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THE FAMILY, WELFARE AND HOMELESSNESS

PETER H. ROSSI*

Although the problem of homelessness manifests itself by definition as a housing and poverty problem, that by itself leads to only a superficial diagnosis. The thesis of this paper is that homelessness is much more than a problem of housing the poor, and that a full understanding of it must extend deeply into issues involving the nature of our social welfare system as it interacts with our kinship system. Of course, this does not deny the housing shortages but rather identifies equally important processes in housing policy. Three analyses constitute the evidentiary foundations of this argument: First, we consider the social characteristics of the homeless and of comparable extremely poor people who are housed. Second, we examine the nature of our current social welfare system and illustrate how it is poorly suited to serve the kinds of people who are homeless. Third, we consider the nature of kinship obligations and show how those basic defenses against adversity offered by the family are inadequate for coping with members who then become homeless persons. A final section of this paper suggests how our current social welfare system may be altered better to provide reasonable and sensible help to the homeless and other extremely poor people.

I. CRITICAL FEATURES OF CURRENT HOMELESSNESS

Homelessness has always existed to a greater or lesser degree throughout our history, waxing and waning mainly according to the health of the economy.¹ In recent times the last heavy resurgence of homelessness occurred during the 1930s' depression when as many as several hundred thousand homeless persons filled the emergency shelters set up in the early days of the New Deal.² Nevertheless, America's collective

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1. See Hopper, *The Public Response to Homelessness in New York City: The Last Hundred Years* in *ON BEING HOMELESS: HISTORICAL PERSPECTIVES* (R. Beard ed. 1987); Hopper, Susser & Conover, *Economies of Makeshift: Deindustrialization and Homelessness in New York City*, 14 *URB. ANTHROPOLOGY* 183 (1986).

2. N. ANDERSON, *MEN ON THE MOVE* (1940); J.P.H. SCHUBERT, *TWENTY*

memories of the homeless of the Great Depression homeless have faded. Today, America's consciousness is informed by more recent portraits and understanding of the homeless population. Our views of "normal" homelessness are influenced more strongly by fresher recollections of the Skid Rows of the 1950s and 1960s.

On first glance one can note how the "old" homeless and the "new" homeless differ.³ A primary difference is the character of "shelter". Perhaps the most critical difference is that the old homeless were not literally without shelter; rather, they were concentrated in Skid Rows, neighborhoods dominated by "flophouse" hotels, cheap restaurants and mission shelters. Few of the old homeless slept in the streets or in public places such as railroad and bus terminals. They slept in the mission shelters and in the inexpensive "flophouse" hotels whereas the new homeless of the 1980s are housed in shelters and can be found on the streets and in public access places. Neither the mission shelters nor the flophouse hotels were housing adequate by even minimal standards, but they provided shelter. The concentration of the old homeless on Skid Row was enforced by police practices that swept up the homeless who wandered off their allotted turf. In contrast, today's homeless can be found more widely dispersed throughout downtown urban areas. But, more strikingly, the new homeless of the 1980s are considerably more deprived in their housing. As many as half of the homeless resort to "emergency" shelters and the remainder live on the streets or in public places. The emergency shelters are arguably on a par in quality to the old flophouse hotels; certainly living in bus stations or on the streets can only be viewed as a more severely deprived housing condition.

Another significant difference is the socio-economic and demographic make-up of the homeless populations.⁴ For

THOUSAND TRANSIENTS: A YEAR'S SAMPLE OF THOSE WHO APPLY FOR AID IN A NORTHERN CITY (1935); Wickendon, *Reminiscences of the Program for Transients and Homeless in the Thirties*, in *ON BEING HOMELESS: HISTORICAL PERSPECTIVES* (R. Beard ed. 1987).

3. The descriptions of the homeless of the 1950s and 1960s is based on empirical social research undertaken in those years. In particular, I have relied most heavily on monographs by Bogue, Blumberg, and Bahr and Caplow who conducted surveys of homeless persons respectively in Chicago, Philadelphia and New York. See H.M. BAHR & T. CAPLOW, *OLD MEN: DRUNK AND SOBER* (1974); L. BLUMBERG, T.E. SHIPLEY, JR. & I.W. SHANDLER, *SKID ROW AND ITS ALTERNATIVES* (1973); D.B. BOGUE, *SKID ROW IN AMERICAN CITIES* (1963).

4. The data lying behind the statements in this section concerning the

instance, consider the demographic changes in age. In the 1950s and 1960s, the average age of the homeless as reported by social researchers was in the fifties. The current homeless average in the middle thirties. Close to a majority of the old homeless were old men, many of them living on old age pensions. All of the 1980s studies of the homeless find only small percentages who are over 60. Senior citizens are rare among today's homeless whereas in the earlier period they predominated. The older homeless were part of the labor force. The old homeless who were not on old age pensions were employed, earning their rent and food money at casual labor and enjoyed an income (in constant dollars) that on the average was three times the income of the current homeless, few of whom have any employment at all. The old homeless were poor but the new are virtually destitute. The average monthly income from all sources of the new homeless was less than \$100 and more than one in five report zero income.

There were virtually no women or families on Skid Row; today at least one in five are women and half of them are accompanied by young children. Although families that consist of both parents and children are still rare, many single mother families are found among the new homeless, and the number seems to be growing.

Moreover, few of the old homeless were recruited from among minority groups; the current homeless have proportions of Blacks and Hispanic that are four to five times their representations in the general communities in question. Virtually all of the homeless female-headed households are drawn from minority groups. The "typical" old homeless was a white male on the verge of old age who lived on earnings from intermittent employment or minimum Social Security old age payments. The "typical" homeless person of the 1980s is a Black or Hispanic male in the middle thirties and has lacked steady work for up to a decade⁵.

current homeless come from more than 40 studies of homeless people conducted in the 1980s and are summarized in detail in P.H. ROSSI, *DOWN AND OUT IN AMERICA: THE ORIGINS OF HOMELESSNESS* (1989). Particular reliance is based on data derived from a survey of the Chicago homeless conducted by the author in 1985 and 1986 and reported in P.H. ROSSI, G.A. FISHER & G. WILLIS, *THE CONDITION OF THE HOMELESS OF CHICAGO* (1986).

5. Interestingly enough, the current homeless resemble more closely the transient homeless of the thirties, except for the heavy representation of minority groups. The transient homeless of the Great Depression were young males, many of whom had never been employed since entering the labor market.

There are also continuities over time. Disabling conditions, including physical disabilities, chronic mental illness, alcoholism, and criminal records involving serious felony offenses plague both the "new" and "old" homeless. Chronic mental illness appears to occur slightly more among the new homeless (one in three as compared to one in five) and, not surprisingly, drug abuse is higher among the current homeless population. Among the current homeless, these disabilities are cumulative and four out of five have one or more of the conditions listed above.

The most conspicuous and significant feature common to both the old and the new homeless is family status. The homeless in America, whether the old or new, are unmarried, either never having married or having been divorced, widowed or separated, a condition that applies as well to the single parent⁶ homeless with their children. Homelessness is equivalent to "spouselessness".⁷

Understanding these similarities and comparing these differences of the new and old homeless provide clues to the reasons why homelessness has increased since the early 1980s. First of all, homelessness has increased precisely among that portion of the American population who have experienced catastrophically high levels of unemployment since the mid-1970s, namely young minority men. These unemployment rates, with the diminishing pool of males who are potential spouses and economic providers partly account for the increase in unmarried mothers and their children among the homeless. Second, the decline of elderly homeless attests to the more generous Social Security benefits available to the aged since the early 1970s. Third, the rise in chronically mentally ill reflects the de-institutionalization movement of the 1960s and the decline in the use of mental hospitals for the chronically mentally ill. Finally is the growth in extreme poverty brought about by both unemployment and a major decline in the real value of welfare benefits.

II. THE HOUSED AND HOMELESS EXTREMELY POOR

The unattached (i.e. unmarried) homeless persons described above represent merely a small portion of the unat-

6. Almost all of the homeless "families" are unmarried women whose families consist of their minor children.

7. Indeed, that is the meaning of homelessness as applied to the Skid Row populations of the 1950s and 1960s. Almost all had shelter but none was living with a spouse.

tached extremely poor. A consideration of the "extremely poor", those with annual incomes of \$2,000 or less, illustrates this thesis. For example, in 1986 over four million unattached persons between the ages of 22 and 59 earning less than \$2,000 existed, compared to less than two million in 1969 (income adjusted for inflation and presented in constant 1985 dollars).⁸ This age range is significant because it represents the ages at which most adults are expected to be self-supporting. These adults constitute the housed extremely poor, living in conventional dwellings.⁹ Although we lack precise estimates of the number of homeless, our best estimates range around 500,000, with a range of 100,000 plus or minus.¹⁰ In short the homeless represent about 10% of the extremely poor.¹¹

It is very instructive to consider the living arrangements of those extremely poor who are housed. Aside from female-headed households (unmarried women living with their minor children), the majority of the extremely poor live in households with other people, mainly their parents and less frequently with other relatives. In contrast, female-headed households live separately in their own dwellings, supported largely by AFDC grants.

These data indicate great numbers of adults old enough to be expected to be economically self-supporting who are dependent on welfare benefits for income or on their kindred for at least shelter and most likely food and clothing. The fact that unmarried mothers live by themselves often reflects the eligibility requirements of the AFDC program, that unmarried mothers establish independent households to receive full benefits. For those who have not taken on responsibility for the care

8. These are also people who are not students or living on farms. Computed from the Current Population Surveys, an annual survey of 55,000 households conducted annually by the Bureau of the Census. Details of these calculations can be found in P.H. Rossi, *supra* note 4, at 75-78.

9. The Current Population Survey is based on households living in apartments, single family homes, and mobile homes. Persons living in hotels or motels, boarding houses, or in group quarters such as shelters are not sampled.

10. Existing social statistics are based on surveys and censuses of persons living in conventional dwellings. Hence our major sources of information on the demographic composition of Americans miss those who live in shelters or out on the streets. The best current national estimate of the homeless is based on surveys conducted within shelters and with users of food kitchens set up to serve homeless persons. M. BURT & B.E. COHEN, *FEEDING THE HOMELESS: DOES THE PREPARED MEAL PROVISION HELP?* (1988).

11. If we take \$4,000 annually as the upper boundary of the extremely poor, their numbers almost double and the proportion homeless drops to around 5%.

of children, the welfare benefits available are either non-existent (in some states) or are not enough to support a single person living alone.¹²

For many non-parents, relying on their kin may have been a temporary expedient. For example, in April of 1987, about one in three of the people who earned \$2,000 or less in 1986 were employed, possibly steadily enough so as to deliver them from the extremely poor and to enable them to pursue independent life plans. For relatively well-off parents and other heads of families, the burden of caring for a dependent adult relative may not be so onerous. Indeed, typically such is the case: The average 1986 incomes of the households who take in a dependent adult are close to the overall United States median household income, so most may be able to take in an unemployed son or brother at least "temporarily". But, many of the host households, particularly those of nonrelatives, are poor themselves and such hospitality may impose a severe burden.¹³

Unfortunately, we learn very little from the Current Population Survey about the prevalence of disabilities among the dependent adults identified above insofar as such information is not collected. For this information we must consult local surveys. Surveys conducted among General Assistance (GA) and AFDC clients in Chicago¹⁴ provide strong evidence that disability levels are much lower among the housed extremely poor than the homeless extremely poor. Virtually all GA and AFDC clients are unmarried. The unmarried mothers on AFDC mainly lived independently; the unmarried men on GA mostly lived dependently, that is, with their parents or other relatives. Less than one in twenty of GA men and AFDC women had ever been hospitalized for mental illness or had trouble with alcohol or been imprisoned for felony offenses. The men, mostly on General Assistance, had been unemployed for much shorter periods of time than the homeless population.

12. See generally P.H. Rossi, *supra* note 4, at 190-94. In Illinois, maximum General Assistance payments are \$154 a month certainly insufficient for living alone. For a discussion of the Chicago General Assistance Study (GAS), see *id.* at 85.

13. *Id.* at 80-81.

14. M. STAGNER & H. RICHMAN, GENERAL ASSISTANCE PROFILES: FINDINGS FROM A LONGITUDINAL STUDY OF NEWLY APPROVED RECIPIENTS (1985). M. STAGNER & H. RICHMAN, HELP-SEEKING AND THE USE OF SOCIAL SERVICE PROVIDERS BY WELFARE FAMILIES IN CHICAGO (1986).

Piecing these bits of information together, one can offer an intriguing set of interpretations. First, the striking differences between the housed and homeless extremely poor are that the latter come from the poorest levels of society, have been unemployed for long periods, and have high disability levels. The poverty of their kindred, in addition to high levels of disabilities, provide an explanation of why they are homeless. Their presence in the households of their relatives constitutes a serious drain on the income and housing resources of very poor families and their disabilities render any accommodations difficult to their presence in the household. Second, the lack of welfare programs providing support to unattached males and the presence of welfare programs providing support to unmarried mothers explain why the latter are housed: AFDC payments, although not very generous, are enough to allow most unmarried mothers to rent housing while GA payments are simply inadequate to support a single person living independently.

The rising numbers of "families" among the homeless require some additional considerations. First, the families in question are almost entirely women and their minor children; husband-wife couples, with or without children, are very rare among the homeless. Second, such families typically remain homeless for short periods before finding conventional housing. Homelessness, then, is apparently a transitional step between one housing arrangement and another. Third, this group among the homeless demonstrates the least prevalence of disability. Their major problem is poverty, a situation exacerbated by the low levels of benefits available under AFDC. The problems presented by homeless "families" are therefore quite different from those of the single homeless.

III. SUPPORT OBLIGATIONS AMONG ADULT KIN¹⁵

The first line of defense for people against the many turns of fortune that lead to adversity is their kindred, those to whom they are related closely by marital or blood ties. In this respect the most important kinship tie is the marital bond, a strength of obligation reflected both in the traditional marriage vows and in the law. Husbands and wives are so strongly obligated to provide support, spiritual, moral and financial, to each other that we tend to take it for granted. The support obligations

15. Much of the evidence bolstering the arguments presented in this section are given in great detail in A.S. ROSSI & P.H. ROSSI, *OF HUMAN BONDING: PARENT CHILD RELATIONS ACROSS THE LIFE COURSE* (1989).

may not correspond symmetrically but they are strong in both directions; husbands may have a stronger obligation to provide steady income, but wives who refuse to seek employment when their husbands are incapacitated are also looked upon as not fulfilling their marital obligations. It is to break the marital bond to refuse to share shelter and sustenance with a spouse. It is also a reflection of the strength of that bond that virtually all of the homeless are either single, separated, widowed or divorced.

The next kinship line of defense against adversity is the parent-child bond. Both the law and the custom of parental obligations to provide shelter and sustenance to their minor children are well-settled. Parents neglecting to provide shelter, food and a reasonably safe environment to children under 12 would surely meet widespread disapproval among their friends and neighbors and likely face legal action for neglect. It is, however, ambiguous when minority status and the corresponding parental obligation to provide support end. Most Americans would certainly state that parents possessing adequate means should provide support to teenagers and young adults who are going to school, but there is no legal obligation to pay the tuition and maintenance costs of a 20-year-old undergraduate. One would certainly regard reasonably well-off parents who refuse to send their children to college as not fulfilling their parental duties. At the same time, one would esteem 20-year-old undergraduates who earned a major portion of their schooling costs. One also expects some degree of subsidy to children entering the labor force; an unmarried 19-year-old seeking employment is typically living at home and even provided with spending money. At the same time, if that child were not seeking employment, some degree of disapproval would occur. After completing high school, children are more or less expected to help partially to support themselves or to continue further schooling.

It is not clearly defined in our cultural expectations at which age children should become self-supporting and should live separate from parental households. Nor is it clear how the circumstances of the parents modify their obligations to provide shelter and sustenance to their adult or near-adult children. Surely, few would expect nearly destitute or chronically ill parents to provide the same degree of support as those parents who are well-off. To make sacrifices for children is expected from all, but the sacrifices are scaled roughly to parents' circumstances.

Nevertheless, one can assert certain general principles. First, the cultural prescription that a child should be self-supporting and living separately increases in strength as the child grows older. Dependency on parents becomes less acceptable when involving an older child. This dependency likely reaches its low point in the middle twenties and remains low with additional years. Second, one regards the marriage of a child as a move into adulthood with the preferred living arrangements of married couples being separate from both parental families. Third, "emergency" conditions providing for exceptions abound. Reverses in children's fortunes brought about by events such as serious illness, marital disruptions, or unemployment sanction a return to parental folds at least "for a while". Indeed, we suspect that many of the unattached adults living with their parents identified earlier returned to their parental homes under such "emergency" conditions. Fourth, adult children who are not competent to function fully as adults by reason of mental retardation, chronic mental illness or chronic physical disability may be exempted from the cultural prescriptions for self-support and separate living arrangements. The exemption is most clearly defined when the condition in question results not from the child's own actions and results not in unacceptable behavior. Parental households incorporate a passive, borderline mentally defective child more easily than a chronic alcoholic or a child whose mental illness involves floridly aggressive episodes. The status of long-term chronic unemployment as an acceptable reason for returning to a parental home is likely ambiguous, depending on such conditions as societal or community levels of unemployment.

The preceding discussion's main point illuminates that parental obligation to offer and provide shelter and sustenance to children does not end abruptly at some point in the life courses of the children but extends throughout adulthood. Perhaps for some parents that obligation is never invoked, and for others the obligation is activated for temporary emergencies. For a small minority of parents, the burden of providing for a dependent adult child for some extended period of time may weigh heavily.

The support obligations of more distant kin are even more ambiguous. One may regard grandparents as remiss if they showed no concern for their grandchildren. Still, to extend more than love and caring beyond the grandchild's childhood is neither legally nor culturally prescribed. Of course, the circumstances of someone who is the grandparent of an adult in his or her twenties or thirties (and hence at least in his or her

late fifties and most likely in his or her sixties and seventies) may be such that no obligation in practice exists.

Next to the parental relationship, the kin tie involving the strongest obligations is that between siblings. The same conditions concerning grandparents most likely apply with respect to siblings, with perhaps more emphasis placed on the resources of the obligated sibling. Compared to a single person, someone with strong obligations to a spouse and to children may have less obligation to a sibling.

Beyond the kin ties discussed above, the obligations of kin drop off rapidly in strength.¹⁶ Uncles and aunts have minimal obligations to their nieces and nephews. Nor do we owe much to cousins.

The living arrangements of extremely poor persons reflect the structure of kinship obligations. First of all, whether homeless or not, the majority of extremely poor persons are not married or living with their spouses. Virtually all the homeless are either not married or not living with their spouses. More than three quarters of the housed extremely poor are unmarried. We cannot tell from the cross-sectional surveys used to make those statements whether the extremely poor are not married because of their poverty or because poverty was a factor in the breakup of their marriages. Secondly, aside from unmarried mothers, the living arrangements of the extremely poor reflect the strength of kin obligations, as described. Most extremely poor single persons live with relatives. More precisely, the majority living with relatives are living with parents, most of the remainder with siblings, and a very small proportion with more distant kin.

Up to this point, we have looked upon the obligations that people may have towards their kin in adversity. Shifting now to the viewpoint of people who for one reason or another are suffering from destitution or are threatened with that condition, surely the worst off are those who have no living primary kin. Without parents or siblings to call upon for help in adversity, the safety net of kindred is simply missing. Mortality can bring about this condition, especially the absence of living parents, but also parents can abrogate their responsibilities. Mortality can also affect the presence of siblings and, in addition, single children never had siblings.

16. A.S. Rossi & P.H. Rossi, *supra* note 15, report that the strength of intra-kin obligations is directly proportional to the number of descent linkages intervening between the kin in question. Hence the strength of the parental bond.

The prevalence of being without living primary kin is very high among the homeless. Slightly under half (42%) of the Chicago homeless interviewed in 1986 had no living parents and one in four had no living siblings.¹⁷ Both prevalences are extremely high considering the average age of the homeless, in the middle thirties. Some evidence also signals that many have lacked parents for much of their lives. Foster parents raised one fifth of the Minneapolis homeless interviewed in 1986.¹⁸ This indicates either orphanhood or abandonment. Clearly, many of the homeless simply lack any primary kin who could help them by providing shelter and sustenance.

Nevertheless, most of the homeless have living parents and/or siblings, thus raising the question of why they are not living with their primary kin. Several characteristics of the homeless provide clues to the answer to this question. First, the primary kin of most of the homeless are themselves poor and thus have limited resources. The act of providing shelter and sustenance to another adult would surely constitute a strain. Second, many of the homeless face poor prospects of becoming self-supporting. The average time elapsed since last full-time employment for the homeless is about four and a half years with approximately one in five being unemployed for more than a decade.¹⁹

Some evidence suggests that these people have a persistent dependency that has severely taxed the capacity for generosity among their primary kin. Being homeless for less than two years suggests that their primary kin did provide support for a long period but were no longer able to do so. Third, the disability prevalences among the homeless make them unattractive as household members; it may be difficult to extend hospitality to someone who is chronically mentally ill, a chronic alcoholic or who has a felony conviction record. The fact that most of the Chicago homeless state that their Chicago relatives would not welcome them as household members even if there were room available in their homes illustrates this unattractiveness.²⁰

This discussion demonstrates that primary kin represent the first line of defense against adversity, especially if short-term, for most adults, but that line weakens, often to the point

17. P.H. Rossi, *supra* note 4, at 169.

18. Piliavin & Sosin, *Tracking the Homeless*, Focus, Winter 1987-88, at 20.

19. P.H. Rossi, *supra* note 4, at 114-15.

20. *Id.* at 170-71, 188-90.

of failure, when the resources of the kin are meager, when adversity turns into long-term condition, and when the supplicant adults are potentially disruptive household members.

IV. THE PUBLIC SAFETY NET

If primary kin constitutes the first line of defense against adversity, public agencies and their programs constitute the second line. This second tier safety net consists of a number of government programs, including income maintenance, rehabilitation, and full-care institutions.

The decline of poverty among the aged brought about by changes in the early 1970s in the Social Security system dramatically marks the potential effectiveness of the public-supported safety net. In the 1950s and 1960s one in three to one in four of the homeless on Skid Row were old men eking out their existence on the minimum old age pension of about \$150 monthly (in 1985 dollars).²¹ The changes made increased the average benefit available and subsequently tied the benefit level to inflation. The net effect was a rise in the average old age monthly benefit in constant 1985 dollars from \$295 in 1968 to \$479 in 1985.²² The general consequence was a dramatic reduction of the persons 65 and over who were below the poverty line dropping 13% between 1970 and 1980. As far as homelessness goes, the effect was even more dramatic with less than 5% of the homeless of today being over 65 compared to 20% to 30% in the early 1960s.

Trends in the opposite direction reduced the value of AFDC payments, declining from a national average of \$520 (1985 dollars) in 1968 to \$325 in 1985, a 30% decline offset to some degree by such in-kind benefits as food stamps and Medicaid.²³ One can attribute partially the appearance of female-headed households among the homeless to this serious decline in benefits that made the most inexpensive housing difficult to find.²⁴ It is the difficulty of finding housing that can be afforded under such AFDC grants that makes for female-headed households being placed "temporarily" in the welfare hotels and motels in urban centers, such as New York, that have tight low-rent housing markets.

Unattached adults under 60 have never had a substantial safety net. Someone who lacks sole responsibility for minor

21. *Id.* at 31. See also D.B. BOGUE, *supra* note 3.

22. P.H. Rossi, *supra* note 4, at 191.

23. *Id.* at 191 & n.13.

24. *Id.* at 191-92.

children is not eligible for AFDC in most states.²⁵ One may obtain old age benefits if one is over 60 and has been employed in covered industries. One may obtain disability benefits under Social Security, provided one had an eligible disability and can prove it to examiners. One may seek unemployment benefit payments for a limited number of weeks, with eligibility contingent on previous work. But for other persons, many of whom remain unemployed for a long time, financial aid must be sought from other programs. This is the situation of most homeless persons. They are long-term unemployed, they are rarely single parents, and are more rarely living with a spouse. Given the level of disabilities among the homeless, one might surmise that many would be eligible for support as disabled persons, but only chronic mental illness, an ambiguous diagnostic category, qualifies as a covered disability.

In many states, General Assistance, a program financed by state or county funds, stands as the only income maintenance program available to such people. Some states, such as Texas, lack a General Assistance program.²⁶ Other states restrict eligibility to one or two months every year. The amount of payments also varies. In Los Angeles County, General Assistance payments amount to \$212 per month (1988) whereas in Chicago monthly payments are \$154. General Assistance benefit levels generally have not kept pace with inflation. In Illinois, the constant value (1985 dollars) of General Assistance payments declined over 50% from \$322 in 1968 to \$154 in 1985.²⁷ Few General Assistance clients in Chicago were able to afford separate living arrangements; most were part of their parental households.

For unattached persons who for one reason or another cannot count on the generosity of their primary kin, the income maintenance programs available in even the most generous localities have benefit levels insufficient for many to afford housing and sustenance. These persons constitute the bulk of the our current homeless population. Surprisingly, only a fraction of the eligible, about one in five, participate in General Assistance programs. Although \$154 per month certainly will

25. In states that have enacted Aid for Families with Dependent Children — Unemployed Parent (AFDC-UP), husband and wife families with dependent children are eligible.

26. P.H. ROSSI, *supra* note 4, at 85 n.4. Indeed, in most states, welfare departments try to get destitute people on federally subsidized programs, defining General Assistance as that program for which people are eligible if they are extremely poor and not eligible for any other programs.

27. *Id.* at 191.

not pay the rent for even the most inexpensive housing,²⁸ the payments are still higher than the average homeless income and certainly better than the zero income reported by about one in five. We suspect that the public welfare system may be too difficult and arcane for the homeless to navigate easily.²⁹ In any event, the current American income maintenance system works well for the aged, poorly for single-headed households with young children, and abominably for the destitute unattached. Furthermore, in the same period when homelessness was growing, the system's levels of support deteriorated drastically for the latter two groups.

Chronic mental illness also affects the old homeless: Bogue estimated that from 15% to 20% of the 1958 Chicago homeless were mentally ill. Putting aside the tricky issue of diagnosis,³⁰ there appears to be increase in the proportion of the homeless showing signs of current psychosis or affective disorders to our present day 33%. Undoubtedly, the decanting of the state mental hospitals in the 1970s produced at least some of this increase, and the current practice of avoiding institutionalization maintains the high prevalence rates among the homeless.

A total care institution such as a mental hospital, represents part of the societal safety net, providing shelter and sustenance to clients who are presumably unable to function appropriately outside the institution.³¹ The de-institutionalization movement derived its impetus and rationale from the fact that hospitalization typically did not rehabilitate the chronically mentally ill while maintaining them in squalid and often cruel conditions. The expansion of the Social Security Disability program promised to provide income support to discharged

28. Average monthly rental in Chicago's SRO (single room only) hotels was \$195 in 1984. *Id.* at 183.

29. Applying for General Assistance in Illinois involves a sequence of several interviews which may not be formidable for most but may be difficult for persons who have neither appointment books or watches. *See id.* at 192-93.

30. Bogue used interns and residents to review the protocols of interviews undertaken with homeless persons to provide diagnoses of disabling conditions. Current studies used a variety of methods from psychiatrists' examinations to standardized interviews. As noted earlier, the prevalence rates for current studies converge on 33%. For a discussion on mental illness among the homeless, see *id.* at 145-56.

31. *See generally* Lamb, *Involuntary Treatment for the Homeless Mentally Ill*, 4 NOTRE DAME J.L. ETHICS & PUB. POL'Y 269 (1989). For a discussion of alcoholism and drug abuse among the homeless, see P.H. Rossi, *supra* note 4, at 156-57.

patients who would be treated in the community under conditions that would maximize freedom and decent living conditions. Furthermore, the new psychopharmacology would enable the chronically mentally ill to function well enough to live in the new community treatment organizations.

Unfortunately, it proved far easier to discharge patients into local communities than it was to provide the community facilities to receive them.³² In addition, it proved difficult to insure that those discharged connected effectively with local psychiatric care facilities. Consequently, the presence of the chronically mentally ill among the homeless grew apace. Of course, not all of the initially released patients and the subsequent non-hospitalized mentally ill ended up among the homeless. Many may have been incorporated into the households of primary kin, contributing to the increase in adult dependency noted earlier.

Nor did the anticipated income maintenance materialize for many of the mentally ill through Social Security Disability or Supplemental Security payments. Although the state recognizes chronic mental illness as a qualifying disability, an adjudication of eligibility does not come easily. The process of establishing eligibility is a complicated one, difficult for many mentally ill to negotiate successfully. Periodic administrative eligibility reviews are almost as complicated. Thus, few of the homeless mentally ill receive disability income maintenance.³³ In any event, those homeless released and those homeless never institutionalized represent another category of persons who have slipped through both the first and second tier of our social safety net.

Alcoholism and drug addiction constitute disability conditions that affect another third of the homeless.³⁴ No income maintenance safety nets exists at all for these disabilities, except for those whose abuse has led to serious physical deterioration. Of course, whether or not chronic alcoholism or drug addiction ought to be considered for purposes of income maintenance eligibility disabilities of the same order as paraplegia or schizophrenia is a complicated issue that is not likely to be

32. See generally Lamb, *supra* note 31.

33. Of course, this finding may merely reflect that those who managed to qualify for disability payments are by that fact lifted out of the homeless category. Payments in 1985 under SSDI averaged almost \$484 and under SSI \$261 per month. P.H. Rossi, *supra* note 4, at 191.

34. For a discussion of alcoholism and drug abuse among the homeless, see *id.* at 156-57.

answered affirmatively in the public arena in the near future.³⁵ However, there are signs of change: Over the past few decades, the view of alcoholism as a character defect has changed to that of a disease entity. Perhaps future changes may shift views of addiction to that of a disability. In that event, we will come to regard chronic alcoholism or serious drug addiction as a condition rendering victims eligible for societal support and possibly intervention.

V. ACCOUNTING FOR THE RECENT INCREASE IN HOMELESSNESS

Describing the characteristics of homeless people leads to an understanding of who is vulnerable to that condition. These characteristics, however, do not reveal why homelessness has increased in the past decade. No evidence shows a recent decline in the strength of obligations to help primary kin or a sudden increase in either mental illness or alcoholism. The last section of this paper provides a partial explanation in the decline since the 1970s of the capacity of our public safety net to provide adequate support to vulnerable groups. In addition, trends over that period have increased the prevalence of adult dependency and have also undermined the capacities of people to provide support to their dependent adult primary kin.

Perhaps the extraordinarily high unemployment rates affecting young minority males over the period 1975 to the present time, reaching highs of 30% to 40% unemployed among males 18 to 22, two to four magnitudes higher than for whites, signals the major factor in the homeless equation. Among older minority males unemployment rates were also high. Consequently, this increased the prevalence of adult dependency and diminished the capacities of families to aid their primary adult kin.

When inner city unemployment rates for young males reached highs of 30% to 40%, the vulnerable became steadily unemployed. The high male unemployment rates also explain how family formation through marriage has declined since impoverished males are unattractive as mates and since the latter are both less able and less willing to undertake the responsibilities for providing a household income. The burden of providing for the unemployed young men fell upon their parental families. In 1970, 39% of young Black men, aged 18 to 29, lived with their parents; by 1984 that proportion had

35. See *Bowen v. City of New York*, 476 U.S. 467 (1986) (concerning procedure utilized by the Social Security Administration in determination of eligibility for disability benefits).

risen to 54%.³⁶ At the same time, the further impoverishment of poor families reduced their capacities to provide help.

The conjunction of these trends changed both the age and racial composition of the homeless, dropping the average age into the middle thirties and producing large increases in the proportions of those homeless from minority groups as well as producing an overall increase in their numbers.

The failure of our urban housing markets to provide inexpensive housing have compounded the difficulties of the poor. The largest cities, such as New York and Los Angeles, have seen the most precipitous decline in low-cost housing stock but in degrees that have characterized all cities of all sizes. The Annual Housing Surveys, conducted annually by the Census for the Department of Housing and Urban Development, have recorded declines in city after city in the supply of housing that rents for 40% or less of poverty level incomes. These declines ranged from 12% in Baltimore between 1978 and 1983, to 40% in Washington, D.C. between 1977 and 1981, and to 58% in Anaheim, California in the same period. In 12 large cities surveyed between 1978 and 1983, the amount of inexpensive rental housing available to poor families dropped by about 30%. At the same time, the number of households living at or below the poverty level in the same cities increased by 36%. The consequence of these two trends is that in the early 1980s there developed a severe shortage of that housing affordable by poor households without imposing excessive rent burdens. These calculations assume, incidentally, that poor households can "afford" to spend 40% of their income on housing, a higher figure than the customary and more prudent 25% suggested by mortgage lenders.³⁷

In addition, federal programs that support the construction of public housing or provide housing subsidies for poor households have seen either severe cut-backs or stringent funding levels in the 1980s, further exacerbating the shortage of low cost housing for families.³⁸

Most of the rental housing discussed above consists of multi-room units appropriate to families. If we restrict our attention to that portion of the rental housing stock ordinarily

36. Glick & Lin, *More Young Adults Are Living with Their Parents: Who Are They?*, 48 J. MARRIAGE & FAM. 107 (1986). The comparable proportions for white males were 39% in 1970 and 41% in 1984.

37. All these figures are taken from Wright & Lam, *Homelessness and the Low Income Housing Supply*, Soc. POL'Y, Spring 1987, at 48.

38. Salsich, *Nonprofit Housing Organizations*, 4 NOTRE DAME J.L. ETHICS & PUB. POL'Y 228 (1989).

occupied by poor unattached single persons, then the declines are even more precipitous. Chicago's Planning Department estimated that between 1973 and 1984, 18,000 single person dwelling units (largely, rooms in SRO hotels and small apartments), amounting to 19% of the stock existing in 1973, were demolished or transformed for other uses.³⁹ The Chicago experience is not unique. Similar losses in the SRO stock have occurred in Seattle, Boston, New York, Nashville, Los Angeles, Philadelphia, and probably most other cities. Indeed, a recent report indicated that between 1970 and 1985, more than half of the SRO units in downtown Los Angeles had been demolished.⁴⁰

Some cities experienced the almost complete demolition of the flophouse hotels in the 1960s and 1970s. In 1958, such units in Chicago accommodated about 8,000 homeless men; by 1980, none of these units remained in Chicago. Although no one can mourn their passing, their demolition was not accompanied by housing that was inexpensive enough to be afforded by the extremely poor.⁴¹

The decline of "affordable" housing affected the vulnerable among the extremely poor in two ways: First, their primary kin who are also poor faced increased rent burdens thereby lessening their capacity for generosity. Second, the supply of extremely inexpensive housing for persons living alone has shrunk drastically. Ironically, the emergency shelters, clearly the cheapest housing currently available, have replaced the flophouse.

VI. WHAT CAN BE DONE?

The new homeless should remind us that the social welfare safety nets that we started to build during the Great Depression and significantly augmented in the 1960s are failing to prevent

39. During the same period, incidentally, 11,000 subsidized senior citizen units were added to the stock and 8,500 Section 8 senior citizen housing vouchers were issued. Thus, provision was made for the replacement of lost housing stock, but overwhelmingly, the replacements consisted of subsidized housing for persons 65 and over. For more information, see CHICAGO DEPT. OF PLANNING, *Housing Needs of Chicago's Single, Low Income Renters* (June 1985) (manuscript report) and C. HOCH & D. SPICER, SROs, AN ENDANGERED SPECIES: SINGLE-ROOM OCCUPANCY HOTELS IN CHICAGO (1985). The latter reports that 22,603 SRO rooms in Chicago were lost (condemned, demolished, or converted to other uses) between 1973 and 1985.

40. HAMILTON, RABINOWITZ & ALSCHULER, INC., A SOCIAL SERVICES AND SHELTER RESOURCE INVENTORY OF THE LOS ANGELES SKID ROW AREA (1986).

41. See Salsich, *supra* note 38.

extreme destitution among increasingly large numbers of the American population. The failure of the welfare system to cover those who are vulnerable to homelessness is a long-standing fault of a system that essentially ignores the income support problems faced by unmarried and unattached adults. The Reagan Administration has not succeeded in dismantling any significant portion of the net, but it has certainly made the mesh so coarse and weak that many fall through and hit the bottom. Those who are disabled by the handicaps of minority status, chronic mental illness, physical illness, or substance abuse easily fall through this net.

The social welfare system has never paid much attention to unmarried and unattached men, but now the system appears to be as unresponsive to women in the same position. The slow erosion of the safety net has left gaps in the system through which have fallen the men and women of the streets, the shelters, and the welfare hotels. Likewise, the social welfare system does little to help families support their dependent adult members. Many of the old homeless, those of the 1950s and early 1960s, were pushed out or thrown away by their families when they passed the peak of adulthood; many of the new homeless are products of a similar process, but one which commences at age 25 or 30 rather than at 50 or 60.

As a consequence, homelessness now looms large on our political agenda, and there is much anxious concern about what can be done. Without going into detail, there are a number of measures that might be taken to reduce homelessness to a more acceptable level. These include: (1) compensating for the failures of our housing market by fostering the retention and enlargement of our urban low-income housing stock, especially that appropriate for unattached persons;⁴² (2) reversing the policy of the last two decades that has put personal choice above institutionalization for those so severely disabled that they are unable to make choices that will preserve their lives and physical well being;⁴³ (3) enlarging our conception of disability to include conditions not purely physical in character, and in particular, recognizing chronic mental illness and chronic alcoholism for the often profound disabilities that they are; (4) restoring the real value of welfare payments to levels above that of bare subsistence, to the purchasing power that they had in the late 1960s; and, (5) extending the benefits of the income maintenance provisions of our welfare system to unmarried

42. See Salsich, *supra* note 38.

43. See Lamb, *supra* note 31.

and unattached adults who are not senior citizens and to the households that provide them with shelter and support.

There is considerable public support in the United States for a social welfare system that guarantees a minimally decent standard of living to all. Homelessness on the scale currently being experienced clearly evinces that we do not yet have that system in place. That homelessness exists amidst national prosperity literally without parallel in the history of the world is likewise clear evidence that we can do something about the problem if we choose to. The analysis presented in this paper stressed the point that public policy decisions have in large measure created the problem of homelessness; they can solve the problem as well.

The measures suggested above address the short term problems presented by the current high levels of homelessness. The long run solutions must address the problem of providing employment and thereby income to young people entering the labor market and of providing reasonable employment and income levels throughout the life course. Insuring that minority youths integrate into the labor force presents a critical point. When every able-bodied and able-minded person in our society in his or her life course can make a smooth transition to self-supporting adulthood and when everyone who fails to do so because of disabilities is supported generously by a strong social welfare safety net then the problem of homelessness will be diminished to acceptable levels.