



I N E D

Point-in-time statistical surveys of the homeless population in France

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Main quantitative studies conducted on the French territory and basic information

Organization in charge	Ground covered	Target population	Number of persons sampled	Orientation of the survey and type of public	Date
DRASSIF/FNARS/MIPES	Ile de France (Paris region)	CHRS and emergency shelter users	5504	Adults, "on a given night"	2003
INED (coverage study)	Paris & suburbs (Ile de France) Nantes, Nice	Outreach service clients	106	Complementary to the INSEE survey and designed to reach the homeless who seldom or never use shelters	2002
INED (coverage study)	Paris and suburbs, Marseille, Strasbourg	Service users who do not speak French	40	Complementary to the INSEE survey and designed reach service users who do not speak French	2002
INSEE	National (cities and towns over 20,000 inhbt)	Users of shelters (including "mother shelters") and hot meal distribution services	4 084	Homeless adults over 18 years old	2001
FNARS	National	FNARS Service users (not always homeless)	?	?	2001
INED	Paris intra muros and nearest suburbs	Users of shelters ("mother shelters" not included), hot meal distribution and day centres, persons aged 16-24	461	Young homeless aged 16 to 24	1998
DRASSIF	Ile de France (Paris region)	Emergency shelter users	3 710 (2000)	Homeless adults "on a given night"	1997...2000
Elan retrouvé	Paris intra muros	Users of shelters ("mother shelters" not included) and hot meal distribution centres	838	Mental health and adult homelessness	1996
INED	Paris intra muros	Users of shelters (mother shelters not included) and hot meal distribution centres	591	Homeless adults over 18 years old	1995
Department of Social Affairs	National	Questionnaires filled by service providers on users of CHRS and temporary accommodation for individuals and families, "on a given night"	34 919 (1998)	Any adults or family with social difficulties using these types of shelters	Every second year from 1982. (except 2000 and 2002)

More detailed description of the main studies

At the end of the 80s, no reliable quantitative studies had yet been conducted on the homeless population as a whole. A request was then made by representatives of voluntary organizations and trade unions working with the CNIS² to create a special working group to focus on homelessness. Since then, several different studies have been conducted in France.

Before the creation of this group in 1993 and the first INED surveys, the only survey to have been regularly conducted since 1982 was the ES (Etablissements Sociaux) survey, conducted by the statistical services of the Department of Social Affairs since 1982. For this survey, each service provider filled a form for its residents. Before describing the surveys conducted by INED or those using the same method, other surveys must be also mentioned: since 1997, the Paris region Department has conducted, every year, a survey among all adults using emergency shelters on a given night and the FNARS (a national federation of associations) has interviewed people using their services (2001), among whom 69.3% were registered as homeless. More recently, the FNARS, together with the DRASSIF (Department of Social Affairs for the Paris region) and the MIPES (a regional observatory on poverty and social exclusion) has conducted a survey on CHRS and emergency shelters users, on a given night.

1. The INED³ surveys

The first goal of the pilot survey conducted in 1995 was to determine which method was best adapted to a survey among such a mobile population.

Three studies are considered reliable today: these are the surveys conducted in 1995, 1998 and 2002.

The 1995 and 1998 surveys concern the Paris area, while those of 2002 took place in Paris and in several provincial cities (Paris, Nantes and Nice for the outreach service survey; Paris, Marseille, Strasbourg for the surveys concerning non-French speakers). These surveys focus on different subpopulations among the homeless.

The 1995 survey took place between the 6th of February and the 10th of March and involved 591 individuals who had reached their legal majority (at least 18 years old). The investigation work was conducted during day time, and the people interviewed were users of social services. In order to take into account those who did not use the shelters, the field of the survey was not restricted to users of emergency and long term shelters but extended to hot meal distribution spots. Altogether, 591 questionnaires were completed, including 219 in emergency shelters, 137 in long term shelters and 235 in food distribution spots. Weightings were then adjusted to compensate for the overlapping of the sampling frames.

In February-March 1998, the survey concerned a different age group. The homeless people interviewed were between 16 and 24. The point was to understand the living conditions of the young homeless and the biographical traumas (divorce or death of parents, school failure, jail...) that led them to their current situation. Health is one of the most important topics of the survey (AIDS, pregnancy, alcohol, drugs, access to health care...). In this study, many borderline cases were taken into consideration. Since many shelters are open not only to “homeless” persons in the strict sense of the term, the survey was conducted on “young people in precarious situations” rather than on “young homeless” persons.

² CNIS : National Council for Statistical Information

³ INED : National Institute of Demographic Studies

The 2002 surveys are smaller in scope than the first two. The procedure was quite different, since the objective was to elaborate a methodology in order to complete the 2001 INSEE survey and find out more about the population not covered by that survey. Two different populations were targeted. First, the homeless who do not use shelters and food centres, or who use them too rarely and for that reason are not well-covered by the INSEE survey. These may be either the more autonomous homeless, those who manage without shelters and food distribution centres, or the most "desocialized" ones, who do not use them either. In order to reach these persons, the INED decided to survey "outreach services" which, in contrast to "ordinary services", try to meet the homeless by visiting them directly where they live. The second category of population targeted were the non-French speakers, for whom the INSEE estimate was of 14,5% among service users. In addition to elaborating a method that could be adapted to these populations, the aim of the 2002 complementary surveys was to estimate their weekly use of the services and to improve the data on different types of housing and status. Another goal was to obtain information on access to housing and employment, health, and social services. These last themes were briefly mentioned.

2. The national INSEE⁴ study

The INSEE survey, carried out through January and February 2001 (from the 15th of January to the 15th of February), was the first national representative study ever conducted in France. Although mainly based on the INED methodology, the INSEE survey was also inspired by the survey conducted in the U.S. by the Census Bureau (1996) as well as those of the Urban Institute (1987) and Research Triangle Institute (1991-1993). The purpose of the survey was to obtain better information and a better understanding of the "homeless population" on the national level. Indeed, people who do not have stable housing were not sampled by traditional household surveys conducted by the French national institutes and estimates of the number of homeless in France were very rough and controversial.

The INSEE decided to reach the target population by visiting shelters and food distribution centres, but their selection method was different from that of INED. INSEE included in its target population users of "mother shelters" . Since these shelters are part of the system of social assistance provided to young children⁵, INED decided not to take them into account, considering that the women who live in these shelters are not necessarily homeless when they come in or decide to leave. The two different procedures result in remarkable gaps between the findings of both studies. In the Paris area, the number of homeless women and children according to the INSEE study is consequently higher.

For the national study, it was necessary to make a selection among French cities and towns. The survey covered French towns of over 20,000 inhabitants and all together 4,084 people were sampled.

3. The study on mental health

In 1995, the City of Paris asked the team of the association "Elan retrouvé" (created by psychologists and psychiatrists) to carry out a specific study on mental health among the homeless [Kovess and Mangin Lazarus, 1999]. A first experimental study was carried out during the winter of 1995, and about 100 homeless people were sampled. The main study took place in the city of Paris during the winter of 1996 with a representative sample of 838 homeless people.

⁴ INSEE : French National Institute of Statistics and Economic Studies

⁵ Women who are pregnant or have children under 3 can be accommodated in mother-child reception hostels administered by the Conseil General of each departement. Under this heading come the mother-child hostels, children's homes and public children's homes with a section for mothers and children

Previous studies in North America and Australia were based on different definitions of the term “homelessness”. From one expert to another, the term is not defined in exactly the same way, and different studies consider homelessness according to more or less restricted definitions. The team of “Elan retrouvé” chose to base its study on INED’s definition of “literal” homelessness: the situation of a person who sleeps in a shelter or in a public area (including parks, train or metro stations, and any other place not intended for dwelling). The survey is representative of those who use shelters and food distribution centres (including soups, sandwiches and coffees) designed for the homeless population. It thus includes some people in borderline situations living in squats or who are housed on an irregular basis by friends or relatives. [1998]

For the sampling, the team decided to choose a method based on service users. First of all, the investigation is made easier, and secondly, since many studies have used this method, it allows for comparison. In order to obtain representative results and ensure that the subgroups will be large enough, the adapted size of the sample was estimated at around 900. The sampling was then carried out with INED’s methodological assistance and advice.

The INED Method

Through its experimental studies, INED has developed a reliable method that is now used in all main French surveys on homelessness. The INSEE and the mental health survey methods both drew their inspiration from the method developed by INED.

1. Earlier studies in the United States and in France

Studies on the homeless in the United States have been conducted since the beginning of the 1980s.

The first generation of studies was based on the opinions of experts. But the estimates produced by these surveys were severely criticized by activists working with the homeless.

The procedure adopted in second generation surveys was completely different. Surveys took place at night in the streets and in the shelters simultaneously (to avoid double counting). The study done by the Nashville Coalition for the Homeless (Wiegand, 1985) and those piloted by Peter Rossi in Chicago in 1986 and 1987 are examples of this method. But although they were based on a more scientific method than the first generation procedure, problems arose in connection with the collection of data in the street.

In the third generation of studies, the surveys were carried out in the daytime and over a longer period. They were conducted in the “services” provided for people in difficult situations. Works of this kind include Burnam and Koegel’s study on the Los Angeles skid-row area (1988), Dennis’ of the Research Triangle Institute in Washington D.C.(1993), the surveys of the Census Bureau and of the Urban Institute. The main difficulty with this new type of survey is the high probability of selecting multi-users of social services and not including homeless non-users.

Until the 1990s, there were no reliable quantitative studies concerning homelessness in France. The population census of 1990 counted the visible homeless in the street on a given day, but this procedure involves a high risk of both double counting and underestimation.

The following sections describe the methodology adopted for the 1995 and 1998 INED surveys.

2. Sampling

a) The survey field

The INED surveys were aimed at the homeless in the 'strict' or 'literal' sense: people who sleep in shelters (emergency or long-stay) or in the 'street' (including car parks, train stations and other places not intended for habitation). The 1995 survey has a representative coverage of the members of this population who use the shelter and food distribution (including soup and coffee, at night) services for homeless people. However, the team also wished to include individuals met on food distribution sites who were in similar or borderline situations: people living in squats or hotels and those who were not regularly housed answered the same questionnaire as people without housing; individuals who were regularly housed or who had their own housing answered a very similar questionnaire, the only difference being the description of their current housing conditions (in order to identify situations of substandard housing, overcrowding, threat of eviction, and possible periods of homelessness experienced in the past). In 1998, users of day centres were also interviewed.

The first two INED surveys (1995 and 1998) did not, however, cover the situation of people sleeping in the street, in squats, or staying with friends, and who did not use the food distribution services. A test performed on a single night for the 1996 survey conducted by Kovess and Mangin-Lazarus and aimed at people sleeping in the street indicated that the number of rough sleepers who never use any of the food distribution services is low. This result is confirmed by a study conducted with the Plan Urbain (1996) on homelessness and urban space in which a number of in-depth interviews with people sleeping in the street were carried out over a three-month period. However, the 2002 INED survey, which consists in surveying outreach services, gives us a deeper understanding of this small group of people who were not covered by previous studies. Those living in squats, or staying with friends are in principle covered, albeit imperfectly, by standard household surveys. Better knowledge of these other badly-housed groups will be an aim of future INED research.

The 1995 survey was conducted with the users of services in Paris *intra-muros*, to which were added the Centre d'Accueil et de Soins Hospitaliers in Nanterre and the Corentin Celton centre in Issy-les-Moulineaux, to which people are brought in from Paris by bus. The 1998 survey included suburban centres and day-centres.

b) Sample design

Both in 1995 and in 1998, the sampling method consisted in making a random sample of individual services among the centres of the area over a given period, and interviewing the person who used them. In statistical terms, the sampling procedure is a two-stage procedure, where the primary sampling units are "site-days", and the secondary sampling units are the individual services provided by the centre.

Sampling the centres

The first step of the procedure consisted in drawing up a complete list of existing centres. This operation, which can be viewed as a census, provided the sampling frame for the first stage of the survey plan. A telephone survey was then conducted by INED, in order to collect data for all existing centres. This information (especially the size of the centre and the way it is run) is necessary for the selection and estimation procedures and also for field work.

Once the sampling frame of centres completed, the latter were sampled according to the following procedure: first, in order to reduce the variance due to the heterogeneous nature of the service users, the night shelters and hostels were stratified by type (1. emergency, 2. long-stay and CHRS except emergency) and classified according to the category of population they served. In this way it was possible to include in the sample a number of small centres which cater to very specific populations (single women, single-parent families). Centres where individuals are allowed to stay for only 10 to 15 days were classified as emergency shelters. Finally, food distribution services were assigned to a third and last stratum.

Secondly, in each stratum, the centres were sampled with a probability of selection proportional to the number of services they provide per week, so that allowance could be made for the day (or days) of the week when they were closed. Each selected shelter or food distribution point was then allocated one or several days. For each of the four weeks of the survey, four of the five weekdays were selected at random and assigned to the sampled sites. It was decided not to conduct the survey on weekends, since practices are likely to change at those times (staying with family or friends, for example).

Sampling the services

The secondary units of sampling are the services (beds, meals, etc.) provided by each centre. The goal, at this second stage of the survey design, was to select, by simple random sampling, six services per

primary unit. Since, in the first stage, the centres were sampled with a probability proportional to their size, the whole procedure theoretically leads to an equal probability of selection of the services within each stratum. In practice, however, this uniformity of selection probability was not reached because the theoretical size of the centres often differs from the actual size observed during field work.

The relationship between service and service user is established by calculating the weighting necessary to account for the probability that the user will be included in the different sampling frames (see section “estimation and weighting” below for more details).

The scope of the INSEE survey being national, an additional sampling stage was necessary, resulting in a three-stage sampling procedure since the towns had to be sampled first.

3. Questionnaire design

In 1995, the interviews began with a 'screening' questionnaire (questionnaire 1) whose purpose was to identify the housing situation of the respondents. Depending on their answers to questionnaire 1, the service users then went on to answer either questionnaire 2, if they had housing, or questionnaire 3, if they did not. This first part was removed for the 1998 survey.

Between 'having housing' and 'not having housing', there is actually no clear-cut division but rather a continuum of situations. Clearly there cannot be a questionnaire for each housing situation, so they had to be classified as belonging to one or the other category. However, an effort was made to describe these situations as clearly as possible in the screening questionnaire and in questionnaires 2 and 3.

Approximately 30 minutes were considered necessary to complete questionnaire 1 plus questionnaire 2 or 3. The interviewers had instructions to write down any complementary information on the back of the printed sheets or in the margins, where a space was provided for this purpose. The completion time of the questionnaires was thus often longer, with an average length of approximately 35 minutes.

In 1998, there was no such screening questionnaire, but the respondents were asked to describe their housing situation during the week before the survey.

4. Data collection

The interviewers were chosen according to specific criteria linked to the nature of the task (experience of surveys in difficult conditions, and/or of contact with homeless people, personal commitment, etc.).

List of social services

The first stage in the survey was to draw a comprehensive (as far as possible) list of the shelter and food distribution services in the surveyed area.

A list was first prepared on the basis of existing lists issued by various institutions.

A comparison of these different sources revealed a number of encouraging similarities but also visible differences concerning the size and characteristics of the service provided and its exact location. These lists are prepared for purposes that are not those of the statistician, which explains why, for example, the number and types of services provided are listed under the address of the service's administrative headquarters, whereas we needed to know the exact location of each site. In addition, each guide had been prepared for a specific purpose, depending on the type of mission (social integration, emergencies, etc.), which explains in part the differences of approach.

After the list of services was completed, a telephone survey was conducted with all the services to adjust the data to survey needs; a questionnaire was designed in order to obtain information on the number and type of people using the services, opening hours, the kind of service provided, the exact address of the services, etc.

Selection of the respondents

The INED team visited each site to elaborate a sampling plan that was adapted to the local context and as close as possible to the theoretical sample: on the sites for which there was no list, every third person in a queue was to be asked, and the first to accept was interviewed; for the sites with a list the sampling could be made in advance and every sampled person had to be interviewed. In the mobile soup kitchens (distribution by lorries, outdoors, often at night), a difficulty arose from the fact that users tend to arrive in compact groups and seldom stand in line.

For the 1998 survey, it was necessary to make a selection according to age group. Every person was offered a choice between two different lists of services catering to people over or under 25 years old; the interviewers then made their selection among those who chose the list aimed at the younger age group.

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

For the long stay shelters, we initially tried to select the respondents in advance from a list and then sent them a letter (left in their pigeonhole) to arrange a meeting. With a few exceptions this procedure proved ineffective: the individuals failed to turn up and did not inform the person in charge of the centre. Many of the people in these hostels have jobs and are not always back by 6:30PM-7:00PM, the time usually fixed for the interviews. In response to these problems, we asked the supervisors to contact the people concerned after random sampling. The refusals were then far fewer, but this method went against our original intention (which was to remain neutral as regards the persons in charge of the facilities).

The 1995 survey was the first contact INED had ever had with the service providers, and as a result the project was not always welcomed by those in charge of the sites. The services for the homeless are frequently visited by journalists, and some have even been filmed by secret cameras. In these conditions one can easily understand the lack of enthusiasm of the managers and their wish to protect the vulnerable individuals who turn to them for help. Since then, a mutual understanding of our professional and ethical preoccupations, thanks to the many contacts we have had in these past eight years, has made possible a genuine collaboration between the INED team and the social workers.

5. Estimation and weighting

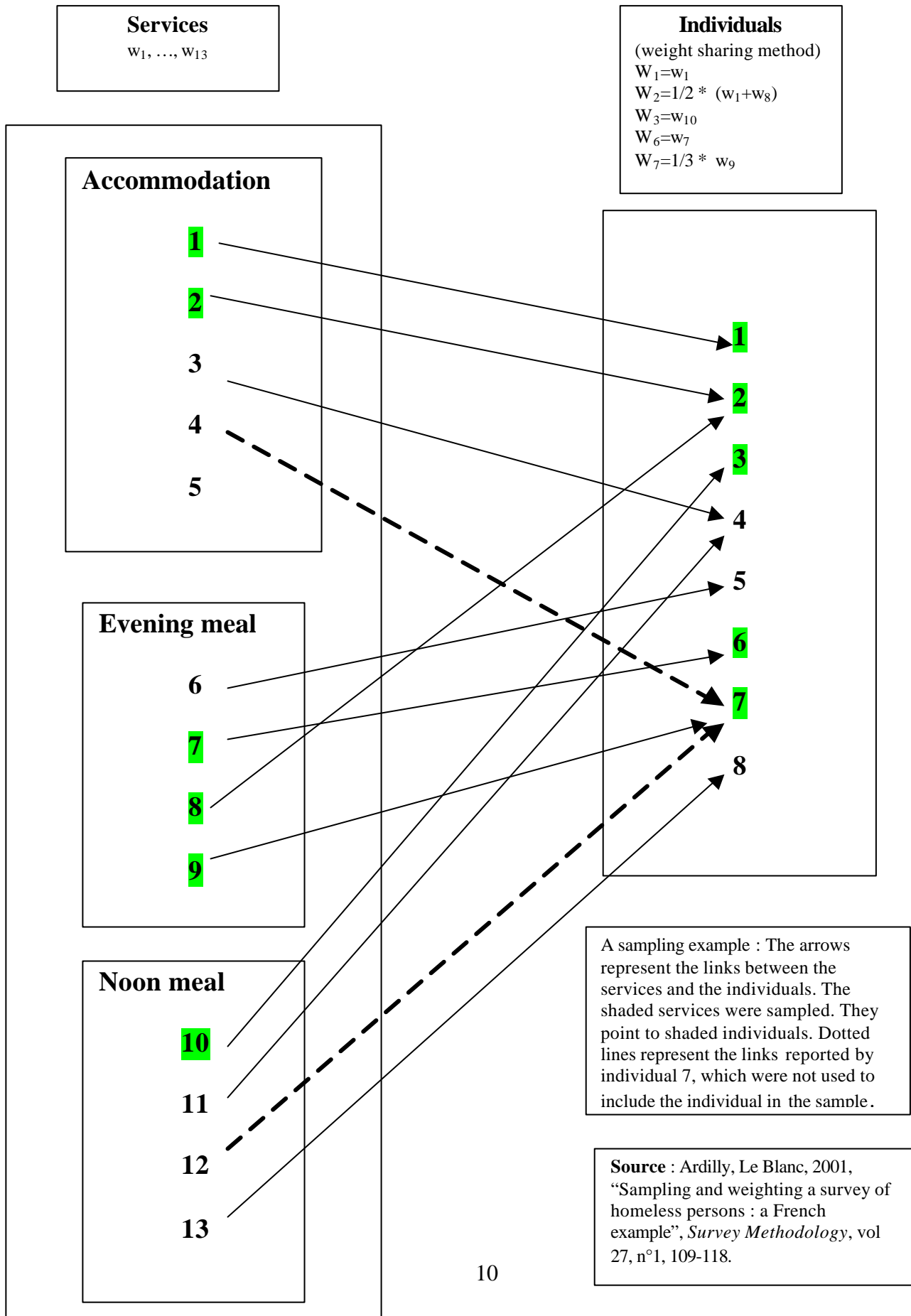
An approach based on surveys of users in centres providing services for the homeless offers considerable advantages in terms of implementation costs. Methods which use as sampling frames service distribution sites for the homeless, such as food distribution and shelters, provide an almost complete coverage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

Duplication occurs when the same individual is counted in different places (sites of service distribution or shelters). In sample surveys, double-counting and unequal probabilities of inclusion in the sample arise when one secondary sampling unit is associated with more than one primary sampling unit. When the primary units are sites, differences in the probability of inclusion can arise because individuals move a) from one point of food distribution to another for different meals (in the same day or on different days), or b) between the points of food distribution and the shelters. Another source of unequal probabilities is the contrast among different individuals' uses of the services: a person who uses them frequently has a greater probability of being included in the sample than another who uses them more seldom. These differences would still exist even if all the points of food distribution were covered in the same day, and all the shelters and hostels on the same night.

The weightings can be adjusted in order to allow, as far as possible, for errors pertaining to site capacity, to the number of interviews completed each day, or the number of nonresponses. The usual estimation techniques thus provides a set of weights that take into account the sampling procedures at its first and second stages. Another operation is necessary to adjust for differences among individual probabilities of selection due to multiple use of services. To this end, INED used the "Poincaré formulae" which, under a few simplifying assumptions, provides an estimator of the number of homeless on an "average day" or "an average week" of the data collection period. This method requires the collection of retrospective data on individual use of services.

This estimation procedure was improved by INSEE for the 2001 national survey. The INSEE suggested using the "weight sharing method", initially developed for longitudinal data (Lavallée, 1995). In the context of the national survey on homeless persons, the technique of "weight sharing", based on retrospective information on individuals' use of services, provides an unbiased estimator of the number of service users (Ardilly and Le Blanc, 2001).

The INSEE survey : the weight sharing method



Main results and comparison with the general population

1. The national survey

According to the 2001 INSEE survey, 86,500 adults in metropolitan France had used a shelter or a food distribution centre at least once in the space of a week in January; 63,500 adults had no homes of their own. 16,000 children aged under 18 came with them. To estimate the number of homeless users of shelter and food services, one must add 6,500 persons living in different types of shelters (CADA, CPH, Centres de transit) provided for people coming from a foreign country (asylum seekers, French nationals, etc.) Among the 61,700 French-speaking users of services living in cities of over 20,000 inhabitants, 46,800 are homeless.

The team studied the living conditions of French-speaking homeless persons using welfare services. The night before they were interviewed:

- 8% had slept in places not designed as living quarters (streets, railway stations, shopping centres, stair wells, vehicles...)
- 14% in emergency shelters from which they had to move out the next morning
- 36 % had been allocated single or shared rooms in establishments accessible by day.
- 5 % had stayed in hotel rooms paid by a private or public organization
- 37 % had spent the night in lodgings provided by NGOs or public institutions.

Comparisons with the general population were almost always systematically made, at least for the main results.

- Demographics

People with no fixed address who use accommodation facilities and hot meals are predominantly male (2 out of 3), the over-representation increasing with age. The proportion of non-nationals is 29 %, that is four times higher than in the general French population, and it would have been higher if non-French speakers had been interviewed. The average age is relatively young: over a third are between 18 and 29, compared with a quarter of the adult French population.

Three quarters of the homeless people used to live in their own homes, usually as tenants. Some 40 % had lost their homes in the last twelve months. During the year 2000, they were left without a fixed address for seven months on average and spent three months in other forms of accommodation with friends or relatives or in hotel rooms.

- Activity and income

Half have a monthly income of less than 380 €(2,500 FF), one in six has no income at all and one in ten lives entirely on donated money (other than begging). Almost one quarter receives the basic guaranteed income (RMI). This low proportion is partly due to the fact that adults under 25 (unless they have one or more dependent children) and non-nationals (before three years of legal residence, except for refugees) are not entitled to the RMI. Thus, only 5% of those aged between 18 and 24 and 15% of the non-nationals receive the basic guaranteed income.

Almost four out of ten homeless persons are looking for a job, that is five times more than the general population. Half of those who are active have been out of work for over a year, and 15 % for over 5 years. Most often manual workers or employees, homeless people are strongly affected by unemployment and temporary jobs. Among the 30% who report having a job, 6 out of 10 had been employed for less than 6 months, compared to 1 out of 10 among the general population. Only one quarter have permanent work contracts, as opposed to more than three quarters among the general population.

- Physical health

In 2001, 47% of the service users did not consider themselves in good health (19% in the French general population): 14% had lung problems, that is twice the proportion given for the general population. 10% suffered from digestive diseases, 6% from liver and 9% of nutrition disorders like anorexia or bulimia, which is three times higher than in the general population. 7% declared having skin disease.

Three homeless women out of ten complained of migraine headaches and 15% of the men still suffered from former accidents or serious sicknesses. Homeless people often visit the doctor regularly and 3 out of 10 had been to the hospital during year 2000.

As for sleeping, 3 service users out of 10 reported sleeping disorders, which is ten times higher than among the general population. One out of four reported being frequently depressed.

These problems are certainly linked to the living conditions they have to cope with as well as to the reasons why they became homeless: 40% of those who had their own housing had to leave it within the last 12 months, the main reasons being family breakdown, eviction procedures or the necessity of seeking political asylum.

Four out of ten homeless persons had dental problems, but did not see a dentist, and a third suffered from uncorrected vision problems. However, this low use of medical specialists is not specific to homelessness. Workmen, for example, who have stable housing, suffer from these problems in more or less the same proportions.

In the beginning of 2001, 60% of the homeless had the CMU (universal health insurance) and 8% had absolutely no social or health protection.

2. The case of Paris

Most studies focus on the Parisian urban area. But the findings on Paris cannot be extended to the rest of the country, because the capital has very specific features.

According to the results of the INSEE survey, the homeless in Paris present the same characteristics as those in France as a whole. They are predominantly male, younger than the general population, and there is a high proportion of non-nationals, or unemployed, or both. However, the proportion of homeless people sleeping rough or in improvised shelters is twice as high in Paris as in the other main urban areas of France (12% against 6%). In Paris, 22 % sleep in emergency shelters that must be vacated the next morning, compared with 12% elsewhere.

The proportion of women among people staying in public hostels or sleeping in the street, though still low, is higher in Paris than in the rest of France and seems to be growing. The DRASSIF studies show a trend going from 21% of the adults in 1998 to 27% in 2000⁶. The capital city has fewer homeless couples and children. The proportion of non-nationals among the homeless is still higher in Paris than in the provinces (42% compared to 14% for people with stable housing).

Thirty-six percent of the homeless people living in Paris have been in this situation for at least 13 months (27% in the other urban areas). Even though accommodation conditions in Paris are harder and

⁶ Among the people who answered the questionnaire, taking into account a high rate of nonresponse.

periods of homelessness last longer, finding work, on the other hand, is relatively easier, since 35% of the homeless people interviewed in the capital city had a job, with or without a contract, compared to 25% in the rest of France.

- **Young Homeless Adults in Paris and the Suburbs**

The INED survey, which does not include ‘mother shelters’, showed a lower proportion of women than the INSEE survey. However, younger women were more numerous than older women: while women represented 37% of those aged 16-25, the proportion was 70% for ages 16-18.

Roughly 6 out of 10 young homeless people were French-born (88% of the young housed population of Ile-de-France) and 7 out of 10 were French nationals. Many had experienced family breakdown. One third of the young people in the survey had no regular contact with their mother, and two thirds with their father (in this age group, two out of three young people in settled housing are still living with at least one parent).

Other traumatic events were identified: 27% of the females and 7% of the males had had forced sexual intercourse; 57% of the females and 46% of the males had run away from home or from an institution ; 3% of the females and 20% of the males had spent time in jail.

A very large proportion of young homeless people (52% against slightly less than 10% in the young housed population of Ile-de-France) had left the educational system without any qualification.

- **Mental health in the Parisian urban area**

The mental health survey team obtained the following results:

29% of the homeless had had psychiatric problems during the year preceding the survey. These mental disorders included schizophrenia or delusional disorders (6%), affective problems (24% , among which depressive disorders alone represented 20%), substance dependency or use (21%, of which 11% alcohol, 6% drugs, 4% both). These rates are higher than in the general population, but they are well below 50%, which counters the image of the homeless as mentally ill substance abusers.

Limitations of the studies

1. Field targeted, field covered

- **field targeted:** all adults who, over a given period and in a given zone, have slept in night shelters or 'in the street', in an urban context. The limitation of this kind of instrument stems from uncertainty over housing situations which theoretically are not included in the field because they concern persons who do have a roof over their heads, but whose situation could be considered comparable to the two cases surveyed (night shelters and 'street'). These are: squatters, people who are housed by friends or relatives in over-crowded conditions, people staying in institutions (hospital, for example) or in hotels paid by themselves. The persons in these situations have a minimum 'resource' which may mean that they do not have to use the services for the homeless such as shelters or meals. By contrast, persons who find themselves in the first two cases, when they are not covered through the food distribution services, may make use of free medical services and distributions of clothes. The qualitative part of the 2002 INED survey showed that the services offering breakfast provided greater opportunities to meet persons who do not use shelters and food distribution centres. Moreover, since railway stations are very often used as a reference point in public space (for sleeping, begging, or just meeting people or friends) the possibility of including them in the list of "services" should be considered.

Another issue which has had consequences on the results is the definition given to "shelters" (including or not including various long-term or transitional types of housing)

- **field covered:** the persons who, in the period and zone under consideration, had slept in a night shelter, and, in part, those sleeping 'in the street', in squats, and, more generally, people in situations of housing insecurity. The latter segments of population are only partially covered by this method since they are observed only if they make use of the food distribution services (or of the day centres in the case of the 1998 INED survey). Also, in the 1995 survey, no attempt was made to include under-age persons and special procedures had to be developed to include them in the 1998 survey. Lastly, foreigners who cannot or will not speak French are at present insufficiently known, since we have no means of recruiting interpreters or bilingual interviewers. Several points were made through the 2002 survey conducted in collaboration with INSEE among non-French speakers using services. The random selection in a service used by both French speakers and non-French speakers is difficult. This population is very mobile, and although the social workers tried to estimate the nationalities represented in their shelters or food distribution centres during the telephone survey, the languages of the translators did not always correspond to those used in the centre at the time of the final survey.

2. Data collection

Six points must be made:

- Collaboration with social workers and volunteers thanks to a presentation of the survey and of its methodological aspects is a key aspect of the survey. As we already mentioned, in 1995, in some CHRS and social hostels, the surveyors found it difficult to establish direct contact with the selected persons.
- Our task was complicated by the recent or simultaneous presence on the same site of other surveys or of journalists, because of the fatigue this produces among site supervisors and the homeless themselves, who observe a proliferation of surveys which are not followed by any rapid changes in their situation.
- Non response rates seem to be influenced much more by the type of place in which the survey is conducted than by the method and the interviewers:

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

- Random selection is difficult in services used by different types of population if you only aim at one type (young people or non-French speakers) or in very specialized services where very few people show up at the date of the survey.

- For those who do not live in collective buildings, but in apartments or hotel rooms scattered all over the city, the selection has to be made in advance in order to be able to meet these persons at the selected date for the interview. For confidentiality reasons, the services would not give the telephone number (when there is one) or the address of the selected person. We then depend on the social workers to give them a presentation letter and/or organize a meeting with the interviewer.

3. Quality of the data

- The quality of the data is related to the quality of the sample design (stratification, complementary information) and of the sampling frame. Particular care must therefore be given to the questions of the telephone survey and the list of services drawn for the survey zone, which as far as possible should be based on existing computer records which have been checked and updated.
- Data quality also depends on the quality of the information in the retrospective part of the questionnaire (services used by the person in the previous seven days). The importance of this part of the questionnaire should be emphasized during the training of interviewers, since weightings are calculated on this basis.

4. Review of the questionnaire design

In this type of questionnaire, only the retrospective part on service use is important for the weighting procedure, and thus for the estimate of the number of homeless. The rest of the questionnaire is designed to answer specific questions, e.g. homeless people's living conditions, their health, their family background, and so on.

The questionnaire must be adapted to the specificity of the living conditions of the homeless and must therefore include questions adapted to these situations; however, to allow comparability, questions duplicated from surveys on the general population must also be included.

Recent historical trends and NGO issues

Interviewed in 1996 by J. Damon, A. Vexliard (Vexliard, 1956/ 1997; 1957/ 1998) indicated several differences between the persons he had studied in the fifties and present homeless persons: the relative improvement of their living conditions, the disappearance of the "vagrancy offence", the decrease in the flow of population moving from rural areas to Paris to find work. However, certain common features can still be found nowadays: on the street and in emergency centres the majority are men aged around 35 to 50, poverty and professional difficulties still play a predominant role, as well as the interaction between what we would call nowadays "structural" factors, such as economic difficulties and what would be considered as "individual" factors such as domestic conflicts, psychological problems and, in certain cases, severe mental illness (Mucchielli, 1998; Vexliard, 1957/1998; Damon, 2002).

Nevertheless, a few changes have occurred in the past twenty years:

- labor market transformations, the increase in unemployment and in the frequency of temporary jobs with short term contracts or no contract at all, as well as a growing demand for qualified workers.
- since 1988, the allocation of a minimum guaranteed income (RMI) for adults over 25 (and younger, under certain conditions, see above) and the reorganization of the social and health insurance (2000) implementing universal health insurance (CMU) and state medical aid (AME) for persons without legal papers.
- changes in public policies addressing domestic violence and, since the end of the eighties, regular national campaigns encouraging women not to accept violence; this, for quite a few, has meant resorting to emergency or long stay shelters for women.
- new policies concerning hospital costs and a new policy pertaining to psychiatric cases which are directed towards medical day centres.
- a growing number of illegal immigrants or asylum seekers who do not receive any allowance and are not allowed to work while their files are being processed (since 1998) use social services such as emergency shelters and food distribution centres.
- a new law against exclusion, voted in 1998, adapting social policies to a new type of environment and giving new directions for the social sector; the social integration process was thus extended to emergency services.

As well as filling a gap from a statistical point of view, the surveys are a response to a social need expressed mainly by NGOs and public social services. By providing scientific data, they have put an end to what was generally perceived, from a political point of view as well as by the NGOs, as subjective and speculative. The surveys have provided tools for the creation of new public policies and the development of a new type of social work, in accordance with the emergence of a new type of client.

If the changes in the labor market concern mainly those who do not have sufficient qualifications, they also have had direct consequences on the most fragile categories in the sphere of employment, such as women and young people, who are often described as being more often hired with temporary contracts, and persons who have lost their job at the age of fifty or more.

At the time of the INSEE survey, the population most affected by unemployment and precarious jobs was mainly made up of manual workers or employees, and homeless people.(Brousse et alii 2002b).

Among the working homeless interviewed by INED in 1995, 56 % of the men were manual workers and 25 % lower clerical and service sector workers, 17 % managers or members of an "intermediate profession" (technicians, nurses...).

During our interviews with homeless people, we were struck by the fact that people often mentioned occupations which had led them to travel very often. We thus asked the respondents if they had had an occupation which led them to travel frequently from one city to another during more than two years. Out of the whole sample, 29 % of the men and 6 % of the women answered yes, that is 32 % of the men and 7 % of the women who answered the question.

The men who had had this kind of occupation were manual workers, long-distance lorry drivers, movers, servicemen, agents or other commercial professionals. They had worked in the transport, construction, business, catering, show business and defense sectors. Two typical profiles are that of the construction worker who lives on itinerant construction sites, and of the serviceman who lives in barracks in the location where he is stationed. These lifestyles do not encourage the preservation or establishment of domestic ties – or else they were chosen because domestic ties were weak– and when the person loses his or her job, s/he also loses the dwelling that goes along with it.

More generally, 60 % of the women were lower clerical and service sector workers, 21 % manual workers, 14 % managers or members of an intermediate profession⁷. As for the young generation, approximately two out of ten, against less than one out of ten for those aged 18 years and more, reported having no financial resources whatsoever⁸. (Marpsat, 2002)

Since the end of the seventies and the employment crisis in France, the French policy towards employment has encouraged - through contracts settled by the French labor ministry - people over 50 to stop working well before 60 or 65, the age at which the French can retire with a pension. At the same time, and as a consequence, it is very difficult to enter the labor market when you are 50 or over and special contracts called “contrat emploi solidarité”, offering a very low wage, for a short period of time, are the only opportunity for those who cannot find a stable job. A relatively small share of elderly people have the possibility of entering a residence for the elderly and benefiting from the minimum old age pension (a social benefit for the elderly). Even if we do not have figures on the issue, we may also surmise that life in the street, which is difficult and often dangerous, can lead to premature death.

Whereas the housing market is facing problems in most French cities, social workers have to deal with young people or women who, although they are working, do not have sufficient wages or a sufficiently longlasting contract to be able to apply for decent housing, or with persons who, because they lost their jobs when they were over 50 and were not able to leave under the retirement plan, are receiving the RMI or working for a low wage until they can finally, in the best of cases, receive a pension which will allow them to find better housing.

All these changes have had numerous consequences for NGOs or public institutions, since the emergence of a new type of client means having to create a new type of service. Since the beginning of the 90s, some new services have emerged such as the 115⁹, mobile services which crisscross the main cities, day or night, looking for persons who do not want to use the shelters.

Since 1995, a growing number of day-centres have opened. If these were meant at first for persons who had no place to go during the day and/or needed to meet a social worker, have an administrative address or a place where they could use the telephone to apply for jobs, they now offer more facilities: people can do their laundry, take a shower, see a hairdresser, as well as social workers, lawyers, doctors, or just have a cup of coffee or breakfast.

⁷ Source : 1995 INED survey

⁸ Source : 1998 INED survey

⁹ A phone number to which people can phone to be directed to an emergency shelter. In 2000, according to this service, 29,341 different persons called 115 and generated 581,426 applications for shelter - an average of 1,589 applications every 24 hours - resulting in 531,450 orientations towards emergency accommodation: shelters or hotels

The Elan Retrouvé survey describes 6% of the homeless as having suffered from psychotic disorders for over one year. Later, the INSEE report attributed the high rate of frequent depression to their living conditions, giving the NGOs and public social services tools for a response to what most of them felt as being an important cause of homelessness: mental illness. Psychologists are now included in most of the day-centre social teams.

Apart from the service itself, the relationship between social workers and the persons they have to deal with has changed. Charity values towards the poor have been replaced by "social integration" values whereby clients must have a project, and social workers are there to guide and accompany them in the social integration process. The idea, as the Secours Catholique puts it, is "being with" instead of "doing for". Apart from the traditional social work field, mainly organized through the CHRS (Centres d'hébergement et de réinsertion sociale) where people can usually stay for periods varying from 15 days to 6 months or one year (renewable), the emergency sector, which used to represent the minimum social service (a bed for the night in a collective room, with or without a meal, with no safe place to put one's belongings) is now adapting to this new type of client. Security guards or police wardens now work together with social workers, the number of beds in each bedroom is smaller and some shelters are trying new policies like allowing people to have their own bed for a whole week, to leave their belongings in a safe place, or even stay for a month (renewable) while they are looking for a job or in the process of having their allowance rights restored.

For the "most desocialized", the "broken persons", these changes are not without consequences: they are somehow rejected by the new clients and some feel they don't belong to the renovated shelters which they consider too sophisticated for their use. A new kind of social work is thus appearing, where the aim of the social worker is to get in touch with persons who are on the street and don't use the shelters anymore, and be there in case they need and/or ask for any kind of contact or help. These mobile teams also have to cope with persons who have definitely decided they wanted to do without the help of a social worker and/or who think they are better off sleeping outside than in an emergency shelter. (Marpsat et al., 2002)

Although most NGOs used to work within their own networks, the 1998 law for the prevention of exclusion reinforced the network process and highlighted the importance of collaboration between the different types of services offered (medical, social, psychological or legal). Therefore, some NGOs and public institutions which used to work mainly with men and/or with women and families depending on child care services had to adapt their services to the needs of immigrants who are temporarily in need of a shelter.

During the night of 21-22 November 2001, at the request of the local state social services, the directors of shelters (emergency, long stay and hotels paid by associations) filled in a short questionnaire on the basis of the statements of the persons who were present that evening. 86 shelters out of 107, that is 80 %, answered the survey. These 86 shelters represented a capacity of 5,928 beds, that is 86 % of the beds in Paris. The rate of occupation of these beds on the evening of the survey was 95 %, in other words 5,660 persons were accommodated. The proportion of foreigners was 48 %; in some shelters, 100 % of the people accommodated were foreigners. The proportion of asylum seekers was around 12 % and that of people for whom asylum was refused (thus staying in France illegally) also around 12 %. (source: DDASS Paris)

By improving the access of homeless people to the election process, by allowing and encouraging them to register to vote and by suggesting they become members of working or counselling groups on public policies, the law against exclusion, in accordance with the results of both quantitative and qualitative studies, represented a public recognition of the importance of structural factors in the lives of individuals who, although they have neither job nor housing, are still part of mainstream society. It also underlined the need to adapt the dominant perceptions of homelessness and to put an end to the "excluded" or "outsider" image.

In recent years, there seems to have been changes in public policy, and NGOs or public social workers and volunteers complain about the shortage of public subsidies allocated to services for the homeless.

In addition, the recent remodelling of the pension system in France has lengthened the time a person has to work before s/he can apply for a pension.

It looks as though the new policies will target certain categories of homeless, excluding others, therefore returning to the notion of “the deserving poor”. If the prime minister recently supported a national campaign against domestic violence, encouraging women to get in touch with public or private institutions, the present general trend seems to show that policies addressing asylum seekers are becoming harsher, compared to the last decade.

In the near future, NGOs and public institutions may have to deal once again with issues generally felt to belong to the past and to the history of social work in France.

List of acronyms used

115: a phone number which can be used by homeless people looking for a shelter or by anybody who has located a homeless person in the vicinity and wishes to inform the social emergency services.

AME: Aide médicale d'état (state medical aid)

CADA: Centre d'accueil pour demandeurs d'asile (asylum seekers shelter)

CPH: Centre provisoire d'hébergement (temporary shelters)

CHRS : centre d'hébergement et de réinsertion sociale (sheltering and social rehabilitation centres)

CMU: couverture maladie universelle (universal health coverage)

CNIS: conseil national de l'information statistique (French national council for statistical information)

DRASSIF: direction régionale des affaires sanitaires et sociales d'Ile de France (regional bureau of health and social services of Ile de France)

FNARS: fédération nationale des associations d'accueil et de réadaptation sociale (national federation of associations for social readaptation)

INED: institut national d'études démographiques (French national institute for demographic studies)

INSEE: institut national de la statistique et des études économiques (French national institute for statistics and economic studies)

MIPES: mission d'information sur la pauvreté et l'exclusion sociale en Ile de France (information and research section on poverty and social exclusion in Ile de France)

RMI: revenu minimum d'insertion (minimum income for social insertion)

Some recent figures on the development of private and public institutions

The last decade has witnessed many changes in policies addressing homelessness. The SAMU Social, a medical care institution with a “hotline” (115), targeting homeless people was created in Paris in 1993-94. Since then, most French departments have created similar telephone links for people in need of a shelter. The day-centres, opened at first mainly by NGOs to provide homeless people with a place to rest and have a cup of coffee, are now much more numerous than they were at the beginning of the 90s and provide a wider range of services. The city of Paris, together with NGOs and institutions such

as the SAMU Social de Paris, the RATP (parisian metro) and the SNCF (French railways), are working on a network through 14 ESI (Espaces Solidarité Insertion), i.e. day-centres offering administrative, medical, social, psychological, legal, services as well as showers, washing-machines, hairdressing services, etc.

Some general trends concerning the institutions can be described thanks to the data provided by the 1998 ES survey (DREES 2003) conducted among service providers from public and private institutions catering to adults and families with social difficulties:

Table 1:

General trends observed in the CHRS¹⁰ from 1988 to 1998 (including emergency shelters and professional workshop activity centres)

General characteristics	1988	1990	1992	1994	1996	1998
Centres	712	733	765	728	723	745
Capacity	28,878	29,047	29,264	26,961	27,799	30,758
Persons in the centres	28,233	28,021	28,722	27,242	28,482	27,639

On January 1st 1998, 3,803 persons were taken into account as being housed in emergency shelters and 1,618 in centres for professional workshop activity. Thus, long term shelters housed 22,218 persons

Centres	1988	%	1990	%	1992	%	1994	%	1996	%	1998	%
Public	61	8,6	53	7,2	56	7,3	52	7,1	46	6,4	54	7,2
Private	651	91,4	680	92,8	709	92,7	676	92,9	677	93,6	691	92,8

Table 2:

General trends observed in "mother-child" centres from 1988 to 1998

General characteristics	1988	1990	1992	1994	1996	1998
Centres	69	74	85	88	90	103
Capacity	2816	3127	3234	3663	3712	3538
Persons in the centres	2356	2540	2780	3140	3112	3538

¹⁰ Shelter and insertion centres subsidized by the state or the departement

Centres	1988	%	1990	%	1992	%	1994	%	1996	%	1998	%
Public	38	55,1	37	50,0	39	45,9	41	46,6	40	44,4	43	41,7
Private	31	44,9	37	50,0	46	54,1	47	53,4	50	55,6	60	58,3

Table 3:

General trends observed in centres not dependent on state or *département* subsidies¹¹

General characteristics	1988	1990	1992	1994	1996	1998
Centres	47	62	65	86	85	111
Capacity	3,416	3,555	2,991	4,653	3 868	4,263
Persons in the centres	3,045	3,138	2,792	4,507	3,928	3,742

On January 1st 1998, 999 persons were taken into account as being housed in emergency shelters and 144 in centres for professional workshop activity. Thus, long term shelters housed 2,599 persons

Centres	1988	%	1990	%	1992	%	1994	%	1996	%	1998	%
Public	5	10,6	11	17,7	10	15,4	12	14,0	11	12,9	11	9,9
Private	42	89,4	51	82,3	55	84,6	74	86,0	74	87,1	100	90,1

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¹¹ Mainly NGOs or regional and local subsidies. Emergency shelters or professional workshop activity included, day-centres, regional orientation and following services non included

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