

Comprehensive National Strategy for the Homeless 2015-2020

Approved by the Council of
Ministers 6 november 2015

Comprehensive National Strategy for the Homeless 2015-2020

Approved by the Council of
Ministers 6 november 2015

Publishes and distributes:
©MINISTRY OF HEALTH, SOCIAL SERVICES AND EQUALITY
Technical General Secretariat
Publications Center
Paseo del Prado, 18. 28014 Madrid

NIPO Paper: 680-16-026-4
Online Nipo: 680-16-025-9
Legal deposit: M - 35977 - 2016

Printed by: Campillo Nevado S.A.
Antonio González Porras, 35-37
28019 MADRID

<http://publicacionesoficiales.boe.es>

Comprehensive National Strategy for the Homeless 2015-2020

Approved by the Council of
Ministers 6 november 2015



GOBIERNO DE ESPAÑA MINISTERIO DE SANIDAD, SERVICIOS SOCIALES E IGUALDAD

Table of Contents

1. Introduction	9
2. Background and rationale	13
3. Diagnosis of the situation	17
4. Approach	37
5. Objectives, strategy and proposals for action	43
6. Strategy evaluation and funding	57
7. Strategy objectives and indicators	59

1. Introduction

The 2015-2020 Comprehensive National Strategy for the Homeless (CNSH) is the instrument proposed by the Government to address homelessness and create a comprehensive framework of action for this group of people.

Homelessness is the most extreme result of social exclusion in our country and the most visible. Despite this visibility, homelessness is one of the least known phenomena and has not been addressed with comprehensive policies.

The CNSH is a framework providing an approach, methodology and shared action in cooperation with all the autonomous communities, local authorities and third sector organisations, all of which were consulted in its development, as were the homeless themselves. This strategy also strives to involve the public and other stakeholders such as the media and the business sector.

This is the first strategy to be adopted in our country that, based on a comprehensive and effective approach, proposes a basic institutional structure to respond to this situation throughout the country. It relies on the leadership of the public sector, especially local governments which, through the Public Social Services System, implement the main actions aimed at achieving greater prosperity and quality of life for the homeless, their social integration and the prevention of homelessness.

The ultimate aim of the CHSH is the eradication of homelessness through the medium-term objective of reducing the number of homeless people in Spain. Other experiences in Europe preceding Spain's strategy give us reason to believe that joint efforts with a better approach and collaborative and innovative measures will help a significant proportion of the homeless to overcome the serious problems leading up to losing their home.

The CNSH is not aimed at merely assisting or helping people get by with minimal guarantees but rather seeks to give the homeless the support needed to rebuild their life projects and become reintegrated into a society that clearly needs to change in order to become more inclusive.

Ministries and agencies of the General State Administration, the Autonomous Communities, major cities, civil society, organisations of homeless people in different parts of Spain are all involved in the governance of this strategy. A range of international experiences on both sides of the Atlantic and evaluations of the strategies adopted by different European countries have been seriously considered in the design and identification of effective and innovative lines of action.

While there is no standardised universal concept of homelessness, there is unofficial broad consensus in Europe on the use of ETHOS (Euro-

pean Typology of Homelessness and Housing Exclusion) proposed by the European Federation of National Organisations working with the Homeless (FEANTSA). The key concept here is exclusion from dignified housing on the basis of which it identifies thirteen different profiles grouped into four general types.

EUROPEAN TYPOLOGY OF HOMELESSNESS AND HOUSING EXCLUSION (ETHOS TYPOLOGY)	
A. ROOFLESS	1. People living rough (People living in the streets or public spaces, without a shelter that can be defined as living quarters)
	2. People in emergency accommodation (People with no usual place of residence who stay at overnight shelters)
B. HOUSELESS	3. People in accommodation for the homeless (people living in homeless hostels, temporary accommodation or transitional supported accommodation for short periods of time)
	4. Women accommodated due to experience of domestic violence and where the period of stay is intended to be short term ¹
	5. People in accommodation for immigrants (immigrants who live in temporary accommodation on the basis of their immigrant or migrant worker status)
	6. People due to be released from prison, medical institutions or juvenile detention centres with no housing (prison inmates with no housing prior to release; people who remain hospitalised longer than needed due to lack of housing; young people in juvenile detention centres with no housing identified by their 18th birthday)
	7. Long stay accommodation for formerly homeless people (residential care for older homeless people)
C. INSECURE HOUSING	8. People living in insecure accommodation (temporarily, no legal tenancy or illegal occupation of dwelling)
	9. People living under threat of eviction where orders for eviction are operational
	10. Personas facing the threat of violence from those with whom they live.

¹ Most European countries employ the term domestic violence to refer to what the Spanish legislation recognises as gender-based violence and therefore in this Strategy the concept of gender-based violence is included in the term.

D. INADEQUATE HOUSING	11. People living in mobile accommodation (not a usual residence), makeshift shelters or semi-permanent structures (huts or cabins).
	12. People living in dwellings defined as unfit for habitation (as per national regulations)
	13. People living, in overcrowded housing (exceeding national occupancy standards)
Source: http://www.feantsa.org/spip.php?article120&lang=en	

This strategy seeks to provide effective concrete solutions so that people in situations A and B who are living rough or in alternative accommodation because they have no home, can overcome this situation of social exclusion and extreme poverty. It also seeks to implement preventive action for the rest of the population at risk of exclusion.

2. Background and rationale

This Strategy targeting the homeless was designed for three purposes:

- To meet European Union requirements placed on Member States to draw up these policies in a consistent fashion.
- To fulfil the responsibility to develop the policies required to address the needs of homeless people in Spain, stressing the importance of providing a joint vision.
- To address the situation of the homeless in our country, exacerbated by the current economic crisis despite the numerous remedial and preventive measures adopted in recent years to tackle the situations arising therefrom.

In **Europe** policies targeting homelessness have gained significant momentum in recent years placing this group squarely on the European political agenda. In its resolutions of 16 December 2010 and 6 September 2011 on an EU homelessness strategy — as well as its Resolution of 11 June 2013 on social housing, the European Parliament recommended that States develop their own strategies.

This reinforcement and strengthening of policies for the homeless is part of the Europe 2020 strategy for smart, sustainable and inclusive growth. Its first target is to achieve 75% employment for those aged 20-64 and the fifth is to reduce by 20 million the number of people facing social exclusion. This means making qualitative improvements in caring for the homeless over the medium term. Upon assuming inclusive growth, the countries of the European Union commit to (a) ensuring cohesion; (b) guaranteeing fundamental rights for people facing poverty and social exclusion so that they can live in dignity and to play an active role in society; and (c) mobilising support to help people become more integrated into the community, receive training, find work and gain access to social benefits. The measures envisaged in the 2020 Strategy to meet these commitments (a) are cross-cutting throughout the entire spectrum of policies; (b) make better use of EU funds for social inclusion; (c) innovate social policy; (d) foster collaboration with civil society; and (e) require international coordination in Europe.

To date, **Spain** has not had a comprehensive policy on homelessness coordinated amongst the different territories and this has prompted different sectors of society to highlight the need for a comprehensive strategy estab-

lishing a general framework for these policies². First of all the Government, through the 2013-2016 National Action Plan for Social Inclusion of the Kingdom of Spain, included measures for the development and implementation of a Comprehensive National Strategy for the Homeless. Furthermore, in April 2014 the Congress of Deputies approved a non-legislative motion urging the Government to implement a comprehensive national strategy for the homeless. Both initiatives stress that this process must be conducted in collaboration with all stakeholders, i.e. the autonomous communities, local governments and the third sector (social action).

Also, the third sector has been demanding a comprehensive approach to this problem given that policies targeting the homeless are drawn up in the context of social services whose jurisdiction lies with the regional and local administrations. Aware of this reality, in 2009 the General State Administration initiated work with these authorities in order to have an overview of the policies targeting the homeless and gain a deeper understanding of the phenomenon of homelessness in our country.

This strategy is the culmination of a process that began when the Ministry of Health, Social Services and Equality created a technical cooperation group with the autonomous communities and local administrations. The work done by this group includes the document entitled *Configuration of a local network of assistance to the homeless integrated into the Public Social Services System: 100 arguments and proposals*, basically designed to guide strategic policy targeting this group and serve as a guide for local and regional politicians and technicians. It also created a sub-working group to collaborate with the National Institute of Statistics (Spanish acronym INE) to improve its surveys on homelessness.

The Government has taken numerous remedial and preventive measures bearing in mind the consequences that the economic and financial crisis has had on housing. For example, it adopted the Code of Good Practice under Royal Decree-Law 6/2012 of 9 March 2012 on urgent measures to protect mortgage holders facing foreclosure so that those in a vulnerable situation and who are undergoing financial difficulties can reschedule their debt with their credit institution. The scope of this Code has been expanded several times. Evictions were initially suspended for two years and this grace period was lengthened to four by Royal Decree-Law 1/2015 of 27 February 2015 on second chance mechanisms, reduction of financial burden and other social measures. The Social Housing Fund regulated by Royal Decree-Law

² The *Reference Catalogue of Social Services*, approved on 16 January 2013 by agreement of the Territorial Social Services Council and the System for Autonomy and Dependent Adult Care (State gazette [BOE] of 16 May 2013), a framework document compiling all the social services and benefits offered in Spain, identifies the homeless as one of society's groups that is addressed in a special manner with several services designed specifically for them.

27/2012 of 15 November 2012 on urgent measures to enhance protection of mortgage holders, was created to help those who have lost their homes gain access to social rent tailored to their needs. Nearly 10,000 homes were integrated into this Fund. Over 45,000 families have benefited from this set of measures and in many cases have been able to continue residing at their habitual residence despite having lost their property. These measures which are already up and running will continue to have a positive effect on people encountering specific housing problems so that they do not have to abandon their home. However, despite all the measures implemented, situations of extreme need, social exclusion and severe poverty persist and must be addressed in a comprehensive fashion in this Strategy.

3. Diagnosis of the situation of the homeless in Spain

The lack of data is the first issue that must be mentioned when diagnosing the situation of the homeless in our country: the few studies that have been conducted cannot be applied across the board and, as will be explained further on, the data provided by the National Statistics Institute (INE) on people hosted at shelters and soup kitchens cannot be easily extrapolated to the overall homeless population. Thus, the information available for the whole of Spain divides the homeless population into a majority group that is visible and associated with shelters and food programmes and another smaller and unknown group facing more extreme conditions and sleeping in ill-suited accommodations. Moreover, it is not at all clear how people end up homeless and why they choose not to use institutional accommodations. All this points to the need to gain a deeper understanding of this phenomenon so that a global and comprehensive diagnosis can be made.

Despite this lack of data and information, an analysis of INE surveys and other significant sources such as counts of the number of people sleeping in shelters and other Spanish and European studies, it is possible to arrive at a tentative conclusion concerning the most important characteristics and trends shaping the situation of the homeless in Spain and constituting the framework for this Strategy.

3.1. Increase in the total number of homeless in Spain and the number of people sleeping in public places.

The severe economic crisis has led to increased homelessness. At the end of 2014, the European Observatory on Homelessness (EOH) of the *European Federation of National Organisations working with the Homeless* (FEANTSA) published a document identifying trends in the European Union. The EOH³ concludes that the number of homeless has increased during the crisis period in all countries of the European Union, with the exception of Finland. The increase has reached double digits in countries such as Denmark (16%), the Netherlands (17%), Sweden (29%) and France (with a rise of 50%). Among the reasons for these increases, the

³ <http://www.feantsa.org/spip.php?article2565&lang=en>

EOH points to people losing their homes and problems gaining access to housing, unemployment —especially youth unemployment, cuts in social benefits and barriers in access to social and health services.

In Spain it is difficult to measure this increase. In 2004 the INE began conducting a survey of the homeless (Spanish acronym EPSH). This survey is harmonised at European level and is implemented on two levels: a study of homeless people themselves and of the centres and resources allocated for them but is limited to accommodation and food facilities. Homeless people who do not use these centres are not surveyed. Consequently, EPSH data does not include those who are worse off which means that we must be cautious when extrapolating these data to the overall homeless population.

In its 2012 survey, the INE counted 22,938 homeless people who frequented shelters and soup kitchens. It should be noted that this figure has two limitations: the effects of the 2012 crisis were only just beginning to be felt and it refers only to those who frequented these facilities.

Another source shedding light on the total number of homeless people are the so-called night counts organised in different cities. These counts attempt to find those who are not sleeping at a shelter and survey them along with all of the other homeless in that city. The Madrid count⁴ done in December 2014 found 1,905 homeless people in the city, 1,141 of whom were staying at one of the network shelters and 764 were sleeping rough. The November 2012 count done in Zaragoza⁵ found 455 homeless people, 269 of whom were at shelters and 186 were sleeping rough. The 2013 count in Barcelona⁶ found 2,933 homeless: 1,468 in shelters and 1,465 sleeping rough. The October 2014 count done in three Basque capitals⁷ revealed a total of 1,836 homeless, 1,513 of whom were staying at shelters and 323 were sleeping rough.

While the situations in each city or autonomous community are not comparable, they do provide an idea of the dimension of the problem. In the three cities studied, Madrid, Zaragoza and Barcelona, between 40% and 50% of homeless people are sleeping rough (Madrid 40%; Zaragoza 41%, Barcelona 50%). The approximate number of homeless people at national level could then be extrapolated from this percentage. To come up with a figure for the

⁴ M. Muñoz et al. (2014) *VII recuento nocturno de personas sin hogar en la ciudad de Madrid*. Madrid: Madrid City Council.

⁵ P. Cabrera (2012). *Estudio personas sin techo. Zaragoza 2012*. Zaragoza: Zaragoza Red Cross.

⁶ A. Sales (2013). *Diagnosis 2013. Las personas sin hogar en la ciudad de Barcelona y la evolución de la Red de Atención a Personas sin hogar*. Barcelona: Xarxa d'Atenció a Persones Sense Llar (XAPSLL).

⁷ Eguía-Careaga Foundation (2015). *Estudio sobre la situación de las personas en situación de exclusión residencial grave en la CAPV 2014. Avance de datos*. February 2015.

whole of Spain, one would not take the total homeless figure determined by the INE survey but rather the number spending the night at shelters during the week of the survey. The INE survey shows that 64.5% of the total spent the nights the survey was taken in a shelter included in the institutional network. If a count had been made for all of Spain on each of those nights, a total of approximately **14,795** people would have been found staying at the shelters.

By extrapolation, the total number of homeless in Spain would be approximately 25,000 to 30,000 people, an estimate that can be taken as a benchmark figure together with other valuations. However, there are different factors that could indicate a higher number of people: the availability of accommodation for the homeless varies greatly from one location to another, many homeless people tend to sleep in inaccessible places and those who sleep in makeshift dwellings⁸ are not found. Using a correction factor similar to the percentage of homeless who use makeshift dwellings, these estimates would rise by at least 9%. That puts extrapolated counts in the range of 27,500 to 33,000 homeless people in Spain. If it is assumed that 10% of homeless people sleep in public spaces that are not found in the counts, the number of homeless would be between 30,250 and 36,300, with an average of **33,275**⁹ people

Regarding trends, a comparison of the INE survey figures of people staying at institutional shelters in 2005 (21.900) and in 2012 (22.938) shows an **increase of 4.7%**. The city counts referred to above offer more specific data on this growth: in Barcelona from 2011 to 2013 the homeless population grew by 22.3%; in Zaragoza by 34% and in Madrid, where there are counts dating back to the beginning of the crisis in 2009¹⁰ there has been an increase of 38% in the total number of homeless people who sleep rough.

3.2. More homeless young people and elderly: rise in the number of young people living rough and those over 45 who are homeless

In Europe, the European Observatory on Homelessness has detected an increase in the number of young people facing this situation. Data from Spain, with the limitations explained above, also indicate a rise in the number

⁸ “Makeshift dwelling” means a car, cave, garage or an indoor space not intended as a dwelling such as stairwells, corridors or vestibules. We would note that in the 2012 INE survey, 9% of those surveyed were staying in makeshift dwelling such as these.

⁹ This figure is only an estimate and must be taken with caution.

¹⁰ M. Muñoz et al. (2009). *Recuento nocturno de personas viviendo sin techo en las calles de Madrid*. Madrid: Madrid City Council.

young homeless living rough although the number sleeping in institutional shelters has declined.

Data from the 2005 and 2012 INE surveys indicate a reduction in the number of homeless young people: in 2005 the average age was around 37 rising to 43 in 2012. Moreover, in 2005 a total of 6,539 homeless youth between 18 and 29 were detected, i.e. 29.5% of the total, compared to 4,434 young people in 2012 accounting for 19.3%, a decrease of ten percentage points in that interval. However, night counts indicate an increase in the number of young people. For instance, in Madrid the percentage of young people under age 29 has increased: 9.1% in 2009 and 11% in 2014, an increase of two percentage points. Also, the minimum age fell from 19 in 2009 to 16 in 2014.

All of this goes to show how difficult it is to detect and count homeless youth. Experts agree that homeless youth are less visible because they do not wish to be considered as such and typically do not make use of the facilities available. In other words, they tend to stay clear of shelters, soup kitchens, clothing exchanges and even emergency services¹¹.

A much larger increase was detected in the over-45 age bracket: according to the INE survey, this group accounted for 29% of the total number of homeless people in 2005 and 42.5% in 2012. The counts taken in Madrid confirm this trend: homeless people over 50 accounted for 19% of the total in 2009 and 38.7% in 2014. In consequence, the average age of the homeless rose from 43.42 years of age in 2009 to 45.1 in 2014.

3.3. The proportion of homeless women, especially among young people, is rising

A third trend in Europe identified by the European Observatory on Homelessness is the increase in the proportion of women among young homeless. Shifts in the makeup of those surveyed by the INE between 2005 and 2012 confirm this trend in Spain. The 2005 INE survey detected a total of 3,790 homeless women. By 2012 this figure had risen to 4,513, an increase of 16%. The overall proportion of homeless women also increased: they accounted for 17.3% of those surveyed in 2005 and 19.6% in 2012. The rise was sharper amongst young women. Among homeless youth (18-29 age bracket), women accounted for 18% of the total in 2005 and 25% in 2012. Similar increases (albeit not as sharp) were observed in the 45-64 bracket (women accounted

¹¹ City of Madrid Department of Social Samur and Care for the Homeless and social organisations working with homeless youth.

for 12% of that group in 2005 and 17% in 2012) and in the over 64 group (17% in 2005 and 21% in 2012). In contrast, the percentage of homeless women in the 30-44 age bracket remained virtually unchanged. The 2009-2014 counts taken in Madrid show an increase in the percentage of women living rough, from 9% to 12.5%.

3.4. Amongst non-Spanish homeless, fewer European citizens and more non-Europeans

According to INE figures, between 2005 and 2012 there was a 0.4% decrease in the number of non-Spanish homeless (from 10,559 to 10,513). In contrast, the proportion of Spanish homeless staying at institutional shelters rose by 10% (from 11,341 to 12,425). In 2005 Spanish homeless accounted for 51.8% of the total but by 2012 that percentage had increased to 54.2%. Of all the homeless people counted in 2012, 10.2% of non-Spanish citizens were from the EU, 1.1% were Europeans from outside of the EU and 35% were non-European. The proportion of European homeless (including EU and non-EU European citizens) fell by 35% from 2005-2012.

The proportion of non-European homeless increased by 17%. The sharpest increase (27%) was among African homeless (4,604 in 2005 and 5,951 in 2012). The rise in the proportion of American homeless was more moderate at 7.3%. In contrast, the number of Asian homeless decreased by 27.5% (519 in 2005 and 376 in 2012).

Another feature of non-Spanish homeless is the length of their stay in Spain. In 2005, 41% of homeless foreigners had been living in Spain for fewer than 12 months. In 2012 the percentage was 4.2% for the same period of time. The number of homeless aliens living in Spain for under 12 months decreased by 90% (from 4,328 to 446) between 2005 and 2012. In contrast, the proportion of homeless aliens living in Spain for over five years rose from 19% of the total number of homeless aliens to 58%. The number of homeless aliens with over five years of residence in Spain has increased by 67.3% (from 1,986 in 2005 to 6,068 in 2012). That means that the situation of homelessness among aliens in Spain is becoming more persistent.

3.5. Homelessness due to default on payments, loss of housing and unemployment is on the rise

The 2012 survey of the homeless indicates an increase in homelessness as a result of the loss of home for different reasons, job loss and the inability to pay for accommodation. Between 2005 and 2012, the number of people who defaulted on housing payments rose by 58%, those who are homeless as a result of losing their home rose by 38% and those who attribute their situation to having lost their job increased by 35%. Another cause that rose significantly was tenants' inability to renew their rental contracts.

In 2012, 45% of the homeless claimed that their situation was due to unemployment. The second most common reason was no longer being able to pay for housing (26%) and the third cause was separation from spouse or partner (20.9%) and change of residence to a location where they were unable to get their own home (19.2%). For example, in the street counts in Madrid between 2009-2014, the proportion of those who claimed their situation was due to lack of money nearly trebled (10% to 27.7%).

The incidence of another of the main causes of homelessness, domestic violence¹², remained practically stable between 2005 and 2012. However, a change was detected between the sexes: while in 2005 this was the main cause for 35.4% of women and only 4.5% of men, by 2012 the percentage of women had decreased substantially to 26.2%. In contrast the percentage of men claiming this cause rose from 4.5% to 5.7%. Young people (under age 30) also feel that this cause increased in relative importance: 11.9% of them indicated in 2005 that domestic violence was the cause of losing their home; by 2012 this proportion had risen two points to 13.8%. Compared to 2005, the presence of homeless youth is explained less by the separation of couples (down from 12.1% to 5.9%) and more by loss of housing: while the overall homeless population had increased by 38%, among young people this cause increased by 65%.

¹² In the INE survey, the question of why the person was forced to leave his/her home does not offer a choice distinguishing between domestic and gender-based violence.

3.6. Situations of homelessness and job seeking have become more chronic

The INE surveys *provide information on how long people have gone without their own accommodation*. The situation has become more chronic between 2005 and 2012. 30.1% of those surveyed in 2005 had been homeless for less than six months but by 2012 this percentage had fallen to 19.9%. In contrast, all other intervals increased by over six months. Those that had been homeless for between six and twelve months went from 8.8% to 12%; those who were without a home for between 1 and 3 years increased from 20.7% to 23.6%; and those enduring this situation for more than three years rose from 37.5% in 2005 and to 44.5% in 2012. In other words, fewer and fewer escape from the situation of homelessness and the loss is prolonged over time. These chronic situations are particularly prevalent among homeless men: the percentage of those who have been in this situation less than six months decreased by more than half (30.9% to 15.1%, while the variation among women was from 26.4% to 16.7%) and those who have been homeless for more than three years increased by 25% —from 35.6% to 46.3%. In contrast, the percentage of women who were homeless for between 1 and 3 years nearly doubled (13.5% to 26.1%). The most drastic change, however, is among the elderly. The size of the group who were homeless for less than six months shrunk to a fifth of what it was, from 30.1% to 6% and the percentage who were homeless for more than three years was up 45% (from 37.5% in 2005 to 67.6% in 2012).

Regarding employment, 84% of the homeless had been looking for a job for less than one year in 2005 but by 2012 this percentage had dropped substantially to 52.8%. However, the proportion of job seekers who had been looking for between 1 and 3 years increased nearly five-fold (7.5% in 2005 to 36% in 2012) and the percentage of those who have spent more than three years nearly doubled (6.8% in 2005 to 11.2% in 2012). The number of homeless engaging in training courses also increased: from 21% in 2005 to 30.6% in 2012. Men account exclusively for that increase since the percentage of women taking part in training remained practically the same (up from 29.2% to 30.6%).

3.7. Sources of income for the homeless

Sources of income changed substantially between 2005 and 2012. In 2005, the main source of income for 27.3% of the homeless was their own work.

As a result of the economic crisis, the number of working homeless people decreased by 50% with only 13% being able to support themselves through their jobs, the situation being particularly tough for the homeless with no job skills. In 2005, 75.8% of homeless workers had unskilled jobs but by 2012 this percentage had dropped to 18.8%. This decline mostly affected homeless men (for women the decrease was not as sharp, from 65% to 38.3%).

The INE survey shows a 97% increase in the number of homeless who have no income whatsoever (not even benefits or aid of any kind): up from 0.6% of the homeless in 2005 to 19.6% in 2012.

Aid provided by NGOs increased by 80% (main source of income for 1.5% of the homeless, increasing to 7.5% in 2012) and public minimum income and unemployment benefits, pensions and other benefits by 47%.

A particular circumstance affects homeless women: they lose even more autonomy in terms of source of income. Women as a group experienced the most drastic increase in the number of people with no source of income. 23.3% of homeless women earned an income in 2005 but by 2012 that percentage had decreased to 8.8%.

Moreover, women suffered declines in unemployment benefits (5.6% to 1.6% while these remained stable or even increased in the case of men 1.6% to 2.4%), disability pensions (down from 3.2% to 1.9% and up for men from 3.2% to 4.1%) and revenues provided by friends or acquaintances (main source of income in 2005 for 6% of homeless women but by 2012 this percentage had dropped to 2.9%, whereas this remained stable in the case of men—9.8% to 9.6%). Minimum income benefits increasingly became the main source of income for men.

The situation of homeless aliens in Spain was also different from their Spanish counterparts. Only 0.5% of homeless aliens had no income whatsoever in 2005 but by 2012 this percentage had reached 28.8%, in other words it was 58 times higher.

3.8. Trend towards greater use of flats and hostels among those requesting beds at institutional shelters

Regarding accommodation, the following trends were observed between 2005 and 2012: increase in accommodation in flats and hostels and a decrease in the percentage of those interviewed in the INE survey who sleep rough or in makeshift dwellings. Accommodation in institutional shelters remained nearly constant with just a slight decrease from 44.5% to 43.9%. The reason for

this decrease is that there are fewer homeless women in shelters for battered women and fewer people in alien internment centres or shelters for vulnerable immigrants and refugees. In contrast, stays in hostels or shelters for the homeless rose from 38.6% to 43.2%. There was a significant increase in the percentage of homeless staying in flats provided by NGOs or public organisations: from 8.5% to 15.4%. In contrast, there was a slight decline in stays at crowded flats (8.1% in 2005 to 7.6% in 2012). There was also a substantial rise (four-fold increase) in the percentage of homeless staying at hostels, from 1.4% to 5.4%. The 2012 INE survey had a much more difficult time collecting data on the percentage of homeless sleeping rough. In 2005, 37.5% of the homeless were sleeping rough. This figure has fallen to 27.7%.

Important differences based on age and nationality can be observed regarding where the homeless choose to sleep. Young people are much more likely to stay in group accommodations while just the opposite is true of the over 64 age bracket. The number of aliens sleeping in public spaces and makeshift dwellings has fallen (18.5% to 11.1%) while just the opposite is true for Spanish homeless (up from 11.8% to 14.3%). Greater numbers of alien homeless also account for the more prevalent use of group accommodations such as hostels and residencies (39.6% in 2005 to 45.5% in 2012). The opposite trend was observed amongst their Spanish counterparts (from 49% to 42.5%).

These trends not only show an increase in the use of flats and hostels but also indicate an 18% rise in the proportion of people who state that they do not want to stay at institutional shelters. The reasons for this are unclear but most say that they distrust the people who sleep there. Half of the young homeless surveyed by the INE had stopped sleeping rough while one third of their elderly counterparts had abandoned group accommodations and the number sleeping rough increased three-fold.

3.9. Health situation of the homeless

Two different aspects can be considered: the institutional situation and the objective and subjective health situation of the homeless.

Regarding the first aspect, progress has been made in terms of access to health care. The 2005—2012 period saw a rise in the proportion of the homeless who registered with the local authorities and were issued a health card giving them access to health-care services. According to INE figures, 66.9% of homeless people had a health-care card in 2005 and by 2012 this percentage had risen to 80.2%, the sharpest rise observed amongst the alien homeless: 47.4% to 67.3%. The percentage homeless aliens from South

America with a health card in 2012 was especially high: 83.4%. That percentage in 2012 for the homeless from Africa was lower, 64.4% (similar to the percentage of homeless Europeans living in Spain: also 64.4%).

Regarding subjective perception of health, numbers at the extreme ends of the continuum were down, i.e. fewer people described their health as very good (19.2% in 2005 down to 16.9% in 2012). The same trend was observed regarding those who characterised their health as very bad (down by half from 6.9% to 3.2%).

There was also a decline in the consumption of alcohol and drugs and a rise in the number of people who feel that their health is good.

Major changes were observed in the consumption of alcohol and drugs. According to the 2005 and 2012 INE homelessness surveys, there was a general decline in consumption. The percentage of people who never consume alcohol was up to 27%. The groups where consumption decreased the most were women (excessive consumption fell from 5.9% to 0.2%) and young people (excessive consumption declining from 4.9% to 0.3%; high consumption disappeared altogether and moderate consumption fell by over 50%). The percentage of non-consumers increased most sharply amongst the elderly homeless (35% in 2005 and 62% in 2012) but this is also the only group where an increase in excessive consumption of alcohol was observed: 0.3% alcoholism rate in 2005 up to 9.4% in 2012.

There was also a perceivable but not substantial rise in the percentage of homeless who do not consumer drugs. The percentage of drug users was down from 41.5% to 37.3%, especially among young people and the 30-44 age bracket. However, drug use was up by a third among the 45-64 bracket (28.6% to 39.7%) and especially among the over 65 group.

The sharp decline in alcohol consumption and more moderate drop in drug use has led to a 25% increase in the percentage of homeless who are drug and alcohol-free.

Unfortunately, there are no data on mortality and morbidity rates for the homeless in Spain but in recent years studies have been conducted in other countries giving us an idea of the figures (Hibbs et al., 1994; Hwang et al., 1997; Barrow et al., 1999; Cheung & Hwang, 2004; O'Connell, 2005; Morrison, 2009)¹³. The main conclusions of these studies are as follows: a) There

¹³ Hibbs JR et al. (1994) Mortality in a cohort of homeless adults in Philadelphia. *N Eng J med.* 1994; 331: 304-309. Hwang, Stephen W. et al. (1997) Causes of Death in Homeless Adults in Boston. *Ann Intern Med.* 1997; 126(8):625-628. Barrow, SM et al. (1999) Mortality among homeless shelter residents in New York City. *Am J Public health.* 1999; 89: 529-534. Cheung, Angela M. & Hwang, Stephen W. (2004) Risk of death among homeless women: a cohort study and review of the literature. *CMAJ, April 13, 2004, vol.170, no.8.* O'Connell, James J. (2005) *Premature mortality in homeless populations: A review of the literature.* Nashville: National Health Care for the Homeless Council. Morrison, David S. (2009) Homeless as an independent risk factor for mortality. *Int. J. Epidemiol.* 2009; 1-7.

is a persistent ratio between homelessness and higher mortality rates. b) The homeless have a mortality rate 3 or 4 times higher than that of the general population. This ratio can be established despite diverse methodology (data from the United States, Canada, Europe and Australia. c) Life expectancy for the homeless is between 42 and 52, approximately 30 years less than that of the general population. d) The likelihood of premature death of homeless people increases if the person is constantly living rough (day or night), is young or suffers from AIDS. e) Premature death among young homeless women is much higher in comparison to all other sub-groups and over four times higher than that of the general population. Their exposure to direct and indirect lethal incidents is very high. f) Deaths occur during the course of the entire year and not only in the cold of winter. g) The premature death of homeless people is more attributable to chronic medical conditions than to mental illness or substance abuse. However, the combined effect of substance abuse, mental illness and chronic disease exponentially increases the risk of premature death. h) The number of homeless people who use medical and health services is still very low but several studies have detected overuse of emergency hospital services.

Other significant characteristics include a close link to local contexts but these are reasonable hypotheses that require further study. For example, the Boston studies (Hwang et al., 1997) indicate higher mortality when homeless are young (5.9 times higher than the population at large of the same age, i.e. 18-24). Studies conducted in Toronto, Canada show the same trend: being young and homeless raises the likelihood of premature mortality in comparison with other homeless people and the general population. The rate is even higher for homeless women under 45: ten times higher than for women of the same age who are not homeless.

3.10. Homeless people and family members

Between 2005 and 2012 there was a 20% increase in the proportion of homeless people with a partner and a slight rise in those with children: in 2012 half of the homeless had a partner and children. This increase is due mostly to non-European men in this situation.

Stronger family ties were also noted based on the frequency of contact with family members. There was a rise in the percentage of the homeless who had been in contact with family members during the month preceding the survey (with all family members except the father). In the 2005 survey 36% of the homeless claimed to have been in contact with their mother during the preceding month; this percentage rose by two points to 38.4%. There

was also a slight increase in the number who had contacted their siblings (40.4% in 2005 and 44% in 2012). The increase was greater among those who were in contact with their spouse or partner (10.7% in 2005 and 19.4% in 2012). There was a 61% increase in the percentage of homeless people who were in contact with their children in the month preceding the survey: 22.2% in 2005 and 57.1% in 2012). A further 13.8% had seen their children during the previous year (in 2005 there were only half that many, 6%).

The marital status of the homeless also changed between 2005 and 2012. Fewer were single (56.1% down to 51.7%), there were more widows and widowers (2.5% in 2005 up to 3.9% in 2012 and more divorces. 5.9% of the homeless population were divorced in 2005 and by 2012 that figure had doubled to 11.7%. The rise was particularly sharp among women: 3.5% to 14.3%, a three-fold increase. Despite this increase in family activity, in 2012 over half of the homeless were single (51.7%), 36% had lost their partner (due to death, separation or divorce) and 16.7% were married or lived with their partner.

3.11. Homeless people with demographic characteristics increasingly similar to those of any other person “integrated” in society

This trend, considered jointly with all the others, leads to the conclusion that in 2012 the homeless population had more in common with the overall population.

Regarding academic achievement and gender, proportions among the homeless have remained stable although there are more women university students. In 2005 the percentage of homeless university-educated men was more than double the number of women (6.6% homeless university women compared to 14.4 men). By 2012 the gap was substantially smaller (9.9% women and 12.3% men). In other words, a greater number of women went from social integration to being homeless in a short period of time.

Homelessness in the case of people who were integrated until they lost their home is also the case of the homeless who manage to keep their jobs. Managers, technicians and professionals are among the homeless who hold down a job (2.1% in 2005 rising to 7.8% in 2012), as are administrators, sales people or service sector workers (11.3% of the working homeless in 2005 and 43.4% in 2012) and skilled workers in the agricultural or industrial sector (10% in 2005 and 30% in 2012).

In fact, the average amount of time that homeless people hold on to their jobs has increased. 2012 saw a marked increase in the percentage of the homeless who had been unemployed for over two years. This means that they lost their jobs at the beginning of the crisis. The crisis blocked access to new employment for the homeless (the percentage of those who had been at their job for less than a month fell from 32.4% to 2% and those at their job for between 6 and 12 months fell from 43.8% to 6.8%) and forced skilled and “integrated” people into homelessness despite managing to hold on to their jobs.

Indeed, people have lost their homes due to the poor economic situation: loss of employment, unable to pay for housing (due to unemployment, salary cuts or because of the loss of a partner and a single salary not being enough), inability to renew rental contracts or foreclosure. Many who have recently become homeless have undergone a great degree of social mobility, i.e. from having a family home and job to being homeless—although maintaining contact with spouse and children. If public aid or NGO support is not forthcoming, there is no source of income. Another factor contributing to the increase in the number of homeless with no income is loss of labour market competitiveness vis-à-vis the millions of unemployed people who are more integrated in society.

This is especially the case of non-European aliens, particularly from Latin America. The impact of the crisis has led to their losing their job or home and sometimes losing the latter but keeping their job. Although they maintain family ties, their living conditions have deteriorated radically.

3.12. Better subjective valuation of services targeting the homeless, more contact with social workers in the case of those living in flats and hostels and less in the case of those living rough

There has been a substantial rise (35%) in the assessment made by the homeless of the institutional support they receive. In 2005, 35.9% of the homeless offered a positive assessment of that aid and now that percentage is up to 55.6%. This is especially true of young homeless people: twice as many of them give institutional aid the maximum score. This overall improvement in the opinion people have of services offered is undoubtedly related to the fact that the homeless now have much more contact with

social workers. In 2005, two out of every three homeless people (66.4%) had contact with a social worker but by 2012 that percentage had risen to 83.7%. Once again, homeless young people had the most contact: 59.8% in 2005 and 88.4% in 2012. Many more elderly homeless also had contact with social workers: 58% in 2005 and 83.9% in 2012.

This increased contact with professionals is due to the presence of the latter at shelters. That is why those living rough were one third less likely to come into contact with social workers. In the case of group accommodation arrangements, contact with social workers rose from 72% to 86.1% with particular improvement in the case of those living in flats: in 2005, 68% of the homeless living in group flats had contact with a social worker and this percentage rose to 94% by 2012.

However, those living rough or in makeshift dwellings have much less contact with professionals. In 2005, 59.6% of those sleeping rough had contact with a social worker but that number decreased to 41.7% in 2012. This means that the homeless who sleep rough have 30% less contact with social workers.

3.13. Trend towards increased aggression and crimes against the homeless, especially young people and women

According to INE survey data, there was an overall increase in aggression against the homeless between 2005 and 2012. During that span of time, the percentage of homeless people who were victims of violence increased by 36% (from 26.2% to 40.8%), 35% more homeless people were robbed (40.3% to 61.8%), 37% more suffered sexual aggression (3.5% to 5.6%), 33% more were victims of swindlers (19% to 28.3%) and 36% more had to endure insults or threats (41.9% to 65.4%). This increase in violence of between 33% and 37% depending on the type of crime or aggression is even more serious in the case of homeless young people and women. Sexual aggression against women increased two-fold from 12.8% to 24.2% (stable among homeless men affecting only 1.5%) and women also became a more popular target for swindlers (22% affected in 2005 and 40.5% in 2012). Homeless young people suffered more attacks than the rest (17.9% in 2005 and 40.9% in 2012), fell victim to more sexual attacks and were more frequently targeted by swindlers.

Regarding crimes of aporophobia, the Ministry of the Interior's 2014 report on incidents related to hate crimes revealed exponential growth of

these crimes from 4 complaints filed in 2013 to 11 in 2014, an increase of 175%. As for awareness of this issue, we would note the recently created Observatory on hate crimes against homeless people known as Hatento which gathers the most important data on this phenomenon.¹⁴

Every year in Spain, the press reports on the death of 85 homeless people as indicated by the Mambré Foundation¹⁵. However, the real figure could be double that number since many incidents are not reported or their report goes unnoticed. 73% of these deaths take place in public spaces which means that every six days a homeless person perishes in a public place in Spain. This report does not include homeless people who die in hospitals or other institutions as a result of injuries suffered in public spaces. 34% of the deaths of homeless people in Spain are the result of violence and 23% are the direct result of physical aggression. 77% of these aggressions take place in public spaces and 23% in sub-standard housing.

Between January 2006 and October 2012, this same foundation counted a total of 437 deaths of homeless people in public spaces, 118 of which were the result of aggression. The situation is dramatic: every 20 days a homeless person loses his or her life in public spaces as the result of physical violence.

3.14. More resources earmarked for the homeless but a decrease in the percentage of the homeless who receive help

According to the INE survey on shelters and services for the homeless, 2014 saw a general increase in resources earmarked for this group: 7.7% more shelters, 8.8% more personnel and a 9.8% budget increase. Despite these efforts, 2.8% fewer people were served and the average occupancy rate of the shelters fell by 4.8%.

The 2014 survey on shelters for the homeless counted 794 shelters (7.7% more than in 2012); 14% more public shelters (212 to 242) and 5% more private ones (525 to 552).

The personnel staffing the shelters grew from 16,153 in 2012 to 17,572 in 2014, an increase of 8.8%. This increase is mostly due to 15.4% more volunteers (10,710 in 2014 accounting for 61% of the total staff), 6% more sal-

¹⁴ Hatento Observatory (2015) *Muchas preguntas. Algunas respuestas*. (Many questions, a few answers) Madrid: RAIS Foundation

¹⁵ Mambré Foundation (2006) *Violencia directa, estructural y cultural contra las personas en situación de sin hogar en España 2006*. Barcelona: Fundació Mambré

aried workers but a significant decrease in the number of people with some other type of tie to the shelters.

According to the INE, in 2014 the average expenditure per shelter was 278,063. As there are 794 shelters, this comes to an overall investment in shelters for the homeless of 220,782,022. In 2012 this expenditure was 201,135,223. This means that between 2012 and 2014 the money spent on caring for the homeless increased by 9.8%, nearly 20 million euro more (19,646,799 to be precise).

In 2014 the number of centres offering lodging services increased by 2.31%, the average number of beds offered on a daily basis being 16,687, an increase of 2.07%. Also, the average number of homeless staying at shelters decreased by 2.8% and the occupancy rate of shelters fell by 4.8%. The average occupancy rate of shelters for the homeless decreased from 85.9% in 2012 to 81.8% in 2014, a drop of 4.8%.

Public funding is either the only source or the primary or priority source of income for seven out of every ten private shelters. 69% of the 794 centres are private but two thirds (66%) of these are fully or mostly financed with public funds (21% full funding and 45% majority funding). A further 3.4% use government funds as their priority source of finance. 21.2% of the private institutions are financed solely (4.2%) or mostly (17%) with their own funds.

66.7% of these are drop-in or temporary-emergency lodging centres: 25.8% of the surveyed institutions are drop-in centres and 18.4% are flats or apartments for temporary stays; 9.7% are hostels or night drop-in centres, 7.6% are day centres and 5.3% immediate shelter flats or apartments. 8.4% of the surveyed centres are soup kitchens, 9.7% are social integration flats or apartments and 4.3% are residence facilities.

Most of the shelters or walk-in centres (53%) and immediate shelter flats or apartments (78%) are public. The private institutions are mostly day and residence centres. In both cases, 88% are private. 82% of the social integration flats or apartments, 82% of the soup kitchens, 69% of the temporary shelter flats or apartments and 67% of the walk-in centres are likewise private.

Compared with 2012, in 2014 there were 33% more vocational workshops, 20% more integration workshops, 60% more adult education activities and 16% artistic-cultural activities. There was also an increase in the availability of medical care (36%) and legal assistance (9%). In contrast, the centres offer fewer information and hosting services (4% decrease), counselling or referral (1.5% decrease), accommodation (5% decrease), catering (24% decrease), psychological counselling (12% decrease) and street intervention (6% decrease). Summing up, between 2012 and 2014, centres offered more educational-vocational services, more medical and legal services and fewer catering and psychological counselling services.

In conclusion, the 2014 survey on homeless centres and services took stock of intervention services counting a total of 130 street teams formed by 1,483 people serving a total of 5,742 homeless people.

3.15. Improvement in services provided by municipalities with over 50,000 inhabitants and the same or decline of services in the smaller ones

While it is difficult to draw comparisons between centres and quality of the services provided, there are some indicators that allow us to estimate the territorial distribution of services. If we go back as far as 2003, the first thing one would notice is an improvement in services. In all cases, the best service grades go to cities and towns with between 100,000 and 500,000 inhabitants. Probably the best indicator is the number of inhabitants per salaried workers at the centres. In 2012, municipalities with between 100,000 and 500,000 inhabitants employed one salaried worker for every 4,449 inhabitants. This calculation is made by dividing the number of inhabitants in all of these municipalities in 2003 by the number of salaried workers that the INE survey detected as working at the centres that same year. The evolution between 2003 and 2012 was noteworthy: the rate improved by 19%, an annual average of 2.1%. Municipalities with over 500,000 have a very similar rate, i.e. 4,715 inhabitants for each salaried employee working for the homeless. Improvement since 2003 was much greater in these large cities because the initial rate was much lower: the rate improved by 40% (average of 4.4% year on year) from 7,858 inhabitants per salaried worker to the current 4,715. Municipalities with between 50,000 and 100,000 show similar figures. In 2012 there were 6,708 inhabitants per worker but the 2003 rate was notably worse, 10,551 inhabitants. The improvement in this case stands at 36% (average of 4.1% year on year).

On the other end of the spectrum we find the municipalities with fewer than five thousand inhabitants with 49,475 inhabitants per salaried worker. Similar rates are registered by municipalities with a population of between 5,000 and 20,000 that employ a salaried worker for each 41,983 inhabitants. Municipalities with between 20,000 and 50,000 also have a very high rate weighing in with 27,199 inhabitants for each salaried worker they employ to work with the homeless. It is worth noting that these last two tranches (5-20,000 and 20-50,000) improved very little between 2003 and 2012. In 2003, the 5-20,000 tranche had 40,288 inhabitants for each salaried worker, a similar or even worse rate than nine years later in 2012: 41,983. This same pattern is found

in the 20-50,000 tranche: 2003 rate of 27,497 and 27,199 in 2012. But that's not all. The rate for volunteers working with the homeless in these two tranches worsened. In 2003 in the 5-20,000 tranche there were 12,029 inhabitants per volunteer and by 2012 that rate was 34,584. This deterioration is not as sharp in the 20-50,000 tranche but is still substantial: in 2003 there were 7,997 inhabitants per volunteer while in 2012 there were 10,560.

Number of inhabitants per person working with the homeless by size of municipality				
	No inhabitants per salaried worker		No inhabitants per volunteer	
	2003	2012	2003	2012
<5,000	143,984	49,475	45,129	24,434
5,001-20,000	40,288	41,983	12,029	34,584
20,001-50,000	27,497	27,199	7,997	10,560
50,001-100,000	10,551	6,708	7,569	5,455
100,001-500,000	5,488	4,449	2,927	2,632
<500,000	7,858	4,715	2,810	2,792
Total	11,589	8,409	5,176	5,094

Source: INE

The changes introduced in the 2014 INE survey of homeless shelters make it difficult to draw a comparison with 2012. One can only confirm that there was an 11% increase in the number of shelters in municipalities with fewer than 20,000 inhabitants thus marking a shift in the trend, i.e. small towns and cities also improving infrastructures targeting the homeless.

Continuing with our analysis of the INE survey on facilities for the homeless according to the size of municipalities and using 2006 and 2012 as our reference years, improvements were registered in all municipality groups with the exception of the 20-50,000 tranche where a decline of nearly 6 percentage points was observed.

While growth in percentage terms in the number of shelters was more striking in municipalities with fewer than 20,000 inhabitants, this advance must be put in context: these municipalities account for fewer than 15% of the total number of shelters. More significant is the fact that in the 100-500,000 and over 500,000 tranches, accounting for over 60% of the total number of shelters, the number of these facilities grew by 29.30% and 16.51% respectively, from 382 to 480 shelters.

Number of shelters for the homeless by size of municipality			
	2006	2012	% Change
<5,000	24	33	37.50
5,001-20,000	53	81	52.83
20,001-50,000	69	65	-5.80
50,001-100,000	70	78	11.43
100,001-500,000	273	353	29.30
<500,000	109	127	16.51
Total	598	737	23.24

Source:: INE

4. Approach of the strategy

The strategy approach is based on the following principles intended to guide and frame future planning and programming in support of the homeless.

- The rights to which all people are entitled, including the homeless, and the commitment by public authorities to effectively uphold said rights.
- Unified action
- Prevention and early intervention
- Housing-led approach
- Person-centred approach
- Gender perspective
- Better awareness and training

An approach considering all people's rights

The approach of this Strategy is based on the rights of the homeless and the need to guarantee the commitments of public authorities so that the homeless can effectively exercise those rights. In the face of extreme situations of poverty and exclusion, people are entitled to protection by the public authorities against the consequences of such situations.

There is no need to create a specific regulatory framework. It is simply a matter of applying the principles already established under fundamental universal rules (EU and Spain) as provided under the Universal Declaration of Human Rights (UDHR), the Charter of Fundamental Rights of the European Union (CFREU), the European Social Charter and the Spanish Constitution itself.

This fundamental framework acknowledges rights that vitally affect the homeless¹⁶: the right to a “safe life”, housing, health protection and social support.

¹⁶ Regarding the rights and protection of the homeless, see the *Guía práctica sobre la casuística legal habitual de personas en situación de calle* by the Fernando Pombo Foundation (2014).

The right to a safe life

The homeless are protected by the right to security which guarantees their existence and physical and psychological integrity. This is the most important right that this Strategy must guarantee and to that end it should mobilise public authorities, civil society and the population at large.

Eliminating homelessness means, first and foremost, defending the lives of the most vulnerable: those individuals and families who, for lack of housing, financial resources and social capacity, are most likely to spend their days and nights on the street where they are vulnerable to accidents, disease and violence, where they face malnourishment, are poorly clothed, where they are in danger of losing the few possessions they have, where they barely have the resources to remain mobile and communicate and where it is extremely difficult to remain psychologically healthy.

Right to housing

The main pillar to overcoming homelessness is making sure people do not lose their homes. Regarding security, one's home is not only the best way to ensure physical and psychological integrity but also leads to cost savings, raises self-esteem and the expectations and will of the homeless to persevere and contributes to more cohesive and effective public and civil society action.

In its guiding principles on social and economic policy, Article 47 of the Spanish Constitution establishes the right to dignified and suitable housing making public authorities responsible for promoting the necessary conditions and rules for the effective exercise of this right.

Right to health protection and social support

The entire regulatory framework with legal force over Spain acknowledges, proclaims and guarantees the right to health protection, medical assistance and social support.

The right to health protection is unequivocally guaranteed and this entails that the necessary mechanisms be put in place so that the entire population may exercise this right. As for social support, the assumption is that the right to life requires a threshold of minimum economic resources that should be guaranteed by the public administrations in cases of extreme poverty.

A unified action approach

All European strategies targeting the homeless coincide in underscoring a core aspect: if homelessness is to be overcome, public administrations urgently need a new work dynamic based on the following aspects:

Personalisation. Public services are often ineffective in the case of the homeless because they require a methodology tailored to the special circumstances of these individuals.

Cooperation. The disconnection between services, departments and levels of jurisdiction stands in the way to consistent intervention with the homeless, especially considering the high degree of geographical mobility characterising this group of people.

Development of a territorial network to reverse the current trend of concentration in major cities. It is vital to develop a more balanced territorial network where cities or associations of municipalities have a formal strategy and adequately funded structure to help those within in their towns and cities who lack housing.

Participation. The homeless themselves must engage in the development of the actions targeting them and this means setting up the proper channels. Best results are achieved where strategies are successful in encouraging and channelling the participation of the homeless in their own processes but also in improving services and projects.

Prevention and early intervention approach

Prevention, detection and early intervention mark the first step in preventing and reducing homelessness.

Prevention means that different services and institutions must be equipped with detection instruments and authorities must be able to anticipate the problems arising from homelessness, be in a position to implement other actions to help families recover from financial instability and have accurate information regarding those affected. Administrative flexibility, inter-departmental coordination, detection protocols and availability of resources are factors contributing to an early response to homelessness.

Housing-led approach

The strategy is based on prioritising the application of housing-led approaches. The so-called “Housing First” methodology is one of the most successful

in many countries. Studies have scientifically proven that it is effective in getting even the homeless people who staunchly resist social intervention involved in processes that substantially improve their situation. This method provides personal housing following a protocol requiring personal commitment from beneficiaries.

This methodology has recently been implemented in Spain with the support of the Ministry of Health, Social Services and Equality. The many years of experience in other countries show qualitative improvements in homeless people's acceptance of living in a home (above 80% permanence rate in a home four years after entry into the programme), less overall use of public services (evidence based studies show that homeless people in Housing First programmes reduce their use of emergency health services by 83%, there are 80% fewer ambulance calls, use of penitentiary facilities dropped by 77%, the number of days spent in penitentiary institutions fell by 45%, 75% fewer visits to the doctor's surgery, 72% decrease in hospital in-patient stays, 97% fewer visits to alcoholism treatment centres and 65% fewer encounters with the police), better quality of life (93% of former resistant homeless describe themselves as "very satisfied", one-third fewer view themselves as having a disability, 97% have better mental health and there was a 57% drop in alcohol and drug consumption) and lower costs. The Strategy foresees the gradual implementation of the *Housing First* methodology together with several other resources: semi-supervised housing, residencies, specialised centres, shelters and low-demand centres.

Person-centred approach. Case management

This new management method puts the homeless person at the centre and unifies the whole array of public and civil society-based initiatives. It re-organises administrative dynamics to give social intervention the unity it requires, prevents overlapping, eliminates unnecessary expense and transmits a sense of trust to the homeless. The case management approach features one or two psycho-social reference professionals able to accompany the homeless throughout their pathway and help them to make use of the service network they require.

Social accompaniment is key to restoring one's personal project and entails counselling, personal monitoring comprehensive intervention and personalised support. This is one of the most effective resources insofar as it is adaptable to each person in his or her pathway to overcoming homelessness.

A gender perspective approach

This strategy indicates that more women are falling victim to what traditionally was a problem affecting mostly men. As this was not a major problem for women, there was insufficient visibility and awareness for specialised work with women who suffer more from the difficult conditions of homelessness. Through its objectives and measures, this Strategy therefore seeks to respond to the special needs of homeless women.

An approach based on keener awareness and better training

Although significant headway has been made in Spain in terms of reliable data and understanding of the homeless thanks to the surveys conducted by the National Statistics Institute, the night counts and other information-gathering systems organised in different cities, and a number of specific research projects, the information available is not enough to adequately plan for and implement programmes for the homeless.

An evidence-based approach and one designed to meet needs and resolve problems requires ongoing research, methodological and organisational innovation, development of new skills and tools and the proper training of the professionals whose job it is to implement them.

5. Objectives, strategy and proposals for action

This strategy is structured around five objectives and a series of strategic lines each with a set of action proposals to meet those objectives.

We are aware that in many cases the proposals made in this Strategy are already being executed (partially or completely) in any one of the plans, programmes, services, etc. targeting the homeless in different parts of Spain. They are listed here for the purpose of defining a specific line of work, methodology and approach in the policies designed to improve the living conditions of the homeless in Spain and, to the degree possible, to eradicate it altogether.

Objective 1. Prevent homelessness

The loss of one's home is not the first step on the path to social exclusion. It is typically the result of a whole series of different circumstances leading up to homelessness.

There are a myriad of paths leading to homelessness although some factors are repeated over and over. For instance, there are risk factors that can quickly lead to the loss of a home and therefore one can and should prevent these factors from happening while encouraging their early detection.

Strategic line 1. Prevent the causes homelessness in situations of risk

Homelessness is not a sudden occurrence but is rather the result of pre-existing problems such as poverty, mental health problems, addiction, unemployment, broken families, social isolation, convalescence in the absence of social or labour support, loss of one's habitual home, etc. Preventive action in this regard can keep these factors from resulting in the loss of home and to that end the following types of action are proposed:

- Repair and strengthen family ties by:
 - fostering **family mediation** to help couples better manage breakups and family crises and conflicts (except in cases of abuse and domestic violence) thus contributing to the preven-

tion of situations that could potentially lead to homelessness for any of the family members, especially children.

- promoting family reconciliation and reintegration programmes for those serving the final part of their prison sentence in order to reconnect and successfully reintegrate families, except in cases where the crime was related to abuse or violence.
- Set up **counselling and support services to help people keep their homes** and provide other resources incorporating the following measures: financial and legal consultation for the recovery of lost patrimony; support of the people affected in their dealings with financial institutions; access to alternative accommodation; bolstering of one-off economic aid for payment of rent and utilities.
- Maintain **specific networks** to address social emergencies and provide services to the homeless to prevent families from losing their habitual residence and so that the homeless have a specific appropriate network to turn to.

Strategic line 2. Establish protocols for the detection of homelessness and early intervention

There is a wide array of public entities and services and NGOs with which to establish **action protocols**. Prevention protocols may be implemented in the following areas::

- In the legal area, especially in cases involving loss of the home resulting from divorce and break-ups where there is evidence that one of the spouses or partners may be unable to keep the family home.
- In the area of health-care through psychiatric or psychological services when it is believed there is a risk of loss or abandonment of the home. Also in hospital release processes that require subsequent convalescence or intense treatment.
- In the area of education in schools or services catering to young people where situations of unsustainable co-existence at home are perceived.
- In the area of child protection through programmes supporting independence for young people who were wards of the state and have recently turned 18.
- In the process of leaving penitentiary institutions.

- In the process of people leaving shelters for refugees or vulnerable immigrants.
- In situations where women victims of gender-based violence or trafficking in human beings for the purpose of sexual exploitation need protection.
- In emergency services, police and security forces, city cleaning services, other public services and all personnel operating emergency hotlines, for early intervention as from the first night without accommodation whether that entails sleeping rough or in inappropriate or temporary dwellings

Objective 2. Raise social awareness and defend against discrimination and hate crimes against the homeless

To gain social support for the set of policies targeting the homeless, it is necessary to overcome the negative stigmatised image many people have and this requires a communication and social awareness-raising strategy enabling people to understand the reality facing this group of people. Efforts must also be made to eliminate barriers standing in the way to rights and equal treatment for the homeless and to protect them from discrimination, hate, intolerance and abusive treatment.

Strategic line 3. Foster the right of the homeless to an authentic and respectful image

The following lines of action are proposed to promote the right to an authentic image:

- Encourage dialogue between the **media**, public administrations and civil society organisations on self-regulation of all media with respect to their coverage of the homeless.
- Promote and support **public awareness-raising campaigns** on the plight of the homeless.
- Foster deeper understanding of the homeless at **school** by developing educational material and setting up coordination mechanisms between schools, social services, civil society organisations and the homeless themselves.

- Promote the participation of **volunteers** and active neighbourhood and civil society collaboration at all stages of the intervention and in all resources.

Strategic line 4. Remove barriers hampering access to services and social benefits.

Improvement in the situation of the homeless depends to a large degree on their access to both general and specialised services (health, addiction treatment, employment training, access to housing... to name just a few) which is sometimes thwarted by barriers and services which are not adapted to the context of the homeless thus preventing them from effectively exercising their rights. In most cases, the complexity of the problems and living conditions are such that professionals are unsure of how to approach these cases. In general terms, efforts must also be made to eliminate barriers standing in the way to rights, especially the right to equal treatment of the homeless, and to protect them from discrimination, hate, intolerance and other abusive forms of treatment.

This Strategy should serve as a framework to ensure that all homeless people without means are able to effectively exercise their right to access any public service in Spain, i.e. exercise their fundamental right to health, health security and basic medical assistance regardless of their condition. Services and the professionals providing them must adapt to the diverse conditions facing the homeless in order to guarantee the right to health-care and social aid.

The Strategy must also promote effective access to minimum income benefits, dependency aid and disability benefits. Minimum income benefits generate economic development in the sphere of the beneficiaries, increase the latter's employability and prevent higher costs that would otherwise be incurred. It is important to accompany minimum income payments with efficient individualised accompaniment to help ensure they are put to good use.

Measures such as the following are needed to adapt general services and resources to the situation of the homeless:

- Promote and develop the **training of professionals** in different service areas to deepen their understanding of the homeless and how to work with them. Intensified training is particularly vital amongst health-care professionals, police and security forces, public employment services, justice and other services that may come into contact with the homeless (transport, street-cleaning services, etc.).

- Establish channels of **cooperation** amongst health-care providers and those who accompany the homeless
- Establish a referral protocol for the homeless upon release from hospital and set up specialised centres with adequate health-care resources to treat homeless people who do not require hospitalisation during **convalescence** and for the homeless with terminal diseases.
- Facilitate **municipal registration** for all homeless persons who habitually reside in the town regardless of where they sleep in accordance with paragraph 3.3 of the 16 March 2015 Resolution issued by the Ministry of the Presidency regarding technical instructions given to town halls for the management of the municipal register.
- Facilitate the process of **disability recognition** and ensure that all resources for the homeless comply with universal accessibility standards and are adapted to their special needs.
- Facilitate access to **minimum income of insertion programmer** programmes and, where necessary, establish specific and unique measures so that the homeless may exercise this right.

Strategic line 5. Combat violence perpetrated against the homeless

Intolerance and indifference to violence perpetrated against the homeless must be eradicated. In addition to fully recognising aporophobia in practice as an aggravating circumstance in hate crimes, all social players must be encouraged to be more sensitive and this includes schools and the media when they report on these events. Greater effort must also be made to involve people working in the legal system and civil society organisations.

Therefore, the following actions should be implemented to eradicate intolerance and indifference to violence perpetrated against the homeless:

- Improve **data collection** on hate crimes against the homeless by collaborating with the Ministry of Justice, Ministry of Health, Social Services and Equality and the Ministry of the Interior.
- Compile **awareness-raising handbooks** on hate crime in general targeting social and health-care workers, jurists and security forces.
- Make progress in the practical recognition of **aporophobia** as an aggravating circumstance in hate crimes. Encourage and support the filing of complaints by victims.
- This Strategy proposes the creation of a protocol and specialised services for comprehensive and multi-disciplinary assistance to

homeless women who are victims of violence in order to guarantee their protection and specialised treatment.

- Establish collaboration protocols between social services and law enforcement officials to prevent and eradicate violence against the homeless.

Objective 3. Protect the lives of the homeless

Guaranteeing the safety and lives of the homeless, i.e. their physical and psychological integrity, first of all entails provision of lodging and a resources network with services covering basic needs as a prerequisite to restoring their life project.

Strategic line 6. Offer a range of lodging options enabling people to get their lives in order and reintegrate themselves into society

The following lines of action are proposed based on the housing-led approach followed by this Strategy, i.e. giving housing a relevant role in the eradication of homelessness, and the different circumstances leading to this predicament:

- Put a **flexible and diverse lodging system** in place that is able to adapt to individual needs, ranging from single-member dwellings or homes for small groups and families to residence centres of different sizes and shelters to low-demand centres for people who are unable to live in more standardised situations.
- Foster the involvement of government administrations responsible for housing to help the homeless gain access to public or private housing.
- Implement a lodging model that reproduces the feeling of a home in order to prevent stigmatisation and integrate people under normalised social conditions and ensure the **right to privacy** by offering individual rooms and avoiding crowding in shared spaces wherever possible.
- Make an effort to lodge **families with children** as swiftly as possible in autonomous semi-supervised homes.

- Apply **specialisation** criteria such that available resources adapt to the diverse needs of the homeless (bearing cultural and religious diversity in mind) or establish specialised services based on different profiles, especially targeting young people, people with disabilities and people with severe mental illness.
- Encourage the establishment of resources especially targeting women.
- Guarantee, through the public social services system, that lodging and services intended for the homeless have a claims and complaint system for users and that it is used properly.
- Ensure, through the public social services system, that regulations governing the use of resources is properly enforced. Efforts will be made to establish operating regulations for public facilities or those under the control of social organisations as a way to guarantee users rights and responsibilities.

Strategic line 7. Application of the *housing first method*

This Strategy employs the “housing first” model which uses the independent home as a way to create trust, acceptance of the resources network, discovery and activation of skills and integration. It basically targets the homeless locked into a long-term situation with serious deterioration of their physical and psychological capacities.

This model depends on the implementation of the following actions:

- Provide the homeless with permanent and unconditional **instant access to independent homes** accompanied by a social intervention process based on continuous support for the duration and with the intensity requested by the person, while always keeping their preferences in mind.
- Continue encouraging the **involvement of the public administrations** responsible for housing to provide public housing units for this purpose, including private housing held by financial institutions. A good example of this is the creation of a Social Housing Fund promoted by the government in 2013.
- Encourage **dissemination and further understanding** of this methodology through different initiatives such as training for professionals who deal with homeless people, exchange of best practices and studies to assess its effectiveness in Spain.

Strategic line 8. Improve resources targeting the homeless

In addition to lodging, the homeless need other specialised resources to increase their activity during the day and meet their needs in the street. The degree of exposure to which the homeless are subject is an affront to their right to privacy and their belongings are constantly at risk. This discrimination should be prevented and to that end their essential belongings should not be confiscated in the street or at shelters unless mandatory procedures are followed. The homeless should have lockers available to them at some of the shelters for their documentation and essential items.

The following measures could be implemented to improve these resources:

- Promote the establishment of **active day centres** as places where people can reconstruct their network of relations in order to enhance general and social skills through activities that help improve social participation.
- Provide municipalities with **emergency social services and street workers** as part of a unique resource network.
- Promote the training of **mixed teams of street workers** comprised of social service and health-care providers acting in coordination with the general resource network.
- Encourage the participation of **volunteers** in street work with the homeless.
- Devise an **action protocol with public prosecutors** to determine intervention criteria with the homeless living rough who are suffering serious deterioration in order to guarantee effective protection of the courts.
- Compile a **resource handbook** with comprehensive, accessible and understandable information regarding the network of resources in place in each city and town.
- Prioritise intervention strategies for women living rough and for people with serious mental illness.
- Focus on **specialising** these resources with due consideration for cultural and religious diversity and treatment based on different profiles.

Objective 4. Restore life projects

The long-term solution to overcoming the lack of a home is to restore one's life project which not only requires the necessary material resources but also intense personal and social work to enable people to re-join the community and regain control over their lives.

Personal reinforcement and reintroducing people to their life project is not an exclusive stage of activity but rather should be integrated into the social intervention model of all the services that the homeless engage with, beginning with early action and life security.

Life project support should be incorporated into all initiatives with a view to strengthening the autonomy and skills of each person through their participation in the taking of decisions, assuming bigger responsibilities and improving self-esteem, and also generating social capital, increasing trust in society, promoting group activities, promoting active participation in society and improving social and communication skills.

Strategic line 9. Application of the case management method

The case management method is applied to ensure the necessary degree of social accompaniment. In essence, this is coordinated person-centred management giving unity to the set of actions from the first moment of homelessness.

The following actions are proposed to promote and develop this work methodology:

- **Present this methodology** to the professionals who engage in social accompaniment with the homeless.
- Conduct **outreach and evaluation** activities of the initiatives implemented using this methodology.

Strategic line 10. Improve the employability of the homeless

Employment is one of the main instruments through which to achieve the social integration of the homeless. Specifically, social insertion enterprises are an effective way to acquire labour experience and help mainstream

beneficiaries. The recent regulatory changes brought about under Law 31/2015 of 9 September 2015 amending and updating self-employment regulations and adopting measures to foster and promote self-employment and the social economy, reinforce hiring incentives for these enterprises and mainstream market firms who hire workers coming from social insertion enterprises.

The following measures are needed to make the homeless employable and achieve their integration into working life.

- Prioritise mixed employment-training programmes and **labour market training** and adult education adapted to the homeless. This means adapting course methodology and content to the different situations in which the homeless find themselves.
- Promote **collaboration with companies** by:
 - informing professionals of their corporate social responsibility with regard to the homeless.
 - implementing mentoring programmes involving professionals from SMEs and large enterprises in production sectors and tailoring them to enhance the employability of the homeless.
- Encourage the hiring of the homeless by insertion enterprises and in the mainstream labour market.

Strategic line 11. Establish measures to re-root the homeless in the community

Social reintegration of the homeless requires innovative methods enabling them to recover important personal ties. To that end, the following and other measures are proposed:

- Promote programmes aimed at family reconciliation and reintegration by counselling the homeless and their families to help improve relations as much as possible.
- Encourage associationism among the homeless and support the associative movement favouring their inclusion and participation.
- Build the capacity of the homeless and provide them with the means to access and use social networks.

Objective 5. Reinforce services targeting the homeless provided by the public system and improve understanding, exchange of information and assessment

Although the public social services system does provide resources and services targeting the homeless and the system has become more consolidated in recent years, it has also been shown that these services are fragmented and unbalanced throughout Spain. Therefore, an effort needs to be made to organise and improve the public system—in collaboration with civil society—in order to respond to the needs of today's society.

Aware that the effectiveness of aid for the homeless depends to a large degree on available information, this Strategy proposes to increase understanding, exchange information and conduct assessment.

Strategic line 12. Reinforce services targeting the homeless provided by the public system

Care of the homeless is a public responsibility that has been met through close collaboration with the third sector. This Strategy advocates **leadership on the part of the public sector**, especially the **local administrations** which are the ones most directly responsible for addressing the needs of the homeless. Therefore, priority must be placed on reinforcing the public system in terms of the services it provides so that every homeless person in every area of Spain has the quality support he or she needs. Also, bearing in mind that services provided for the homeless have not been equally distributed in all regions and towns, a public commitment is needed to make sure that each autonomous community and each city or town pays the necessary attention to making sure that people can sustain themselves and overcome homelessness. To that end we propose the following lines of action:

- In collaboration with the third sector and within the framework of the **public social services system**, implement comprehensive public initiatives in every territory providing the necessary resources, over and above any further means and initiatives that citizens would like to add.
- In collaboration with the third sector and within the public social services system, develop a **network of resources for the homeless**

composed of the set of actions implemented by public administrations and the third sector in each of the territories, identifying all resources, services and actions that could support the homeless. A national directory will be compiled with all of these resources including guidelines regarding the minimum information it must contain.

- Guarantee through the public social services system that the services provided for the homeless in each territory are done so in accordance with public regulations and absolute respect for personal dignity.
- Draw up and approve **comprehensive plans targeting the homeless** at the different levels of government, through dialogue with the third sector and the homeless themselves, specifying measures and actions to achieve Strategy objectives within the time frame of the latter.
- Create **inter-departmental cooperation boards** in the autonomous communities and the cities of Ceuta and Melilla bringing together all the departments with responsibility in areas related to the homeless, especially the departments of social services, public health, housing, employment and education, civil society participation and volunteerism, public security and civil protection, emergency services, statistics and city cleaning.
- Promote coordination boards at local level that will include public and social networks and the homeless themselves.

Strategic line 13. Improve understanding, exchange information and conduct assessment

Recent years have seen a substantial improvement in information on the homeless thanks to specific initiatives of the National Statistics Institute (INE). Counts of the homeless have been done in several cities. Aware that the effectiveness of aid for the homeless depends to a large extent on improving understanding of this phenomenon, this Strategy envisages the following actions:

- Enlarge, enhance and systematise the body of knowledge on the homeless.
- Promote the so-called night counts of the homeless and encourage the development of a common methodology so that data from different cities is comparable.
- Foster the collection of data on the mortality and morbidity of the homeless.

- Include specific questions every three years in one of the surveys drawn up by the Sociological Research Centre (CIS) to get a clearer view of the opinion that the Spanish population has of the homeless.
- Adapt the information gathered from the Survey on the Homeless and the Survey on Care Centres for the Homeless to the evaluation of the Strategy.
- Foster the organisation of seminars for the purpose of outreach, study and exchange of best practices on all aspects related to the homeless.
- Encourage the incorporation of the gender perspective in studies on the homeless. Conduct a study on homeless women.
- Promote studies on premature ageing suffered by the homeless and on homeless young people and elderly living rough.

6. Strategy evaluation and funding

The evaluation of the Strategy will consider compliance with the objectives set out therein by monitoring the indicators for each of them. The Ministry of Health, Social Services and Equality will be responsible for the evaluation. Monitoring will be through an Interim Report in 2019 and a Final Report in 2021.

These reports will be drafted with the collaboration and assessment of the different departments of the General State Administration that took part in drawing up the Strategy, the Autonomous Communities, the Federation of Municipalities and major cities and the third sector (social action). Moreover, as this strategy is within the framework of the European Union, participation of other countries with strategies for the homeless and FEANTSA will be encouraged.

As for **funding**, it is important to consider the territorial distribution of competences at the different levels of public administration in Spain. Hence, budget items to fund the initiatives associated with the Strategy's different lines of action will come from national, regional and local level as provided under the Comprehensive Plans Targeting the Homeless at the different levels of government.

This Strategy brings about a reform to modernise services for the homeless throughout the country and therefore the first stage of application will entail a period during which the institutional architecture will be built and plans provisioned. We will have an idea of the scale of investment needed in each of the Autonomous Communities and local administrations once the Comprehensive Plans in all of the territories are designed. The General State Administration will focus the spending it has earmarked on the different items to prioritise the launch of the Strategy and the measures that come under its competences

7. Strategy objectives and indicators

General Objectives of the Strategy¹⁷

1. Reduce the number of homeless people

Number in 2015	Objective 2018	Objective 2020	Source
22,938	20,000	18,000	INE Survey-Homeless

2. Reduce the number of homeless women

Number in 2015	Objective 2018	Objective 2020	Source
4,513	3,044	2,044	INE Survey-Homeless

3. Reduce the number of homeless men

Number in 2015	Objective 2018	Objective 2020	Source
18,425	16,956	15,956	INE Survey-Homeless

4. Reduce the percentage of homeless youth (age 18-29)

Number in 2015	Objective 2018	Objective 2020	Source
19.33%	13%	8%	INE Survey-Homeless

5. Reduce the percentage of homeless over 65

Number in 2015	Objective 2018	Objective 2020	Source
3.83%	2.5%	1.5%	INE Survey-Homeless

¹⁷ 2015 data were taken from the INE survey on the homeless from 2012.

6. Reduce the percentage of people who sleep rough, in makeshift dwellings and crowded flats

Number in 2015	Objective 2018	Objective 2020	Source
35.31%	25%	15%	INE Survey-Homeless

7. Reduce the percentage of homeless with serious illnesses

Number in 2015	Objective 2018	Objective 2020	Source
30.72%	20%	15%	INE Survey-Homeless

8. Reduce the percentage of homeless with addictions

Number in 2015	Objective 2018	Objective 2020	Source
37.34%	32%	25%	INE Survey-Homeless

Strategy monitoring indicators

Objective 1.- Prevent homelessness

	Indicator	Source
Consultation and support services to prevent housing loss	Number of towns (provincial capitals and municipalities with over 200,000 inhabitants) with consulting services to prevent housing loss and renegotiate debt	Own data in collaboration with Autonomous Communities and the Federation of Municipalities
Prevent homelessness in general	Number of protocols established for early detection of homelessness and intervention.	Own data in collaboration with national, regional, municipal departments and social action NGOs
Prevent homelessness of prison inmates and ex-inmates	Number of homeless who have been in prison	INE Survey-Homeless
	Number of specific treatment and intervention programmes for inmates to facilitate their social integration	Own data in collaboration with national, regional, municipal departments and social action NGOs

Prevent homelessness of young people who were former wards of the state	Number of homeless who have been in youth detention centres	INE Survey-Homeless
	Number of programmes targeting young people former wards of the state to facilitate their social integration	Own data in collaboration with national, regional, municipal departments and social action NGOs

Objective 2.- Social awareness-raising and combating discrimination against the homeless

	Indicator	Source
Social awareness-raising	Number of awareness-raising campaigns conducted to further understanding of homelessness	Own data in collaboration with national, regional, municipal departments and social action NGOs
Training of professionals	Number of training initiatives targeting the professionals who work with the homeless	Own data in collaboration with national, regional, municipal departments and social action NGOs
Combat violence perpetrated against the homeless	Number of awareness-raising brochures on hate crime	Own data in collaboration with national, regional, municipal departments and social action NGOs
	Number of complaints lodged for aporophobia	Report on incidents related with hate crimes. Ministry of the Interior Hatento Observatory
	Number of homeless who have been victims of aggression	INE SurveY-Homeless
Access to health-care services	Number of homeless with a health-care card	INE SurveY-Homeless
Disability	Number of homeless with an officially recognised disability	INE SurveY-Homeless
Municipal Register	Number of homeless who are registered in their municipality	INE SurveY-Homeless

Minimum income guarantee	Number of homeless who are recipients of a non-contributory benefit (including RMI)	INE Survey-Homeless
---------------------------------	---	---------------------

Objective 3.- Protect the lives of the homeless

	Indicator	Source
Time spent without lodging	Number of homeless who have spent more than 3 years without their own lodging	INE Survey-Homeless
	Number of homeless who have spent less than 1 year without their own lodging	INE Survey-Homeless
Street teams providing services	Number of towns with street teams providing services	Own data in collaboration with national, regional, municipal departments and social action NGOs
	Number of people, professionals or volunteers on street teams providing direct services	Own data in collaboration with national, regional, municipal departments and social action NGOs
Low-demand centres	Number of towns with low-demand facilities	Own data from the INE directory of facilities
	Number of beds in low-demand facilities	Own data from the INE directory of facilities
Day centres	Number of openings in day centres	Own data from the INE directory of facilities
	Number of towns with day centres for the homeless	Own data from the INE directory of facilities
Clothing exchanges	Number of clothing exchange facilities	Own data from the INE directory of facilities
Soup kitchens	Number of soup kitchens	Own data from the INE directory of facilities
	Number of seats in soup kitchens	Own data from the INE directory of facilities

Homes	Number of homes for the homeless	Own data in collaboration with national, regional, municipal departments and social action NGOs
	Number of people staying in homes for the homeless	Own data in collaboration with national, regional, municipal departments and social action NGOs
Hostels	Number of beds in hostels	INE Survey-Homeless
Housing First	Number of homes for the homeless based on the Housing First methodology	Own data in collaboration with national, regional, municipal departments and social action NGOs
	Number of outreach initiatives and to deepen understanding of the Housing First methodology	Own data in collaboration with national, regional, municipal departments and social action NGOs
Guide of resources targeting the homeless	Number of towns (provincial capitals and municipalities with over 200,000 inhabitants) with a resource guide	Own data in collaboration with Autonomous Communities and the Federation of Municipalities

Objective 4.- Restore life projects

	Indicator	Source
Case management	Number of training initiatives on the case management methodology	Own data in collaboration with national, regional, municipal departments and social action NGOs
Employment	Number of homeless with jobs	INE Survey-Homeless
	Number of homeless who are unemployed	INE Survey-Homeless
	Period of time spent by homeless seeking employment	INE Survey-Homeless
	Number of homeless seeking employment	INE Survey-Homeless
Labour and pre-labour training	Number of openings in labour and pre-labour training targeting the homeless	Own data in collaboration with national, regional, municipal departments and social action NGOs

Objective 5.- Reinforce services targeting the homeless provided by the public system and improve understanding, exchange of information and assessment

	Indicator	Source
Comprehensive plans targeting the homeless	Number of specific plans targeting the homeless drawn up at different governmental levels.	Own data in collaboration with national, regional, municipal departments and social action NGOs
Inter-departmental Cooperation Board	Number of inter-departmental cooperation boards created.	Own data in collaboration with national, regional, municipal departments and social action NGOs
Deepen understanding	Number of towns conducting night counts of the homeless	Own data in collaboration with national, regional, municipal departments and social action NGOs
	Number of seminars organised to deepen understanding of the homeless	Own data in collaboration with national, regional, municipal departments and social action NGOs

This Strategy is the instrument proposed by the Government to tackle homelessness and to set a comprehensive framework of action within this field. To date, there had been no comprehensive and coordinated approach involving all the public administrations in Spain to address homelessness. The ultimate goal of this strategy is the complete eradication of homelessness in our country through the medium-term objective of the progressive reduction of the amount of people who are homeless, as well as through the prevention of such situations and the improvement of their living conditions. This Strategy has been designed by all the actors involved in its implementation: General Administration of the State, Autonomous Communities and Local Entities, as well as the third sector of social action and homeless people themselves.

