Sheltering the Homeless: Social Mobility Along the Continuum of Care

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Abstract

The homeless problem now enjoys a settled if marginal place in U.S. domestic policy. Programs to treat and remedy the homeless problem have also found acceptance and become integrated within a "continuum of care." In this essay we argue that current ideas about the problem and its solutions emphasize social mobility for the poor-a mobility that existing empirical research does not support. The overemphasis on framing versions of social dependence as the problem has encouraged the use of shelters and social programs to change individual households rather than increasing the kinds and amounts of low-rent housing available.

To illustrate the limits on mobility, we review current evidence on shelter use. Providing supportive housing to remedy the privations of the poor does make good sense, but mainly if it is organized to strengthen social reciprocity among households in affordable residential communities. This not only requires social investment, but also innovative design and use of affordable housing alternatives. A brief case study provides an example.

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The Homeless Story: Image and Fact
One version of the homeless story emphasizes the loss of social and economic independence. People become homeless because they lose their social standing as independent households and fall into a condition of social dependency. Another version of the homeless story emphasizes the loss of basic material necessities, most notably shelter, and describes the suffering such losses impose. Still another version interprets such deprivation as evidence of moral failure. Either the homeless person has behaved badly in his choice of jobs or drugs or he has been the victim of others' malfeasance: exploitative employers, indifferent public aid workers, abusive parents, or greedy landlords. These descriptions tend not to converge, but rather to compete with one another to describe the problem and justify different treatment programs. Currently, the narrative of social dependence dominates the classification and treatment of the homeless by shelter providers, social workers, advocates, and others.

The current shelter system and the continuum of care it implements claims to offer the homeless an escalator of social mobility from dependence to independence. The promise of social mobility, reflected in the passage of the 1996 Welfare to Work Act, has achieved pride of place among competing rationales (Wiseman, 1996). But the story of individual mobility, despite its cultural attractiveness in mainstream public opinion, does not accurately capture the complexity of the social problems that accompany homelessness or the diversity of shelter arrangements that people have made to solve them.

This paper examines evidence on the organization and use of homeless shelters. The findings uncover a hierarchy of shelter provision that produces ambiguous and uneven outcomes. An elaborate hierarchy of shelters and service programs now exists to remedy the dependence of the homeless and equip them for a return to social independence. Shelters do offer some homeless tenants an escalator to social improvement, but the distance traveled is short and the independence obtained modest.

Social service providers break down this dependence into components of deprivation (e.g., poverty), incapacity (e.g., poor education, lack of work ethic), and deviance (e.g., addictions), each of which merits specialized services; for instance., public aid, educational programs and addiction treatment efforts. Since these components interact and overlap in the daily life of the homeless, shelter providers and social workers seek to develop a coordinated treatment plan tailored to fit each individual. Case managers mediate between specialized services and individual needs (Johnson & Canaan, 1995).

Success in mobility is mixed. Research results indicate that shelters and services improve the living conditions of the destitute poor, but few graduate to achieve social and

economic independence. Instead of promoting upward mobility, efforts might better focus on

creating integrated residential communities with a mix of low, moderate, and middle income residents. We briefly describe efforts undertaken by a nonprofit developer in Chicago-Lakefront SRO.

Emergency Shelters: From Warehouses to Gatekeepers[1]
The homeless crisis in the early 1980s inspired the construction and expansion of emergency shelters. These barracks-like structures in place in the early 1980s usually offered basic services (e.g., food, clothing, toilet facilities and a bed) that the street poor could use on a daily basis. Most, like the Pacific Garden Mission in Chicago, were Christian missions that delivered biblical sermons along with food and shelter. The destitute obtained precarious subsistence, but little else. Like most group sleeping arrangements, these emergency shelters used restrictive rules to ensure order among people sharing such close public quarters.

First, the shelters imposed rigid time restrictions; for instance, in by 6 p.m. and out by 6 a.m. Second, their large size and dormitory structure meant that residents received less individual attention from the caretakers and enjoyed little privacy from the unwanted attention of their neighbors. The use of fixed schedules and daily turnover require regimentation as residents line up to use washrooms, obtain bedding, or receive food. Conditions like these make emergency shelters the least attractive option for most of the destitute poor. These shelters are most likely to report vacant beds even in bad weather (Stark, 1994; Berlin & McAllister, 1994).

As the number of homeless increased during the recession years of the early 1980s, the existing shelter systems proved grossly inadequate. Local philanthropies and the government responded to the increasing presence of homeless street people. They expanded the number and amount of emergency shelter beds and supported local studies that not only documented the unexpected increase in demand, but also emphasized the moral worth of the new homeless in contrast with the moral deviance of their skid row predecessors.

The new homeless were younger and better educated, but slipping off (or failing to grasp) the bottom rung of the rental housing market. In the early 1980s, the federal government, which had played such a central role during the depression, offered only the most modest emergency assistance. The Federal Emergency Management Agency (FEMA) took the lead, but it was not until 1984 that the cabinet-level Department of Housing and Urban Development (HUD) even conducted a study of local shelter efforts. This study documented the provision of shelter beds by local nonprofits and estimated the number of homeless people nationally based on these reports, largely to counter the generous estimates of the homeless population popularized by advocacy groups. Although the HUD estimates of the number of homeless people were successfully contested, the study did provide a useful estimate of 1,811 shelters in the United States in 1984.1 Among these 41 percent had been in operation for less than four years (HUD 1984, p.35), and most served single men. Two-thirds of the shelter users were male and the vast majority slept in dormitories.

The HUD data documented the dominance of the caretaking mission shelters. Seventy percent of the shelters required attendance at religious services and forced the residents to leave after a

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1. The HUD report inspired a storm of protest by homeless advocates across the country. See Jencks, 1994, pp. 1-20.

night's stay. About two-thirds claimed to offer counseling with a social worker, as well as job and housing referrals (HUD, 1984, p.41). Only a small portion of the shelters were designed to provide a predictable residential environment for residents while offering a full complement of social services, counseling, and referrals. These findings helped inform a growing consensus among public officials, service providers, and advocates that the old system of shelters catering to elderly derelicts on skid row no longer seemed a fitting environment for the young homeless men and women who were showing up. The new homeless were not people at the end of a hard life seeking daily refuge, but people whose prospects for a useful and productive life were cut short by poverty and adversity. The new homeless not only needed, but deserved, a system of shelter provision that would help them turn their lives around. But doing this would require shifting the function of emergency shelters from warehousing to gatekeeping. The emergency shelters began to serve as entreports into a more inclusive and specialized system of shelter.

Homelessness became a social problem that framed the economic, political and geographic forces and conditions that were impoverishing, marginalizing, and concentrating the urban poor. The language of shelter providers and caretakers combined the desire to alleviate suffering with efforts to infuse and inspire the incremental pursuit of social independence on the part of their clients. The homeless needed an assortment of specialized shelter services organized to move them from destitution to independence. Transitional shelters became the crucial remedy.

Transitional Shelters: Escalators of Social Mobility
The number of new shelters increased rapidly after passage of the 1987 McKinney Act, which made federal funds available for shelter construction. The provisions of the act built on the experience of local advocates and shelter providers from across the nation. Local philanthropies and public officials had concluded that warehousing the poor was neither wise nor cheap and proposed transitional shelters as a mobility tool. These shelters were designed to fulfill two purposes: remedy the privations and insecurity of the destitute poor and equip them with a set of rudimentary skills, resources, and encouragement sufficient to launch them as independent households able to participate in local labor and housing markets. These shelters were smaller than their predecessors and offered more private space, a longer stay (from a few months to a few years), and a rich diversity of social services provided by volunteer and paid staff.

When HUD counted the number of shelters in the nation in 1988, the results documented the shift from emergency to transitional shelters. Between the years 1984 and 1988 the number of shelters more than doubled from slightly less than 2,000 in 1984 to slightly more than 5,000 by 1988. But most impressive was the emergence of family transitional shelters, which accounted for 39 percent of the total. Most of the 56,000 shelter occupants were unmarried mothers with children (HUD 1989). The McKinney Act, passed in 1987, greatly increased federal support for transitional shelters. However, the shift from emergency to transitional shelters was well underway before the passage of the act.

As the number of transitional shelters grew, so did their attractiveness to poor families (Shinn et. al. 1990). Conservative critics of shelter growth were right when they complained that the provision of shelters attracted the poor, even if they attributed incomplete or incorrect causes to the phenomenon. The growth in transitional shelters fostered an increase in the official count of the homeless population. The increase is due to the fact that those counting the homeless include shelter residents in their estimates but not those living in shared housing arrangements. In addition, destitute women and children who would otherwise have remained hidden from

public view-either (most commonly) as members of overcrowded or abusive households or (less commonly) as street people-entered the shelter system.

Transitional shelters gave women with very few choices an important housing option that was previously unavailable. These women are not cynical welfare cheats as conservative critics claim. The evidence suggests that homeless people seek out shelters because these facilities offer improved living conditions. The homeless do not so much lose independence as escape less desirable living conditions. For many this means substituting a more anonymous form of interdependence for the intimate and often conflict-laden interdependence of doubling up (Stark 1994). In 1990 more than two million single parent families shared a dwelling with another household (Jencks, 1994, p. 104).

Destitute unmarried mothers become homeless when they no longer can draw upon their network of social supports (Shinn et.al., 1991). In many cases their social histories include institutional living arrangements in group homes and foster homes (Mangine et. al., 1990; Sosin et. al. 1988). Others experienced physical and sexual abuse as children and then again as adults (Goodman, L. 1991; Zorza, 1991). In such cases social ties are often an ambiguous mix of care and conflict that disrupt the predictability of everyday living. Too poor to pay the lowest market rents and unwilling to endure the miseries of doubling up, they come to the shelters hoping to escape their misery and uncertainty. Some come burdened with addictions that dominate their lives (Robertson, 1991; McCarty et. al. 1991; Stark, 1987). Whether the addiction preceded or followed the privations of homelessness, the result proves exceedingly difficult to remedy. Obviously, addicts make unreliable neighbors as they quickly squander the opportunities for building social trust. Not surprisingly, most shelters turn away alcohol and drug users (Weinreb & Rossi, 1995).

The Continuum of Care
The new federally funded shelter system was rationalized as part of a comprehensive treatment plan (interagency Council on the Homeless, 1994). The homeless family would move up and along a hierarchical continuum of service and shelter provision. Proponents of the continuum initially outlined a chunky threestep model of assistance. Take the homeless family from the streets to emergency care. Once the family is stabilized, transfer them to a transitional shelter to outfit the mother and children to enter conventional labor and housing markets (with or without subsidy). After as much as two years of counseling, education, job training, and economic support, the mother, equipped with the tools for autonomy, would venture out on her own (Culhane 1992).

This continuum of care strategy organizes the provision of compassion to correspond with increasingly complex and demanding stages of social independence. Emergency shelters offer space on a daily schedule to almost anyone. The homeless enter for some limited period during which time they receive attention and support. Little is expected and little is given-usually a bed and a meal with access to medical care and a social worker. Women and men are separated. Children in families usually accompany the mother or enter the foster care system.

The quality of shelter and services is much better for women than for men. The continuum usually gives short shrift to single men, unless they suffer from severe mental problems or addictions. Specialized shelters have emerged to serve men with serious disabilities and addictions (Benda, 1990; Cohen & Sokolovsky 1989). However, demand for these facilities

exceeds supply, so many end up in emergency shelters and the streets. Some refuse the shelters and choose the streets, but their numbers are small compared to the large population of poor men precariously housed (Burt & Cohen 1989).

The women are much less likely to become regulars at emergency shelters and seek placement in transitional shelters. Once they join a transitional shelter, homeless women trade the painful uncertainties of an abusive family, overcrowded conditions, and economic privation for the shelter with its relatively predictable (if temporary) provision of basic goods, food, shelter, and clothing. In return they must meet certain eligibility criteria (e.g., stay off drugs) and accept a set of social rules and expectations designed to improve family independence (Rossi 1994).

The shelter system screens people in order to weed out those individuals with serious addiction, alcohol, and mental illness conditions. In their nationwide study of shelters, Weinreb and Rossi (1995, p.94) found that almost half the shelter providers refused entry to people who were drunk or high on drugs (usually cocaine). The selective culling reflects both an interest in minimizing social disruptions within the shelter and improving the chances of successful upward mobility. Transitional shelters value security and order over the needs of those whose capacity for social reciprocity is impaired by addiction or mental illness.

The shelters offer improved services and care, but often reorganize households in the process. They tend to exclude older children, especially adolescent boys. Here the shelter system intersects with the foster care system. The relatively small size of the families residing in shelters in part reflects this discrimination against older boys. The relatively young age of the shelter residents may reflect these entry and control features as much as the demographic and economic pressures of severe poverty. For instance, in a study of Chicago homeless women, McCourt and Nyden found that about a third of the mothers had split their children up, keeping some and sending others to live with relatives. Some had lost their children to foster care; about 20 percent no longer had their children with them. About half had managed to keep their children together. In these cases the children were young (1989, p.136).

The current transitional system provides a variety of specialized shelters that primarily target families, women escaping domestic abuse, and individuals with severe mental disabilities and/or addictions. Access is not through the marketplace, but rather negotiated as part of a referral and entry interview process. Entering the continuum of care requires certain social and demographic prerequisites. Family shelters tend to weed out applicants with addictions or serious mental problems, so these people may find their way into specialized shelters. But the scarcity of such shelters relative to demand means that a disproportionate share of addicted and mentally ill people end up in emergency shelters and on the streets. Most people coming from conventional housing are women escaping abusive spouses. Few transitional shelter clients come in off the streets. Implementing the continuum of care marks participants according to an array of specialized needs. The hope is to concentrate resources that not only satisfy subsistence needs but also build the stock of human capital clients will need to achieve independent participation in labor and housing markets

The McKinney Act legislation has successfully fostered the provision of specialized facilities and services for the homeless poor. Federal funds do not make up the bulk of financial support for shelters. Indeed, federal funds account for only about 15 percent of support compared to nearly 40 percent from private sources (Weinreb and Rossi, 1995, p.96). Nevertheless, federal dollars

often lead new development efforts and set the standards for physical quality and care.

HUD sponsored a study evaluating the first five years of McKinney Act funds used to improve transitional housing for the homeless (HUD 1994). Almost seven out of ten were family shelters with the remainder spread somewhat evenly among shelters for battered women, the mentally ill, and substance abusers. The study describes the living arrangements of the homeless before they entered a HUD subsidized transitional shelter. (See Table 1). Overall, about half the homeless enter through referral from emergency shelters, while about 12 percent come from shared housing arrangements with family or friends. The remainder come mainly from institutions, and a few from permanent housing.

Mobility Along the Continuum
The implementation of transitional shelter care represents a success story when evaluated as a form of social support and care. But this is not enough. Donors do not want to routinely move groups of homeless poor people from destitution to subsistence. They
want transitional shelters and services to empower the poor to move out of poverty altogether. But who comes to the shelters and where do they end up after their transitional stay? Does the social mobility escalator work?

Table 1
The Percent of Transitional Shelter Clients by Shelter Type and Prior Residence

Prior Residence	Battered Women	Mental Illness	Substance Abuse	Family	All Types
Conventional	31%	8%	2%	10%	9%
Doubled Up	15%	6%	6%	13%	12%
Shelters	48%	37%	35%	54%	48%
Detox/Jail		6%	36%	2%	8%
Clinic/Hospital		31%	2%		5%
Streets	2%	8%	10%	6%	7%
Other	4%	4%	9%	15%	11%
Total Persons	871	1,126	1,455	7,067	10,519
Source: HUD 1994b, Table 2-4					

Table 2 describes the type of transitional shelter from which clients graduated and the type of residence to which they moved. The data show marked improvement in the quality of residence for most program graduates. Whereas 9 percent entered from permanent housing, 56 percent ended up there. Transitional shelters appear to do what they claim-move the homeless to permanent shelter.

But what the HUD study did not disclose was what proportion of those in permanent housing enjoyed a housing subsidy. A ten-year longitudinal study of former transitional shelter residents in St. Louis (column four in Table 2) found that four out of five permanent housing placements were in public housing. Only one in ten had managed to enter the private housing market (Stretch & Krueger, 1992; Rocha et. al. 1996). Obtaining a subsidized apartment represents a dramatic improvement in the quality of life for the homeless poor, but it does not fit with the current mobility expectations of funders and officials interested in ultimately reducing their financial contributions to the poor. The variety of transitional programs that have developed over the past

15 years rely heavily on a combination of public subsidy and philanthropic contributions to house their clientele. Such program assistance does foster improved living conditions for the poor, but the lateral move does less to change the social mobility of the household than its welfare and security (Shlay, 1994). The system resembles a moving sidewalk more than an escalator.

Table 2
Where Transitional Clients Go After Completing Their Stay
1987-1992

Clients Reside at	HUD Entry	HUD Exit	St. Louis Exit
Permanent Housing	9%	56%	52%
% Subsidized	NA	NA	41%
Doubled Up	12%	21%	23%
Shelters	50%	9%	22%
Other	29%	14%	3%
Source: HUD 1994b, Rocha et.al. 1996, Compiled from Table 2, p.53)			

A study of the Gateway Transitional Families Program in Charlotte, North Carolina, offers perhaps the best evaluation to date of efforts to help poor single mothers living in public housing find employment and purchase their own dwelling. Participants experienced a two-year remedial education program followed by a fiveyear transitional employment training and support program. They received individualized counseling, child care, job placement aid, and additional subsidies to encourage substitution of earnings for entitlement income. The number, quality, and duration of service provision in this program far exceeds what most transitional shelters provide. But even with such extensive supports, only about a third graduated. Among these, about a quarter continued to receive housing assistance (Rohe and Kleit, 1997). Considering the social and economic obstacles these women faced, the results are quite impressive, but such modest results raise serious questions about the feasibility of mobility for the vast majority of the poor.

Young mothers and their children enter the social world of the shelter escaping abusive, overcrowded, or physically disturbing living conditions. Berlin and McCallister argue that the shelter system selects the worst off poor families who are "least able or willing to cope with circumstances other poor families do handle" (p. 422). They have half the story right. These families are among the most destitute, but they are not there because they lost their grip climbing up the rungs of social mobility. Most come to the shelters having lost the social support-usually living with others-that enabled them to maintain their families. The shelter system has developed into an increasingly sophisticated substitute for extended households that can no longer provide for their own. The transitional system appears to rely heavily on the availability of federally assisted housing as a measure of successful placement.

The continuum of care presumes that the destitute homeless come to this condition through downward rather than lateral social movement. This mobility-oriented strategy introduces high hopes and demanding standards for upward mobility. Poor families often leave along the way, while those who do graduate from the shelter system often fail to sustain the kind of economically and socially independent living that caretakers envision. The mobility orientation mistakenly elevates clients' social status in an effort to frame the condition of economic marginality and poverty as a temporary affliction or difficulty. Rarely do homeless people come to the shelter system because they have suffered a steep decline in living standards. Millions of poor people manage to live together and avoid shelters or the streets. Those who show up in the shelter

system do so because of the push of household disintegration (e.g., abuse, overcrowding) and the pull of shelter quality (e.g., services, support, access to subsidized housing).

Reframing Our Conception of Homeless People and the Prospects for Mobility
The homeless include poor people currently without a place to stay. But this privation represents only one among many for the destitute poor. The homeless do not come to the predicament due to a loss of social and economic independence. Rather, they come to homelessness through a variety of causes that tend to overlap and interconnect. The iconographic story of the educated unemployed worker ending up on the streets exaggerates the vertical social and temporal distance separating the homeless from the housed. Several research studies provide important evidence comparing the housed and homeless poor, and very little of this evidence supports the downward mobility conception of homelessness.

In a 1986 study of Chicago's single poor, Michael Sosin and colleagues found few differences in social background between the currently homeless and the housed. The homeless did experience proportionately higher rates of disabilities. They were more likely to come from foster homes (14 percent to 7 percent), have served jail time (61 percent to 42 percent), and do binge drinking (22 percent to 10 percent) than those who had never been homeless (Sosin et. al. 1988, pp. 59-60)**.** Although these differences in disability enhanced the vulnerability of a small portion of the very poor, far more influential was access to institutional support. The homeless poor were less likely to have received public assistance (67 percent to 45 percent), pay more rent ($168 as compared to $122), and live alone (66 percent to 27 percent) than those who were housed. The housed were far more likely to report contacts with relatives (86 percent to 64 percent) and friends (72 percent to 50 percent) (Sosin et. al., p 293-294). Shared housing and social ties with kin and friends offer access to shelter for the very poor. In effect, the poor find housing less through the formal marketplace (where they face likely eviction) than through informal housing living arrangements with others.

Ellen Bassuk compared 49 homeless and 81 housed welfare mothers in poor Boston neighborhoods and found similar results. The homeless women differed little in work experience, age, and family size from those who were housed, but they did suffer more social disruption and isolation. They divorced and moved more frequently than their settled peers. Fewer than one in four of the homeless women could identify three or more supportive adults and fewer than one in three contacted them daily. In contrast, three quarters of the housed women had support networks which two-thirds of them used daily (Bassuk, 1988 p. 785).

Kinship and friendship ties offer important access to shelter, but this means that problems that emerge among household members may translate into homelessness. Knickman and Weitzman (1989), comparing a large sample of shelter users and housed public assistance families in New York City, discovered that 70 percent of the shelter users had stayed with others (kin or friends) the night before entering. Moreover, the homeless families in the study come to shelters after an extended period of time living with others. Half claimed that their longest residential stay during the previous year was with kin or friends (only 19 percent of these stayed with public aid recipients). Overall, four-fifths of the shelter users reported having to live doubled up compared to only two-fifths of the housed respondents. The New York poor in the study, like those in Boston and Chicago, frequently form shared living arrangements to cope with economic and social hardships. But these social ties do not always work. When asked why they had left their shared living arrangements to seek shelter, 69 percent of the homeless said they were escaping

problems with other household members.

The New York City shelter users, like their counterparts in Chicago, were more likely to have grown up in a foster home (10 percent to 3 percent), institution or group home (10 percent to 2 percent), or on the streets (11 percent to 2 percent) than the housed population. Additionally, the shelter users also faced greater risk of sexual abuse as a child (10 percent to 4 percent) as well as physical abuse as an adult (26 percent to 16 percent) than the housed public aid recipients. These disruptive experiences were not evenly distributed among these poor female family heads, but tended to cluster. The women who endured three or more of these privations were more likely to end up in shelters (15.6 percent) than others who had not (2.8 percent). Bassuk found similar evidence in her recent 1996 study of housed and homeless women in Worcester, Massachusetts. The homeless were more likely to have a history of foster care and domestic abuse and end up in shelters after exhausting their network of social supports (Bassuk 1996).

The organization of social relationships through household formation and care plays a crucial role in supporting economic independence in the midst of poverty. Shared living arrangements offer a significant safety net for the very poor, although such complex interdependence among household members does not always work out. The homeless do not travel down a social hierarchy so much as leave precarious household living arrangements. Furthermore, they tend to come from the same geographic locations. National figures on the homeless tend to overlook the geographic concentration of the urban poor and the wholesale abandonment of inner-city residential communities in cities across the United States. Research on the geographic origins of shelter users in New York and Philadelphia found that almost two out of three come from the poorest and most distressed urban neighborhoods (Culhane et al, 1996). The homeless migrate to shelters from devastated neighborhoods where they lived without jobs or services in overcrowded conditions. They show up at shelters not only as destitute poor people, but geographic refugees whose residential homeland offers few opportunities for social and economic survival. Why does this situation continue?

First, the intensity of poverty increases among the poor even as the proportion of people in poverty declines, despite economic growth and expansion. The poor have less money to pool. Household hardship increases. Increasing income inequality in the United States makes it difficult to promote a plausible social mobility strategy for the destitute poor. At what threshold do we set independence for the poor when thousands of middle managers worry daily where the downsizing axe will fall? Occupational uncertainty and social interdependence appear to be increasing for all segments of the class hierarchy except those at the very top. It seems likely that mobility supporters do not imagine the poor achieving economic security so much as finding support other than philanthropic or public welfare.

Expanding labor market participation among the very poor will likely raise incomes and most importantly increase the share of income from earnings. But this will not necessarily reach high enough levels to support the formation of independent households. The geographic concentration of poverty has for several decades exhausted and undermined local social networks among kin, friends, and neighbors (Wilson, 1996). An important source of social capital has been squandered. Paralleling and reinforcing this social exclusion is the political and social organization of low-rent housing. We will treat each of these in turn.

Social Reciprocity as Social Capital

First generation immigrant groups frequently meet the challenge of the truncated housing market by breaking up their apartments into multiple dwellings. These shared accommodations work as a kind of kinship based lodging house. Each household has small private living quarters and shares common areas for cooking, eating, and socializing. Such shared living arrangements do not impose stigma or feelings of social resentment among family members (even if they do impose disagreeable physical and social burdens). Instead of young families squandering their modest incomes on rent, the extended kin provide living quarters for which the new household pays a small rent (Myers 1995).

African-American households have a long tradition of extended kin reciprocity (Stack 1984). But one of the major impediments to this system was the receipt of public aid and housing subsidies for unmarried mothers. In older industrial cities like Chicago and Cleveland, these funds enabled newly formed families to move into rental housing equivalent in value and quality to that of the parents. Furthermore, the rules of public aid distribution and the system of surveillance by aid workers undermined the pooling of funds and shared living arrangements among kin. The practices continue, but furtively and less effectively. Furthermore, continued racial prejudice and discrimination in the labor and housing markets places extraordinary entry barriers to young adults, especially those from the ranks of the poor (Wilson 1987).

The comparison of the homeless poor and the poor who have avoided going homeless reveals few differences in the order of deficits such as addictions, ignorance, etc. Needs and deficits matter, but mainly in so far as they are mediated through social relations of reciprocity and affiliation. Poor people who grow up in foster homes and who spend a lot of time in prison or jail, for instance, tend to have much less experience of the social reciprocity that makes a residential neighborhood a community.

An important difference between the homeless and nonhomeless poor has to do with the quality of social networks that supply poor individuals with a place to stay. Surveys of the homeless in Chicago, New York, and Los Angeles all document a significant difference in the number and quality of social relationships between the homeless and the homed. The latter not only report more social ties, but ones that represent a reservoir of support. The homeless possess fewer ties, and none with any substantial source of residential support. The homeless usually end up that way after exhausting or abusing social relationships with kin and friends. Evidence shows that more than half have never married and that most of the others are divorced or separated. The increasing numbers of single female-headed households not only possess access to less income, but also lack the benefits of parental reciprocity.

So the homeless poor in the United States are not only economically poor, but socially bereft as well (Shinn et. al. 1991). Like other poor people, they are more likely to possess vulnerabilities, addictions, and needs than those higher up on the social class hierarchy. But their privations and deficits grease the steeply tilting economic skids upon which they try to maintain a precarious balance. The poor slip into homelessness as they lose grip on the social relationships of reciprocity that enabled them to capitalize on prior social attachments, investments, promises, and trust. The shelter system, caretakers hope, will reduce the deficits of the homeless, in effect cleaning away the grease and spreading sand to improve footing for the homeless individual and household. But this provides only modest help when compared to the benefits of a series of helping hands along the way.

Many poor who end up going homeless lack experience with sharing and neither value these relationships nor know how to reproduce them. Some reject these values and adopt self protective or socially predatory behavior. All will be more likely to drift away from stable residential communities.

When poor people manage to endure the same economic privations as the homeless and keep a roof over their heads, the analysts and caretakers imagine these poor households are acting more independently. But we think this overlooks the network of social reciprocity that keeps this fragile independence intact. Household members use relationships of reciprocity that oblige the more prosperous and knowledgeable to share their wealth and knowledge with others who promise to return the favor at a later time. These exchanges are not mediated by instrumental contracts, but rather by less defined social agreements tied to a particular individual, family, group, club, etc. Respect for the relationship, and not the equivalent value of the exchanged goods, defines the meaning of the exchange. I offer credit differently when extended to my brother, father, friend, neighbor, and acquaintance. My generosity varies with the depth of affiliation, attachment, and history associated with each relationship of reciprocity. People who never reciprocate will eventually exhaust the patience and trust of their kin and friends (Hemmens & Hoch, 1996).

Instead of evaluating homeless people in terms of their capacity and social experience with reciprocity, shelter providers tend to describe their clients in terms of deficits and behaviors. The language of functional diagnosis and instrumental contract displaces the more particularistic and relational language of social meaning for the poor (e.g., needy client vs. friend with problems). The mobility model not only projects middle- and working-class expectations onto the weakest segment of the poor, but also sets in motion an instrumental system of care. Individual homeless families may find their way through the shelter system into independent living, but this independence will likely flow from a significant increase in income, a strong network of reciprocal social ties, or some combination. Dedicated efforts to change poor people do work, but often because the staff or volunteers form relationships of reciprocity and trust with clients. The relationship enables the poor person to find practical support for new and unfamiliar types of conduct without losing status or face. The homeless person will rarely acquire a change in character or behavior large enough to carry him beyond the racial and social class limits to which he was born. Changing people is much harder than changing their relationships.

The concepts of case management and service-enriched housing reflect an accurate assessment of the problems poor people face, but are too often organized to serve the mobility model. The case manager organizes a variety of social services to fit in step-wise fashion along the escalator of care for each homeless person or family. The manager uses the language of deficits to construct a coherent case account that will guide those operating the escalator. The homeless see themselves in terms of deficits that fit into an ongoing case narrative organized by a set of policy and professional norms that touch their lives tangentially and with considerable authority. Many learn to describe themselves in this language and undertake the journey up the escalator. The social workers and shelter residents may together create a community of sorts, one organized around the architecture of mobility. In many instances, the residents will form relationships with others in the shelter. They will encounter one another not only through their mutual response to the rules and conventions of shelter life, but also through the experiences and habits of reciprocity acquired in other residential settings.

Many low-paid shelter staff (Rossi and Weinreb, 1995, found that 45 percent of shelters nationwide offered entry-level salaries less than $16,000) who share these values will draw upon and nurture activities and practices that reward informal reciprocity among neighbors and friends. This not only makes life easier for staff, but more meaningful and interesting for the residents. Most importantly, residents put this reciprocity to good use building their own sense of autonomy and self worth. As they offer one another gifts and establish mutual indebtedness, the homeless clients generate a social capital fund based in their ongoing social relationships. Unfortunately, these shared relations are not easily transportable and do not fit into the escalator of mobility. Many clients who graduate from the escalator ride and move to independent apartment living lose the relationships of reciprocity that helped revive and sustain their sense of autonomy.

Redefining Homelessness: Shelter Uncertainty Not Social Dependence
Housing markets distribute shelter security as a commodity. We not only purchase a dwelling, we also buy a period of time during which we enjoy exclusive possession without fear of eviction or serious disruption. At one extreme are the households that own their home without a mortgage and have sufficient income to pay real estate taxes. These home dwellers enjoy a high degree of shelter security. Near the other extreme are those renters who pay by the week and homeless people who rarely know where they will stay from one day to the next.

The segmentation of the housing market into owners and renters reflects a major difference in the security of possession. Owners usually enjoy much greater security of possession than renters. As a result, time takes a back seat to quality, size, and location of dwelling. In the rental markets, time plays a central role in relation to these other characteristics. Households with high incomes enjoy great latitude in either housing market. But households with little income face serious constraints. The poor not only purchase less desirable and smaller dwellings, but they must rent their dwellings for shorter periods of time than those with more income. Poor tenants often face relatively burdensome transaction costs. First, poor tenants move more frequently than owners and so face the likelihood of higher rents. In addition, poor tenants must pay relatively hefty security deposits and rent increments to the landlords who use this income to reduce their own transaction costs (e.g., refurbishment costs, forgone revenue due to vacancy). The shorter the term of stay, the more expensive the overall rent.

Instead of treating the homeless as social dependents, we might better describe them as poor people unable to remedy, share, or displace the burden of routine shelter uncertainty. All Americans face some shelter uncertainty, but most purchase shelter security in relatively large blocks of time such as 30-year mortgages, yearly leases or monthly rental contracts. Most children grow up sharing shelter with parents who carry the burden for their children; but this is a condition that most middle- and working-class young adults are happy to leave behind as they find employment and rent their own apartments. These young adults rarely move into an apartment or house that matches the quality and value of their parent's dwelling. As they establish their own households they usually move away to locations with less expensive housing.

Imagine the same sort of process occurring among the poor. A relatively prosperous poor family rents a small low-rent apartment priced near the bottom of the local rental market. As the children in the poor household become young adults and look for housing, unlike the children from more prosperous households, they often fail to find cheaper housing on the open market. Relying on low wage and frequently part-time employment, these young adults confront a much larger gap between what they earn and what they must pay for rent than their more prosperous

and better-equipped middle- and working-class peers. Many end up living at home, doubled up with other family members, or find cheap and usually illegal rooming house arrangements with friends or neighbors (Kroner 1988).

If we frame this economic mismatch between low wages and high rents as an issue of social dependence, then we end up organizing the provision of shelter services to change the social position and status of these young adults. We build an escalator of services that can help willing young adults move from social dependence to independence. But, as we have argued, the escalator tends to run into a ceiling far short of the conventional housing market. The problem may have less to do with the social status of the poor than the lack of very cheap housing units. We do not provide housing units small enough and for periods of time short enough where rents would match the limited budgets of the poor.

The current rental stock offers few options for poor people (Thomas & Turner, 1993). The cheapest apartments tend to be relatively large and expensive relative to the incomes of the very poor and require monthly or even yearly leases and security deposits. Since the very poor lack a routine flow of income, many enter and leave the low-end rental market for a few weeks at a time every month or so. The ability to maintain a permanent address represents a significant threshold of privacy difficult to sustain on a regular basis. A poor individual or family that must move every few months or more loses control of the relationship between privacy and residential community. Such households face a much higher probability of going homeless. Unable to pay rent, many seek informal, often illegal rooming and lodging house arrangements with strangers, friends, or kin. But these temporary havens seldom offer good locations or rents cheap enough to promote saving and re-entry into the formal rental market (Hemmens et. al. 1996).

Government zoning and housing regulations constrain the provision of a wider variety of low-rent housing in the United States, whether public or private (Downs 1991). For instance, builders cannot respond to the demand for small, modest single room rental dwellings rented by the week if such units are outlawed. This lack of supply promotes higher rents among the remaining SRO stock. Consequently, the rooming house stock expands, but informally and illegally. Homeowners and landlords convert large dwellings into several smaller ones, usually doing so without public permission and inspection. Although a small fraction of the total housing stock, such conversion activity accounts for a substantial amount of housing for the inner-city poor. In her analysis of the informal housing sector in the United States, Anna Hardman found between 1973 and 1983 that central cities of the Northeast experienced 150,000 conversions for a net increase of 70,000 dwelling units. The same cities experienced barely more than 5,000 newly constructed units during the same period (Hardman 1996, p.39). Such rooming arrangements, combined with doubling up, provide the major source of nonsubsidized rental housing for the very poor. Rooming house arrangements still require cash rents, while doubling up usually draws upon social capital.

Community Building and Social Mobility: A Continuum of Housing Options
We cannot use policy to reconstitute viable working class neighborhoods. However, we can learn from the neighborhoods that we have so carelessly abandoned or destroyed. Especially noteworthy are the Skid Rows inhabited by earlier generations of homeless. These neighborhoods harbored a diverse assortment of shared accommodations; missions, flops and a variety of hotels, cubicle, workingmen and palace variety, were all located in close proximity to one another. Most have been destroyed or converted, and the construction of similar housing

stock outlawed. A once diverse assortment of high density, cheap rental housing has been replaced with a system of subsidized shelters operated by nonprofit organizations and federally assisted housing units (Hoch and Slayton, 1989: Groth, 1994).

Ironically, current policy initiatives by HUD champion many of the qualities associated with living arrangements in the old Skid Row neighborhoods; most notably a social and economic mix of inhabitants in the same place. The combination of increased shelter uncertainty and declining social capital sets the homeless apart from their housed peers. Most of the poor cannot expect to take an escalator of social mobility. But they should realistically expect to obtain predictable shelter and secure residential social capital.

Several models of service-enriched housing try to do this. Instead of serving as a conduit for the poor, these projects allow for building affordable residential settlements that offer a mix of rental rates for diverse households. They reduce shelter uncertainty by expanding the range of affordable rental choices near the bottom of the market; this is achieved by legalizing and subsidizing a more diverse assortment of mixed density dwellings without scrimping on collective services. Developers could ensure that building facades and public spaces meet high design standards and maintenance levels. Finally, they might emphasize the value of social reciprocity by protecting and encouraging informal social exchange among tenants and neighbors (Hemmens et. al. 1996; Piatuk 1997). How might this work?

The strategy of combining mixed income groups with the provision of enriched services takes a different form if organized to promote social mobility rather than residential community (Shlay 1995). Mobility focuses on individual households and their social trajectory, regardless of location. Community emphasizes the fate of households tied to one another in a particular place. This concept of development imagines a residential community organized primarily through local neighborhood associations. The economic values of mixed income defy the conventional practices of segmenting and marketing residential real estate as relatively homogeneous settlements. The sorting refines the gross hierarchy of income differences into a complex, but socially graded, array of life style niches. We will look briefly at one example of a collaborative housing arrangement that combines community building with the social mobility model.

The Case of Lakefront SRO (Chicago, Illinois)
Lakefront SRO (LSRO) was established in 1985 by a group of homeless advocates and shelter providers in Chicago's Uptown neighborhood. The group focused on single-room occupancy housing because they believed this housing could still provide an important rental option for the single poor. The City of Chicago had eliminated thousands of SRO units and the activists linked the loss of this supply with the increasing number of homeless street people. What started out as an organizing effort to stop the continued destruction of SRO units changed to include the rehabilitation of abandoned SRO hotels. After spending several years rehabilitating one abandoned hotel, the organization expanded its efforts to include several more. By 1995 Lakefront had rehabbed seven buildings housing 700 men and women.

Lakefront organized its enterprise around the mission to reduce homelessness. The advocates and service providers wanted to use the improved buildings to meet the challenge of social mobility; moving people from the streets and shelters into their own dwellings. This seemed especially promising as tiny hotel rooms were much cheaper than studio apartments. They adopted a management policy that reflected their twin objectives of expanding the SRO housing

supply and housing the homeless: blended management.

Blended management created two types of workers for each hotel, the property managers and the social service providers. In most housing projects, these functions occur independently of one another. But Lakefront policy ties the two groups together. Property managers worry about the rooms and buildings. They want the organization to solicit tenants who keep their rooms in good shape, use public spaces with care, and pay their rent. Social service providers worry more about tenant satisfaction and improvement. They want to help current residents obtain job and income enough to leave and rent larger apartments. Service providers imagine the building operating like transitional housing, while managers imagine the building as a residential community. In practice Lakefront creates incentives for managers and providers to step inside each other's roles. Social workers speak to tenants about delinquent rent payments, while managers make exception for a sloppy room or noisy episode when clued in on the circumstances.

The routine attention to these trade-offs between tenant discretion and collective maintenance improves the overall quality of these high-density buildings. In 1995, the retention rate for all buildings was 83 percent. Such a low turnover rate suggests that these single tenants, who number among the most transient members of the general population, find the accommodations quite attractive relative to their other options. Exit interviews among those who left found that more than half did so on good terms. They left to move to a bigger apartment or start a family. Those who left on bad terms rarely did so because they were dissatisfied; most were evicted for failing to pay rent or follow the rules.

After rehabbing several buildings, the Lakefront leadership tried to organize clients along the continuum of care. At one extreme were the most needy and dependent alcoholics and addicts. These tenants proved most troublesome because they were untrustworthy and unreliable neighbors. They would make promises to the social workers they had no intention of keeping and fail to respect building rules the managers were paid to enforce. This unpredictability requires constant attention and surveillance, hence the label dependency. In contrast were tenants who proved to be trustworthy neighbors. These people not only met their own obligations, but also fostered hospitality and reciprocity on their floors.

The continuum strategy separated tenants according to their willingness and ability to violate, meet, or exceed the basic norms of occupancy and neighborliness. This strategy proved exceedingly difficult to implement, especially as the leadership offered to house more homeless people with a history of addiction and substance abuse. Putting too many dependent sociopaths in the same quarters did little either to maintain property or improve sobriety.

The staff gave up the segmentation strategy for a more mixed one that reflected the practices of an earlier era in Skid Row hotels. Currently, six of the seven Lakefront buildings house a diversity of tenants: men and women, young and old, literate and illiterate, drunk and sober, employed and unemployed. Only one building includes a relatively homogeneous group, and these are women recovering from varieties of abuse at the hands of men and who wish to avoid the company of men in their new residences.

As they put blended management into practice, Lakefront staff rediscovered the social benefits of diversity. The flexible mix of building maintenance and tenant care left slack in the social

organization of hotel life for informal reciprocity. Instead of concentrating people by shared need, this management practice rewards collaborative behavior. It matters less what handicaps a tenant possesses than what actions they take or resources they trade to make living together less risky and more pleasant. The alcoholic tenant who reads letters for the aging and nearly blind pensioner. The young busboy whose victory over drugs inspires the drunk next door to strive for sobriety. Managers and providers police for sociopaths, but make way for the modest social networks that turn tenants into neighbors and a building into a community.

Most of the tenants remain poor. Few have plans for social mobility beyond a fulltime job and a decent apartment. The service providers work hard to help the tenants travel from addiction to sobriety, from welfare to work, from shame to pride. But the steps are small and the victories modest. The residents travel farther in miles than they do in status as they migrate from the shelters to an SRO building. But when they get there, leaving does not prove to be an urgent priority. The escalator gets stuck.

Conclusion
Community building efforts push against the current stream of policy opinion. Instead of changing the class status of the poor, they emphasize improving residential settlements. The fashionable repudiation of efforts to reduce income inequality through government redistribution now shows up as more complex patterns of redistribution mediated through geographic reciprocities that draw upon a mix of government subsidy and social capital.

Mixing takes many physical forms, but few improvements take shape through market forces alone. Residential real estate markets remain tied to social values organized to overprotect a rigid hierarchy of homogeneous subdivisions segmented by tenure, income, and lifestyle affiliations. The prosperous expect residential infrastructure to meet minimal middle-class standards, but scrimp on raising tax revenues sufficient to make these expectations a reality. The result is the uneven application of standards that stigmatize lower-class residential communities failing to measure up. Imposing high standards across a segmented market hierarchy simultaneously constrains the economic options of the poor as it marginalizes their way of life. The problem is not regulation itself, but the organization of regulatory standards that unfairly burdens the poor with middle-class expectations.

Shelter providers and service workers provide important benefits and services for the homeless poor whom they help. But these modest services cannot overcome the powerful economic forces that shape the distribution of income and the organization of real estate markets. Social entrepreneurs like those at Lakefront SRO offer an interesting response because they combine the pursuit of economic and social objectives. Creating outposts for the rejuvenation of working class sociability neither remedies the grave injustices of capitalist urbanization, nor does it cordon off the poor into new zones of isolation. The hotels still appear as marginal economic goods even as their social value improves. This makes SROtype buildings an attractive target for rehabilitation and new construction on well located, but undervalued urban sites. As organizations like Lakefront wean themselves from the rhetoric of mobility and embrace the project of community building, they might jump-start a residential comeback for the single urban poor that uses a mix and match strategy combining formal and informal elements of social reciprocity and property management.

References

Bassuk, Ellen and Lynn Rosenberg. 1988. "Why does family homelessness occur? A case-controlled study", *American Journal of* Public *Health* 78(7):783-788.

Bassuk, Ellen, Linda Weinreb, John Bucknon, Angela Browne, Amy Salomon and Shari Bassuk. 1996. "The characteristics and needs of sheltered homeless and lowincome housed mothers", Journal *of the American Medical Association.* 276(8):640647.

Benda, B. B. 1990. Crime, Drug Abuse and Mental Illness: A Comparison of Homeless Men and Women, Journal *of* Social Service *Research 1*3(3):39-60.

Berlin, Gordon and William McAllister. 1994. Homeless family shelters and family homelessness, *American Behavioral Scientist* 37(3): 422-434.

Burt, Martha and Barbara Cohen. 1989. America's Homeless: *Numbers, Characteristics and Programs* that Serve Them. Washington D.C.: The Urban Institute, Report 89-3.

Burt, Martha and Barbara Cohen. 1989. Differences Among Homeless Single Women, Women with Children, and Single Men, Social Problems 36(5):508-524.

Cohen, C. I., & Sokolovsky, J. 1989. *Old Men of the Bowery:* Strategies *for Survival Among the Homeless. New* York: Guilford.

Culhane, D. P. 1992. The Quandaries of Shelter Reform: An Appraisal of Efforts to "Manage" Homelessness, Social *Service Review* 66: 428-440.

Culhane, D. P., C.M. Lee and S. M. Wachter. 1996. Where the homeless come from: A study of the prior address distribution of families admitted to public shelters in New York City and Philadelphia. *Housing Policy Debate. 7*(2): 327-365.

Downs, Anthony. 1991. The Advisory Commission on Regulatory Barriers to Affordable Housing: Its Behavior and Accomplishments, *Housing Policy* Debate 2(4): 1095-1138.

Goodman, L. 1991. The Prevalence of Abuse in the Lives of Homeless and Housed Mothers: A Comparison Study. American Journal *of Orthopsychiatry 61*:489-500.

Groth, Paul. 1994. *Living Downtown* Berkeley: University of California Press.

Hardman, A. 1996. Informal Additions to the U.S. Housing Stock: Changing Structures and Changing Uses, in Hemmens et. al. *Under One Roof.* Albany, New York: SUNY Press, pp. 33-47.

Hemmens G., Hoch, C. & Carp, J. 1996. *Under* One *Roof.* Albany, New York: SUNY Press.

Hemmens G. and Hoch C. 1996. Shared Housing in Low Income Households. *Under One Roof.* Albany, New York: SUNY Press, pp, 17-32.

Hoch, Charles and Robert Slayton. 1989. *New Homeless and Old: Community and the Skid Row Hotel.* Philadelphia: Temple University Press.

Interagency Council on the Homeless. 1994. *Priority Home! The Federal Plan to Break the Cycle of Homelessness.* Washington D.C.

Jencks, Christopher. 1994. *The Homeless.* Cambridge: Harvard University Press.

Johnson, A. K. and Cnaan, R. A. 1995. Social Work Practice with Homeless Persons: State of the Art, *Research on Social Work Practice* 5(3): 340-381.

Kroner, M. J. 1988. Living Arrangement Options for Young People Preparing for Independent Living, *Child Welfare* 67:547-561.

Link, Bruce, Jo Phelan, Michaeline Bresnahan, Ann Stueve, Robert Moore and Ezra Susser. 1995. Lifetime and Five-year Prevalence of Homelessness in the United States: New Evidence on an Old Debate", *American Orthopsychiatric Association* 65(3):347-354.

Mangine, S. J., Royse, D., Wiehi, V. R., & Nietzel, W. 1990. Homelessness among adults raised as foster children: A survey of drop-in center users. *Psychological Reports* 67:739-745.

Marin, Marguerite and Edward Vacha. 1994. "Self-help strategies and resources among people at risk of homelessness: Empirical findings and social services *policy," Social Work* 39(6):649-657.

McCarty, D., Argeriou, M., Huebner, R. B., & Lubran, B. 1991. Alcoholism, Drug Abuse, and the Homeless. *American Psychologist* 46:1139-1148.

McChesney, Kay Young. 199. Absence of a Family Safety Net for Homeless Families, *Journal of Sociology and Social Welfare* :55-71.

McCourt, Kathleen and Phillip Nyden. 1990.

Dowell Myers, William C. Baer and Seong-Youn Choi. 1996. "The Changing Problem of Overcrowded Housing," *Journal of the American* Planning Association Winter 1996: 66-84.

Roberston, M. J. 1991. Homeless Women with Children: The Role of Alcohol and Other Drug Abuse, *American Psychologist* 46:1198-1204.

Rocha, Cynthia, Alice Johnson, Kay Young McChesney and William Butterfield. 1996. Predictors of Permanent Housing for Sheltered Homeless *Families, Families in Society: The Journal of Contemporary Human Services.* January: 50-57.

Rossi, Peter. 1994. Troubling families: Family homelessness in America, *American Behavioral Scientist* 37(3):342-395.

Rohe, W. and Kleit R. G. 1997. From dependency to self sufficiency: An appraisal of the Gateway Transitional Families Program. *Housing Policy Debate* 8(1): 75-108.

 Shinn, M, K., J.R., Ward D., Petrovic, N. L. and Muth B. J. 1990. Alternative Models for Sheltering Homeless Families, *Journal of Social Issues* 46(4): 175-190.

Shinn, M. K., Knickman, J. & Weitzman, B. C. 1991. Social Relationships and Vulnerability to Becoming Homeless Among Poor Families, *American Psychologist* 46: 1180-1187.

Shlay, Ann. 1994. Running on Empty - Monitoring the Lives and Circumstances of Formerly Homeless Families with Children. *Journal of Social Distress and the Homeless.* 32(2): 135-162.

Shlay, Ann. 1995. Housing in the Broader Context in the United States, *Housing Policy Debate* 6(3): 695-720.

Sosin, Michael, Paul Colson and Susan Grossman. 1988. *Homelessness in Chicago: Poverty and Pathology, Social Institutions and Social Change.* Chicago: School of Social Service Administration, University of Chicago.

Stack, Carol. 1974. *All Our Kin.* NY.- Harper and Row.

Stark, Louisa, 1994. The Shelter as "Total Institution". *American Behavioral Scientist.* 37(4): 553-562.

Stretch, John J. and Krueger, Larry. 1992. Five Year Cohort Study of Homeless Families: A Joint Policy Research Venture. *Journal of Sociology and Social Welfare,* 19(4): 73-88.

Thomas, K. G., & Turner, M. A. 1993. *Housing Markets and Residential Mobility.* Washington D.C.: The Urban Institute.

United States Department of Housing and Urban Development (HUD). 1984. *A Report to the Secretary on the Homeless and Emergency Shelters* Washington D.C.: HUD.

United States Department of Housing and Urban Development (HUD). 1989. *A Report on the 1988 National Survey of Shelters for the Homeless* Washington D.C.: HUD.

United States Department of Housing and Urban Development (HUD). 1994a. *Priority Home! The Federal Plan to Break the Cycle of Homelessness* Washington D.C.: HUD 1454-CPD (1).

United States Department of Housing and Urban Development (HUD). 1994b. *National Evaluation of the Supportive Housing Demonstration Program.* Washington D.C.: HUD,

Weinreb, Linda and Peter Rossi. 1995. The American homeless family shelter "system". *Social Service Review.* March: 86-107.

Weitzman, B. C. Knickman, J.R. & Shinn, M. 1990. Pathways to Homelessness Among New York City Families, *Journal of Social Issues* 46(4): 125-140.