

Homeless research in France¹ : definition of homelessness, research, and legislation and its last developments

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I. Definitions

There is no official definition of homelessness in France.

The recent homeless surveys, conducted by INED locally and by INSEE at the national level, are based on a definition of homelessness which is close to the US "literal homelessness" (*sans-domicile au sens restreint*) : the homeless are people who, at the time of the survey (for example : the night before) are sleeping on the street or in other places unfit for human habitation, and persons living in shelters, hotels or flats paid for by NGOs or public agencies. This definition uses a combination of two classifications, housing type (street, shelters, flats...) and occupancy status (paid for by NGOs).

There are some differences between the INED and the INSEE definitions :

- INED also considers homeless a few cases of people who were in hotels or doubling-up with family or friends but on an irregular basis ;
- The range of accommodation provided by the NGOs and considered as part of the sample frame included "centres maternels" for INSEE and not for INED. "Centres maternels" are hostels in which women can be accommodated with their children when they are pregnant or when the younger child is under 3. They need not be homeless to be eligible for these hostels, nor are they necessarily homeless when they leave them. However, in recent years, these hostels have been more and more used for very poor women, and they are a "frontier case" between the homeless shelters and hostels which are meant for other types of populations.

This implies a different proportion of women in the two surveys, about 13 % for the INED survey in Paris and 36 % for the INSEE national survey, both on an average week.

II. Research

Since the beginning of the 90s, there has been many qualitative researches on homelessness in France. Some of them are described in Pichon, 2000. Representative statistical surveys interviewing the homeless themselves were conducted as soon as 1995, with the first INED survey of the homeless using shelters and hot meals distributions in Paris. The first national survey, using the same methodology, was carried out by INSEE in 2001. These surveys are "point-in-time" investigations. There are no panel surveys interviewing the homeless themselves (see table).

¹ This short paper has not been presented as such in the Paris workshop, since most of the issues had been developed in the French « long paper » about the definitions and methodology of surveys.

Some studies using record-based data, or forms filled by service providers, exist both at the local and the national level. Longitudinal studies using this kind of data only exist at the local level.

Finally, a few surveys of the general population use questions that can help understand the prevalence of past homelessness, or hidden homelessness such as doubling-up.

2.1 Point-in-time data using statistical surveys

*** The DRASS (+ FNARS, + MIPES, depending on the year) survey in the emergency shelters of the Paris region (1998 and seq)**

This survey has been taking place in the emergency shelters of the Ile-de-France (the Paris region) every year since 1998. A short questionnaire is answered by all the adult residents of the emergency shelters on a given night (DRASS, 2001). In 2000 the CHRS shelters (which are for the greatest part long stay shelter with reinsertion activities) were added to the sample. A short questionnaire gives some basic information about present situation of these people but the very low response rates (50% for long stay shelters, 40% for emergency shelters in January 2003) are still a problem for analysing the data.

This survey is comprehensive, on a given night and on shelters only, hence it needs no weightings to compensate for multiple use of various services.

*** The FNARS survey (2001)**

In 2001, a survey on a sample of users of the FNARS services (FNARS is a federation of associations), was conducted by the OSC (Paugam & Clémenton, 2002). The interviewees are not always homeless (62 % of the interviewees live in a shelter or are housed by an association ; 7.3 % live in public space or in a squat, the night before the interview).

*** The INED surveys in the Paris region (1995, 1998, 2002)**

Since 1993, a number of projects have been conducted by INED, the first ones as part of the work of the Conseil National de l'Information Statistique (CNIS) on the statistics of the homeless population (see long paper). The INED has thus undertaken a methodological experiment of the 'street and shelter' and 'service users' survey methods. This involved conducting two surveys over a limited area and examining how they could be extended to a larger scale. A "street and shelter" survey was attempted and led to the same difficulties for the street part as those stated in the North American case. The "service users" survey was carried out in Paris *intra muros* in the period between 6 February and 10 March 1995 and involved 591 individuals over 18, users of shelters and food distribution services. The method was derived from the one used by the Urban Institute and by the Research Triangle Institute (for a detailed description in English of the methodology, see Marpsat & Firdion, 1999).

The INED survey takes place in the day, over the course of one month, interviewing users of night shelters and food and meal distributions, including mobile or outreach services. It is a two-stage sample-survey of service users in Paris *intra-muros*. Because the list of each type of service had to be comprehensive, we restricted our attention to three types: free meal distributions and soup kitchens (whose service is a meal); emergency shelters (whose service is provision of a bed for the night); CHRS and long-stay shelters (whose service is provision of a bed for the night).

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

A total of 591 questionnaires (of 606 theoretically planned) were answered anonymously in three partially overlapping sampling frames: 219 questionnaires in emergency shelters; 137 questionnaires in CHRS or other long-stay shelters; 235 questionnaires in food distribution sites.

The data is representative of the service users on an average day or (according to the set of weightings) an average week of the data collection period. The aim was to improve understanding of the characteristics of the homeless, the process of entry to homelessness, the financial and non-monetary resources of those involved, their links with other people and their use of the specialist services. The survey also allowed to obtain estimations of the population concerned at a given point in time. These experiments were conducted in close collaboration with the voluntary and other organizations which care for the homeless.

INED conducted another survey in 1998, involving 461 homeless youth between 16 and 24 years of age in Paris and the nearest suburbs.

A methodology derived from the INED one was used for sampling and weighting a survey on mental health of the homeless people in Paris, conducted by a team of psychiatrists in 1996 (Kovess & Mangin-Lazarus, 1999 ; Kovess, 2002). The national survey conducted by the French National Institute of Statistics (INSEE) in 2001 (see below) used a method derived from the INED and the US Census Bureau ones.

In 2002, a (small) survey of homeless people contacted by outreach services tried to gain some understanding on those not reached by the INED and INSEE surveys of users of shelters and food distributions.

*** The INSEE national survey of users of shelters and hot meals distributions (2001)**

The French National Institute of Statistics and Economic Studies (INSEE) conducted in 2001 a national survey of the users of shelters and hot meals distributions. For a detailed description of the methodology, see Brousse & alii, 2003 (forthcoming) ; for a description of the sampling and of the weighting, in English, see Ardilly and Le Blanc, 2001. Among the service users, the homeless population has been defined as people who have spent the night previous to their being interviewed in an accommodation provided by the NGOs or other service providers, or in a place not intended for habitation such as public space. Accommodation includes the "centres maternels", or mother and child refuges, contrary to the INED survey, which explains the higher rate of female homeless people in the INSEE survey. The geographical field is that of the population centres of 20,000 inhabitants and over.

The sampling is a three-stage one : first the population centres, then the service sites-days (the sites being those of the shelters and hot meal distributions, a list of which was elaborated one year before the survey and updated just before the survey started), then the services (a night, a meal) in each service-site (by selecting the individuals using them, the set of weights allowing to have results about individuals and not services). 4,109 persons have been sampled.

The “weight sharing” method has been used to establish several sets of weights. One set corresponds to an “average day” of the reference period (that is, the data collection period, from January 15 to February 15, 2001) and another one to an “average week”.

2.2 Point-in-time data using service records or interviews of service providers

Record data from service providers, or surveys on their clients answered by service providers can also inform about the size and characteristics of the homeless population on a given night. Before 1995, date of the first Ined homeless survey in Paris, the population of people without homes had seldom been the object of a specific statistical investigation in France. The only regular statistical survey was the one conducted by the statistical services of the Department of Social Affairs on, notably, the populations in the Centres d'Hébergement et de Réadaptation Sociale (CHRS) and in a range of temporary accommodation for individuals and families (SESI 1997 a and b ; Monteil and Bertrand 2003 ; Woitrain 1999a and b). This survey is called the ES survey, for “Etablissements Sociaux” and is conducted every second year since 1982 (though it didn't take place in 2000 and the “persons in social difficulty” part wasn't conducted in 2002). Each centre fills in a form describing its residents.

2.2 Longitudinal data using records

The Orsas (Regional Observatory on Health) in Lorraine, a French region, has been using such a method in the CHRS (long-stay shelters) and emergency shelters of the Moselle county (November 1995 to 2003) then, since December 2002, in the three other counties of the region (Orsas-Lorraine, 1996, 1997). Another such study has been conducted by the DDASS/FNARS in the Haut-Rhin, another French county in the Alsace region.

The studies by the Paris Samu Social (an emergency outreach service) based on the records of the phone calls they receive asking for shelter, can be thought of as using the same methodology (see the annual report).

2.3 Questioning people on previous homeless episodes, in general surveys

Some questions in a telephone survey by the Credoc in 2001 (Simon, 2001); INSEE is introducing some questions in the next Health survey (large sample).

2.4 Housing difficulties other than literal homelessness

In France, the Housing Survey contains questions about housing costs, number of persons in the household, available space, and the quality of housing; at INED, questions have been tested dealing with precarious housing (along the lines of the stability/insecurity classification), and on housing quality and occupational status.

Questions concerning persons doubling up with the household were introduced a few years ago in the French Housing Survey, which is conducted every fourth year with more than 30,000 households in the sample (Bessière, Laferrère, 2002).

III. National Context: French Welfare State (last 30 years)

The French Welfare State type is “conservative” (like the German one), according to Esping-Andersen (1990), i.e. contributive and bismarkian. State decentralization has begun in 1982 but remains quite limited. Since the French Revolution, the main pillar of our republic is “solidarity”. Let's have a brief look to the recent evolution of this welfare state.

After the French events of “Mai-68”, social policies were aimed at preventing other political troubles and so addressed problems of the lowest social classes: programs to suppress unhealthy accommodations in 1970 (mainly shanty-towns), law creating shelters for social rehabilitation (CHRS, 1973)... Several new social security benefits were implemented for some categories of socially “excluded” people: Disabled adult allowance (AAH, 1975, for persons with physical or psychological disability), Single parent allowance (API, 1977, for single parent or pregnant woman) and Young major allowance (1977, for unemployed young adults from 18 to 21 years old, specifically for those discharged from foster care institutions).

From 1981, voluntarism is more present and social programs are promoted, directed towards disadvantaged urban areas and mainly based upon affirmative actions (Social development of districts, DSQ, Priority State education areas, ZEP, local programs for accommodations...) or directed towards specific segments of population (Local bureaus for youth employment, Social operations for long-term unemployed, Local emergency services for precarious population...). In 1985, an Annual emergency plan is created to help people in serious bad social situation, which is soon implemented in each county (“département”). So, in 1987, it became the Winter Plan against Poverty (PPH) which is mainly in charge of subsidizing and coordinating emergency shelters (low requirements shelters) during winter in each county. These shelters (as the CHRS) are managed by NGOs and municipalities and all these organizations have been involved, at a time or another, in demonstrations or lobbying actions for better accommodations (for homeless people), longer maximum stay periods in shelters, better employee skills...

In 1988, the Minimum insertion income (RMI) law passed. These benefits are differential (other individual incomes are taken into account), subsidiary (granted after fulfillment of the other social rights), and conditional (the recipient has to agree with the terms of a social insertion contract). Homeless people who can prove residing at specific local organizations can be applicants for RMI but not illegal aliens nor people under 25 yo (except if they have young child(ren) at charge). The RMI is locally managed through municipality commissions (CLI) and county councils (CDI) where the prefect stands for the National State authority and control. In spite of this State control, disparities between counties are large. Nowadays, there are roughly 900,000 RMI recipients.

In 1990, the Louis Besson²'s law introduced formal housing rights; for example, it created county plans to accommodate disadvantaged persons. Then other laws improved these rights: the law on eviction orders (1991) and the accommodations Law (1994) which enlists local authorities to provide (temporary) accommodations to the homeless (with annual evaluation and foresight to obtain subsidies). Unfortunately, these laws did not notably modify the offer of cheap dwellings on the housing market (very low since 1995).

In inner cities, municipalities confronted with panhandling and homeless people staying in public space. Since 1993, some of them published local decisions against begging (“arrêté anti-mendicité”) that involved police repression (now, the recent SI law, “Sécurité intérieure”, defines new offences concerning “aggressive” panhandling and wandering). In large cities, the public transport corporations (SNCF, RATP) organized the displacement of these “undesirables” out of their stations and halts, conducting them towards emergency shelters.

² Then the Minister of Housing.

In 1994, an organization is created, the "SAMU-social" (in the first place in Paris), aiming to gather homeless people found in public space (streets, parks...) and to distribute them among PPH shelters or specialized centers according to the characteristics of the person (young mother with child, minor...).

At the end of the 80s, NGOs, administrative agencies, political organizations, trade unions, were wondering about the number and characteristics of literally homeless people. A working group on statistics about homeless persons was created by the National Council for Statistical Information (CNIS) in 1993 (the final report, "Towards a better understanding of the homeless and exclusion from housing", was published in 1996). The debate and conclusions of this working group contributed to trigger the first main statistical studies on representative sample of homeless population in France. After these first works on homelessness, the Direction of Social Affairs asked the counties to conduct local studies on homeless youths and marginalized people (1997).

Long-term unemployment, youth unemployment and a low labour-market participation of able workers conducted the political authorities to create, in 1997, new State-subsidized employment through the Program law "New services for youth employment" (for people under 30 yo), in addition to previous State-subsidized employment CES and CEC, created in 1989 and 1992.

At the end of the 90s, two important laws passed: the first was the Law against Social Exclusion (1998) which instituted new programs in favour of youth employment (16-25 yo), called TRACE programs, which facilitated the insertion in labour-market by support and training procedures and extended the Help funds for youths (1992). The second one was the law creating the Universal Health Insurance (CMU, 1999). This program has two parts: the base-CMU gives access to the general health insurance (for people without job and income) for persons residing in France in a "steady and regular" way (for illegal aliens and regular migrant workers residing less than 3 months in France, the "Aide Médicale d'Etat" – AME – provides an health insurance for hospitalization). The second part, the complementary-CMU, exempts from paying patient's contribution to cost of hospitalization, dentures... After 2 years applying this law, base-CMU recipients are about 1.3 million (2% of the adult population) and the complementary-CMU recipients are 4.6 millions (near 8% of the adult population).

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**Table 1 . A classification of the main statistical sources of information on homelessness and homeless people
FRANCE**

	Interviews of service providers, use of service files (record-based data)	Interviews of homeless people	Interviews of the general population
Point-in-time data (or very short period), including with retrospective questions	<p>NATIONAL :</p> <ul style="list-style-type: none"> - the ES (Etablissements sociaux) survey “on a given night” of the users of emergency and CHRS (long-stay) shelters. Conducted by the Department of social affairs every second year. 	<p>LOCAL :</p> <ul style="list-style-type: none"> - INED 1995 survey in Paris (users of shelters and food distributions aged 18 or more) - INED 1998 survey in Paris and nearest suburbs (users of shelters, food distributions and day centers aged 16 to 24) - INED 2002 survey in Paris, Nantes and Nice (homeless people contacted by outreach services) - DRASSIF survey (1998, 1999, 2000) in emergency shelters <p>NATIONAL :</p> <ul style="list-style-type: none"> - INSEE 2001 survey in cities of 20,000 inhabitants or more (users of shelters, food distributions and day centres aged 18 or more) - FNARS 2001 survey on its clients 	<p>NATIONAL :</p> <ul style="list-style-type: none"> - On previous homeless episodes: a question in a Credoc survey ; some questions in the INSEE Health survey - On the housing of family or friends: questions in the Housing survey

<p>Longitudinal data (collected about the same persons over a long period)</p>	<p>LOCAL :</p> <ul style="list-style-type: none"> - the studies of the Paris Samu social (a telephone service which attributes shelter beds) - the studies of the Regional Health Observatory of the Lorraine region on the CHRS shelters. 		
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