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THE DETERMINANTS OF HOMELESSNESS

by Peter H. Rossi and James D. Wright

Prologue: The nation’s homeless present a vivid reminder of the underside of the richest country on earth. In recent months, though, the homeless have captured the attention of Congress. Legislators have approved and President Reagan has signed into law a measure to provide $50 million in immediate aid to the homeless, and that seems like only the beginning. With the strong support of House Speaker Jim Wright, Democratic Whip Thomas S. Foley is sponsoring legislation to provide an additional $500 million to the homeless. And Senate Majority Leader Robert Byrd has asked his committee chairs to develop a homeless assistance bill of their own. But who really are the homeless and how large a group do they represent? In this essay, sociologists Peter Rossi and James Wright of the University of Massachusetts, Amherst, employ a new approach to the study of homelessness. The authors, who conducted their study in Chicago, describe homelessness as a manifestation of extreme poverty that occurs among disabled and isolated people. They see the numbers of homeless individuals as reflections of the limited availability of low-priced housing for single persons, the limited coverage and modest size of income transfers, and the small number of low-skill jobs available in local labor markets. Rossi, who directs the Social and Demographic Research Institute at the University of Massachusetts, is a former president (1980) of the American Sociological Association. He formerly (1960-1967) directed the University of Chicago’s National Opinion Research Center (NORC). During his stewardship of NORC, the center initiated its first surveys on estimating the medical care costs of individual households. Wright is associate director of the Social and Demographic Research Institute. He also is directing the management information systems that are a part of The Robert Wood Johnson Foundation’s national program of medical clinics for the homeless.
Although the plight of the homeless in America has captured public attention, a lack of precise knowledge concerning the extent of homelessness and the conditions that produce it has hampered progress in finding solutions. Estimates of the size of the homeless population nationwide vary from about a quarter million to upwards of three million, with correspondingly wide variations in the estimates for specific cities and states. The sources of homelessness also are only vaguely understood: Is homelessness primarily a housing problem, an employment problem, a condition created by deinstitutionalization, a manifestation of the breakdown of family life, a symptom of the inadequacies of our public welfare system, or a result of other factors altogether? Existing research does not provide firm answers to these questions. To cite one example, estimates of the fraction of the homeless who suffer from debilitating mental illnesses vary from less than a quarter to about 90 percent. In this article, we describe research that provides new and firmer empirical data on homelessness. The study concerns the number and composition of the homeless population of Chicago and is the first to apply modern methods of sample survey research to this topical area. Here we summarize the principal findings from the Chicago study and on that basis offer an interpretation of homelessness as primarily the result of extreme poverty interacting with other factors.

Obstacles To The Study Of Homelessness

Prior to our research, sound information on homelessness was not only scarce but was also considered very difficult to acquire. National statistical series contain little or no information on the homeless. The decennial census essentially counts the population with homes. Sample survey approaches to the study of human populations also ordinarily ignore those who do not have conventional dwellings.

A major hurdle is widespread disagreement on how properly to define homelessness. As is often true, it is easy to agree on the extreme cases; everyone would agree that persons found sleeping in abandoned buildings or on park benches and who do not have an apartment or house they could go to are homeless. But what of the persons who live in single room occupancy or “flophouse” hotels, rented rooms in private dwellings or inexpensive rooming houses, beds in dormitory-like accommodations, vans, tents, or shacks made of scrap materials, and so forth? What of the persons who would otherwise be homeless except that they are temporarily doubled up with family or friends? Clearly, to be homeless is to lack customary and regular access to a conventional dwelling unit. The ambiguities lie in what constitutes customary and regular access and what we mean by a conventional dwelling unit.

To avoid some of this ambiguity, we have found it useful to distin-
guish in our work between (1) what we call the literal homeless—persons who obviously have no access to a conventional dwelling unit and who would be considered homeless in any conceivable definition of the term, and (2) the precariously (or marginally) homed; persons with tenuous or very temporary claims to a more or less conventional dwelling or at least a stable housing situation. This distinction does not settle the definitional issue, but it does specify more clearly subpopulations of interest. Neither of these groups is easy to study but both are important components of the overall homelessness problem.

The Chicago study concentrates on the literal homeless, not on the near-homeless, the arguably homeless, or the marginally housed. We justify this restriction on the grounds that the literal homeless constitute the most seriously afflicted portion of this population and correspond most closely to the popular understanding of what homelessness means.

Conventional sample survey approaches are largely useless in studying the literal homeless because they are typically based on enumerations of dwelling units and their inhabitants, employing the assumption that virtually everyone in a population can be found through his or her attachment to a dwelling unit. In the study of literal homelessness, this assumption is untenable by definition.

**Survey Approach**

The strategy devised for the Chicago study may be viewed as a photographic negative of the traditional sample-survey. It involved sampling persons located in nondwelling units, and was conducted at times when the separation between the homeless and the rest of the population is greatest. Two complementary subsurveys were undertaken: (1) a probability sample of persons spending the night in shelters provided mainly for homeless persons (the shelter survey); and (2) enumerations of persons encountered between the hours of midnight and six a.m. in a thorough search of the nondwelling-unit places on a probability sample of census blocks (the street survey). Taken together, the shelter and street surveys constitute a statistically unbiased sample of the literal homeless of Chicago.

In the street surveys, teams of interviewers, accompanied by off-duty Chicago policemen hired as escorts, searched all places on each block sampled to which they could obtain access, including all-night businesses, alleys, hallways, roofs and basements, abandoned buildings, parked cars and trucks. All persons encountered in the street searches were interviewed to determine whether or not they were literally homeless. In the shelter samples, we made the reasonable assumption that all those spending the night in such places were homeless. All persons determined to be literally homeless were interviewed to obtain data on their
employment and residence histories as well as their sociodemographic characteristics. All cooperating respondents were paid five dollars. Respondent cooperation rates exceeded those ordinarily found in sample surveys. A total of 722 literal homeless persons were interviewed in the two surveys.

Two separate survey waves were conducted, the first in September-October 1985 and the second in February-March 1986. The two waves may be regarded as replications, being based on separately drawn but identically designed shelter and street subsamples. The shelter surveys were samples of all shelters in Chicago that provide sleeping accommodations to homeless persons (twenty-two shelters in the fall and twenty-seven shelters in the winter). Interviewing teams counted all persons present in the shelters on the nights visited and interviewed systematically chosen subsamples of them. The street surveys involved stratified random samples of 168 blocks in the fall and 245 in the winter, drawn from among the 19,409 blocks within the city limits. Blocks were stratified by the expected number of homeless to be found on each.

The Condition of The Homeless Of Chicago

The principal findings of the study have been reported elsewhere and are summarized here mainly to provide background for the more interpretative materials that follow. Demographically, the modal homeless person was a black male high school graduate in his late thirties, but about a quarter were women. Blacks and American Indians were disproportionately overrepresented; Hispanics and whites, underrepresented. The literal homeless were very heterogeneous in their lengths of time homeless. Although the median time since last having a home was 7.6 months, the average (mean) was 21.9 months and the mode two months.” Homelessness in Chicago is thus a heterogeneous mixture of chronic long-term and transitory short-term homelessness: 31 percent of the sample had been homeless less than two months, 25 percent for two or more years.

Despite their demographic mix, the Chicago homeless are relatively homogeneous in at least three critical respects: (1) they are extremely poor; (2) they exhibit high levels of physical, mental, and social disabilities; and (3) they display high levels of social isolation, with extremely weak or nonexistent ties to others. Each of these is essential to an appreciation of the factors that produce the homeless condition.

Extreme poverty. Median income from all sources for the month before the interview was just under $100; mean income for the same period was $168. The 1985 poverty line for single persons under sixty-five was $5,250 (annual income), 2.6 times the mean income and 4.4 times the median income of Chicago’s homeless. The homeless are thus
among the poorest of the poor, surviving on less than 40 percent of a poverty-level income.

The link between literal homelessness and extreme poverty is easily demonstrated. In 1985, the average monthly rent for Chicago single-room occupancy accommodations, among the cheapest housing available, was $195, which was $27 more than the mean income of the sample. The average homeless person could spend all available income on housing and still come up short. Consider also that fares on Chicago Transit Authority buses and trains are 90 cents each way; a single round-trip bus fare would thus use up more than half the average daily income. That the Chicago homeless manage to get by at all is a tribute to the shelters, soup kitchens, and charitable organizations that provide them with necessities. This is not to say that the literal homeless made no contribution to their own support. Although only a very small percentage (3 percent) held full-time jobs, almost two in five had worked for some period over the previous month, mostly at casual, poorly paid, part-time jobs. Work and other economic activity was in fact the source of 29 percent of all income. Despite their extreme poverty, surprisingly few were on public welfare, with about one in four (28 percent) on Aid for Families with Dependent Children (AFDC) or General Assistance (mostly the latter). These income transfer payments accounted for 30 percent of the total income of the literal homeless. Another 21 percent of the income of the homeless is accounted for by pension and disability payments, received by less than one in five (18 percent).

The job histories of the homeless show them to have been among the extremely poor and unemployed for years. On the average, it was more than 4.5 years since their last steady full-time job (one lasting more than three months), with the median being 3.3 years. Note, however, that on the average the homeless had been unemployed much longer than they had been homeless, by about three years. This finding suggests that many unemployed single persons are helped out by their families and friends for relatively long periods, but that the patience, forbearance, or resources of these benefactors eventually run out, with literal homelessness resulting. We return to this point later.

Disabilities. The distressing job histories of the homeless stem as much from physical, mental, and social disabilities as from inadequate work motivation. More than one in four reported some health condition that prevented their employment, Prominent among these conditions were mental illness, cardiovascular conditions, and gastrointestinal disorders. More than one in three (37 percent) reported themselves as being in only fair or poor health, a level of self-reported-ill health more than twice that found in the general adult population (18 percent). More than one in four reported a hospital stay of more than twenty-four hours over the previous year.
Much has been written on psychiatric disability among the homeless. In our data, almost one in four (23 percent) reported having been in a mental hospital for stays of over forty-eight hours, more than four times the rate in the general population. Among those who had been in mental hospitals, three out of five (58 percent) had been in more than once. Nearly one in five (16 percent) reported having attempted suicide sometime in the past. Scores on two standard psychiatric epidemiology scales were also very high.

Prior contacts with the criminal justice system are also widespread. (Although such contacts do not represent disabilities of the same sort as those discussed above, such experiences do indicate past adjustment difficulties, some very serious.) Two out of five (41 percent) had experienced jail stays of two or more days, 28 percent had been convicted by the courts and placed on probation, a disposition often given to first offenders, and 17 percent had served sentences of more than a year in state or federal prisons.

More than four out of five (82 percent) of the sample reported one or more of the above disabilities, that is, either reported fair or poor health, or had been either in a mental hospital or a detoxification unit, or received clinically high scores on one of the psychiatric morbidity scales, or had been sentenced by a court. A majority had had two or more such experiences or conditions. Although these data are obviously not precise, they suggest that the prevalence of disabling conditions among the homeless must be much higher than that encountered in the general adult population or even among persons in poverty.

Social isolation. Another important characteristic of the homeless is that they do not maintain normal levels of contact with other persons. Few had ever formed their own households through marriage, and most who had were no longer married. A mere 9 percent were currently members of households, and this small group was made up almost exclusively of homeless women and their children.

Contact with families and relatives was minimal. Although almost nine out of ten (88 percent) had surviving members of their parental families and relatives, only three out of five (60 percent) maintained minimal contact with any member—visiting, writing, talking with, or telephoning at least once every few months. Similarly low levels of contact were registered with spouses, ex-spouses, or children: 55 percent had such persons, but only one in three maintained minimal contact. The result is a pattern of isolation: one in three had no contact with any relatives and almost one in four (24 percent) had no contacts with either relatives or friends. The implication is that the homeless do not have access to the buffering effects of extended kin or friendship networks, making them especially vulnerable to the ups and downs of fortune caused by changes in employment and in physical or mental health.
An Interpretation Of Homelessness

Starting with the obvious, the literal homeless are in that condition because they are extremely poor. There are, however, many extremely poor persons who are not literally homeless. The annual income cutoff for General Assistance (GA) eligibility in Chicago in 1985 was $1,848 for a single person; the GA rolls for the city numbered some 100,000 recipients, most of them single males. The GA income cutoff is approximately equal to the mean annual income of the homeless people in our sample, so it can be fairly said that 100,000 GA recipients are equivalently poor. And yet our best estimate is that no more than about 3,000 persons are literally homeless in Chicago on any given night. To understand properly why some of the extremely poor are literally homeless, we need to know why more of them are not.

Stagner and Richman’s study of Chicago GA recipients shows them to be similar to the literal homeless in demographic composition.18 Most are male (68 percent), black (71 percent), and unmarried (91 percent), but they are slightly younger—with an average age of thirty-four—than the literal homeless—with an average age of about forty. GA recipients contrasted strongly with the literal homeless in three important respects. First, General Assistance recipients are considerably more integrated socially, half of them living with relatives and friends and an additional 30 percent receiving financial assistance from such sources. Second, disability levels among General Assistance clients are much lower; far fewer (9 percent) have physical health conditions that prevent employment or have been in mental hospitals (1 percent). Third, median time unemployed was much lower among General Assistance clients (nineteen months) than among the homeless.

Given the price of housing in Chicago and the incomes of GA recipients, it could well be said that many of them are at high risk of becoming literally homeless; at minimum, their numbers provide a reasonable guess about the size of the precariously homed population. As indicated above, half are currently domiciled mainly through the generosity of relatives and friends; this gives a potential pool of some 50,000 persons who could well become literally homeless, especially if their relationships with relatives and friends deteriorated. These data make it apparent that kin and friendship networks provide a first line of defense against literal homelessness for the extremely poor; the homeless are those among the extremely poor for whom this defense has failed.

Literal homelessness is thus a function of extreme poverty in a housing market that has an inadequate supply of very low-cost housing to offer to single individuals. Low incomes and high housing costs create a population at risk, principally among those who are unaffiliated with households and other social networks and among those who have been ex-
terribly poor for long periods of time. The homeless therefore are the long-term very poor who have been unable to maintain supportive connections with (or have been rejected by) their parental families and friends and who have not been able for a variety of reasons to establish their own households. Long-term abject poverty, rejection by family and friends, and difficulties in establishing and maintaining normal social networks are in turn no doubt related to disability levels. Persons with serious disabilities on the scale reported here are likely to experience difficulties in connecting with full-time lasting employment and also in maintaining their shares in the webs of reciprocity that constitute the support structures of kin and friends.

It is also relevant to stress that the friends and kin of the very poor are likely to be poor themselves and would normally have limited resources to share with others. The proportional burden of taking on the support of an additional adult would be relatively high, and the line of defense against literal homelessness correspondingly thin. If the person in question presents behavioral difficulties (for example, mental illness, episodes of drunkenness, trouble with the police) and the prospect of being dependent more or less indefinitely (for example, as the period of unemployment lengthens), the line would become thinner still.

Overspending on housing. Some of the extremely poor avoid literal homelessness by spending all or nearly all of their cash income on housing. These are persons who live in single-room occupancy accommodations or furnished rooms, or share inexpensive apartments, and who obtain food through food stamps or handouts from food kitchens, clothing from charitable sources, and medical care from free clinics and through Medicaid. To pursue this pattern of life consistently, one must also have a consistent source of income as provided by minimum Old-Age and Survivors Insurance payments, small pensions from other sources, General Assistance, disability payments, and perhaps small remittances from relatives or ex-spouses. They must also live fairly close to facilities that can provide free or low-cost meals, casual employment, and other necessities.

We suspect that one reason there were so few very old persons among the literal homeless is that even minimum Old-Age and Survivors Insurance payments provide sufficient consistent income to enable retired persons or their surviving spouses to live alone or share dwellings with others. The same line of reasoning can explain why so few of the literal homeless were receiving disability payments: Supplemental Security Income (SSI) recipients may receive enough consistent income from SSI payments to connect with the low end of the housing market. The homelessness literature is full of references to persons in extreme poverty who spend as much as they can on housing but find that they do not have enough money to be in rented quarters all the time. Their small pensions
or welfare checks can be stretched to cover, say, all but the last few days before the next check arrives. These are persons who are homeless on a part-time basis, supplementing their rented quarters by spending some nights in shelters or on the streets.

**Private subsidies.** As intimated above, most of the extremely poor apparently avoid literal homelessness by being given housing and subsistence at little or no charge by their relatives (mainly parents and siblings) and friends. The households that provide these subsidies incur the marginal costs of adding another person to be housed and fed. These costs may not be a severe financial drain, especially if the beneficiary provides some payments to the subsidizing household or shares in household chores. For example, adding another adult person to a household may not mean any additional rent outlay, nor may it be necessary to purchase additional food, if the rations given to other member of the household are proportionally diminished. However, there are other, nonfinancial costs to be borne, including increased space pressures, lowered privacy, lower food quality and quantity, increasingly unsanitary or unsafe housing conditions created by overcrowding, and increased wear and tear on facilities. In addition, there is the potential for interpersonal conflict.

Private subsidies of this sort may be virtually the only way that extremely poor single persons can live on the income maintenance payments to which they are entitled. Illinois’s $154 per month General Assistance payment is simply not enough to allow a recipient to enter the private housing market at any level. AFDC payments to single-parent households, although more generous than General Assistance, also fall short of providing enough to live on without additional income.

The above suggests that the size of the literal homeless population is driven mainly by processes that affect the availability of low-skill employment, the ability of poor families to help their less fortunate members, the market conditions affecting low-cost housing for single persons, and the coverage and generosity of income maintenance programs for disabled and single persons. Each of these requires additional comment.

**Changes in demand for low skilled workers.** The employment prospects for low-skilled workers affect the number of literal homeless in two ways: first, directly, by minimizing job prospects for unskilled single persons and hence threatening their ability to earn enough income to keep them from being extremely poor; and then, indirectly, by thwarting the ability of families to provide subsidies to their long-term unemployed members.

A major difference between Chicago’s Skid Row in the late 1950s and the portrait we see today is that in the earlier period a strong market demand existed for casual labor from which those living in flophouses and cheap hotels could earn enough to pay rent and buy food. Side by side with the flophouses on Madison Street in Chicago were employ
ment exchanges for casual laborers. Today, the demand for casual labor has practically disappeared; success in the job market requires increasingly high levels of education, technical competence, and the related skills inherent in the advanced industrial economy. It is a sobering fact that one blue-collar worker in five in this nation has had one or more years of college education. It is also true that automation and related technical processes have tended to eliminate jobs at the lowest levels of skill. The continuing decimation of low-skilled employment and the lingering effects of more than a decade of economic recession must therefore be counted high among the causes of increasing homelessness in the United States.

Income maintenance support. The more generous the levels of support for poor families and single persons, the more likely (and able) families will be to subsidize their long-term unemployed and disabled adult members. Many commentators on the homelessness problem suspect, no doubt with justification, that cutbacks in social welfare programs have led to an increase in homelessness. Here, too, the processes involved work both indirectly, by providing lower incomes to poor families and thereby reducing their abilities to help other family members, and directly, by lowering the coverage and real value of income maintenance programs available to single persons and thus making them dependent on the largess of others.

Levels of income transfer payments over the past two decades have not kept pace with inflation. One consequence has been a steady increase in the proportional size of the nation's poverty population. The recent rise in the size of the literal homeless population reflects, at least in part, the lowered real value of welfare payments and the consequent decreased ability of poor families on AFDC or other income maintenance programs to subsidize their peripheral unemployed adult members. Similarly, the decline in the real value of General Assistance payments implies a correspondingly decreased ability of poor persons to afford rental units even at the bottom of the housing market.

Coverage of disabled persons. The greater the coverage of disability payment programs, the more likely are disabled single persons to be able to afford low-cost housing. Similarly, changes in the coverage of total care programs, such as mental hospitals, can also influence the numbers of persons who are literally homeless. In this view, being institutionalized may be regarded as a form of public subsidy for the maintenance of extremely poor persons. Deinstitutionalization forces such extremely poor persons either into the literally homeless group or into the privately subsidized poor.

Much has been written about the deinstitutionalization of the mentally ill as a cause of rising homelessness. It is worth noting, therefore, that deinstitutionalization was a movement of the 1960s and early 1970s,
whereas the increase in homelessness has apparently occurred in the early 1980s. Still, the rates of psychiatric disability and previous psychiatric hospitalization observed among samples of the homeless leave little doubt that deinstitutionalization has contributed some significant share to the problem. Today, the more serious problem, perhaps, is the noninstitutionalization of persons who in another era would have been committed to mental hospitals. We call this a problem only in the sense of the increased burden that is consequently placed on the families of the mentally ill, a burden many middle-class families can absorb, but one that could easily be overwhelming for families in poverty. Thus, deinstitutionalization and noninstitutionalization can also be seen as factors negatively affecting the ability of poor families to care for their own members and thus increasing the size of the literally homeless population.

The supply of low-cost housing. As low-cost housing units for low-income families become short in supply or smaller in size, the greater the burden imposed on such families supporting their long-term unemployed and otherwise disabled peripheral adult relatives. Similarly, the shorter the supply and the higher the cost of low-cost housing for single persons, the more likely they are to be homeless.

In city after city, the supply of low-cost housing for single persons has experienced precipitous declines in the past decade. In Chicago, single-room occupancy capacity has been estimated to have declined by almost 25 percent from 1980 to 1983; the loss of single-room occupancy housing has been considered a nationwide trend. Similar trends characterize other sectors of the low-income housing market as well. Entire tracts of low-income housing have disappeared in the “revitalization of downtown.” Hotels that once housed the socially and economically marginal segments of the urban poverty population have been converted to upscale condominiums housing the affluent upper middle class. Coupled with the increasing size of the urban poor population, the decreasing size of the urban low-income housing supply can only result, sooner or later, in an increase in literal homelessness. Gentrification and related processes must therefore also be included on the list of factors responsible for the rising homeless population.

We cannot pretend that the preceding exhausts the determinants of homelessness. Many among the homeless are casualties of other factors altogether; for example, of the so-called “drug culture,” family violence and abuse, or inadequate discharge planning in the prisons. We have said nothing of the persistent racial and ethnic discrimination that limits employment and housing prospects for minority populations. And there is no point in denying that some are homeless largely because of personal, not structural, factors, chief among them chronic alcohol abuse. We do think, however, that the processes sketched above are the principal
causes of homelessness in the United States today; they are almost certainly the main factors responsible for the recent increase in the homeless population.

Short-Term And Long-Term Remedies

The above interpretation of homelessness suggests both short- and long-term remedies. Ameliorative short-term measures would necessarily include increasing the income available to the extremely poor, presumably through more generous income maintenance programs and wider coverage for disability programs of various sorts. Direct income subsidies to families supporting disabled, unemployed, and otherwise peripheral adult members might be considered. (Call it Aid to Families with Dependent Adults.) Long-term measures would have to include increasing the supply of low-cost housing, particularly for single persons (perhaps through a renewed commitment to publicly subsidized low-income housing projects), providing more employment opportunities for those of modest skill, and perhaps designing measures to lower the prevalence of disabling conditions among young adults. None of this is likely to happen in the current political environment; rather, the resolve is to lower the federal commitment to social welfare programs of all sorts. Thus, in the very short run, increased support for shelters, food kitchens, and other charitable organizations serving the homeless is necessary at least to lessen the extreme hardships imposed by that condition.

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NOTES


4. The 1980 population census included some partial attempts to enumerate persons living in shelters and in public places, such as train and bus stations, but this effort did not cover all places where homeless persons might be found, nor did the census cover all cities. U.S. Department of Commerce, Bureau of the Census, Pub. PC80-2-4D, Persons in Institutions and Other Group Quarters, 1980 Census of Population (Washington, D.C.: U.S. Government Printing Office, 1984).


6. One of the main consequences of adopting this focus on literal homelessness is to produce estimates of the size of the Chicago homeless population that are much smaller than other “estimates.” Our probability-based average nightly estimates are that there are 2,700 literal homeless persons in Chicago, while the more frequently quoted estimates range between 12,000 and 25,000. This discrepancy is caused by the more generous definition of homelessness employed in the usually quoted figures and by the fact that such estimates are more properly labeled “guesstimates,” not being based on any actual counts of the homeless population.

7. Instructions to interviewers were to enter all places until they encountered locked doors or were forbidden to go further (for example, by managers or proprietors). Police escorts were hired to protect interviewers from nighttime predation.

8. Cooperation rates were 81 percent in the shelter surveys and 94 percent in the street surveys. The majority of noninterviewed shelter respondents were not present at the time of the interview, being temporarily out of the shelter for one reason or another.

9. The second survey effort is slightly different from the first, being based on a larger sample of blocks and an enlarged age coverage, in which the early survey restriction to persons eighteen and over was dropped. Because we had overestimated the likely size of the literally homeless population in its design, the fall survey had unacceptably large standard errors, a defect remedied in the second street survey by enlarging the number of blocks sampled.

10. This prior stratification was accomplished with the cooperation of the precinct commu-
nity relations officers of the Chicago Police Department, who, with the help of beat
officers, rated each block in Chicago as to how many homeless persons could be expected
to be on that block in the late hours of the night. The classification of expected high-
density blocks was reviewed by knowledgeable experts and modified accordingly.

11. See Rossi et al., *The Condition of the Homeless in Chicago*; and Rossi et al., “The Urban
Homeless.”

12. “Time currently homeless” is counted as months elapsed since last having a home. Many
homeless people have been homeless more than once; among those who had become
homeless sometime in the year prior to the interview, 11 percent had had one or more
homeless episodes in the previous years.

13. Community Emergency Shelter Organization and Jewish Council on Urban Affairs,
*SROs: An Endangered Species* (Chicago: 1985).

14. Similar findings are reported in the M. Stagner and H. Richman study of welfare recipients

15. The self-reported health status of the U.S. adult population for 1982 is reported in R.W.
Johnson Foundation, *Special Report* 1, 1983. Additional data on the health status of the
homeless are reported in *Health care of Homeless People*, ed. P.W. Brickner, L.K. Scharer, B.
Conanon, A. Elvy, and M. Savarese (New York: Springer Publishing, 1985); and J. Wright
et al., “Homelessness and Health: Effects of Life Style on Physical Well Being Among
Homeless People in New York City,” in *Research in Social Problems and Public Policy*, vol. 4,

Ill and Mental Health Services*; E. Bassuk, “The Homeless Problem;” and E. Bassuk et al., “Is
Homelessness a Mental Health Problem?”

17. The scales were a shortened version of the CES-D scale measuring depression (originally
developed for the Health and Nutritional Examination Survey) and a shortened version of
the Psychiatric Epidemiological Research Interview (PERI) (originally developed by
Dohrenwend). On the CES-D scale, over 60 percent showed clinically high levels of
depression. The PERI scale found more than one in four homeless people showing high
levels of psychotic thinking. See Rossi et al., *The Condition of the Homeless in Chicago*, for
details.


19. About 19 percent of the sample was age fifty-five or over, compared with 30 percent of the
adult Chicago population.

20. See Donald Bogue, *Skid Row in American Cities* (Chicago: Community and Family Study
Center, University of Chicago, 1963).

21. See R. Hamilton and J. Wright, “The College-Educated Blue Collar Worker,” in *Research in
the Sociology of Work*, ed. R. Simpson and I. Simpson (Greenwich, Conn.: JAI Press, 1981),
285-335.

22. Data on the point are reviewed in J. Wright and J. Lam, “The Low-Income Housing Supply

23. Ibid.