions

As a result of the movement of homeless people between various alternative forms of housing, it would be more appropriate to no longer compare the homeless to the whole of the population, but to the people who experience living conditions similar to their own, either in terms of the lack of comfort or occupancy status.

In total, in urban areas of over 20,000 inhabitants, 470,000 people aged 18 to 65 having left the education system experience very poor living conditions (see Box 3). Of this number, 29% are tenants or subtenants of housing lacking all comfort (in one in four cases, this means a hotel room, a furnished room or furnished accommodation; in three in four cases an empty rented dwelling), 4.5% are private sector employees housed free of charge or on a paying basis by their employer in a house lacking all comfort. Others live with private individuals: 18% live with their parents and 7% are put up by friends or members of their distant family (e.g. uncle or aunt) for financial reasons, although they have previously lived independently, 5% are lodgers or subtenants and thus contribute to their housing costs, and 1% are employees living under the same roof as their employer (two thirds of this group are domestic workers and a quarter are agricultural employees). To this number should be added the residents of young workers' hostels (7.5%) and migrant workers' hostels (15%). Homeless people using aid services account for 10% of this category.

Diagram

Selection criteria for entry into different forms of housing



1. CADA (centre d'accueil pour demandeurs d'asile): Reception centres for asylum seekers.

HOUSING LACKING ALL COMFORT OR OCCUPIED UNOFFICIALLY

Of the most poorly housed people, we are interested in those whose occupancy status offers a low level of guarantees, however comfortable the dwelling (lodgers, people living with a private individual, employees living with their employer apart from unofficial occupants of housing, since none of the surveys used here identifies them) or those who have very limited comfort levels and do not own their home (in collective accommodation or accommodation lacking sanitary facilities or inside WC). The definition of housing lacking all comfort could have been based on other criteria, such as the number of inhabitants per square metre or the squalor of the building, but the sanitary facilities criterion was chosen because the data on which it is calculated are available in all the surveys, and because it identifies the type of dwelling with the most in common with places not designed for habitation.

Nevertheless, dwelling type and occupancy status are not exclusive criteria. Indeed, in addition to the dwelling's lack of amenities we must frequently take into account occupancy status insecurity (see table). Thus, all people housed in collective accommodation have a occupancy status which offers only minimal guarantees (limited length of stay and residence conditions defined by internal regulations). Furthermore, many people living in housing lacking all comfort have an insecure occupancy status, such as employees living with their employer and above all tenants in furnished accommodation. To dwelling type and occupancy status we should add the criterion of the insecurity of living conditions according to Clanché's recommendations (1998a).

The poorest living conditions

In thousands

Occupancy status (1)	Dwelling type in urban areas over 20,000 inhabitants					All
	Place not designed for habitation	Collective structure (2)	Housing (including separate rooms and hotel rooms)			
			lacking all comfort (3)	lacking comfort (3)	with comfort (3)	
No occupancy status	5		Nd	Nd	Nd	5
Housed by an institution		30	5	2	26	63
Resident of a migrant workers' hostel		85				85
Resident of a young workers' hostel		47				47
Living with a friend or distant relative for financial reasons			2	1	31	34
Living with parents for financial reasons			2	7	81	90
Lodger, subtenant			2	3	53	58
Living with employer (domestic worker or live-in employee)			0	0	5	5
Living with employer in free or paid-for independent accommodation (private sector employee)			29	23	408	460
Other resident of free independent accommodation (4)			39	60	925	1024
Subtenant or tenant of rented furnished accommodation or hotel room (5)			58	12	321	391
Tenant or subtenant of rented unfurnished HLM housing			24	170	7710	7904
Tenant or subtenant of rented unfurnished non-HLM housing			176	376	7002	7554
First-time homeowner			15	298	7791	8104
Other homeowner			135	30	7517	7682
All	5	162	487	982	31870	33786

1. For the ascendants of the reference person, and their children and grandchildren (except for people housed for economic reasons), this refers to the occupancy status of the reference person.

2. Collective accommodation, studio flats, bedrooms, dormitories

3. A dwelling is said to be lacking all comfort if it does not have sanitary facilities or an inside WC; and lacking comfort if it has sanitary facilities and an inside WC but no heating or is heated by freestanding devices. A dwelling is said to be with comfort if it has sanitary facilities, an inside WC and central heating.

4. Except for private sector employees housed free of charge by their employer and people housed free of charge by a charity.

5. Those people housed by their employer in furnished accommodation are considered to be housed by their employer rather than tenants of furnished accommodation.

Reading key: homeless people using aid services are denoted in light grey and poorly housed people in dark grey. People living unofficially in ordinary housing cannot be identified (Nd) in the surveys used.

Scope: Metropolitan France, urban areas of 20,000 or more inhabitants, people aged 18 to 65, except students and people residing in hospital, prison or retirement homes.

Sources: survey of users of accommodation and hot meal distribution services, January 2001, Insee; Logement survey, 2002, Insee; and 1/20th population survey, 1999, Insee.

Although less affected by unemployment and inactivity, other poorly housed people have a lot in common with homeless people using aid services

Just like homeless people, the most poorly housed people are differentiated from the rest of the population by a high proportion of men (two thirds), people born abroad (three in ten) and manual workers (four in ten). In other areas too, the most poorly housed people have similar characteristics to homeless people, but these characteristics are a little less accentuated: 76% of poorly housed people live alone, two times more than in the general population; 86% of the homeless live alone. Furthermore, poorly housed people are marginalised in the labour market, but the unemployment rate is slightly lower than for homeless people (30% compared with 40%) and the level of inactivity is twice as low (17% compared with 30%). Finally, the most poorly housed people are differentiated from the rest of the population by a higher proportion of people with no qualifications at all (36% compared with 17% in the general population). Among homeless people, this figure is 46%.

However, two characteristics distinguish the homeless from other poorly housed people. There are very few single mothers who are very poorly housed yet live in a personal dwelling, while the proportion of homeless single mothers is identical to their proportion in the general population (see Box 4). Furthermore, although the most poorly housed are concentrated in the Paris agglomeration, the homeless do not fit this pattern: their geographic distribution is closer to that of the general population (in urban areas of over 20,000 inhabitants).

Box 4

MULTIPLE COMPONENT ANALYSIS OF THE FIELD OF PEOPLE IN VERY POOR LIVING CONDITIONS

A multiple component analysis of the socio-demographic characteristics of the poorly housed population produces a more accurate picture of the homeless population relative to the positions of other categories of poorly housed people. To this end, the living conditions of poorly housed people have been projected as supplementary variables. A first axis distinguishes on one side young, relatively well qualified single people born in France, and on the other side older people born abroad and often married (see graph A). The second axis refers to professional situations: it distinguishes the best qualified people, working as middle-managers and technicians, who are usually male and living in the Paris agglomeration, from unqualified people, who are unemployed or economically inactive, mostly female and living outside the Paris agglomeration.

In this simplified space, people occupy particular positions according to their housing conditions (see graph B). The residents of young workers' hostels and people in shelters can be distinguished from residents of migrant workers' hostels and people housed by their employers. The homeless are split uniformly because their demographic profile is not very specific, but also because they are more demographically diverse than other poorly housed groups. This first axis also seems to identify the forms of poor housing according to how permanent or temporary they are: young people born in France (living with third parties or in young workers' hostels) live in temporary forms of poor housing, and more lasting forms affect people born abroad and lacking qualifications (living in migrant workers' hostels and in housing lacking all comfort).

Along one side of the second axis we can clearly see people housed by their employer or living in a young workers' hostel because they have jobs, and the homeless and people living with family or friends for financial reasons, the latter two categories being mostly unemployed or inactive. The second axis also contrasts dwelling types. Men and inhabitants of the Paris agglomeration have more experience than women of forms of collective housing (shelters, workers' hostels), stays in hotel rooms and of living with third parties, while women and inhabitants of small or medium-sized urban areas are more likely to live in more independent forms of housing and in ordinary housing, although mainly lacking all comfort. Having a child is a determining factor, but women without children also seem to be housed more independently than men.

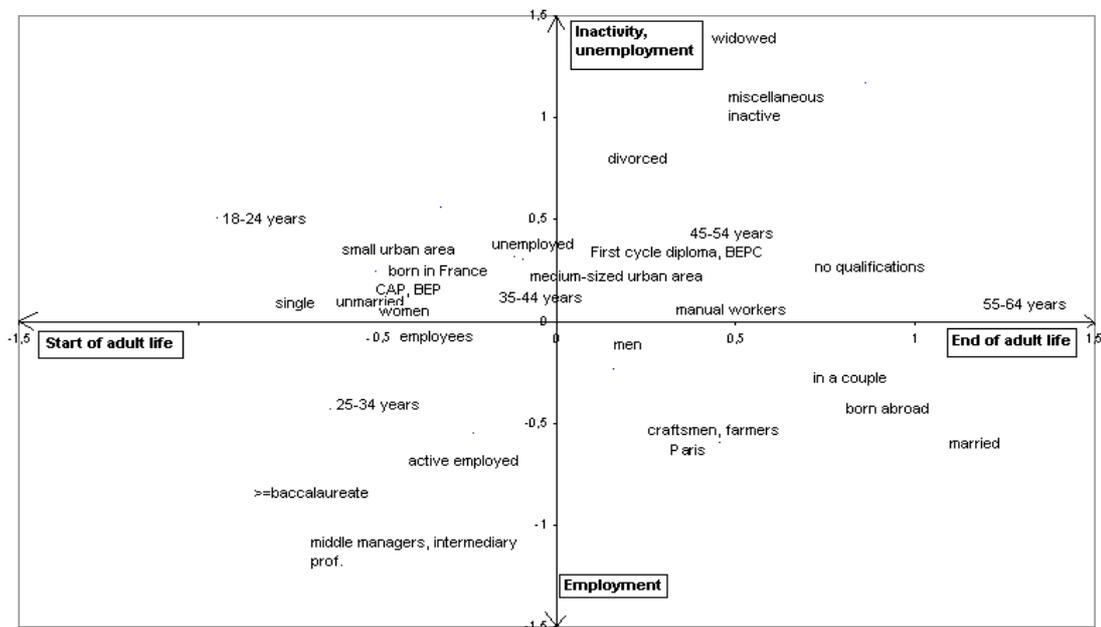
It is clear that homeless people using aid services have a lot in common with tenants of hotel rooms or furnished housing lacking all comfort, and with people living with friends because they do not have sufficient economic resources to have their own housing. On the other hand, they have a different profile by comparison to residents of young workers' hostels, who are younger and more economically active, and residents of migrant workers' hostels, who are older and usually of foreign nationality.

Short-term mobility between dwelling types is probably low because demographic characteristics are relatively stable in the short-term. However, the proximity on the first axis of homeless people living in a shelter or in housing, young people living with third parties and tenants of furnished accommodation or hotel rooms makes transitions between these different situations likely. Mobility along the second axis is more probable given the possible transitions between employment, unemployment and inactivity. Thus, unemployment may lead an employee to leave his employer and his housing for a hotel room. Conversely, a young person living with her parents may be admitted to a young workers' hostel having found a job, and a homeless person may find agricultural work during the summer and be housed by his employer.

The mobility of the homeless between different forms of poor housing is thus partly predictable, given the central place they occupy and their proximity to people living with third parties and those living in hotels. For women, people living with partners and/or with children, the chances of mobility between forms of poor housing seem more limited, housing without sanitary facilities and workers' hostels being unsuited to family life.

Graph A

The individual characteristics of poorly housed people (active variables)

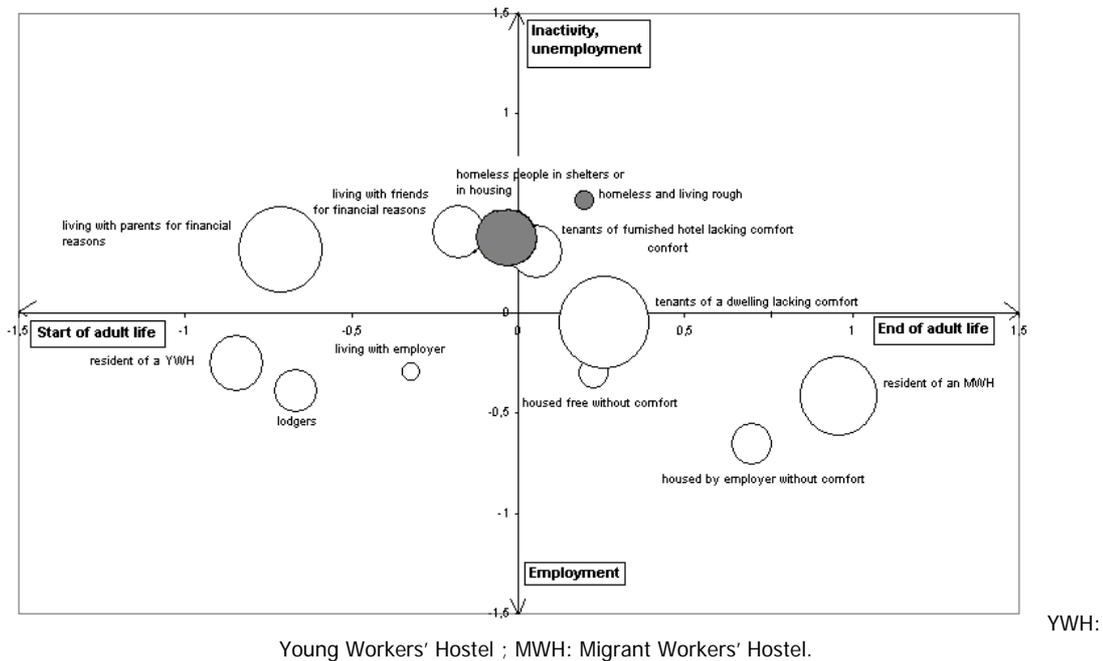


Scope: Metropolitan France, urban areas of 20,000 or more inhabitants, people aged 18 to 65, except students and people residing in hospitals, prisons or retirement homes.

Sources: survey of users of accommodation and hot meal distribution services, 2001, Insee; Logement survey, 2002, Insee; and 1/20th population survey, 1999, Insee.

Graph B

The living conditions of poorly housed people (supplementary variables)



Scope: Metropolitan France, urban areas of 20,000 or more inhabitants, people aged 18 to 65, except students and people residing in hospitals, prisons or retirement homes.

Sources: survey of users of accommodation and hot meal distribution services, 2001, Insee; Logement survey, 2002, Insee; and 1/20th population survey, 1999, Insee.

An analysis which assumes all other things to be equal enables us to draw up a hierarchy of the individual characteristics associated with poor housing conditions, taking into account, as far as possible, the links between variables (young people are often unmarried and possess qualifications; immigrants often live in the Paris agglomeration). The analysis highlights the poor living conditions experienced by single (mainly unmarried) people and the unemployed, but also, to a lesser extent, the over-representation of men, immigrants and people with no qualifications (see annex). Even though the regression coefficients are not perfectly comparable (particularly as a result of sample sizes), we note that the variables associated with homelessness are relatively close to those linked to being poorly housed. In both cases, living alone is highly discriminant. However, the homeless are often widowed and divorced while other poorly housed people are more often unmarried. In addition, unemployment is commonly associated with the homeless and other poorly housed people. On the other hand, although being a man is associated with poor living conditions, this does not seem to be the case with homelessness. The second difference is that, all other things being equal, there are more immigrants in the homeless population than among other poorly housed people.

However, homelessness is the least permanent of all poor housing conditions

Homeless people using aid services have been living at their present address for the least time: only 1% were living in the same place 10 years previously. As the homeless frequently have to change their place of residence (using shelters, sites in public areas, etc), the length of time they spend in a given place is necessarily very short. Using a less

restrictive criterion, such as the length of time since losing the last dwelling they occupied for more than three months, gives us longer periods, but these periods are still very short compared with other poorly housed people. Classifying other poorly housed people according to the length of time spent in their dwelling gives us an idea of how secure and desirable some living conditions are. 7% of tenants of hotel rooms or a rented furnished dwelling have not moved in the last ten years, a figure which rises to 16% for lodgers, 17% for residents of young workers' hostels, 24% for people living with friends, 25% for people living free of charge in a dwelling lacking all comfort, 35% for employees living with their employer, 44% for tenants of rented unfurnished dwellings lacking all comfort and 60% for employees housed by their employer in dwellings lacking all comfort. The residents of migrant workers' hostels have been living in the same place for the longest periods: 62% have been in the same hostel for at least ten years.

To differing degrees, atypical forms of housing constitute the first rung of the housing ladder

By using the *Famille* survey to study the general population and to determine, all other things being equal, the probability of living in council housing rather than being homeless, living in a hotel room or in rented furnished accommodation, it seems that the homeless, like people living in hotels or furnished accommodation, left their previous dwelling recently, while those living in council housing left it much further in the past (see graph VI). This observation shows not only how long a person has to wait to gain access to social housing but also the low degree of mobility of people who live in this sector. From this perspective, homeless shelters, hotel rooms and furnished accommodation mainly seem to serve as interim arrangements.

*
* *

The comparison between the homeless and poorly housed people, as has been drawn in several northern European countries, has led researchers to suggest broader definitions of homelessness than the definition adopted in France, which has therefore helped to root the "homeless" question in the problem of access to housing.

In France, as in most southern and eastern European countries, the ministry for social affairs is the main actor in the provision of assistance to people suffering housing deprivation. The homeless issue forms part of the fight against poverty and statistical surveys of the homeless are conducted in partnership with poverty and social exclusion monitoring bodies. In northern European countries, the ministries responsible for housing are more involved in tackling homelessness and the statistics concerning the homeless are integrated into housing studies (Brousse, 2004 and 2005). The homeless are also seen less as people living in extreme poverty than as people with difficulties accessing housing.

All these countries are marked not only by the way they tackle homelessness and the way they enumerate them, but also by the definition they use of this population. In southern and eastern European countries, the definition of homeless people covers a limited number of situations: sleeping rough and in a short-term shelter. In these countries, and particularly in France, the homeless are presented as a homogenous group which is very distinct from the rest of the population and characterised by extreme poverty and specific difficulties. In northern European countries, the definitions of the homeless population take in more numerous hypothetical cases. Sweden is an extreme case because its definition of the homeless includes not only people who sleep rough or

in shelters, but also detainees who leave prison without a home to go to or people who live temporarily with friends if they have been in contact with social bodies.

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Table A

Who are the homeless people using aid services? A comparison with the general population (*Famille* survey)

	Being a homeless person using aid services	
	Male	Female
	Predicted probability difference (1 / 10 000)	Predicted probability difference (1 / 10 000)
All	0.81****	1.52****
Socio-professional group		
Farmers, tradesmen and employers	-0.41*	-0.26
Middle-managers, intellectual professions	-0.63***	-1.09*
Intermediary professions	-0.49***	-0.07
Employees	-0.2	<i>Ref.</i>
<i>Manual workers</i>	<i>Ref.</i>	0.14
Unemployed who have never worked	0.08	1.07
Other economically inactive people with no profession	-0.58***	-1****
Current occupation		
Self-employed	0.1	-0.84
<i>In an open-ended contract or other contract with no time limit.</i>	<i>Ref.</i>	<i>Ref.</i>
In a fixed-term contract	2.14***	5.25****
Other short-term contract (employment solidarity contract (CES), temporary employment, internship)	11.82****	9.24****
Unemployed for more than a year	9.26****	14.24****
Unemployed for less than a year	8.71****	20.61****
Economically inactive	0.48*	2.53****
Qualification		
No qualifications	2.27****	2.42****
<i>Primary studies certificate, BEPC (first cycle diploma), Elementary diploma, schools diploma</i>	<i>Ref.</i>	<i>Ref.</i>
CAP (Certificate of vocational proficiency), BEP (Vocational training diploma)	0.68**	-0.4
General, technological or vocational baccalauréat, technical diploma	0.2	0.03
Higher education qualification	-0.34	-0.81*
Age		
18 to 24 years	0.58*	2.48****
25 to 34 years	<i>Ref.</i>	<i>Ref.</i>
35 to 44 years	-0.06	-0.78***
45 to 54 years	-0.04	-1.27****
55 to 64 years	-0.33	-1.46****
Household type and marital history		
Person living alone without children and having never lived with a partner	5.8****	9.99****
Person living alone without children and having lived with a partner	2.84****	1.61**
Single-parent family	-0.57**	10.79****
Childless couple	-0.56***	-0.87**
<i>Couple with one or more children</i>	<i>Ref.</i>	<i>Ref.</i>
Other	-0.3	-0.45
Marital status		
Unmarried	4.13****	1.84***
<i>Married</i>	<i>Ref.</i>	<i>Ref.</i>
Widowed	3.85***	7.46***
Divorced	10.31****	5.87****
Country of birth		
<i>Born in France or in an EU member state (EU15)</i>	<i>Ref.</i>	<i>Ref.</i>
Born in a European country outside the EU (EU15)	0.83	4.32****
Born in Algeria, Morocco or Tunisia	1.27***	1.71**
Born in another African country	4.46****	12.45****

Length of time spent in Metropolitan France <i>Not applicable, born in France</i>	<i>Ref.</i>	<i>Ref.</i>
In France for less than a year	36.27****	56.05****
In France for between 1 and 5 years	6.58****	21.85****
In France for 5 years or more	0.13	0.1
Socio-professional group of the father <i>Manual worker, employee</i>	<i>Ref.</i>	<i>Ref.</i>
Middle-manager, professional, craftsman, tradesman, farmer	-0.14	-0.53**
Parents' death Father and mother deceased	0.63**	1.31**
<i>At least one parent still living</i>	<i>Ref.</i>	<i>Ref.</i>
Age on leaving the parental home Not applicable, has not left the parental home	-0.79****	-1.5****
Left before the age of 16	4.93****	10.6****
<i>Left between 16 and 29</i>	<i>Ref.</i>	<i>Ref.</i>
Left aged 30 or over	0.55	2.82**
Number of siblings Only child	-0.31	-0.69
<i>Two or three children</i>	<i>Ref.</i>	<i>Ref.</i>
Four or five children	0.4*	1.11**
Six children or more	1.11****	3.22****
Size or urban area <i>20,000 to 200,000 inhabitants</i>	<i>Ref.</i>	<i>Ref.</i>
200,000 to 2 million inhabitants	0.42**	0.17
Paris agglomeration	0.24	-0.25

Reading key: the predicted probability differences are significant at the threshold of 0.1% (****), 1% (***), 5% (**) and 10% (*). Two different logistical regressions were performed: one on the male population and the other on the female population. The figure indicated in the column headed "predicted probability difference" corresponds to the rate differential relative to the reference situation "all other things being equal". For example, relative to being married, being unmarried increases the proportion of homeless men by 4.13 in 10,000. To combine the results relative to two different variables, we must return to the underlying parameters for each condition using the following formula :

$$\beta = \beta_0 - \ln \left[\frac{1}{p + p_0} - 1 \right] \quad \text{OR} \quad \beta_0 = -\ln \left(\frac{1}{p_0} - 1 \right)$$

or add them and recalculate the deviation from the reference using the inverse formula :

$$p = \frac{1}{1 + \exp(-\beta_0 - \beta)} - p_0$$

Scope: Metropolitan France, urban areas of 20,000 inhabitants and over, adults aged 18 to 65, except for students and people housed free of charge (with the exception of homeless French-speaking people using aid services).

Sources: survey of users of accommodation and hot meal distribution services, 2001, Insee and Famille survey, 1999, Insee.

Table B

Who are the homeless people using aid services? A comparison with the general population (Santé survey)

	Being a homeless person using aid services	
	Without income	With income
	Predicted probability difference (1 / 10 000)	Predicted probability difference (1 / 10 000)
Constant	0.4****	0.1****
Income per consumption unit		
First decile	//	2.9****
Second decile	//	0.4**
<i>Third to tenth deciles</i>	//	<i>Ref.</i>
Socio-professional category		
People who have never worked	0.1	0
Farm executives, craftsmen, tradesmen	0.3	0
<i>Middle-managers, professions, intermediary professions</i>	<i>Ref.</i>	<i>Ref.</i>
Employees	0.3	0
Manual workers	0.5	-0.1

Occupation		
Self-employed	0.1	0
<i>Employee in open-ended contract</i>	<i>Ref.</i>	<i>Ref.</i>
Employee in limited-term contract	0.9**	0.1
Unemployed	2.2****	1.1**
Economically inactive	3.6****	0.4**
Cohabitation mode		
Single childless person	11.8****	4.7****
Single with one or more children	7.7***	1.6***
Person in a couple without children	0	0.1
<i>Person in a couple with one or more children</i>	<i>Ref.</i>	<i>Ref.</i>
Marital status		
Unmarried	- 0.2	- 0.1
<i>Married</i>	<i>Ref.</i>	<i>Ref.</i>
Widowed	- 0.2	- 0.1
Divorced	- 0.3	- 0.1
Sex		
Male	0.7**	0.3***
<i>Female</i>	<i>Ref.</i>	<i>Ref.</i>
Age		
18 to 24 years	0.1	0
25 to 34 years	0.2	0.3
<i>35 to 44 years</i>	<i>Ref.</i>	<i>Ref.</i>
45 to 54 years	- 0.1	0
55 to 64 years	- 0.3**	- 0.1
Country of birth		
<i>France, UE15, other country</i>	<i>Ref.</i>	<i>Ref.</i>
Other European, country (including Turkey)	0.9	0
Algeria, Morocco, Tunisia	0.6*	0.1
African countries except Algeria, Morocco and Tunisia	2.4****	0.7****
Size of urban area		
20,000 to 100,000 inhabitants	- 0.1	0
<i>100,000 to 2,000,000 inhabitants</i>	<i>Ref.</i>	<i>Ref.</i>
Paris agglomeration	0.1	0.1
Declared state of health		
Good	- 0.1	0
<i>Average</i>	<i>Ref.</i>	<i>Ref.</i>
Bad	0.3	0
Childhood poverty		
Economic difficulties before the age of 18	0.3	0.1
<i>No economic difficulties before the age of 18</i>	<i>Ref.</i>	<i>Ref.</i>
Illness or death of one parent		
Illness or death before the age of 18	1.2****	0.4****
<i>No illness or death before the age of 18</i>	<i>Ref.</i>	<i>Ref.</i>
Divorce of or dispute between parents		
Divorce or dispute before the age of 18	0.2	0.1**
<i>Neither divorce nor dispute before the age of 18</i>	<i>Ref.</i>	<i>Ref.</i>

Reading key: the predicted probability differences are significant at the threshold of 0.1% (****), 1% (***), 5% (**) and 10% (*). Two different logistical regressions were performed: both regressions use being a homeless person using aid services as the interest variable, but in the first regression the level of household income is not used as an explanatory variable, while in the second income is included. The figure indicated in the column headed "predicted probability difference" corresponds to the rate differential relative to the reference situation "all other things being equal". For example, belonging to the first income distribution decile increases the proportion of homeless people using aid services by 2.9/10,000 relative to belonging to deciles 3 to 10. To combine the results relative to two different variables, we must return to the underlying parameters for each condition using the following formula :

$$\beta = \beta_0 - \ln \left[\frac{1}{p + \rho_0} - 1 \right] \quad \text{or} \quad \beta_0 = - \ln \left(\frac{1}{\rho_0} - 1 \right)$$

or, add them and recalculate the deviation from the reference situation using the inverse formula :

$$p = \frac{1}{1 + \exp(-\beta_0 - \beta)} - \rho_0$$

10,750 observations were carried out, including 3,369 homeless people.

Scope: Metropolitan France, urban areas of 20,000 inhabitants or more, adults aged 18 to 65, except for students and people housed free of charge (unless French-speaking homeless people using aid services).

Sources: survey of users of accommodation and hot meal distribution services, 2001, Insee and Santé survey, 2003, Insee.

Table C

Who are the homeless people using aid services and the most poorly housed people?

	Most poorly housed people		Homeless people using aid services	
	Proportion in category (in %)	Predicted probability differences (1 / 10 000)	Proportion in category (in %)	Predicted probability differences (1 / 10 000)
	N=10,440		N=3,390	
Constant		106****		2.24****
Socio-professional category				
Farmers, craftsmen, tradesmen, employers	2	- 60****	5	0.73
Middle-managers or professionals	5	- 68****	2	- 1.41
Intermediary professions	11	- 47****	7	- 0.67
Employees	33	Ref.	29	Ref.
Manual workers	40	- 2	38	0
People having never worked	14	43**	22	0.66
Occupation				
Active employed	49	Ref.	29	Ref.
Unemployed	28	206****	40	8.22****
Retired	3	- 66****	1	- 2*
Inactive	20	87****	30	8.93****
Qualification				
No qualifications	36	77****	46	1.49
Primary studies certificate, BEPC (first cycle diploma), schools diploma	17	Ref.	18	Ref.
CAP (Certificate of vocational proficiency), BEP (Vocational training diploma)	23	- 20*	19	- 0.83
Baccalauréate, technical diploma	12	- 33****	10	- 1.11
Higher education qualification	12	- 62****	7	- 1.73****
Sex				
Male	64	110****	64	1.83**
Female	36	Ref.	36	Ref.
Âge				
18 to 24 years	16	127****	20	1.11
25 to 34 years	27	37***	30	0.5
35 to 44 years	19	Ref.	25	Ref.
45 to 54 years	24	26*	19	- 1.01*
55 to 64 years	15	12	7	- 1.73****
Cohabitation mode and marital status				
Single, unmarried, childless	52	281****	48	59.19****
Single, divorced, widowed or married without children	16	143****	23	82.57****
Single with one or more children	9	- 78****	16	7.03***
Person in couple without children	13	- 55****	6	3.9
Person in a couple with one or two children	8	Ref.	5	Ref.
Person in a couple with three or more children	2	- 95****	3	- 0.45
Country of birth				
Born in France	64	Ref.	65	Ref.
Born in another country	36	107****	35	2.41***
Size of urban area				
From 20,000 to 199,000 inhabitants	28	- 14	29	- 0.46
From 200,000 to 2,000,000 inhabitants	31	Ref.	38	Ref.
Paris Agglomeration	41	60****	33	0.45

Reading key: the predicted probability differences are significant at a threshold of 0.1 % (****), 1 % (***), 5 % (**) and 10 % (*). Two different logistical regressions were performed; they both refer to the whole population: the first regression uses belonging to the group of the most poorly housed people as the interest variable, and the second uses being a homeless person using aid services. For each condition, the figure indicated in the column headed "predicted probability difference" corresponds to the rate differential relative to the reference situation "all other things being equal". For example, being unemployed increases the proportion of poorly housed people by 206/10,000 relative to being actively employed. To combine the results relative to two different variables, we must return to the underlying parameters for each condition using the following formula :

$$\beta = \beta_0 - \ln \left[\frac{1}{p + p_0} - 1 \right] \text{ or } \beta_0 = -\ln \left(\frac{1}{p_0} - 1 \right)$$

add them and recalculate the deviation from the reference situation using the inverse formula: $p = \frac{1}{1 + \exp(-\beta_0 - \beta)} - p_0$

Scope: Metropolitan France, urban areas of 20,000 inhabitants or more, adults aged 18 to 65, except students and residents of hospitals, prisons and retirement homes.

Sources: survey of users of accommodation and hot meal distribution services, 2001, Insee, Logement survey, 2002, Insee and 1/20th population census (recensement au 1/20^{ème}), 1999, Insee.

A discreet form of poverty: housed persons using hot meal distributions

Maryse Marpsat

The main contribution of the survey of *persons using accommodation and hot meal distribution services* is to extend our knowledge of the homeless persons using these support services. But it also shows that the same meal distributions are used by a population whose members have accommodation of their own. The form of poverty thus revealed, while it has less public visibility, is nonetheless severe. A proportion of those concerned are in fact former homeless persons who have got back into settled housing but have been unable to escape from poverty. For some of these housed people, their poverty may be attributed to a physical or mental disability that makes difficult or impossible their participation—continued or resumed—in the labour market. This situation comes up repeatedly in the interviews, as for example in the case of construction workers who have suffered work-related injuries, in some instances while without an employment contract. Once this disability is officially recognized it entitles them to a degree of protection and a small but regular income that prevents them from becoming homeless.

Despite having higher incomes, generally in the form of social transfers, these persons, many of whom are elderly, suffer from loneliness and are often restricted to poor quality housing by their limited financial resources. Many rely on aid from agencies and individuals to compensate in part for their bad housing conditions and low incomes. Attendance at day centres and meal distributions also performs a social function, by providing them some contact with other people.

Users of accommodation and hot meal distribution services were questioned in the *Sans-domicile (Homeless) 2001* survey (Brousse et al., 2002, a, b, c) primarily with the aim of observing homeless people. Among the respondents questioned in the meal distributions, however, close to one-third have personal accommodation, in the sense that they rent or own their housing, or are housed without charge by their employer (see Box 1). The free meal distributions enable them to feed themselves despite having incomes that are typically very low.

The other respondents have no “personal accommodation” as defined above and have spent the previous night in a hostel or shelter or in a place not intended for habitation—they count as homeless persons in the survey’s meaning of the term—or have been put up by family or friends, or have stayed in a squat, in a hotel room at their own expense, or in institutional accommodation (a workers’ hostel, hospital, prison, etc.). All of these people without personal accommodation experience a succession of frequently changing situations. They may spend a few nights in a squat before being turned out by security staff and finishing the night in the street, or be housed by someone on a temporary basis between two stays in a hostel. However, over and above the diversity of situations they may be experiencing at the time of the survey, these respondents break down into two groups: those who used to have accommodation of their own and have lost it, and those who have never had any.

The aim here is to identify the characteristics, life trajectories, and living conditions of respondents who currently have personal accommodation. They will be compared with the other two categories of respondents, those who have never had a place of their own, and those who used to have one and have lost it. The term personal accommodation will be taken to designate the housing the persons have lived in as owner-occupiers or tenants *for a period of at least three months* (see Box 1). In this way the focus is shifted on to housed service users, and we attempt to understand the reasons why they have not lost their housing or, if they have, how they have been able to get some again. *Because of the small numbers involved, the quantitative results must be treated with caution, more as pointers to future lines of inquiry, and as elements in a larger set of presumptions, where they reinforce the conclusions from qualitative studies, in-depth interviews and local-level observation.*

Box 1

THE SCOPE OF THE STUDY

The results presented here come from the survey of persons using accommodation or hot meal distribution services (or *SD2001*, for *Sans-domicile (Homeless) 2001*) conducted by INSEE between 15 January and 15 February 2001 in 80 towns and cities with 20,000–100,000 inhabitants, on a sample of 4,084 persons (see Brousse, 2006, in the present collection). Sampling was in three stages: the towns and cities, followed by 846 service sites from a complete list of 1,464 sites compiled for the towns and cities sampled, and last the users in the services sampled. By means of weights to correct for the possibility of an individual using more than one service, this sample is representative of service users, aged 18 or over and French-speakers, in an average week. All percentages reported in this article are based on weighted data. Surveying in the hot meal distributions makes it possible to reach a proportion of the homeless who slept in a public place on the night prior to the survey (most of whom sleep there again on the day of the survey and who cannot therefore be found in hostels or shelters). By definition, the small numbers of people who rent or own their housing were necessarily interviewed in a meal distribution site.

The meal distributions are free or at a nominal charge (e.g. 1 euro). Some accommodation services are free, others are not. To give an order of magnitude, in the *Centres d’hébergement et de réinsertion sociale* (accommodation and social rehabilitation centres, CHRS) the financial contribution must not exceed a certain percentage of the household’s income, varying between 10 and 40 per cent depending on the type of household and on whether or not meals are provided.

INSEE defines “homelessness” on the basis of the respondent’s housing situation on the night prior to the survey. These situations are classed into ten categories, the last five of which correspond to the “homeless” on a narrow definition (analogous to the “literal homeless” studied in the United States) :

1. tenant, owner-occupier or housed without charge by employer;
2. occupying a hotel room at own expense;
3. occupying housing without a tenancy agreement;
4. staying in someone else’s accommodation
5. other form of insecure housing (prison, hospital, hostel for young or immigrant workers, etc.);
6. homeless: room or dormitory where required to leave in the morning;
7. homeless: room or dormitory where allowed to stay all day;
8. homeless: hotel room paid for by an agency or organization;
9. homeless: housing provided by an agency or organization;
10. homeless: place not intended for habitation.

On this “narrow” definition, the sample comprises 3,525 homeless persons.

In this article, persons “without personal accommodation”, i.e. with no place of their own, are defined as those in situations 2 to 10, who do not rent or own their housing and are not housed without charge by their employer. The housing situation on the night prior to the survey can be used to distinguish between people with a place of their own (situation 1, 11% of respondents), persons who are homeless on the narrow definition (situations 6–10, 76%), and the other situations of people without personal accommodation (situations 2–5, 13%) (see Table A for more precise results).

For the analysis, the respondents are divided into three categories—those who have never had a place of their own, those who used to have one but have lost it, and those who have one at present—that are constructed using a second variable, which is the answer to the following question: “Have you lived for at least three months in housing that you (or your partner) rent or own?”

On this second variable, 10% of respondents lived in rented or owner-occupied housing at the time of the survey and had done so for over three months. 59% used to live in such housing but no longer did. 27% reported never having had this type of housing. Last, 4% did not reply. A difficulty arises because this question does not include housing that goes with a job, which is covered by situation 1.

Combining these two variables reveals a number of somewhat complex cases:

Case A: people who reported living in rented or owner-occupied housing at present and for the last three months but who did not spend the previous night in this housing (39 persons in the unweighted sample). Apart from a small number of people who spent the previous night in prison or hospital, these were people living in a hotel, in someone else’s home or in housing provided by an aid agency;

Case B: people who had spent the previous night in housing that they said they owned or rented but who reported either having lost the personal accommodation that they had for over three months (close examination of the individual cases shows that most were people who had this housing for less than three months, or who were housed in flats by aid agencies), or never having had one (most were people who paid something for their housing but did not necessarily have a tenancy agreement. Such housing could be provided by an aid agency, by another person whether a cohabitant or not, or be in a rooming hotel).

A few people also reported having lived in the present housing for at least three months and spent the previous night there, but did not report a rented or owner-occupied dwelling as their principal housing situation in the last three months (based on respondents’ statements of their principal housing situation month by month during the previous year). These persons were excluded from the analysis. Those involved were persons who had recently moved, persons in accommodation or housing provided by a charity, and one person who had spent a long period in hospital.

In the interest of clarity it was decided to exclude these few cases characterized by inconsistency or a very recent housing situation and to restrict attention to 3,805 persons, concerning 92% of the respondents, as defined in Table B (corresponding to the shaded cells).

Table A

Housing situation on night prior to survey (per cent)

	Housing situation on night prior to survey	Persons surveyed in a meal distribution (1,054, or 32% of weighted total)	All respondents (4,084)
With personal accommodation	Tenant, owner-occupier, housed by employer	31	11
No personal accommodation	Occupying hotel room at own expense	7	3
	Occupying housing with no tenancy agreement	4	1
	Accommodated in someone else's housing	21	8
	Prison, hospital, hostel for young workers or immigrants, etc.	4	1
	Homeless: room or dormitory where required to leave in morning	9	11
	Homeless: room or dormitory where allowed to stay all day	5	27
	Homeless: hotel room paid for by public agency or private organization	1	4
	Homeless: housing provided by agency	2	28
	Homeless: a place not intended for habitation	17	6
Total		100	100

Interpretation: Out of 100 persons surveyed in a meal distribution, 31 were tenants, owner-occupiers, or housed by employer.

Population: French-speakers aged 18 or over, towns and cities with more than 20,000 inhabitants, metropolitan France.

Source: survey of persons using accommodation or hot meal distribution services, INSEE, January 2001.

Table B

The three categories of respondents

Housing situation on night prior to survey	Has person lived for at least three months in accommodation of which he or she (or his or her partner) is tenant or owner?				
	Yes, and this is the accommodation currently occupied	Yes, and this is accommodation the person has left	No, never	Non response	Total
Owner-occupier, tenant, housed by employer	In scope: of the 199 (9 %) persons in this cell, we keep as "persons with personal accommodation" those who report this as their main housing situation for the last three months (188, or 8%)	Case B (30, or 1 %)	Case B (14, or 1 %)	36 (1 %)	279 (11 %)
Homeless "narrowly defined" or other lack of personal accommodation	Case A (39, or 1 %)	In scope: 2,460 (58 %) "persons who used to have personal accommodation and have lost it"	In scope: 1,157 (27 %) "persons who have never had personal accommodation"	149 (3 %)	3805 (89 %)
Total	238 (10 %)	2,490 (59 %)	1,171 (27 %)	185 (4 %)	4,084 (100 %)

Population: French speakers aged 18 or over, towns and cities of 20,000 inhabitants or more, metropolitan France.

Source: Survey of persons using accommodation or hot meal distribution services, INSEE, January 2001.

Having housing does not make service users especially advantaged. All users of support services are in difficult situations. People with housing are not always sure of being able to stay in it for long and are often living in substandard conditions¹, or may be experiencing various other housing-related problems

¹ Sometimes in worse conditions than some of those housed in flats by social services and that INSEE classifies as homeless.

(Clanché, 2000²). In fact, people who have their own accommodation and who use the hot meal distributions are not representative of low-income households at large. For example, although a few families with young children do make use of these distributions—including in the mobile soup kitchens like those run by the “*Camions du Coeur*” association—low-income families mostly prefer to use the parcels of food whose contents they can cook and eat at home, in the case that they have cooking facilities and that their gas or electricity supplies have not been cut off. These families, many of which receive help from voluntary sector associations³, are not present in the survey, since in order to increase the chances of interviewing homeless people, only distributions of hot meals were surveyed, not those of foodstuffs for cooking. Last, even within the two categories of persons who have no place of their own, there is wide variation in trajectories and characteristics (see Brousse, 2006, in the present collection)) as is clearly reflected in the different kinds of accommodation (public places, emergency or longer-term hostels, flats, and so on) to which they have access (Marpsat and Firdion, 2000, chapter 9).

Two reference studies on the United States and Spain

In the United States, Sosin (1992) compared users of meal distributions in Chicago by whether or not they were homeless. He used a sample formed in summer 1986 and containing 531 persons, of which 178 were homeless and 353 were housed. The meals included those distributed in hostels, thus making the sampling method similar to that for *Sans-domicile 2001* (hereafter *SD2001*). Sosin sought to determine what factors precipitate the change from a situation of insecurity to one of homelessness. To find out what determines the first housing loss, he compares the never homeless with the first-time homeless; then, he examines the paths that lead back into homelessness by comparing people who have been rehoused after a period without housing with homeless people for whom this is not the first episode of homelessness.

Sosin tests four common explanations for loss of housing. According to the social institutional perspective, homeless persons have not had access to certain resources that have functioned as a safety net for other people. The disability explanation covers mental disorders, alcoholism and other “disabilities” among which the author includes time spent in prison. The alienation explanation is represented by time in foster care during childhood, service in the armed forces, and the absence of a partner. Last, the occupational deficiency explanation refers to inadequate workplace skills and loss of contact with the labour market. The study finds that the best predictors of housing loss are the variables corresponding to the social institutional perspective, whereas the other factors, though frequently put forward, have a limited influence and only for certain respondent categories. The weak role of factors that might be expected to bring about housing loss, such as mental illness, is explicable by the relative protection provided for those experiencing such difficulties.

Sosin tested the social institutional explanation using variables relative to the last or current housing period: receipt of cash benefits like General Assistance⁴ and AFDC (Aid to Families with Dependent Children), cohabitation with other adults,

² This article summarizes a part of the work by the CNIS “homeless” group and describes a general classification of all housing situations along several dimensions, which are used to identify problems of various kinds.

³ See, for example, the annual statistics of Secours Catholique.

⁴ At that time, before the reform of welfare benefits in the United States.

and amount of rent paid. As an example of the findings, when the author compares men who have always had housing with those who have lost it for the first time, the only significant factor (in favour of keeping one's housing) is cohabiting with another adult. The results for women are different, with receipt of welfare benefits as a significant protective factor in their case. Furthermore, a strong assumption of this study is that prior to losing their housing, the majority of homeless people were in a situation much like that of the housed people who use food distributions. This is not necessarily verified (apparently, no question in the survey establishes whether the homeless respondents had ever used meal distributions prior to losing their housing).

For their part, the Spanish researchers who conducted a survey on 289 homeless persons in Madrid in February-March 1997 constructed a complementary sample between June and December 1997 of 136 housed people, in order to compare homeless people with people experiencing multiple deprivation but who had housing. To be selected for the survey these persons had to be using the city of Madrid's support services, whether or not these were intended primarily for homeless people (food and clothing distributions, public baths), and to have never been without housing for more than a week in their lives (Munoz et al., 2004). The latter condition differentiates this sample of housed persons from the French and US samples, in which an appreciable proportion of these people had experienced homelessness, in some cases even for long periods.

The Madrid study found that the domiciled respondents encountered in the different services were more likely than homeless people to have formed couples, even though in many cases the partnerships had been dissolved. Their educational level was higher (partly due to the qualifications of certain immigrant groups) and their current employment status was more positive. Finally, their perceived health status was better, as was their access to health care services. On most indicators, the domiciled persons in this sample taken on a population experiencing poverty occupy an intermediate position between the homeless and the general population.

Having a place to live, losing it, or never having one

The information on housed persons in the *SD2001* survey was obtained in hot meal distribution sites, which could be canteens or mobile distributions. These persons were more likely to live in the provinces, since while around one-third of all respondents⁵ were questioned in the Paris metropolitan area, this was true for only a quarter of those with accommodation of their own (while a larger proportion of those who had never had any were in the capital city).

A large proportion of housed service users have been homeless at some point in their lives. By construction of the study population (see Box 1) they have occupied their housing for at least three months at the time of the survey. In general, this length of time is much longer, since more than eight in ten report having had housing for all of the previous twelve months. However, whether or not respondents have personal accommodation, around half of them report having slept rough at some time. And while housed persons are slightly less likely to have spent long periods on the street⁶, the difference is not very great.

⁵ On weighted data.

⁶ Those reporting having spent a total of at least one year sleeping rough represent 13% of housed people, 17% of those who have not yet found new accommodation and 15% of those who have never had any.

Among persons who have ever slept rough and are currently in housing, some may have gone on using the food distributions they knew when they lived on the street, and indeed may have returned to them so as not to lose contact with former companions⁷.

Housed persons are older, more often male and French nationals

One possible explanatory factor for these differences in housing situations is age. Young people who previously lived with their parents or a family member or who were in a foster home or family, have never had accommodation of their own. It is as they get older that they may get their own place to live, lose it and conceivably find another one.

Although this role of age is a reality (see Table 1), the fact remains that even among the over-50s, 10% report never having had their own housing. The exact identity of these older people who have never had personal accommodation is difficult to determine exactly. Interviews with homeless people brought to light a few cases of elderly people who had never had personal accommodation. These were people who had always experienced extremely insecure living conditions in makeshift housing, or who had always been housed by a family member, for example, because of mental disorders or learning disabilities, which make it difficult for them to remain in a dwelling on their own if the person housing them dies.

Table 1
Selected demographic data (%)

	Currently in personal accommodation	Had personal accommodation but has lost it	Never had personal accommodation	Total
Under 30	13	27	64	37
30–49	58	55	30	48
50 or older	29	18	6	15
<i>Total</i>	100	100	100	100
Women	23	34	32	33
Foreigners	12	27	39	29
Single	62	52	84	62
Married	13	16	9	13
Divorced, separated	21	29	6	22
Widowed	(4)	3	(1)	3
<i>Total</i>	100	100	100	100
Observations and %				
Numbers	188	2,460	1,157	3,805
(% in row)	8	63	29	100

Interpretation: Out of 100 persons currently in accommodation of their own (i.e. independent housing), 13 are aged under 30.

In bold: Percentages above the value for the study population as a whole. Thus, 64% of the persons who have never had accommodation of their own are under 30, while only 37% of the study population are in this age band.

Figures in brackets correspond to very small numbers of respondents (less than 20).

Population: French-speakers aged 18 or over, in town or city with more than 20,000 inhabitants, metropolitan France, housed for at least three months or without own accommodation (see Box 1).

Source: survey of people using accommodation or hot meal distribution services, INSEE, January 2001.

⁷ As was stated in various interviews conducted by INED.

The persons with their own accommodation are more often men than in the other two categories. In part this is due to the form of care provision for women with children, who are usually moved into housing provided by a support agency (and thus remain in the “homeless” category of the *SD2001* survey), or are rehoused in social housing, in which case, if the need arises, they tend to use the distributions of food supplies for cooking and do not present with their children at the sites where hot meals are distributed.

Foreign nationals⁸ are proportionally more numerous among those who have never had a place of their own and are quite rare among the housed persons. In part this effect is due to the age of immigrants. Many of the recent migrants who present at support services for the homeless are young people who in their country of origin still lived in their parents’ home. When they come to France, few of them have personal accommodation, on account of their employment situation and low incomes. Older foreign nationals, who have often been in France for long periods and probably have legal resident status⁹, were more likely to have housing, although very few of those using support services had retained it. At all ages, however, foreign nationals are more likely than French nationals never to have had their own accommodation.

In addition, illegal foreign residents and asylum seekers are not authorized to work. Hence they cannot show any pay slips to a potential future landlord, and they have small incomes. At the time of the survey (i.e. before the law of 10 December 2003), a distinction existed between “conventional” and “territorial” asylum¹⁰. Only “conventional” asylum seekers were entitled to an allowance when they were not staying in a specialized centre like the CADA (*centre d’accueil pour demandeurs d’asile* – hostel for asylum seekers). This is the “insertion allowance”¹¹ that is payable for one year maximum. Illegal residents and asylum seekers who have not been able to get a place in a CADA often sleep in hostels (Dourlens, 2004) or in squats, or stay with fellow countrymen or family members, either for free or in return for payment.

The fact of being unable to work legally has direct consequences for gaining access to housing. Among the foreign nationals who reported not having the right to work, representing 8% of our sample and 28% of the foreign nationals in the survey, one only had personal accommodation. Among the other foreign nationals, about one-half had ever had a place of their own (as a rule in the country of origin) and had lost or left it, and the other half had never had one.

⁸ Note that while non-French-speakers were counted, the survey itself only covers French-speakers.

⁹ This data is not included in the survey.

¹⁰ Conventional asylum concerned refugees in the sense of the Geneva Convention of 27 July 1951, which defined thus any individual who, “owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.” Territorial asylum, introduced by the law of 11 May 1998, took account of risks from non-state groups and organizations.

There are also a few cases of “constitutional” asylum, created by the same law of 11 May 1998 and granted to “anyone persecuted for action to promote liberty”, and of “humanitarian” asylum, a temporary protection granted during specific conflicts independently of the legal framework. Following the law of 2003, there remain only “conventional” asylum and “subsidiary protection”.

¹¹ On 1 January 2001, this was worth 60,52 Francs per day, equivalent to around 277 Euro for a 30-day month.

People with housing experience loneliness

The housed persons in the French survey have slightly different characteristics from the housed persons studied by the Spanish team cited above. Relative to those with no place of their own (see Table 2), the former live in couples scarcely more often, with children much less often, and hardly ever with friends. In all, eight in ten live alone in their accommodation. The proportion single is the same as the average for the respondents, higher than among those who had not found somewhere else to live, though lower than among those who have never had anywhere, who are younger (see Table 1). Contrary to the case of Madrid, therefore, it cannot be said that these are people who, more than those with no housing, have formed relationships that have broken down.

The older ages of housed persons explains in large part their lower level of contact with their parents, who in many cases are dead. On the basis of their self-reports, they are also less likely to have friends from outside their families (see Table 2) or to have someone they can count on if “things get tough”. We are dealing here with the perception that respondents have of their situation, and Paugam and Zoyem (1997) have shown that the amount of “potentially available” help reported by households does not coincide with that actually received when a difficulty occurs. Last, while nearly one-half of respondents, housed or not, experience feelings of loneliness “often” or “very often”, the response “very often” is given much more often by those with their own accommodation. This feeling of loneliness in one’s housing is well known to social workers seeking to rehouse socially isolated individuals. If the success of such rehousing is not to be jeopardized, it is important that the individuals concerned be helped to maintain or extend their social networks. The same conclusion emerges from the studies by the IMPACT group on rehousing homeless people in several EU countries (Busch-Geertsema, 2003). Although persons with housing feel as isolated as, if not more than, those without accommodation of their own, they have fewer reasons or occasions to consult social work professionals, and so cannot make up in this way for the lack of social ties and potential aid associated with their limited relational network. Respondents with housing are in fact far less likely than the others to have had contact with a social worker (social assistant, tutor, etc.) in the last twelve months. This was the case for just under half of housed persons, whereas over seven out of ten of the other respondents had had such a contact, during a stay in a hostel, for example. Attendance at hot meal distributions could also have the aim of countering this loneliness, a point made by some of the housed respondents¹²: “If I come here it’s to meet people”, “I’m happy with the association where I have my meals, ‘cos you don’t just eat there, they listen to you too”, were their comments to the interviewers.

¹² Some declarations were recorded verbatim in the questionnaire, notably, at the end, the response to the question: “Do you wish to add any information that could not be recorded in this questionnaire?” (de Peretti, 2006, in the present collection).

Table 2
Contacts and relations

	Currently in personal accommodation	Had personal accommodation but has lost it	Never had personal accommodation	Total %
Living in a couple	14	12	10	12
Living with children	9	25	12	20
Living with friends	(3)	6	10	7
Contact in 2000 (1)				
- with mother	42	48	63	52
- with father	23	31	40	33
Has no friends	39	32	27	31
Believes can count on someone for financial help	38	44	46	44
Reports feeling lonely "very often"	35	26	23	26
Has seen a social worker in last 12 months	49	78	72	74
1. Including by letter or telephone.				

Interpretation: Out of 100 persons with personal accommodation (i.e. independent housing) at the time of the survey, 14 were living in a couple.

In bold: Percentages above the value for the study population as a whole. Thus, 39% of persons living in their own accommodation report having no friends, while this is the case for only 31% of the study population.

Figures in brackets correspond to very low respondent numbers (less than 20).

Population: French-speakers aged 18 or above, towns and cities with more than 20,000 inhabitants, metropolitan France, housed for at least three months or without own accommodation (see Box 1).

Source: survey of persons using accommodation or hot meal distribution services, INSEE, January 2001.

Social origins and difficulties in early life

An examination of the difficulties faced by the respondents before age 18 reveals only minor differences between the three categories. Slightly more of the housed survey members than the others had been fostered or in care during childhood, did not know who their father was, and had experienced a range of problems during their youth, in some instances followed very closely by those who had never had their own accommodation (see Table 3).

The only indicator for the respondents' social origin is their father's occupation, since the mothers' labour market participation is too low to allow any detailed breakdowns on their occupations. People with housing were more likely than those with no accommodation of their own to have economically active mothers. Their fathers were less likely to be manual workers—or in this case, more likely to be skilled—and more likely to be self-employed in business, trade and crafts, or in managerial and middle-level occupations (see Table 3).

Table 3
Early life and social origins

	Currently in personal accommodation	Had personal accommodation but has lost it	Has never had personal accommodation	Total
In care during childhood (%)	29	21	24	22
Father unknown or not in contact (%)	13	10	10	10
Social origins				
Mother (1) economically inactive (%)	43	53	57	53
Father (2) manual worker (%)	35	42	44	42
Ratio of skilled/unskilled among manual worker fathers	3.4	2.9	2.2	2.7
Father (2) self-employed craft, trade and business, managerial or middle-level occupation (%)	33	28	22	27
1. Of 3,695 replying to the question on their mother's occupation "during most of the education" of the respondent.				
2. Of 3,562 replying to the question on their father's occupation.				

Interpretation: Out of 100 persons living in their own accommodation (i.e. independent housing) at the time of the survey, 29 had spent time in care during childhood. Among the persons living in their own accommodation at the time of the survey, those with a skilled manual worker father outnumbered by 3.4 to 1 those with an unskilled manual worker father.

In bold: Values for a column above the value for study population as a whole (total column). Thus, 29% of persons living in personal accommodation had spent time in care during childhood, while this was the case for only 22% of the study population.

Population: French-speakers aged 18 or over, in towns or cities with more than 20,000 inhabitants, metropolitan France, in housing for at least three months or without own accommodation (see Box 1).

Source: survey of persons using accommodation or hot meal distribution services, INSEE, January 2001.

Work and education

A large proportion of housed users of hot meal distributions have worked in the past and have quite a long labour market experience (see Table 4). In this respect they are similar to people who have lost their housing, and different from those who have never had any, whose labour market experience is more limited. On the other hand, far fewer housed users are in work at the time of the survey, or have worked, either full- or part-time, for at least one month in the previous year.

Table 4
Work and education

	%			
	Currently in personal accommodation	Had personal accommodation but has lost it	Has never had personal accommodation	Total
Labour market situation				
Never worked	(6)	7	17	9
Worked for five years or longer	69	65	24	53
Currently in work	13	27	29	27
Had work as main activity for at least one month in the twelve prior to the survey	36	48	48	47
Periods of work (for the 3,429 persons who have ever worked)				
Always worked regularly	28	33	24	30
Worked regularly, practically without interruption, until becoming unemployed or stopping working	23	26	15	23
Seasonal work over several years	(6)	8	17	10
Alternating periods of employment and unemployment	35	30	40	33
Long periods of illness, hospitalization or imprisonment and a few periods of employment	(8)	3	3	4
Last job held for more than six months (for the 2,559 who have had employment of this kind(1))				
Unskilled worker, agricultural worker	29	23	35	26
Skilled worker	14	22	16	20
Service and maintenance personnel, hotel and catering staff	15	14	16	15
Employees	14	21	17	19
Education				
Schooling to primary level only	27	20	13	19
Qualifications:				
No qualifications or middle-school diploma	53	45	52	48
Intermediate vocational diploma	24	37	34	35
High-school diploma or higher	23	18	14	17
1. And no longer have it. The results are very similar if those still with employment of this kind are included.				

Interpretation: Out of 100 persons living in personal accommodation (i.e. independent housing) at the time of the survey, 27 were not educated beyond primary level.

In bold: Values for a column higher than that for the study population as a whole (total column). Thus, 69% of those living in personal accommodation have worked for five years or more, while this is the case for only 53% of the study population.

Figures in brackets correspond to very low respondent numbers (less than 20).

Population: French-speakers aged 18 or over, in towns or cities with over 20,000 inhabitants, metropolitan France, in housing for at least three months or without own accommodation (see Box 1).

Source: survey of persons using accommodation or hot meals distribution services, INSEE, January 2001.

We shall see later that the housed users of meal distributions are more likely to suffer from health problems. For some of them, these health problems may have contributed to their temporary or permanent exclusion from the labour market. When describing their work history, housed users more often report lengthy periods of illness or hospitalization punctuated by a few periods in employment. Among those who have ever held a job for at least six months with interruption, persons in housing more often invoke health reasons to justify the interruption of the last period of employment of this duration (see Table 5). However, health problems come only second among the reasons given by persons in housing, the

first being “individual or collective redundancy, job suppression or business failure”, which is more closely linked to the economic context.

Alternating spells of employment and unemployment, and seasonal work over several years, indicators of erratic labour market experience are commonest among people who have never had their own accommodation (see Table 4). Considered together, persons without accommodation of their own have lost their job primarily through leaving it (for reasons unrelated to their health status), and secondarily due to the termination of a fixed-term contract, temporary post or occasional job. On the last occupation held for more than six months, no major differences exist between the three categories (see Table 4). The highest frequency of skilled manual jobs is among persons who have not found new accommodation, and for unskilled manual jobs it is among those who have never had any. The distribution of employees corresponds to the varying proportion of women in the categories.

Service users with housing, whose higher age has been noted, are more likely to have a low educational level, not going beyond primary-school level. However, the relationship between educational level and qualifications varies across the generations. Thus, individuals who have never had a place of their own are younger and, like the rest of their generation, have spent longer in education. But, like housed users, around one in two has no qualifications. This is the same result as from a 1998 survey on young people using support services in Paris and its suburbs, in which around half the respondents were found to have no qualifications (Marpsat and Firdion, 2001).

Health problems

Respondents with housing who are not in work are not necessarily much more likely than the others to be unemployed, however. 12% are retired (against 3% for respondents as a whole¹³) and 21% have invalidity status (against 6%). There is a close concordance between declarations on sources of income and those on health status. Thus, one in five housed persons report having received the disabled adult allowance (AAH – *Allocation Adulte Handicapé*) in the last twelve months. Furthermore, although these self-reported data must be treated with caution, only 42% of respondents with housing report being in good or very good health, as against more than half in the other categories (see Table 5). Only 22% among them do not report any illness (chronic or acute), which is much less than in the other two categories studied. They are also more likely to report three or four illnesses, and to be exempt from health care costs arising from a serious illness. When the three categories are compared for the reported prevalence of illnesses, housed users seem to suffer more from the majority of them. They are however particularly likely to be suffering from the long-term effects of injuries, and from serious illness, which is consistent with the larger proportion in receipt of disability allowance (AAH).

¹³ Studied here, corresponding to 92% of the persons surveyed by *SD 2001* (see Box 1).

Table 5
Health

	%			
Percentage reporting:	Currently in personal accommodation	Had personal accommodation but has lost it	Has never had personal accommodation	Total
Having left last job held for over six months (1) on health grounds	21	9	5	9
A good or very good state of health	42	51	58	52
No chronic or serious illness	22	31	46	34
At least three chronic or serious illnesses	45	33	21	31
Exempt from health care charges for a serious illness	29	21	12	19
Suffering from long-term effects of serious illnesses or injuries	32	14	11	15
Suffering from depression	35	25	17	24
Suffering from mental disorders (other than depressive states or depression)	(12)	6	4	6
Having taken sleeping tablets, anti-anxiety drugs or antidepressants in last seven days	28	23	13	21
Drinking alcohol often or occasionally	55	50	44	49
Drinking commented upon by friends or relatives (2)	11	20	19	19
Needing to drink in the morning to feel good (2)	(3)	13	8	10

1. Of the 2,838 persons who have been or are in a job for over six months.

2. Of the 1,746 persons who reported drinking alcohol often or occasionally.

Interpretation: Out of 100 persons with personal accommodation (i.e. independent housing) at the time of the survey, 45 report at least three chronic or serious illnesses.

Figures in brackets correspond to very low respondent numbers (less than 20).

In bold: Values in a column higher than that for the study population as a whole (total column). Thus, 21 % of persons living in a place of their own have left the last job held for over six months on health grounds, while this is the case for only 9% of the study population.

Population: French speakers aged 18 or over, towns and cities with more than 20,000 inhabitants, metropolitan France, in housing for at least three months or with no personal accommodation (see Box 1).

Source: survey of persons using accommodation or hot meal distribution services, INSEE, January 2001.

These health problems are correlated to the older age of housed users but also to their nationality. Working on a sample of persons attending free healthcare centres, a population also experiencing extremely insecure living conditions, Collet et al. (2003) showed that foreigners had a lower incidence of mental health problems and risk-taking behaviours (measured by accidents and by alcohol and drug misuse) compared with French nationals. They attribute this finding to the fact that emigration selects a specific population. Collet et al. also cite a report by Médecins du Monde according to which risk-taking behaviours among foreigners increased with length of stay in France. These hypotheses are verified for our study population, with foreigners who entered France before 1998 being in an intermediate position between French nationals and more recent foreign arrivals as regards depression, long-term effects of serious injuries or chronic illness, and for the indicator of alcohol consumption used in this article (“need to drink in the morning to feel good”)¹⁴.

Housed respondents are more likely to report having taken sleeping tablets, anti-anxiety drugs or antidepressants over the last seven days, and having used alcohol “often or occasionally”. These psychoactive substances may be taken

¹⁴ It seems that this also holds for the other mental health disorders, but the numbers of foreigners involved are too small to decide on the role of the length of stay in France.

with the aim of combating the feelings of loneliness that many of these respondents express.

Incomes dependent on health, age and housing

The *SD2001* survey records the nature of the different sources of income, identifies the main one and gives the total amount, for a “household” comprising the respondent and his/her partner, and any child(ren) or friend(s) (which raises a number of definitional problems when the persons are not living in conventional housing).

All (except one) of the persons with personal accommodation report having some source of income. Ignoring housing benefit, eight in ten are receiving a social allowance or transfer (retirement pension, unemployment benefit, disability allowance, etc.). Although they are the least likely to receive piecemeal financial

aid from agencies or individuals, more than a quarter of them do so. A quarter of them have earnings derived from work. Conversely, those who have never had their own accommodation are the most likely to have no source of income, and to receive earnings from work and/or piecemeal financial assistance (see Table 6). This category contains large numbers of young people, and large numbers of foreigners, some of them illegally resident or who have been in France for less than three years and hence are not eligible for the RMI (*Revenu Minimum d'Insertion* – Minimum Social Insertion Income) (on access to institutions and social benefits, see Avenel et al., 2003 and Avenel and Damon, 2003).

Table 6
Incomes

	Currently in personal accommodation	Had personal accommodation but has lost it	Has never had personal accommodation	Total
Proportion receiving income from (%):				
Work	25	31	38	32
Welfare benefits (excluding housing allowances)	81	64	37	58
Financial aid (agencies, individuals)	27	35	40	35
No income (including no housing allowance)	(0)	7	14	8
Main source of income in previous month (%)				
Minimum social income (RMI)	20	23	11	19
Disability allowance (AAH)	19	5	5	6
Income from work	13	22	31	24
Retirement or minimum old-age pension	12	3	(1)	3
Median income for a person living alone (euros per month) (1)	503	396	305	389
Number of persons living alone concerned	144	1,504	804	2,452
1. The incomes are those received in the month prior to the survey by the respondent and persons living with him or her as “partner, friend, child”. Consequently, for persons living on the street or in a hostel, these “household” incomes are ill defined. The median income is thus considered only for the case of persons living alone (as in Brousse et al. 2002b). Given the survey date the amount was in francs. In this table they are converted into euros and rounded up to the nearest whole unit.				

Interpretation: Out of 100 persons occupying personal accommodation at the time of the survey, 25 received income from work in the previous month. Figures in brackets correspond to very low respondent numbers (less than 20).

In bold: Values in a column higher than that for the study population as a whole (total column). Thus, of the persons who have never had personal accommodation, 38% received incomes from work in the previous month, while this is the case for only 22% of the study population.

Figures in brackets correspond to very low respondent numbers (less than 20).

Population: French-speakers aged 18 or over, towns and cities with over 20,000 inhabitants, metropolitan France, in housing for at least three months or without personal accommodation (see Box 1).

Source: survey of persons using accommodation and hot meal distribution services, INSEE, January 2001.

The nature of the main source of income in the month prior to the survey reflects the living conditions of the persons in the three housing situations studied. For persons who have lost their housing, the RMI and income from work are almost equal in importance, concerning slightly more than one in five. For those who have never had their own accommodation, income from work is the most important (for nearly one in three), with the RMI far behind.

Among housed respondents, on the other hand, 20% have the RMI as their main source of income, 19% adult disability allowance¹⁵, 13% earnings from work, and 12% a contributory or state “safety net” retirement pension. Housing benefit, which is received by 61% of households in housing, comes next in the list since it is the main source of income for 9% of these households.

Comparing income levels between the three categories of respondents is difficult for two reasons. First, because of the contribution that housing benefit makes to the income of households with accommodation (the survey does not record the amount of this benefit and it is not certain that it is always reported, in particular when paid directly to the landlord). Second, the difficulty of defining a “household” in the case of persons who have no housing of their own. On this last point it is at least possible to compare the median incomes of persons who report living alone (as in Brousse et al., 2002b). The value obtained is substantially higher for persons with housing (3,298 francs, or around 503 euros) than for persons who have either lost their housing (2,600 francs, or 396 euros) or who have never had any (2,002 francs, or 305 euros). In the case of the persons with housing, we also calculated a monthly income per person by dividing total income by the number of persons living in the same dwelling. This gives a median income of 3,100 francs (473 euros).

Housing conditions are often very basic

The number of owner-occupiers among the housed users of hot meal distributions is very small. A few cases of this kind were encountered during the in-depth interviews conducted by INED. Examples include a person who had bought an attic room (*chambre de bonne*) lacking all amenities and was having difficulty paying the bills; and a home-purchaser who, after running into financial problems, could not keep up the repayments and was threatened with eviction. Most of the tenants (87%) were renting unfurnished accommodation, but 12% were renting furnished accommodation¹⁶. 56% of tenants had a private sector landlord, 37% were tenants of a social housing provider (HLM), and 6% of some other housing provider. 88% of tenants reported receiving housing benefit. For

¹⁵ A better understanding of the distribution of these allowances would require more detailed information about the respondents and about the local economic context in which they lived. In certain borderline cases qualifying for disability allowance as well as for the minimum social income (RMI), the social workers drawing up the application can give preference to one or the other. The disability allowance (AAH) is a larger amount—on 1 January 2001, close to the survey date, the AAH and RMI for a single person were, respectively, 3,654.50 francs and 2,608.50 francs, or about 557 and 398 euros; the minimum state old-age pension was the same amount as the AAH—but presents other disadvantages in the eyes of social workers: “Applying for the AAH carries the risk of locking the individual into a disabled, dependent role from which they cannot escape. The RMI, by contrast, is based on a different logic, that of transitional assistance, of help towards reintegrating mainstream society. There are some cases where AAH categorizes people definitively, and others where it stabilizes their situation”. (Sicot, 2001, p. 114). Furthermore, the decisions of the COTOREP (Technical Commission on Career Choice and Change) determining the granting of disability allowance vary depending on the local context. Thus, “the higher the rate of unemployment in the *département* or the larger the percentage of RMI recipients, the more they [the COTOREP] recognize degrees of incapacity situated between 50 and 79%” (Colon et al., 1999, p. 8).

¹⁶ The remaining 1% correspond to the category “others”.

the others, the survey does not determine whether they receive housing benefit but are unaware because it is paid directly to the landlord, or are not eligible (substandard housing, for example) or have not claimed it. For the 162 tenants who report the amount of their rent, the median rent is 1,400 Francs, or roughly 213 Euros.

According to the respondents with accommodation of their own, around 20% have serious difficulty paying their rent or household bills, 38% have difficulty but can manage, and only 41% have no difficulty.

The great majority of these dwellings are equipped with hot water, a toilet, and a shower or bath. A small number, however, have no, or only cold, running water (less than 4% of all cases), and for some of them the toilet and washing facilities are situated outside the dwelling (14% for the toilet, 11% for the bath or shower).

Roughly one in four dwellings has no real kitchen, merely a facility for heating meals. 39% of respondents have been cold in their accommodation for longer than 24 hours, a situation rarely due to heating breakdowns but primarily because of difficulties over payment (for nearly half), inadequate heating facilities (for around one-third), and for the remainder the absence of any means of heating. 36% of the persons with housing had suffered from damp in their accommodation in the course of the previous year¹⁷. These unsatisfactory housing conditions also come across in the statements of the respondents. Thus, one of them explained: “I would like to get a bigger flat. Mine is too small and too dark, it’s like a dungeon”.

One-quarter of the persons with housing at the time of the survey had sought different accommodation in the course of the previous year, and for slightly less than 6% of persons with housing this application was successful—it probably produced the move to the housing they currently occupy¹⁸. The others therefore are the persons who have tried to improve their housing conditions but have not obtained satisfaction: “It takes too long to get social (HLM) housing; I’ve been applying for seven years”. Furthermore, among those who have not looked for different accommodation, 14% report that this was because of insufficient income, lack of correct documentation, or because they either did not know where to ask or were put off by what they felt was a hopeless quest.

A life based on aid from agencies and private individuals

The persons who have their own accommodation yet who attend hot meal distributions, also make use of other support services. In this way they can improve their living conditions and, perhaps, put the money thus saved into keeping their accommodation (see Table 7). Only one in five had taken seven meals or more in a free distribution in the course of the previous week - half the figure for the other two categories studied here—but this still represents a large extra amount. One in four of those with housing had missed at least one meal in

¹⁷ By way of comparison, among households at large, 1% have only cold running water or no running water at all; 1.4% have an outside toilet; 2% have no washing facilities; 10.3% have suffered from cold for at least 24 hours; 13.7% have had difficulty paying their rent or their bills in the last 24 months (*Logement (Housing) survey 2002*). Furthermore, 14.1% complain about damp in their housing (*Conditions de vie (Living Conditions) permanent survey, 2001*).

¹⁸ If the length of time in the current housing is compared with that since when living in housing was the main situation during the month, they are found to be of the same order of magnitude.

the week, barely less than the other categories. In addition, 35% had received a food parcel during the previous month (against less than 20% in the other categories, food parcels being in general more suited for persons equipped for cooking). Roughly one in five of those in housing had received food vouchers in the same month, and practically the same proportion had received meal tickets. In addition, one in six had obtained free clothing, given by an agency or an individual. They also resort to begging, and in nearly the same proportion as users without housing (almost 9%).

Table 7
Use of organized and individual aid

	Currently in personal accommodation	Had personal accommodation but has lost it	Never had personal accommodation	Total
%				
A - Proportion in previous week				
missing at least one meal	24	28	29	28
taking seven or more meals in a free distribution	21	41	40	39
B - In previous month:				
Proportion receiving from associations, social services or individuals:				
- food voucher, meal ticket	21	18	23	20
- food parcel	35	19	16	19
- clothing	14	19	21	19
Proportion attending				
day centre or "solidarity shop"	25	19	19	20
among those attending, proportion attending between 20 and 60 times in the month	35	21	27	24
C - Proportion begging				
occasionally or daily in previous month	(9)	9	9	9

Interpretation: Out of 100 persons in personal accommodation at the time of the survey, 24 have missed at least one meal in the previous week.

In bold: Values in a column higher than value for the study population as a whole (total column). Thus, 35% of the persons living in personal accommodation have received a food parcel in the week prior to the survey, while this is the case for only 24% of the study population.

Figures in brackets correspond to very low respondent numbers (less than 20).

Population: French speakers aged 18 or above, in towns and cities with over 20,000 inhabitants, metropolitan France, in housing for at least three months or with no personal accommodation (see Box 1).

Source: Survey of persons using accommodation and hot meal distribution services, INSEE, January 2001.

Through attendance at day centres these people can keep or make social contacts, but they can also benefit from services that compensate for the lack of amenities or inadequate facilities of their housing, such as the possibility to have a shower, wash clothes, etc. People with their own accommodation are the most likely to have attended such a centre in the month prior to the survey, and they are the category with the highest attendance in the course of the month.

The detail supplied by the respondents confirm this role of aid in-kind—"I came this evening for the clothes distribution, that's why I've eaten here"—or in money—"Sometimes I take my electricity bills in to the town hall". In spite of such help, it is not always enough. "I've no money to eat, to get the bus, to pay my landlord. I want to work, I'm waiting to get the RMI (...) I've not paid [my landlord] since September".

Housing situations dependent on financial and social resources

The foregoing results are strongly suggestive of the existence of numerous structural effects, in particular related to age. A multinomial logistic analysis, with a descriptive purpose, was thus conducted, in order to “analyse what distinguishes the different categories defined by the dependent variable” (Afsa Essafi, 2003, p. 38) (see Table 8). The analysis deals with 3,448 persons. Refugees without the right to work are excluded on the grounds that access to housing is impossible for those foreigners in the sample who, because of their residence conditions (not legally resident, asylum seekers), are restricted to employment in the black economy.

The data from *SD2001* cannot be used in a dynamic perspective as was attempted by Sosin. Thus, homeless persons cannot be compared with the never homeless, in order to identify the determinants of entry into this situation; nor can they be compared with the persons who have moved back into housing after a period of homelessness, in order to study the factors that facilitate rehousing. The *SD2001* survey establishes whether respondents have ever been on the street (in the strict sense of the term), but it does not identify which of the respondents with accommodation of their own have lived in a hostel or in housing provided by a support organization, without having necessarily slept rough (i.e. whether they have ever been homeless in the sense of *SD2001*).

Furthermore, data are not available relative to the local market for housing accessible to the respondents, so this cannot be taken into consideration.

The regression model selected includes control variables (age, sex and nationality) as well as variables capturing social origins and early life experiences, receipt of aids and benefits, employment and education.

In contrast to Sosin, with this descriptive approach we will not give a single interpretation for each variable. Control variables such as age and sex can also be viewed as indicators of the priority assigned to particular categories of persons, those considered more fragile by the social agents (professionals and volunteers) operating in the social welfare field, or, in the case of nationality (due to discrimination, for example), as an indicator of the difficulty encountered in obtaining accommodation. The variables selected to represent the respondent's social origin and early life (after several trials, for example using difficulties in early life, which had no significant effect), are having an economically active or inactive mother, father's occupation¹⁹, and spending time in care during childhood and adolescence. These variables give an idea of the financial support and information that the respondent can dispose of and indicate the “social skills” that facilitate access to different forms of aid. For example, having spent time in care corresponds to a weaker family network but also to a greater experience of dealing with institutions. Included under aid and social benefits (excluding housing benefit) are aids in kind (meal vouchers, food parcels, clothing), attendance at day centres, and monetary benefits like lone parent allowance (API) and family allowances (that also indicate the presence of children, with priority for support services), the minimum social income (RMI), disabled adult allowance (AAH), retirement or minimum old-age pension, the other social benefits (insertion, unemployment, invalidity, etc.). To these are added the other sources of income (excepting work), which means essentially piecemeal financial aid from various organizations and from friends and relatives, and the proceeds

¹⁹ The categories “father inactive or occupation unknown” and “father unknown”, which contained small numbers and worked in the same direction, were merged.

from begging. Aid in kind enables those with their own accommodation to devote a larger proportion of their budget to this item. Income type, for its part, indicates the level and stability of financial resources, which are of interest to potential landlords. Disabled adult allowance (AAH) and retirement or old-age pension had effects in the same direction in the first models run and hence were combined in the model chosen.

Table 8
Multinomial logistic analysis

	Having personal accommodation / Never having had personal accommodation	Having personal accommodation/ Having had personal accommodation and lost it	Having had personal accommodation and lost it/ Never having had personal accommodation	Category as proportion of variable (%)
Constant	- 2.80*** (0.38)	- 2.61*** (0.35)	- 0.18 (0.20)	
Aged under 30	- 2.04*** (0.21)	- 0.61*** (0.20)	- 1.43*** (0.11)	36
<i>Aged 30–49</i>	<i>Réf.</i>	<i>Réf.</i>	<i>Réf.</i>	48
Aged 50 or over	0.56** (0.22)	0.04 (0.17)	0.52*** (0.17)	17
<i>Man</i>	<i>Réf.</i>	<i>Réf.</i>	<i>Réf.</i>	67
Woman	0.31 (0.19)	0.01 (0.17)	0.30*** (0.11)	33
<i>French</i>	<i>Réf.</i>	<i>Réf.</i>	<i>Réf.</i>	77
Foreigner	- 1.38*** (0.22)	- 0.85*** (0.21)	- 0.54*** (0.11)	23
Labour market status of mother during most of respondent's education				
<i>Mother inactive or unknown</i>	<i>Réf.</i>	<i>Réf.</i>	<i>Réf.</i>	61
Mother economically active	0.55*** (0.15)	0.29** (0.14)	0.25*** (0.10)	39
Labour market status of father during most of respondent's education				
Father self-employed, manager, middle-level occupation or employee	1.01*** (0.28)	0.47* (0.26)	0.54*** (0.15)	41
Father skilled manual worker	0.38 (0.29)	0.02 (0.27)	0.36** (0.16)	29
<i>Father unskilled manual worker or agricultural worker</i>	<i>Réf.</i>	<i>Réf.</i>	<i>Réf.</i>	11
Father economically inactive or of unknown occupation or unknown	0.60** (0.30)	0.56** (0.28)	0.04 (0.17)	19
Ever fostered or in care	0.41** (0.18)	0.26 (0.16)	0.15 (0.11)	24
Been to a day centre five times or more in the previous month	1.27*** (0.22)	0.68*** (0.18)	0.59*** (0.16)	11
Received during previous month a meal ticket, food parcel, clothing	0.66*** (0.16)	0.79*** (0.14)	- 0.13 (0.10)	37
Household received in previous month (non exclusive):				
- Lone parent (API) or family allowances	- 0.14 (0.33)	- 1.24*** (0.31)	1.10*** (0.15)	16
- Minimum social income (RMI)	0.29 (0.21)	- 0.14 (0.18)	0.43*** (0.12)	25
- Adult disability allowance (AAH), retirement or old-age pension	1.60*** (0.22)	1.68*** (0.18)	- 0.08 (0.17)	12
- Other benefit excluding housing benefit	0.66*** (0.21)	0.16 (0.18)	0.50*** (0.14)	18
- Other sources of income (non-work)	- 0.45*** (0.16)	- 0.40*** (0.14)	- 0.05 (0.10)	40
- Income from work (other than selling objects and services)	- 0.13 (0.18)	0.20 (0.16)	- 0.34*** (0.10)	34
Ever held a job for at least six months	0.99*** (0.20)	- 0.19 (0.20)	1.19*** (0.11)	76
Qualifications				
<i>No qualifications, middle-school diploma</i>	<i>Réf.</i>	<i>Réf.</i>	<i>Réf.</i>	48
Intermediate vocational diploma	- 0.27 (0.18)	- 0.53*** (0.16)	0.26** (0.10)	36
High-school diploma or higher	1.17*** (0.22)	0.48*** (0.18)	0.69*** (0.15)	16
Number of observations	3,448	3,448	3,448	
Pseudo-R ²	0.20	0.20	0.20	
Estrella coefficient	0.32	0.32	0.32	

Interpretation: Being aged under 30 is associated with a reduced probability of having personal accommodation (i.e. independent housing) at the time of the survey relative to never having had any.

In italic: Reference category of the explanatory variable.

*Standard deviation in brackets. *** significant at 1% level; ** significant at 5% level; * significant at 10% level.*

Population: French speakers aged 18 or over, in towns or cities of more than 20,000 inhabitants, metropolitan France, in housing for at least three months or without personal accommodation (see Box 1) and excluding foreign nationals not authorized to work (refugees).

Source: survey of persons using accommodation and hot meal distribution services, INSEE, January 2001.

Education and the employment trajectory may have had an effect at the time of looking for accommodation, prior to the survey. Stable employment over a long period may have enabled individuals to put some money aside, and to form workplace relations that can also function as a source of aid. Conversely, there may be a link—albeit one whose direction is not necessarily clear—between never having had a stable job and never having had a place of one's own, with as reason the difficulty of paying for it or a high degree of geographical mobility. After experimenting with a variety of indicators for employment trajectory, the variable “ever held a job for at least six months” was chosen. Qualification level can also be an indicator of the kind of jobs occupied in the past, and of social competencies that are of use when seeking aid or housing. Foreign qualifications, however, are less valued in the labour market. But the survey does not establish whether the qualifications, and in particular those of foreign nationals, were obtained in France or not. Last, receiving income from work facilitates access to housing, even though this is not always sufficient. The voluntary associations report an increasing proportion of employed people among those staying in their hostels and shelters, and the survey itself finds that three out of ten homeless persons have work, even though they have often been in the job for only a short period (de la Rochère, 2003).

A number of points must be taken into consideration when interpreting the results:

As specified earlier, it is not the totality of poor households in housing that are compared with people lacking accommodation of their own, but only those attending hot meal distributions, who include few families with young children.

The aim is not to classify the adversity of housing situations. The housing provided by accommodation services—generally to families—can be of a higher standard than that rented by private landlords. People living in their own housing are not necessarily in a much more favourable position than homeless people accommodated in the best of these services, though the situation of those sleeping rough or in emergency shelters is obviously much worse;

Some factors act in two opposite ways. Thus, it was seen that having spent time in care usually corresponded to a less extensive family network but also to a greater familiarity with institutions. Suffering from mental illness (a variable not included in the selected model but in a variant that will be referred to in the discussion) is a handicap but also creates an entitlement to certain benefits;

Some factors may be as much a result of the housing situation as its cause. Thus the granting of certain forms of aid that may contribute to keeping one's accommodation is also dependent on having such accommodation or not. Some voluntary sector organizations, for example, reserve their food parcels for persons with housing, who in any case are the most obvious candidates, since the foodstuffs they contain generally require cooking. For this reason, the recourse to other forms of aid that are more specifically targeted at the homeless was included in the same variable. Being accompanied by children (indicated by receipt of family allowances) can lead to being housed in a flat run by an aid agency (and thus to being classed in the INSEE “homeless” category), but in certain cases being homeless will lead to the children being removed and placed in care.

Among the control variables, sex is the only one not significant at the 10% level for distinguishing those with personal accommodation from each of the other two

categories. Regarding age and nationality, the older the respondents, the higher their probability of having a place of their own, the more so if they are French nationals. Being a female or over age fifty increases the likelihood of having had (and now lost) personal accommodation relative to never having had any, which is the most frequent situation for respondents who are under thirty and foreign nationals.

Items such as mental disorders and alcohol consumption are not included in the selected regression on account of the extremely small numbers of housed persons presenting these characteristics. However, they were introduced in an intermediary model. Alcohol addiction was measured in it by the variable on needing to drink in the morning in order to feel good. The response to the question about comments from people around the respondent about his or her drinking (which is also in the questionnaire) is strongly dependent on the person's degree of social isolation and on the acceptability of alcohol among friends and relatives, which may be greater in the case of those living on the street. The indicator of mental disorders was the presence of mental illness excluding depression, this variable being based on a respondent self-report, not on a medical diagnosis. Heavy drinking and mental disorders can make it harder to obtain housing. But mental disorders can also attract measures of protection from support agencies, as Sosin observed earlier. Indeed, alcoholism and mental problems may be exacerbated or even caused by having nowhere to live. This intermediate model indicated that needing alcohol in the morning to feel good reduced the probability of having personal accommodation relative to the other two categories. Reporting suffering from mental disorders, on the other hand, significantly increased this probability relative to never having such accommodation but not relative to having had and lost it. So it could be that the form of protection associated with mental illness favours access to housing but not necessarily its retention. Last, the removal of these two variables from the model made the "50 or older" variable more significant.

Having accommodation of one's own is more likely (relative to the other two categories) when the mother was economically active, rather than inactive, and the father was "self-employed, managerial, middle-level professional or employee", rather than a manual worker. The effect is the same when the respondent's father was unknown or economically inactive or of unknown occupation. Experience of care placement during childhood or adolescence increases the probability of having personal accommodation, as opposed to not having any. Explaining the effect of care placement is not easy. Generally speaking, the various French surveys on homeless people show that the proportion ever fostered or spent time in care is smaller at higher ages. It is as if, after a period of high insecurity with respect to housing, immediately after leaving care, care leavers succeed in moving into conventional housing (for a monograph on this topic in the context of a particular institution, see Frechon, 2001). They are then "replaced" in the homeless population by others, for example, foreign nationals, who have a lower or non-existent "risk" of ever having been in care (see Firdion, 2006, this issue) either because of their age on entering France or because the system of care for children is different in their country of origin (the case for Africans, for example). Some of those formerly in care possibly then obtain accommodation of their own without however succeeding in escaping from poverty, which would explain the result obtained here. An alternative hypothesis is that persons with a background in care use support services differently and present at meal distributions more than other individuals on low-incomes with accommodation of their own. In addition, a greater experience of relations with social workers may be of help in obtaining housing. However, the variable is not

significant when having had and lost personal accommodation is compared with having it at present. The explanation could lie with the lack of a support network that makes it difficult for some with a background in care to sustain their accommodation and who become homeless again.

Regular attendance at a day centre, aid in kind (meal vouchers, clothing, food parcels, etc.), receipt of disability allowance (AAH), retirement or old-age pension, are associated with a higher probability of having a place of one's own relative to the other two categories. Receiving the minimum social income (RMI) has no significant effect when persons with accommodation are compared with the others. Having other sources of income—aid from agencies, family and friends, passers-by—often of a piecemeal nature, is linked to a lower probability of having one's own accommodation. Receipt of another social allowance is significant for having one's own accommodation only relative to those who have never had any. Receipt of lone parent allowance (API) or family allowances increases the probability of having had and lost one's own accommodation, but does not significantly distinguish those who have never had accommodation of their own and those who have any at present. People accompanied by children are either rehoused in conventional housing and stop using meal distributions so that they exit the survey population, or are housed by a support agency, which in the present context puts them in the “no personal accommodation” category.

Income from work had a significant effect in an intermediate model including only the control variables and those for work and education, but this effect vanishes when the other variables are introduced. Having ever been in a job for more than six months (in contrast to those who have done mainly seasonal work) increases the probability of having accommodation of one's own relative to those who have never had any but is not statistically significant for distinguishing those with housing from those who have lost theirs. The probable explanation is that access to housing, whether at present or in the past, corresponds to a more stable employment trajectory, even when it is broken by retirement or illness.

Last, compared with having no qualifications, having a high-school diploma or higher qualification is linked to an increased probability of having accommodation relative to the two other situations, while the probability of having had and lost accommodation is increased by a lower-level qualification.

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Influence of early-life events and the legacy of social background among users of services for the homeless

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Links are possible between events experienced during childhood and adolescence, the family of origin context, and the current situation of people using services for the homeless. Here they are studied in relation to the actual and potential resources (“capitals”) available to these people to see how, over and above the contingencies of individual life courses, any structural effects are operating. The influence of these events and of the different types of capital is studied through three characteristics that social welfare professionals identify as important: being in employment, recent experience of physical violence, and recent application to local social services.

Stressful events experienced in childhood have an impact on two of these characteristics. The probabilities of being a victim of violence and of having applied to social services are modified by family violence, statutory care or fostering, early loss of a parent, and family poverty. Educational, social, economic and health capitals influence the probabilities of being in work and of having applied to social services.

The effect of the respondents having spent time in foster care during early life on the two characteristics mentioned remains after controlling for the other events it is associated with. In the sample considered, a history of care is associated with family violence and serious illness or early death of a parent, but also with financial problems in the family of origin. These findings must be treated with caution since the study does not include a control sample.

There is a large literature showing that traumatic events during childhood and adolescence are inseparable from social stigma, and that the psychological and social realms are tightly interwoven. First, these “serious family events” are not independent of the socio-economic context, and second they influence the development of relations with authority and institutions, weigh upon understanding and perception of the social world via cognitive structures and organizing principles, and undermine the self-esteem of social agents while adversely affecting the resources they control. Sociological analyses have drawn out the links between hardship in early life and adversity in adulthood. These life-history aspects are particularly important when studying homeless populations since people who experience distressing events during childhood and adolescence are more likely to find themselves with no permanent personal accommodation in adulthood (Bassuk et al., 1997; Herman et al., 1997; Marpsat and Firdion, 2000a; Shinn et al., 1991; Susser et al., 1993). So: what influence do particular life-history events have on the current situation of homeless people and, setting aside the contingencies of individual life courses, what structural effects are operating ?

Among the events that occur during childhood and adolescence, statutory care or fostering (out-of-home placements)¹ deserve particular attention. Individuals who have spent time “in care” are heavily over-represented in the homeless populations (estimated at 23% in this INSEE survey, compared with 2% in the general population). The same phenomenon is observed in other western countries, including the United States, Canada and Great Britain (Firdion, 2004). Studies conducted in North America have shown an association between spending time in care in early life and social disadvantage in adulthood (Herman et al., 1994; Koegel et al., 1995; Mangine et al., 1990; Zlotnick et al., 1998), and observations in France confirm this, particularly for young people (de Gouy, 1996; Frechon, 2001; Marpsat and Firdion, 2001). The question thus arises of the possible link between time spent in care during childhood and a specific vulnerability of these “foster children” when they reach adulthood. Young people leaving social services care face a difficult adjustment, since although they gain statutory independence at age 18², not all these young adults are economically independent and not all receive support from their family, which may no longer exist or with which they have little or no contact. At a time when jobs and low-cost housing are scarce, they find it singularly difficult to achieve economic and residential independence. For the most vulnerable individuals this can result in a transitional phase of marginalization. The question addressed here is: among the homeless, do people with a background in care differ from other users of support services, and if so, in what way ?

The study of these individual elements will enable us to examine phenomena situated at the collective or structural level. Thus, vulnerability to illness and death is unevenly distributed across social groups. Situations of economic insecurity and economic stress take a heavy toll on the physical and mental health of parents and children alike, partly through the effects of deprivation and deficiencies but also through the effects on relations with the health care system,

¹ Children under 18 may be fostered or placed away from their family as the result of an administrative or court decision on grounds of child protection. In this case the young person is “fostered” in a family, a children’s centre or a collective institution, such as the children’s social houses and children’s homes, and becomes the financial and administrative responsibility of Children’s Social Services (*Aide Sociale à l’Enfance*, ASE). Except for emergency cases, a child cannot be placed in care without the agreement of its family or a judge. A child that has no legal parent (orphan, abandoned) can be placed in care by a decision of the Family Council for Wards of the Nation.

² Or at least, the transition to independence must be completed by age 21, since the Young Adult Allowance (*Allocation Jeunes Majeurs*) can be paid between ages 18 and 21.

on personal health behaviours, and on access to statutory rights (Chambaz and Herpin, 1995; Chauvin and Lebas, 1998; Dally, 1997; Goldberg et al., 2003; MacLeod and Shanahan, 1993; Menahem, 1992). In such a framework, mental health disorders can be viewed both as pathologies and as a form of adaptation to difficult living conditions (Bresson, 2003; Snow, 1986). Thus the health status of a social agent depends on the history of his or her health capital—that is partly innate and partly acquired—in a given social context and, depending on its quality, may or may not constitute a resource. The deployment of such a resource is complex. In the case of homeless populations, a poor state of health can be an asset for getting priority access to particular accommodation services (for a medium-term stay, such as nursing beds) but at the same time be a handicap for finding employment (especially an unskilled job requiring physical strength). Thus analysis must take the different contextual elements into consideration.

This study takes as its theoretical framework the concepts of “capitals” (an aggregate of useable resources and competences) and “fields” (with specific properties and logics) developed by the French sociologist Bourdieu (see Box 1). He based his approach primarily on cultural rather than economic capital, but he also looked at the positions of the agents in social space as a function of the structure and distribution of different types of capital, and notably the scarcity that characterizes some of them (Bourdieu, 1997, p.161). The structure present in the social space influences the social agent’s choices and strategies for acquiring a type of capital, compensating for its absence or, on the contrary, favouring its scarcity. Studying the capital endowments of agents gives a clearer understanding of the observed differentials in behaviour and situations.

Box 1

A “capitals” and “social fields” approach

For Bourdieu (1984), “fields appear as (...) structured spaces of positions (or posts) whose properties depend on their position in these spaces and that can be analysed independently of the characteristics of their occupants” (p. 113); a field is defined by “specific stakes and interests, which cannot be reduced to the stakes and interests particular to other fields” (pp. 113–114). Power and dominance are exercised within each field by controlling the capital specific to that field. The mechanisms of these fields can be taken to apply to some of the capitals specific to the social welfare universe: “The specific logic of each field determines [the attributes] that command value in the market, that are relevant and efficient in the social play considered, and which, in relation to this field, function as a specific capital and, in that way, as an explanatory factor for practices” (Bourdieu, 1979, p. 127). These forms of capital are unequally distributed between different social categories.

What resources or “capitals” can users of services for the homeless command in their relations with welfare agencies, members of the general population they encounter in the street, and others in the same situation as themselves? It is possible to distinguish five forms of capital :

- *Physical and mental health capital* (a complex capital for although a failure of health capital leaves the individual without resources, when recognized by a welfare agency it can create an entitlement to services or benefits, e.g. in the case of work-related injuries, allowances for disabled adults) ;
- *Social capital* (capital related to possession of a social network that individuals can mobilize in their strategies) ;
- *Educational and labour market capital* (the latter in the sense of accumulated work experience) ;
- *Economic capital* (paid employment, welfare payments, unemployment benefits, etc.) ;

- *Symbolic capital* (is a positive value attached to the person and acknowledged by the social group in which he or she lives, i.e. by persons not necessarily in the same situation, such as welfare professionals; this resource is convertible into economic or material resources when it creates entitlement to a benefit or service, in the case of a pregnant woman for example).

It might seem paradoxical to apply this theoretical framework to persons who are capital-poor and who often feel powerless faced with their difficult living conditions. Certainly their involvement in playing the game of life is limited, and the strategies developed to address the stakes of this field are severely constrained. However, notwithstanding an extremely short time horizon, the demands of day-to-day existence lead these social agents to make choices, deploy their capitals (however fragile and limited) and elaborate strategies. They do not constitute a population category inhabiting a separate social world, even though the stakes and some of the capitals in play are specific to the field of social action (a specificity that could as well be framed differently for other, more traditional fields).

Let us return briefly to *social capital* as described by Bourdieu. Certain aspects of this concept have been criticized. It can be considered a capital in that it is durable (despite transformation of the forms of social regulation currently tending to undermine all statuses) and can be transmitted (two of the defining characteristics of a capital), but to see it as resulting from a sacrifice (of time, energy, etc.) to procure a future payoff is more problematic (Sobel, 2002). This criticism, however, rests chiefly on the notion of "sacrifice", since inputs of time and in some cases of resources are always needed to maintain or boost a social capital, which in this respect is fully comparable with other forms of capital.

For Bourdieu, "social capital is the aggregate of the actual or potential resources which are linked to possession of a durable network of relationships (...) or, in other words, to membership of a group, as an aggregate of agents who not only possess common attributes (...) but are united by permanent and useful connections. These connections (...) are based on exchanges that are inseparably material and symbolic and whose initiation and perpetuation presuppose recognition of this proximity. The amount of social capital possessed by any given agent thus depends on the size of the relational network he or she can actually mobilize and on the amount of capital (economic, cultural and symbolic) possessed individually by each of those to which he or she is connected" (Bourdieu, 1980, p. 2).

This differs from the approach to human and social capital currently favoured by the OECD and that derives largely from the work of Coleman and Putnam. For these authors, "Social capital refers to features of social organization, such as networks, norms and trust, that facilitate coordination and cooperation for mutual benefit" (Putman, 1993), and "Social capital is defined by its function. It is not a single entity but many entities with two elements in common: they all consist of some aspect of social structures; they facilitate certain actions of actors within the structure", Coleman, 1988). This approach emphasizes the independent play of the "social actors" but limits consideration of the social context to interpersonal relations: "social capital inheres in the structure of relations between actors and among actors. It is not lodged either in the actors themselves or in physical implements of production" (Coleman, 1988, p. S98). The social actors in this perspective remain social actors who are "acting independently, and wholly self-interested [with] a principle of action: (...) that of maximizing utility". So these authors emphasize the role of trust and cooperation, while skating over power relationships, the internalized habitus, and also over social inequalities in both the original endowment of social capital and the processes by which it is acquired and maintained. The notions of social justice developed by Rawls and Sen, for example, are absent from the articles and books of these social capital theorists. According to Putnam, "the central idea of social capital, in my view, is that networks and the associated norms of reciprocity have value. They have value for the people who are in them, and they have, at least in some instances, demonstrable externalities, so that there are both public and private faces of social capital. I am focussing largely on the external returns, the public returns of social capital, but I think that is not at all inconsistent with the idea that there are also private returns" (Putnam, 2001).

Criticisms of this theory of *social capital* focus on the definitional vagueness and its low explanatory value for social change (Ponthieux, 2006). Another serious criticism concerns the danger of circular reasoning signaled by several authors, such as Lin (1995) and Ponthieux (2002). This "functional definition leads to circular reasoning, where the outcome is the proof of the resource" (Ponthieux, 2002). At times, for example, Putnam and Coleman explain wealth in human relationships by the individual's capacity to establish lasting relationships, which in turn is measured by the number of existing human relationships. Ponthieux (2006) has pointed to the imprecision that surrounds the effects of social capital. For Putnam, as seen above, the benefits are felt mainly at the group level, through a "mutual benefit", and for Coleman more at the individual level, through the promotion of well being as it were. Furthermore, everything appears to depend solely on the strategy of the social actor, while omitting the economic constraints that limit choice (it is known that economic stress is an important factor of residential instability, and that choice of school is not unrelated to

the family's social characteristics), the habitus of classes (which modify the universe of the possible and conceivable), the logics particular to the field under consideration.

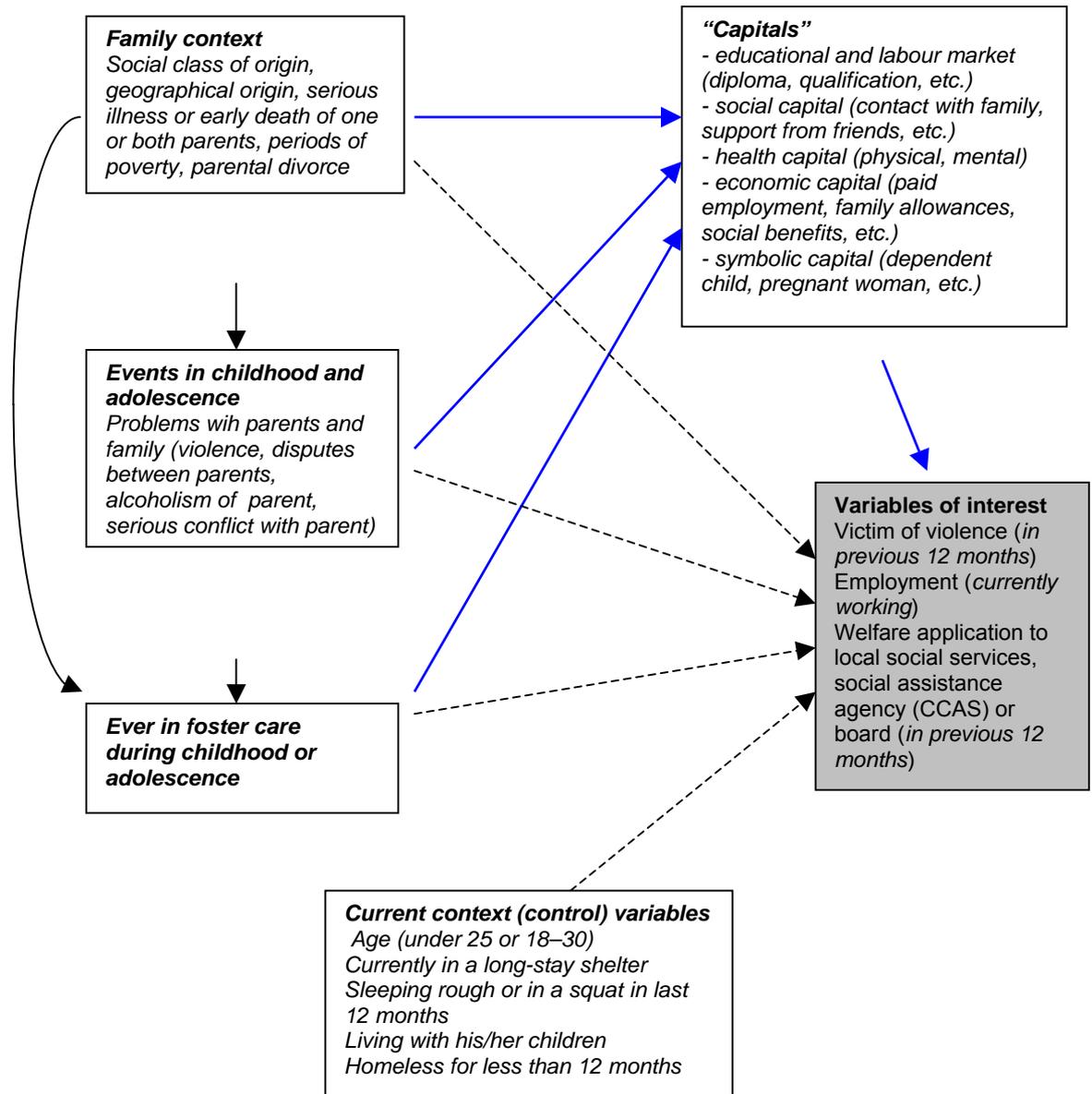
As far as we are concerned, it seems to us that a definitional and conceptual problem arises over measurement of the mutual benefits from cooperation between homeless people and their families or other social actors. By principle the authors view growth in the number of relationships in a positive light. Yet one homeless person may have numerous contacts with "colleagues" encountered in shelters and soup kitchens and be socially marginalized, whereas another one who has a temporary job (sweeping up dead leaves in a private property) may have fewer contacts but be socially more integrated. What makes the difference, it seems, is less the number of relationships than their nature and intensity. Many other criticisms could be directed at applications of this concept to homeless people (the micro and meso levels are not considered in their entirety, and the macro level is absent). But above all it must be noted that this approach gives no place to the biographical aspect of the individual, whereas in our view this is an important aspect for consideration in the study of the homeless. Moreover, a number of writers have pointed up the difficulty of its application to populations subject to processes of social exclusion or social segregation (see for example, Taylor, 2000). To the present writer it seems that this mode of analysis harks back to a goal of improving personal well-being without attending to the socio-economic organization of society, dreaming of a universe of trust and cooperation devoid of social tension and conflict. Is this not, as Bourdieu puts it, "a fairy-tale vision of the world"?

To see how this distribution of the types of capitals is organized it must be situated in the "field" of their action (where they are evaluated and deployed). Here this is the field of support for destitute persons and of social action on their behalf—the "welfare-bureaucratic" field (Damon, 2000)—a social space structured by relations of force and specific stakes. This is where certain types of capital come into play for accessing certain goods (such as hostel or shelter places or meals), and that can also combine and be converted into another type of capital (a woman with a child will benefit from a high symbolic capital that facilitates access to long-term care provisions) or cancel out (the symbolic capital in the previous case is reduced if the woman has earnings from prostitution). Conflicts occur with the aim of excluding certain categories of persons from the field (for example, young people from Eastern Europe) or modifying the hierarchy of those being "helped" and that of their "helpers".

Treating these homeless people like other members of society, i.e. in conjunction with their resources and not uniquely in terms of deficiencies or shortcomings, seems to us important when one wishes to contribute to improving prevention policies and social action destined for them, and when one eschews a "miserabilistic" approach centred on personal deprivation (see Marpsat and Firdion, 2000b, pp. 292–296).

Three groups of variables summarize aspects of the childhood and adolescent context of the respondents (family background, events experienced, foster care history). A fourth group attempts to characterize the capitals of the respondents (see Figure 1). Variables relating to the present context are used to control for and neutralize certain structural effects. The last group contains the variables to be explained, which are examined to estimate the influence of events, family context and capitals.

Figure 1
Relations between the explanatory variables and the variables of interest



The family context of survey respondents

Having a foreign-born parent informs on the existence of a particular cultural context transmitted by the family and on possible difficulties such as identity loss, cultural integration, effects of ethnic solidarity. (Table 1). Care is required when characterizing the respondent’s social origins since many homeless people have modest social origins, making it difficult to use this as a discriminating variable for the study of situations within the survey population. On the other hand, it appears worthwhile using it as a control variable, and we systematically include it in the regressions. The variable representing social origin is based on the socio-

occupational category (SOC) of the father (or of the mother if the father was not economically active) at the time of the respondent's schooling. This information cannot be used to characterize the respondent's current socio-occupational position but it is indicative of the context in which he or she was brought up. Manual worker is the only category introduced into the models since the other SOC of parents are less frequent and can raise interpretation problems in the case of parents working abroad. Some categories (in particular employees and shopkeepers) do not correspond to an identical social status in France and in the developing countries. The manual worker category is interpreted versus all the others, so the problem is not eliminated, but we consider that by this means a social status more disadvantaged than the others (whether employees, shopkeepers, etc.) can be identified.

Table 1
Family context variables

	Proportion of respondents experiencing the situation (per cent) by sex	
	Men	Women
Father born abroad	25.2	30.0
Mother born abroad	22.6	27.9
Respondent born abroad	11.5	13.5
Serious illness/disability/accident, father	20.7	20.8
Serious illness/disability/serious, mother	18.7	21.2
Major financial difficulties during youth	33.0	44.4
Long-term unemployment, bankruptcy of parent	12.6	17.6
Parental divorce/absent parent	25.8	32.4
Respondent lived with both parents at age 10	57.0	61.1
Manual worker parent	43.6	45.1
Number in sample	1,940	1,087

Interpretation: 30% of female respondents reported having a father born abroad.

Population: French-speakers (users of support services) born in Western Europe or of French nationality or who entered France before age 17 (weighting for an average week, n = 3027).

Source: Survey of users of accommodation or hot meal distribution services, INSEE, January 2001.

Elements from the family context may have caused the respondents to experience distress during childhood or adolescence (divorce, illness, economic stress), thereby influencing their outcomes in adulthood. The same elements may also be associated with other characteristics from the past, such as time in care or family conflicts.

Events during childhood and adolescence

These events are generally occasional in character and less often persisting than the family context elements. The observed prevalences are higher than in the general population, which is consistent with results from studies on disadvantaged populations: more orphans (Monnier and Pennac, 2003), more violence and alcohol abuse in families, notably due to insecurity and economic stress (Berthod-Wurmser, 2002; Conger et al., 1990; Dally, 1997; Jaspard et al., 2003a; Poulton et al., 2002). Having a parent in prison is too rare for inclusion in the regressions estimated.

Care placement

When studying the effect of being in care or fostered (see Box 2 and Table 2) during childhood and adolescence on well-being later in life, it is difficult to separate out what is attributable to the placement per se and what to the circumstances that have preceded, caused or followed it. In addition, the probability of having spent time in care is also linked to the social status of the family of origin and to its degree of poverty (Naves and Cathala, 2000; Rollet, 2001; Susser et al., 1993). The motivation for placement may be primarily economic when it is believed that removing the child from its family will protect it from potential dangers (such as domestic accidents, bad housing, an adverse social environment) and that the foster home or institution will offer better living conditions (food, clothing, educational support). For this reason the “ever in foster care” variable is studied while controlling for its association with the other variables characterizing childhood and adolescence events, as well as the family context (see Appendix, section C).

Table 2
Events during childhood and adolescence

	Proportion of respondents experiencing the event (per cent) by sex	
	Men	Women
Mother or father died before respondent aged 18	21.5	16.1
Serious disputes/conflicts between parents	35.2	47.2
Violence in family	28.1	37.5
Alcohol problems in family	27.7	31.7
Parent in prison	6.5	9.5
Serious conflict with a family member	32.2	40.4
Foster care (foster family, children's home, residential facility)	28.1	32.3
Number in sample	1,940	1,087

Interpretation: 21.5% of male respondents reported that their mother or father had died young (before respondent aged 18).

Population: French-speakers (users of support services) born in Western Europe or of French nationality or who entered France before age 17 (weighting for an average week, n = 3027).

Source: Survey of users of accommodation or hot meal distribution services, INSEE, January 2001.

Box 2

Foster care

Foster care (or out-of-home placement) corresponds to a wide variety of real-life situations. No more than the homeless do young people with a background in care form a homogeneous group possessing a common history in terms of timing (placement during childhood or adolescence) or itinerary (single or multiple placement) or of the reasons for their placement (abusing home environment, substandard housing, family poverty, etc) (Frechon, 1997; Jacob et al., 1998; Mailat, 1999). The prevalence of a care background is higher among young homeless people than among older homeless adults. Close to 40% of young homeless people have experienced a placement in a residential home or foster family or in a specialist institution (37% of men aged 18–30, 41% of women aged 18–24), compared with one quarter of the over-30s. This estimate is far in excess of the 2% of young people with a history of care in the general French population (i.e. with tenant or owner-occupier status, Corbillon et al., 1988). It is also well above the estimate of 4% we obtained for the populations of five deprived areas with social policy programs in the Paris metropolitan area (Parizot et al., 2004).

In the INED survey of young users of services for the homeless in Paris and the inner suburbs (Marpsat, Firdion and Meron, 2000), respondents could indicate their age at first placement, making it possible to produce the distribution (of age at placement) by age and sex. A majority of the young men had spent time in care before age 11, especially respondents aged 16–19 (68%), while for female respondents this was observed at ages 20–24 (60% in care before age 11 compared with only 41% at ages 16–19). For the youngest (ages 16–19), it appears that placement before age 7 is relatively rare, though whether this is a cohort effect—brought about by a recent change in the practices of social workers and children’s judges—or a selection effect cannot be determined, since our information relates only to people with a history of care who are using services for the homeless in the Paris urban area. Sex and age differentials among people ever in care can be observed using data from the INSEE survey (see Table A). These show that placement durations were short (more often the girls) or long, and that placement occurred earlier (the boys in particular) or later (more of the girls).

Table A

Foster care placement during childhood or adolescence

	Proportion of respondents concerned (per cent) by sex	
	Men	Women
Placement	28.1	32.3
of which		
Long placement (over 2 years)	20.1	19.8
Short placement (2 years or less)	7.3	11.1
Early placement (before age 11)	15.7	12.9
Late placement (age 11 or after)	12.2	19.2
Number in sample	1,940	1,087

Population: *French-speakers (users of support services) born in Western Europe or of French nationality or who entered France before age 17 (weighting for an average week, n = 3027).*

Source: *Survey of users of accommodation or hot meal distribution services, INSEE, January 2001.*

This generational difference raises the question of changes in policies towards foster care within the child protection system. The number of children placed in care each year has shown a slight increase (+ 2.2% in the period 1995–1998, Naves and Cathala, 2000). Of the children placed in care, 44% are in collective accommodation (special education unit, children’s care home, children’s hostel, social and health-care unit, older adolescents unit). The 1990s saw a sustained fall in placements decided by the social service administrations, and increases in placements decided by the courts and in support measures within the family-of-origin (Naves and Cathala, 2000; Ruault and Callegher, 2000). The increase in the latter may reflect the special importance the child protection system attaches to maintaining children in their home environment (Ruault et al., 2001). When interpreting the small growth in annual numbers of child placements, allowance must be made for the effect of demographic change (fewer children means fewer potential candidates for placement) (Audirac and Rattier, 1996).

Childhood placement is less frequent among members of the older cohorts (aged over 40) in the surveyed population. This could be a cohort effect, though the preceding comments provide no clear basis for identifying a change in placement practices. The hypothesis can also be made of a renewal of the population. Those from young age groups could have exited the target population (by finding their own accommodation, for example) and been replaced by older individuals, newly homeless, who have different family histories, notably as regards foster care. A final, less optimistic hypothesis is that in more difficult economic conditions for obtaining and retaining employment, the process of social marginalization has its greatest impact on the most vulnerable individuals (new entrants to the labour market, like young people, and persons who cannot easily call on family solidarity, like those who have spent time in care, etc.).

The phenomenon of a high prevalence of placements among young people in marginal situations, along with their difficult childhood experiences, lead us to consider the link between poverty and care placement, and the hereditary dimension of poverty. A study of social workers has shown that knowledge of the family’s poverty influences their decisions and hence the requests made to the children’s courts (Mailat, 1999), which bears out the conclusions of other works (Oui and Saglietti, 1993; Rossi et al., 1999). They believe that removing the child from its family will protect it from certain dangers and that the care home will provide it with better material living conditions. Reinforcing this view is the fact that psychological support measures or even psychotherapeutic actions can be put in place there to treat mental damage and traumas suffered by the young person

before the placement was decided. On the other hand, many of these professionals appear to attach no importance to the negative effects that may result from foster home living (consequences in adulthood of institutional dependence, poverty of affective relationships with tutors told not to become attached to the children, etc.) or to the possible impact on the child's relationship with its family (potentially discredited by a better material situation of the child in care, by the partial loss of parental authority, etc.). Some voluntary agencies point out that "all too often, one mistreatment replaces another" (Tcherkessof, 2003).

A recent report by the French General Inspectorate of Social Affairs (Naves and Cathala, 2000), while not naming the economic insecurity of a family as an explicit factor of risk for its children, notes that "the economic crisis and the new difficulties facing families have brought economic and social factors back to the forefront of child protection". In a general sense, the current economic context does not facilitate the transition to independent living for young people, who over the last twelve years have become a new category of the low-income population (Chambaz and Herpin, 1995; Vero and Werquin, 1997; Goux and Maurin, 2000). The recent rise in unemployment and the growing insecurity of unskilled or low-skilled jobs have made it much harder for them to achieve social integration, especially those from families of low socio-economic status (Clerc et al., 2002; Pommier, 2004). Delayed economic independence and the scarcity of accommodation result in young people being increasingly slow to leave the parental home. Thus the age at first departure from the parental residence has risen considerably since the 1970s, going from 21.5 years to over 24 years at present (Courgeau, 2000). These elements show the extent to which this phase of emancipation entails a high risk of marginalization for young people leaving the care system, who already have a long history of stressful events that may have affected their self-esteem and their capacity to cope with the difficulties of life.

Some young people experience placement as a haven of stability in which to rebuild their lives following a difficult period in a dysfunctional family (e.g. physical or sexual abuse, alcohol or substance misuse, deprivations); others experience it as a painful separation from their parents (precipitated by death, serious illness, imprisonment, loss of home, etc.) and suffer from emotional deprivation in the care institutions. While placement is not invariably synonymous with a "psychosocial stress" factor (Bauer et al., 1994; Corbillon et al., 1988), low educational attainment, attempted suicide and depression are nonetheless more frequently observed among these young people (Cheung and Heath, 1994; Finkelstein et al., 2002; Gadot and Tcherkessof, 2003; Pronovost et al., 2003).

Our survey of young homeless people in Paris (ages 16–24) confirmed the existence of an association between spending time in care as a child and reporting at least once suicide attempt (before age 18) especially for young women, although no causal relationship can be inferred. The proportion attempting suicide among young men (ages 16–24) ever in care was 33% against 24% of those never in care (52% against 25% among those aged 22–24), and 51% of young women ever in care (ages 16–24) against 34% of the others. This mental distress may originate in the events motivating the care placement itself, but may equally stem from poor living conditions in the hostel or foster family, or from the young person's failure to comprehend the placement decision and which leads to running away and suicide attempts (Provonost et al., 2003; Whiting and Lee, 2003). In the latter case, the placement can be traumatic for the child (who is not escaping from an abusing family) and for the family (which feels unjustly punished). A study in Quebec indicates that 54% of suicide-related events "concern more specifically the young person's refusal to accept the placement" (Pronovost and Leclerc, 2002).

"Capitals"

Educational capital is characterized by the acquisition, or not, of educational qualifications (general, technical or vocational) and by the fact of having difficulties ("sometimes" or "often") with literacy and numeracy tasks (see Table 3). This capital is known to be sensitive to the family's social situation since a persistent association is observed between poverty and low educational attainment (Goux and Maurin, 2000). Labour market capital corresponds to having the same job for at least six months (uninterrupted) and to having worked in total for at least one year. However, this labour market capital is difficult to use in the regressions since nearly everyone possesses some. The proportion for men stands at 83% all ages together, and at over 95% for the over-30s. For the

female respondents, rates of labour market experience are also extremely high among the over-25s (79%).

Table 3
The forms of capital

	Proportion of respondents experiencing the situation (per cent) by sex	
	Men	Women
No qualifications	34.1	39.8
General high-school diploma or higher	12.8	12.5
Literacy or numeracy problems	28.7	29.4
Worked for at least 6 months (consecutive)	82.7	63.6
Total employment duration 1 year or over	87.4	66.4
At least one contact (in month)		
... with parents	38.8	58.5
... with family	42.6	61.1
... with friend(s)	64.2	73.4
Living in a couple	8.5	17.8
In case of need respondent can count on help from		
... parents	11.3	17.4
... family	9.3	15.6
... friends	20.8	20.0
Health rated good or very good	51.0	46.7
Receiving allowance(s) or benefit(s)	61.5	73.3
Receiving family or lone parent allowances	1.5	39.8
Receiving income from work	31.6	26.9
Living with own child(ren)	5.4	43.2
Number in sample	1,940	1,087

Interpretation: 34.1% of male respondents report having no qualification.

Population: French-speakers (users of support services) born in Western Europe or of French nationality or who entered France before age 17 (weighting for an average week, n = 3027).

Source: Survey of users of accommodation or hot meal distribution services, INSEE, January 2001.

Social capital is measured by the frequency of contacts (over previous month) with relatives and friends, or by the support that can be obtained from them.³ Health capital is difficult to capture since we have no medical measurement or health register information, merely the respondents' reports. The question chosen was "how would you rate your current state of health?", and we used the first two response categories ("very good", "good") versus the others.⁴ A comparison with the incidence of the twenty kinds of illnesses or functional limitations measured shows that the number of people rating their state of health to be good or very good falls sharply as the number of illnesses reported rises, dropping below the 50% level for two illnesses reported and below one-third for three illnesses. Hence there is consistency between the perceived state of health and the reported health problems.

Economic capital is characterized here by the fact of receiving social allowances or benefits (minimum social income, adult disability allowance, family allowances, lone parent allowance, housing benefit, unemployment benefit, retirement

³ Social capital as understood here is intentionally close to that described by Bourdieu and is different from that of English-language sociologists, see Box 1.

⁴ This indicator characterizes a form of physical capital that is more pertinent than age, mentioned earlier (to which it is linked by a positive effect for men and women alike)

pension etc.) or earned income. Symbolic capital is difficult to measure in this survey and is limited here to the fact for a woman of living with her child(ren). This measure remains imperfect, however, since it should also include the cases—which are not identified—where the woman is pregnant (which confers entitlement to certain services and benefits and changes the way the woman views herself and is viewed by others).

Respondents' current life context

These control variables are used to take account of effects of structure that can distort measurement of the partial effect from other explanatory variables (Table 4). While age can sometimes be considered as a form of capital—for a young person it can constitute a “physical capital” provided that he or she is in good health—it is first and foremost a variable that explains the differences in the distribution of certain characteristics by effects of generation (the oldest people less often have qualifications) or of life cycle (time in care and the difficult transition to independence), or of both (young people are more likely to have a foreign-born father). We use only three age groups (we are working with relatively small numbers), so we define two dummy variables and use them to estimate the regression parameters for each of the first two groups in comparison with the third (Hardy, 1993; Hosmer and Lemeshow, 1989). For men these are the 18-30 year-olds and 31-44 year-olds (versus those aged 45 and over), and for women—as they are younger than the men in the sample—the 18-24 year-olds and 25-35 year-olds (versus those aged 36 and over). An age effect can thus be identified, which is not necessarily linear in nature. The age variable is introduced in the regressions (in the form of two dummy variables), in conjunction with social origin, so that the effect of the explanatory variables can be interpreted *holding age group and social origin constant* (while bearing in mind that our groups are broad).

Table 4
Current context

	Men		Women	
	Age groups	Respondents concerned (%)	Age groups	Respondents concerned (%)
Age	18-30	30.0	18-24	32.1
	31-44	36.9	25-35	34.5
	45 or older	33.1	36 or older	33.5
Currently in a long-stay shelter (more than 15 days)		44.8		66.3
No permanent personal accommodation for over a year		63.2		47.9
Slept rough or in a squat for at least one month in last 12 months		26.4		8.2
Number in sample		1,940		1,087

Interpretation: 32.1% of female respondents are aged 18-24.

Population: French-speakers (users of support services) born in Western Europe or of French nationality or who entered France before age 17 (weighting for an average week, $n = 3027$).

Source: Survey of users of accommodation or hot meal distribution services, INSEE, January 2001.

To characterize the current context we selected the fact of being accommodated in a long-stay shelter or hostel (permitted length of stay over 15 days). Accommodation of this type facilitates contact with social workers and, thanks to the work orientation programmes run in it, also makes finding a job easier.

The criterion of having no permanent personal accommodation for over a year is used to identify the people who have experienced this insecure situation for a relatively long time and who will have got beyond the phase of shock and “adaptation” and of seeking out places and people that give access to resources for sleeping, eating, etc., which follows loss of a home, and will have begun to organize themselves, developing survival strategies and routines of varying effectiveness. It is also known that being homeless for this length of time favours internalizing a deteriorated social status and places severe strain on social ties (notably those with the family), and that it risks confirming the individual concerned in a socially marginal position (Snow et al., 1996; Zeneidi-Henry, 2002). Another characteristic concerns the fact of having slept “mainly” in the street or in squats for at least one out of the last 12 months. This is an indicator of extreme social marginalization, and also corresponds to a higher exposure to urban violence for these persons. This situation may indicate a difficulty for these respondents in accessing temporary or longer-term accommodation, or a lack of resources that prevents taking a hotel room. However, it may also result from a desire for independence or from a rejection of care in the form provided by social welfare services.

Three variables of interest: “In a job”, “Victim of violence”, “Welfare application”

The distributions of these three dependent (i.e. to be explained) variables appear in Table 5. They are selected from three different domains and correspond to the preoccupations of social welfare actors engaged in the resettlement of socially marginalized people and/or of the homeless themselves. They are insertion through the labour market, experiencing violence, and contacting social welfare services. The first (employment) is of obvious importance both to homeless people and to the social agents who work with them. The second (being a victim of violence) concerns the safety problem that is a constant preoccupation for people in extremely marginal social situations (the problem can engender strategies to increase a safety capital but this population remains, in this field, particularly threatened). The third (applying for welfare services) more closely addresses the concerns of local social work actors about the profiles of the people who do not use their services.

Table 5
Variables of interest

	Proportion of respondents experiencing the situation (per cent) by sex	
	Men	Women
Current employment (including non-contract work)	29.4	26.4
Suffered violence (at least once) in last two years	29.2	50.0
Welfare application (to local social services, social assistance agency (CCAS) or board) in last twelve months	40.2	52.0
Number in sample	1,940	1,087

Interpretation: 26.4% of female respondents report being in employment at present.

Population: French-speakers (users of support services) born in Western Europe or of French nationality or who entered France before age 17 (weighted for an average week, n = 3027).

Source: Survey of users of accommodation or hot meal distribution services, INSEE, January 2001.

As regards the retrospective variables in particular, it should be made clear that we depend on the reports of the respondents. Even when consistency exists (and is observable) between the answers to similar questions, we cannot exclude effects of self-presentation, ex-post rationalization, and “family novel” construction, that may reduce the reliability of the data collected. However, this reservation concerning the reliability of these reports is tempered by the relative homogeneity of the population being considered in terms of social class.

Care placement in childhood and adolescence: family violence, parental health problems, family insecurity and poverty

Care placement is of particular interest on account of its link to future housing vulnerability and because it is strongly associated with other early life events. The logistic regression (see Table 6) of the “ever in foster care” variable enables us to identify which of the variables relative to family context and early life events are significantly linked to this event. The object, however, is not to identify the predisposing factors for being “put in care” for members of the general population, but to find which events and family contexts are linked to placement for users of support services for the homeless, so as to isolate an effect of placement per se for members of this population (see Appendix Section C).

Table 6
Ever in foster care during childhood
Results from logistic regressions

Men		Women	
Dichotomous variables	exp(β)	Dichotomous variables	exp(β)
Serious financial difficulties	1.355**	Serious financial difficulties	1.561**
Illness/disability/accident, mother	1.576***	Illness/disability/accident, mother	2.399***
Violence in family	1.970***	Violence in family	2.380***
Father born abroad	0.576***		
Manual worker parent	0.483***	Manual worker parent	1.146 n.s.
Age: 18-30	2.320***	Age: 18-24	1.909***
31-44	1.697***	25-35	1.354 n.s.
Wald chi-2	164.1***	Wald chi-2	104.5***
Degrees of freedom	7	Degrees of freedom	6
Numbers	1,901	Numbers	1,071

Interpretation: for male respondents the relative risk of having spent time in care during childhood is increased by 35.5% when the family experienced serious financial difficulties during the respondent’s childhood.

*** prob. < 0,001

** prob. < 0,01

* prob. < 0,05

n.s. : not significant

Population: French-speakers (users of support services) born in Western Europe or of French nationality or who entered France before age 17 (weighted for an average week, n = 3027).

Source: Survey of users of accommodation or hot meal distribution services, INSEE, January 2001.

Three factors, frequently mentioned in the literature, are identified as being associated with placement. They are: violence within family, parental illness or death, family in extreme insecurity. On these points, there seems nothing to distinguish homeless people who have spent time in care from members of the domiciled population who have experienced a placement.

What emerge therefore are the effects of family context (in childhood and adolescence) that increase the probability of ever spending time in care (for people using support services for the homeless). Some are present regardless of respondent gender. Thus health problems of the mother (illness, disability, serious accident) increase the risk of being placed into care by nearly 60% for men and this risk is more than doubled for women. Among the childhood events, there is a large effect for family violence, with a doubling of the risk for both men and women compared with those not experiencing it. The effect is even larger in the case of women (odds ratio 2.4). Sexually abusing families or violent parents may be implicated here, but also other forms of domination (by family members) more often exercised over females whose affective and sexual lives are subject to stricter control. The probability of ever spending time in care obviously increases with loss of the father or mother during childhood, but this variable is not included in the models as the prevalence is too low and the parameter estimates would be based on small numbers.

For the men in the sample, the fact of having a father born abroad reduces the probability of having been in care by close on 40%. The people of foreign origin in this sub-sample were however exposed to the “risk” of placement, since from among the respondents we only selected those born in France or who came to France during adolescence at the latest. There is no significant effect for the variable indicating that the respondent entered France before age 17, thus seeming to indicate that the length of time in France during childhood and adolescence plays no real role here. Nor is there any significant association between having a foreign-born father and experiencing a distressing event during childhood (with little difference in prevalence, except on alcohol-related problems, which are less numerous). Consistent with these findings, persons with a foreign-born father were more often brought up, at age 10, by both parents—whether they had been in care (41% vs. 21%) or whether they had not (74% vs. 69%)—than were persons with a father born in France. This may be an effect of differences by cultural origin in family strategies for coping with social or health-related problems, and/or a selection effect for the population (some of the persons put in care or “fostered” in their country of origin could have a lower probability of migrating at a young age or of becoming users of support services for the homeless). The effect is similar for women but is barely significant at the 5% level and was excluded from the regression on the principle of parsimony.

Growing up in a family experiencing economic uncertainty and poverty seems to increase the chances of placement during childhood and adolescence (among the adults of this sample, when context is held constant). Serious financial problems in early life raise the probability of having been in care for men by nearly 40% and for women by nearly 60%. We also observe that respondents, male and female alike, who report having a father who was economically inactive during their early years are almost twice as likely to have spent time in care. Conversely, male respondents with a manual worker father are less likely to have been in care (the odds for them is halved) even though disputes and alcohol abuse were more common in their family during their early life. This seems to indicate an effect of economic insecurity more than of any particular social status

(more or less disadvantaged). However, it must be emphasized again that these observations concern only one section of the people ever placed in care, those currently in a situation of extreme marginalization.

Being in employment at the time of the survey: the important role of educational and social capital

What are the effects of early-life context, for the members of this sample of homeless people, on the probability of being in employment at the time of the survey (whether or not this is an “on the books” job) when the capitals (as defined earlier) are taken into consideration and age and social origin are held constant (see Table 7) ?

Table 7
Currently in employment
Results from logistic regressions

Men		Women	
Dichotomous variables	exp(β)	Dichotomous variables	exp(β)
Contact with family (in last month)	1.899***	Contact with a parent (in last month)	2.302***
Difficulties with literacy and numeracy tasks	0.581***	No qualifications	0.484***
Reported health good/very good	2.357***	Receiving family or lone parent allowance	0.604**
No permanent personal accommodation for over 1 year	1.441**	No permanent personal accommodation for over 1 year	2.149***
Manual worker parent	1.179 n.s.	Manual worker parent	1.341 n.s.
Age: 18-30	1.741***	Age: 18-24	1.044 n.s.
31-44	1.440 n.s.	25-35	1.523*
Wald chi-2	153.4***	Wald chi-2	76.3***
Degrees of freedom	7	Degrees of freedom	7
Number in sample	1,851	Number in sample	1,073

Interpretation: for female respondents the relative risk of being currently in employment is 2.3 times higher when the respondent reports having had contact with a parent in the last month.

*** prob. < 0,001

** prob. < 0,01

* prob. < 0,05

n.s. : not significant

Population: French-speakers (users of support services) born in Western Europe or of French nationality or who entered France before age 17 (weighting for an average week), with the legal right to work.

Source: Survey of users of accommodation or hot meal distribution services, INSEE, January 2001.

When selecting the variables we were concerned to know whether the respondent was currently resident in a long-stay shelter or hostel, since these can offer work orientation programmes and in some cases provide the resident with a job (kitchen work, cleaning, caretaking, etc.). Moreover, the persons admitted to such accommodation are selected for entry on criteria such as original training, financial resources, lack of addiction, all of which are resources that facilitate returning to, or remaining in, employment (Marpsat, Firdion, 1998). This is in fact one of the variables in the regressions that is most strongly

associated with being currently in employment (odds ratios larger than 2)⁵. However, although being in long-stay hostel accommodation facilitates labour market success, the opposite is true too, notably because some hostel managers give priority in admission to homeless people who are in work so as to ensure a turnover of places, since these people have a strong chance of moving on quickly into ordinary housing (Soulié, 2000).

This explanatory variable can thus be assumed endogenous (see Appendix, section F), with biased estimates as a consequence. The regressions were therefore modified, replacing this variable by variables that were correlated with the fact of being housed in long-stay accommodation but that can be assumed exogenous: for men, being homeless for over a year, and for women, receiving a family allowance. By this means the effect of residence in a long-stay centre is taken into consideration, albeit indirectly and imperfectly.

Problems arise over two other cases. Some people report not having the right to work (even though we selected persons born in France or who had come into France at a young age), and others report being employed at their hostel or shelter *in exchange* for accommodation (which is difficult to treat as a job in the competitive sector of the labour market). We took the view that these were special situations that would inevitably distort our analysis. They are thus not included in the models (72 men and 12 women were dropped).

The results show that current employment is linked to social capital for men and women alike (actual contact in the previous month more than the fact of being able to count on a particular person for help). For men, the contact in question was with the family (90% more likely to have a job). Note that contact with friends also has a similar effect but to a lesser extent (barely significant at the 1% level, and from considerations of parsimony this variable was not included). For women, the association with employment comes through contacts with at least one parent (2.3 times more likely to have a job). These contacts provide emotional and material support and are evidence of relational skills, but they can also be a source of information (possibly of recommendations) and know-how concerning the labour market.

Educational capital is strongly associated with current employment. For homeless men, the fact of having literacy or numeracy difficulties reduces by 40% the probability of being in work (lack of qualifications is less discriminating since few of the oldest men have any). In the case of women, having no qualifications about halved this chance. So it appears that educational capital continues to play an important role even for a population with few qualifications and in low-skilled jobs.

Health capital has a large effect for men. Those who reported good health are 2.4 times more likely to have a job. This is explicable by the low-skill levels of their jobs (64% are manual workers, and 72% in the full sample, see de La Rochère, 2003), positions that can be assumed to call for physical strength and stamina. This seems to be corroborated by the fact that this factor has no effect for women, who occupy primarily positions as employees (the case for 72% of women with a job and for 77% in the full sample). Younger age (ages 18-30) increases the chances of having a job by 74% (compared with those aged 45 and over). This can be interpreted in relation to the worker's potential vigour and

⁵ This effect remains if persons reporting as tenants or owner-occupiers (most of whom are out of work) are dropped from the sample, when the odds ratios stand at around 3 (regressions not reported).

fewer health problems (men of ages 31-44 are “only” 44% more likely than those aged 45 and over), but it may also translate the reluctance of employers to hire older workers and correspond to subsidized jobs aimed at younger people. This physical health capital is all the more important given the faster deterioration of health (with age) that affects the homeless population (Firdon et al., 1998; Gelberg et al., 1990). In general, men give less priority than women to health, so when health problems are reported they are often acute or incapacitating, thus becoming genuine obstacles to finding (or keeping) a job (Ritchey et al., 1991). Conversely, this effect is absent for women, and among them the youngest are not the most likely to be in work. Women aged 25-35 are more likely to be working (effect significant at 5% level) than younger and older women, though this effect is mainly due to the very young women accommodated in mother and child refuges where the emphasis is not on job seeking (if these persons are not included the effect of age is no longer significant).

When the loss of the last permanent personal accommodation occurred more than a year ago, the probability of having a job is increased by 40% for men and doubled for women. A small problem arises over interpreting these results, as this category (loss of home more than a year ago) is constructed by reference to the categories of people who lost their home less than 12 months ago and of people who are still tenants or owner-occupiers. The regressions were thus re estimated, this time identifying the tenants and owner-occupiers (addition of a second dummy variable, so that the parameters estimated for these two categories can be interpreted versus the people who lost their home less than 12 months ago). In the case of men, the positive effect associated with being homeless for more than a year remains (significant at the 5% level) but the probability of being in work is increased by only 31% (relative to those homeless for less than a year), while for those who are still tenants or owner-occupiers (15% of the men) this probability is a third less (significant at the 5% level) compared with the same reference group. In the case of women, there is no significant effect for this group though since it is only half as large (8%) the estimates are fragile⁶.

When comparing the small chances of being in work for people who lost their home recently relative to those who lost it more than a year ago, this can be interpreted as the result of resettlement work by social workers with the homeless population, notably as part of the support provided in long-stay hostels. But this temporal effect is probably complex (it is especially marked for sample members aged over 25 or 30). For those who lost their home recently, this episode in their lives often follows job loss, or else the loss of somewhere to live has made it impossible to remain in the labour market, through an effect of competition between the immediate priorities of survival and the imperatives of the workplace (Gelberg et al., 1997; Snow and Mulcahy, 2001)⁷. As regards labour market position, therefore, this represents a difficult period (persons who lost their home less than 12 months ago are over-represented among the sample members unemployed for less than 12 months), which is made more difficult by conditions in the labour and housing markets and by the delay that occurs before gaining access to a long-stay hostel that is better resourced. In the 1990s, attention focused on two phenomena (operating consecutively or simultaneously) that together constituted a vicious circle: “No job, no home. No home, no job”. Today, in the light of the results from this and other studies (de la Rochère, 2003), a slightly different situation can be discerned. Around one-third of the persons are in work, in which case this is relatively recent, and more frequent among people

⁶ The result is not changed if women staying in women and child refuges are excluded.

⁷ Note that our sub-sample includes no one who had migrated to France in adulthood, notably for economic reasons, which would have added a cause of identity loss and legal authorization to work.

in temporary housing for over a year. But this employment still does not enable them to obtain an ordinary dwelling. This can be seen as a problem of housing market access arising from the shortage of low-cost dwellings, but also as an effect of the unstable and low wage jobs occupied, at a time when landlords are asking for ever more stringent guarantees.

It can be assumed that the men living in ordinary housing (as tenants, owner-occupiers, or doubled up with family or friends), are experiencing serious financial hardship related to not having a job (this is the case for 79% of them) and that they are in just such a period of marginalization as is likely to precede housing loss (more among them have contacted local authority social services, social welfare agencies, etc.). What is required for these persons therefore are measures to bring a minimum of stability to their housing situation (financial support to avoid eviction without rehousing or, if the debts are too large, access to long-stay hostel accommodation), as a first stage towards creating calmer conditions in which, supported by social workers, they can attempt to re-enter the labour market or recover the energy and motivation needed to participate in it (Snow et al., 1996).

In the case of women, a form of economic capital (receipt of family allowances or lone parent allowance in the previous month) appears to have a role since it reduces by nearly 40% the odds for being in work (we take no account of the allowances and benefits that are incompatible with having work, such as unemployment benefit or minimum social income). These two allowances are tied to there being one or several dependent children, and it is known that the presence of a young child is frequently an obstacle to employment for mothers (especially in cases of poverty and/or lone parent families). Having responsibility for a child is also a form of symbolic capital. Childbirth, the mother, child protection—are all categories that legitimize social welfare for women, particularly since the nineteenth century, so that being a woman can in a way be considered an advantage for benefiting from social assistance despite severe constraints (Marpsat, 1999). Note that the variable “accompanied by a child” was tested: its effect is similar though smaller (significant at the 1% level, regression not reported), which is explicable by the fact that in this case the woman may have a partner. This result shows the importance of these social benefits (lone parent allowance in particular) as resources for women in economic adversity, but it also points up the great vulnerability of these women when they experience housing insecurity (because of a violent partner, for example), since they then find it extremely difficult to achieve economic independence. This argues in favour of developing collective care provisions for young children that would continue to function even in conditions of housing instability. An analysis on these lines leads us to interpret this variable (receipt of family allowances or lone parent allowance) not as an exclusively economic capital.

Labour force experience has not been included in these regressions due to insufficient numbers, although statistical tests show it to have a significant effect (in favour of having a job) when we look at the youngest (aged under 25 or 30, since for the older ages the proportion with labour force experience exceeds 90%). The relative risk ratio for men is about 2 (regression not reported) and for women it is about 4 (regression not reported). As was done for the other models, we tested the influence of spending time in care during childhood, but no significant effect was found for either men or women.

In conclusion, the main points to emerge from studying the factors associated with currently being in work are the structural effects from educational and social capitals, the obstacle to employment that young dependent children represent for women, and the asset that good health or youth represent for male workers. It can also be affirmed that the current economic context (unemployment, scarcity of low-cost housing, recent changes to labour market regulations) seems to have negative implications for exiting homelessness, even when in a job. The variables linked to family context and early-life events are absent from these models. While they can be assumed to be not totally without effect on the probability of being in work at the time of the survey (through social and educational capital), they seem not to play any specific role in addition to the structural effects described.

Victim of violence in the last two years: an influence of childhood and family context

The INSEE *Sans-domicile 2001* survey contained a question on experience of violence in the last two years. Contrary to the results for employment, the salient variables this time are related to the respondent's childhood and adolescence and family context (see Table 8).

Table 8
Victim of violence in last two years
Results from logistic regressions

Men	exp(β)	exp(β)	Women	exp(β)	exp(β)
Dichotomous variables	exp(β)	exp(β)	Dichotomous variables	exp(β)	exp(β)
Problem of violence in family during youth	1.974***	1.997***	Problem of violence in family during youth	2.015***	1.944***
Father/mother died before respondent aged 18	0.647***	0.653**	Lives with one or more children	1.415*	1.418*
Sleeping rough or in a squat for at least 1 month in the last 12 months	1.657***	1.634***			
Foster care during childhood	1.385**	1.404**	Foster care during childhood	1.932***	1.801***
Serious financial problems during youth		1.007 n.s.	Serious financial difficulties during youth		1.080*
Illness/disability/accident, mother		0.907 n.s.	Illness/disability/accident, mother		1.470*
Father born abroad		1.159 n.s.			
Age: 18-30	1.520**	1.469**	Age: 18-24	0.689*	0.676*
31-44	1.113 n.s.	1.094 n.s.	25-35	1.016 n.s.	1.026 n.s.
Manual worker parent	0.982 n.s.	0.986 n.s.	Manual worker parent	0.995 n.s.	0.964 n.s.
Wald chi-2	107.3***	106.3***	Wald chi-2	60.8***	63.6***
Degrees of freedom	7	10	Degrees of freedom	6	8
Number in sample	1,891	1,888	Number in sample	1,067	1,063

Interpretation: for male respondents, the relative risk of having been a victim of violence in the last two years is nearly twice as high when the respondent reports having experienced problems related to violence in his family during childhood, and this estimate remains virtually unchanged when variables related to placement during childhood are introduced into the second model.

*** : prob. < 0,001

** : prob. < 0,01

* : prob. < 0,05

n.s. : not significant

Population: French-speakers (users of support services) born in Western Europe or of French nationality or who entered France before age 17 (weighting for an average week).

Source: Survey of users of accommodation or hot meal distribution services, INSEE, January 2001.

We know that having been a victim of violence is strongly associated with the probability of becoming homeless (Bassuk et al., 2001; Shinn et al., 1998; Wood et al., 1990), and that there is a link between poverty, unemployment and violence, whether perpetrated or suffered (Jaspard et al., 2003a; Mucchielli, 2001). In addition to physical and sexual violence, experience of symbolic and psychological violence (repeated humiliation, etc.) in childhood and adolescence may be reflected in later life by a propensity for confrontational situations, which function as revenge, or by recourse to violence, the weapon of the most deprived in society (Bourdieu, 1993; Broccolichi and Œuvrard, 1993). Besides the consequences for physical health, being a victim of violence also affects self-esteem, while exacerbating isolation, aggression and anxiety (Choquet, 2001; Singer et al., 1995) and undermining faith in institutions, which can only worsen the plight of socially marginalized populations (the poorer one is, the less one exercises one's right to redress).

These patterns are verified for the present population of users of services for the homeless. A history of violence in the family nearly doubles the likelihood of having been a victim of violence (irrespective of gender) in the last two years. This could reflect a lower level of support from the family (which, partly because of these conflicts, has been discredited or is shunned). This is verified notably for women with a childhood history of such problems, who have little (reported) contact with one parent in particular—the father for the youngest, the mother for those aged 25 and over—and other family members. Respondents more often mention non-family members—friends, in-laws, tutors—as potential sources of help when in need. Confirming this is the fact that for women “serious conflict with a family member” during youth also increases the risk of aggression (variable significant at the 5% level, not retained from considerations of parsimony). This sequence of violence in childhood followed by violence in adulthood is like that observed in the general population even though resilience is by far the most common case (Jaspard et al., 2003b). Doubtless because of past conflicts or familial deficiencies, such families are less able to fulfil a protective role (notably in relation to a violent partner), or supply mutual help and emotional support (that are important in cases of assault) when the person has reached adulthood.

For men, the fact of having lost one's father or mother during youth has a moderating effect (it reduces the risk of being assaulted by over one-third). This brings to mind the research of Menahem (2003) showing that loss of a parent at an early age has a protective effect for risk-taking and certain health problems in adulthood. The hypotheses put forward include an early development of modes of renunciation (experiencing the loss is a spur to moving beyond regret for one's family and helps those who come through this hardship to look to the future), and a process of idealization of the dead parent (possibly preferable to the image of a parent who is uncaring or violent or alcoholic). The early loss of a parent can also be an incentive to better personal health behaviours (with a higher propensity to consult a physician in adulthood, notably for preventive care), and to an early acceptance of the reality principle (earlier rejection of the unreal world of childhood). As can be seen, the hypotheses framed are based on psychological or psychoanalytical approaches and are consistent with research on resilience (Dumont et al., 2004). It is argued that the health effects derive from reduced somatisation and from attitudes towards prevention.

We observe a similar effect in the male population experiencing severe housing insecurity. It was verified that respondents who had lost their mother or father in

early life more often reported being in good or very good health⁸ and reported slightly fewer illnesses⁹, i.e. fewer depressive states, mental disorders, respiratory illnesses, bone and joint illnesses, liver and gall-bladder illnesses, major digestive disorders¹⁰. The link between physical and mental health and social integration has been established, and contributes to protecting against aggression and risky behaviours. This finding may be of help in making more accurate assessments of these persons' resources (notably in the approach of social workers), which contrasts with descriptions of these populations that focus on personal deprivation.

More predictable is the finding, again for men, that reporting having slept mainly "in the street" or in a squat for at least one month in the last 12 months increases the risk of having experienced an assault by 63%. Living in the street or in makeshift housing or squats is dangerous. Fights break out without warning, and assaults by strangers, security and law enforcement personnel are not rare. Despite these persons' meagre possessions, theft is a common occurrence, as are aggressive attacks by fellow rough sleepers (even by a friend who has been drinking, with distressing consequences for the victim). The tensions between homeless people are tangible in the soup kitchens and in the emergency shelters, where they lead to outbursts and insults and to brawls, often in connection with disagreements arising from life on the street.

On this factor, youth is no longer an asset for men but on the contrary increases vulnerability (a 47% excess risk for those aged 18-30), both through involvement, whether willing or unwilling, in fights and through risky behaviours (being in certain places at certain times, challenging peers, seeking confrontation, etc.). This is also in line with the classic studies of male violence that show its frequency declines with subject age. Women are more likely to be victims of violent partners, and in their case a young age has a protective effect since living with a partner is less common then. The same phenomenon (domestic violence) probably explains why living with young children increases by over 40% the probability for the woman of having been a victim of violence in the last two years. This variable is correlated with the woman reporting that she left her last housing due to violence against her or her children (of the women who gave this as the reason for leaving their last dwelling, hardly any were living in a couple at the time of the survey: none at ages 18-24, 4% at age 25 and over).¹¹

An effect for being in care during childhood is observed for both men and women, with the risk increased by 40% for the former and nearly doubled for the latter. This effect remains significant when the variables linked to care placement are introduced into each regression (see column two of the parameter estimates, for men, in Table 8), so this risk indicator is present after controlling for the other effects of early-life context. This does not mean that all foster care facilities for young people are factors for violence. First, our study does not cover everyone who has ever been in care. Second, some facilities, like the "children's villages

⁸ When netting out the effects of age, having a seriously ill mother or father during childhood, having had serious conflict with a family member, having been a victim of violence in the last two years, having a manual worker father ($\exp(\beta) = 1.367$, $\text{prob} = 0.0070$).

⁹ Student's test between these two variables is significant at the 1% level, but when age, having suffered an aggression, spent time in care, experienced violence in the family are taken into account, the influence of parental death on the number of illnesses reported is no longer significant (linear regression, $\beta = -0.17$, Student's test probability = 0.1771). Conversely, the effect is significant for some illnesses.

¹⁰ The effect is significant (at the 5% level), after controlling for age, being a victim of violence, having a seriously ill parent in childhood, experiencing violence in the family or a serious conflict with a family member depending on the illness, or having experienced alcohol-related problems in the family during youth.

¹¹ The results remain valid if women in women and child centres (244 individuals) are dropped from the sample, except the age variable that ceases to be significant.

("*villages d'enfants*") introduced into France by two voluntary associations, seek to recreate a family atmosphere in small living units, providing a framework in which emotional support by professionals is encouraged and valued. This approach is also found in other facilities (children's social houses, living places) that take small numbers of young people and have a large complement of tutors. In some institutions and foster families, however, the rules of neutrality prevail, depriving the young people of affective relationships and inhibiting the expression of unhappiness related to the violence of other young people or of adults. A childhood spent in a context where feelings count for little and where every relationship between peers is a trial of strength, also prevents the individual from learning non-violent ways of resolving tension and conflict and from acquiring pro-social skills, with higher levels of violence perpetrated or suffered as a possible adult outcome (Dumont et al., 2004). These learning processes are facilitated by a "genuinely affective attitude" (Tomkiewicz, 1999) on the part of professionals (tutors, therapists, etc.), not by one of distant neutrality, even when this is "benevolent" in intent.

Observing the effects according to the differences in the timing of care placement, we note that placement at a young age and long-term placement have significant effects for men (regressions not reported) while for women the largest effects are from placements that are short-term or at older ages, i.e. during adolescence. In addition, being placed in care may be a traumatic experience that damages the young person's self-esteem (Pronovost and Leclerc, 2002). Self-esteem is a major protective factor against depression but also against risky behaviours and violence. It is suggested that young people who have spent time in care have lower self-esteem than other young people from disadvantaged backgrounds (Pronovost et al., 2003).

The learning of techniques for non-violent resolution of interpersonal conflicts is extremely important in our view, and for men it is observed that coming from a large family (3 or more children) reduces the risks of violence¹². It is known that members of large sibling groups are faced from early on with managing the negotiation and compromise necessary for peaceful coexistence between siblings, and must sometimes assume responsibilities at an early age.

A combination of individual factors (living with one's children, having slept rough or in a squat in the last 12 months) and socio-economic factors (ever in care, violence in family, parental death) is found to have a powerful influence on the risk of having been a victim of violence in the previous two years. Here again, sex-specific regressions enabled us to study phenomena that are differentiated partly according to gender. Let us not forget that the risk of violence is greater for women than for men: in our sample it is twice as high when family context¹³, length of time homeless¹⁴, and age category¹⁵ are held constant.

¹² Regression not reported because insufficient observations in some cells.

¹³ Serious financial difficulties, serious illness of mother, violence in family, time in care, father born abroad.

¹⁴ Having no permanent personal accommodation for over a year.

¹⁵ Logistic regression not reported: Wald chi-2 = 232.9 with 10 degrees of freedom, the gender variable (0 for men, 1 for women) has an odds ratio of: $\exp(\beta) = 2.242$ ($p < 0.0001$).

Welfare application in last 12 months: for men, the influence of early-life events; for women, that of social and educational capital

The factors associated with welfare applications to a community centre for social services (CCAS) or municipal social assistance agency (in the last 12 months) vary sharply by gender (see Table 9).

Table 9
Welfare application in last 12 months
Results from logistic regressions

Men		Women		
Dichotomous variables	exp(β)	exp(β)	Dichotomous variables	exp(β)
Serious financial problems during youth	1.476***	1.435***	No qualifications	0.512***
Experience of violence in family	1.326**	1.290*	Contact with parents in last month	1.700***
No permanent personal accommodation for over a year	0.732*	0.734**	Victim of violence in last two years	1.791***
Foster care during childhood	1.256*	1.241*		
Illness/disability/accident, mother		1.223 n.s.		
Father born abroad		1.057 n.s.		
Age: 18-30	1.544***	1.543***	Age: 18-24	0.803 n.s.
31-44	1.594***	1.576***	25-35	1.153 n.s.
Manual worker parent	1.048 n.s.	1.052 n.s.	Manual worker parent	1.038 n.s.
Wald chi-2	81.6***	83.3***	Wald chi-2	55.6***
Degrees of freedom	7	9	Degrees of freedom	6
Number in sample	1,901	1,901	Number in sample	1,072

Interpretation: for female respondents, the relative risk of having applied for welfare in the last 12 months is nearly halved when the respondent reports having no qualifications (i.e. the risk of not having applied is twice as high in this case)

*** prob. < 0,001

** prob. < 0,01

* prob. < 0,05

n.s. : not significant

Population: French-speakers (users of support services) born in Western Europe or of French nationality or who entered France before age 17 (weighting for an average week).

Source: Survey of users of accommodation or hot meal distribution services, INSEE, January 2001.

In the case of women, having no qualification almost halves the probability of having recourse to local social services. The effect is similar though slightly smaller when using as variable an indicator of illiteracy, "occasional or frequent difficulties in literacy or numeracy tasks"¹⁶. So this is not only about a difficulty with form-filling, but may also be seen as the fear of symbolic violence, a genuine difficulty over presentation of a low-status self, plus distrust of the institution among women with painful experiences of failure at school (Paugam, 1991; de Queiroz, 1996). These women are not more frequently in long-stay hostels (where social workers can deal with benefit applications) but have, on the other hand, been homeless for slightly longer periods (which may explain why they have not had further contact in the last 12 months, this having already taken place to arrange for social aids and facilitate access to health care).

¹⁶ The odds ratio is: exp(β) = 0.673, p = 0.0079, regression not reported.

Experience of an assault (in the last two years) raises by 80% the probability of having made such an application. This highlights the important role of these services for women who are victims of violence and have little or no financial independence, as well as the great difficulties encountered by women fleeing a violent partner. The status of victim of violence can also be assumed to facilitate contact with social and welfare services (it lessens the risk of being blamed and is a more deserving image than that of unemployed woman). This effect would thus be linked to the different measures introduced to help female victims of violence by providing them with a more supportive and understanding response. Being in contact with one or both parents increases by 70% the probability of having contacted social services. This is a clear indication of the important role of family support in initiating welfare applications. Despite the deficient state of relations with a proportion of these families (as was seen for the case of violence), this is a major resource (often only one parent is involved), which shows the desirability of action to re-establish or maintain these ties (except when the family is dysfunctional). We note that women are more likely than men to have recourse to social services, after controlling for present context and early life variables.¹⁷

For men, experience of financial adversity during youth increases by 44% the chances of having applied to local social or welfare services in the course of the year. In this case, the respondent's primary socialization could have facilitated the application, through a kind of familiarity with this type of procedure (probably used by the parents when problems arose) and through knowledge of the workings of the welfare system. The fact of having lived in a family where violence was the norm increases this probability by nearly one-third. It is reasonable to think that for the individuals concerned, going through these trials in childhood and adolescence reinforces the sense of having less responsibility for their own destiny, i.e. a sense of there being an external locus of control over their life, which favours looking to outside agents for solutions to their problems. Among the over-30s, however, those having experienced these family difficulties are more often not in work and thus more likely to have recourse to social assistance, while at the same time they are unable (or unwilling) to call upon forms of help linked to family solidarity. Note that respondents having experienced violence-related problems in their family more often report illnesses¹⁸, which might have justified a more frequent use of the local social services to request medical assistance, but it was verified that reporting being in good health has no statistically significant effect.

Being homeless in the sense of having had no permanent personal accommodation for over a year reduces the probability of having contacted social services by almost one-quarter. For men who have been homeless for less than 12 months, this probability is increased by over 40% (though the tenants and owner-occupiers in the sample do not have a more frequent recourse than the people who have been homeless for more than 12 months, and this effect remains after controlling for a particular situation: living in a self-supporting community, e.g. Emmaüs). During the difficult period that follows loss of a home (when, as seen earlier, individuals are less often in employment), homeless

¹⁷ Logistic regression not reported: Wald chi-2 = 147.3 with 9 degrees of freedom, the gender variable (0 for men, 1 for women) has an odds ratio: $\exp(\beta) = 1.402$ ($p < 0.0001$), the variables are: age, length of time homeless, no qualification, victim of violence in last 2 years, family violence, having employment, manual worker parent.

¹⁸ Linear regression (GLM model), not reported, of number of illnesses, controlling for age and having been a victim of violence in the last two years ($\beta = 1.157$, $p < 0.0001$), being in employment, experiencing problems related to violence in childhood, having an ill or disabled father, manual worker parent.

persons more often turn to local social services for material aid. While it is known that people attending welfare offices are not always fully aware of the services they may be entitled to, we note that most homeless men take this step shortly after losing their accommodation. This effect is also sizeable for women, but significant only at the 5% level (and by the principle of parsimony we have not included it in the regression reported).

Last, men who spent time in care during their childhood have a higher probability (by nearly one-quarter) of having recently contacted social services (the effect is not significant for women). When the effects of the different forms of care placement are considered separately, we see that a long period in care (and thus at a young age) is the most favourable to current recourse to social services. Here again, a view of control as being external to the person could explain a propensity to look to institutions for solutions to any problems encountered, which would thus be a mode of adaptation linked to a family and institutional past (Pronovost and Leclerc, 2002). However, it must be noted that the social workers and tutors from children's social services endeavour, when necessary, to direct young adults who have been in care, towards the appropriate social services (when they become legally independent), which may therefore increase recourse to municipal social services when confidence in institutions has not been weakened (as seems to be the case for a majority of men though perhaps not of women, which would explain the difference). This effect remains significant when we consider the variables of early-life context associated with ever being in care.

These results suggest that for men the probability of having contact with local social services in the last 12 months is influenced by early-life events (serious financial problems, family violence, time in care). For women, social capital (contact with parents) and educational capital influence this probability. We see that the effects of context also play a role (becoming homeless over a year ago for men, being a victim of violence in the last 2 years for women).

The persistent influence of socio-familial antecedents

Certain socio-familial antecedents (including care placement) influence the variables we tested, taking into consideration the respondents' current context, and the types of capital that these users of support services for the homeless could possess.

For these persons experiencing extreme disadvantage, the influence of the mode of primary socialization and of family ties is found to persist into adulthood in various domains such as risk of violence and applications for social welfare. The effect of care placement is particularly noticeable for the risk of violence (both sexes) and for welfare applications (for men). These are major risk indicators, therefore. On the other hand, when we look at the probability of being currently in employment, and of applying for welfare (for women), the most important factors are those related to the capitals that the respondents actually control at present, whereas it might have been expected that the effects of these types of capital would be limited to the field of social action (the social agents who are its target all have very small endowments): good health, qualifications or literacy skills, social capital, are real assets. The effects of current context (being homeless for over a year) qualify these effects of social and familial legacy and of capitals. In

addition, at times we saw life-cycle effects appear (for care placement, for example).

As an alternative to approaches from individualistic (often deprivation-centred) and structural (often deterministic) positions, reasoning in terms of capitals and of socio-familial past arguably addresses the need for a more complex approach in which risk indicators related to the family (in its singular but also social dimension) and to the different forms of capital (more closely reflecting structural effects) are combined, and that takes into account the logic specific to the field in question.

This study has identified a number of strengths and weaknesses in the systems of social assistance and welfare that may provide pointers for their improvement (social care provisions for young children in spite of residential instability, evaluation of child placement and under-18s care policies, notably their affective content), but also for preventive policies (aids to avoid eviction from housing, measures to increase the supply of—and access to—low-cost housing, action to combat employment insecurity and early academic failure, better preparation of young people in care for the transition to independence).

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ANNEX

Methodology

A. Survey

The INSEE survey of users of accommodation or hot meal distribution services of January 2001 (or *Sans-domicile (Homeless) 2001* survey, for short, *SD2001*) includes specific questioning on selected stressful events during childhood and adolescence of the respondent (before age 18) and supplies factual information concerning this period (specifically the situation at age 10 but also educational career, date of first entry to France for foreign-born people, parental death where relevant and parental country of birth).

B. Dataset

The data relate to users of free meal and accommodation services in towns and cities with over 20,000 inhabitants in metropolitan France, and who for convenience we shall term *homeless*, although this population does not coincide exactly with a narrow definition of the homeless since some of these persons have accommodation in the hotel or rental sectors or are doubling up with friends or relatives (Firdion, 2005). However, the small minority who are tenants or

owner-occupiers are in extremely insecure social situations (unemployment, health problems, etc.)

The sample limitations suggest a subsequent extension of this research by means of a survey on the population housed in “ordinary” dwellings (in the INSEE sense of the term), including respondents with experience of these rare events in sufficient numbers to form a control sample.

C. Care placement

A degree of homogeneity in the observations relative to the particular situation of care placement is ensured by limiting attention to cases of placement in western countries (in other countries, conceptions of child protection vary widely, making a uniform definition of placement problematic). The sample is therefore limited to people who could ever have spent time in care in Europe during their childhood or adolescence, i.e. respondents are French nationals or citizens of another Western European country, or were born in or came to France before age 17. The sample thus restricted contains 3,027 individuals, of which 869 reported having spent time in care (532 men and 337 women).

This relatively small sample size limits the number of variables and modalities included in the regressions. Without a statistical survey on a housed population in which similar questions are asked about foster care (and similar family events) with a sufficiently large sample size relative to this event, rare in the general population, it is not possible to make a comparison between housed and homeless people. Given this limitation, our study seeks to explore how these events that have marked the past of service users and the presence or absence of certain types of “capital” are associated with the particular outcomes presented (being in employment, being a victim of violence, applying for welfare). Because of the large differences of population structure between men and women in this sample, the regressions are calculated separately for each sex.

It is clear that stressful events during childhood and adolescence are linked to care placement and are often what motivate this action, making it difficult to isolate them from each other. Yet American studies show that placement itself can have one or several effects—beneficial or adverse—on the individual placed in care. A distinction thus needs to be made between these two types of events that have their own effects (in youth and in later life). The data from this INSEE survey offer a rare opportunity to have both pieces of information for a relatively large population thanks to the remarkably high prevalence of care backgrounds among homeless people. This will allow identification of a possible link between such an event and current or recent situations and behaviours.

D. Logistic regression

The outcome (dependent) variables are dichotomous (the situation is experienced or not) and so we estimated logistic regressions. The explanatory or ‘independent’ (dichotomous) variables all concern more than 10% of the respondents, so as to avoid excessively skewed distributions (and hence cells—corresponding to the cross-tabulations of the variables in the model—that are empty).

A regression model (by sex) for childhood placement is first constructed using variables pertaining to the individual’s childhood (family context, age group, stressful events). Logistic regression is then used to estimate the probability of

having experienced a situation (for example, being assaulted in the last 12 months). If having spent time in care has a significant effect, the variables identified as “explaining the placement” are introduced into the regression and we see whether the significant effect of the “in care” variable remains. If it does, there is every reason to think that it is indeed the placement itself, not the events that precipitated it, which is linked to the variable being studied (variable of interest). Caution is still required, however, since unknown *confounding factors* (that are absent and/or not measured) can disrupt parameter estimation.

The results from a logistic regression are used to calculate the probability—*associated with the regression*—of an individual experiencing an event, the value of the variables included in the regression (so-called explanatory variables) being known for this individual. The parameters estimated for each of these variables measure the association between the occurrence of the event and the characteristic being considered. With this statistical tool it is possible to work with one explanatory factor for an event while treating as fixed the other characteristics included in the regression, especially age and social origin (the variable is then said to have a significant effect “all other things being equal”, i.e. while controlling its effect by that of the other variables in the regression). This analysis measures the effects of each variable individually and identifies the combinations of variables with distinct significant effects. It can, for example, be used to answer the following question: for a man aged under 30, does the fact of having experienced serious financial hardship during childhood increase the risk of spending time in a care home or foster family?

E. Odds ratios

For each model estimated, we will comment on the relative risk or odds ratio (the ratio of the risk of experiencing an event to that of not experiencing it) associated with each variable and that corresponds to exponentiation of the estimated parameter β , denoted $\exp(\beta)$, when it is significant (to at least the 5% level). Taking as example placement in childhood (Table 6), based on the results from the logistic regression, the probability of having spent time in care during childhood is :

$$p(Y=1) = \frac{1}{1 + e^{-\beta.X - \gamma.Z}}$$

Y is the variable indicating a placement in childhood (1 if yes, 0 if no),

X is the variable indicating that the family has had serious financial problems (1 if yes, 0 if no),

Z combines all the other variables included in the regression,

β and γ are the estimated values of the coefficients.

When the family *has had serious financial difficulties* during the respondent’s childhood, and since the presence of these difficulties corresponds to the case where $x = 1$, this probability becomes :

$$p(Y=1) = \frac{1}{1 + e^{-\beta - \gamma.Z}}$$

The probability of not having spent time in care is :

$$p(Y=0) = 1 - p(Y=1) = \frac{e^{-\beta - \gamma.Z}}{1 + e^{-\beta - \gamma.Z}}$$

For an individual who has spent time in care, the relative risk is thus written :

$$\frac{p(Y=1)}{p(Y=0)} = \frac{p(Y=1)}{1 - p(Y=1)} = e^{\beta + \gamma.Z}$$

In the same way, the probability of having spent time in care *without serious financial difficulties* in childhood is :

$$p(Y=1) = \frac{1}{1 + e^{-\beta.X - \gamma.Z}} = \frac{1}{1 + e^{-\gamma.Z}}$$

The variable X representing "serious financial difficulties" then equals 0

The probability of not having spent time in care when these difficulties are absent is thus :

$$p(Y=0) = 1 - p(Y=1) = \frac{e^{-\gamma.Z}}{1 + e^{-\gamma.Z}}$$

For a person whose family did not experience serious financial difficulties, the relative risk of having spent time in care is then written :

$$\frac{p(Y=1)}{p(Y=0)} = \frac{p(Y=1)}{1 - p(Y=1)} = e^{\gamma.Z}$$

So the odds ratio (the relative risk of having spent time in care *with* serious financial problems, divided by the relative risk of having spent time in care *without* such problems) is written :

OR "Serious financial problems"/"No serious financial problems"

$$= \frac{e^{\beta.X + \gamma.Z}}{e^{\gamma.Z}} = \frac{e^{\beta.X}}{1} = e^{\beta}$$

F. Multicollinearity and endogenous variables

Conclusions can be based on results from multiple regressions provided that the explanatory variables of the models tested are statistically independent of each other (Glantz and Slinker, 1990). When working in the social realm, many variables are interconnected and the *multicollinearity* problem often arises. Testing for these correlations is thus necessary to avoid imprecision in the estimates of coefficients and difficulties in interpreting the tested effects. One can choose a strict exclusion criterion (any correlation between two variables greater than 0.5 leads to excluding one of them, which is our position) or admit correlations below 0.9 (Glantz and Slinker, 1990). For the excluded variables it is sometimes possible to overcome this problem by transforming them (for example, reduced-centred variable).

An *endogenous* variable is a variable that is influenced by the same factors as the variable one is seeking to explain and that may influence the latter. When a multivariate regression includes such a variable, estimates of the effects of the different factors are biased and contradictory (Bound et al. 1995; Robin, 2000). This difficulty can be got around by replacing the endogenous variable by the residual of an exogenous variable that is strongly related to it (known as an *instrumental variable*) or simply by an exogenous variable that is strongly correlated without being endogenous (this was done for the variable representing long-stay accommodation in the regressions for labour market status).

G. Causality and risk factors

Although some of the events considered occurred earlier in the life of the respondents, we are careful not to interpret the findings in terms of causality or of “causal factors”. We cannot establish a direct causal relationship (in the sense of: one cause always produces the same effect) between a condition (for example, experience of violence in the family of origin) and an outcome (for example, not being in work). Social phenomena such as housing and labour market histories, social networks, etc. have several possible “generating causes”. These may act conjointly or in contradiction or be subject to circular causalities (in which each element acts upon the other without it being possible to attribute the initial effects to one or the other), and in some cases may be impossible to identify using data from a survey because the related questions are absent. Moreover, we are working only with the population of people using services for the homeless and consequently the effects of certain past events are considered for this population only, to the exclusion of the population domiciled in ordinary housing (in the INSEE sense). To speak of a causal relationship here would be excessive since the affirmation would be based on a biased sample (because not representative of the general population).

While the Durkheimian approach in sociology is based on the search for the “determinant” or “essential” cause of a social fact (from among the preceding social facts), such an approach must be nuanced when showing the effect of a characteristic (explanatory variable) on a situation or behaviour (variable of interest) in a multiple regression framework. In this kind of probability scheme, it is not a functional link that is revealed; the model obtained gives us the probability distribution that governs, for an individual belonging to a particular group (in terms of sex, age, social origin, for example), the variable to be explained. The results from the regressions can then be interpreted in a probabilistic perspective, on the lines of: a particular condition or a particular event (significantly) increases or reduces the risk of experiencing a particular effect or a particular situation. The factors that are studied here will be considered as *risk indicators* (risk being understood to mean the probability of a certain event occurring and not in the sense of a more or less predictable danger). We prefer this term to that of *risk factor* widely used in the scientific literature since the 1990s and which has produced controversy, particularly in the field of the human sciences, because of a tendency to treat social facts in a “biologizing” perspective that reduces social phenomena to the effect of individual characteristics alone and in some instances leads to blaming the victims (Peretti-Watel, 2004). In part related to its origins (in medicine and insurance), the notion of *risk* is thus applied to behaviours that have been labelled—in some cases carelessly—as negative or deviant. In fact, an analysis in terms of “risk” can lead to reasoning in terms of exclusion (equivalent to the medical notion of quarantine), confinement (deviance, delinquency), identification (to construct warning instruments in particular), prevention (chiefly at the individual level for health risks such as cardio-vascular diseases, though also at a *meso* level in the case of HIV infection, for example, or a macro level for industrial risks, Callens, 1996). Our decision to use the expression “risk indicator” is an attempt to distinguish our work from these approaches based on pathological modes of explanation and to situate it in a perspective of prevention.

Social contact and health in a situation of insecurity

State of health, use of healthcare, alcohol abuse and social networks among users of aid services

Patrick Peretti-Watel

The users of accommodation and hot meal distribution services are a very particular population combining insecurity and a variety of health problems. Contacts with family, close relatives and acquaintances are characterised by accumulated rather than differentiated interpersonal relationships. The interviewees can be distinguished according to whether contact is made frequently or infrequently, whatever the possible kinship relationships between the interviewees and the people close to them.

A significant relationship emerges between this accumulation of contact and perceived health: those who have the most frequent contact with close family and friends more often judge their health to be good or very good. More specifically, it seems that for people with a chronic or serious illness such contact may protect them against the risk of depression and, as such, it is the relative absence of contact with close relatives rather than the lack of close relatives to contact which is most harmful to the ill person. This suggests that it is best to prioritise a prognosis which encourages relationships with close relatives to help build personal identity and self-esteem.

Another aspect of the relationship between health and social contact has to do with recourse to healthcare, assessed here in terms of the specific case of dental care: the lack of a network of social contacts indeed proved to be significantly linked to a lower use of healthcare.

However, while the link between social contact and health which has often been explored in the literature is proved broadly correct here, we should add a caveat. Indeed, while it is very plausible that interpersonal links might have a beneficial impact on health, it is important to emphasise that they are not a panacea. In this study, only the number of contacts was measured, and not their quality: frequent contact is not necessarily “good” contact, and may possibly lead to pressures and violence.

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In an editorial in the *Revue d'Épidémiologie et de Santé Publique*, Claudine Herzlich (2003) recently pointed out that the question of the link between social relationships and health is very current, with the contemporary development of social epidemiology and the interest shown in public health to the notions borrowed from social sciences, but also very longstanding with, for example, the 19th century work of Villermé on social inequalities in death rates in rich and poor Parisian districts.

Historically, epidemiology first tried to link social issues and health from the point of view of the social differentiation of individual and, particularly, behavioural risk factors: for example, smoking, alcohol abuse, physical inactivity and an unbalanced diet are "risky behaviours" which vary in prevalence from one social category to another, and it is therefore to be expected that associated pathologies are also unequally distributed in society. However, this point of view only actually makes it possible to take into consideration a small percentage of social and health inequalities and, furthermore, it eventually only displaces the problem because it then remains to determine the reasons for the social differentiation of these types of "risky behaviours" (Goldberg *et al*, 2003).

Among the more recent approaches aiming to explore the genuinely social determinants of health, an alternative perspective entails examining interpersonal relationships, which are, in Claudine Herzlich's words, "the most social of social issues" (2003, p.378), in order to investigate their impact on health, in terms of more or less interchangeable notions such as "sociability", "social network", "social support" and even "social capital".¹ Much research has thus concluded that there is a significant correlation between the density and quality of social relationships on the one hand, and the morbidity and mortality of various pathologies on the other (see, for example, House *et al*, 1988; Kawachi *et al*, 1996; Berkman *et al*, 2000).

More precisely, from the 1970s onwards the work undertaken on these points by epidemiologists and social psychiatrists has suggested the hypothesis that good interpersonal relationships allow a person to better tolerate life's ups and downs (divorce, mourning, redundancy, etc) and prevent them from negatively impacting on physical and mental health (Caplan, 1974; Cassel 1976; Cobbs, 1976). Other, more recent, studies also emphasise the beneficial effects of social networks on the survival, well-being and psychological state of people suffering from a chronic or serious illness (Berkman *et al*, 1992; Chesney *et al*, 2003; Bisschop *et al*, 2004): it therefore seems that interpersonal relationships, rather than improving the health of healthy people, help to maintain the health of ill people.

How do interpersonal relationships help to maintain a good state of health? Social networks would appear to provide support which mitigates the stress caused by various events or situations (Wheaton, 1985; Lin and Ensel, 1989), given that stress is likely to have direct consequences on one's state of health: it may have neuro-endocrinal and neuro-immunological effects, leading to higher blood pressure and cholesterol rates, and contributing more generally to premature ageing of the body (Brumner, 2000; Seeman and Crimmins, 2001).² Of course, before considering these biological mechanisms, it must be stressed that social networks provide material, informational and emotional resources (Reichmann, 1991) and help to satisfy various "fundamental social needs", such as affection, self-esteem and a feeling of belonging (Kaplan *et al*, 1977).

¹ The latter notion, perhaps the most popular today, is undoubtedly also the most blurred and controversial (despite the rigorous conceptualisation first proposed by Bourdieu at the end of the 1970s), and seems to be more of a metaphor than a concept (Hawe and Shiell, 2000). For a very detailed critical discussion of this notion in French, see Ponthieux, 2003. For a briefer discussion, focused on the use of the notion of social capital in health, see Fassin, 2003.

² Thus social issues are thought to "get under your skin", a phenomenon described as "embodiment" in English-language epidemiological literature (Peretti-Watel, 2004).

This article investigates the relationship between health and interpersonal relationships using data from the survey *auprès des personnes fréquentant les services d'hébergement ou les distributions de repas chauds* (of users of accommodation and hot meal distribution services), conducted by INSEE from 15 January to 15 February 2001 (see Box 1). For ease of language, the 4,084 French-speaking individuals interviewed for this survey will be described using the expression "homeless and other users of aid services" in the article below, given that some homeless people are not French-speakers or do not use free accommodation or catering services, and that, conversely, some users of these services are not strictly homeless according to the definition used by INSEE (this is true of one interviewee in eight in this sample; see Brousse *et al*, 2002a, for more details).

Box 1

THE SPECIFIC CHARACTERISTICS OF THE SURVEY

The survey

In January 2001, INSEE conducted a survey of around 4,000 users of accommodation or hot meal distribution services in 80 urban areas of over 20,000 inhabitants in Metropolitan France.

Nevertheless, several categories of homeless people were not taken into consideration: for example, people who (out of choice) did not use these services, those who lived in areas which did not possess these services, and non-French speakers (interviews were conducted in French).

Analyses and categorisation

A multiple correspondence analysis was first performed, followed by an ascending hierarchical clustering using Ward's criterion (only preserving the first eight axes, following an evaluation of the histogram of proper values), a clustering consolidated by several iterations of the "mobile centres method". Alternative typologies were carried out, retaining a variable number of axes, without having a major impact on the results.

Modelling of perceived health

For logistical regressions, in addition to the typology describing social networks, the following categories were added to the analysis: gender, nationality (French *versus* foreign), level of education (primary *versus* more advanced), being in employment, age and main source of income. Age was split into segments in order to identify possible non-linear effects. The relatively low threshold chosen for the last age range (46 years and over) is explained by the youth of the interviewees: they had an average age of 36, and fewer than 5% were over 60. Moreover, following discussions with the scientific leaders of the survey, *income* as such was not included in the analysis, since the data collected under this question were not judged sufficiently reliable. Furthermore, within this very insecure population, the existence of income from work is in itself very discriminant.

The length of time spent in a particular housing situation, which is likely to have an indirect impact on an individual's state of health, and contact with social workers, which may be linked to better access to aid and care, and therefore have an indirect impact on health, were also included in the model. Finally, when studying perceived state of health, it is important to have an "objective" indicator of state of health and to control for its effect: thus we used the number of *chronic or serious illnesses* which the interviewee discloses that he or she suffers from. The questionnaire listed illnesses (high blood pressure, cardiovascular disease, respiratory disease, digestive system disease, cancer, diabetes, symptoms of accidents or serious illnesses, etc) for each individual, so the number of pathologies stated was counted. For the sake of simplicity, we assume that these pathologies have an additive linear effect. Other more complex specifications were tested (non-monotone, exponential and logarithmic effects) but they did not improve the model.

The items measuring perceived health were here collected under three modalities: state of health judged either good or very good (53.0% of the sample), average (30.5%), mediocre, bad or very bad (16.5%). To model this three-part indicator, an ordered polytomous regression was first carried out, but the hypothesis of a proportionality of odds ratios was largely rejected ($p < 0.001$). We therefore opted for a multinomial logistical model, which entails successively comparing one of the three modalities to the two others. Two dichotomous models were estimated in this way, successively comparing the interviewees who judged themselves to be in a good or very good state of health with those who thought their health was average, then with those who saw it as mediocre, bad or very bad.

Modelling of perceived depressive conditions

Among the other available variables, *suffering from mental disorders* did not make it possible to identify depressive conditions, since the wording specified "mental disorders (not depressive conditions, not depression)". Feeling anxious or stressed is not particular to depression and in the present sample it concerns more than 70% of interviewees. Similarly, *sleep disorders* are not specific enough (six interviewees in ten reported one) and,

moreover, they may have non-depressive origins, especially within a population struggling to find housing. Thus we modelled *perceived depressive conditions* instead of depression.

Use of dental care

The questionnaire also made it possible to identify the interviewees who had not consulted a doctor during the year, and those among them who had, however, had a health problem during this period. However, this question was not exploited for various reasons: the notion of a "health problem" is vague; it is not clear what type of doctor was consulted (generalist or specialist); further, as we don't know which interviewees had a health problem, and whether or not they consulted a doctor, it is not possible to assess the effect of these problems on consultation (except for assuming that there had been no routine consultation, unmotivated by a problem); finally, consultation of a doctor is very common, therefore not very discriminant. Thus, it was thought preferable to estimate use of dental care.

Other models were estimated to monitor the effect of toothaches on consultation of a dentist in order to distinguish preventative consultations from use of care per se. Consultations of a dentist were therefore modelled only for those interviewees who had not reported toothache over the past twelve months (preventive behaviour), then separately for those who had reported toothaches (care behaviour). In both models, the estimated odds ratios are significantly lower than one for interviewees who had lost touch with close relatives, and for those who have no more close relatives or friends to contact.

From the point of view of the study of the apparent relationship between social networks and health, this very particular population does have several very interesting characteristics. On the one hand, some authors stress that the need to seek the company of others tends to become less marked as quality of life improves (Coleman, 1990, for example): the supposed beneficial effects of a good social network may therefore prove to be most evident among the neediest people. On the other hand, while past research stresses that such a network serves above all to maintain health in the face of difficult circumstances or a serious illness, in this regard the homeless also unfortunately constitute a particular population which combines insecurity and poor health (Firdion *et al*, 1998, 2001; Brousse *et al*, 2002b; de la Rochère, 2003). In particular, in the survey in question, the homeless are four to five times more likely than the general population to judge their own health to be mediocre, bad or very bad. Finally, while assessment of the link between social networks and health in the general population is complicated by confounders linked to the very diverse nature of individuals' social status and material resources³, the sample of this INSEE survey targets, on the contrary, a relatively homogenous population in terms of material insecurity.⁴

A wide variety of contacts, whatever the relationship

Within this very specific population, the cases of total breakdown of contact with remaining close relatives remain quite infrequent, whatever the type of close relatives considered, even though, overall, contact with close relatives is less frequent than in the general population (Firdion *et al*, 1998). In detail, as regards kinship, the most recent contacts are those with an individual's mother or other members of the family such as father or children (28.2% of interviewees had had some contact with their mothers during the past week, and 31.2% with other members of their families during the same period). On the other hand, the absence of contact is more frequent with other family members, and rarer with interviewees' children (see table 1). Finally, a majority of interviewees had had at least one contact with a friend or other acquaintance during the past week. Before we conclude that friendship ties are more common than family ties, we should remember that it could not be otherwise, insofar as, unlike family ties, the status of friend or acquaintance is a provisional attribute which one is

³ *The density and the quality of social relationships are clearly unequally distributed, with social isolation being concentrated in the most disadvantaged categories (Berkman and Glass, 2000).*

⁴ *There are of course great quality of life disparities within this particular population, but this diversity is less pronounced than among the general population.*

more likely to give somebody if he/she sees that person often, and more likely to withdraw from somebody if he/she loses contact with this person.

A clustering analysis was drawn up in order to identify homogeneous social relationship profiles, by simultaneously integrating into the analysis the five possible types of contact, without, however, prejudicing the relationships which may exist between them (see Box 1). The five categories which emerge prove to be determined by the time which has elapsed since the last time contact was established and not by possible family ties with the interviewee: they therefore distinguish individuals who have a diversity of recent or, on the contrary, distant contacts, and this is true of all the people interviewed in the questionnaire. By extension, we will assume here that remoteness in time of the last contact allows us to estimate contact frequency. Moreover, a specific exploratory analysis was also performed on the sub-sample of interviewees of foreign nationality who, for reasons of geographic remoteness, may have had contact with more particular close relatives. However, foreign nationals display the same contact structure, particularly the same cumulative phenomenon (probably because the contact in question includes contact by telephone and post).

Table 1
Contact, including telephone and postal, with family members or other people not living with the interviewee

When was the last contact made with the following people?	<i>In %</i>					
	Last week	Last month	The last three months	The year 2000	No contact or not for a long time	Other (1)
Mother	28.2	12.8	5.6	5.1	14.1	34.2
Father	15.2	9.1	4.9	3.7	17.4	49.7
Offspring	14.1	6.4	2.7	2.8	9.5	64.5
Other family members	31.2	18.6	7.6	7.4	27.7	7.5
Friends and acquaintances	55.7	10.4	2.8	4.8	14.4	11.9
1. Not applicable, deceased, non-response						

Source: survey of persons using accommodation and hot meal distribution services, 2001, Insee.

The first category includes a third of the sample (31.3%), and is characterised by contacts which could be described as weekly, since they most commonly date from the week prior to the survey (three times in four for the interviewee's mother, offspring, other family members, friends and acquaintances, and one in two for the father). The second category includes 13.2% of interviewees, whose contact with close relatives is more monthly in frequency (except for offspring, since more than two thirds of these individuals have no children or they do not live with them), in that last contact was usually made during the last month. The third category is of a similar size (15.2%), and concerns rarer contact, either made during the past three months or during the past year (except for offspring, either because the interviewees do not have children or do not live with them). The fourth contact type includes nearly one interviewee in three (30.3%), and is characterised by an absence of more frequent contact.⁵

⁵ *The survey conducted by INED in 1998 of young homeless people (aged 16-24) in Paris and its inner suburbs shows that a breakdown in contact with close relatives can also occur at a very early age (Firdion et al, 2001).*

As regards relationships with parents, contact has either been lost or the question does not apply (father or mother being deceased or not known). Similarly, two thirds are not or are no longer in contact with other members of their families, whilst one third are not or are no longer in contact with friends and acquaintances. Finally, the fifth category includes 10.1% of interviewees, for whom the questions are most often not applicable, either because they don't have or no longer have close relatives with whom to maintain contact.

The fifth type ("nobody to contact") is therefore characterised by more frequent isolation, imposed on the individual by the structure of his or her network, while the fourth type, "lost contact", corresponds more to relative isolation despite having close relatives. However, the data in the survey did not make it possible, within this fourth type, to distinguish isolation "chosen" by the individual from isolation "suffered" as a result of a breakdown in relationships with close relatives, and it is probable that chosen and suffered isolation do not have the same repercussions on an individual's health (particularly from the point of view of risks of depression).

The most isolated : older, single, unqualified and unemployed men

The homeless and other users of aid services who have weekly contact with close relatives and do not live with them are more often women, are younger, are a little less likely to live alone, are less likely to have lost their mother or father, and had contact with a larger number of friends during the previous week (see table 2). Those who have monthly contact with their close relations are also younger, more frequently live with one or more children, and fewer of them have lost a parent. On the other hand, three quarters of interviewees who are more likely to have lost contact with some of their close relatives or who have no close relative to contact are men, over 40 years old on average and their parents are often deceased. Three quarters live alone, and they have had contact with few friends during the past week.

Among homeless and other users of aid services, social isolation (which may be defined as either the relative absence of contact with close relatives or the absence of close relatives to contact) therefore seems to increase with age, and proves to be more widespread for men than for women. This difference between sexes was already highlighted in the INED and CREDES survey of a sample of homeless people during the winter of 1995 (Firdion *et al*, 2001). Moreover, "residential solitude" and social isolation are complementary: interviewees who live alone have less contact with people not living with them. Living with one or more children seems particularly discriminant in this respect, to a greater extent than living with friends or a partner.

Finally, as regards the other indicators used to characterise the types of social networks, the proportion of foreign nationals varies from one social category to the next, but there is no regular increase in this proportion according to the frequency of contact with close relatives (in particular, the most isolated people are not more often foreigners). On the other hand, such an increase is observed for the level of education and professional occupation: the more recent the contact with close relatives, the greater the proportion of interviewees are in employment⁶, and the lower the incidence of not having been educated to beyond primary level. The same is true of disclosing income from employment as the main source of income and for contact with social workers, which is rarer among the most isolated interviewees (in the "lost contact" and "nobody to contact" categories).

⁶ Which is undoubtedly explained, at least in part, by the fact that work colleagues automatically constitute a seam of friends and acquaintances with whom to establish contacts.

Table 2
Socio-demographic and social profile of types of contact with close relatives

Last contact with close relatives:	In % (1)					
	Last week (31.3 %)	Monthly contact (13.2 %)	Rarer contact (15.2 %)	Lost contact (30.3 %)	Nobody to contact (10.1 %)	All
Male	59.8	64.7	66.9	74.6	78.3	67.9
Female	40.2	35.3	33.1	25.4	21.7	32.1
Average age (years)	32.7	32.1	33.9	40.8	42.6	36.3
Foreign nationality	26.8	43.2	34.1	22.7	24.8	28.6
Primary level of education	10.1	16.4	17.6	27.6	46.1	21.0
Length of time in current housing situation (2)						
No housing for 1 to 6 months	33.3	30.3	38.9	33.1	40.8	34.5
In housing, or not for less than 1 month	34.8	37.1	34.8	31.9	20.0	32.7
No housing for 6 months to 2 years	22.8	21.8	18.6	21.8	18.8	21.3
No housing for 2 years or more	9.1	10.8	7.7	13.2	20.4	11.5
In employment	34.4	31.3	26.5	20.9	21.4	27.4
Main source of income						
Income from work	28.3	27.5	26.4	17.9	23.3	24.3
Social benefit (3)	45.4	42.3	45.4	52.9	50.0	47.7
Other	26.3	30.2	28.2	29.2	16.7	28.0
Has met a social worker during the past 12 months	75.1	79.7	78.6	71.4	55.7	73.2
The interviewee lives:						
Alone	61.5	59.4	72.2	73.5	76.2	68.0
With friend(s)	6.1	7.6	4.8	6.6	2.9	5.9
With child(ren)	17.8	18.2	11.6	9.6	9.4	13.6
As a couple without children	7.1	5.6	4.8	6.2	5.6	6.1
As a couple with child(ren)	7.5	9.2	6.6	4.1	5.9	6.4
Mother deceased or unknown	21.4	9.3	16.1	49.9	61.6	31.7
Father deceased or unknown	37.8	26.4	35.8	63.0	72.8	47.2
Has children who do not live with him/her	25.6	32.3	36.5	54.1	27.3	36.5
Number of friends to whom the person has talked in past week	5.6	4.3	4.7	3.5	2.1	4.3
Feels alone: rarely or never	37.1	28.1	28.4	35.9	24.4	33.0

1. Percentages in columns except for the first line (in lines), for age (expressed in years) and for the number of friends.

2. This variable combines the responses to two questions: the place where the interviewee slept the night before and, if this is not "his" or "her" housing (in other words housing of which s/he is owner, tenant, subtenant or resident), how long s/he has slept in that place.

3. RMI (basic guaranteed income), unemployment benefit, single parent allowance, adult invalidity benefit, basic old-age pension, retirement pension, pre-retirement pension, housing benefit, family allowances, integration allowance, invalidity pension.

All bivariate analyses presented in this table are significant at the threshold of $p < 0.001$ (χ^2 or t-test, depending on the case).

Source: survey of persons using accommodation and hot meal distribution services, 2001, Insee.

The length of time spent in one's current housing situation is also linked to contact with close relatives. The interviewees included in the social category characterised by the absence of close relatives to contact are twice as likely to disclose that they have not had housing for two years or more, but they also more frequently disclose that they are currently in housing or have not had housing for less than a month. Furthermore, this relationship is far from being automatic. Thus, among the people whose last social contacts were made during the past week, those who are in housing or have not had housing for less than a month are not over-represented and, conversely, those who have not had housing for two years or more are not under-represented. The remoteness in time of the most recent contact is not a simple reflection of the length of time spent in one's current housing situation.

Once all the variables which enable us to characterise the social categories are taken into account, it should be noted that the individuals in the last category (*nobody to contact*) share multiple traits which suggest that they have little chance of moving into a more favourable situation: these interviewees are older, less qualified, more often unemployed, have been without housing for longer periods, more often live alone and have fewer friends to whom they talk.

Social categories and “social support”⁷

What type of aid do the interviewees benefit from, or could they benefit from, according to the density of their social networks? Twice as many people who have weekly contact with their close relatives say that they are occasionally housed by their parents or friends as those who have no close relative to contact (43.0% compared with 19.4%), and half as many say that in the event of financial difficulties they would have no help (38.8% compared with 75.9%) (see table 3). Of the interviewees who have weekly contact with close relatives, a relative majority would rely on their father or mother should they need money, while those who have less frequent contact would be more likely to go to friends or acquaintances first.

Similarly, rarely or never feeling lonely, which may be considered to be an (albeit quite crude) indicator of emotional support which the interviewee may possibly have access to, is more common among those who have weekly contact than among those who have no close relative to contact. However, between these two extreme social categories, the prevalence of the feeling of solitude does not vary regularly according to the frequency of contact with close relatives. This is probably explained by the fact that social isolation as defined here does not allow us to distinguish individuals according to whether they have chosen or are suffering isolation (“voluntarily isolated” people should in theory be less likely to feel lonely).

More frequent contact with close relatives is also associated with financial loans taken out over the past twelve months from family members, while loans from other people (friends, colleagues and acquaintances) prove to be more evenly spread from one social category to another. Furthermore, financial aid is not only provided in one direction, even among the homeless and other users of aid services (see table 3). Indeed, around a third of those who have weekly or monthly contact with their close relatives, social categories which correspond to more frequently borrowed money, have provided financial assistance to a close relative who does not live with them over the past twelve months (30.6% and 33.0% respectively, compared with 15.7% of those who have nobody to contact), a state of affairs which probably reflects the fact that family members with whom the homeless person has kept in touch often find themselves in an insecure situation, as Firdion *et al* (2001) have shown.

This reciprocity allows us to nuance the supposed beneficial effects of social relationships. A dense social network is likely to provide access to various kinds of resources, but it does not only bring advantages: it also constitutes a source of pressure and limits the individual's independence (Burt, 1992; Portes, 1998). A variable which relates not to “social support” but to “victimisation” was added to substantiate this latter comment. One interviewee in three was the victim of an assault between 1999 and 2000, and six respondents in ten say that they know their last assailant: thus one interviewee in five reports having been assaulted in 1999-2000 by someone he/she knows. Furthermore, this proportion rises among interviewees who have more frequent contact with their close relatives. Clearly the assailant, even when known, is not necessarily a close relative, and we cannot therefore draw conclusions here as to the existence of victimisation by close family members. However, this result simply makes it possible to point out that in addition to the beneficial effects of a social network which are often overstated in epidemiological and sociological literature, an individual's social network may also become a focus of pressures, tensions and even violence. Furthermore, specific analysis shows that this relationship between the frequency of contact and assaults by a known person is similar for both men and women (see Thoits, 1995, for a review of the literature on the potential negative effects of social ties, particularly concerning psychological well-being).

⁷ For a more detailed study of social support and contacts with family and friends among homeless people, using the same data, see Montrose (2004).

Social isolation is associated with a poorer perceived state of health⁸

We must now define the indicators which relate to the state of health, but also to the health-related conduct, of the homeless and other users of aid services we interviewed. In order to provide a general outline of the link between social relationships and the state of health of the people interviewed, we first used the question relating to perceived health: the interviewees were asked to evaluate their own state of health at the time of the interview, by choosing from a six-point scale: *very good, good, average, mediocre, bad, very bad*. Perceived health is an indicator of state of health which has been used for around twenty years, and has become a benchmark in public health research, particularly because of its simplicity, since it is composed of a single question (see for example Idler and Benyamini, 1997; Bierman *et al*, 1999; Heidrich *et al*, 2002; Franks *et al*, 2003).⁹ Previous studies have shown that perceived health varies with social capital (measured by social activity and confidence in other people) and the density of one's social network (Lindström, 2004; Zunzunegui *et al*, 2004).

To the extent that the social categories outlined above correspond to contrasted socio-demographic profiles, it is important to study the relationship between perceived health and the frequency of contact with close relatives, "all other things being equal". This is all the more necessary because several studies suggest that perceived health depends on various socio-demographic characteristics (age, gender, level of education, etc) (Idler and Benyamini, 1997; Franks *et al*, 2003 ; Kelleher *et al*, 2003) and beyond this, on individuals' specific cultural characteristics (Krause and Jay, 1994; Maderbacka *et al*, 1999).

Table 3
Social support and types of contact with close relatives

Frequency of contact with close relatives	In % (1)					
	Every week (31.3 %)	Monthly contact (13.2 %)	Rarer contact (15.2 %)	Lost contact (30.3 %)	Nobody to contact (10.1 %)	All
Occasional accommodation with parents or friends	43.0	37.2	29.3	24.9	19.4	32.3
In hard times, if money is needed, first contact (2):						
- no recourse	38.8	52.4	59.0	67.4	75.9	56.1
- father or mother	24.7	10.9	6.6	1.9	6.0	11.4
- other family members	16.8	14.1	11.7	6.9	5.5	11.5
- friends, acquaintances	16.2	18.6	19.5	17.4	6.1	16.3
- other people (instructor, welfare officer, etc)	3.5	4.0	3.2	6.4	6.5	4.7
Usually feels lonely:						
- rarely or never	37.1	28.1	28.4	35.9	24.4	33.0
During the past 12 months:						
- financial assistance to a close relative (3)	30.6	33.0	28.8	20.3	15.7	25.9
- loan from family	14.3	8.9	9.4	3.4	2.8	8.4
- loan from friends, colleagues or acquaintances	12.9	19.3	12.1	11.8	11.0	13.1
Percentage of population sample	31.3	13.2	15.2	30.3	10.1	100

1. In columns except for the first line.

2. Except for people living with the interviewee.

3. Family member, friend or acquaintance not living with the interviewee.

Reading key: all bivariate analyses presented in this table are significant at the threshold of $p < 0.001$ (χ^2 or t -test, depending on the case).

Source: survey of persons using accommodation and hot meal distribution services, 2001, Insee.

⁸ For the particular case of the relationship between perceived health and separation from a child aged 4 to 15, see Box 2.

⁹ Furthermore, this indicator correlates well with physical and mental health, and provides excellent support for comparisons with other subjective indicators of state of health, while also being particularly robust (Idler and Kasl, 1991; Lundberg and Manderbacka, 1996).

All other things being equal (when the effects of socio-demographic characteristics and the number of chronic illnesses are controlled), relationships with close relatives do not distinguish the interviewees according to whether they think their health is very good, good or average (see table 4 and Box 1). On the other hand, when we compare the two extremes (good or very good compared with mediocre, bad or very bad), it seems that respondents who have lost contact with close relatives and those who have no more close relatives to contact are significantly less likely to judge their health as good or very good (odds ratios of 0.54 and 0.56 respectively). Among the homeless and other users of aid services, social isolation is therefore associated with poor perceived health.

As regards the other significant variables in the models, we must be careful not to jump to causal conclusions: employment may be associated with better perceived health because it contributes to self-esteem but, conversely, a person may not be working because she/he is not in good health (see table 4). Similarly, contact with social workers does not harm one's health: conversely, the interviewees who judge their health to be good turn to social workers less.

Table 4
Determinants of perceived health

Perceived state of health: very good and good <i>versus...</i>	Odds ratios	
	...average	...mediocre, bad and very bad
Sex		
- Male (Ref.)	1	1
- Female	0.80*	1.07 ns
Age		
- 17 to 25 years (Ref.)	1	1
- 26 to 35 years	1.14 ns	0.77 ns
- 36 to 45 years	0.96 ns	1.36 ns
- 46 years or over	1.03 ns	1.09 ns
Nationality:		
- French (Ref.)	1	1
- Foreign	1.06 ns	0.87 ns
Level of education:		
- Secondary, higher (Ref.)	1	1
- Primary	1.23*	0.84 ns
Professional situation:		
- Not employed (Ref.)	1	1
- In work	1.15 ns	1.98***
Main source of income (1):		
- Income from work	0.93 ns	1.08 ns
- Social benefit	0.82*	0.78*
- Other (Ref.)	1	1
Length of time in current housing situation:		
- In housing, or not for less than 1 month (Ref.)	1	1
- No housing for 1 to 6 months	1.06 ns	1.51**
- No housing for 6 months to 2 years	0.90	1.16 ns
- No housing for 2 years or more	0.79	0.93 ns
Contact with a social worker:		
- None (over the past 12 months) (Ref.)	1	1
- One or more over the past 12 months	0.96 ns	0.50***
Number of chronic or serious illnesses suffered by the interviewee	0.62***	0.53***
Social category:		
- Weekly contact (Ref.)	1	1
- Monthly contact	0.93 ns	1,29 ns
- Rarer contact	1.04 ns	0,79 ns
- Lost contact	0.85 ns	0,54***
- Nobody to contact	0.86 ns	0,56**

(1) Income earned by the person (or by partner, friend, child).

Reading key: ***, **, *, ns: significant to $p < 0.001$, $p < 0.01$, $0 < 0.05$ and not significant respectively. The odds ratios are the results of a multinomial logistical regression. All other things being equal (when the estimated effects of the other variables included in the model are controlled), a woman is 0.8 times more likely than a man (or 1.25 times less likely) to judge her health to be very good or good rather than average. To summarise, all other things being equal, a woman is more likely than a man to judge her health to be average rather than good or very good.

Source: survey of persons using accommodation and hot meal distribution services, 2001, Insee.

Furthermore, in the second model, there is a non-monotonous effect in terms of length of time spent in the individual's current housing situation: perceived health is better among those who have not been in housing for 1 to 6 months. It might therefore be possible that the impact of this situation varies over time. For example, the beginning of marginalisation, when the aid service user is in housing or lost it less than a month previously, may prove to be particularly traumatising, particularly in terms of self-esteem. This impact may then be mitigated before insecurity harms the individual's perceived health in the long-term. Nevertheless, the variable used here to measure the length of time spent in the individual's current housing situation does not distinguish individuals according to whether they sleep rough or are accommodated in a shelter.

Lack of contact may make perceived depressive conditions more likely in ill people¹⁰

As we do not have a clinical diagnosis or a scale-measured score of depression, we model perceived depressive conditions and not depression (see Box 1). Given that previous studies suggest that friends and family may help to limit psychological disorders caused by difficult situations, and particularly by serious or chronic illness, it is important here to test the relationship between perceived depressive conditions and contact with close relatives by distinguishing the interviewees according to whether or not they reveal that they suffer from a serious or chronic illness (other than depression). This will allow us to verify whether the beneficial effect of social networks on depressive conditions is only significant for ill people. Furthermore, insofar as the scientific literature has not, to our knowledge, proved the existence of a reverse causal relationship (the impact of depression on frequency of contact with close relatives, provided this does not merely refer to the fact that depression tends to mobilise close relatives, which is not really of interest to us here), we will not investigate the possible endogeneity of social categories in the model.

In total, in the whole sample, 63.8% of interviewees report at least one serious or chronic illness other than depression, while 23.5% say that they suffer from depression or frequent depressive conditions, these two phenomena being closely linked: these depressive conditions are disclosed by only 6.9% of those who disclose no other illness, compared with 33.0% of those who disclose at least one other.

Box 2

PARENTS SEPARATED FROM THEIR CHILDREN

In some cases, the separation of a homeless person from his or her child is a direct consequence of using free aid services. Indeed, in shelters a woman cannot live with a child aged over three because he or she will be accommodated in a specific institution. In total, in the present sample, 477 men and 229 women declare that they have at least one child aged over three but under sixteen who does not live with him or her. Among these interviewees, most are aged 26 to 45 (79%), with a very significant over-representation of foreign nationals (36%) and people who spent the night before the survey in a shelter (46%). In order to take into account the possible impact of such a separation on perceived health, the models were re-estimated by adding an indicator identifying the interviewees who have at least one child aged four to fifteen who does not live with him or her, by testing different models for both sexes in order to detect possible interaction. As regards perceived health, the estimated effect is the same for men and women: separation from a child aged four to fifteen is significantly associated with a greater risk of judging their health to be average, bad or very bad, rather than good or very good. Next, among respondents (both male and female, but especially female) who suffer from a chronic or serious illness, separation from a child aged three to fifteen proves to be a factor significantly associated with perceived depressive conditions.

¹⁰ For the particular case of the relationship between perceived health and separation from a child aged 4 to 15, see Box 2.

The two estimated models, which use the socio-demographic indicators detailed above, give very contrasting results (see table 5). As with the results obtained from less specific populations, among homeless and other users of aid services who suffer from a chronic or serious illness, rare or relative lack of contact with close relatives proves to be significantly associated with perceived depressive conditions: compared with those who have weekly contact with their close relatives, those who have rarer contact run a 1.43 times higher risk of disclosing a depressive condition, with this odds ratio rising to 1.79 for those who are more likely to have lost contact with their close relatives. However, the estimated odds ratio for those who have no close relatives to contact is not significant ($p = 0.548$).

Table 5
Determinants of a perceived depressive condition, given the presence or absence of another declared serious or chronic illness

	Odds ratios	
	No other serious or chronic illness	At least one other serious or chronic illness
Sex		
- Male (Ref.)	1	1
- Female	0.94 ns *	1.61***
Age		
- 17 to 25 years (Ref.)	1	1
- 26 to 35 years	1.55 ns	1.52**
- 36 to 45 years	0.83*	1.26 ns
- 46 years or over	3.28***	0.80 ns
Nationality:		
- French (Ref.)	1	1
- Foreign	0.33***	0.70**s
Level of education:		
- Secondary, higher (Ref.)	1	1
- Primary	0.62 ns	0.96 ns
Professional situation:		
- Not employed (Ref.)	1	1
- In work	1.33 ns	0.65***
Main source of income:		
- Income from work	1.88 ns	0.99 ns.
- Social benefit	1.33 ns	1.25*
- Other (Ref.)	1	1
Length of time in current housing situation:		
- In housing, or not for less than 1 month (Ref.)	1	1
- No housing for 1 to 6 months	0.77 ns	0.81*
- No housing for 6 months to 2 years	0.45*	0.58**
- No housing for 2 years or more	0.13**	0.69*
Contact with a social worker:		
- None (over the past 12 months) (Ref)	1	1
- One or more over the past 12 months	1.58 ns	1.81***
Number of chronic or serious illnesses suffered by the interviewee	0.62***	0.53***
Social category:		
- Weekly contact (Ref.)	1	1
- Monthly contact	1.06 ns	1.00 ns
- Rarer contact	1.35 ns	1.43**
- Lost contact	0.31**	1.79***
- Nobody to contact	0.19**	0.96 ns

(1) Income earned by the person (or by partner, friend, child).

Reading key: ***, **, *, ns: significant to $p < 0.001$, $p < 0.01$, $0 < 0.05$ and not significant respectively. The odds ratios are the results of a dichotomous logistical regression. All other things being equal (when the estimated effects of the other variables included in the model are controlled), among people suffering from at least one serious or chronic illness other than depression, a woman is 1.61 more likely than a man to feel depressed.

Source: survey of persons using accommodation and hot meal distribution services, 2001, Insee.

In other words, it is not the relative absence of interpersonal contact as such which is likely to foster depression among the homeless and other users of aid services afflicted by a chronic or serious illness, but more accurately the scarcity or lack of contact despite the existence of an entourage of family and/or friends. This result may be linked to a question of self-esteem and identity construction. Indeed, in terms of interaction, the individual constructs his or her personal identity and self-esteem on the basis of the regard in which others hold him or her, and their behaviour towards the individual reveals the esteem and affection which they have for him or her: from this point of view, the breakdown of relations with close relatives seems more harmful than their death.

Moreover, given another chronic or serious illness, perceived depressive conditions are more frequent among women, and rarer among people in employment. However, these results may be interpreted in various ways: are women more prone to depression, or more inclined to express it, given that their entourage, like health professionals, can also be more inclined to diagnose a psychological problem in a woman than in a man (Ehrenberg, 1998; Le Moigne, 1999)? Similarly, as regards the result obtained for employment, working may provide psychological support to the ill person, particularly from the point of view of self-esteem but, conversely, the fact that an ill person continues to work may simply indicate that the pathology from which s/he suffers is not very debilitating, and therefore less likely to provoke a depressive affect.¹¹ Furthermore, the risk of perceived depressive conditions is higher among respondents aged 26-35, perhaps because this period corresponds to a turning point in the life cycle, in terms of starting one's professional career and family.¹²

The model estimated from the sub-sample of people who do not disclose a chronic or serious illness (other than depression or frequent depressive conditions) gives slightly different results. In this group, disclosures of perceived depressive conditions increase with age. Above all, compared with the people interviewed who have weekly contact with their close relatives, the risk of perceived depressive conditions is significantly lower among those who are more likely to have lost contact with their close relatives or who have no more close relatives to contact (estimated odds ratios of 0.31 and 0.19 respectively).

This apparently paradoxical result is quite difficult to interpret and we might, for example, envisage an endogeneity bias: an incidence of depression is likely to lead to contact with close relatives and would therefore make social networks denser, so that depression might influence contact with close relatives, and not the reverse. Without reaching the conclusion that contact with close relatives can lead to depressive disorders, we should state that the indicators used to describe social networks measures the frequency of contacts, and not their quality.¹³ Echoing these results, a survey focusing on African-American families on low incomes has shown the existence of "dysfunctional" social networks, which lead to psychological difficulties rather than helping to mitigate them (Lindblad-Goldberg and Dukes, 1985). Finally, in both models, perceived depressive conditions are rarer among interviewees of foreign nationality, and more common among aid service users who are still in housing, or have not been in housing for less than one month. It is possible that foreign nationals may not have understood the question correctly or come from cultures in which depression does not have the same status as in Western societies, with the result that they may be less inclined to talk about them or to consult a doctor about disorders which are likely to lead to depression being diagnosed. In terms of the length of time spent in the individual's current housing situation, meanwhile, it is possible that the beginning of the insecurity cycle is particularly likely to cause depressive affects.

¹¹ We must also concede that employment and unemployment contribute to precarious situations which are sometimes very diverse, the particular circumstances of which cannot be demonstrated using the model used here.

¹² As regards the "effect" of contact with social workers, see below.

¹³ At least one other survey, which does not distinguish "good" or "bad" relationships with close relatives either, does not manage to prove a negative relationship between social support and psychological problems (Wong and Piliavin, 2001).

Having few interpersonal contacts may limit use of dental care

The results shown above therefore suggest that social networks may help to improve or maintain the physical or psychological health of a highly marginalised individual. How does this happen? We have seen that interviewees who had frequent contact with their close relatives were more likely to benefit from material support (housing, financial assistance), and we might also assume that they receive emotional support likely to reduce the risks of depression in the event of chronic or serious illness. However, an additional avenue of investigation involves exploring the factors which determine use of healthcare. Indeed, like previous studies which noted the social inequalities in care provision for health problems (Lombrail, 2000), we might equally predict that social networks facilitate the use of healthcare: either because close relatives encourage the interviewee to consult a professional or because they provide material help in accessing care (making appointments, going with them, etc).¹⁴

Table 6
Determinants of dental visits over the past twelve months

	Odds ratios
Sex	
- Male (Ref.)	1
- Female	1.32***
Age	
- 17 to 25 years (Ref.)	1
- 26 to 35 years	1.30**
- 36 to 45 years	1.38**
- 46 years or over	0.94 ns
Nationality:	
- French (Ref.)	1
- Foreign	1.15 ns
Level of education:	
- Secondary, higher (Ref.)	1
- Primary	1.07 ns
Professional situation:	
- Not employed (Ref.)	1
- In work	1.08 ns
Main source of income:	
- Income from work	
- Social benefit	
- Other (Ref.)	1
Length of time in current housing situation:	
- In housing, or not for less than 1 month (Ref.)	1
- No housing for 1 to 6 months	1.19*
- No housing for 6 months to 2 years	1.29*
- No housing for 2 years or more	1.26*
Contact with a social worker:	
- None (over the past 12 months) (Ref.)	1
- One or more over the past 12 months	0.99 ns
Welfare cover:	
- Covered (Ref.)	1
- No welfare cover	0.35***
Suffered dental problems over the past 12 months:	
- No (Ref.)	1
- Yes	3.89***
Social category:	
- Weekly contact (Ref.)	1
- Monthly contact	0.86 ns
- Rarer contact	0.64***
- Lost contact	0.72***
- Nobody to contact	0.51***

Reading key: ***, **, *, ns: significant to $p < 0.001$, $p < 0.01$, $0 < 0.05$ and not significant respectively. All other things being equal (when the estimated effects of the other variables included in the model are controlled), a woman is 1.32 times more likely than a man to have consulted a dentist over the past twelve months.

Source: survey of persons using accommodation and hot meal distribution services, 2001, Insee.

¹⁴ Firdion et al (1998) also showed that in the homeless population use of care is often motivated by acute symptoms, which suggests that when care is accessed it happens later than in the general population.

This hypothesis may be investigated here using dental visits. While it is recommended that one visit a dentist at least once a year, whether or not one has dental problems, only six French people in ten follow this advice (Guilbert *et al*, 2002), and this proportion falls to 45.4% in our sample, given that oral and dental problems are very common among the homeless, as shown by the 1998 INED survey (Firdion *et al*, 2001).¹⁵ In this survey, many young homeless people had missing teeth which had not been replaced, proving a lack of use of dental care, given that these problems were correlated with the absence of welfare cover. In the present sample, 54.7% of interviewees disclose that they have had dental problems in the past twelve months, and of this number only 60.0% have visited a dentist in the same period.

When the very significant effects of toothaches and the absence of welfare cover¹⁶ are controlled, several variables remain significant in this model (see table 6). The propensity to consult a dentist is more marked among women and individuals who have not been in housing for a long time (who are perhaps more frequently accommodated in institutions which facilitate access to care), and peaks for the intermediary age ranges (26 to 45 years), perhaps revealing that the youngest and oldest respondents are less interested in their health.¹⁷ Finally, as regards social categories, the homeless and other users of aid services who have rare contact with close relatives, have lost contact with them or have no more to contact prove less inclined to consult a dentist than those who have weekly or monthly contact with their close relatives. The relationship between social category and use of care is thus verified here in the particular case of dental care.

¹⁵ *The real gap between the general population and the homeless is under-estimated here, because visits become rarer with age, and the homeless population is actually significantly younger than the general population.*

¹⁶ *Those who have no welfare insurance card in their own name, are not listed on somebody else's card, have no universal welfare cover and are not entitled to 100% care for a serious illness.*

¹⁷ *This hypothesis is common in health economics: the youngest people worry little about their health capital, because the harmful consequences of their present lifestyle are too remote in time, while the oldest no longer worry about it, because their life expectancy is too short for this concern to be "cost-effective".*

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Alcohol consumption among homeless adults: challenging a stereotype

François Beck, Stéphane Legleye and Stanislas Spilka

The study carried out by the Institut National de la Statistique et des Etudes Economiques (INSEE) in 2001 offers an insight into the levels of alcohol consumption among various categories of homeless people who use housing or hot-meal services. This attempt to quantify the situation sheds light on the variety of behavioural practices demonstrated by this population. Clear distinctions appear according to the respondents' type of accommodation and level of resources, and also according to their age, gender and nationality. The wide range of social situations observed in the survey are matched by a wide range of attitudes to alcohol. French nationals seem to be more frequent consumers than foreigners, while people living in the most insecure situations drink the most.

To a certain extent, it is possible to compare homeless people's stated alcohol consumption levels with those of the general population, using household surveys. While this comparison raises certain methodological concerns, it shows that alcohol is not as central a feature of the lives of homeless people as is commonly thought.

However, an analysis of the signs of problem drinking adds certain caveats to this general observation: the proportion of people who seem to be at serious risk of alcohol abuse or alcohol dependence appears to be much higher in the homeless population than in the general population, particularly among individuals in the most difficult social situations.

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There have been a relatively high number of studies of the use of psychoactive substances among the homeless in the United States (Koegel *et al*, 1990), Australia (Herman *et al*, 1989), Canada (Fournier and Mercier, 1996) and Europe (Fichter *et al*, 1996; OPCS 1996 ; Kovess and Mangin-Lazarus, 1999). The studies of alcohol consumption in particular show prevalences which vary significantly from survey to survey (Fisher *et al*, 1987; 1989 ; Schutt and Garrett, 1992 ; Fournier and Mercier, 1996 ; Fountain *et al*, 2003). This range of results reflects to a great extent the diversity of the target populations, the methodologies used (sample design and selection of individuals) and the indicators used (alcoholism, occasional use, regular use, etc). In France, the research carried out by the monitoring center of the Paris social emergency service (Samu social de Paris) (1988; 1989) and the Vie Libre association (Dabit and Ducrot, 1999), both using samples of around 300 rough-sleepers, demonstrated that excessive alcohol consumption was clearly a problem (around three quarters of the people consumed alcohol on a daily basis, with high average quantities declared), but found that it concerned a particularly marginalised fringe group of homeless people.

The survey of users of accommodation and hot meal distribution services ("*Sans-domicile 2001*" - "*Homeless 2001*") carried out in France with a sample of 4,084 French-speaking users of accommodation and hot meal distribution services in urban areas of over 20,000 inhabitants, includes four questions in the *santé* (*health*) section about alcohol consumption¹ (see Box 1). The first question makes it possible, very synthetically, to qualify current use of alcoholic drinks. The next three are inspired by the CAGE clinical test², which aims to identify users at risk of alcohol dependence. This survey thus makes it possible to analyse the specific consumption characteristics of a highly marginalised population which remains poorly understood in France, and to reevaluate a number of prejudices which systematically attribute excessive alcohol consumption to the homeless, without taking into account the variety of populations and situations involved. The study focuses particularly on the people in the sample who are homeless: they do not necessarily live rough, but their housing conditions³ are always temporary, often insecure and sometimes inexistent. As a result, the people who declared themselves to be property owners, tenants or housed by their employer (278 individuals) were excluded from the analysis.

Box 1

THE SOURCES USED

The survey of users of accommodation and hot meal distribution services, 2001, Insee.

The method INSEE used to reach the homeless was to make contact with people through the aid services which they used. The services included were on the one hand accommodation services, since a proportion of homeless people are defined by the fact that they use this type of organisation, and on the other hand, hot meal distribution, without which it would be impossible to contact rough-sleepers who never use shelters. Thus, as an extension of the preceding work carried out by INED in France (Marpsat and Firdion, 2000), in January 2001 INSEE interviewed around 4,000 people who used accommodation or hot meal distribution services in 80 urban areas in Metropolitan France with over 20,000 inhabitants.

¹ "At present, do you ever drink wine, beer or spirits?": "often"; "occasionally"; "never". "Over the last twelve months, have you felt the need to reduce your consumption of alcoholic drinks?" "Over the last twelve months, have people around you made any comments about your consumption of alcoholic drinks?" "Over the last twelve months, have you felt the need to drink alcohol in the mornings to feel good in yourself?"

² CAGE: Cut down, Annoyed, Guilty, Eye-opener.

³ Shelter used the day before the survey covers all types of dwelling places commonly used by homeless people: centres offering medium-term stays (CHRS (Shelter and social reintegration centres), centres offering help to mothers, young workers' hostels), hotel rooms, emergency accommodation centres (night shelters) run by charities or public bodies and makeshift shelters (squats, public spaces, etc).

The collection period, winter, was chosen because it is the time of the year when homeless people tend to use aid services the most, and when the availability of services is at its greatest

In order to avoid double counts, the interviewers asked the interviewees which shelter or free food providers they had used in the past week. Nevertheless, several categories of homeless people were not taken into account such as, firstly, those who sleep rough for a short period and do not use a shelter or food distribution services (for example, in the case of sporadic domestic violence). The survey also did not consider homeless people who had been sleeping rough for long periods and had not used aid services, despite being aware of their existence, nor those who lived in urban areas lacking accommodation or hot meal distribution services. These are mainly small towns in which we can assume that residential insecurity leads to people seeking refuge in temporary constructions or makeshift shelters such as construction site huts, static caravans or agricultural buildings converted into dwellings, rather than sleeping in public places. Finally, the interviews were conducted solely in French, so non-French speaking individuals could not be interviewed in detail. They were enumerated, however, and account for 14.5% of total users and 10.5% of the homeless population (see Brousse, 2006, this issue, for more detail on this survey).

Surveys of the general population: *ENVEFF* and the *Baromètre Santé*

In 2000, two surveys took place, the results of which can be compared with the survey of users of accommodation and hot meal distribution services. These were the *ENVEFF* survey of violence against women in France (Jaspard *et al*, 2003) and the *Baromètre santé* (*Health barometer*), a survey of health-related behaviour (Guilbert *et al*, 2001). The *ENVEFF* survey was commissioned in 1997 by the Women's Rights Service, coordinated by the Institute of Demography of the University of Paris I (IDUP) and carried out by a multidisciplinary team of researchers (CNRS, INED, INSERM and the University). The *Baromètre Santé*, meanwhile, was ordered in 1992 by the French Health Education Committee (CFES), now the National Institute for Prevention and Health Education (INPES) in partnership with the leading national bodies responsible for health-related problems. The survey was conducted during 2000, with the assistance of the National Fund for Employees' Health Insurance (CNAMTS), the General Health Directorate (DGS), the Research, Evaluation and Statistical Studies Directorate (DREES), the French Observatory of Drugs and Drug Addictions (OFDT), the National Federation of French Mutual Benefit Associations (FNMF), the High Committee for Public Health (HCSP) and the Interministerial Mission for the Fight against Drugs and Drug Addictions (MILDT). The survey measured the behaviour, attitudes, opinion and knowledge of the population interviewed and provided declarative information on the main health topics

The two surveys were conducted by telephone using a Computer Assisted Telephone Interviewing system (CATI). In both cases, the sample was the result of a random two-stage sample (household then individual) which made it possible to interview people with ex-directory telephone numbers. Household telephone numbers were first drawn at random from the telephone directory. Each number was then incremented by one, so that the list contained some ex-directory numbers. The sample was then weighted according to the probability of sampling within a household, and the metropolitan areas adjusted according to age, socio-professional categories, economic status and marital status, which were obtained from the 1999 census data. The *ENVEFF* sample contained 6,970 women aged 20 to 59 while the *Baromètre santé* sample contained 13,685 people aged 15 to 75.

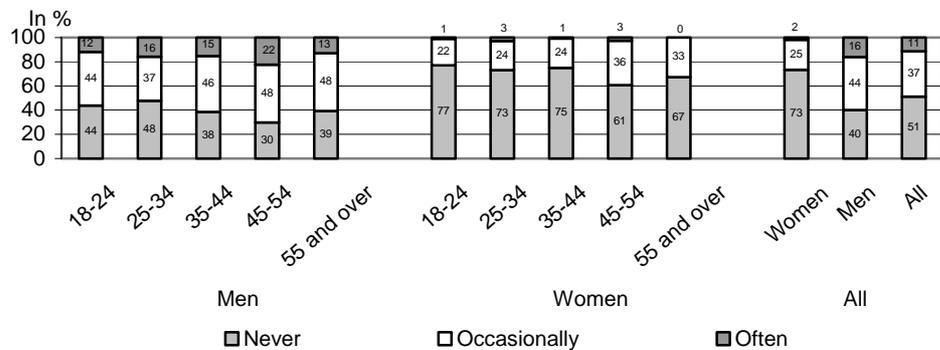
Seemingly moderate current alcohol consumption levels ...

Overall, in the sample of homeless people, half declare that they currently consume alcohol (wine, beer or spirits), most of whom are men (60% compared with 27%). It is important to note straight away that, as often happens in general population surveys, there is ambiguity about products such as cider if an *ad hoc* question is not asked or if it is not explicitly mentioned in the examples, since this product is sometimes considered not to be "alcoholic" (Ancel and Gaussoit, 1998), particularly by teenagers, as the analysis of the free comments in a recent survey of teenagers' attitudes to alcohol consumption showed (Beck *et al*, 2003a).

Although a majority of men of all ages declare that they currently drink, consumption is particularly widespread among men aged 45 to 54 (see graph I). Moreover, more men in this latter age group say that they drink frequently than men in all age groups combined (22% compared with 16%). The proportions of women are very different, with only a quarter declaring that they currently drink, with the exception of women aged 45 to 54, where consumption is more widespread (the number is more than 12% higher than among women overall). Women also differ from men in their low level of frequent consumption, which is equal to or lower than 3% across all age groups.

As a general rule, the observation of higher levels of alcohol consumption among men is consistent with social practices and representations of alcohol consumption which are highly differentiated according to gender. This distinction holds true for most psychoactive substances (Coppel, 2004), with the notable exception of tobacco: for a number of years, there have been as many female smokers as male smokers. Among men, increased sociability as a result of alcohol consumption is frequently associated with the idea of conviviality, solidity and masculine values (Dunning and Maguire, 1995), to the point where alcohol consumption is sometimes even essential to integrate into a social group (Castelain, 1994). For women, on the other hand, this type of alcohol consumption has long been seen as immoral behaviour which was all the more unacceptable because it took place in public outside the family environment. However, this view of female alcohol consumption is disappearing gradually. Alcohol consumption by women is now more frequently associated with positive values such as emancipation and independence (Eriksen, 1999).

Graph I
Current alcohol consumption levels among the homeless



Reading key: in the general population, people aged 65 and over sometimes constitute a specific age category because of behaviour which sometimes differs from that of the 55 to 64 years age group (slightly lower alcohol consumption, a more optimistic view of their state of health, etc). However, as there were too few of them in the sample (65 individuals), it was not conceivable to include them as a separate age group.

Source: survey of users of accommodation and hot meal distribution services, 2001, Insee.

The female homeless population, which seems to consume less alcohol than its male counterpart, is still susceptible to being socially stigmatised as drunkard women⁴ (Bahr and Garrett, 1976). Although this lower consumption protects many of them from the negative consequences of alcohol abuse such as dependence (Fournier and Mercier, 1996), it can have harmful social consequences: in their study, Bahr and Garrett note that itinerant women sometimes hide in order to drink, thus depriving themselves of access to a means of socialisation, the *bottle gang*, through which social links are built up through alcohol consumption, a phenomenon which men use (Rubington, 1968). We should nevertheless emphasise that, even among men, a feeling of shame linked to their status as a drinker can prove to be very prevalent, particularly in a context of social insecurity, as Vincent de Gaulejac points out (1996, p. 246) : “The alcoholic is a specialist in shame and contempt. He lives in permanent fear of the judgement of others.”

⁴ In one of the free comments at the end of the questionnaire, one female respondent was very angry that women had been left to live rough and become confirmed alcoholics.

Questions on tobacco and illegal drug usage unfortunately do not appear in this survey, unlike the study of young users of accommodation, free meals and day centre services in Paris and its inner suburbs (Amossé *et al*, 2001). This therefore limits what we can learn about health risks, insofar as polysubstance dependence can have multiple harmful effects, particularly the combined use of alcohol and tobacco.

... lower than those measured in the general population?

General population surveys concerning alcohol consumption carried out recently in France also show behaviour differing according to gender and age.

In particular, men still appear to consume more than women, and analysis of drinking frequencies reveals significant generational differences (Legleye *et al*, 2001). In the sample of homeless people used, half of the respondents declare that they do not currently drink alcohol, while only 11% say that they drink often and 37% occasionally. In the general adult population, only 7% of people aged 18-75 say that they have not drunk alcohol over the last twelve months, and 25% say that they have not drunk for at least a week. Conversely, 47% of men say that they drink regularly (on at least three days of the week), compared with 21% of women of the same age (33% of men and 14% of women drink alcohol every day). At first glance, then, the homeless seem to consume less than the general population of the same age.

In fact, the results obtained here should be compared very carefully with those obtained in general population surveys, given the different ways in which questions are formulated and even differences in the nature of the questions asked. The question asked in the *Sans-domicile 2001* survey ("At present, do you ever drink wine, beer or spirits?": "often"; "occasionally"; "never") has the advantage of being simply formulated. However, it focuses on current consumption without clearly defining a period, contrary to the practice in general population surveys or school surveys, which use reference periods covering the previous twelve months, thirty days, seven days and the day before the survey (Bless *et al*, 1997; Hibell *et al*, 2001; Leifman, 2002).

Further, the question invites the respondents to evaluate their own practices and to describe how regularly they consume alcohol without enumerating the instances. This judgement process may encourage the respondent to minimise this regularity so as not to give an overly unfavourable image of him/herself, an image close to the stereotype of the "alcoholic tramp". Although this observation holds true in daily life (Gaussot, 1998), it is all the more relevant in the interview situation between interviewer and interviewee. During this "discussion", the respondent often looks for the "right answers", those which seem to him or her to be the most socially acceptable ones, particularly to questions likely to provoke a negative moral judgement (de Singly, 1983). Moreover, some respondents may fear that by declaring even minimal alcohol consumption they may not be fulfilling some of the commitments they have made with their reception centre, which may have consequences on housing. Indeed, many housing integration projects require that the people they work with respect not only common procedural rules (particularly refraining from drinking alcohol in housing⁵), but also commitments made in the framework of an integration programme. For many marginalised women with children, housing is the *sine qua non* for keeping custody of their children. As a result, appearing to be a

⁵ Conversely, some organisations, particularly emergency shelters, tolerate some alcohol in order to not cut themselves off from a section of their target audience.

“good mother” takes on an extreme importance and may explain the particularly low levels of consumption that they declare. Such behaviour may thus result in a picture which differs radically from the one which would be painted in other circumstances, if questioned with their peers, for example (Goffman, 1973). Further, the questionnaire offers very few modalities: adding “rarely” would have enabled the most occasional drinkers to not answer “never”, which suggests total abstinence, while also avoiding answering “occasionally”, which they may have thought was too frequent. Finally, some respondents may have understood the response options “occasionally” and “often” as referring to a daily consumption frequency, which may imply a certain under-declaration.

Making comparisons with other homeless surveys is also difficult for methodological reasons, particularly the lack of standardised questioning, of a sampling frame and, as a result of this, of common criteria governing sample representativeness. Consequently, the results of the survey carried out in France in 2001 contrast with those of the surveys which have shown that problems linked to alcohol use are quite common in populations in social difficulty (Reed *et al*, 1992), particularly homeless populations (Koegel and Burman, 1988; Fischer and Breakey, 1991), and especially male homeless people (Combaluzier, 2004).

On the other hand, the results obtained partly back up the work of Kovess and Mangin-Lazarus (1997), which put into perspective the popular image of alcohol being omnipresent in the homeless population and even among those living rough. Among young users of housing and free meals services and day centres in Paris and the Paris suburbs⁶, alcohol consumption seemed lower than among the general population of the same age (Amossé *et al*, 2001). For the authors of this study, this result is particularly explained by the fact that the majority of youths interviewed do not live on the street in the strict sense, but in hostels or shelters. It is therefore unsurprising that their alcohol consumption does not correspond to that of older and more marginalised homeless people. Finally, the results of the *Sans-domicile 2001* sample contrast with English-language literature which has frequently shown a positive correlation amongst adolescents between the use of all psychoactive substances⁷ and the fact of being homeless (Yates *et al*, 1988; Robertson *et al*, 1989; Forst, 1994; Koopman *et al*, 1994 ; Smart *et al*, 1994).

A wide variety of social situations and consumption types

Although estimations of alcohol consumption among the homeless can vary significantly from survey to survey, it is reasonable to think that a proportion of the differences are caused by the difficulty in defining and then quantifying the various forms of residential insecurity. Depending on the survey, the expressions “sans-domicile fixe” (“homeless”) or “sans-abri” (“rough-sleeper”) do not define the same sets of circumstances (Brousse *et al*, 2002a). Within the

⁶. The definition of the homeless and the sampling method used in these two surveys are quite similar to those used in the *Sans-domicile 2001* survey, with the exception that the definition of accommodation services is more limited (not including mothers' centres, for example).

⁷. We must bear in mind here that the *Sans-domicile 2001* survey does not measure illegal drug use, and that Kovess and Mangin-Lazarus (1997) showed that young people were more likely to use illegal drugs than adults, who were more likely to use alcohol.

sample for the *Sans-domicile 2001* survey there exist particularly disparate social situations and routes taken through life. Therefore, and without questioning the situations of insecurity⁸ and exclusion experienced by one individual or another, there are great differences between a woman with a child living in a shelter and social reintegration centre (CHRS: centre d'hébergement et de réadaptation sociale), who has a job (possibly as part of an assisted employment scheme like a CES (employment solidarity contract), for example), and a man living alone on basic guaranteed income (RMI) and who, during his life, has often had to sleep rough (13% of homeless people say that they have lived rough for over a year during their lives).

On the other hand, the homeless people in the survey also differ from the general population in terms of a number of other characteristics (gender, age, nationality, etc). The population interviewed is younger and contains a majority of men (two thirds of homeless people are men and the number under 40 years of age is 1.5 times higher than in the whole population).

Foreign nationals are also strongly represented, making up 30% of the sample, which is a proportion four times higher than in the general population. This latter point may be explained, on the one hand, by the number of foreigners without the necessary residence documents and, on the other hand, by legislation on the right to asylum and residence which does not allow people with pending applications to work, thus placing them in a precarious financial situation. Moreover, there are too few centres specialising in dealing with these people in France today (Aliaga *et al*, 2003; Bourgeois *et al*, 2004).

Finally, general population surveys have also shown that in addition to gender and age, numerous characteristics such as income and family situation are liable to have an influence on alcohol consumption (Legleye *et al*, 2001). As a consequence, it is interesting to try to distinguish different insecure situations within the sample, even though such an exercise is necessarily difficult and flawed.

Housing conditions, shown here by the respondent's situation the day before the survey, reveal very varied situations which make it possible to group the homeless into two large categories. On the one hand, people in a more or less stable housing situation which allows them to stay in a dwelling during the day, and on the other hand, people without shelter (who slept in a place not designed for habitation the day before the survey). Also included in the latter category are people who are housed for a single night in centres or hostels which they have to leave in the morning, often before eight o'clock, and who as a result are forced to spend much of the day in the street. Rough sleepers who fit this definition are mainly men (more than 90%) and they account for 20% of the homeless people interviewed in the survey.

Financial resources⁹ also make it possible to distinguish two large categories of people: on the one hand, people on regular incomes, including social benefits (31% of people), the RMI (basic guaranteed income) (22%) and salaries (30%); on the other hand, people (16%) receiving unpredictable income from begging and assistance from charities and family. A third of the people in the latter category are under 25 years old (there is no assistance scheme for single people under 25), and 46% are foreign nationals who generally have little access to social benefits. Furthermore, men and women have very different family situations: while the majority of men (88%) live alone, women mostly live with partners or with children (59%).

⁸. Rather than proposing a definition of insecurity, which is not the intention of this article, we will use a number of indicators which define its main characteristics on the basis of data available in the survey.

⁹. This refers to the main sources of income earned during the month prior to the survey. We should note that 16 % of individuals did not wish to answer this question, of whom more than half were foreign nationals.

Other factors, such as state of health, may influence alcohol consumption. The health of the homeless appears significantly worse than the rest of the French population (de la Rochère, 2002a) (see table 1). Only two variables which might partially account for the state of health of homeless people were developed and cross-referenced with the three variables in the CAGE test: perceived state of health and the consumption of psychotropic drugs. It should be recalled here that a respondent's ability to declare the illnesses he or she has suffered differs greatly according to his or her culture (Sadana, 2000) or level of education and age (Kalter, 1992; Mackenback *et al*, 1996), which may partly explain the differences between the populations compared.

Overall, the characteristics observed prove to be linked to alcohol consumption frequency (see table 2). As in the general population, consumption depends heavily on gender: whatever the socio-economic factors studied, far more men than women say that they drink.

Foreigners seem to consume far less than French nationals, with a majority of them saying that they are non-drinkers (64% compared with 46%). This result is consistent with the results provided by the Healthcare access monitoring body (Observatoire de l'Accès aux soins) of the French Mission of Medecins du Monde and based on a study of around 20,000 patients using shelter, care and guidance centres (Fahet *et al*, 2004; Drouot and Simmonot, 2003), and those obtained from 350 patients who consulted a healthcare access centre (de la Blanchardière *et al*, 2004), both of which studies show that foreign nationals consume very significantly fewer psychotropic substances. As the study carried out in free healthcare centres in 2000 by the Research, study and documentation centre for health economy (CREDES, now IRDES: Institut de recherche et documentation en économie de la santé) showed (Collet *et al*, 2003), this consumption gap tends to decrease as the length of stay increases, with foreign patients who have been living in France for at least 10 years having similar consumption levels to their French counterparts. It is not possible to verify this hypothesis here, but some religious reasons might, in part, explain this state of affairs: more than a third of the foreigners interviewed in the survey are originally from North Africa and many others are from Central African countries, regions where Islam plays an important role. Neither should we exclude a greater reticence to disclose using alcohol, which has more stigma attached to it in Islam than in other religions, but this would not fully explain the difference.

Living with friends seems to be associated with frequent alcohol consumption.

Table 1

The perception of current state of health and prevalence of main physical health problems (1) among the homeless

		In %	
		General population	Homeless people using aid services (2)
Perceived health	Mediocre to very bad	3	16
	Average	16	31
	Good to very good	81	53
Discloses at least one chronic or serious illness		32	65
<i>including: - respiratory disease</i>		6	14
<i>- after-effects of serious accident or illness</i>		2	13
<i>- serious eating disorders</i>		<2	9
<i>- liver and gallbladder disease</i>		<2	6
Usage of psychotropic drugs (sleeping pills, antidepressants, etc)		18 (a)	20 (3)
<ol style="list-style-type: none"> 1. "Do you suffer from one of the following chronic or serious illnesses?" (for the precoded list of illnesses, see the questionnaire) 2. The figures are from a previous publication (De la Rochère, 2002a) in which the definition of a "homeless person" is stricter than the one in the present article, since people housed in hotels or by a third party are not included. 3. This figure is the result of the OFDT's analysis of the survey of users of accommodation and hot meal distribution services 			

Scope: people aged 18 to 60.

Sources: survey of users of accommodation and hot meal distribution services, 2001, Insee except (a) Baromètre Santé 2000, Inpes (prevalences during the year).

Table 2
Current alcohol consumption according to various socioeconomic variables

	Occasionally			Frequent			Occasional or frequent
	Male	Female	All	Male	Female	All	All
French	47	29 ^{°°°}	41 ^{***}	20	2 ^{°°°}	14 ^{***}	54 ^{***}
Foreign	36	16 ^{°°°}	30	8	1 ^{°°°}	6	36
Couple with/without children	42	30 ^{°°°}	36 ^{***}	11	1 ^{°°°}	6 ^{***}	42 ^{***}
Single parent family	21	19 [°]	19	32	1 ^{°°°}	4	23
Living with friends	41	26	39	26	18 [°]	25	64
Single	45	29 ^{°°°}	42	15	3 ^{°°°}	13	54
Rough sleepers	37	26 [°]	36	24	6 ^{°°}	22 ^{***}	57 ^{**}
Other	46	25 ^{°°°}	38	14	2 ^{°°°}	9	47
Income from Work	47	28 ^{°°°}	41 [*]	15	1 ^{°°°}	10 ^{***}	50 ^{**}
Basic guaranteed income (RMI)	45	25 ^{°°°}	40	22	3 ^{°°°}	17	56
Benefits (1)	48	25 ^{°°°}	38	17	1 ^{°°°}	10	48
Others (2)	43	22 ^{°°°}	36	13	4 ^{°°}	10	45
All	44	25 ^{°°°}	37	16	2 ^{°°°}	11	49

1. Income from unemployment benefits, single parent allowances, integration allowances, basic old-age pension, maintenance payments (7 individuals affected).
2. Miscellaneous income: family credits or aid from charitable/public bodies or financial assistance given by people in the street.

Reading key: 47% of French homeless men say that they drink occasionally. °, °°, °°° indicate significant differences at the thresholds of 0.05, 0.01 and 0.001 respectively between genders (in rows) according to the Chi² test (in order not to give artificial weight to the tests, they were carried out on the raw frequencies while the data in the table are weighted). *, **, *** indicate significant differences between socio-demographic characteristics (in columns).

Source : survey of users of accommodation and hot meal distribution services, 2001, Insee.

It is likely that this particular situation, which concerns 6% of the population studied, or 181 individuals, favours consumption among peers. Among men, however, those living alone with one child more often disclose frequent use. This surprising result is perhaps due to the low numbers involved: single men raising one or more child only account for 2% of the homeless population (only 35 individuals in the sample). This family situation, therefore, seems fairly rare and probably corresponds to a very specific profile. Finally, living alone also seems to encourage higher consumption levels, among both men and women.

Dwelling type appears to be strongly linked to alcohol consumption, especially frequent use. Overall, the number of individuals classed as "rough-sleepers" who drink alcohol at least occasionally is no greater, but the minority of frequent users in this group is larger (nearly twice as large among men and three times larger among women). These results corroborate those obtained by Amossé *et al* (2001) among young homeless people in Paris and its inner suburbs. Although two young people in ten living in hostels say that they consume alcohol at least once a week, the proportion rises to three in ten for those housed in hotels by charities, four in ten for those living in dwellings found through their connections, and half for those living in makeshift shelters. According to the authors, these consumption levels reflect the positive relationship between alcohol and insecurity, but also the ban on bringing alcohol into some shelters (Orwell, 1931, on London and Paris).

The relatively rare number of disclosures of frequent alcohol consumption by homeless people seems to hide a mixed reality. In particular it seems that growing insecurity causes increasing consumption. The factors considered here often prove to be interrelated. Age has an indirect

impact on many characteristics such as family situation (for example, living with a child is common among young people and women). The “rough-sleepers” category, meanwhile, mainly contains men. Finally, some factors, such as sources of income, are structurally linked either to age or nationality. To monitor these possible confounders, logistical modelling was performed in order to measure the different effects of each factor, all other things being equal (see table 3). The modelling was carried out here on the variable “drinking often versus drinking occasionally or never”. To smooth out any structural links between the variables and take into account the relatively low numbers of people, we used synthetic variables (for example, the number of age ranges was reduced to three). Equally, the modelling by gender which was carried out at first was subsequently abandoned given the very low number of women who say that they drink alcohol regularly and because it did not add any additional information, perhaps because the numbers were low.

Although the analysis confirms the links observed previously, it is possible to create a hierarchy of influential factors. Gender remains a determinant factor in frequent alcohol use, ahead of begging and being a rough sleeper (see table 3). Thus, all other things being equal, there are 4.3 and 1.3 times more frequent drinkers among, respectively, people who said that they begged and slept rough or in a shelter the night before the survey than in other categories, and 5.5 times more men than women. Conversely, being a foreign national, living as a couple or raising children seem to be factors limiting alcohol consumption, as is the case in the general population. Similarly, disclosing income only from family or charitable sources is linked to less frequent consumption. This result, which may seem surprising, is probably linked to the fact that among these individuals, only 56 (or 20% of the people in the category) disclose income which only comes from begging. Moreover, it seems that people who did not indicate the nature of their income have a similar consumption profile to individuals who disclose income linked to financial assistance. In summary, housing conditions could be a more determinant factor in alcohol consumption than resource type, with begging probably playing a specific role which it would be useful to investigate further¹⁰.

Table 3

Model (1) of current alcohol consumption according to various variables adjusted by gender and age

	Drinking often versus others	Odds ratio
Status (versus other homeless people)	Rough-sleeper	1.32*
Source of income (2) versus fixed income: salary or benefit including RMI	Others (sporadic aid, gifts, etc)	0.62**
	No response	0.62**
Begging (3): versus no	Yes	4.26***
Family situation (versus single)	Raising a child and/or living as a couple	0.75
	Living with friends	2.00**
Male (versus female)	Male	5.47***
Nationality (versus French)	Foreign	0.43***
Age (versus under 30)	51 and over	1.59*
	30 to 50 years	1.53*

1. Modelling was carried out using raw frequencies.
2. 16% of individuals did not reply to the question so a “no response” category was included in the model in order to monitor a potentially very specific profile.
3. Disclosing having begged every day or sporadically during the month prior to the survey.

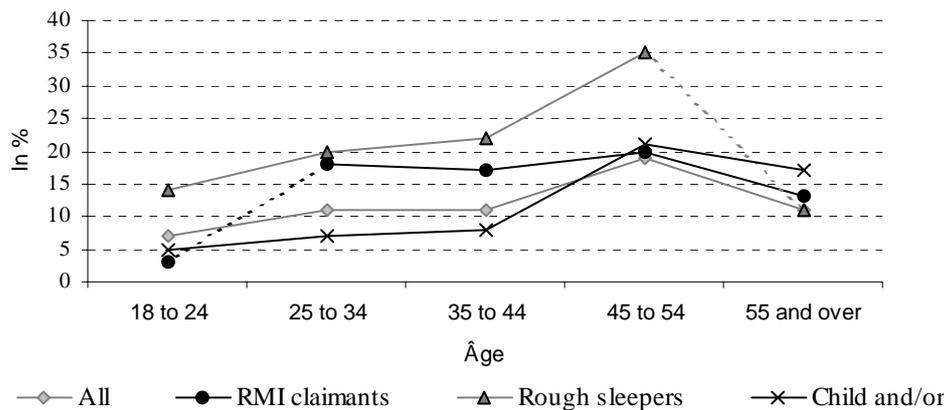
Reading key: *, **, *** indicate odds ratios significantly higher or lower than 1 at the thresholds of 0.05, 0.01 and 0.001. Therefore, people resorting to begging are significantly more at risk (4.3 times) than others of drinking often. Source: survey of users of accommodation and hot meal distribution services, 2001, Insee.

¹⁰. 35% of those who declare that they beg receive RMI and 10% have a salary. In France, with the exception of the under-25s, the whole of the population is theoretically entitled to receive financial aid, whether it is the RMI (basic guaranteed income) or the old-age pension. Begging may be more of a lifestyle indicator than a sign of a lack of financial resources.

Rough-sleepers appear to consume significantly more than homeless people in general of all ages, with a peak (35%) for those aged 45 to 54. People receiving RMI (basic income guarantee) have the highest prevalences, except for those over 45 years of age. Finally, people living as a couple or with children have the highest consumption levels. Here again, those aged 45 to 54 have the highest prevalence (20% and 21% respectively)¹¹. The low level of consumption among rough-sleepers aged 55 and over is probably due to the low numbers involved (14 people). They are mainly single men, with an average age of 58 (see graph II).

Graph II

Frequent alcohol consumption by age range according to different categories of homelessness



Reading key: the dotted lines highlight categories in which numbers are low. For example, only 14 rough-sleepers are aged 55 and over.

Source: survey of users of accommodation and hot meal distribution services, 2001, Insee.

In sociological literature, alcohol use is often presented as a lifestyle inextricably linked to the street: its role among different groups and the pressure to consume which these groups exert are reminiscent of the "confraternal proselytism" which is found in some professions (Castelain, 1994; Rouquet, 2001). Within a social group, alcohol is often a factor which is liable to facilitate interaction. To the extent that most members drink alcohol, it helps to increase a person's popularity and allows them to be in line with the prevailing norm". For rough-sleepers, although alcohol consumption, particularly for men, retains this socialisation role, it can also be directly linked to living conditions, especially as a means of tolerating the harshness of street conditions. Alcohol consumption practices are to a great extent determined by lifestyle choices and living conditions. Mobile teams which go to the assistance of people experiencing great exclusion highlight the omnipresence of alcohol as a preliminary to sociability, the high level of blame which individuals attach to it in their physical and mental decline, and the role it plays in breaking down shame and inhibitions when begging. They also mention the support it provides when remaining immobile in the street for long periods, protection from human violence and the vagaries of the weather, and the anaesthetic function which allows individuals to tolerate the sometimes long periods spent collecting the money needed to restock in alcoholic drinks (Nauleau and Quesemand-Zucca, 2002). These teams also observe that when an individual is

¹¹. Homeless people under the age of 25 living as a couple with at least one child may receive RMI; such a situation was rare in the survey (2 cases)

cared for in a medical rest home, withdrawal is possible and even remarkably rapid and accepted. However, a return to the street seems inevitably to cause relapse. Alcohol plays an almost analgesic role which seems similar to the role sometimes played by opiates (heroin in particular). Opiates provide relief from the pains linked to the harsh and uncomfortable nature of life on the street when the individuals have the financial means to procure them (Wright *et al* 2005).

Within the homeless population, then, the main factors linked to frequent alcohol use remain similar to those found in the general population. The most insecure situations (particularly rough sleeping) are strongly linked to frequent alcohol consumption. Conversely, caring for a child is an important factor in obtaining assistance and in integration, particularly in terms of housing, for homeless people. However, using specific establishments offering medium or long-term stays such as CHRS perhaps encourages greater self-control of psychoactive substance use, particularly alcohol.

Problematic alcohol use, which is difficult to measure and concerns above all situations of great insecurity

Identifying users with problems is a particularly difficult task in a quantitative survey. Questions likely to be used to this end, which are often stigmatising, would instead require an in-depth interview during which the background to consumption should be dealt with in detail. The most commonly used test at present is the Alcohol Use Disorders Identification Test (AUDIT) (Saunders *et al*, 1993) of which a French version exists (Michaud *et al*, 2003). This test has been validated against DSM IV abuse and dependence criteria in a clinical and a general population (APA, 1994), but it is long (ten questions) and unfiltered and therefore quite tiresome for people who are not very affected by alcohol. A short five-point version is therefore sometimes recommended for the least affected individuals (Piccinelli *et al*, 1997), and there is even a reduced version containing only the first three questions, AUDIT-C (Bush *et al*, 1998; Aertgeerts *et al*, 2001) which places individuals into broader categories relative to alcohol risk and which has been validated for this purpose¹²

In the CAGE test (Ewing, 1984), generally used in general population surveys (Baudier and Arènes, 1997 ; Legleye *et al*, 2001), people are considered to be “at risk” alcohol users if they answer yes to at least two of the following questions :

Have you ever felt the need to reduce your consumption of alcoholic drinks ?

Have people around you ever made comments about your drinking ?

Have you ever had the impression that you were drinking too much ?

Have you ever needed to drink alcohol in the morning to feel good in yourself ?

The validity of the use of the American version in the general population has, however, been questioned (Bisson *et al*, 1999). One of the test's faults is that suggests one's whole life as a temporal reference and may as a result identify former at risk users who at the time of the interview have no alcohol problems. In the *Sans-domicile 2001* survey, only three of the CAGE

¹². The issue of measuring alcohol problems in France was the subject of a recent study of the performance and contribution of the AUDIT-C and CAGE tests in two general population surveys (Com-Ruelle *et al*, 2005). For a review of the main early detection tests of the problem use of alcohol and other psychoactive substances, see Beck and Legleye (2005).

test questions were used: the question about having the impression of drinking too much was not asked. In fact, although a recent study suggests reducing the test to three questions for reasons of sensitivity and specificity, it concludes that the question about drinking in the morning to feel good should be removed (Malet *et al*, 2002). Furthermore, these three questions were only put to people who said they drank at the time of the survey (*occasionally* or *often*) and focused only on the previous twelve months, which isolated the individuals who were currently having drinking problems more effectively.

As with the question on usage frequency, the use and interpretation of this test require several precautions to be taken. Firstly, the test is incomplete, as one question is missing; it cannot therefore, strictly speaking, identify the same uses as the CAGE test and is not based on a standardised score. On the other hand, its characteristics are in part dependent on the respondent's entourage, which may reveal itself to be more or less tolerant of the respondent's alcohol-drinking habits. However, the individual's sensitivity to the risks inherent in the use of a psychoactive product is strongly linked to his or her own use of the product but also to the norms governing consumption in his or her own social environment, his or her quality of life and education, etc (Beck *et al*, 2003). These characteristics differ significantly relative to the general population, and therefore it is probable that the test offers different results from those which would be obtained in other segments of the French population. Finally, it is important to state the objective of such a tool: CAGE does not identify alcoholism or dependence as such, but more modestly the sub-group of uses which may be considered to be potentially problematic for the individual and his or her entourage. The advantage of this social construction is to constitute a reference, the idea being that the standard is the general population and that the percentage observed in a particular population only makes sense by comparison with this standard.

In the *Sans-domicile 2001* survey, for both genders, the most common response was the need to reduce one's consumption (20% of men and 4% of women), ahead of comments made by people around the respondent (14% and 1% respectively) and the need to drink alcohol in the morning to feel good in oneself (7% and 2% respectively) (see table 4).

Table 4
Potentially problematic alcohol use according to various socioeconomic variables

	Need for alcohol in the morning to feel good in oneself			Feeling the need to reduce consumption of alcoholic drinks			The people around me have made comments about my drinking		
	Men	Women	All	Men	Women	All	Men	Women	All
French	9	2 ^{°°}	6 ^{***}	24	4 ^{°°°}	17 ^{***}	16	1 ^{°°°}	11 ^{***}
Foreign	4	2 [°]	3	11	3	8	8	1	5
Couple with/without children	2	0	1 ^{***}	11	2 ^{°°}	6 ^{***}	5	1 ^{°°°}	3 ^{***}
Single-parent family	1	2 ^{°°}	2	35	2 ^{°°°}	5	1	1	1
Living with friend(s)	8	25 ^{°°°}	10	21	29 [°]	22	18	7 ^{°°}	16
Single	8	1 ^{°°°}	6	20	4 ^{°°°}	17	15	2 ^{°°°}	12
Rough-sleeper	12	4	11 ^{***}	20	11	19 [*]	12	2 [°]	11 [*]
Homeless person	5	2 ^{°°°}	4	20	3 ^{°°°}	13	14	1 ^{°°°}	9
Income from Work	3	1 ^{°°}	2 ^{***}	17	2 ^{°°°}	12	7	1 ^{°°°}	5 ^{***}
RMI (Basic guaranteed income)	11	3 ^{°°°}	9	25	7 ^{°°°}	21	21	2 ^{°°°}	15
Other fixed income	8	1 ^{°°°}	5	25	4 ^{°°°}	16	20	2 ^{°°°}	12
Others	9	2 ^{°°°}	7	16	3 ^{°°°}	12	12	1 ^{°°}	8
All	7	2 ^{°°°}	5	20	4 ^{°°°}	14	14	1 ^{°°°}	10

Reading key: 9% of French homeless men disclosed "having needed alcohol in the morning to feel good in myself".
°, °°, °°, indicate significant differences between the genders at the thresholds of 0.05, 0.01 and 0.001 respectively (in rows), Chi² test or Fisher's exact test where the numbers are too low. *, **, *** indicate significant differences between socio-demographic characteristics (in columns).

Source: survey of users of accommodation and hot meal distribution services, 2001, Insee.

As before, foreign nationals, those raising children, individuals with generally stable housing or a profession have fewer potentially problematic drinking habits than the homeless population as a whole. In all hypothetical cases, women still have far fewer problems linked to their drinking, although the differences between men and women do not appear to be significant among rough-sleepers (the very low proportion of female rough-sleepers nevertheless suggests that we consider this latter point with precaution). As a general rule, the prevalences measured among women are very low (lower than 5%) except among RMI claimants and rough-sleepers (7% and 11% respectively disclose that they “have felt the need to reduce their consumption”) (see table 4). But here again these results are probably linked to the small size of the sample concerned. Among men, rough-sleepers and then RMI claimants answer the questions in the affirmative in the highest numbers.

The survey provides another perspective on these results by using alcohol-related problems in the respondent’s family. 23% of interviewees disclose that they experienced a similar problem in their family during their childhood, and the proportions increase with the number of positive answers to the test (see table 5). However, these are not the most common problems disclosed by the respondents: of the ten difficult situations suggested, they occupy a median position, along with divorce and one parent leaving (24%). Major money problems, and disputes with parents, disclosed by 34% and 32% of respondents respectively, are at the top of the list, while a parent spending time in prison (6%) remains by far the rarest problem.

Table 5
Problems experienced by homeless people before the age of 20

	In %				
	Men	Women	Foreigners	French	All
Major money problems	31.7	39.2	31.5	35.8	34.4
One parent’s long-term unemployment or bankruptcy	11	16.6	10.4	14.0	12.9
Father’s serious illnesses, handicaps or accidents	18.9	20.8	17.7	20.3	19.5
Mother’s serious illnesses, handicaps or accidents	16.3	19.8	13.4	19.3	17.5
Parents’ divorce, one parent’s leaving	21.7	29.3	13.9	28.7	24.2
Serious disputes or conflicts between parents	29.2	39.1	17.5	39.1	32.5
Domestic violence	22.0	30.7	11.2	30.9	24.9
Alcoholism-related problems in the family	21.6	25.1	5.8	30.3	22.8
One parent went to prison during the respondent’s childhood	5.6	8.1	3.6	7.7	6.4
Serious conflict with a family member	26.0	33.3	13.8	35.0	28.5

Source: survey of users of accommodation and hot meal distribution services, 2001, Insee.

Whatever the problem disclosed, there are still significantly less foreign than French homeless people (all differences are significant), with the largest disparity concerning family alcoholism problems (5.8% compared with 30.3%).

Two general population surveys conducted in 2000 posed questions similar to those in the *Sans-domicile 2001* survey and offer points of comparison: the ENVEFF survey and the *Baromètre Santé (Health Barometer)* (see Box 1). In the first, women aged 20 to 59 were interviewed about whether they had felt the need to reduce their consumption of alcoholic drinks during the past twelve months, while in the second, people aged 15 to 75 were asked the four CAGE test questions.

Despite the different reference periods in the *Baromètre Santé 2000* (whole life) and the *Sans-domicile 2001* survey (the past twelve months), the proportions of positive answers in the two surveys are similar (see table 6). However, there is a significant difference concerning whether the person has felt the need to drink alcohol in the morning to feel good: among homeless men, the proportion of people who responded positively to this question is nearly six times higher (7% compared with 1.2%). Given that the reference period of the question is shorter in the *Sans-domicile 2001* survey, it is likely that potentially problematic drinking is more common in the homeless population than the general population (in which the percentages include individuals who have experienced comparable situations but not during the past twelve months).

Table 6

Incidence of three signs of potentially problematic alcohol use in three adult surveys

	I have needed to drink alcohol in the morning to feel good in myself		Feeling the need to reduce consumption of alcoholic drinks		The people around me have made comments about my drinking	
	Men	Women	Men	Women	Men	Women
Sans-domicile 2001	7	2	20	4	14	12
ENVEFF 2000	-	-	-	3.9	-	-
Baromètre 2000	1.2	0.3	19.0	6.9	11.6	2.6
MGEN 2001	1.8	0.7	20	8	11	3

Scope: the reference period is the past year in the survey auprès des personnes fréquentant les services d'hébergement ou de distribution de repas chauds, all one's life in the ENVEFF survey, the Baromètre santé and the MGEN survey.
Sources: survey of users of accommodation and hot meal distribution services, 2001, Insee; ENVEFF 2001; Baromètre santé 2000, INPES; MGEN 2001.

In the sample for the *ENVEFF* survey, 3.9% of women had felt the need to reduce their alcohol consumption during the year (Beck and Brossard, 2004), as in the *Sans-domicile 2001*. Finally, the health survey of *MGEN* associates conducted in 2001 among 6,650 members aged 20 to 60 (Kovess *et al*, 2001) broadly confirms these levels; the results were broadly similar to those in the *Baromètre santé 2000*.

The designers of the *CAGE* test state that the present or past risk of alcohol dependence is high if positive answers are given to at least two questions. The use of such a score for the three questions from the *CAGE* test used in the *Sans-domicile 2001* survey is not validated, but given that three rather than four questions were used, its use can only be more discriminative. According to this criterion, 9% of the homeless population are at significant risk of alcohol-related problems, with six times more men than women in this situation (13% compared with 2%). According to the *Baromètre santé*, 4.1% of the general population (aged 18 to 75) are in this position with, again, six times more men than women (7.1% compared with 1.3%)¹³. This gap confirms that problematic alcohol use is more common (from one to two) in the homeless population, both surveys putting the maximum risk at between 40 and 50 years, and the size of the male-female gap.

¹³. The corresponding proportions for the full *CAGE* test are 9.2% (14.6% vs 4.1%), the sex ratio thus being lower, to the order of four.

Using the logistic modelling above, limited to alcohol users, it is possible to verify that registering at least two signs of problem drinking out of the three suggested (rather than one or none) is associated with the same factors as frequent alcohol use. On the one hand, being male rather than female (an odds ratio (OR) of 2.10), begging frequently (OR=2.1) or being aged 30 to 50 (OR=1.95), and living with friends rather than alone (OR=1.52, which is only just significant), significantly increase the chances of showing such signs. Conversely, being a foreign national (OR=0.62), living as a couple or with children rather than alone or not having indicated the source of one's income (OR=0.61) decrease the chances significantly¹⁴. However, this confirmation is unsurprising given the link between consumption frequency and signs of problem drinking. It is therefore useful to clarify the situation using other data to increase our understanding.

Despite the fact that insecurity is strongly linked to more common uses and more common potentially problematic uses, there are few differences between homeless people who give one, two or even three positive answers (see table 7 and graph III). The only genuinely significant difference is that concerning health: the more potentially problematic signs of use they disclose, the more negative is their opinion of their state of health: while a majority of people who give no positive answer consider that they have a good state of health, only 20% of people giving three positive answers make this judgement ($p<0,01$). The same is true with the consumption of psychotropic drugs, with nearly twice as many people in this category disclosing that they had taken such drugs in the last seven days than the sample as a whole. Nevertheless, a trend analysis confirms the link between insecurity and problem drinking: although the differences are not significant because the frequencies are too low, some signs of insecurity are more frequent among individuals who show more than one sign of problematic use. Thus "having slept rough during one's life" seems more widespread among individuals who give three positive answers to the test than among people who only give one or two.

*

* *

The *Sans-domicile 2001* survey summarily quantifies the levels of alcohol consumption among different categories of homeless people using aid services and thus to show the diversity of uses according to housing and resource type, but also according to respondents' age, gender and nationality. There is, however, no question of detailing the root causes of the respondents' consumptions or situations on this basis alone. This survey instead serves to show that alcohol is not always as central in the lives of homeless people as popular belief generally has it, and to recall that this relationship corresponds most often to extremely marginalised individuals, sections of whom were not interviewed for the *Sans-domicile 2001 survey*. Indeed, many categories of homeless people could not be included in the survey, like for example people not using aid structures even though they are aware of their existence. There are also those people who live in small towns which do not enjoy accommodation or free meals services.

¹⁴. Receiving sporadic aid rather than a fixed income also seems to limit the chances of showing at least two signs of problematic use, but the odds ratio is not significant (OR=0.76)

Table 7

Characteristics of the homeless according to the number of signs of potentially problematic drinking disclosed during the past twelve months

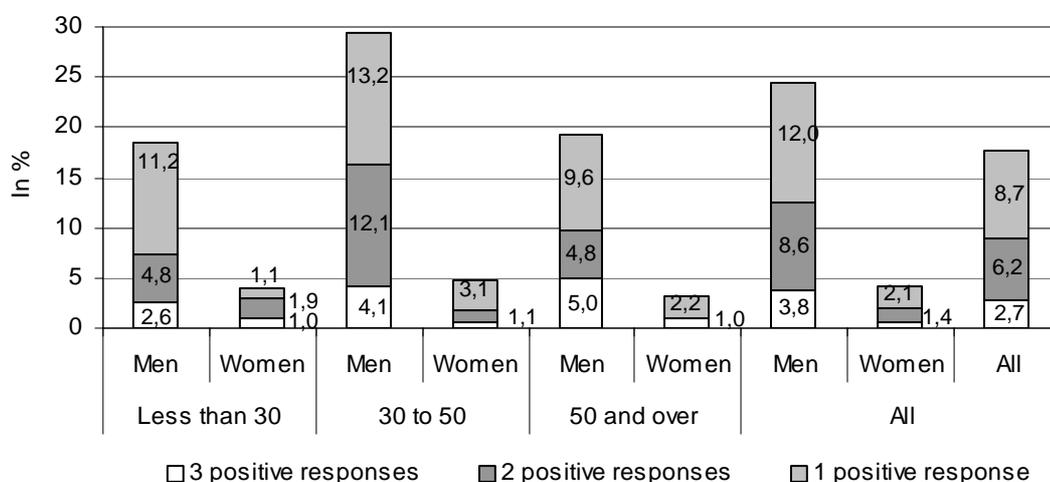
Proportion of positive responses		None	One	Two	Three	In % All
Gender	Male	60.9	91.7***	92.3	93.5	66.4
Family situation	Single	67.7	84.6***	91.2	95.0	71.2
Housing situation the day before the survey	Rough-sleeper	17.8	30.9***	27.7	24.2	19.7
Income	Salary	31.7	32.3	11.9	16.8	30.3
	RMI	20.2	30.8***	34.1	32.3	22.4
Nationality	French	66.7	81.7***	85.0	79.0	69.5
Has slept rough at least once	Yes	45.5	77.1***	75.6	83.2	51.1
Health (perceived state of health)	Good	57.0	47.2*	35.3**	20.4**	53.8
Psychotropic Drugs (everyday, some days)	Yes	18.4	23.6	28.8	37.5**	20.2
Domestic violence	Yes	23.4	24.3	41.9	30.8	24.9
Family alcoholism problem	Yes	20.8	25.9	38.8	36.4	22.5
Number of persons		3 238	285	193	83	3 805

Reading key: there are significantly more men among individuals who have disclosed one sign of problematic use than among individuals who have not declared any (91.7% compared with 60.9%, $p < 0.001$). *, **, *** : Chi-2 test significant at the thresholds of 5%, 1% and 0.1% respectively to compare percentages between two adjacent columns.

Source: survey of users of accommodation and hot meal distribution services, 2001, Insee.

Graph III

Cumulation of signs of potentially problematic alcohol use among the homeless population during the past twelve months



Source: survey of users of accommodation and hot meal distribution services, 2001, Insee.

For people showing symptoms of excessive alcohol consumption, it would be relevant to explore the time values and contexts of this practice: for example, is alcohol more systematically consumed in emergency situations or in harsher circumstances (on the street, in emergency shelters, etc) and less systematically when the environment becomes less troubled? Beyond the limits of comparability between the questions on the *Sans-domicile 2001* survey and those in the general population surveys conducted recently in France which suggest avenues of improvement to follow in the future, it would be very useful to add several questions on tobacco and illegal drugs to a future survey in order to improve the barely sketched picture of the relationship between the homeless and psychoactive substances. Recent progress made in general population surveys on the subject of drugs in France and in Europe should provide a methodological framework and standardised question forms which will be useful in designing a questioning strategy suited to the homeless population and which will be comparable with the framework data produced for the whole population.

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Do the users have anything to add?

Gaël de Peretti*

The *survey of users of accommodation and hot meal distribution services* ended with an intentionally very vague question in order to allow a population which rarely gets the chance to express itself to have its say. Half of them took this opportunity for a wide variety of reasons and their answers are, as a whole, very different, both in terms of the topics they deal with and the way in which they are expressed.

Around a fifth of them talk about the survey, mainly to note its quality but also to criticise its length or the redundancy of some questions, and to question how useful it is. A third of interviewees concentrate on the difficulties they have finding housing, employment or both, and criticise the vicious circle they are caught up in: they need a job to find housing and vice versa. A fifth took the opportunity to talk about shelters, either highlighting the positive role they play in the reintegration process or criticising the living conditions in them. One person in ten talked about support services in a generally critical way or directly criticised the people who work with them, such as social workers, while eight interviewees in ten said that they were satisfied with the contact they had had with the various services in other questions in the survey. Other topics are touched on, but in lower proportions, such as family – either conflictual relationships with their ascendants or the nuclear family and the struggle to preserve it in these circumstances – red tape, life on the street and the future.

While the answers given open up new avenues to follow in order to improve the questionnaires for the benefit of homeless people, the persistent difficulties experienced by people without administrative documents, couples, families and young people form a common thread running through them all.

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The question of the legitimacy of a statistical survey of the homeless was immediately raised, and it was answered in the affirmative, one of the main reasons cited being the chance it provided to “talk about oneself, [which], even in a structured context, means somebody is taking an interest in you and allows you to escape a little from the tyranny of the everyday and the feeling of social invisibility” (Firdion *et al*, 1995, p.46). However, in addition to a census, which was needed to “move from a debate on the figures to other debates” (*ibid*), the survey was to focus on the processes which lead people into exclusion and prevent them from escaping it (CNIS, 1996). This aim led the designers of the survey to increase the number of retrospective questions in order to try to identify these processes as clearly as possible in the areas of housing, employment, health and the family. The number of these questions meant that the interviewee often had to recall potentially difficult or painful episodes. In addition, in order to “return a favour” to the interviewees at the end of the survey, the designers chose to conclude it with the following open-ended question: “*Would you like to add any information which this questionnaire does not deal with?*” This question was intentionally very open and gave the interviewee great freedom, which ensured that he or she chose a topic which was relevant to them and therefore gave a reliable and informative answer (Brugidou, 2001). On the other hand, this freedom might have undermined statistical analysis, given that the subjects discussed were very diverse (Lallich-Boidin, 2001). However, the survey deals with many areas: housing, income, employment, training, health, relationships with family and friends, childhood, receiving support, etc. Therefore, several choices are offered to the respondents: to complete or criticise the information collected by the questionnaire, talk about general problems affecting users of support services for homeless people, or talk about their personal situation.

A very open question in an unprecedented survey

There are three main reasons for inserting an open-ended question (Lebart, 2001). In some cases, these questions can be used to reduce interview time. Indeed, collecting some items of information can require several closed-ended questions, when a single open-ended question would suffice. Next, an open-ended question is essential when one wants to obtain additional information (“why” or the detail relating to an “other” answer) or when one is not certain of having exhausted the relevant answers with a closed-ended question. Finally, and this is why this open-ended question was inserted, open-ended questions are particularly effective at collecting spontaneous information.

This practice has become more widespread recently, particularly to conclude questionnaires on sensitive subjects. Thus, the *ESCAPAD* survey (Survey on Health and Consumption on Call-Up and Preparation for Defence Day), which mainly focuses on the use of psychoactive substances, ends with the following question: “If you have any comments to make on the questionnaire or the subject, you may do so below. If you did not want to answer particular questions, would you mind explaining why?” (Beck *et al*, 2000). The analysis of these answers made it possible to modify the questionnaire but also to take into account the commonly stated wish for feedback on this survey (Beck *et al*, 2005). The question in our survey is very similar to the one which ends the survey on the changing situation of RMI (basic guaranteed income) claimants: “Would you like to add, in a few words, information which you think is important and which our interview did not cover, concerning your situation or your points of view on RMI or stopping claiming RMI?” This latter question was also used by Lebart (2000) in a more methodological perspective and one of the conclusions of his report was to “gradually move towards a statistical analysis of open-ended questions, [...] if only to validate the basic information and because the basic information is of good quality”.

However, the open-ended question which concludes the survey of *users of accommodation and hot meal distribution services* (or *Sans-domicile 2001*) should clearly not be analysed out of context, particularly as it is integrated into an unprecedented survey of a population of which little was known before. The particularities of the studied population must be taken into account since they may influence the textual corpus produced and analysed. Indeed, the questionnaire represents “an unusual undertaking for some of the people interviewed, who are in situations of

dependence with relation to institutions and society in general” (Lebart, 2000, p.72). Thus, before analysing the responses, we must be aware that not all individuals understand the question in the same way and therefore do not really answer the same question.

“To imagine that the same question means the same thing to social individuals separated by cultural differences linked to belonging to a particular class is to ignore the fact that language differences do not only differ in the extent of their lexis or their degree of abstraction, but also in the themes and problems that they convey” (Bourdieu *et al*, 1968, p.70). Furthermore, the validity of the information contained in the open-ended questions is sometimes called into question because it is thought to reveal more about the individual's level of education than their views on the subject in hand (Craig, 1985). The level of education of our study population is much lower than the level of the general population, which may have a negative impact on the quality of the data collected, and the question asked is complex from a linguistic point of view: the use of the word “information” and – in French – the inversion of the subject in the question. However, the supporters of open-ended questions believe that the individual's interest in the subject determines whether or not the interviewee is involved in their answer (Geer, 1988). In our case, the question is very open, which might either annoy respondents (*what should I talk about?*) or encourage them (*here is what I didn't get the chance to say*). Our hypothesis is as follows: the respondents answered the question in order to say something meaningful even if expression difficulties on the part of the interviewees may have limited the lexical variety of the corpus (Lebart, 2000).

The interviewer/interviewee relationship puts the results into perspective

When analysing this issue, an interviewer effect is also possible, even though it is thought to have a minor impact on open-ended opinion questions and impacts mainly on the form ⁽¹⁾ of the text and perhaps on the number of topics dealt with (Caillot and Moine, 2001). Indeed, according to the interviewers, the transcription of the interviewees' comments was more or less faithful: the choice of direct or indirect style, whether or not to use abbreviations, telegraphic style or full transcription, etc. The hypothesis that written text is the exact equivalent of speech is not tenable (Lallich-Boidin, 2001), particularly as the interviewer's version has to be added to the entry clerk's version and the fact that each answer was automatically shortened to 200 characters (see de Peretti, 2005, for a more detailed description of the passage from oral to written and shortening). However, because of the delicate nature of the survey, it is possible that, in this case, the interviewer effect might not be limited to the interviewer's "translation" (Dubéchet and Legros, 1993). The response rates of the 315 interviewers vary significantly from 0% (14 interviewers) to 100% (25 interviewers). Similarly, the average length of responses by interviewer is very varied. Of the interviewers who completed between eight and eighteen surveys (which corresponds to the interquartile range), the average answer length is between 37 and 187 characters. In this same sample, the interquartile range is 50 characters.

¹. This term is to be understood essentially in terms of opposition, in other words choice of vocabulary and syntax.

These differences may simply be explained by survey conditions of varying difficulty in different collection sites. Nevertheless, although the impact of the type of support service (see Box 1) where collection took place is not significant, a selection effect may exist according to the different types of accommodation. Indeed, the way individuals are dealt with by the aid sector appears to differ according to age, gender, family situation and even the income of the homeless person (Soulié, 2000). However, these variables are presented in this analysis and using the type of support service is a very approximate way of assessing collection conditions.

It is possible to know how well the interviews were conducted because the interviewers were asked to explain why an interview went badly, where they thought that it had. Only 5% of interviews did not go well overall (128 questionnaires out of 4,084). The most commonly cited reasons are: comprehension difficulties, memory problems, anxiousness or fatigue on the part of the interviewees, refusals to respond to questions thought to be indiscreet, concentration problems (linked to alcohol, medicines or drugs) and the survey's confidentiality. Finally, problems due to weather conditions or environment are highly insignificant ⁽²⁾.

Another possible approach to the "interviewer/interviewee" effect is to observe the link between the interviewer's opinion of the survey and the number of responses to the open-ended question. The interviewers were asked a number of questions so that they could evaluate the interviews. Three questions seem relevant in explaining the number of responses to the final question: *the respondent's comprehension of the questions was excellent, good, satisfactory or bad; the respondent's capacity for self-expression was excellent, good, satisfactory or bad; overall, how would you describe the respondent's level of interest in the interview: high, average or low.* To a certain extent, these three questions shed light on the debate about the validity of open-ended questions: level of education or interest in the subject. In fact, the level of comprehension of the questions and the respondents' capacity for self-expression did not have a significant impact on non-response to the open-ended question, with the exception of the "bad" option, which concerned few interviewees (4% and 5% respectively). On the other hand, the higher the respondent's interest in the interview, the more individuals answered the question. Answering the question therefore seems more linked to the individual's interest in the subject than their capacity for expression. At the same time, only the respondent's comprehension level ⁽³⁾ had an impact on answer length: the worse it is, the shorter the responses were.

Finally, the question of the role assigned by the interviewee to the interviewer must be raised. If the respondent sees the interviewer as a representative of the State who is likely to have an influence on the delivery of social integration assistance, he will "open up" to make what he needs or lacks known (Fassin, 2000). If he sees the interviewer as a being linked to the support service where he is being interviewed, he may either comment freely or boast about the quality of the service depending on whether or not he fears reprisals. Finally, if he thinks that the interviewer is only acting on behalf of a survey institute or an institution which produces statistics but has no power to improve his situation, he will merely judge the questionnaire or how useful such a survey is.

². One interviewer complained about the cold and four had problems related to a lack of privacy for the interviewee (disturbed by lodgers or spouse).

³ The very high correlation between the comprehension and expression variables (85% of interviewees had the same level of comprehension and expression) means that if we only choose one of the two variables, it is significant, while if we choose both, only comprehension has a significant impact. This illustrates the effects of the colinearity of variables in regression models.

THE SURVEY OF USERS OF ACCOMMODATION AND HOT MEAL DISTRIBUTION SERVICES

The survey *auprès des personnes fréquentant les services d'hébergement ou les distributions de repas chauds* (or *Sans-domicile 2001*) was conducted from 15th January to 15th February 2001. In addition to enumerating these users, the principal objective of the survey was to describe in detail their socio-demographic and economic characteristics, their daily living conditions, their residential history and their struggle to access housing.

In the absence of a sampling frame, INSEE decided to build up a base of accommodation and hot meal distribution services and so to interview only the users of these services in twenty-four urban areas of more than 20,000 inhabitants (see Brousse *et al*, 2004, for the list of these areas).

Eight types of support services were distinguished to build up the base of support services: accommodation in dispersed housing; accommodation in a hotel room or an emergency place in a young migrant workers' hostel or in a social residence; collective accommodation in a bedroom, dormitory or short-term housing (under fifteen days); collective accommodation in a bedroom, dormitory or medium or long-term housing (more than fifteen days); mobile lunchtime meal service; mobile evening meal service; fixed lunchtime meal service; and fixed evening meal service. The accommodation services included in the survey are: shelters (emergency hostels, CHRS (shelter and social reintegration centres), centres for mothers, social hotels, night shelters, work communities); places allocated on an emergency basis in a young workers' hostel (FJT), a migrant workers' hostel (FTM) or a social residence; accommodation owned by charities, shelters or other bodies; and hotel rooms paid for by charities, shelters or other bodies.

For obvious practical reasons, the people interviewed are French-speaking users of these two types of service aged eighteen and over.

These choices have consequences for the survey's resulting field. Firstly, homeless people who never use these services and non-French speaking foreign nationals are not included. Secondly, people with personal housing but using meal distribution services are surveyed. Also, in order to take these limits into account, INED conducted two supplementary surveys of non-French speaking people (Marpsat and Quaglia, 2002) and of those who did not use support services for the homeless to establish the consequences of these restrictions (Marpsat *et al*, 2002).

The advantage of this methodological choice is to move from a negative definition of the 'homeless' as people who do not have personal housing to a positive definition which clarifies the criteria and the reference period. This latter choice is not neutral, because, automatically, the longer the reference period, the more the number of people defined by the criteria in use should increase. The definition chosen and used in various INSEE publications (Brousse *et al*, 2002a, 2002b; de la Rochère, 2003a, 2003b) covering "homeless people using support services" is the following: "A person is said to be homeless on a given day if he or she spent the previous night in a place not designed for habitation or if he or she is in the care of a body providing free or low-rent accommodation".

All these comments are made in the context of wanting to "take account of the particular collection conditions which apply to questionnaire surveys" (Bessière and Houseaux, 1997). This work is all the more necessary because we will be working with material which is part qualitative, part quantitative (Jenny, 1997) and because this reflection will guide both the processing of the material and the interpretation of the results.

An intentionally experimental methodological choice

In recent years, INSEE have used more and more open-ended questions ⁽⁴⁾ in its household surveys, but they remain rarely used. The reasons given to explain closed-ended questions still seem relevant: they are easier to ask, code and analyse (Schuman and Presser, 1981). Moreover, for a long time, the analysis of open-ended questions entailed closing them using a post-coding process of varying detail. Thus, for the *ESCAPAD* survey, eighteen categories were used, of which fourteen were grouped under five themes and four were judged to be secondary

⁴. In this paragraph, we make reference to open-ended questions other than those which allow us to collect the clear wording, when the option "other" is offered in a closed-ended question.

(Beck *et al*, 2000, pp.175-186). In their study of the process of finding a spouse, meanwhile, Bozon and Héran (1987) took a contrasting approach, defining a 230-code classification to describe how people met in order to bring out the multidimensional nature of the responses as far as possible. For these authors, the advantage of such precision is to be able to “reaggregate [this classification] as needed in various ways depending on analysis requirements”. The principal disadvantage is the need to undertake considerable work to achieve this precision.

In addition to this significant entry cost, criticisms are regularly voiced by supporters of textual analysis. The most widespread criticism is that of coder mediation; in other words, that bias results from the coder's intervention (Kammeyer and Roth, 1971). Another possible criticism is the loss of meta-information (lexical variety, syntactic density, the articulation of ideas, etc). These problems are accentuated when the responses become complicated and force the coder to make choices which are not always clear-cut (Lebart, 2001). So, how should one proceed with multi-themed responses? For this author, the latter would be “literally destroyed by post-coding”. Should all the themes be analysed, and placed in a hierarchy, and if so, how should the main theme be chosen? Finally, there is the question of rare answers: are they merely noise or do they instead provide information about a marginal fraction of our population?

At the same time, various textual data processing software programmes have been developed during the last twenty years which allow for analysis which is simpler, less time-consuming and more effective in terms of producing results (d'Aubigny, 2001). From the vast panoply of textual analysis methods (Jenny, 1997) we chose lexical analysis. This technique, developed from Benzécri's work (1981) is based on the frequencies of words contained in the texts studied and the correlations between these different words. According to Benzécri, “it was primarily in order to study languages that we embarked on factor analysis of correspondences”. This methodological choice is restricted by the material in hand. Indeed, there were no specific instructions for this final question. Thus, according to the interviewers, syntactic forms, the choice to make notes using abbreviations, to note the gist and not transcribe verbatim, etc, and more generally the passage from oral to written led us to prefer a thematic approach based on lexicometric analysis. This was a consequence of the large disparities between the textual corpuses which it would be difficult to attribute to the interviewees and above all great prudence regarding generalising the results in view of the fact that the interviewers may have “translated” interviewees' answers to the free questions.

This choice has its consequences, since many linguists emphasise the futility of lexicometric analysis because it is said to be limited to the graphic materiality of texts. In fact, the “word”, taken in its most restrictive sense, does not apply to a linguistic reality operating to make it possible to understand texts. Thus lexical analysis is suspected of, at best, allowing one to describe the “surface” material content of texts, and not giving any access at all to its meaning. It is basically accused of being a time-consuming gadget lacking in real scientific relevance (Mayaffre, 2005). This virulent criticism is not ungrounded but the objective targeted here is to explore the surface of texts, in other words to explore the topics covered based on linguistic redundancies and to return to the raw text to find the meaning or the aim of the respondent's answer.

The main objective of this study is therefore to allow the users of support services for the homeless to have their say and to compare the responses to the various sociological analyses of the question of the homeless. The second objective is to show the advantage of lexicometric analysis software not as an “instrument to objectivise and administer evidence, but [...] as one available resource among others” (Demazières, 2005). In particular, we think that these tools quite effectively and rapidly sort through answers to open-ended questions and facilitate the post-coding tasks as undertaken by Bozon and Héran (1987, 1988).

To answer or not to answer

52% of respondents answered this question knowing that only responses which did not say “nothing to indicate”⁽⁵⁾ were taken into account (2,186 answers). All other things being equal, the following categories of people answered the question most frequently: women, foreigners, the economically inactive (retired, housewives and husbands, students, others) or people unauthorised to work, those who mainly had sporadic work during 2000, people who very often felt lonely, those who had been the victim of assault during the past year without knowing who had been responsible and those in regular contact with their parents (see table 1). Once again, the possible explanations differ by category. For some people (women, foreigners, the economically inactive and those not authorised to work), we can assume that a desire to call for improvements to their situations lies behind the higher response rate. For others (the victims of assault and loneliness), we can assume that they took advantage of this free space to reveal their problems. Equally, all other things being equal⁽⁶⁾, the following categories answered the question least frequently: young people (aged 18 to 24), older people (aged 60 and over), people living with friends, those living in places not designed for habitation, those who had never worked, those with no qualifications, those who had not borrowed money, those not suffering from a chronic illness, those who had not made any attempt to contact an aid body, those who may have received financial support and those who were only in contact with their families once a year. Depending on their characteristics, the possible explanations differ. With characteristics which might be signs of a high level of exclusion or a rejection by the support system, we can assume that this feeling of exclusion led the individuals concerned to refrain from commenting, either because they did not feel capable or because they did not see why they should bother. In particular, the link between not having any qualifications and the low response rate (48% for those without qualifications compared with 55% for those with a vocational proficiency certificate (CAP) or equivalent and 57% for holders of the Baccalaureate and above) may be explained in part by their difficulty in producing clear text as a result of their low level of education (Craig, 1985). In the case of generally positive characteristics – such as not having borrowed money, not suffering from a chronic illness or being able to rely on financial support – we can assume that the absence of problems (or of this type of problem) led these people to speak out less.

Finally, depending on the degree of interest shown by the respondent in the questionnaire (high: 48% of interviewees; average: 41%; low: 11%), the variations between response rates are very significant. 60% of people judged by the interviewer to be very interested answered the final question, compared with 48% thought to have taken an average interest and 34% of people with little interest.

⁵ In this category we collected all the variants of the following type: no, no nothing, nothing, nothing to add, etc.

⁶ In order to take into account the structural effects linked to the particular characteristics of the population in question, a logistical analysis was performed. The comments emphasise the variables for which the deviations observed between modalities when doing a simple cross tabulation (response rate x variable selected) are “pure” effects of this variable.

Table 1
Response rate according to individuals' characteristics

Variable	Characteristic	In %	Variable	Characteristic	In %
Gender	Male (ref)	52	Main economic activity in 2000	Full-time work	54++
	Female	53++		Part-time work	50
Age	18-24 years	48--	Accumulated working periods	Occasional work	59+++
	25-29 years	52-		No work (ref)	51
	30-39 years	54		Never worked	42--
	40-49 years (ref)	54		Less than a year	55
	50-59 years	55		Under five years	49-
	60 years and over	41-		Five years or more (ref)	55
Nationality	French (ref)	50	Level of education	No qualifications	48---
	Foreign	57+++		CAP (Certificate of vocational proficiency), BEP (Vocational training diploma), BEPC (Primary education certificate) and equivalent (ref)	48---
Lives with partner	Yes	48		Baccalaureate and above	57
	No (ref)	53		Income from Work	Yes
Lives with friends	Yes	44---	No (ref)		53
	No (ref)	53	Benefit(s)	None	54
Lives with children	Yes	50		One (ref)	51
	No (ref)	53		Two or more	51
Fostered during childhood	Yes	51	Borrowed money in 2000	Yes	58+++
	No (ref)	52		No (ref)	49
Problems during childhood	None (ref)	50	State of health	Very good (ref)	53
	One	49		Good	49-
	Two	58+++		Average	53
Place of habitation the night before	Three or more	54	Having a serious or chronic illness	Mediocre at best	56--
	Place not designed for habitation	45		Yes	54-
	Shelter which must be vacated in the morning	60++	No (ref)	47	
	Shelter, hostel, hotel (ref)	52	Feeling anxious, tense or stressed	Very often	55
	Assisted housing	51		Often (ref)	54
	Homeless in the broad sense	53		Occasionally	54
Independent housing	50	Rarely or never		47	
Main housing situation in 2000	Homeless in the narrow sense	53+	Feeling lonely	Very often	57+
	Homeless in the broad sense (ref)	52			

	Independent housing	51-		Often	56
Has lived in independent housing	Two or more years (ref)	52		Occasionally (ref)	51
	From three months to under two years	55		Rarely or never	47
	Never or under three months	49	Assaulted in 1999 or 2000	Yes, <i>known assailant (ref)</i>	54
Length of time spent in housing occupied the night before	Less than a month (ref)	56		Yes, assailant unknown	63+++
	Under six months	54	No	50	
	More than six months	49	Contact made with aid bodies	All (ref)	52
Desire to stay in housing occupied the night before	As long as possible	49		At least one	56+
	<i>A little time longer (ref)</i>	52		None	44-
Steps taken to find housing	As little time as possible	55	Meeting with an instructor or equivalent	Yes (ref)	55
	Yes, alone	55		No	47
	Yes, <i>with somebody (ref)</i>	51	Visits a day centre or equivalent	Yes (ref)	56
No	50	No		51	
Length of time sleeping rough	None	49	Help in the event of financial problems	Yes	49---
	Under three months	57		No (ref)	55
	<i>More than three months (ref)</i>	53	Contact with friends during the week	Yes (ref)	52
Main occupation	Work	51		No	53
	<i>Unemployed looking for work (ref)</i>	53	Contact with family	Both parents (week)	57++
	Unemployed not looking for work	47		<i>One parent (week)(ref)</i>	53
	Student, retired, housewife or husband or invalid	50+++		Family (year)	53
	Not authorised to work	61++		Family (month)	47--
	Other inactive	54+++		Not applicable (no family)	52

Reading key: 53% of women answered the open-ended question. The coefficients are significant at 1%, 5% and 10% with a positive effect (+++, ++, +) or a negative effect (---, --, -).

Scope: French-speaking adults aged 18 and over, urban areas over 20,000 inhabitants in Metropolitan France.

Source: survey of users of accommodation and hot meal distribution services, 2001, Insee.

The methodological choices impose limits on the analysis

The 2,186 responses thus provide a corpus of 47,879 occurrences ⁽⁷⁾. The respondents used 4,588 different words (written forms) or 9.6% of occurrences, of which 52% are hapaxes (written forms which only appear once).

Two basic analyses were carried out on the corpus, and then a selection of words was made according to an appearance frequency criterion (see Box 2). The first analysis consisted of standardising the texts, which entails making standard corrections to the whole text in order to render it uniform. The second analysis is a quasi-lemmatisation which reduces the existing vocabulary by grouping different words with the same meaning or all the conjugations of one verbs under the same label (or lemma), which both limits the number of words used in the statistical operations and also limits information loss linked to the deletion of overly uncommon words. Indeed, thirdly, we deleted all the words which appeared fewer than fifteen times and obtained a database of 438 lemmas (either words, lemmas or repeated segments – groups of words like “en sortir” (leave). All the statistical procedures which we will refer to are based on this reduced database. This database in itself accounts for 57.4% of written forms, given that the function words deleted (articles, some prepositions and relative pronouns) account for 34.9% of written forms. This work, which took place prior to the textual analysis proper, had, *a priori*, little impact on the quantity of information compared with the unmodified corpus. On the other hand, there was a quality loss which is difficult to quantify, even though, logically, it should only have marginally affected the results.

Finally, a categorisation performed using our database distinguishes eighteen categories grouped into nine sub-categories (see table 2 and Box 3).

Box 2

STANDARDISATION, LEMMATISATION : BASIC TOOLS OF LEXICOMETRIC ANALYSIS

The craze for textual statistical analysis has led to the parallel development of a high number of software programmes, each with its own particularities determined by the designer. The choice or the obligation to use a type of software has consequences on the type of analysis which one can carry out. Thus, the Spad software used here "limits" itself to identifying the total number of forms used in the textual corpus and calculating their number of occurrences. Before any statistical analysis, it is necessary to perform two procedures (or methods, according to the particular terminology used in the software) which respectively identify the words used but also the groups of words (or repeated segments according to the particular terminology used in the software). At the same time, it is possible to perform corrections and to regroup words or segments in order to reduce their total number while also limiting information loss. All the statistical operations performed by the software depend on lexicometric analysis of the corpus, which can in turn be plotted against two axes: the absolute weight of a written form in the whole of the selected corpus or the relative weight of a written form in different categories of the population.

This approach may appear paradoxical, since “few words exceed the threshold of 1% relative frequency and are probably not the most interesting words since, according to the classic adage, the amount of information conveyed by a word is inversely proportionate to how frequently it appears” (Labbé, 2001); in most cases they are articles or pronouns. The prime objective is therefore to reduce the number of forms to be taken into account in the statistical analyses while limiting information loss.

⁷. This is the total number of written forms : words or forms considered to be words following the standardisation of all responses.

Preliminary processing

Before embarking on textual analysis of the answers, it is necessary to make corrections to the text entered in the software. The aim of standardising responses in this way is to "denoise" as far as possible the answers because of the great disparities between the procedures used to collect the interviewees' responses. The major problem related to correction is that it by definition entails interpretation on the part of the corrector (Lallich-Boidin, 2001). This leads one to apply a standard processing technique to all the answers and to set standards linked to the corpus and the envisaged processing procedures.

Thus, the raw material with which we worked was a text, the full transcription written by the interviewer, if the response contained fewer than 200 characters (123 responses contained more than 200 characters). In the absence of a marker indicating that the response had been abridged, reading various questionnaires selected at random shows whether the last word entered corresponds to the end of the answer or not. It is therefore impossible to quantify information loss, even though one can assume that it is low, given that the long answers generally entail repetition within the topics discussed. On average, the responses contain 117 characters (around 22 words). Further, all the texts are transformed into direct speech, while preserving the grammatical organisation of the answer. Thus the answer "a job and housing" was not changed, while the answer "he would like housing and a job" became "I would like housing and a job". This was more of a practical choice than a carefully considered one. Indeed it is impossible to know whether the interviewer genuinely transcribed the interviewee's answer; the two people might well have said: "I would really like to have a house and a job". Both of these transcriptions are present because they preserve the topics discussed, which was the prime aim of the interviewers.

Quasi-lemmatisation

Secondly, we worked on the lemmatisation of our corpus, in other words giving a word from the text a base form to be used as a dictionary entry. This procedure fulfils a double objective: reducing the number of words and limiting information loss, while only preserving the repeated words or segments which appear more than fifteen times in the whole of the textual corpus. The idea is to classify different words with an identical meaning under one *lemma* in order to give it more weight but above all in order to avoid not taking the words into account because of the variety of forms used. In some cases, this operation involves placing the following forms under the same entry :

- verbs conjugated in the infinitive unless one of these forms is heavily predominant (having a frequency three times higher than the other forms) in which case this form is used as the lemma ;

- genders and numbers in the most widespread form unless they are used to mean two different things and their respective frequencies mean that they can both be preserved. Thus the use of "personne" to mean "nobody" (*after spending twenty years in my country, nobody wants to help me, it's awful*) is distinguished from the same word used in the plural to mean people with whom the interviewee has come into contact or a category of people (*in charities, some people don't help us; HLM-type bodies should be able to accept people on RMI (basic guaranteed income)*).

In other cases, a quasi-thematic approach was preferred, based on a contextual approach to the answers. The latter operation is called quasi-lemmatisation by Lebart (2000). Indeed, it is possible to show the sentences in which all the words in our database were used. This contextualisation ensures that the quasi-lemmatisation is fairly robust. Thus, the lemma "partner" gathers together the following words or segments: cohabitant, companion, boyfriend, girlfriend, spouse, husband, my wife (since the word "femme" (wife/woman) without a pronoun has other meanings than partner and thus constitutes another lemma). Finally, in order to fully define the "vocabulary" on which we worked, we deleted all the function words (articles, prepositions, etc). These latter words are used very frequently and add little information on the content of the text. They would only be of interest if they were not distributed randomly among the various categories to be studied. In our case, the non-random distribution might to a (great) extent be explained by the variety of techniques used by the interviewers to collect responses.

Other work might have been carried out, particularly analysis of the polysemy and homography common in the French language. In both cases, the aim is to add markers to be able to identify the different meanings of a single word in order to avoid problems when interpreting the results. In the second case, syntactic rules enable us to separate the homographs by assigning a grammatical category to each form. Software has been developed containing nomenclatures of French words, grouping together their different inflections under a single "lemma" labelled with its grammatical form. For example, all the conjugated forms of a single verb are grouped under the double [verb in the infinitive, verb]. Similarly, all the declensions of the article "le" (la, l', les) are grouped under the double [le, article].

Next, the software is programmed to recognise all the syntactic rules of French, which allows it to read the text and separate the basic points from the ambiguities. This means it can automatically distinguish the two meanings of the word *being* in the following sentences: "[...] *You should know how difficult it is for a human being to live rough [...]*" where *being* is a noun, and "*I don't feel like I'm being helped [...]*" where *being* is a verb. Polysemy, meanwhile is more difficult to process because meaning depends on context. Thus, the verb *sortir* has many meanings in French. The most commonly used meaning in the answers analysed is that of escaping one's present situation of insecurity, or coping (*s'en sortir*): "[...] *It's hard to cope with debts [...]*". Next, *sortir* is used to mean to leave a place: "[...] *Where do you go when you have to leave the hostel at eight o'clock in the morning? [...]*". Finally, it is used to mean leaving the house to have fun: "[...] *I'd like to be able to go out more in the evenings during the week [...]*". In the first case, the Spad software identifies the repeated segment *en sortir* and can therefore avoid confusing meanings. On the other hand, it is not possible to distinguish the two other cases except when reading the answer. This places limitations on the lexicometric approach, but it is possible to take context into account in some cases in order to avoid this confusion.

A lot of comments on the questionnaire

The most discussed subject in the answers concerns the questionnaire itself (19% of respondents) and the judgements made are quite varied. The characteristic words in this category are : *questionnaire, question(s), complete, no, good, to answer* and *survey*. The short answers are mainly favourable to the questionnaire and account for more than a third of the responses: *no, questionnaire complete; questionnaire very clear*.

The favourable responses might be short because the interviewees wanted to finish the survey or get away from the interviewer. This could be explained by the *exit* aspect of Hirschman's theory (1970) (8): the idea of a refusal to voice one's opinions, a retreat. However, even in the short answers, some critics note: *disturbing questions; the questionnaire is too indiscreet; no, questionnaire fully complete, a little long*.

These short sentences enable us to identify possible criticisms of the questionnaire which are easier to voice in longer answers. Although the criticisms are longer and more numerous, dissatisfaction may be a greater motivation to speak out (Hirschman's *voice* aspect). There are three types of criticism: too many or, on the contrary, too few questions on a particular subject, or finally questions thought to be irrelevant. Some people thought that some questions were too personal and they explained that they found it difficult to talk about them because of the effort required to do so and the negative impact on their state of mind. It is always difficult to talk about events which one wants to forget about: *nothing particular to say except that I found the questions about my childhood very tough [...]; there are too many questions about my family, that's in the past. I don't want to talk about it. The questions should just be about me*.

Some criticisms are stronger and focus on the point of some questions and even the survey itself: *there are a lot of similar questions asked in a different way and it's annoying; it's a shame that the questions are too vague and therefore too closed because if the questions were more specific the answers would be different and would show a different reality; some questions are stupid and I don't see the point of the survey*.

8. Hirschman (1970) characterises the three possible attitudes adopted by the social actor in response to an unsatisfactory situation: refusal to take part or retreat (*exit*); talking i.e. taking part to protest in order to change the way the organisation or social relations work in a way that the individual would like (*voice*); and unflinching loyalty (*loyalty*).

Table 2
“Discourse” categories

Name of sub-category	Category name and number	Characteristic words	Frequency	%
This questionnaire is...	<i>Idem (1)</i>	questionnaire, question(s), complete, no, good, to answer, survey.	410	19
Housing is still the main problem	<i>Idem (2)</i>	housing, need, have, problem, right, search, get	323	15
Working	<i>Idem (3)</i>	papers, work [v], wait, money, RMI	212	10
Finding (employment or housing)	<i>Idem (4)</i>	find, work [n], housing, job, flat	206	10
The place of accommodation is ...	<i>The hostel (5)</i>	Life, hostel(s), structure(s), reception, happy, satisfied, leave	133	6
	<i>The center (6)</i>	Centre(s), accommodation, reception	99	5
	<i>The shelter (7)</i>	Accommodation, centre	60	3
	<i>Here (8)</i>	Here, France, am, good	100	5
Support services are...	<i>Support (9)</i>	financial, structure, support, young people, leave, lack [n]	83	4
	<i>Social services (10)</i>	social, service(s), assistance, officer, support	60	3
	<i>Welfare officers (11)</i>	officer(s), welfare	46	2
My family	<i>Parents (12)</i>	family, parent(s), problem(s), child(ren)	74	3
	<i>The nuclear family (13)</i>	partner, child(ren)	61	3
Procedures	<i>Idem (14)</i>	procedures, administrative, administration, lack [n], information, get	98	5
Other answers	<i>Finding... (15)</i>	to find, street, instructor(s)	94	4
	<i>A better future? (16)</i>	to hope, life, situation, find, work, leave, flat	56	3
	<i>Alcohol, drugs or street (17)</i>	alcohol, drugs, street	36	2
	<i>Staying in France (18)</i>	to stay, France, French	35	2

Reading key: the sub-category “My family” is made up of two categories, “parents” and “the nuclear family”, containing 74 individuals (3% of respondents) and 61 individuals (3% of respondents) respectively.

Scope: French-speaking adults aged 18 and over having answered the final open-ended question, urban areas over 20,000 inhabitants in Metropolitan France.

Source: survey of users of accommodation and hot meal distribution services, 2001, Insee.

Box 3

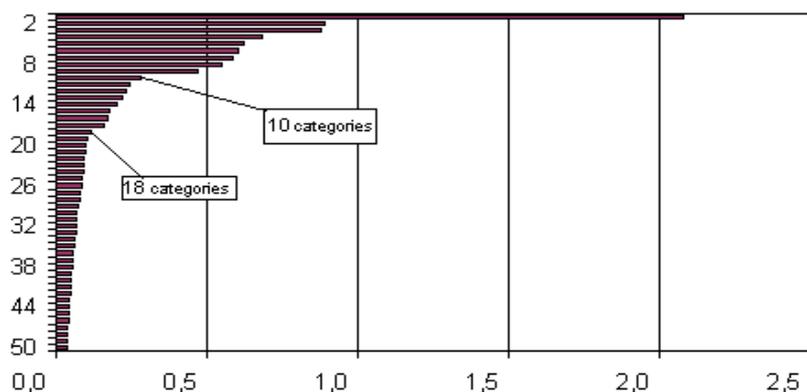
ASCENDING HIERARCHIC CLASSIFICATION (AHC)

The aim is to group individuals into distinct categories based on the vocabulary used in their answers. More precisely, the terms used in textual analysis describe the creation of distinct categories based on similarities between the written forms used in their answers. This analysis is more concerned with the possible relationships between the different words. This study aims to link each person with a discourse category. This work depends on a quasi-lemmatized vocabulary of 438 words. The resulting classification is based on algorithms used in the Spad-T textual analysis software (Lebart *et al*, 1993). The hierarchic classification is constructed using factorial coordinates taken from an analysis of correspondences (using Ward’s criterion). The decision to work from factorial axes rather than written forms was essential because of the size of the start table: 2,186 individuals cross-referenced with 438 variables (or words in the vocabulary used for our analysis). The division into the eighteen categories used for the study is based on the first 30 factorial axes. This high number is justified for two reasons. Firstly, as the question is very broad, a high number of topics are discussed. Finally, a more limited number of categories led us to choose a fairly heterogeneous dominant non-break discourse category. Indeed, two options were available: a division into ten or eighteen categories (see graph A), but the first led to a category containing 41% of respondents discussing different subjects (see graph B).

In fact, even though twelve of the eighteen categories contain fewer than 110 people (5%), some of these categories cover similar topics and can be grouped into one "hyper-category". Prioritising the theme discussed in these groupings is debatable since these are not necessarily the same groupings produced by the categorisation (see graph B). The decision to limit intervention in the text as far as possible and particularly to limit grouping by synonym partially explains this spread. All the texts are described because low frequency values can be the counterpart of a more characteristic discourse.

Graph A

Level indices diagram

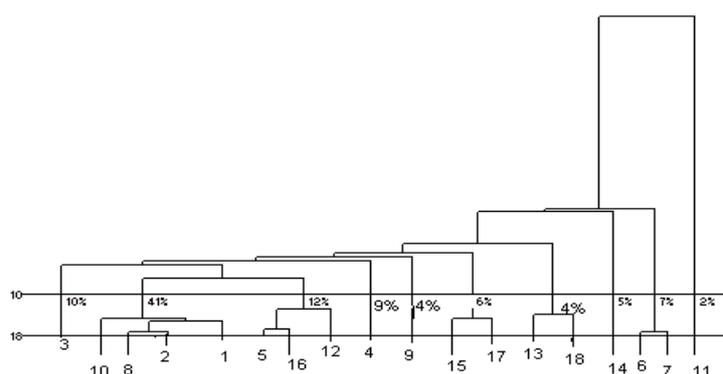


Reading key: the level indices diagram enables the inertia breaks to be identified. When a break is significant, this means that the last two categories are fairly heterogeneous. On this graph, the inertia breaks for 18 and 10 categories are indicated, since these are the two most relevant divisions.

Source: survey of users of accommodation and hot meal distribution services, 2001, Insee.

Box 3 (cont)

Graph B AHC Dendrogram



Reading key: the dendrogram details how the different categories are grouped (the numbers below the graph correspond to the category numbers). The divisions into 10 and 18 categories are detailed in order to justify the choice of the latter division. Indeed, the division into 10 categories has the defect of containing a very heterogeneous category which contains 41% of respondents (the percentages correspond to the sizes of the categories resulting from the 10-category partition).

Source: survey of users of accommodation and hot meal distribution services, 2001, Insee.

Finally, the wide variety of topics discussed, even though some topics seem to affect few people, are another illustration of the varied nature of the respondents.

In order to describe them, two types of analysis were used: the search for characteristic “forms” or “segments” (specificities) and the selection of characteristic responses (modal responses). The specificities of a category correspond to the words with a particularly high frequency (Lafon, 1980). Thus, for each lemma in the vocabulary database the software calculates a *value-test*, a measurement of the number of standard deviations of the distance from the theoretical value in the hypothesis of independence between lemma and category. The principle of the *value-tests* is as follows. To assess the extent of differences between proportions or between averages, statistical tests are carried out which are eventually expressed in terms of the number of standard deviations from a standard distribution. The value-test is equal to this number of standard deviations. Thus, when the value-test is higher than two in absolute terms, a deviation is significant at the usual threshold (5%). By arranging the items in decreasing value-test order, the items are placed in their order of importance in characterising an object. Thus, when comparing two proportions, the hypergeometric distribution is used to evaluate the differences; to compare two averages, Student’s corrected t-statistic is used for a random sample without replacement (see Morineau, 1984, for a detailed presentation of this method).

Characteristic responses are selected according to two criteria. The first involves calculating the mean of the value-tests of lemmas making up a response (the words which do not form part of the quasi-lemmatized vocabulary are not taken into account). This criterion tends to select short answers containing category-specific words. The second criterion involves identifying the responses closest to the centre of the category in question. This means calculating the distance between the lexical profile of an individual from a category and that category’s mean lexical profile. This criterion tends to select long answers (Lebart and Salem, 1994).

With all the statistical processes to follow, we chose not to use individual weightings. Firstly, our aim remains more one of giving an illustrative role to the open-ended question than of creating a new variable with the explanatory power of a closed-ended question as Labbé (2001) would prefer. Secondly, it is difficult to consider an individual’s discourse as representative of several people, which would be the case if we used weightings. Finally, we carried out two types of checks in categorising the responses to ensure that this decision had not impacted too greatly on the results. We firstly categorised using weightings, and the results are very similar. Secondly, we categorised without weighting but calculated the frequencies within the categories using weightings and, once again, the results were very similar

These criticisms sometimes also relate to specific sections of the questionnaire, highlighting repetition but also a lack of depth. In some cases, the interviewees draw on their experience to criticise the survey’s failings :

Family questionnaire a little too long. More work to be done on how the centres work, getting-up time and hygiene. No two centres alike.

The individual’s state of mind not covered in enough detail. It’s just a social questionnaire. There’s too much talk of the past and not enough about the present, our state of mind.

No questions on the struggle to get documentation in order, no questions on the wait for lasting solutions.

You didn’t ask me about the living conditions of single mothers.

More questions needed. When you find yourself on the street, how did you get there? When and why do you no longer talk to any of your family ?

Finally, others make a more general criticism, questioning the general approach used in the survey, and even the need for it:

I think there’s too much talk about assistance. Interview too administrative. No discomfort, questions not too painful. [...] Questions about the future missing.

The administration would do better to reallocate the survey’s financial resources to help people in difficulty. The causes and problems linked to insecurity have been known for ages.

The impression interviewees have of being “photographed” and pigeon-holed and of speaking solely about the present or the past may explain both the criticisms on this subject and the fact that some interviewees preferred to talk about their complaints, hopes and aspirations for the future.

Finally, some interviewees wonder how useful the survey is and its possible impact on social policies and their future. Their hopes sometimes focus on themselves and sometimes on people in difficulty in general.

I hope that this survey will lead to an improvement in our lives and to easier access to housing.

I hope this survey will help future generations.

I'd like this survey to have an impact and to improve the lot of excluded people and people like me.

Others are more pessimistic and fear that the survey will have little impact, some even thinking that it will have none and explicitly raising the question of the survey's use:

No, nothing to say. It's good to know that some people are interested in people like me. I only hope that it will be used for something and won't just end up being empty words, like the rest.

I think the survey is useless, that it won't change things anytime soon. I'll be dead before anything changes.

What use is this survey ?

Housing is still the main problem

15% of answers revolve around the following words: housing, need, have, problem, right, search and get. These answers are much less varied than those in the previous category, in which people commented on the questionnaire adopting a wide variety of approaches. They are made by people for whom “*housing is still the main problem*”. People who want to sleep somewhere other than the place where they slept the night before the survey and have taken steps to find housing are over-represented in this category. Short characteristic responses are therefore centred on the wish (need) to have housing or better housing and the struggle to get it (*No, nothing, having housing; I need a flat; why can a handicapped person not get housing? No wage slip, no housing*).

This latter answer highlights one of the problems discussed by the interviewees, namely the vicious employment/housing circle, as summarised by this respondent: “*Great difficulty finding housing and a job. If you want to get a job, you need housing, and to get housing, a job. Vicious circle [...] Major concern as regards housing*”. However, this response is a little marginal compared with the typical discourse in this category. It is present because the word housing, which has a significant weight, is repeated, and the use of the word get. This is a limit inherent to any classification which cannot ensure perfect homogeneity between categories. The modal responses are clearly more complex. Although the problematic question of housing is still significant, it is discussed in a number of ways. The interviewees are more involved and discuss their helplessness in the face of the struggle to find and get housing they want:

I regret that all that I have done in my life to help other people does not allow me just to have my own place, and I'm doing all that I can to get it, because it's the most important thing.

I regret that people who work get no or very little help while others get so much more help, particularly to find housing.

The various restrictions on the search for housing really put people off. The restrictions are the large sums needed on wage slips and for the deposit.

Others underline the importance of independent housing for their personal equilibrium or criticise the solutions offered by charities or social services which they don't always see as fair. These answers seem to back up the hypothesis suggested by Brousse (2005). Firstly, it is suggested that the same selection logic at play in the social housing market applies to shelters and hostels managed by the social sector or charities. Secondly, as a result of the great financial hardships experienced by the people concerned, housing conditions naturally seem to be less comfortable.

Giving people bedrooms is not a perfect solution but it helps anyway. Personally, I would like decent housing and a job.

Why do I have to leave this accommodation? [...] Not enough money to be entitled to ordinary housing.

What people want is to be able to have suitable housing because the last we were offered [...]: unhygienic, over the bins and damp.

Working: a sometimes thwarted wish

In one category (10% of responses) are to be found people who say they want to work, who are often waiting for documents and sometimes the RMI (basic guaranteed income); the most frequent words are: papers, work, wait, money and RMI. The main problem for these people is having work, because work can be a means of escaping their present condition (*wish to work, I want to work; [...] I'm looking for a job, a position [...]*).

However, for many, this desire to work is an impossible one as a result of problems linked to their documents. Foreign nationals make up the majority of this category (two in three) and clearly show the link between papers and rights. Their views can be summarised by this answer: "*papers to be able to work*". This situation of non-entitlement exasperates the interviewees (*when you haven't got your papers you can't work and it's very hard; I want to get my papers in order [...]; [...] I want to work but I can't because my papers aren't in order [...]*).

The lack of documents is an extra obstacle which reinforces the difficulties of work and housing. This impossibility to affirm one's rights and obtain assistance to which access is regulated adds an extra feeling of injustice: "*It's unfair not to be able to get the right to work. I don't get any help from charities because I don't get the RMI and I wonder how I'm going to cope without a residence permit*".

Other people in this category cite the problem of claiming the RMI, or the waiting period associated with getting it, and talk about their financial struggles. Work is discussed but does not seem as important. Like the RMI, it is another way of improving living conditions: *I haven't got enough money to eat or get the bus, or to pay my landlord. I want to work. I'm waiting to get the RMI; I haven't worked enough to be entitled to unemployment benefits and I'm not old enough to get the RMI [...]*.

Finding employment and/or housing: a priority

For 10% of interviewees, although their characteristic words are fairly similar to those above (find, work, housing, job and flat), they seem more determined. Indeed, of 244 uses of the verb *find*, 148 belong to this category. They break down into the following forms: find housing (43), find work (28), find a job (*travail*) (23), find a flat (14), find a job (*emploi*) (14), etc. In the previous category, the verbs used with the word *housing* were: have, get, want, like. *A priori*, using the verb *find* implies a search.

We might state the hypothesis that people in this category are more prepared to wait, more determined. In fact, people who are unemployed and looking for work and those who have taken steps to find housing are over-represented in this category: they account for 40% and 50% respectively compared with 30% and 40% in the full field. However, this may be down to a simple interviewer effect. Indeed, their discourse is similar ⁽⁹⁾ to that in the two previous categories. The characteristic short answers therefore centre on two themes: housing and work (*finding cheaper housing; finding more spacious housing; finding work is my priority*).

As before, the interviewees sometimes draw on their personal experience by stating the difficulties they have encountered during their search or the methods used to find success in their search in short or long (modal) answers. In general, they mention specific “handicaps” (name, age, child, illiteracy) as sources of their problems.

With an Algerian-sounding name, it is very difficult to find housing.

When you're illiterate, it is difficult to find a job.

Above all, I've got to keep my job with the municipality and then everything will be OK. At my age it's hard to find a job. There are no more job offers for people like me.

In my line of work, having a young child makes it difficult to find work. I need to find a childcare solution.

This latter response, linked to both employment and housing, is commonly found in this category. The interviewees discuss either the desire to find work and housing, or the difficult equation they have to solve to find one or the other, given the importance of each side of the equation in facilitating access to the other.

I'd like to find a job with individual housing to live like everybody else.

I hope to find housing through having a job.

Housing very difficult to find when you only have support as income. I've got to find a job. People in shelters should be given priority when jobs are allocated.

I'd like to work more, but it's hard to find work and housing and I can't count on anyone else to help me.

This is the first illustration of the limits of a pure lexicometric approach with minimal work on grouping together synonyms. However the differences in characteristics between the three categories provide a justification, although weak, for this distinction.

The place of accommodation: both criticisms and contentment

Four categories can be grouped together under the theme, “the place of accommodation is...”, because the individuals who make them up mainly discuss the problem of the living conditions in the place or places that they may frequent or have frequented. The choice of term used to describe the place of accommodation – hostel, reception centre, centre, shelter – is, *a priori*, used to separate these categories. This “hypercategory” includes 18% of responses, and makes it possible to reproduce the “actionnist”-type methodological standpoint inspired by the sociological work of Boudon (1992). The homeless are no longer mere objects with a certain number of measurable characteristics but social actors who judge the mechanisms of which they are the beneficiaries or the victims (Damon, 2002).⁽¹⁰⁾

Among the discourse of people who talked about their place of accommodation, the people living in hostels (6% of respondents) are characterised by the following words: life, hostel(s), institution(s), reception, receive, happy, satisfied and leave. People who spent the previous night in a place of accommodation which they do not have to leave in the morning are over-represented (43% compared with 33%). This category includes people who talk about their daily lives in the hostels or their views of the support services they use. In the main they make judgements on this support. The interviewees are, again, strongly involved because they are talking about their own experience. The range of judgements is very wide: from total contentment to virulent criticism. This time there are few short characteristic responses, except to express satisfaction with the hostel or support service: *satisfied with the current shelter provider; the hostel looks after us well; I find the centre very pleasant, the instructors are very nice.*

However, some critics note: *stricter surveillance in the hostel; lack of doctors at night in the hostels; there should be more leisure activities in the hostel.*

Generally, though, judgements are very value-based, to express a positive or a negative judgement, or more targeted on very precise points regarding rules, comfort and security. The variety of attitudes to the housing support system is proof of a wider range of situations but is also the result of a very often contradictory care system. Indeed, while practitioners agree that “treatment” should be provided in the long-term, many patients are dealt with by emergency centres: *“In some emergency hostels, reconsider accommodation, hygiene, respect for the person”*. The type of accommodation clearly modifies people’s perception of the aid.

[...] The people responsible for reception should be friendlier to the residents.

The community system in this centre is good [...].

We are cut off from the outside, from social life. [...] We have a bad reputation because we live in a hostel, [...].

We might also posit that each individual has arrived at a certain point in their lives; we are aware of some of the steps leading up to that point (from the survey), but the future direction remains to be plotted. The accommodation centre is often a waypoint where one’s identity can be deconstructed and reconstructed (Clément *et al*, 2003). As there are numerous possible individual situations, there are also numerous types of intervention procedures: engagement, mediation and questioning, alternative economic integration projects, etc (Clément *et al*, 1998). This diverse range of intervention methods illustrates the attempts that have been made to adapt support structures to those receiving aid. Indeed, interaction between “aiders” and “aided” is all

¹⁰. This observation is valid for the following hyper-category which covers relationships between the homeless and social services.

the more complicated because it changes with the changing "career path" followed by homeless people (Damon, 2002 ; Pichon, 1995). Within this approach, the career path takes into account the changing relationships between the homeless and the care system both in terms of knowledge and use. The approach is based on the work of Goffman (1961) on the links between the mentally ill and institutions, and Becker (1963) on the sociology of deviance. In addition, a number of judgements seem to stem from the very pragmatism of the "users" of the services :

A games room, table football and a pool table would be great in the hostel. Having friends stay in the hostel. I'd like to be able to come and go when I like.

The letterbox problem worries me if I get important mail. I'd like showers to be compulsory for everyone, [...]

The hostel meals aren't good and they're always the same [...] Building without emergency exit, if fire, we can't get out [...]

Interesting questionnaire, nothing to add, except that in this centre everything is clearly lacking [...]

Others, meanwhile, show how this relationship between actors (aiders and aided) can lead to very clear-cut and opposing opinions wherein the reception centre can be the point of "passage" which allows individuals to return to "normal" life, or on the contrary lead to definitive exclusion or at least make the prospect of reintegration seem more distant:

[...] They've done much more for me than other hostels have done.

Today I'm happy that I approached a centre [...] at the time when things were going so badly for me.

Support not specific enough, not individualised enough. I've been locked away, I was sent here to be broken even more. Inhuman living conditions [...].

Hostel residents dangerous, would be better off in a mental home. It's hard to get back on your feet [...]. Cell without bars.

The words which characterise 5% of respondents are: centre(s), shelter and accommodation. This category is very similar to the previous category in terms of discourse content, except that the term centre rather than hostel is used to refer to the place of accommodation. There is a majority and an over-representation of people who have in the past been tenants or property owners for less than two years (65% compared with 44%). These are therefore individuals who have not experienced long periods of stability in independent housing. Criticisms of the centre(s) therefore mainly focus on problems relating to comfort, rules, living collectively, security and the lack of support and resources:

The centre is not selective enough, too mixed, drunkards, drug addicts, dirty people.

The reception centres don't comply with hygiene and cleanliness laws.

The centre's hours should be more flexible [...].

The safety issue in the CHRS hasn't been resolved [...].

Regarding accommodation centres, this centre is good but the possibility of arranging dialogue and meetings between residents and instructors is lacking. Dialogue is essential.

Similarly, positive judgements focus as much on material conditions as on the quality of support provided by the centres' staff and confirm the idea that a roof is a necessary precondition for reintegration:

I'm getting on fine in the centre which is housing us. We eat well, it's nice.

I'm very happy [...]. They're very attentive, they look after us very well.

I'm happy about the housing survey. I'm very proud to be housed [...]. I don't know what I would have done. [...].

3% of respondents cite the words shelter and centre. The responses are generally longer than in the previous category (on average 141 characters compared with 123) but overall the same types of discourse are to be found. This category differs from the previous one in the almost systematic use of the term "shelter" (*centre d'hébergement*). The most commonly raised problems relate to hygiene and security:

[...] 90% of people scratch themselves. Disinfection in a bath mandatory. They spit on the ground and contaminate each other.

Stealing among us is a problem, more cleanliness in the shelters.

The problem of a lack of stability linked to emergency shelter is also evident, and is an obstacle to reintegration more frequently mentioned by this category of people:

The centre should take more interest in its residents to help them to help themselves. The accommodation period is too short to be able to sort yourself out. Too few centres for couples.

The most difficult thing is the lack of stability in the shelters, always being forced to change centre.

Need for more human contact, less threat of expulsion from the shelter, need for more activities for mums and children.

Finally, some interviewees judge the centres or their centre positively. These answers are generally shorter and seem less steeped in emotion than in the other two categories. The criticisms are therefore more numerous, more varied and involve the respondent more. Aldeghe (1998) found the same result in a textual analysis of negative and positive judgements of the RMI in the *Nouveaux arrivants au RMI (New RMI claimants)* survey conducted in 1996. The comments are quite neutral but speak of the importance of the existence of such mechanisms:

I think that the shelters are very good for people in difficulty.

It's good that the shelters exist.

The shelters are really very good for the homeless [...].

No nothing to say. The shelter is good, the childminding in the evening is good [...].

Finally, 5% of respondents make comments which are quite similar to the typical discourse in our hyper-category (characteristic words: France, am, good). Indeed, many responses make a fairly simple judgement on the reception in the centre in which the interviewees find themselves. However, it differs from the other categories in the use of the word "here" which ensures a judgement of the place of accommodation where the person was living on the day of the survey:

I'm very happy here; there is a very friendly, family atmosphere here; I'm sick of being here [...]; I'll be glad when I leave here [...].

As with the previous category, judgements are sometimes more detailed and more accurate, whether positive or negative :

Nothing else to add. I'm very happy here [...]. I'm in paradise here. It's just as well that they were here because I don't know what I would have done without them.

I'm happy to be here because I was lost when I got divorced [...]

It's like a prison here. I'm not used to having to ask permission to leave or to go shopping [...].

They say it's a democracy here. The staff treat us badly and say that we're here for charity. It's shameful. They hit people. It's worse than in our country.

This last response is a link to another aspect of this category, which is mainly made up of foreign nationals, who also talk about France or being in France :

France is good.

I'm very happy with my stay in France: shelter, care.

I'm applying for political asylum. I spent four and a half months in prison in France.

I don't want to go back to Senegal so that our children can get a proper education here in France.

These answers are very varied, the only thing they have in common being that they mention France. This is clearly a limitation of the lexicometric approach.

Some talk about support services, positively and negatively

We grouped together three categories with low frequencies (4%, 3% and 2% of respondents) into a hyper-category made up mainly of individuals who criticise support services and policies or their lack of resources. Before presenting these results, it must be borne in mind that 81% of interviewees who had contacted a social worker during the year are at least fairly satisfied with the contact, and that, similarly, more than two interviewees in three are at least fairly satisfied with the contact they have had with one of the following institutions: ANPE (National Employment Agency), PAIO (Information and Guidance Office), local mission, CPAM (Local Health Insurance Fund), CAF (Family Allowances Fund), CCAS (Local Social Welfare Centre), municipality or social assistance office (Avenel, Damon, 2005). But happiness is less widespread in this "hyper-category" – fewer than 60% of people are at least fairly satisfied with these various contacts.

The first of these categories (characteristic words: financial, structure, support, young people, leave and lack) is made up of people who talk about support services. These comments either note insufficiencies (majority discourse in this category) in terms of resources, institutions, financial support, moral support, etc., or show how important this support is in their rehabilitation process. Most criticisms of support services are usually very specific and focus on aid which the interviewee might lack, either saying clearly that he or she lacks a specific thing, or speaking on behalf of a group ⁽¹¹⁾ :

I lack support.

Lack of financial resources. Would like increased family allowances.

We don't get RMI financial aid before the age of 25.

Help to get documents in order, help for women with several children not to stay in one room. Reception perfect.

Make public transport free. Provide more financial and human resources for approval services. Ensure psychological survival

However, some people criticise the system in general, confirming the idea developed by Damon of an support services user simultaneously playing "snakes and ladders" and "ping pong" (Damon, 2002). The first metaphor explains the long path taken by homeless people to get out of their situation by virtue of the need to jump through a number of hoops ⁽¹²⁾ :

Try to group together mail, food and social services in the same place. Small centres are easier to cope with. People would feel more supported [...]

The problem with support or accommodation institutions is that each operates individually and more or less ignores the rest. Lack of coordination. The less money you have, the fewer chances you have of coping.

The second metaphor refers to the lack of coordination between the various support services and the possible tendency to transfer people or defer responsibility to different services. While this failing is not clearly expressed, the lack of information and the feeling of confusion that it can lead to is perhaps an illustration of it: "*I think there is a lack of information for young people and I don't know what I should do and where to go to knock on the right door. I'm not entitled to RMI either. What to do when you've got nothing?*"

But, fortunately, some interviewees also highlight the qualities of some centres and types of support that they may receive, even if they also note that they are insufficient or lack resources.

There are now some reception centres which know how to come to the aid of people in difficulty.

[...] No or few organisations to help young people. I was lucky because if I hadn't found my current charity I would definitely be in prison.

[...] It's fine but there aren't enough resources for volunteers [...]

¹¹. In particular, people aged 25 and under often talk about a lack of support for this category as a result of the RMI legislation.

¹². These hoops refer to the various support services which each provide very targeted aid and which oblige the homeless to undertake several procedures to qualify.

This organisation, very useful morally, physically. It helps me to cope. There should be more like it [...].

Going into a hostel is a difficult step. Nevertheless, there aren't enough organisations like this which allow you to take a step back and provide sporadic aid.

It should be added that some statements are virulent, even harsh, and demonstrate the failings of the support services which don't always allow people to achieve a degree of stability or put them on the right track for the future, two objectives which are, according to Pichon (2003), the necessary bases for reintegration:

They don't listen enough. I think of the staff like prison guards [...].

The centre is closed during the day, we don't know where to go in the winter when we don't work [...].

Give young people under 25 the chance to cope financially, claim RMI at least, because at 22 I'm going to throw myself in front of a train [...].

Once again, the "ping pong" metaphor applies to the following category, as does the impression that social services are incompetent and unable to meet the "aided's" expectations (characteristic lemmas: social, service(s), assistance, officer and support). The discourse contains judgements about social services overall or about individuals who work for them (welfare officers or social workers) but also about the support they offer (or should offer):

The support offered to us does not correspond to our needs. Social services pass the buck and can't give us proper guidance.

Social bodies and the people who work for them are not very competent. We learn things for ourselves. They don't help people in need, or rather [they always help] the same people.

Other criticisms of these services focus on them not listening enough, the communication difficulty which gives some interviewees the impression that people in the most difficulty are not necessarily the most supported and a poor distribution or even abuse of support:

[...] Too many advisors, who think that they are dealing with people who are capable of following them and it's not necessarily true.

I find it hard to go and knock on the door of an office. I'd like to open up to a teacher and not to a social service. You go round in circles, there's little chance of personal development.

Social support is not given to the people who deserve it. There are abuses in the distribution system.

Finally, some people think that support is provided too late and that measures are not designed for the long-term and hamper real reintegration, as though assistance as designed created assistantship :

Offices and social services lack judgement of motivation to help people cope, they don't find suitable solutions so that people become productive for society, we feel neglected.

Public institutions and bodies wait for us to hit rock-bottom to help us, we get too much help, they don't help us to help ourselves.

However, these negative judgements are not the only ones expressed. Other individuals, on the contrary, highlight the quality of the service provided, revising their prejudices after contact with social services :

I'm very happy with social organisations.

I had a fixed and false idea about social services. Now I think they are completely competent. Also, an awareness of extreme poverty.

The staff are open, qualified, social and understanding.

The other problem mentioned in this category is that of social housing and the judgements are all negative, either in terms of access difficulties, rarity, allocation policy or their rundown state:

Lack of social housing.

I'm unhappy with social HLM [low-rent public sector housing]. If it was really true, why don't they help people in need [...].

How come there is no more social housing? HLM is occupied by people who shouldn't be there.

The social housing where we live is never renovated.

Finally, the following people talk about their relationships with their welfare officer or officers. Women form a majority in this category and are over-represented (54% compared with 36%). This relationship can be central to their response as if it were an additional item. Finally, depending on their own experience, they confirm or invalidate the skills of these officers :

Without my welfare officer's help, I wouldn't have been able to find housing and I wouldn't have come to the end of the administrative process [...].

I had to fend for myself to find housing. Welfare officers don't know how to advise us about the services necessary to get help. They listen to us but don't give us anything.

Charities must be short-staffed, management is lacking, I might lose my housing benefit because of that. Files pile up in the offices. Lack of welfare officers.

Family is another important subject

The frequencies in this hyper-category ("My family") are also low (3% for each category, 6% in total), so the interpretations suggested should be read with caution. The individuals who make it up talk about family but the two categories have different approaches. In the first, people mainly talk about their original family. Women and the under 25s, people who experienced numerous problems during their childhoods and those who were taken into foster care are over-represented in this category, accounting for 50% (compared with 36%), 36% (19%), 34% (21%) and 38% (22%) respectively. This clearly illustrates why infrequent discourse should be examined more closely, as it can relate to a specific stratum of the population in the study. In this case, there is a close correlation between the individuals' characteristics and their discourse. In the second category, the respondents talk about the families they have started, and are more often women (52% compared with 36%), foreign nationals (51% vs. 32%) and people living with children (41% vs. 23%) than in the general population.

The first of these two categories is therefore characterised by the words family, parent(s), problem(s) and child(ren). Discourse centres on the theme of the family and mainly concerns difficulties linked to the absence or nature of family ties. Some respondents discuss their being fostered with a host family or relationships with their biological parents.

I have to say that I don't know my real parents. I think of my host family as my parents. I was taken away from my family at the age of thirteen months because I was badly treated.

At fifteen, I was adopted by my host family, who had fostered me at the age of eight. Before, I'd been with a number of host families. I've met my real mother again and I've had some problems with her.

Other people discuss their current or past family problems, or traumatic events concerning members of their family, analysing them to explain their present situation, as Paugam and Cléménçon (2003) noted in their survey of support service users :

My life would be better if I was still in touch with my parents. I've been angry with them since my divorce [...].

I left my parents' home six nights ago [...].

My parents are part of a sect. They can't accept my homosexuality. It's because of them that I'm in this position [...].

Death of a younger brother and then left school then lost job, parents' separation. [...] No more contact with family.

Problem with violence with partner who kept the child. [...] Breakdown of ties with family

As in the previous category, the second category talks about family but this time the focus is on the nuclear group: partner and child(ren). Most of their responses talk about their desire to stay together or to get back together with the members of their nuclear family and the difficulties linked to separation :

My aim is to find my own place, stay with my children, that's what I want.

I want to see my children and grandchildren from time to time but my husband has set them against me and they don't want to see me.

Running through the answers is the problem of family life for the homeless, for whom the solutions offered are not always suitable and may lead to separations which they find very difficult :

The separation from my son is intolerable. It's making me ill. The support has not been tailored [...].

It's not right that you can't live as a couple for a while in a shelter. I'd like to have a child but I can't see my wife regularly.

Procedures, administrative and otherwise, provoke criticism

5% of respondents are characterised by the following vocabulary: procedures, administrative, administration, lack [n], information and get. People who have made at least one approach to an aid body ⁽¹³⁾ are also over-represented (73% compared with 61%). Discourse centres on the difficulties experienced in their administrative procedures (red tape, complexity) and the lack of information on the support to which they may be entitled :

Administrative procedures are too long, too complex. You need nerves of steel.

We're left by the wayside. As much waiting around, if not more, than for those who are not homeless. Lack of information, support, about administrative procedures.

I want to complain about the administration and municipality office opening hours. They should be open later and on Saturdays like the Post Office.

Some people emphasise the importance of the support given by charities in dealing with administration, whether criticising the lack of help given by charities or on the contrary their heavy involvement, confirming the idea that organisations offering several potential support services facilitate reintegration :

[...] helped with housing and administrative procedures [...].

In the hostels they should do more to explain the procedures, how to find housing and get the papers sorted, etc [...].

The charities lack administrative information. The local youth training and employment services need to do more. (13)

Clearly, these concerns about administration cover all the possible fields of support: housing, work, documentation, allowances, training and justice. This explains why some answers touch on problems other than those linked to administration :

Too many documents to give to the authorities. Lack of organisation and communication between them. Procedures and justice too slow in the areas of divorce and women's and children's rights.

I could be helped in my attempts to get a training course as an auxiliary nurse [...].

[...] Administrative procedures are too long, even impossible to get through for us.

These answers show that administrative complexity and red tape are often additional worries that people have to cope with. It should be underlined that these criticisms feature in only 5% of answers and that one person praises the progress made in this much-maligned administrative process: *administrative formalities have been simplified and public services have really improved the way they deal with you.*

¹³. The bodies concerned are: the family allowances fund (CAF); the primary health insurance fund (CPAM); the local social welfare centres (CCAS) and the national employment agency (ANPE).

A limitation on analysis: very varied discourse lies behind the same words

The following categories contain low or even very low numbers. For the reasons discussed above, we decided to present them, even though one must be very cautious in coming to concrete interpretations and refrain from making hasty generalisations using the results. To a certain extent, these categories illustrate again the limitations of the lexicometric approach, in which the shared use of words is not sufficient to suggest a shared discourse.

Thus, 4% of the respondents are characterised by the following words: to find/end up, street and instructor(s). In fact, no typical discourse emerges. This can mainly be explained by the fact that more than 40% of the individuals in this category use declensions of the verb to find/end up (*retrouver*). However, this verb is associated with words with different meanings: street, work, housing, etc. The first possible collocation is “*to find oneself on the street*”.

Have to leave the hotel in four months, 21st birthday. Worried about finding myself on the street again. Looking for another charity to look after me till I'm 25.

I wasn't well looked after, they let you come and go as you pleased and didn't check on you. There was no certainty I could stay there if there was no room. They didn't give a toss if I found myself on the street. Quality of the food left something to be desired.

[...] I found myself on the street because I had no money coming in.

This possible connection means that the word "street" is also one of the characteristic words, and is used in a number of ways, including lived experience, discourse about “street people”, etc.

I'm on the street after my divorce.

I'm coping, I'm not on the street anymore.

Life should be made easier for people who live on the street, or they could be taken off the street completely, because lots of housing is free at the moment.

However, this word is also associated with charities and instructors, as they could help or not help people to “get off the streets” :

People who live on the streets with their dogs should be more respected and taken better care of by the mayor, instructors, charities, etc.

Charities don't enter into lasting contact with people on the streets.

There should be more shelters like this one. Lots of people still live on the streets.

This partly explains the appearance of this lemma among the characteristic words: *It's the first time in my life that I've found an excellent hostel. There should be far more instructors to listen to us more. The people are very capable.*

Always well supported by the people I've been in contact with, the shrinks, instructors, etc. I'm lucky in my misfortune.

Very well looked after in this centre. [...] Instructors very kind.

The last response shows one of the many alternative positive and negative possible uses of the verb *retrouver*: *I've ended up with nothing [...]; How can you escape destitution, poverty, find a job, housing, [...]; [...] Without housing you can't get back on your feet (se retrouver), rebuild your life; [...] How do you find motivation for the future ?*

3% of respondents used the following words: to hope, life, situation, to find (*trouver*), work, to leave and flat. The discourses are very varied in terms of the topics discussed, but share a common characteristic: the hope for a better future and an improvement to their current situation. To a certain extent, these answers contradict the criticism made by some interviewees of the lack of questions about their future (see above) :

I hope that this survey will lead to an improvement in our lives and to easier access to housing.

I hope that 2001 begins well. I've found a flat today and then get a job and start a life and my own family, normal life.

In this society, you have to look after yourself to get anywhere. I haven't lost hope. My life is continuing at a regular speed. I want to succeed because I've put in the effort myself.

When the characteristic lemmas are alcohol, drugs and street, three types of discourse emerge. The first concerns the need to separate people in shelters in order to avoid those who drink and take drugs living alongside other people :

Avoid mixing people who are there short-term with other residents. Danger of alcoholism, drugs and material destruction.

Some hostels are not good. Different nationalities, drug and alcohol consumption, contagious diseases. Good care, we aren't dying of hunger, they give you clothes and good advice.

The second instead concerns the links between living rough and alcohol or drugs: *When you live rough, you go downhill very quickly and get into alcohol; I was imprisoned very young for murder at 19 years of age. Prison killed me because I couldn't accept being locked up. When I got out, I gave in to alcohol and drugs, cocaine. I can't give up.*

The third discusses how and why people come to live rough: *I ended up on the street, four months pregnant. [...] I spent several months living rough, squatting [...]; Serious arguments with my parents, confinement and female submission meant that I ended up living rough [...].*

Finally, the characteristic words in the second category (2% of respondents) are: to stay, France and French. The answers are variations on: *I want to stay in France because I'm happy here; I'd like documentation to stay in France and work in France.* This response might suggest that all the people in this category are foreign nationals. In fact, a third of these people are French. In general, they have problems with documents (administrative problems) or they have had French nationality for a short time :

I have to get an ID card. I've got French nationality but they haven't been issuing papers in the Comoro islands for two years, and in France they tell me it's because of what happens over there.

I'm French and now that I know my rights I want to stay in France and my wife to stay with me with the family group.

This last category is a good illustration of the importance of looking for position, in other words the typical discourse which clearly identifies a category of people with specific characteristics.

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Despite the many recent changes in textual analysis techniques, a textual corpus provided by an open-ended question remains difficult material to analyse statistically. In particular, the preparatory phases – standardisation and lemmatisation – are based on conventions which are inevitably debatable. In addition, in our case we have to deal with collection issues. For example, the answers were abridged when they exceeded 200 characters. However, we noted that some answers were much longer. Next, the question of interviewer effect is still relevant and forces us to qualify our interpretation of the results still further. Finally, during our analysis we noted the various limitations of the lexicometric approach.

Nevertheless, with the exception of these defects which are, in any case, inherent to any statistical study ⁽¹⁴⁾, this experimental analysis of the answers to the final question provided a rich supplement to the survey which was limited to closed-ended questions only. The analysis of the criticisms of the survey's various sections may help to improve a future survey. Some criticisms focus, depending on the interviewee, on the need to fully exhaust a topic or on the contrary to reduce the number of questions (in the case of the family, for example). These contradictory viewpoints are unhelpful for a survey designer. On the other hand, more accurate questions on the relationships between people and their various contacts with support services could be added. Indeed, while the closed-ended questions provide information on the "consumption" of social services, some answers to the open-ended question make it possible to analyse the relationships which social services users have with those services. Similarly, a section on future prospects could be added ⁽¹⁵⁾. At the same time, the recurrence of some comments on reintegration policies and social services might enable us to see the "aiders" in a new light. This is entirely consistent with the desire currently expressed by charities to integrate individuals into their reintegration policies and with the trend in research into participative approaches to poverty which, according to Bennet and Roberts (2004), may make it possible to improve poor people's perception of life and thus to implement policies with meaning for the people they are aimed at, to increase their confidence, but also to create a learning process for the people concerned and to ensure that they are once again the focus of political debate. Finally, it seems that despite some systemic failings being obvious since the mid-1990s (emergency processing of some cases, an inadequate targeting system, deadline problems), the solutions have been implemented in too few parts of the system or localities, since the same problems persist for people without documentation, couples, families and young people.

Further, even though we must be careful in generalising from the results, because of the low frequencies on some subjects, the use of open-ended questions should increase because it sheds new light on surveys and may add dynamism to (or illustrate) more technical approaches. In particular, this study shows that the use of suitable software allows data to be sorted rapidly and efficiently, before moving on to accurate post-coding which makes more refined statistical analysis possible. This could be all the more effective and rapid if response recording tools were integrated into the collection system. These tools would enable us to take advantage of the feature of open-ended questions but above all to build questionnaires wherein a sequence of (open-ended and closed-ended) questions would be "considered as a whole (a series of interactions) and treated as a "discourse" which provides an answer to the closed-ended question and the word-for-word answer to the open-ended question" (Brugidou and Escoffier, 2005).

¹⁴. Indeed, the statistician still has to deal with the problem of placing situations which are more or less similar into one category in order to improve the significance of the results.

¹⁵. This possibility had been foreseen in the 1998 INED survey tests of young homeless people in an insecure position. However, it was not included as a result of the difficulties experienced, particularly when the interviewees had no vision of their future, as was mostly the case.

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