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# National Strategy to Combat Homelessness in Spain 2023-2030

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## 1. INTRODUCTION

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The last few years have seen a worrying increase in the number of homeless people. Although homelessness is the result of multiple causes, it should be noted that this phenomenon has been exacerbated by the economic and social crises that have shaken Spain and Europe since 2008. The 2008 financial crisis and the COVID-19 pandemic have reduced the incomes of the most vulnerable individuals and families, making it difficult for them to access and sustain adequate housing and, in general, to acquire the resources they need to live their lives and exercise full citizenship.

Recognising this situation, over the last decade the European Union and the member states have developed policy frameworks and guidelines to prevent and eradicate homelessness in the long term. This framework has evolved over the years, prioritising strategies to prevent homelessness through access to housing with social interventions tailored to the needs of each individual, recognising that housing is the gateway to social inclusion. This evolution has begun to be observed in Spain, through the expansion of housing-based programmes and the tailoring of social services.

The Integrated National Strategy for Homeless People 2015-2020 established, at the time, a common strategic framework for all the administrations involved in preventing and tackling homelessness. In addition, it promoted a shift in the conventional treatment of homelessness, progressively incorporating housing-based approaches.

Despite the incorporation of some changes into the system designed to care for homeless people, the current situation requires a new strategy to be developed that incorporates the orientations and lessons learned from some of the innovative experiences gained in our country, as well as from the initiatives implemented in other European countries.

Therefore, the National Strategy to Combat Homelessness in Spain 2023-2030 presented in this document responds to the Government's commitment to promote policies that improve the situation experienced by homeless people. This complies with the principles of the European Pillar of Social Rights and shares the ambitions of the European Platform to Combat Homelessness, adopting prevention, access to housing and deinstitutionalisation as guiding principles for action to tackle and reduce homelessness in our country.

This Strategy will reinforce the collaboration required between all the key actors to achieve maximum success in tackling homelessness and eradicating rough sleeping in Spain by the year 2030, as the main goal to be pursued.

## 1.1. European framework to combat homelessness

The regulatory and conceptual framework governing homelessness and housing exclusion in Europe is determined, at least, by the following elements:

On the one hand, one of the principles included in the **European Pillar of Social Rights (hereinafter referred to as the EPSR)** is the right to housing and assistance for homeless people and, more specifically, it states that:

- Access to social housing or housing assistance of good quality shall be provided for those in need.
- Vulnerable people have the right to appropriate assistance and protection against forced eviction.
- Adequate shelter and services shall be provided to the homeless in order to promote their social inclusion.

The **European Parliament Resolution of 24 November 2020** on tackling homelessness rates in the European Union sets out the basic elements that should govern Community and national policies to tackle homelessness. Among other issues, this resolution includes the following:

- Homelessness is identified as one of the most severe forms of poverty and deprivation that needs to be abolished by targeted and integrated policies conducted in a sustainable manner through addressing personal risk factors (such as individual vulnerabilities) and structural risk factors (such as housing and unemployment);
- The Commission and the Member States must adopt a shared framework definition and coherent indicators on homelessness in the EU, which would enable a common understanding, systematic comparison and assessment of the extent of homelessness across different EU Member States;
- The Commission must propose an EU Framework for National Homelessness Strategies. The Member States must adopt the principle of “Housing First”, based on good practices by some Member States, which helps to substantially reduce the rate of homelessness by introducing determined action plans and innovative approaches;
- The Member States must assume their primary responsibility for tackling homelessness, to work on prevention and early intervention which are, in many ways, the most cost-effective and harm-minimising policies for confronting homelessness, and to assign a more proactive role to regional and local social security services in assisting homeless people with their reintegration into society;
- The Member States and the Commission must improve the collection of relevant and comparable data. This process must involve accredited non-governmental organisations and local authorities working in the field of poverty and social exclusion and in the provision of services for persons at risk of or experiencing homelessness;

- The Member States must tackle the issue of homelessness urgently by adopting long-term, community-based, housing-led, integrated national homelessness strategies, as encouraged by the EU's social investment package;
- The Member States must provide constant and continuous access to emergency shelters throughout the Union;
- However, this should only ever be temporary and it is not an alternative to structural solutions such as prevention and the provision of adequate housing and social support in response to homelessness.

The **European Parliament Resolution of 21 January 2021** on access to decent and affordable housing for all reiterates some of the previously stated demands and, among others, makes the following recommendations:

- The Commission must take more effective action to support Member States in reducing and eradicating homelessness as a priority in the context of the action plan on the EPSR;
- Member States must establish mechanisms in their public policies to guarantee the safety of homeless people and to introduce aporophobia in their public security policies as a hate crime;
- Both the Commission and the Member States must close the investment gap in affordable housing as a matter of priority;
- The Commission and the Member States must further increase investment in the EU in social, public, energy-efficient, adequate and affordable housing, and in tackling homelessness and housing exclusion;
- The Commission and the Member States must include a gendered approach in their housing policies, particularly by supporting women who face specific situations such as single parenthood.

Finally, the **Lisbon Declaration on the European Platform on Combatting Homelessness of 21 June 2021** contains a series of commitments made by European, national and local institutions, as well as third sector organisations involved in the field of exclusion from housing. This Declaration is the starting point for the creation of the European Platform on Combatting Homelessness, which was created to foster dialogue, facilitate mutual learning, improve data and monitoring, and strengthen cooperation between all the parties involved in combating homelessness.

The launch of the Platform marks the beginning of a process to reach a common understanding and commitment to ensure tangible progress in the fight against homelessness in the Member States. The Platform offers an opportunity to engage and work with local actors, such as cities or service providers, which will allow the parties to more easily exchange their knowledge and practices, as well as to find efficient and innovative approaches and make progress in ending homelessness.

The Lisbon Declaration contains the following commitments:

- No one will sleep rough for lack of accessible, safe and appropriate emergency accommodation;
- No one will live in emergency or transitional accommodation longer than is required for successful move-on to a permanent housing solution;
- No one will be discharged from any institution (e.g. prison, hospital, care facility) without an offer of appropriate housing;
- Evictions will be prevented whenever possible and no one will be evicted without assistance for an appropriate housing solution, when needed;
- No one will be discriminated against due to their homelessness status.

Beyond the framework established at the European level, it is also necessary to reference the **framework established by the United Nations, from a human rights perspective, to guarantee the right of access to adequate housing**. The right to adequate housing is enshrined in Article 25.1 of the 1948 Universal Declaration of Human Rights and Article 11 of the 1966 International Covenant on Economic, Social and Cultural Rights, as well as in other international human rights treaties.

The UN Committee on Economic, Social and Cultural Rights was the first international human rights mechanism to specify in detail the content of the right to adequate housing in its General Comment No. 4 on the right to adequate housing (1991) and in its General Comment No. 7 on forced evictions (1997). Subsequently, on 17 April 2000, the Commission on Human Rights adopted Resolution 2000/9 in which it decided to appoint a Special Rapporteur, initially for a period of three years, whose mandate would focus on adequate housing as an integral element of the right to an adequate standard of living.

The **Special Rapporteur has developed a number of guidelines for states, local governments and other actors**, based on existing human rights standards. Within this context, the Guidelines on the Implementation of the Right to Adequate Housing adopted in 2020 call on states to:

- Guarantee the right to housing as a fundamental human right linked to dignity and the right to life.
- Take immediate steps to ensure the progressive realisation of the right to adequate housing in compliance with the standard of reasonableness.
- Ensure meaningful participation in the design, implementation and monitoring of housing policies and decisions.
- Implement comprehensive strategies for the realisation of the right to housing.
- Eliminate homelessness in the shortest possible time and stop the criminalisation of persons living in homelessness.



- Prohibit forced evictions and prevent evictions whenever possible.
- Upgrade informal settlements incorporating a human rights-based approach.
- Address discrimination and ensure equality.
- Ensure gender equality in housing and land.
- Ensure the right to adequate housing for migrants and internally displaced persons.
- Ensure the capacity and accountability of local and regional governments for the realisation of the right to adequate housing.
- Ensure the regulation of businesses in a manner consistent with State obligations and address the financialisation of housing.
- Ensure that the right to housing informs and is responsive to climate change and address the effects of the climate crisis on the right to housing.
- Engage in international cooperation to ensure the realization of the right to adequate housing.
- Ensure effective monitoring and accountability mechanisms.
- Ensure access to justice for all aspects of the right to housing.

For their part, the **2030 Agenda and the Sustainable Development Goals (SDGs)** are a comprehensive framework focusing on human rights, people, social justice and sustainability. The fight against homelessness is deeply interlinked with several SDGs, in particular:

- **SDG 11 (Sustainable cities and communities):** this Goal aims to make cities more inclusive, safe, resilient and sustainable. To achieve this, the aim is to ensure that everyone has access to adequate, safe and affordable housing and basic services, and to improve slums. The goal recognises housing as a fundamental right to ensure inclusion, security and access to other basic rights. The Goal also focuses on the eradication of slums in order to promote inclusion and full participation in the community.
- **SDG 8 (Decent work and economic growth):** this Goal aims to generate inclusive and sustained economic growth to drive progress, create decent jobs and improve people's living standards. In the search for a sustainable solution to homelessness, decent and inclusive employment becomes a key pillar. The targets related to this area are mainly to achieve full and productive employment and decent work for all women and men; to significantly reduce the proportion of young people not in employment, education or training, among others.

- **SDG 3 (Health and well-being):** This goal aims to ensure healthy lives and promote well-being at all ages. Combating homelessness contributes to several goals including achieving universal health coverage; strengthening the prevention and treatment of substance abuse; reducing premature mortality from disease through prevention and treatment; and promoting mental health and well-being.

## 1.2. National strategic reference framework

Unlike in other countries, such as the United Kingdom, Spain lacks a regulatory framework specifically aimed at policies for preventing or eradicating homelessness. There are, however - at both the national and regional levels- various laws, strategies and plans that need to be taken into account in order to understand the framework within which policies related to homelessness in Spain have been -or will be- implemented in the medium and long term.

**From the regulatory point of view,** two recently adopted laws are of particular note:

- **Law 12/2023, of 24 May, on the right to housing,** the purpose of which is to regulate, based on the competences of the State, the basic conditions that guarantee equality in the exercise of constitutional rights and duties to access decent, adequate and affordable housing, within the framework of the competences of the Autonomous Communities. This law contains complementary tools to the State Plan for Access to Housing 2022-2025 and the Rehabilitation Funds, as well as important measures for the Autonomous Communities and municipalities to take that are aimed at increasing the stock of affordable housing and are related to issues including subsidised housing, social housing, vacant housing, housing stock and third sector housing and the housing market. The law also incorporates protection from eviction and the provision of alternative housing, which are key to preventing homelessness.
- **Royal Decree Law 1/2023, of 10 January, on urgent measures in the area of incentives for labour recruitment and improvement of the social protection for artists,** which aims to promote the recruitment of unemployed people, especially the most vulnerable, to contribute to the creation, maintenance and improvement in the quality of employment and to the career advancement of employed people, as well as to encourage self-employment and job creation in the social economy, which will help to promote the active inclusion of people who are homeless or at risk of homelessness.

The **Autonomous Communities**, for their part, have legislated on housing, a guaranteed income and social services, while none of these autonomous regulations specifically regulate services for homeless people, they do address rights related to access to housing, on the one hand, and to social exclusion, on the other. Nonetheless, this section mentions some specific regional regulations that specifically address the issue of homelessness:

- Some of the regional laws on social services include in their catalogue of services resources for night shelters, day care and/or residential care, specifically oriented to homeless people.
- The regulation defining minimum integration incomes in some Autonomous Communities includes some specific provisions related to homeless people. In most

cases, it is a matter of exemption from certain requirements (minimal residence registration, minimum or maximum age, etc.).

In terms of plans and strategies linked to homelessness, the main reference is the **Integrated National Strategy for Homeless People 2015-2020 (hereinafter INS-HP)**. Apart from the assessment of its results (which are summarised in the following section), the INS-HP represents a shift in the approach to homelessness in that it:

- Establishes a common strategic framework for all the administrations involved in preventing and eradicating homelessness;
- Promotes a shift in approach in the conventional treatment of homelessness, based on the recognition of a series of principles, also contemplated in other strategies implemented in our neighbouring countries: rights of all people, prevention and early care, housing-oriented approach, people-centred approach, gender perspective and improvements in knowledge and training.

The INS-HP is based on five general objectives dealing with prevention, awareness-raising, security, restoration of homeless peoples' personal life plan and improved information. These objectives are grouped in 13 strategic lines which in turn are implemented through 67 individual actions. These actions have been broken down into 111 measures.

Specifically, the INS-HP proposed objectives and lines of action in the field of prevention, raising public awareness and defence against discrimination and hate crimes, guaranteeing security, restoring homeless peoples' personal life plan and reinforcing the public care system for homeless people.

Alongside this strategy, it is necessary to refer to three other state strategic planning tools:

- The **National Strategy for Preventing and Fighting Poverty and Social Exclusion (2019-2023)**, approved by Council of Ministers' Agreement on 22 March 2019, establishes four strategic goals: combating poverty, social investment in people, social protection against life cycle risks, and the effectiveness and efficiency of the policies. Although it does not contain elements or objectives specifically aimed at preventing or tackling housing exclusion or homelessness, it does include various measures aimed, among other groups, at homeless people, as well as a measure specifically aimed at combating homelessness -promoting measures to reduce homelessness and facilitate access to housing for homeless people. This measure is part of Objective 3.4, related to housing and the regions, which includes other measures that contribute to the prevention of homelessness, such as the promotion of rental housing for vulnerable families.

Among other measures, the Strategy also addresses employment and health, targeting, among other groups, the homeless, in order to:

- Encourage the recruitment of people with greater difficulties in accessing employment (young people, women returning from maternity leave, Roma women, people with disabilities, socially excluded people, homeless people, women who have suffered gender-based violence, etc.) by improving their employability.

- Promote strategies and programmes aimed at improving the health and lifestyles of vulnerable groups: people with disabilities, people with addictions, the Roma population, people with HIV infection, people deprived of liberty, ex-offenders, people with a migrant background, the homeless, etc.
- Provide assistance to the most vulnerable families, including measures with the potential to prevent homelessness, such as the promotion of rental housing for vulnerable families.
- The **State Plan for Access to Housing 2022-2025**, in force since 20 January 2022, includes, among other actions, a programme to help the victims of violence against women and girls, people subject to eviction from their habitual residence, homeless people and other vulnerable people. This programme aims to provide an immediate housing solution for victims of gender-based violence, victims of trafficking for sexual exploitation, victims of sexual violence, people who have been evicted from their homes, homeless people and other vulnerable people.

The Plan also contemplates other measures related to preventing exclusion from housing, such as a programme providing aid to tenants who unexpectedly find themselves in a vulnerable situation, -the aim of which is to grant aid so that these tenants can pay the rent on their habitual place of residence-, a programme to increase the public housing stock and a programme to make the housing owned by SAREB and public bodies available for rental as social housing.

- The **National Deinstitutionalisation Strategy for Good Community Living**, which is currently under development, responds to the international and national mandate to promote a process to transform the long-term care model and develop person-centred community services and support, offering alternatives to the welfare and institutional model. The Strategy is particularly aimed at older people, people with disabilities, minors in the protection system and homeless people. In addition, this Strategy will incorporate the experience gained from pilot projects that implement innovative solutions for the deinstitutionalisation and modernisation of social services, demonstrating how they work, showing their impact and generating learning that can be transferred to a larger scale, as well as being used to develop new public policies.

Within the regional and local context, a number of Autonomous Communities and municipalities have drawn up plans or strategies specifically focused on preventing and tackling homelessness.

The following have been approved among the Autonomous Communities:

- Inclusion Strategy for Homeless People in Cantabria 2022-2025.
- Strategic Plan for Homeless People in Castilla-La Mancha 2022-2025.
- Strategy for the Care of Homeless People in Andalusia, 2023-2026.
- Framework for Action to Tackle Homelessness in Catalonia 2022-2025.

- Plan for the Care of Homeless People in Galicia 2019-2023.

In addition, in 2022, the Spanish Government and the Autonomous Communities adopted a **framework agreement to provide a solution to homelessness within the Territorial Council of Social Services and the System for the Autonomy and Care of People with Dependency**. This agreement will be driven by this Strategy and will facilitate the coordination and coherence of homelessness policies at the national and regional level.

It is also worth highlighting the **drafting of municipal plans to prevent and tackle homelessness**, which are generally driven by the municipal social services, in Barcelona, Bilbao, Las Palmas de Gran Canaria, Madrid, Santa Cruz de Tenerife, Valencia, Zaragoza, etc.

The new municipal plans and the new regional strategies encourage integrated intervention to support people facing exclusion from housing (Rodríguez Cabrero and Marbán Gallego, 2020), as well as the progressive abandonment of the welfarist approach. Indeed, it can be said that most of these strategies share, at least on a theoretical level, a commitment to a housing-centred approach and to preventive measures with largely similar approaches, objectives and measures.

### 1.3. Participatory process in developing the Strategy

Wide-scale participation by the actors involved in the fight against homelessness has to be incorporated throughout the life cycle of the Strategy. In the process of drawing up the Strategy, participation has been channelled through different consultation mechanisms that have been activated throughout the process, from the diagnosis of the situation to benchmarking and validating the final document. Thus, active participation has been achieved involving the public administrations (General State Administration [GSA], Autonomous Communities [AC] and local authorities), organisations within the third sector and experts with first-hand experience.

The following is a summary of the consultations carried out at the different milestones in the design of the Strategy:

#### Phase 1: diagnosis of the situation

The diagnosis of the situation was based on an exhaustive review of secondary sources, including relevant literature, current regulations and the main national and international trends in tackling homelessness. Statistics published on official portals such as the National Statistics Institute (NSI), the Ministry of Social Rights and 2030 Agenda and Eurostat, which collect relevant information on housing, homelessness and social rights, have also been analysed.

The main challenges to be addressed through the Strategy were identified based on the information reviewed and a first proposal was drawn up for an analysis of the current situation in relation to homelessness. The initial proposal for the diagnosis, together with an **input form**, was then shared with the actors involved to collect their written input. A **specific workshop** was then held involving all the actors, in which the results of the diagnosis were presented and a joint reflection was led on the main challenges and changes that should be promoted by the Strategy, which were divided into four main areas of action: prevention; rights and autonomy; care and improvements to the services provided to homeless people; and governance, knowledge and awareness-raising.

The workshop was held in September 2022 and was attended by 37 people representing the GSA, the AC, local authorities, organisations from the third sector and academia. The contributions and reflections of the participants have been incorporated into the diagnosis document and are detailed in Section 2 of this document: [HOMELESSNESS IN SPAIN: THE BASELINE SITUATION](#).

### Phase 2: developing the strategy

The initial structure and content of the National Strategy to Combat Homelessness was developed based on an analysis of inputs from key actors, as well as on the findings of the input forms and a multi-actor workshop organised to prepare the diagnosis of the situation. The proposal to address the challenges, core issues and strategic objectives was then the subject of consultation with key actors. To ensure the participation of all actors, two complementary consultation techniques were used:

- 1. Workbooks (written consultation):** An initial proposal on the design of the strategy was sent to all the actors together with a workbook containing open questions on the issues, objectives and possible lines of action, in order to prepare a participative seminar, as well as to gather the contributions of all the actors, including those who, for various reasons, were unable to attend the seminar. In total, 32 workbooks were received, the contributions of which were analysed and incorporated into the content of this document.
- 2. Multi-actor Participative Seminar (in-person consultation):** a Multi-actor Issue-based Seminar was held on 24 January 2023 at the headquarters of the Ministry of Social Rights and 2030 Agenda. The vision and initial approach regarding the content of the Strategy was presented at the seminar. In addition, two rounds of debate were held in four roundtables dealing with different issues, which resulted in a proposal for the objectives and the lines of action to be pursued in the four areas of focus for the Strategy. The conference was attended by 53 people from national, regional and local public administrations, the third sector, academia and experts with first-hand experience of the situation. These contributions have been incorporated into the content of the Strategy.
- 3. Consultation with experts with first-hand experience:** the initial proposal for the Strategy's approach was shared with people who have experienced homelessness, seeking to incorporate their perspective and input into the Strategy. Participation was channelled through third sector organisations because of their reach and proximity to people with their own experiences. Specifically, a focus group of experts with direct experience was set up and three discussion groups were held to generate proposals. The results obtained from these groups have been incorporated into the Strategy.

### Phase 3: consultation with public administrations

The structure and the strategic and operational content of the Strategy were subjected to a consultation process with the ministries involved, the Autonomous Communities and local authorities. Therefore, both the objectives and the lines of action contained in this document reflect the commitment of the different public administrations to the different strategic issues and objectives to be addressed.



Specifically, three simultaneous consultation processes (one for each competency level) were launched between March and April 2023:

- 1. Consultation with the General State Administration:** the initial draft of the Strategy and a technical sheet with the lines of action that fall under the responsibility of each ministry and/or management centre were shared in order to validate the lines to be implemented in the following years, as well as to design a set of specific measures to be incorporated during the first year the Strategy is in operation. In addition, bilateral meetings were held with the ministries that are key to the implementation of the strategy. These meetings involved 8 ministries and 15 directorates.
- 2. Consultation with the Autonomous Communities:** the initial draft of the Strategy and a technical sheet with the lines of action that fall under their competence were shared with the Autonomous Communities. Each Autonomous Community identified the lines of action and measures it plans to implement in the coming years. Thirteen Autonomous Communities participated.
- 3. Consultation with local authorities:** 13 local authorities<sup>1</sup> that are benchmarks in the fight against homelessness were consulted, both due to their track record and experience in implementing preventive and housing-based measures, and also because they participated in pilot projects to deinstitutionalise homeless people (financed through the European Union's Recovery and Resilience Mechanism, RRM) and because of their continuous participation in the spaces for debate and reflection during the development of this Strategy.

During this phase, the initial draft of the Strategy and a technical sheet with the lines of action that fall under the competence of local authorities were shared. Of all the authorities consulted, five local councils collaborated in identifying the lines of action they plan to implement in the coming years, with the aim of guiding other local authorities in preventing and eradicating homelessness.

#### Phase 4: benchmarking and validation with key actors

The final draft of the National Strategy for Combating Homelessness 2023-2030 has incorporated the contributions from all the key actors involved in the various consultation phases through the different participation channels.

Initially, the draft Strategy was shared with all the key actors online in order to collect **final written comments and input**. These additional adjustments, recommendations and inputs have been incorporated into the document.

The final Strategy was presented at a meeting with **third sector organisations** belonging to the Working Subgroup on Homelessness pertaining to the State Council of Social Action NGOs, who have been consulted throughout the process of designing and drafting the Strategy. This forum

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<sup>1</sup> Specifically, the following city councils were invited to participate in the consultation with public administrations: Avilés City Council, Barcelona City Council, Bilbao City Council, Elche City Council, Gijón City Council, Las Palmas City Council, Madrid City Council, Palma Mallorca City Council, Pamplona City Council, Seville City Council, Tenerife City Council, Valencia City Council and Zaragoza City Council.

allowed the opinions, ideas and final reflections of the third sector to be collected, with the aim of including them in the final version of the Strategy.

The Strategy was also then shared with people with first-hand experience of homelessness, through the mediation of third sector organisations, and their comments were included in this Strategy.

## 2. HOMELESSNESS IN SPAIN: THE BASELINE SITUATION

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### 2.1. Methodological aspects

In order to have sufficient information on homelessness to serve as a basis for drafting the National Strategy to Combat Homelessness in Spain 2023-2030, a diagnostic report was drawn up to synthesise the information available on homelessness in Spain and the policies being implemented to prevent and eradicate this phenomenon with a view to defining the issues, objectives and measures that will shape this 2nd Strategy.

The report is structured in four blocks:

**The first part** contains some basic data in order to contextualise the phenomenon of housing exclusion and homelessness in Spain. It, therefore, provides a series of data on access to housing, on public policies on housing, exclusion and social services, and on the quantification and characterisation of homeless people in our country. Almost all the data are taken from official statistics relating to these issues.

**The second part** summarises the information available on the approach to homelessness and housing exclusion in Europe, both in terms of the regulatory framework established by the EU institutions and the main characteristics of the care models implemented in our neighbouring countries.

**The third part** summarises the basic features of the policies designed to combat homelessness in Spain. This section describes the legal framework and the planning tools established at the state level that relate, directly or indirectly, to housing exclusion. Subsequently, based on a review of the literature published on the subject (official reports, evaluations and academic articles), the main characteristics that define the model designed to care for homeless people in our country are set out.

**The fourth part** contains a proposal regarding the challenges to be faced in coordinating the issues, objectives and measures contained in the National Strategy to Combat Homelessness in Spain 2023-2030.

Methodologically, like the 1st Integrated National Strategy for Homeless People 2015-2020, approved by the Council of Ministers Agreement of 6 November 2015, and like practically all the strategies on homelessness implemented in our region, the diagnosis carried out for this 2nd Strategy takes into account the concept of housing exclusion in its entirety and, more specifically, the *European Typology on Homelessness and Housing Exclusion* (ETHOS), proposed by the European Federation of National Associations Working with the Homeless (FEANTSA).

The analysis carried out has not focused on all the situations of housing exclusion included in the ETHOS typology, but mainly on the situations included in the categories corresponding to



homelessness (rooflessness and houselessness), which are shown in the following table (Table 1).

At the same time, however, both in the section contextualising the situation and in the section analysing public policies related to homelessness, reference is made to the social needs and public policies implemented in the field of housing. There are three closely related reasons for including these policies:

- a) the importance of the mechanisms underlying access to and deprivation of housing as a direct and main, but not sole, cause of homelessness;
- b) the relevance of housing policies from the point of view of preventing homelessness;  
and
- c) the need to orient all homelessness policies towards the provision of adequate housing for the whole population, including the most vulnerable.

Figure 1. European Typology on Homelessness and Housing Exclusion, ETHOS. Revision 2007

	Conceptual category	Operational category	Code	Living situation	Definition	
HOMELESSNESS	Roofless	1	Living in a public space (outdoors)	1.1	Public space or external space	People living on the streets or in public spaces or outside, without a shelter that can be defined as living quarters
		2	People sleeping in an overnight shelter and/or who are forced to spend several hours a day in a public space	2.1	Hostel or night shelter	People with no usual place of residence who make use of hostels or very low threshold shelters
	Homeless	3	People living in hostels and centres for homeless people / temporary accommodation	3.1	Hostels and accommodation centres	When the stay is understood to be short- or medium-term and temporary, not as a permanent place of residence
				3.2	Temporary and transitional accommodation	
				3.3	Supported accommodation	
		4	People in women's shelters	4.1	Hostels for women (alone or with children)	Women housed because they have suffered gender-based violence, as long as it is understood as a temporary residence
		5	People in accommodation centres for asylum seekers and migrants	5.1	Temporary accommodation / Reception centres	People in accommodation for immigrants: immigrants who live in temporary accommodation due to their status as foreigners or seasonal workers
				5.2	Accommodation for seasonal workers	
		6	Persons who are to be discharged from residential or institutional care within a defined period of time	6.1	Penal institutions (prisons)	No housing available prior to release
	6.2			Medical institutions (hospitals, etc.)	Stay longer than strictly necessary due to their lack of housing	
	7	People who receive accommodation with sustained support due to their homelessness status	6.3	Children's centres	No housing to go to when they turn 18, for example	
7.1			Residential care for older homeless people	Supported long-stay accommodation for people who have experienced homelessness		
7.2	Long-term supported housing for formerly homeless people					
HOUSING EXCLUSION	Insecure housing	8	People living under an insecure tenure regime	8.1	Temporarily with family/friends	Living in conventional housing but not their usual place of residence due to the loss of their housing Illegal occupation or without any kind of legal guarantee regarding the right to reside
				8.2	No legal (sub)tenancy	
				8.3	Illegal occupation	
	9	People living under threat of eviction	9.1	On a rental basis	With an eviction order, for non-payment of rent	
			9.2	With home ownership	About to be expropriated, due to mortgage defaults	
10	People living under threat of violence from partner or family member	10.1	With complaints filed with the police	When the police and/or rapid intervention centres have acted to try to find safe accommodation for victims of domestic violence		
Inadequate housing	11		11.1	Mobile homes and similar	People living on a permanent basis in mobile accommodation	

Conceptual category	Operational category	Code	Living situation	Definition
	People living in temporary and non-conventional structures	11.2	Non-conventional buildings or ones not designed for people to live in	People living in constructions that do not constitute conventional housing (shacks or cabins)
		11.3	Temporary structures	
	12	Improper accommodation	12.1	Occupied dwelling unfit for habitation
13	Extreme overcrowding	13.1	Well above the usual standards that define overcrowding	People living in overcrowded housing units (exceeding the national occupancy standard)



## 2.2. Homelessness and housing exclusion in Spain: some background data

This section contains some basic data related to the issue of housing exclusion in Spain, with the aim of contextualising the analysis that will be made later on regarding the policies for the care of homeless people. In order to provide a sufficiently broad overview of the factors related to homelessness, this section is structured in three different subsections:

The first offers some basic data on access to housing in Spain: trends in house purchase and rental prices, the economic burden required to access housing, the impact of housing-related difficulties on social exclusion, the number of people affected by insecure housing and inadequate housing, and the trends in the number of evictions carried out.

The second section focuses on the public policies most directly related to the fight against homelessness in Spain: public spending on social protection benefits related to housing and social exclusion, the provision of publicly promoted rental housing, and the trend concerning the resources, especially housing, offered to homeless people. Data are also provided on the number of interventions with homeless people carried out by the Social Services and on the number of homeless people receiving a minimum integration income.

The third section focuses on the quantification and characterisation of homeless people in Spain, based mainly on three sources of data: the statistics compiled by the National Statistics Institute (NSI) on care centres for homeless people, the night-time counts carried out in various Spanish cities, and the Homeless People Survey (HPS) carried out by the NSI.

## 2.3. Access to housing in Spain

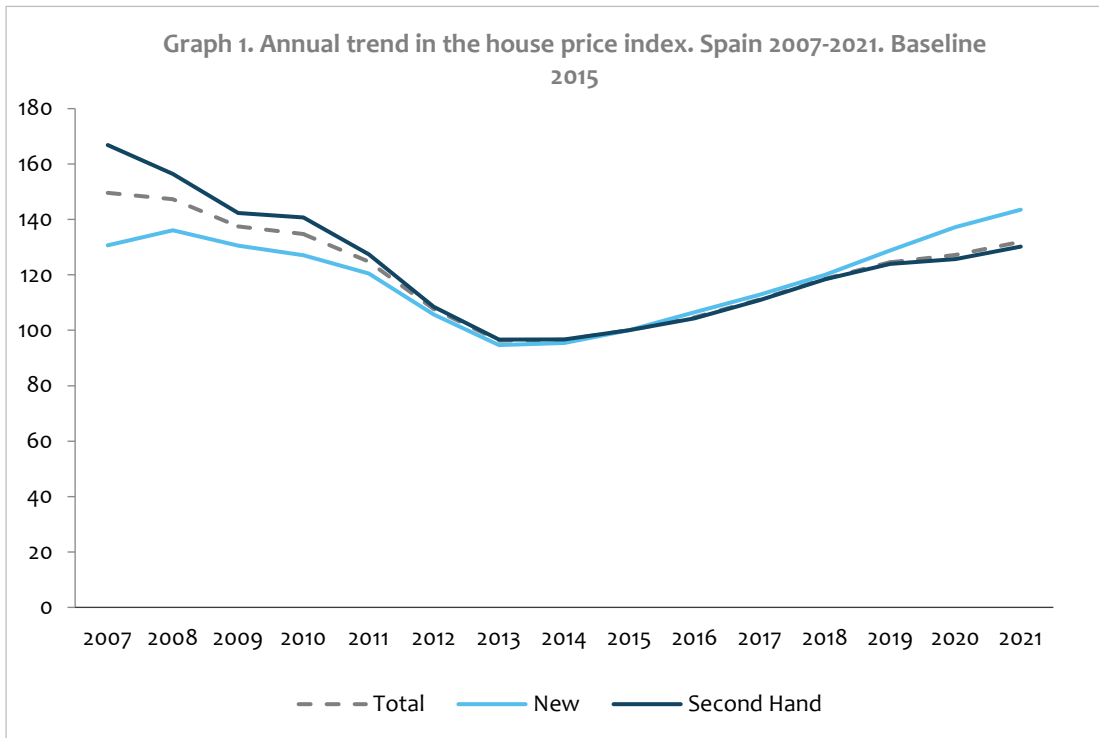
### a) Growth in housing costs, both in purchase price and the cost of renting

The problems related to access to adequate housing have emerged as a reality in our country in recent years, aggravated by the successive crises, the fall in incomes and the increase in the burden of housing costs on the most vulnerable families.

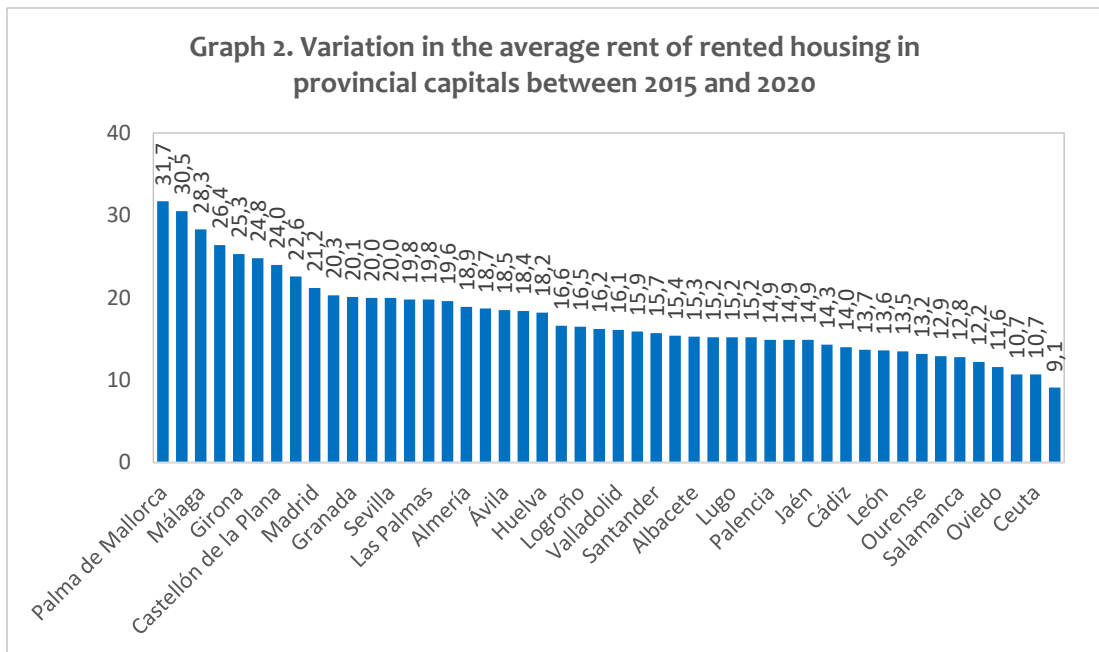
During the pandemic, as in the previous crisis, **the employment-housing binomial emerged as one of the main determinants of social exclusion**. This reality makes it necessary to redefine the most appropriate public intervention strategies to respond to one of the main social challenges, with a special impact on the most vulnerable (FOESSA Foundation, 2021).

One of the elements that, both in Spain and in neighbouring countries, explains the increase in housing exclusion, relates to the increase in the costs associated with housing. Despite the fall in house prices that began with the bursting of the housing bubble in 2007, a new period of rising house prices began in 2014 and continues to this day.

Although the data differ depending on the sources used, **between 2015 and 2021, the House Price Index has increased by 31.9%**. By type of housing, the increase has been greater in new housing (43.5%) compared to second-hand housing (30.2%). This increase contrasts with the rise in household income in Spain, which, according to the Living Conditions Survey (LCS), is estimated to have increased by 17.1% in the same period, from 26,092 to 30,552 euros per year.



Source: NSI. House Price Index. Base 2015

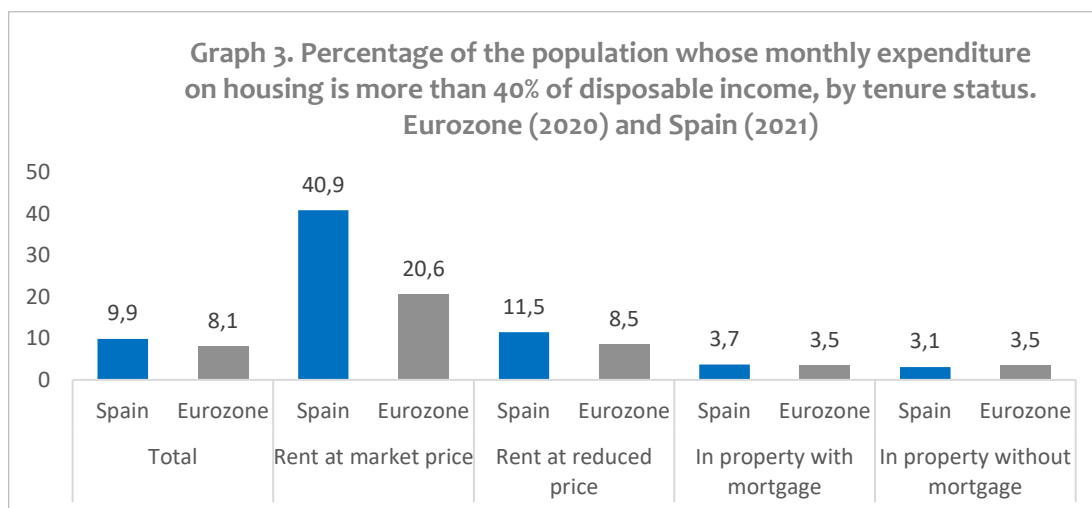


Source: State Housing Rental Price Reference System. Ministry of Transport, Mobility and Urban Agenda.

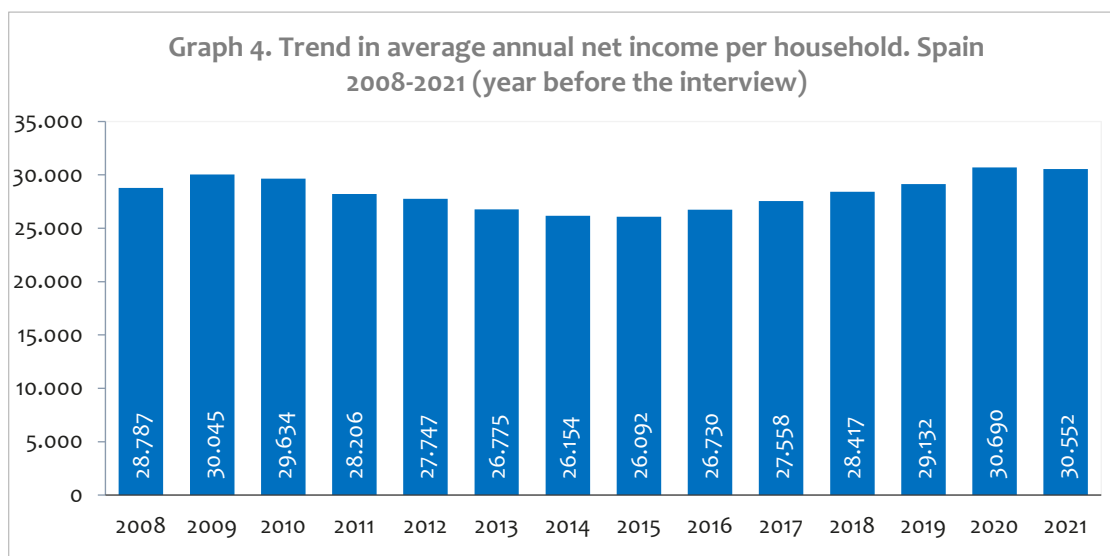
With regard to rental prices, the NSI's Statistics on the Rental Housing Price Index registers an increase of 10% between 2015 and 2020 for the country as a whole. If attention is focused on the major cities, however, the picture is different: according to the State Housing Rental Price Reference System, the average increase in provincial capitals has been, on average, 17.7%, with increases ranging from 9% in Cuenca to 31% in Palma de Mallorca.

**b) A full 40% of households renting in the private rental market spend more than 40% of their income on housing costs**

This **increase in prices contrasts with the increase in household income** which, according to the Living Conditions Survey, rose by 17.1% in the same period, from 26,092 to 30,552 euros per year, as can be seen in the following graphs:



Source: Eurostat: Eurostat. EU-SILC.



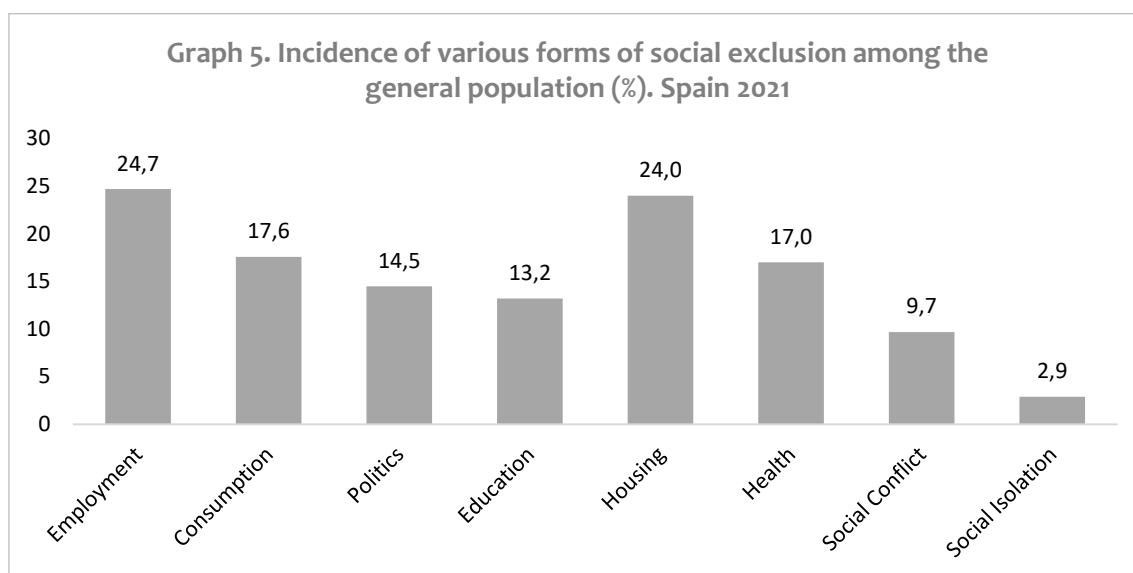
Source: NSI, Living Conditions Survey.

Consequently, according to the European Survey on Income and Living Conditions (EU-SILC), in 2021 the proportion of the population that, in order to meet the cost of housing, rent or mortgage interest plus expenses associated with maintenance, has to use more than 40% of the household's available income, is 9.9% in Spain, compared to 8.1% in the Eurozone as a whole. In the case of households living in private rented accommodation, this figure is 40%, four times higher than for the population as a whole, compared to 20% in the Eurozone.

c) **Housing is one of the main factors leading to exclusion, and the percentage of the population living in insecure or inadequate housing is growing**

Access to housing is one of the key factors leading to social exclusion in Spain. According to the methodology used by the FOESSA Foundation to conceptualise and measure social exclusion in Spain, **housing exclusion is, after employment, the issue that affects the highest percentage of the population (24.0%).**

According to the latest report on social exclusion in Spain by the FOESSA Foundation, “it is possible to speak of housing exclusion and its growth in recent years. From a general perspective, it can be observed that **housing exclusion in Spain has increased over the last three years and in 2021 it affected one in five households.** The percentage of households in unhealthy, severely overcrowded or severely degraded environments (slum, unsanitary, lack of water, bad smells, dirty, no access) increased by more than 80%, at the height of the pandemic at the time with the tightest mobility restrictions. In addition, **15% of households have to spend more than 40% of their income on housing costs, which is a high financial burden**” (FOESSA, 2021).



Source: Integration and Social Needs Survey. FOESSA (FOESSA SNIS 2021).

The FOESSA survey data also show that, in 2021, 15.9% of the Spanish population was affected by one of the residential scenarios that the ETHOS typology contemplates under the conceptual categories of insecure or inadequate housing. According to FOESSA's Social Needs and Integration Survey (SNIS), insecure housing affects 3.7 million people (7.9%), while inadequate housing affects almost 4.8 million (10.1%). Severe overcrowding is the most widespread (8.7%) and affects 4.1 million people.



Table 1. Number and percentage of people affected by insecure housing and inadequate housing in Spain (2021)

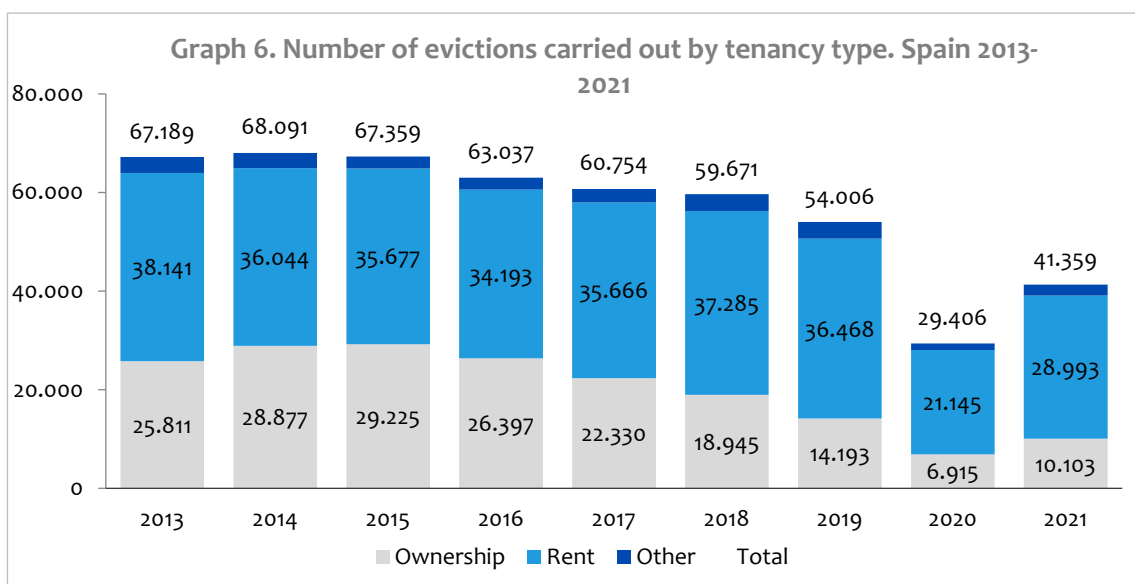
ETHOS living situation		FOESSA living situation	Affected population		
C. Insecure housing	8. Living in a dwelling without legal title (living temporarily with family or friends on an involuntary basis, living in a dwelling without a tenancy agreement -squatters, etc. excluded).	Precarious housing tenure (provided free of charge by other people or institutions, sub-let, illegally occupied)	4.8%	7.9%	3,728,000
			2,270,000		
	9. Legal notice to leave the dwelling	Due to financial problems, the household has suffered some kind of threat of eviction from the dwelling, immediate or not, during the last year.	2.9%		
	10. Living under the threat of violence from family or partner	A member of the household has been physically or psychologically abused in the last year	3.7%	15.9%	7,539,000
			1,730,000		
D. Inadequate housing	11. Living in a temporary structure or shack	It is a substandard housing (shack, shed, temporary or prefabricated structure or similar).	0.1%	10.1%	4,761,000
			40,000		
	12. Living in a dwelling that is not appropriate under state law	The dwelling is located in very degraded surroundings, has serious deficiencies in its construction or lacks basic supplies and equipment	4.5%		
	13. Living in overcrowded housing	The household is affected by severe overcrowding (<15m2 per person).	8.7%		
			4,119,000		

Source: Prepared by the authors based on FOESSA SNIS 2021.

#### d) The number of expulsions is on the rise again

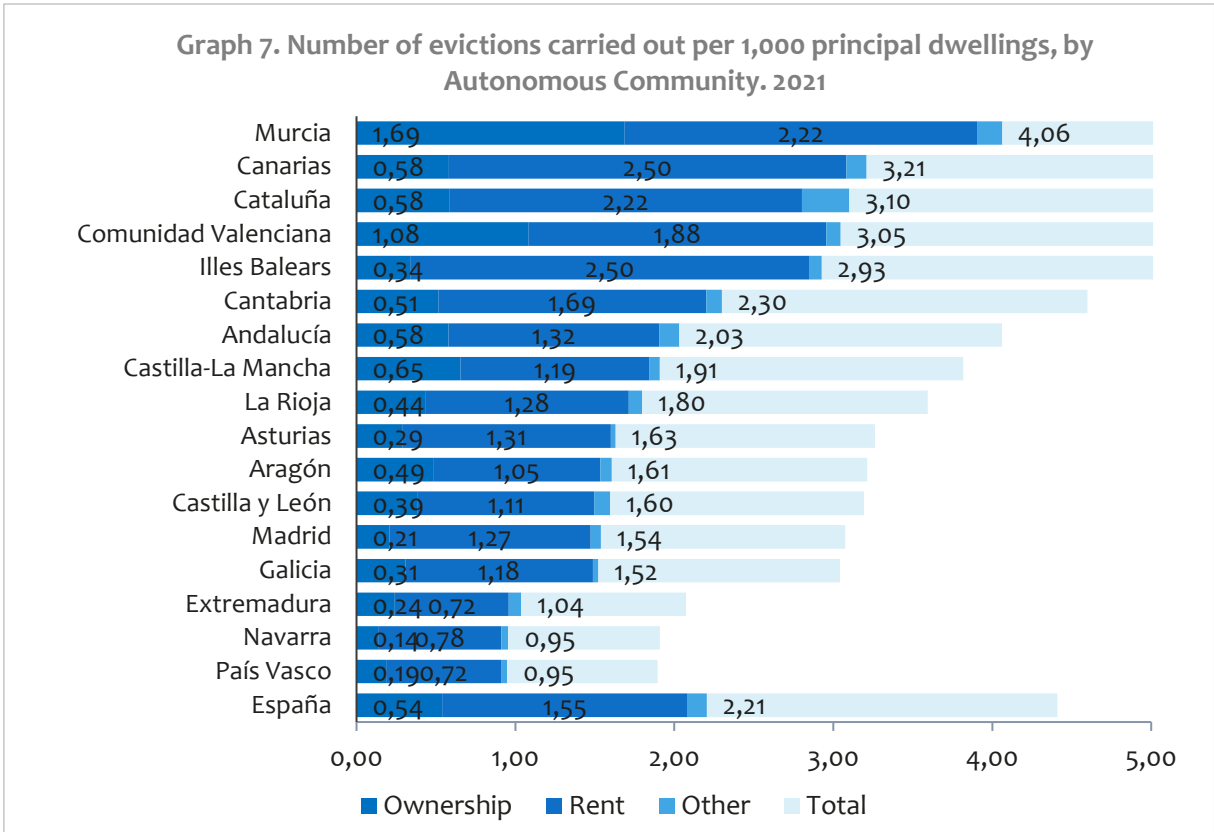
After the relative halt in expulsions in 2020, the number of evictions increased again in 2021, although they are still below the levels recorded during the last financial crisis. The curbing of evictions compared to the levels that could have been reached during the pandemic is due to the 'social shield' approved by the Government, with measures including a ban on evictions of vulnerable families, extended until December 2022, or the emergency extension of rental contracts for permanent housing between December 2020 and February 2022, while the cases in which a judge can paralyse eviction proceedings in order for services to seek alternative housing were also extended.

As can be seen in the graph, the number of expulsions carried out in 2021 was 41,359, which was 40.6% more than in the previous year, and 23.4% less than in 2019, largely as a result of the various measures to suspend evictions approved by the Spanish Government. **The specific weight of expulsions due to non-payment of rent has been increasing in recent years and in 2021 they will account for 70.1% of all expulsions.**

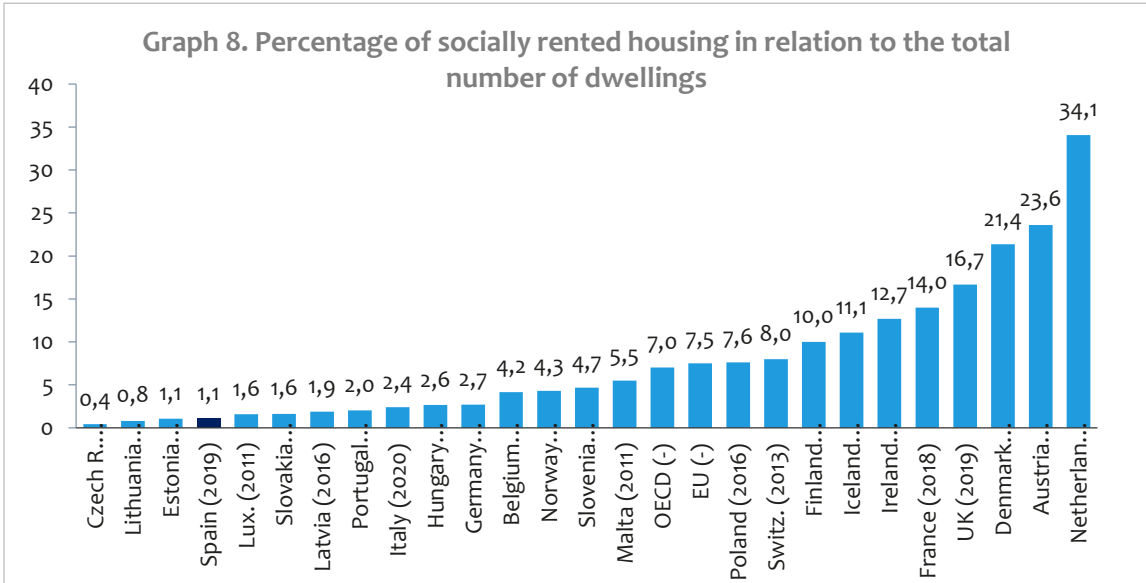


Source: The Judiciary. Judicial Statistics.

As can be seen in the graph below, the Autonomous Communities with the highest rate of expulsions include Murcia, the Canary Islands, Catalonia and the Valencian Community. While, Extremadura, Navarra and the Basque Country have the lowest rates.



Source: The Judiciary. Judicial Statistics.



Source: [OECD](#) Questionnaire on Affordable and Social Housing (QuASH).

## 2.4. The scope of the policies related to housing exclusion and homelessness in Spain

### a) Limited availability of social housing

As noted below, one of the main characteristics of housing policy in Spain has been the promotion of access to ownership in the housing market, and the consideration of housing as an investment and/or as a factor contributing to economic and employment growth. This has led to a very limited implementation of public housing policy and, in this context, to a very **limited supply of publicly promoted housing, both for purchase and, in particular, for rental.**

In fact, as can be seen in the graph above, **Spain is one of the four EU countries with the lowest stock of social rented housing.** This type of housing, some 290,000 in our country, barely represents 1.1% of all dwellings, while this proportion is 7.5% in the European Union. In eight European countries, the percentage exceeds 10%.

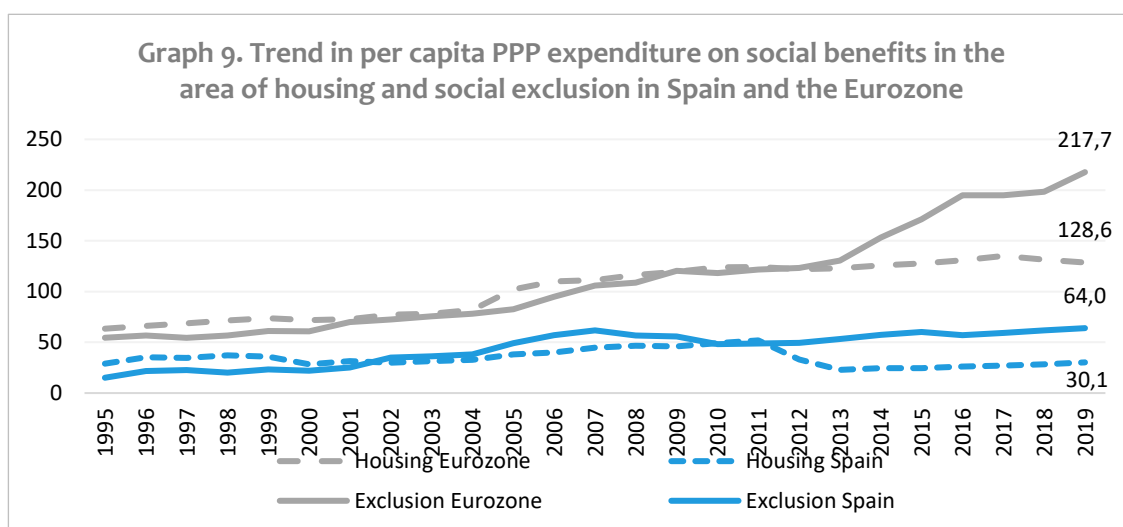
### b) Spain spends the least in the Eurozone on housing and social exclusion services and benefits

Traditionally, Spanish public administrations have allocated less public spending to the social policies most directly related to homelessness and housing exclusion than its neighbouring countries. The following graph shows the trend, for Spain and for the Eurozone countries as a whole, in spending on social protection benefits in the area of exclusion and housing. In 2019, the latest year for which data is available, European expenditure on exclusion was €217 (in purchasing power parity or PPP) per capita, and on housing €130 (in PPP) per capita<sup>2</sup>. In Spain, the expenditure amounts to €64 and €30 (in PPP), respectively. Spanish spending in these two areas of social protection is equivalent to 27% of that in the Eurozone. The gap between Spain and the Eurozone, moreover, has been widening in recent years, since in 2007 Spanish spending was equivalent to 49% of European spending.

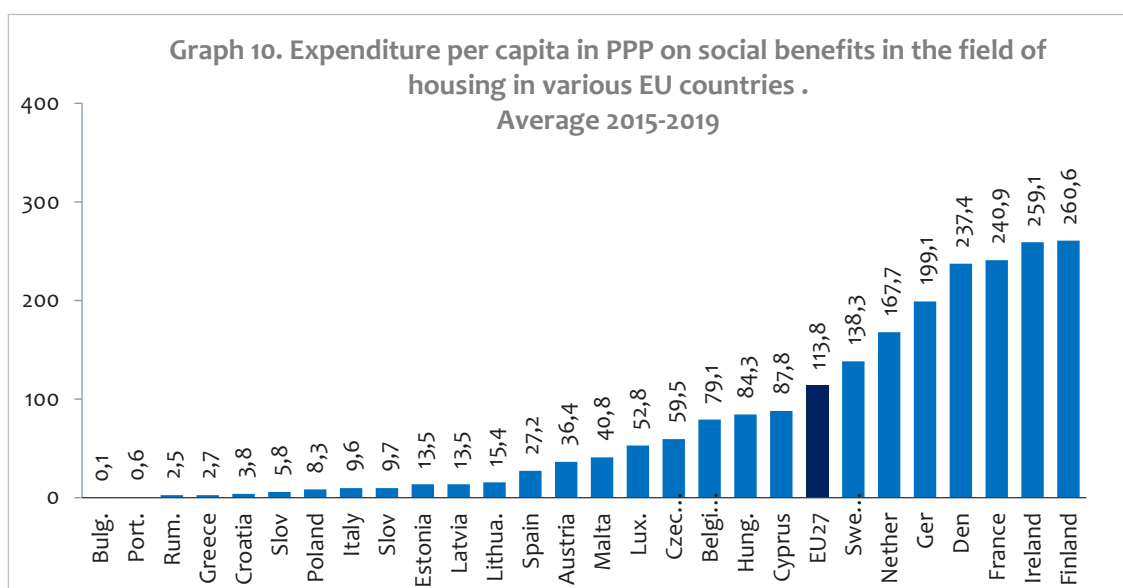
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<sup>2</sup> Five countries in Europe (Denmark, France, Germany, Ireland, Finland and France) spend more than 200 euros per capita on public housing policies.

However, it is to be expected that spending on the Minimum Vital Income (MVI) will allow Spanish spending on social exclusion to converge more closely with the European level from 2021 onwards.



Source: Eurostat ESSPROS.



Source: Eurostat ESSPROS.

## 2.5. Characteristics of the care system for homeless people in Spain

### a) Increased resources

The implementation of the intervention model has seen a relatively significant increase in the number of care places specifically aimed at homeless people, both in terms of accommodation and day care, occupational care, street intervention, etc.

The following table shows the increase between 2012 and 2020 in the number of centres and services for the homeless, based on the NSI's Survey of Centres and Services for Homeless People (SCSHP). As can be seen in the table, although there has been a general increase in

the number of centres, the main increases relate to hostels and centres offering mainly reception services, in addition to soup kitchens<sup>3</sup>.

Table 2. Number of homeless centres by main activity (2014-2020)

	2014		2020		Change (%)
	Number	%	Number	%	
Hostel/Night shelter	77	9.7	111	10.9	44.2
Reception centre	205	25.8	295	28.9	43.9
Immediate reception flat/apartment	41	5.2	46	4.5	12.2
Temporary accommodation apartment/flat	146	18.4	205	20.1	40.4
Social integration flat/apartment	77	9.7	101	9.9	31.2
Residence	34	4.3	32	3.1	-5.9
Soup kitchen	67	8.4	99	9.7	47.8
Day centre	60	7.6	76	7.5	26.7
Other	87	11.0	54	5.3	-37.9
Total	794	100.0	1.019	100.0	28.3

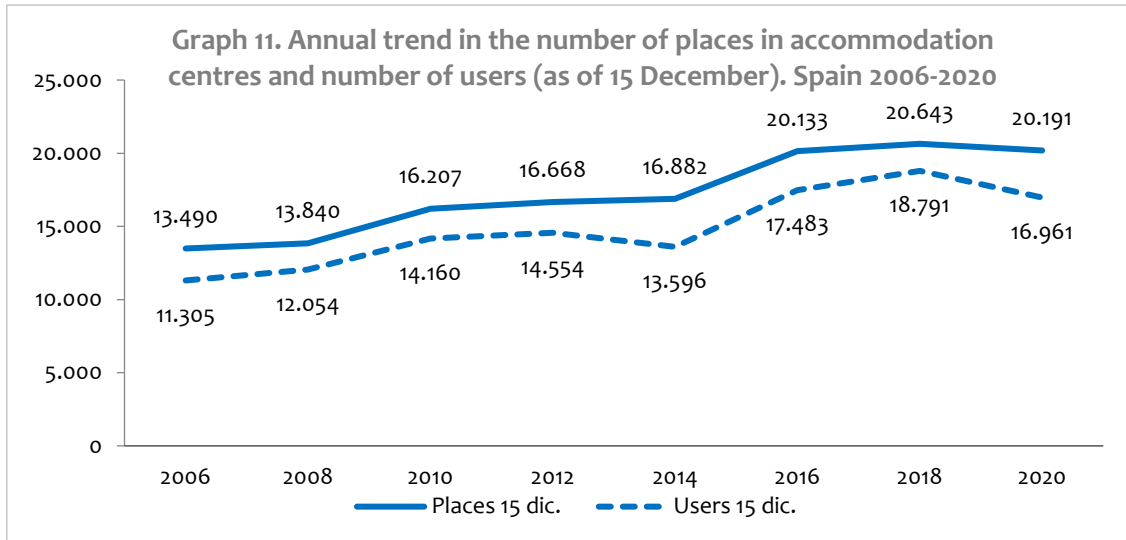
Source: NSI SCSHP.

#### b) The number of places in accommodation centres for HP has been gradually increasing since 2006

According to the NSI's Survey of Centres and Services for Homeless People<sup>4</sup>, at the end of 2020, **centres with accommodation for homeless people in Spain offered a total of 20,191 places and housed 16,961 people** (representing an occupancy rate of close to 80%). Of these, 26% were occupied by women. It should be noted, however, that part of the increase in the number of vacancies recorded by this survey could also be due to the improvement in the INE's capacity to detect and identify the centres that provide this type of services.

<sup>3</sup> As has previously been pointed out, on the other hand, the increase in the number of centres and vacancies included in the statistics on centres for homeless people may be partly due to a certain under-recording of the centres and vacancies available in the first iterations of the survey.

<sup>4</sup> This statistical analysis includes both centres with accommodation and others without accommodation, including soup kitchens, day centres, occupational workshops and street intervention programmes and services for homeless people. The centres with accommodation include, in addition to those specifically for HP, shelters for women victims of gender-based violence, shelters for returned migrants, centres for immigrants -centres providing temporary accommodation for immigrants (CTAI) and refugee reception centres (RRC)- and centres providing accommodation for seasonal workers.

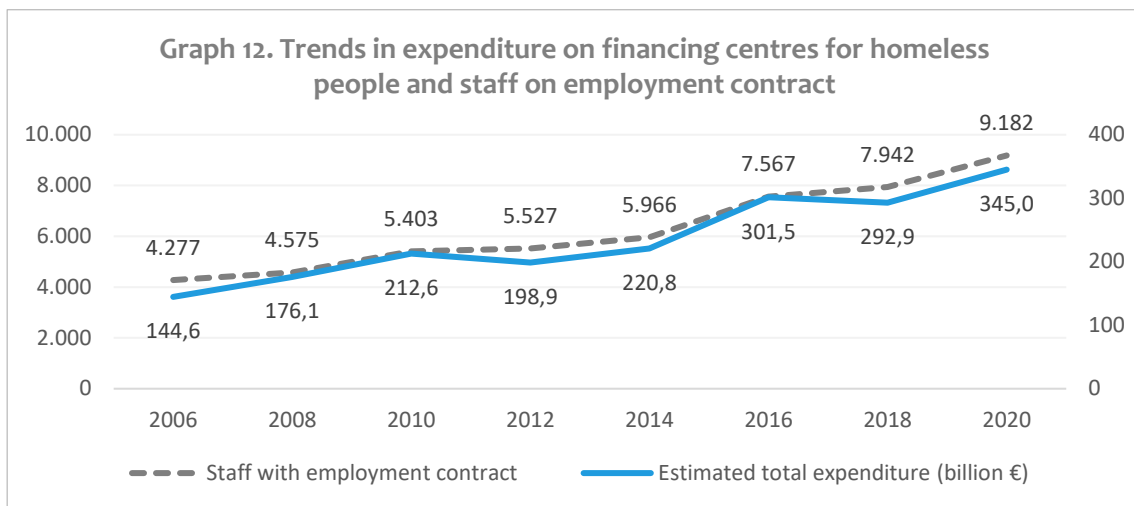


Source: NSI SCSHP 2020

Since 2006, the number of places available has grown significantly, from 13,490 in 2006 to 20,191 in 2020. Of the total number of places available, almost two thirds are in hostels, residences or shelters, the rest in flats or apartments and, to a much lesser extent, in guesthouses or hotels. This distribution of places has hardly changed since 2014.

### c) Spending and staff numbers in centres for homeless people are also growing

Parallel to the increase in the number of accommodation places and other services offered to homeless people, the total expenditure on homelessness centres has increased, as has the number of paid staff working in them. More specifically, the expenditure on financing these centres has increased from 144.6 million in 2006 to 345 million in 2020<sup>5</sup>.



Source: SCSHP 2020.

<sup>5</sup> Again, it should be noted that the increase in expenditure on funding these services, as reported in the survey, may be due both to a real increase in funding and to the under-detection of certain centres, and the expenditure associated with them, during the first iterations of the survey.

#### d) Major presence of privately-owned centres

The Survey of Centres and Services for Homeless People provides an in-depth look at the services they offer, the staff working in them, their ownership and their funding. According to the information provided by the 2020 survey, **37.7% of the more than 1,000 centres identified are hostels and shelters, while 32.6% are flats and apartments. In total, 75.3% of the centres are privately owned.**

Table 3. Number and distribution of centres for homeless people by ownership (2020)

	Public	Private	Total	Total	Public	Private	Total
	No.	No.	No.	% vert.	% hor.	% hor.	% hor.
Hostels and reception centres	117	289	406	37.7	28.8	71.2	100
Flats/apartments	102	250	352	32.6	29.0	71.0	100
Residence	2	30	32	3.9	6.3	93.8	100
Soup kitchen	14	85	99	11.1	14.1	85.9	100
Day centre/occupational workshop	8	68	76	8.9	10.5	89.5	100
Other	9	45	54	5.9	16.7	83.3	100
Total	252	767	1,019	100.0	24.7	75.3	100

Source: Prepared by the authors based on SCSHP 2020.

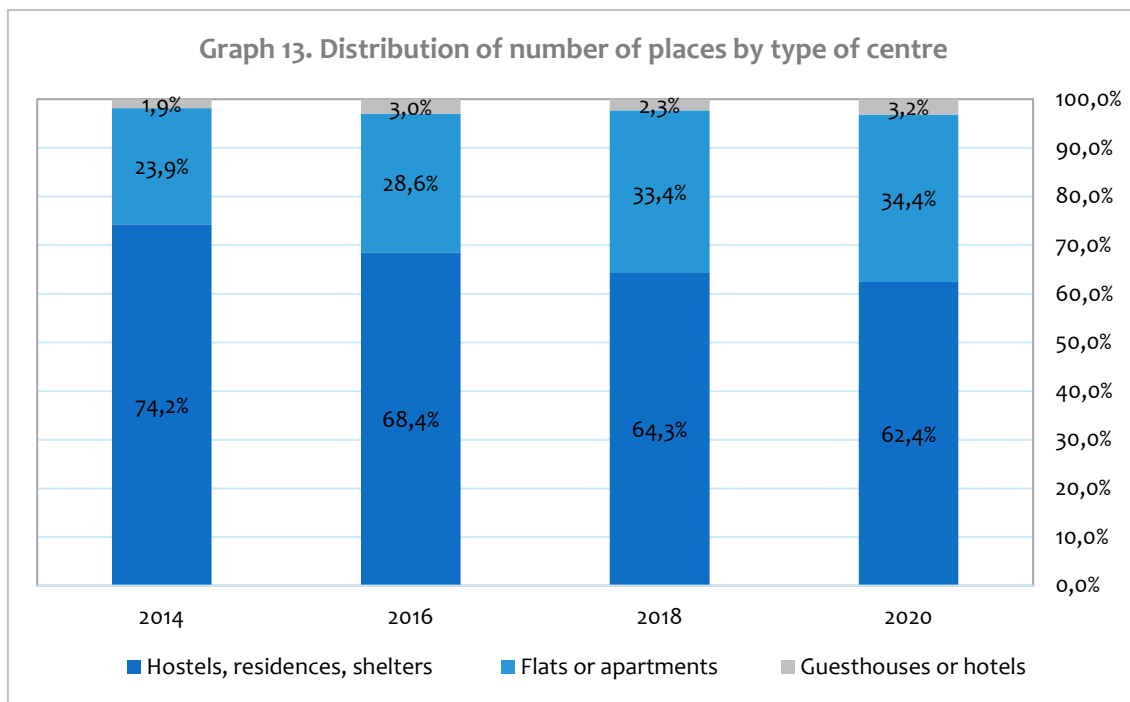
If we focus solely on the 790 centres that offer accommodation services (hostels and shelters, residences and flats or apartments), and on the more than 20,000 places they offer, it can be seen that **37.1% are publicly owned and 62.9% are privately owned, although at least two thirds of the private places -41.9% of all the accommodation places- are financially supported or subsidised by one of the administrations with responsibilities in this area.**

#### e) Increase in places in reception flats and apartments for homeless people

Although **hostels, residences and shelters make up the vast majority of care facilities for homeless people**, representing 62.4% of all existing accommodation places in 2020 (12,601 places out of a total of 20,191, according to the SCSHP 2020), there has been a **significant increase in the number of places in flats or apartments**, which have increased from 23.9% of places in 2014 to 34.4% of all existing places in 2020.

It is also important to note that since 2014 there has been a **reduction of almost 12 percentage points in the number of places in hostels, residences and shelters**, from 74.2% of the total number of existing places in 2014 to 62.4% in 2020. Part of this reduction can be explained by a greater presence of flats and apartments among the centres identified in the latest Survey of Centres for Homeless People (2020).





Source: SCSHP 2020.

Looking more closely at the current situation, the above table also shows that the proportion of residential places is greater among publicly owned centres (67.5%) than among privately owned centres (59.4%), in contrast to the case with apartments and flats (25.3% of all places in the public network and 39.8% in the private / subsidised network).

**Table 4. Number and distribution of places with accommodation for homeless people by type of centre and ownership (2020)**

	Public (%)	Private (%)	Supported or subsidised private (%)	Total (No.)	Total (%)
Hostels, residences, shelters	40.1	59.9	–	12,601	62.4
Flats or apartments	27.2	72.8	–	6,947	34.4
Guesthouses or hotel establishments	83.8	16.2	–	643	3.2
Total	37.1	62.9	41.9	20,191	100.0
Number	7,490	12,701	8,455	--	--

Source: Prepared by the authors based on SCSHP 2020.

#### **f) The publicly owned centres are oriented towards emergency and short-stay reception**

On the other hand, if we focus on the 426 accommodation centres detected by the survey<sup>6</sup>, 31% offer emergency places, 29% short-stay places and 85% long-stay places (the total adds up to more than 100% because the same centre can offer places for more than one type of stay).

<sup>6</sup> This statistical analysis considers the following collective accommodation centres: hostels, residences and shelters.

These publicly run centres, often municipal hostels and other shelters, tend to offer emergency and short-stay places to a greater extent than the privately run centres.

Table 5. Number and distribution of collective accommodation centres, by type of stay provided by the centre\* and ownership (2020)

	Ownership public	Ownership private	Total
Emergency (1-5 days) %	51.7	23.2	31.0
Short-stay (6 days-1 month) %	42.2	24.5	29.3
Long-term stay (more than 1 month) %	75.0	89.4	85.4
Total	116	310	426

Source: NSI. SCSHP 2020.

#### g) Public funding is essential for the sustainability of the centres for homeless people

Beyond ownership, and focusing again on homeless centres as a whole, **the survey data highlight the importance of public funding for their sustainability.** In fact, the predominant source of funding for 83.7% of the centres is public administrations, while almost 15% are financed fundamentally by their own resources, donations from private individuals or resources from non-profit organisations.

Table 6. Number and distribution of homelessness centres, by predominant source of funding (2020)

	Number	Distribution (%)
Public administrations	853	83.7
Companies	7	0.7
Private non-profit institutions	37	3.6
Private donations	33	3.2
Own funds	75	7.4
No predominant source of funding	14	1.4
Total	1,019	100.0

Source: SCSHP 2020.

#### h) A feminised sector with a significant number of volunteers

As regards the staff working in the centres for homeless people as a whole, **44% of them provide their services on a voluntary basis and 52% on the basis of an employment contract.** Paid staff (excluding subcontracted staff, whose contractual status is unknown) number 8,505, of whom around two thirds (67.2%) have a permanent contract.

Taking into consideration all the staff working in the centres for homeless people (17,521 people), 65.3% of them are women. Specifically, women account for 62.3% of the volunteer staff and 67.9% of the employed staff. Among salaried employees, the proportion of women with permanent contracts (71.9%) is slightly lower than that of men (74.1%).

Table 7. Distribution and number of staff working in centres for homeless people, by gender and employment status (2020)

	Men	Women	Total	Number
Salaried staff with permanent contracts	32.3	36.8	35.2	6,173
Salaried staff on temporary contracts	11.3	14.4	13.3	2,332
Subcontracted staff	4.8	3.4	3.9	677
Volunteer staff	48.3	42.4	44.5	7,792
Other staff*	3.3	3.0	3.1	547
Total	100.0	100.0	100.0	17,521
Number	6,087	11,434	17,521	--

\* Includes religious staff in certain centres and trainees who volunteer, even if they receive a small bonus or financial compensation.

Source: Prepared by the authors based on SCSHP 2020.

### i) Homeless people, a barely visible group in the Social Services system

In Spain, care for homeless people is mainly provided through the Social Services system, as explained below. However, their visibility within this system is low and their weight in relation to other groups, situations or needs is -according to the available data- comparatively minimal.

According to the annual reports on the Minimum Integration Income produced by the Ministry of Social Rights and 2030 Agenda, **homeless people make up a very small proportion of the people receiving these benefits**. Leaving aside the case of the Canary Islands, the Autonomous Communities that provide data on the percentage of homeless beneficiaries report percentages ranging from 0.8% in Andalusia to 2.8% in Catalonia and 4.1% in Madrid.

The latest report from the Social Services Users Information System (SSUIS), also published by the Ministry of Social Rights and 2030 Agenda, puts the number of interventions carried out in 2019 involving homeless people at **9,765, which represents 0.27% of the 3.6 million interventions registered in the system in that year**. The 2019 data, on the other hand, reflect a significant decrease compared to previous years, when the number of interventions involving HP was close to 15,000. It is possible, however, that the SSUIS does not adequately reflect all the interventions carried out by the social services system involving this group.

## 2.6. Quantification and characterisation of homeless people in Spain

As noted above, data regarding the quantification and characterisation of homeless people in Spain are derived from three different data sources.

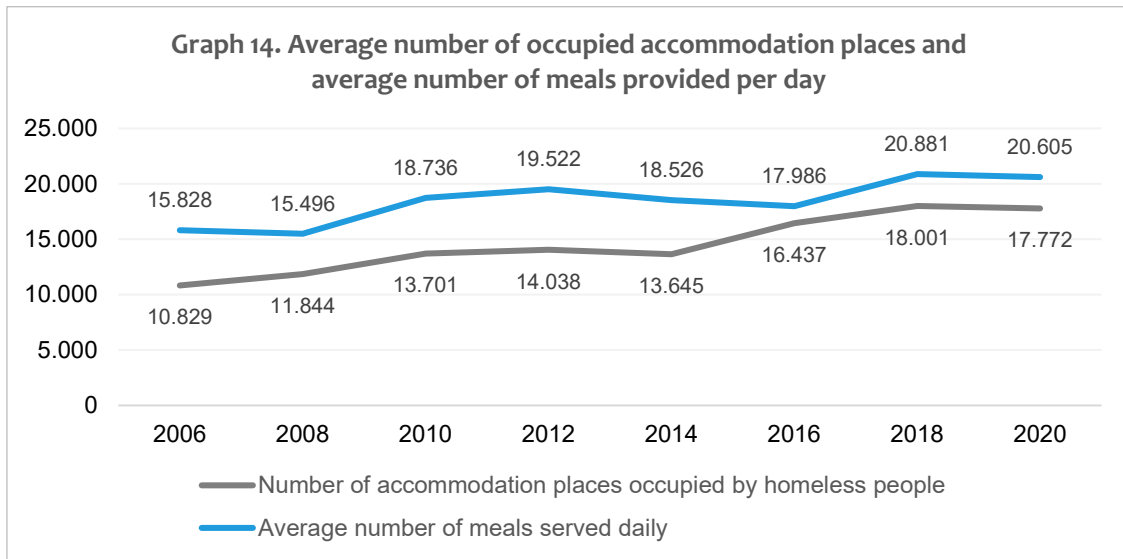
- On the one hand, data is collected on the number of people attended to in centres for homeless people, which is included in the NSI's Survey of Centres and Services for Homeless People. This survey is conducted every two years, with the most recent data covering 2020. Although, as mentioned above, the survey refers mainly to care centres and their characteristics, it also offers interesting data on the number and characteristics of the users.

- The second source of data is the Homeless People Survey (HPS), also conducted by the NSI. Three iterations of this survey have been carried out so far (2005, 2012 and 2022), focusing on the quantification and characterisation of people attending centres offering accommodation and/or catering services located in municipalities with more than 20,000 inhabitants. Although the survey counts both people staying overnight in hostels, shelters and other collective and individual accommodation (homeless people), it also counts a proportion of the people who are staying overnight in public spaces or locations not designed for habitation (roofless people), provided that they have accessed the day or catering centres where the survey is carried out. Therefore, people who spend the night on the streets and who do not have access to the other centres that make up the care network for homeless people (soup kitchens, day centres, etc.) remain outside the scope of the survey, making it difficult to identify, characterise and attend to the different profiles, needs and/or circumstances that rough sleepers go through (coverage of basic needs, treatment for drug users, access to essential public services, treatment and health care, among others).
- In addition to these two official statistical sources, some data are gathered from the various night-time counts of homeless people carried out in different cities in Spain. These counts take into account people who are on the streets on a given night and possibly those who spend the night in centres where the accommodation is provided by social services. Their periodicity is, however, generally irregular, and the same methodological criteria are not always used when carrying them out, which makes it difficult to draw solid and comparable conclusions.

The main data derived from these sources indicate the following:

**a) The number of people using accommodation and catering resources for homeless people grew up until 2020**

According to data from the NSI's Survey of Centres and Services for Homeless People, the average daily occupancy of accommodation resources for this population was 17,800 people in 2020, compared to around 18,000 in 2010 and just over ten thousand in 2006. Although this statistic does not take into account, as mentioned above, people sleeping rough and may be influenced by the increase in the supply of bedplaces, it shows the **growth in demand for accommodation services for this group over the last few years**. The average number of canteen services offered by these centres has grown in a similar way over this period.



Source: SCSHP 2020.

**b) Nightly counts suggest that the number of people sleeping rough grew between 2016 and 2020**

Night-time counts of homeless people are one of the main tools for estimating the number of homeless people in a region, especially in those cases where the count covers both people on the streets and those housed in medium-, short- and long-stay resources.

This type of research, based on the collection of information in the field, is carried out on a given night and consists of detecting, often with the help of volunteers, every person without housing -depending on the definition used in each study- who is sleeping for a short period of time in public spaces and, in some cases, in accommodation services. Each time a person is found, their exact location is recorded, as well as some basic indicative data, although, on occasion, this information can be complemented by the information provided directly by the persons found through a short interview. In fact, it is relatively common for the counts to be coordinated with other methodologies, especially surveys and administrative records, and by triangulating the data in this way, a much more detailed picture emerges. The time (at night) and the area covered are chosen to avoid double counting, as services generally close in the evening after the arrival of their residents (SIIS, 2021).

These counts are a fairly effective methodology for obtaining first-hand information on the number of homeless people in a community. They are relatively simple to implement and, because they are carried out over a short period of time, they limit the risk of duplicate counting. In the case of participatory studies open to volunteers, they can also serve to raise the visibility of the problem of homelessness and raise public awareness of it.

However, despite their undoubted interest and usefulness, these methods also have significant limitations related to their completeness and accuracy. Firstly, many homeless people may not be counted during the survey, either because they seek inconspicuous places to rough sleep, or because they sleep in spaces excluded from the count, such as squats. Misidentification errors can also occur, i.e. homeless people may not be recognised as such, or vice versa. In terms of timescales, it is difficult to infer general trends in homelessness from

a snapshot from a single night -with all the random events that can occur on that night- so it is useful to repeat the counts periodically (SIIS, 2021).

Even with these limitations, night-time counts in Spain provide valuable information on the trends in homelessness and the personal characteristics of homeless people. As such, the information provided by nightly counts of homeless people, in those cities where they are regularly conducted, suggest that the number of people on the streets may have increased between 2016 and 2020. This seems to have been the case at least in Madrid, Barcelona and Bilbao. In 2022, two years after the outbreak of the pandemic, a certain stabilisation seems to be observed, although data for that period are only available for Barcelona and Bilbao. In any case, as noted above, the limitations of this methodology and the existence of specific dynamics in each of the cities where the counts have been carried out must be taken into account.

Table 8. Number of people found sleeping rough in counts conducted in various cities between 2014 and 2022

	2014	2015	2016	2017	2018	2019	2020	2021	2022
Madrid (1)	764	--	524	--	650	--	--	--	--
Barcelona (2)	--	--	941	1,026	956	--	--	895	1,063*
Valencia (3)	--	--	--	--	--	570	--	352	--
Zaragoza (4)	140	--	126	--	120	--	--	--	--
Seville (5)	--	--	205	--	--	--	--	--	--
Palma de Mallorca (6)	--	--	--	188	--	207	--	--	--
Las Palmas de GC (7)	--	--	81	--	--	--	--	--	--
Basque Country (8)	323	--	274	--	430	--	163**	--	661

Source: own elaboration.

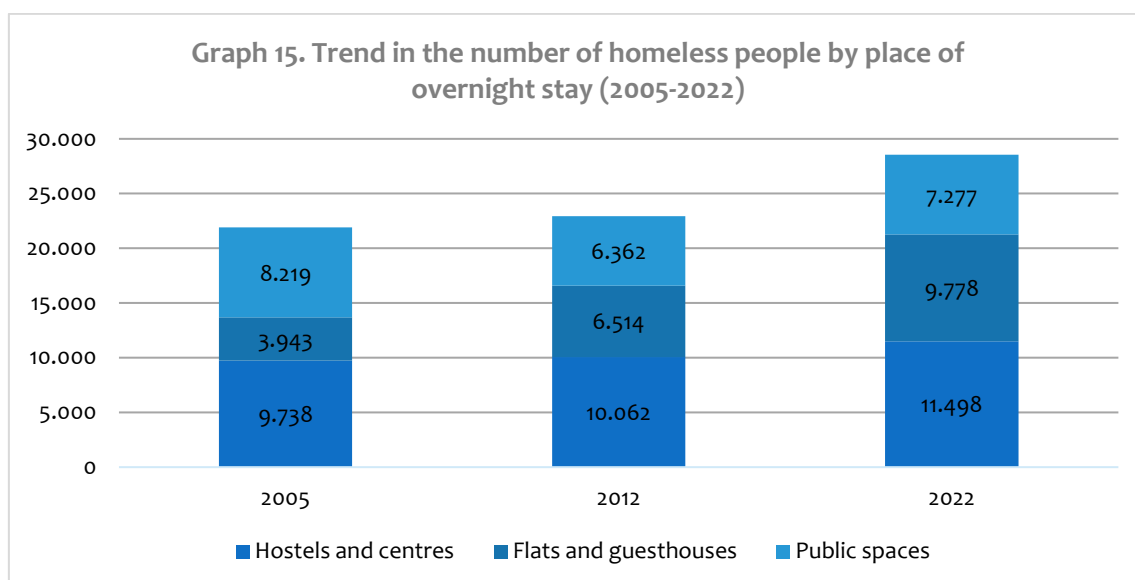
(1) Madrid: [Night-time counts of homeless people VII, VIII and IX](#), organised by Madrid City Council. In 2020, various third sector organisations organised a night-time count (427 people on the streets) using a less exhaustive methodology that does not allow for comparison with previous counts.

(2) The results record the results of the [counts carried out by the Homeless Person Care Network \(XAPSL\)](#), a group made up of some thirty third sector organisations and Barcelona City Council. It should be noted, however, that the [nightly counts carried out by the Fundació Arrels](#) give slightly higher figures: 1,064 and 1,231 people in the 2021 and 2022 counts, respectively. \*People detected in the street according to the estimation by the municipal teams involved in social intervention in public spaces.

- (3) Valencia: nightly counts in October 2019 and December 2021.
- (4) Zaragoza: night-time counts organised by the Red Cross (2010, 2012, 2014, 2016; 2018).
- (5) November 2016 count organised by the Seville City Council. Previously, 4 night-time counts were carried out (2010 to 2013), organised by a community organisation, in specific areas of the city, the results of which cannot be compared to those of the 2016 count.
- (6) Counts of homeless people in Mallorca 2017, 2019.
- (7) Night-time count from April 2016.
- (8) [Data from the counts carried out in various Basque locations are included](#) \*\*The count was performed during lockdown, so the strict number of people located in the street was 163. To these should be added at least another 846 people located in special confinement facilities created during the lockdown due to the COVID pandemic.
- Note: The table shows the results of night-time street counts carried out in the last 10 years in the 10 most populated cities in Spain where street counts have been carried out. The results do not capture the situations regarding people in informal settlements, nor the people staying overnight in centres or services providing accommodation.

### c) The number of homeless people and the number of rough sleepers has risen since 2012

The data from the above sources are confirmed by the latest data from the NSI Homeless People Survey for 2022. In general terms, the survey shows a **significant increase in the number of homeless people, totalling 28,552 in the country as a whole, which represents an increase of 24.5%** compared to the number of people identified in the survey carried out in 2012. There has been an increase in the number of **people staying overnight in hostels, shelters or residences, as well as among those staying overnight in flats or guesthouses, and among those sleeping on the streets** (public spaces<sup>7</sup> and locations not designed for habitation<sup>8</sup>). In 2022, more than 7,200 people were attending centres for homeless people and, despite this, were sleeping rough in public spaces and locations not designed for habitation. Part of this increase could be due to the improvement in the NSI's ability to detect and identify the centres in which the survey is carried out.



Source: HPS 2022

<sup>7</sup> Sleeping in a public transport station (bus, metro, train, etc.), car park, park and/or garden, open space, etc.

<sup>8</sup> Sleeping in a space in a structure not intended for use as a bedroom (hallway, corridor, staircase), garage, cave, abandoned car, etc.



As can be seen in the graph, there have been three major changes between 2012 and 2022: on the one hand, as noted above, there has been a significant growth (24.5%) in the number of homeless people. The number of people staying in hostels and other collective accommodation centres, as well as the number of people staying overnight in public spaces and locations not designed for habitation, has however grown to a lesser extent (by just over 14%), while the number of people staying in flats and guesthouses has grown to a much greater extent (50.1%). As a consequence of these changes, **the number of people sleeping rough on the streets has gone from 27.7% of the total to 25.4%, those staying in centres and hostels from 43.8% to 40.2% and those staying in flats or guesthouses from 28.3% to 34.2%.**

In order to be able to fully quantify the phenomenon of serious housing exclusion in Spain, it would be necessary to add to all these people the number of people spending the night in public spaces and locations not designed for habitation and who do not make use of the accommodation, food or day care services provided in the centres for homeless people.

#### d) The number of women, young people and people of foreign origin is growing

With regard to their socio-demographic characteristics, if we take into account all the homeless people identified in the survey (without distinguishing between the places where they spend the night), the following data are of interest:

- 76.7% are men and 23.3% are women.
- 50.1% are Spanish nationals and 49.9% are foreign nationals.
- 21.1% are under 29, 30% between 30 and 44, 43% between 45 and 65, and 5.5% are over 65.

As can be seen in the table below, although they are still in the minority, the proportion of women has grown significantly since 2012, as well as, to a lesser extent, that of foreign nationals and people under 29 years of age: **women have gone from representing 19.7% of all homeless people to 23.3%, foreign nationals from 45.8% to 49.9% and people under 29 years of age from 19.3% to 21.1%.** Compared to an overall increase, **in relative terms, of 24.5%, the growth experienced by these three groups was 47.4%, 35.4% and 36.1% respectively.**

Table 9. Change in the number of homeless people by sex, nationality and age (2012-2022)

		2012		2022		Var. 12/22 (%)
		Number	%	Number	%	
Sex	Men	18,426	80.3	21,900	76.7	18.9
	Women	4,513	19.7	6,652	23.3	47.4
Nationality	Spanish	12,425	54.2	14,316	50.1	15.2
	Foreign	10,513	45.8	14,236	49.9	35.4
Age	Between 18 and 29	4,434	19.3	6,036	21.1	36.1
	Between 30 and 44	8,817	38.4	8,573	30.0	-2.8
	Between 45 and 64	8,808	38.4	12,366	43.3	40.4
	Over 64	878	3.8	1,578	5.5	79.7
Total		22,938	100.0	28,552	100.0	24.5

Source: Prepared by the authors based on HPS 2022.



With regard to the increase in the number of foreign-born (and more generally ethnically diverse) homeless people, it is necessary to highlight the obstacles they face in accessing and retaining housing. These are people whose migratory processes have been truncated due to different circumstances, leaving them extremely vulnerable and making it difficult for them to cover their basic needs and pursue their life plans. This vulnerability and the obstacles faced are increased in the case of persons without a valid administrative status. This population group is also often discriminated against in the area of housing, which in turn leads to socio-residential exclusion and its ultimate expression: homelessness. The Study on Racial Discrimination in Housing and Informal Settlements published in 2022 by the Ministry of Equality and the association Provivienda identifies the **main causes of discrimination in the field of housing as a presumption of economic precariousness and misuse of the property, as well as prejudices related to problems in coexisting with neighbours or the community.** This discrimination creates significant obstacles in accessing and retaining adequate housing.

Table 10 shows the gender distribution of homeless people taking into account their age and nationality. **The proportion of women is somewhat higher among the Spanish population than among the foreign population and tends to increase as people get older,** rising from 17% among people under 29 to 27% among those over 64.

Table 10. Gender distribution of homeless people broken down by nationality and age (2022)

		Men	Women	Total
Nationality	Spanish	74.2	25.8	100
	Foreign	79.2	20.8	100
Age	Between 18 and 29	82.1	17.9	100
	Between 30 and 44	74.5	25.5	100
	Between 45 and 64	76.0	24.0	100
	Over 64	72.9	27.1	100

Source: Prepared by the authors based on HPS 2022.

There are also differences based on gender, age and nationality with regard to the place of overnight stay. As can be seen in the table below, **30.9% of homeless men, compared to 7.6% of homeless women, have spent the night in a public space or in locations not designed for habitation.** The differences are much smaller in the case of nationality, the percentage of those who have slept in public spaces and locations not designed for habitation is around 25% for both foreigners and those with Spanish nationality. **The likelihood of sleeping rough tends to decrease with age, especially after the age of 45.**

Table 11. Distribution by place of overnight stay of homeless people broken down by sex, nationality and age (2022)

		Hostels, shelters and flats	Public spaces and locations not designed for habitation	Total
Sex	Men	69.1	30.9	100
	Women	92.4	7.6	100
Nationality	Spanish	73.3	26.7	100
	Foreign	75.7	24.3	100
Age	Between 18 and 29	73.2	26.8	100
	Between 30 and 44	69.4	30.6	100
	Between 45 and 64	77.7	22.3	100
	Over 64	82.7	17.3	100

Source: Prepared by the authors based on HPS 2022.

**e) Significant increase in the percentage of homeless people who spend less than one month without their own accommodation**

Focusing on the situations of each person, the evidence shows that the **vast majority of homeless people have been without their own accommodation for more than 3 years (39.83%)**, with this situation being slightly higher in men (40.49%) than in women (37.61%), followed by people who have been without their own accommodation for between 1 and 3 years (26.52%) and between 1 and 6 months (15.36%) (ENPSH, 2022).

Although the proportion of people who have been homeless for between 1 and 3 years or more than 3 years tends to be greater, a **percentage increase of 68.61% has been detected in homeless people who have been without their own accommodation for less than 1 month, this increase being much more pronounced in the female population (121.90%) than in the male population (45.10%)**. According to the SCSHP, in 2012 there were 315 homeless women who had been without their own accommodation for less than 1 month, while in 2022 this figure was 699.

Table 12. Distribution and percentage change of homeless people broken down by sex and length of time without their own accommodation (2022)

Time spent without own accommodation	Both sexes	Men	Women	Variation with respect to 2012		
				Both sexes	Men	Women
Less than 1 month	6.08%	4.73%	10.51%	24.47%	13.86%	32.15%
Between 1 and 6 months	15.36%	15.72%	14.18%	68.61%	45.10%	121.90%
From 6 to 12 months	10.51%	10.40%	10.90%	23.86%	23.63%	24.74%
Between 1 and 3 years	26.52%	27.37%	23.72%	9.20%	5.47%	22.88%
More than 3 years	39.83%	40.49%	37.61%	39.92%	41.58%	33.96%
Total (Number)	28,552	21,900	6,652	-	-	-

Source: Prepared by the authors with data from the HPS 2022.

The proportion of people who have been without their own accommodation for less than 1 month, as well as those who have been in this situation for between 1 and 6 months, is the population that needs to be addressed early on in order to **prevent an increase in the proportion of people who have been without their own accommodation for between 1 and 3 years and those who have been more than 3 years in this situation.**

#### f) Other characteristics of homeless people in Spain

There have been numerous studies on the impact of homelessness on the living conditions of homeless people and they all point to similar conclusions. Apart from the emergence of new profiles of homeless people and a certain diversification of this population, all the data coincide in highlighting the impact that the experience of homelessness has from the point of view of health, security, access to employment and a sufficient level of economic income, personal relationships and civic or social participation. The data from the latest Homeless People Survey allow us to offer a **brief overview of the actual situation experienced by these people**, by means of nine specific indicators:

- Percentage of homeless people who have been **without their own accommodation for more than three years**;
- Percentage of people who have left their previous accommodation because of **violence** perpetrated against themselves or their children;
- Percentage of homeless people who consider themselves to be in **bad or very bad health**;
- Percentage of homeless people with symptoms associated with mild, moderate, severe or very severe **depression**;

- Percentage of homeless people who have **worked during the week preceding** the survey;
- Percentage of homeless people who have had **contact with a social worker** in the last year;
- Percentage of homeless people who receive the **Minimum Vital Income (MVI) or any of the regional minimum incomes** available to them;
- Percentage of homeless people who have been the **victim of an assault**.

The data for each of these indicators have been broken down by sex, nationality and place of overnight stay of the homeless people.

The conclusions to be drawn from the first of the following two tables are as follows:

- **The percentage of homeless people who have been without their own accommodation for more than three years is slightly higher among men than among women (40.5% compared to 37.6%) and significantly higher among Spanish nationals** (almost half are in this situation) than among foreign nationals (less than a third). A total of 31.9% of the people who sleep rough in public places or locations not designed for habitation have been without their own accommodation for more than three years, compared to 42.4% of those who spend the night in flats, guesthouses or collective accommodation.
- There is a clear **gender disparity between the reasons for leaving their accommodation, with 22% of women leaving because they have suffered violence, either against themselves or their children**. This percentage drops to 8.5% for men and leads to the conclusion that female homelessness is linked to gender-based violence.
- With regard to the subjective perception of their state of health, **the percentage of homeless people who define their state of health as bad or very bad is 16.2% for women, 19.4% for people of Spanish nationality and 16.5% for those living rough on the street**. For the population as a whole, the percentages are 8.4% for women and 5.5% for men.
- **Some 69.2% of homeless women, compared to 58.8% of homeless men, report experiencing some of the symptoms associated with depression**. The percentage is 72.3% among those who have spent the night in a public space or in locations not designed for habitation.
- **A full 84% of homeless people have been vaccinated against COVID-19**. In the case of people who sleep rough on the streets, the percentage is 73.6%.

Table 13. Percentage of homeless people with various health-related characteristics broken down by sex, nationality and place of overnight stay (2022)

		More than three years without accomm.	Reason for leaving previous accomm.: violence	Bad or very bad health	Symptoms associated with depression	COVID-19 vaccine
Sex	Men	40.5	9.9	14.4	58.8	83.9
	Women	37.6	22.0	16.2	69.0	86.1
Nationality	Spanish	48.2	8.5	19.4	67.9	86.0
	Foreign	31.4	10.8	10.2	54.4	82.8
Place of overnight stay	Hostels, shelters and flats	42.4		14.3	57.8	88.1
	Public spaces and locations not designed for habitation	31.9		16.5	72.3	73.6
Total		39.7	9.6	14.8	61.5	84.4

Source: Prepared by the authors based on PEHS 2022.

In terms of income, integration into the labour market, victimisation or access to social services, the most significant data are as follows:

- **Only 5.4% of homeless people had worked during the last week prior to the survey.** In the case of homeless women, the percentage is 10.5%, while in the case of people sleeping rough in public spaces or in locations not designed for habitation, the percentage is 0.8%.
- The percentage of homeless people who have had contact with a social worker in the last year ranges from 75.6% of people sleeping rough in public spaces or in locations not designed for habitation and 88.5% of women.
- **Only 17.0% of homeless people have received the Minimum Vital Income (MVI) or one of the minimum integration incomes (MII) during the last year.** In the case of women, the percentage is 24.6%, while in the case of homeless people of foreign nationality it is 10.1%.
- **A total of 49.4% of homeless people have been the victim of a crime or assault.** The differences in this respect between men and women are not large, but there are differences between Spanish nationals (55.4%) and foreigners (43.6%), and between those who spend the night in collective accommodation, flats or guesthouses (45.9%) and those who spend the night in public spaces and locations not designed for habitation (49.4%).
- There is a **wide gender gap** when it comes to **sexual assaults**, with 11.1% of women claiming to have been assaulted in some way compared to 2.2% of men.

- Finally, **20.5% of homeless people perceive themselves to be discriminated against often or permanently**. The percentage is slightly higher among women (21.7%) and among Spanish nationals (23.6%).

Table 14. Percentage of homeless people by various characteristics related to their living conditions broken down by gender, nationality and place of overnight stay (2022)

		Worked in the last week	Contact with a social worker in the last year	Receiving MII/MVI	Victim of violence or assault	Perception of discrimination
Sex	Men	3.9	82.9	14.7	49.6	20.2
	Women	10.5	88.5	24.6	49.3	21.7
Nationality	Spanish	4.6	86.6	23.9	55.4	23.6
	Foreign	6.3	81.8	10.1	43.6	17.5
Place of overnight stay	Hostels, shelters and flats	7.0	86.5	--	45.9	-
	Public spaces and locations not designed for habitation	0.8	75.6	--	59.6	-
Total		5.4	83.7	17.0	49.4	20.5

Source: Prepared by the authors based on HPS 2022.

With regard to the issue of the **concurrence of factors among homeless people** or, in other words, when several risk factors related to social or housing exclusion are found in an individual person, the NSI survey on homeless people reveals the following data:

- Just over 10% of the homeless people in Spain -some 3,000 people- are women of foreign nationality.
- A very similar percentage -just over 9% of all homeless people- are women with a chronic illness.
- Some 6.5% of the homeless -around 2,000 people- are women who also have a disability.
- It is estimated that **around 500 homeless women are over the age of 65, which represents only 1.5% of the homeless population**. The number of homeless men over 65 detected by the survey is just over 1,000 (4% of all homeless people).

#### g) **The impact of the pandemic on the health, welfare and living conditions of homeless people**

The pandemic caused by COVID-19 has had a significant impact on the health, welfare and living conditions of homeless people. While it must be remembered that this impact has

varied depending on the specific phase of the pandemic, the social and health crisis caused by COVID-19 led to a series of transformations in the situation facing homeless people which, in some respects, have been maintained in the current phase of the pandemic.

In this regard, a study carried out by the Complutense University and FACIAM (Sánchez Moreno and de la Fuente Roldán, 2021) highlighted the following conclusions regarding the impact of the pandemic on this group:

- **The pandemic has increased the number of people experiencing the most severe forms of homelessness.** This increase is due to two main causes. On the one hand, the long suspension that occurred during the pandemic of the processes aimed at the integration and social participation of homeless people and persons in housing exclusion that had been in place before the pandemic. Due to this suspension, the procedures for accessing the resources on which homeless people usually rely were made impossible, paralysed or changed. On the other hand, the general deterioration of the most excluded sectors of our society, as indicated by other sources (FOESSA SNIS, 2021), has significantly affected homeless people, while increasing the problems and difficulties they have to face in order to survive.
- The pandemic has stalled the (already difficult) processes in place to promote the social inclusion of homeless people.
- The pandemic has contributed to a further deterioration in the mental health problems of the homeless population, especially for women<sup>9</sup>.
- **The social isolation of homeless people has not had a protective effect against the pandemic:** 16.2% of the homeless people and people suffering housing exclusion participating in the study report having had COVID, and 4% had been hospitalised for this reason. In contrast, the prevalence reported by the general population was 6.7%.

The study concludes that the social protection mechanisms have proven to be weak and difficult to access for homeless people and people suffering housing exclusion, especially during the lockdown.

## 2.7. Tackling homelessness in Europe: relevant experiences and trends

Beyond the pronouncements made by the European institutions, which are generally of a purely orientative and declaratory nature, we can speak of a certain “Europeanisation” of the policies implemented to prevent and tackle homelessness, insofar as a **common scientific, technical and political framework has been generated which, to a certain extent, has been determining the national, regional and local policies related to this issue.** The main features of this new approach are set out in the above-mentioned declarations by the

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<sup>9</sup> Of the 641 homeless people who participated in this research, 80.5% had high levels of psychological distress indicating possible signs of poor mental health. This figure is 66.3% for men. The study also found that, as age increases, the possible presence of psychological distress decreases. A full 77.6% of young people have symptoms that are linked to poor mental health. While this situation affects 76.2% of people between 36 and 50 years of age and 64.4% of people over 50 years of age.



European Parliament which, in reality, follow on from other resolutions adopted at the beginning of the last decade.

The elements that characterise European policies on homelessness can be summarised as follows:

#### a) Shift to the housing-based approach

Probably one of the main developments in recent years in relation to combatting homelessness in Europe concerns the increasing focus, at least conceptually, on **access to housing**.

Housing-focused policies identify the provision and/or on-going access to stable housing as the first step in preventing or resolving homelessness. These approaches consider housing as a fundamental right and a prerequisite for the resolution of other social, employment or health problems. From this perspective, the underlying factor in housing exclusion is the lack of housing, and not necessarily poverty or social exclusion, so providing housing for these people is seen as the basis for other types of intervention. In addition, this approach implies that housing services, and not social services, should take the lead in preventing and tackling extreme housing exclusion (Government of Cantabria, 2021).

Under this new approach, policies focus on providing homeless people with access to a housing solution from the very beginning of the intervention. The aim is, therefore, for the person to achieve a certain stability in their life circumstances, overcoming housing exclusion, and to be able to overcome their problems and reintegrate into society. Access to housing thus goes from being a part of the final objective of the intervention, along with social inclusion, to being a fundamental component of the treatment.

#### b) An emphasis on preventive approaches

Alongside the adoption of a housing-centred approach, the second element characterising the strategies to reduce and/or eradicate homelessness refers to the importance given to preventive strategies, with a particular emphasis on **targeted strategies aimed at the groups most at risk of homelessness**. From this point of view, many of the strategies implemented in Europe aim to detect serious processes leading to homelessness at an early stage and to intervene proactively in these situations.

Homelessness prevention services vary widely across the EU. They are generally oriented towards **people who may potentially become homeless** and encompass services including **eviction detection mechanisms** (publication of court eviction orders, eviction alert procedures involving different administrative levels), **mediation in conflicts with landlords and advice on mortgage debt financing, financial support in cases of non-payment of rent or priority access to rehousing** (Rodríguez Cabrero and Marbán Gallego, 2020).

#### c) Involvement of local administrations and the third sector

As in Spain, in almost all the European countries service provision is almost exclusively at the local level, with a very significant role played by NGOs, civil society organisations and local authorities.



According to Rodríguez Cabrero and Marbán Gallego, (2020), “the responsibility for service provision rests with the local administration, either directly or outsourced to NGOs, which rarely carry out activities other than direct service provision (e.g. no monitoring or evaluation). In some countries, the municipalities not only provide services, but also play an important role in planning, coordinating, regulating, monitoring and financing the services”.

#### d) Progress towards integrated strategic planning to combat homelessness

As Baptista (2022) explains, an increasing number of Member States have developed integrated national or regional strategies to tackle homelessness and housing exclusion, but in many other Member States **policies to address homelessness and housing exclusion remain largely separate and uncoordinated**. Despite the diversity of these policy frameworks, it is becoming increasingly clear that the presence of broad-based strategic approaches has great potential to improve outcomes for homeless people and reduce homelessness and exclusion from housing over time.

As previously noted, the most important elements shared by these integrated strategic frameworks include the increasing shift towards housing-based services and resources, whether Housing First or not, the recognition of the crucial role of homelessness prevention services, and the establishment of multi-level and multi-sectoral governance structures aimed at improving cooperation on policy and delivery (Baptista, 2022). According to Baptista, a comparative analysis of the available evidence on the results from the existing evaluations on the implementation of strategic approaches in different countries shows that progress and positive results are being achieved in a number of areas, namely:

- The **positive impacts of Housing First** services on maintaining tenure.
- The positive financial returns from the use of specific housing support methods, such as **Assertive Community Treatment (ACT)**.
- The increased **allocation of social housing** is improving access to affordable housing.
- The positive impact of **rapid re-housing actions** on families with children.
- The effectiveness of **prevention** support in avoiding evictions.

Conversely, Baptista concludes, “the results of these assessments also provide useful information on persistent or emerging challenges, particularly with regard to the negative impact of legislative changes affecting the availability of affordable housing, the need to ensure access to existing support systems among households threatened by homelessness but not making use of existing homelessness services, the negative impacts of the economic crisis on the capacity of local authorities to address the housing needs of the most vulnerable groups, and the need to achieve real and efficient operationalisation of the structures for monitoring the strategies”. In a similar vein, based on an analysis of European homelessness policies, Zolyomi *et al.* (2021) have developed a framework for assessing and evaluating policies to reduce homelessness<sup>10</sup>.

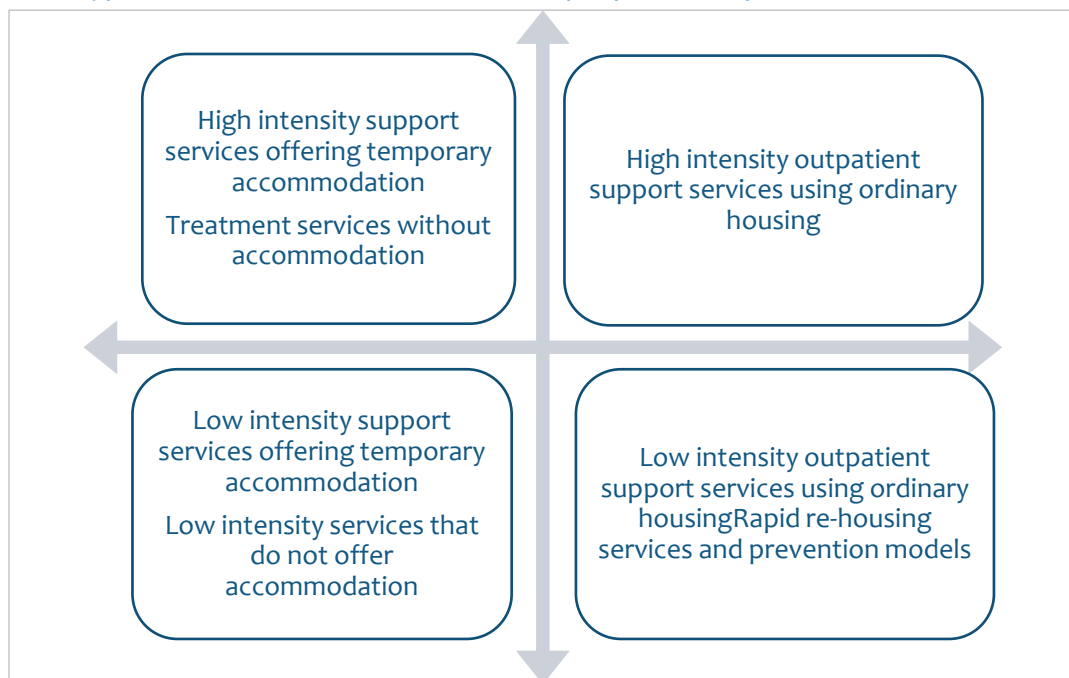
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<sup>10</sup> The assessment framework proposed by Zoluomi *et al.* (2021) puts forward five strands: (1) measures aimed at the legal recognition and enforceability of the right to adequate housing; (2) measures ensuring access to adequate housing (social rent, financial benefits, etc.); (3) access to specific services for homeless people (shelters, drop-in centres, street education teams, etc.); (4) access to income guarantee schemes; and (5) access to health services.

In addition to those mentioned above, other noteworthy trends in the European framework include the development of tools to improve coordination and multilevel and intersectoral governance, the increased role of innovation, evaluation and evidence-based practice when developing strategies to combat homelessness, and the diversification of care services for people, based on a combination of varying levels of intensity of support and orientation towards housing. In this context, Pleace *et al.* (2018) have developed a framework for classifying the various services offered to homeless people along two lines: the greater or lesser intensity of the support provided to users, on the one hand, and the greater or lesser focus on housing, on the other.

The table below shows the proposed model, with higher intensity models in the upper quadrants and lower intensity models in the lower quadrants. In turn, the right-hand quadrants include housing-focused models and the left-hand quadrants include services that do not focus on the provision of housing.

Figure 2. Types of services available to homeless people in Europe



Source: Prepared by the authors based on Pleace *et al.* 2018

The services listed in the upper left quadrant include ladder intervention models, hostels and housing offering high-intensity services and targeted detoxification programmes. The programmes in the lower left quadrant would include shelters and hostels with low intensity services, canteens, low intensity day care centres, food distribution programmes and other services aimed at covering basic needs without the provision of accommodation.

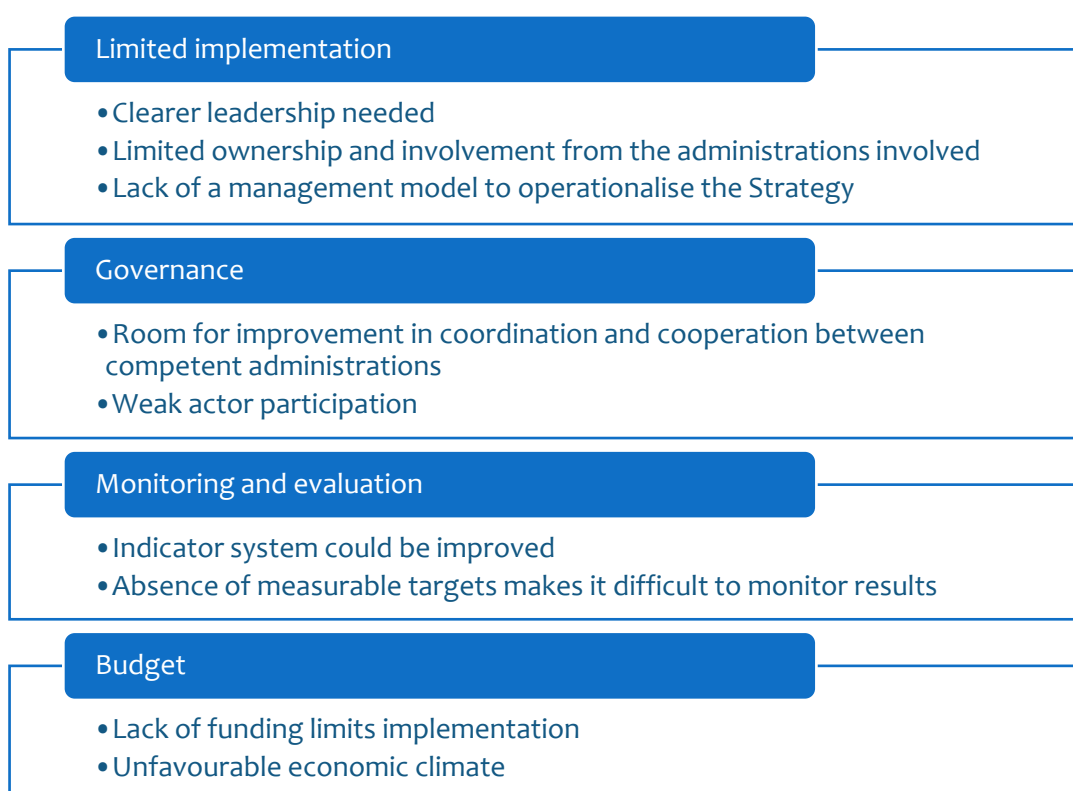
The programmes in the lower right quadrant include supportive housing models that offer low-intensity services, while those in the upper right quadrant include high-intensity supportive housing models based on case management methodologies (Pleace *et al.*, 2018).

## 2.8. Key characteristics of the policies for tackling homelessness in Spain

Although insufficiently implemented, the **Integrated National Strategy for Homeless People (2015-2020)** established at the time a common strategic framework for all the administrations involved in the prevention and eradication of homelessness while promoting a change of approach in the conventional treatment of this issue.

For Cabrera (2022), “although it has not yielded great results, due to insufficient budget allocation, the lack of well-defined attribution of responsibilities for carrying out the different tasks, the lack of clear leadership and the absence of effective participation by the main actors in its design, it has served to shape a reference framework shared by the different Autonomous Communities and city councils”.

The design and deployment of the Strategy suffered from a number of shortcomings and limitations that hampered its effectiveness. In this regard, the interim evaluation of the Strategy carried out in 2020 by the Institute for the Evaluation of Public Policies, which is part of the Ministry of Territorial Policy and Public Function, drew conclusions in different areas:



However, the evaluation also points out that “the strategy has managed to become a reference framework to orientate the actions taken by the Autonomous Communities and local authorities in caring for homeless people” and that “the ACs and LAs have, implement or offer actions aimed at homeless people that correspond to those proposed by the INS-HP, regardless of the existence or not of a specific homelessness strategy in their administrative area”.

Some of the recommendations made in the evaluation are relevant for the formulation of the National Strategy to Combat Homelessness in Spain 2023-2030. The most important of these and those that have been taken into account when defining the challenges to be met by the second strategy are outlined below:

- Clearly define the scope of the Strategy, so that it does not take “the part as the whole” and does not focus on homelessness in an attempt to address the whole problem of social exclusion, but, instead, focuses on its target audience, which is homeless people. To this end, it is essential to unambiguously define the targets of the intervention by using the Ethos categories or any other methodology to describe them, which must be made explicit in the Strategy. This would help to reduce confusion regarding the scope of the measures.
- Improve synergies and complementarities with other interventions, rather than supplementing actions in areas related to social exclusion.
- Clearly outline the commitments to be made by the administrations, the objectives to be achieved and the resources, mainly budgetary, earmarked to attain them.
- Improve the intervention logic with a clear definition of the general objective and break it down into strategic and operational objectives, as well as the definition of strategic or action lines to operationalise the objectives into measures and actions, establishing a system of indicators that allows the results and impacts to be monitored and measured.
- Improve the involvement by key actors.
- Achieve greater cooperation in the design of the Strategy with the ACs and the LAs.
- Give greater weight to third sector organisations not only in the design but also in the implementation and monitoring of the strategy.
- Define a leadership model to drive the governance of the strategy that allows for progressive and flexible deployment to adapt to the needs arising from the changing context or internal situation.
- Define a management model appropriate to the needs of the strategy through action plans that structure and prioritise activities and measures, and that includes the commitments made by each administration in the various strategic lines and in the financing of their measures.
- Improve the use of cooperation, collaboration and coordination mechanisms that foster joint knowledge, debate, exchange of experiences and continuous learning.

- Strengthen the information and monitoring instruments to facilitate governance of the strategy by defining an appropriate monitoring mechanism and a robust system of indicators to provide an overview of the current situation and the progress made towards achieving the objectives.
- Establish indicators for the targets that are based on data that will be available in the periods set out in the Strategy.
- Define the financial commitment to be made by the administrations involved to ensure the implementation and achievement of the results achieved by the INS-HP.

## 2.9. Key characteristics of anti-homelessness policies in Spain

The data presented in the first section of this report, as well as the description of the regulatory framework, have already highlighted some of the main characteristics of the Spanish model for combating homelessness. Based on this information, and on a review of the reports and research carried out in recent years on Spanish policies to combat homelessness, this section summarises the basic characteristics that define this model.

### a) Difficulties in defining the perimeter and scope of policies to tackle homelessness

As signalled in the interim evaluation of the Integrated National Strategy for Homeless People, the policies implemented in this field in Spain at both the regional and national level encounter difficulties, dilemmas and contradictions when it comes to focusing on the problem they wish to address or the perimeter (social needs and/or population groups) they aim to cover. These contradictions, which in reality reflect other contradictions concerning the factors that drive or explain homelessness, occur at three levels:

- On the one hand, many of the strategies or actions aimed at homeless people are, in reality, actions aimed at people suffering extreme or severe social exclusion, equating severe social exclusion with severe housing exclusion. While the use of the ETHOS classification has helped to differentiate between these two situations, many homelessness policies are in fact policies for dealing with the most severe forms of social exclusion (where housing exclusion is often combined with exclusion from employment, social relations, income, health or political participation).
- On the other hand, and somewhat conversely, in some cases homelessness is approached from the conceptual framework of housing exclusion, focusing only on the lack of housing (which, admittedly, is the basic characteristic shared by all homeless people). However, it is considered necessary to integrate social intervention in order to address other issues, needs and/or other factors that can lead to homelessness<sup>11</sup>.

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<sup>11</sup> There is sufficient consensus that homelessness has structural, institutional, relational and personal causes. The structural causes comprise those elements of the economic situation that have an impact on people's ability to access housing. The institutional causes are related to the response of the public administrations and other

It may be concluded that the design and planning of the policies to combat homelessness in Spain are shaped, to a greater or lesser extent, by these contradictions, which sometimes hinders the coherent and consensual design of these policies, both from the point of view of the target population and, above all, in relation to the needs to be addressed and the social protection systems that should be involved as a matter of priority.

## b) Progress towards a paradigm shift

The orientation of the plans and strategies linked to homelessness, as well as the implementation of certain services and programmes, make it possible to speak of one or more paradigm shifts in this area (Agulles Martos, 2018). These paradigm shifts are significantly modifying the scenario in which homeless care policies are being implemented in Spain, which have been converging with the approaches adopted in neighbouring countries.

It is however the case that, **the processes leading to the paradigm shift are incomplete, with the new approaches coexisting with more traditional views on policy orientation and service content**<sup>12</sup>. These paradigm shifts are also occurring on a number of different but related levels. More specifically, we can speak of at least two processes that are changing the approach to homelessness policies in Spain:

- The first concerns the **role of housing policies in tackling homelessness**. The main difference in the focus of homelessness policies in Europe is the centrality of access to housing as an essential element of the care and social inclusion model (Basque Government, 2018).
- The second paradigm shift is related to the **personalisation agenda (or, in other words, person-centred care)** which specifically refers to the conceptual bases guiding care models in the social services field and translates into the application of concepts such as quality of life, self-determination, unconditionality, independent living and deinstitutionalisation. Although this paradigm shift is applicable to all the social services and has a long history in the field of the services offered to people with

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institutions to this problem; the relational causes are linked to the isolation and loneliness of the person. The lack of a support network, social isolation and prolonged loneliness, or the existence of family conflicts or gender-based violence are factors contributing to vulnerability. Finally, the personal factors that can lead to homelessness include disability, physical and mental health problems, addictions, a low level of education, not having the correct legal status or not knowing the local language (in the case of foreigners), or the lack of a fixed place to settle down (itinerancy). All of these circumstances negatively affect the person's ability to find a job, earn an income and access normalised housing. Mental health problems deserve special attention, as they are both a cause and a consequence of homelessness. In addition to these causes, there are a series of triggering factors, stressful situations, crises, which can lead to a person becoming homeless (Government of Cantabria, 2021).

<sup>12</sup> As Rodríguez Cabrero and Marbán explain, "it can be said that the supply of services is in transition. On the one hand, the hostel service only acts in a crisis or only serves for emergency situations; it is a resource for low-intensity, immediate action, but it is not a resource that can have a medium-term impact on eradicating homelessness. On the other hand, the provision of housing access services under the Housing First methodology is making headway in different Autonomous Communities (including Asturias, Madrid, Catalonia, the Basque Country and Andalusia) as a way to promote social inclusion through housing accompanied by support for access to employment (Rodríguez Cabero and Marbán, 2020).



disabilities or the elderly, its application in the field of people experiencing severe social exclusion, and also homeless people, represents a drastic shift in the paradigm.

The programmes based on the Housing First methodology incorporate these two paradigm shifts<sup>13</sup>. Despite the relative extent and successful results achieved by this approach in Spain<sup>14</sup>, it cannot be said, however, that its application is widespread in our country.

- As far as the housing-oriented approach is concerned, homelessness is still insufficiently addressed by state, regional or local housing services, and the response to homelessness is still centred on crisis or emergency centres and resources, always located within the ambit of social services departments.
- The paradigm shift in the field of social services is still in its infancy, although steps have been taken in this direction. Nevertheless, some of the initiatives mentioned above (the deinstitutionalisation strategy, the SAAD accreditation agreement, etc.) will contribute to the incorporation of the personalisation of services in the field of social services. Similarly, the social innovation projects funded under the National Recovery, Transformation and Resilience Plan (RTRP) and, more specifically, its Component 22 (Emergency Plan for the Care Economy and Strengthening Inclusion Policies<sup>15</sup>), will also contribute to this change in the model.

### c) Weak public policies addressing homelessness and limited financial investment

As previously mentioned, public policies aimed at homeless people in Spain have undergone significant change in recent years, both from a conceptual perspective and in terms of expenditure and the people assisted. Despite these changes, it should also be noted that in Spain **the fight against homelessness continues to play a relatively secondary role among all social policies**, especially compared to those with which it should be more integrated, such as housing, employment and social services (Rodríguez Cabrero and Marbán Gallego, 2020).

The following table shows the extent to which Spanish spending on social policies in the area of social exclusion and housing is much lower than that of the Eurozone countries as a whole, both in terms of euros per capita and as a percentage of total spending on social protection. In other words, **the lower expenditure on housing and exclusion in Spain is not only explained by the lower Spanish expenditure on social protection as a whole, but also by the**

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<sup>13</sup> The first Integrated National Strategy for Homelessness explicitly includes the promotion of this type of intervention, within the framework of the housing-oriented approach, preferably for chronically homeless people suffering from a serious deterioration in their physical or psychological conditions.

<sup>14</sup> One of the most rigorous evaluations of this model in Spain states that "it is a high-quality institutional response that is efficient in terms of funding and which should be understood as an investment in social capital with an important competitive advantage over other alternatives (Panadero, Martín and Henar, 2019).

<sup>15</sup> This component responds to the need to modernise, strengthen and transform social services in Spain, so that they are able to respond to the challenges of the moment, putting people at the centre of public policies, especially the most vulnerable. The measures (reforms and investments) included under Component 22 seek to transform social services from an innovative perspective in order to respond, in the best possible way, to the urgent needs of a considerable proportion of the citizens living in Spain. The main objective of this component is to modernise and strengthen social inclusion policies. It is specifically structured around a long-term care model with the aim of responding to the growing demand for different care services due to the ageing of the population and to promote innovation and a person-centred care model and a deinstitutionalisation strategy.

**lower weight that services and benefits in the field of housing and social exclusion have in Spain within social policies as a whole.** This lower financial investment translates into less developed housing and social services policies.

Table 15. Spending per capita on social protection benefits in the area of housing and exclusion in Spain and the Eurozone (2021)

		Per capita in PPP	Of total social protection expenditure (%)
Spain	Housing	30.1	0.5
	Exclusion	64.0	1.0
	Total	94.1	1.5
Eurozone	Housing	124.6	1.4
	Exclusion	212.7	2.3
	Total	337.4	3.7

Source: Eurostat: Eurostat. SEEPROS.

With regard to public policies in the field of housing, it is noted that they have not succeeded in laying the foundations for a housing system that guarantees access to adequate housing for people and families excluded from housing. The problems of access to adequate housing have been a reality in our country in recent years, aggravated by the successive crises, as incomes have fallen and the burden of the housing costs shouldered by the most vulnerable families has increased. During the pandemic, as in the previous financial crisis, the employment-housing binomial has emerged as one of the main determinants of social exclusion (Ayala Cañón *et al.*, 2021). Against this background, the public housing policies in Spain are characterised by the following features:

- Low availability of publicly promoted housing stock, both rented and owner-occupied.
- Absence of a system of economic benefits -targeted or universal- for access to housing, along the lines of the housing benefits that exist in other neighbouring countries.
- The use of public financing of private property as the backbone of housing policy - through tax deductions, subsidies to developers and the promotion of household indebtedness-, the continued promotion of the construction sector as an engine of economic growth, and the consideration of housing as a real estate asset, to the detriment of its social function (Olea *et al.* 2019).
- Orientation of housing policy towards the economically most solvent sectors. The regional housing departments and, in general, the National Housing Plan, are not concerned with homelessness. In this regard, it is stressed that housing schemes have traditionally left out the most vulnerable individuals and families who have difficulties in obtaining housing on the open market. The requirements for access to publicly subsidised housing, which would be the most appropriate option for them, do not facilitate access for these people, largely because of income requirements



they cannot meet (Olea *et al.* 2019). However, this reality is beginning to change due to the State Housing Plan 2022-2025 and the recently passed Right to Housing Act.

All of this translates, in the words of Cabrera (2022), to a decoupling of social policy from the access to housing policy, as a consequence of “having handed over to the market and to the laws of supply and demand the task of providing the resources required to cover the fundamental right to have a roof over one's head under which to live. In addition to this basic mismatch between social policy and housing policy and the failure to successfully tackle homelessness, there are others that are a consequence of the subordinate position of social services compared to the other ministerial departments dealing with health, education or employment”.

#### d) Lack of leadership and difficulties in coordinating and managing the sector

The aforementioned elements explain to a large extent the difficulties affecting policies to combat homelessness in terms of leadership and governance, both at the national, regional and local levels.

At the state level, according to the interim evaluation by the Integrated National Strategy on Homeless People, “**governance issues, in particular the lack of leadership, involvement and coordination at all levels of government, have been identified as the main problem affecting the INS-HP**”. The key actors in the intervention agree with this diagnosis and consider the main problem affecting the INS-HP to be related to governance; in particular the lack of leadership, the lack of involvement and the lack of coordination at all levels of the administration.

Indeed, the absence of clear leadership to drive deployment and implementation has been raised as one of the weaknesses affecting the INS-HP. However, this weakness extends to all policies to combat homelessness, for a variety of reasons:

- The need to **involve and coordinate different levels of administration and, within each level, different departments** (social services, housing, health, etc.), taking into account the multidimensional nature of homeless people's needs.
- The attribution of leadership on policies to combat homelessness to social services departments within each administration. **Social services, however, occupy a relatively secondary position in the state, regional or local administrative structure, generally lacking the capacity to promote and lead interdisciplinary policies**, and they have been engulfed by the need to respond to other social needs, such as dependency or assistance to the most economically vulnerable part of the population.
- **The limited demand or social pressure for specific measures in this area**, which is partly due to the stigmatisation of homeless people (Martín Tamayo, 2020).

Reports analysing the Spanish model of care for homeless people point to the same conclusion. According to Rodríguez Cabrero and Marbán (2020), “the Central Administration or State defines the broad lines of the national strategy and contributes to the financing of

some specific programmes. Given that housing is dealt with at the regional and local level, the planning of programmes to combat homelessness takes place at two levels, which are not always complementary: regional and local. Regional plans and strategies set out the main lines of action and contribute to financing part of the programmes against homelessness or access to housing in general through regional or Autonomous Community housing plans. For their part, the local authorities design the policy plans, finance a significant part of the programmes and manage the services in partnership with the private non-profit sector. **This framework of competences requires effective coordination between the services, policies and actions carried out by the regional administrations, and this coordination is still generally very weak between the different levels of government**".

Despite the progress made in recent years, this still results in low levels of public accountability. As Rubio Martín points out, "the poor performance of the Public Social Services System and the weak connection between homelessness and other areas of social policy (housing, health, employment, etc.) have led to insufficient care for homeless people (...)" (Rubio Martín, 2017).

#### e) A reactive, emergency-focused response focused on the individual

From the point of view of the agents involved, policies to combat homelessness in Spain have been characterised by the leading role played by the municipal administrations, on the one hand, and the third sector, on the other, in promoting and providing services. It can be said, therefore, that the involvement of the General State Administration or the different regional administrations has been less and more recent, and that the management of homelessness has been entrusted, in practice, to the local administrations and, more specifically, to the large municipalities. In parallel, the leading role of third sector entities in promoting and managing services is evident<sup>16</sup>.

This ownership structure derives from the historical process that has shaped homelessness services. According to Rubio Martín (2017), "the creation of a public social services system entailed reorienting the problem of homelessness from being an issue of order and security to a social issue. This was a first step in giving dignity to care for the most excluded poor. However, the encapsulation of homelessness within this system, within which it has been treated with measures aimed at resolving personal problems related to social insertion, has not allowed either its alignment with another more comprehensive type of poverty (which is addressed with socio-structural measures, in addition to social services), or a true dignifying of the issue".

Beyond some innovative initiatives introduced in the first decade of the 21st century, she adds, "it was not until the second decade that new programmes attempting to link homelessness with housing and employment (housing-based approaches, insertion companies, employment training and monitoring programmes) began to spread with a certain intensity. Even so, these programmes are still in the minority and the link is still very

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<sup>16</sup> It has already been pointed out that 75.3% of all care centres for homeless people, as well as 63% of the accommodation places, are privately owned. It has also been pointed out, however, that 41% of all accommodation places are subsidised by one of the administrations involved in this field, so that it can be said that 78% of the accommodation places offered -nearly 16,000- receive public funding.

fragile, meaning that most of the centres for the homeless remain small islands of specialised social services disconnected from other welfare policies. With some exceptions, hostels and shelters continue to be stigmatised spaces that are difficult to link with the rest of society” (Rubio Martín, 2022).

Some of the characteristics of the current homelessness care model in Spain derive from this historical process:

- A model based on the **coordination of emergency responses, generally of low intensity and short duration**, and on meeting basic subsistence needs (emergency shelter, canteens, clothing, etc.)<sup>17</sup>. While policies characterised by greater integration and transformative capacity have been pursued in recent years, emergency response remains the main option for dealing with homelessness.
- “Despite the progress that has been made, this model is finding it difficult to offer homeless people specific and effective alternatives in the field of housing. Regardless of their greater or lesser effectiveness in resolving the other social, employment, relational and health problems faced by homeless people, the public response offered to homeless people rarely takes the form of the provision of housing” (Sánchez Moreno and de la Fuente Roldán, 2021).
- In fact, despite the scarce information available on the effectiveness of the interventions carried out with homeless people, it can be thought of as an ineffective model, which rarely manages to achieve the objective of social or residential inclusion. In the words of Rodríguez Cabrero and Marbán Gallego (2020), “the effectiveness of the policies and programmes to combat homelessness collides with a series of systemic factors related to an insufficient supply of personalised or supported employment and adequate and accessible housing for homeless people”.
- An eminently rehabilitative social intervention, oriented to the socio-educational or psychotherapeutic approach to possible individual difficulties, derived from traumatic life events and socialisation deficits. In this context, it is only recently that the analysis and approach to homelessness has begun to focus on the sociological or structural elements that explain it, and the problems linked to homelessness continue to be seen in a primarily individual perspective<sup>18</sup>.

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<sup>17</sup> Only 12% of the existing accommodation centres are defined as social insertion flats. The rest are night shelters or hostels, residences, reception centres, immediate reception flats and temporary reception flats.

<sup>18</sup> In some areas of social services -especially, but not only, in the field of social exclusion- the individualisation of care has been conceived basically as individual empowerment with regard to the problems people are suffering from. In the specific field of care for the unemployed or socially excluded, individualisation implies an emphasis on individual responsibilities and behaviours, disregarding contextual factors and, in short, placing the burden of their situation on the victims of structural situations of inequality and exclusion: the tendency to individualise often implies that the person in exclusion is made responsible for their situation, and that structural problems are read exclusively in terms of the shortcomings of the individuals, based on a tendency to psychologise social problems (SIIS, 2021).

- An **intervention of a reactive and palliative nature**, with difficulties in coordinating structural or preventive responses. For Rodríguez Cabrero and Marbán Gallego (2020) “there are no homelessness prevention programmes as such with a significant local or regional dimension (...). Most of the reports refer to ratios of care coverage, with prevention not being part of social or public intervention. On the other hand, the high demand pressure leads to an immediate response, without sufficient capacity to undertake preventive programmes”.

#### f) Only few measures aimed at increasing participation, raising social awareness and preventing the stigmatisation and victimisation of homeless people

Beyond some specific or one-off initiatives, initiatives aimed at promoting the participation of homeless people themselves in designing the policies and services that affect them, as well as their self-organisation, have rarely been pursued in Spain. Participation is associated with citizenship and is based on the premise that everyone has the capacity to do so. However, “in the field of homelessness this cannot be taken for granted, as there is a great deal of prejudice about the passive role and lack of the skills needed to take part in public life” (Asociación Realidades, 2022). Moreover, homelessness is an isolating fact that implies the rupture of social and community ties, which tends to generate conflictive and competitive relationships that hinder the internal cohesion of the collective and, with it, social participation (Asociación Realidades, 2022).

Measures aimed at raising social awareness and preventing the stigmatisation and victimisation of homeless people have not been particularly successful either, although it can be said that third sector organisations have implemented some interesting initiatives in this field, such as the Observatory on Hate Crimes against Homeless People (Hatento) or the campaigns to raise awareness regarding the situation faced by homeless people, such as, for example, the “Nobody without a Home” campaign, which has been carried out jointly by Cáritas Española, FACIAM, BesteBi<sup>19</sup> and the *Xarxa d’Atenció a Persones Sense Llar* (XAPSLL) in Barcelona for over thirty years.

It has also been found that participation initiatives tend to be informative in nature, although broader initiatives have begun to be observed, including direct consultations when developing projects or initiatives (especially at the local level and at the level of third sector organisations), satisfaction evaluations regarding the services received and co-participation when developing individual itineraries.

In order to deepen the participation by homeless people, it is necessary to understand this concept in the broadest sense. In short, it is about “their active involvement, not only in their inclusion pathways, but also in the functioning of the care centres and services, as well as in the social and political dynamics that affect them” (Asociación Realidades, 2022).

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<sup>19</sup> Platform to support homeless people in Vizcaya.

### g) Difficulties in providing an adequate response to groups with specific needs: women, people with mental illness, immigrants

The policies implemented in Spain in relation to homelessness face additional difficulties in responding to the specific needs of various groups and/or in addressing some of the factors that are at the root cause of housing exclusion. In this regard, three specific areas can be mentioned:

- **Intervention involving homeless women and the design of gender-sensitive interventions<sup>20</sup>.** The research carried out on the characteristics of female homelessness shows that, despite its lower visibility, there is a phenomenon of female housing exclusion that is widespread, although hidden to some extent. The available data also show that the women experiencing severe housing exclusion have more complex needs than the men in the same situation, that their trajectory is often due to different factors (among which relational factors are more important) and that, in general, homeless resources are not adequately adapted to respond to the specific needs of homeless women (Panadero Herrero and Vázquez Cabrera, 2022; SII, 2016).
- **Addressing the needs of homeless people in the field of health and specifically in the field of mental health.** According to data from the NSI's Homeless People Survey, with data for 2022, around 10% of homeless people have a diagnosed chronic or severe mental disorder and 57% show symptoms of some kind of depression. Homeless people have, in general, been more exposed than the rest of the population to stressful life situations both in childhood and adulthood. It should also be noted that the very situation of living on the street or in a shelter is a stressful event in itself, and that people who spend their time on the street or in shelters are exposed to a high number of stressful events that can lead to post-traumatic stress disorders, depression and alcohol dependence. This is compounded by the impact of the stigma and discrimination associated with homelessness (Muñoz, 2022).
- **Addressing the needs of homeless people in relation to regularising their administrative status,** especially in the case of undocumented migrants<sup>21</sup>. According to the NSI's Homeless People Survey, 6.3% of homeless people of Spanish nationality and 24.2% of those of foreign nationality are not registered on the resident register. Around 20% do not have a health card. An irregular administrative status and the difficulties associated with the migration process are significant risk factors for homelessness, although in many respects, foreign homeless people may be seen as

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<sup>20</sup> It has previously been pointed out that 76.7% of the homeless identified by the NSI are men and 23.3% are women. Women represent 7% of all rough sleepers and 28% of those staying in accommodation centres or flats. From another perspective, women who spend the night in public spaces and locations not designed for habitation represent 7.6% of all homeless women, while for men the percentage is 30.9%.

<sup>21</sup> The proportion of immigrants with foreign nationality is around 50%, with no major changes in this respect, at least since 2005. By nationality, in 2022, the largest group is made up of people from the African continent, who represent almost a quarter of all homeless people in Spain.

typically experiencing less severe situations of social or housing exclusion than indigenous homeless people<sup>22</sup>.

#### **h) Gaps in information, evaluation, knowledge management and quality assurance**

As in other areas of social policies and, specifically, policies related to social services, and **despite the progress made in recent years, policies for the care of homeless people suffer from major problems in terms of the availability of information, the evaluation of the interventions, knowledge management and the promotion of quality in the care provided.**

As far as information systems are concerned, there are currently various information systems used to track the extent of homelessness which, regardless of their greater or lesser geographical scope or technical robustness, can be described as limited and fragmented. Very succinctly, some of the main conclusions that can be drawn regarding the different systems or methodologies that coexist in Spain are the following (SIIS, 2021):

- The official statistical system has (exclusively) approached homelessness on the basis of specific operations and does not include (or, at least, make visible) homeless people in its other operations.
- There is an increasing, uncoordinated and discontinuous application of night-time counts covering a wide range of geographic boundaries and population centres.
- There is a very limited use (and limited to the local level) of systems based on records from the information provided on the ground by the teams of professionals in socio-educational street intervention services or social emergency services.

As Cabrera (2022) explains, “there are no studies that investigate the quality of the centres and resources that care for homeless people, their sources of funding, the working conditions of the staff working in them (...). Similarly, the lack of continuity in the official data series on homelessness and housing exclusion in Spain does not allow us to carry out longitudinal studies in which these data are analysed in parallel with those on trends in unemployment, house prices, evictions and foreclosures of the main residence, the number of applicants for minimum income, etc. All this tells us that we are still a long way from achieving a broad conceptualisation of homelessness, incorporating personal, relational, institutional and structural factors, which can provide empirical and permanent monitoring that helps us to inspire and inform a transformative, critical public policy to manage long-term objectives”.

The Ministry of Social Rights and 2030 Agenda has promoted a series of studies aimed at improving knowledge related to homelessness and establishing a common methodology for the analysis of housing exclusion in Spain, through night-time counts of homeless people, which complements the information currently provided by NSI statistics and the different records kept by the different public administrations. In this respect, there are plans to carry

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<sup>22</sup> As noted above, they have been homeless on average for less time, consume less alcohol, have fewer symptoms of depression and have been victims of crime or assaults to a lesser extent.



out the night-time counts on a biennial basis in as many localities as possible, implementing a common methodology for the analysis of housing exclusion in Spain<sup>23</sup>.

The aim is to carry out these night-time counts every two years in as many locations as possible using the same methodology and during the same period.

However, the limitations in this area are not only related to the availability of information on the number, needs or characteristics of homeless people. As in other areas related to the social services, the needs regarding the evaluation of interventions, the identification and dissemination of the scientific evidence available on the effectiveness of these interventions, the inspection of the quality of the care provided in the different centres and services or the standardisation of care through the development of guides, guidelines and manuals of good practice are also evident. While it can be said that these tools are becoming increasingly common in relation to homelessness, their application is still limited and poorly coordinated.

## 2.10. Challenges and issues for a strategy to address homelessness in Spain

Based on the analysis previously carried out and the working group convened with key actors in September 2022, the main challenges set out in this Strategy are **the eradication and prevention of rough sleeping, a situation in which 25.4% of homeless people (7,277) find themselves.**

Furthermore, additional challenges are identified that need to be addressed in order to eradicate and prevent rough sleeping: housing provision, prevention, adaptation of the response provided by the system, access to services and citizenship rights, governance and knowledge management. Each issue is further explored below:

### Provision of adequate housing, with a human rights approach

As noted above, homelessness and housing exclusion is a problem associated with the lack of housing. The HPS 2022 found that problems associated with **housing are among the main reasons why people become homeless.** Some 16.1% of homeless people report having become homeless due to evictions, followed by 14.7% of people who could not continue to pay for their accommodation.

In addition, **the fight against homelessness in Spain continues to focus on emergency management and the development of collective housing centres.** While this model offers immediate responses to crisis situations, without a housing solution people tend to languish in the care systems, returning to different housing resources or even to living on the streets. People who spend long periods of time in accommodation centres or on the street lose their autonomy, making it even more difficult for them to resume their lives and the processes leading to social inclusion.

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<sup>23</sup> Available on: [https://www.mdsocialesa2030.gob.es/derechos-sociales/servicios-sociales/Personas-sin-hogar/docs/Recuentos\\_nocturnos.pdf](https://www.mdsocialesa2030.gob.es/derechos-sociales/servicios-sociales/Personas-sin-hogar/docs/Recuentos_nocturnos.pdf)

In this context, the main challenges to be addressed by this Strategy are to:

- Develop housing policies explicitly aimed at preventing homelessness through the State Housing Plan and in accordance with the provisions of Article 14 of Law 12/2023 on the right to housing.
- Generate synergies between the housing sector and social services to facilitate access to housing-oriented solutions with social supports and aids aimed at inclusion, activation and autonomy.
- Promote the transformation of the system that provides care for homeless people towards one oriented towards sheltered housing or social housing and deinstitutionalisation.

### Prevention, early intervention

As stated in the Integrated National Strategy for Homeless People 2015-2020, prevention, detection and early attention to homelessness is the first step to preventing and reducing homelessness. As has also been pointed out, despite their importance, the measures for the prevention and detection of homelessness are not yet sufficiently developed and coordinated in Spain. On the other hand, the **provision of affordable social housing for the population as a whole, and especially social housing for people living in poverty or precarious circumstances, should be considered as a basic tool for the prevention of homelessness.**

In this context, the main challenges and issues to be addressed by the 2nd Strategy are to:

- Develop an integrated system for the early detection and care of profiles at risk of homelessness or who have recently become homeless.
- Find housing formulas aimed at “rapid re-housing”.
- Broaden and consolidate homelessness prevention programmes to offer solutions to other at-risk profiles: vulnerable young people and women, people in the process of being released from institutions, people with disabilities, among others.

### Exercising full citizenship: rights and autonomy

Exercising citizenship is considered a multifaceted element that promotes the exercise of rights and people's self-determination. To achieve this, the following challenges have been identified:

- Guaranteeing homeless people's access to all the social protection and activation systems (employment, health and guaranteed income), as well as to regularising their administrative status.
- Developing a culture of integrated, common and coherent intervention that enables people to become autonomous in the different spheres of life, especially for people with complex needs.
- Promoting the social, political and cultural participation of homeless people.
- Facilitating the use of public space so that everyone can exercise their freedoms and rights, without criminalising people experiencing social exclusion.



- Ensuring the safety of homeless people and making progress in preventing their stigmatisation, victimisation and criminalisation.

### Care for homeless people and improvement of the services provided

- Advancing the paradigm shifts already underway, avoiding generating ruptures and basing this on the consensus of all the actors involved (deinstitutionalisation, focus on housing, integrated approaches, etc.).
- Strengthening, diversifying and updating the network of services provided to homeless people.
- Advancing the agenda of personalisation and deinstitutionalisation in the field of the social services provided to homeless people.
- Improving the attention given to certain profiles of homeless people: migrants, people with disabilities or mental illness, young people, women, LGBTBI people, etc.
- Involving all the public administrations and other actors in changing the care model.

### Governance and public leadership

- Strengthening the commitment of the public administrations at all the different levels of government to the eradication and prevention of homelessness.
- Developing the GSA's leadership in relation to the policies to combat housing exclusion and rough sleeping, and improving the coordination and governance mechanisms with other public administrations, especially the Autonomous Communities and local authorities.
- Increasing cooperation and collaboration channels between the third sector and public administrations.

### Knowledge management and awareness raising

- Improving the information systems containing information on the situation regarding homeless people and the tools for managing knowledge, evaluating interventions and innovation in this field.
- Launching the national methodology for conducting night-time counts in the different provinces across the country on a biennial basis.
- Promoting measures related to social awareness and the participation of homeless people in the design and implementation of policies that affect them.

On the other hand, one of the challenges faced by this 2nd National Strategy to Combat Homelessness is the definition and configuration of the strategy itself. Accordingly, the lessons learned from the implementation of the 1st Strategy, as well as from the other plans and strategies implemented in Spain in the field of homelessness and social exclusion, make it advisable for the 2nd Strategy to have the following characteristics:

- **Strategic vision agreed by all the actors involved** in developing the Strategy, especially with regard to the conceptualisation of homelessness itself and the changes in approach or paradigm that need to be undertaken.

- **Specific commitments for all the administrations involved**, including the General State Administration, the Autonomous Communities and local administrations.
- **Development and transfer of the lessons learned from one-off and transformative projects** that enable the proposed changes to be envisaged on the one hand and, on the other, to make progress in experimentation and social innovation in this field.
- **Specific budget allocation**, co-responsibility and determination of the necessary financing tools by the General State Administration, the Autonomous Communities and local authorities.
- **Institutionalisation of leadership, coordination and governance mechanisms**, based on the leadership of the national government and coordinated work with all the agents involved.
- Strengthening of the commitment to the implementation of effective and permanent **monitoring, evaluation and accountability** mechanisms that link all the agents involved in the Strategy.

### 3. THE STRATEGY

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#### 3.1. Principles

At the core of this Strategy are a set of guiding principles that have steered the strategic design and will underpin the implementation of the Strategy during its lifetime. The principles described below are inspired by the agreements reached within the context of the European Pillar of Social Rights, the Lisbon Declaration as well as by all the most successful international and national practices to combat homelessness recognised by studies, experts and reference bodies in the field.

These principles are incorporated in a holistic manner to achieve the aims of this Strategy:

- **Prevention:** in order to coordinate measures that anticipate the risk of homelessness or to take early action to avoid or minimise the risk or its effects. The aim of this approach is to ensure that homelessness does not occur or at least does not worsen and become chronic.
- **Personalisation:** which consists of individualising care and offering solutions based on the needs of each person. This principle involves cultivating adaptability and providing sufficient flexibility in the supports and services offered in the homelessness system to respond to changing or emerging needs.
- **Deinstitutionalisation:** aimed at facilitating the processes leading to the transition to community life and people's self-determination through the closure of centres and institutions, the promotion of care services in the community and the promotion of people's autonomy to maintain and direct their lives in the community.
- **Housing orientation:** focused on facilitating access to housing, understood as a subjective right, offering housing-based solutions and generating support and services aimed at facilitating access to and/or maintenance of adequate housing, as well as the autonomy of homeless people.
- **Gender and intersectional approach:** which implies the recognition of inequalities between men and women, as well as the multiple disparities experienced by different population groups based on sexual orientation, ethnicity or nationality. In this context, the responses provided by the homelessness system need to be sensitive and adapted to the particular needs of women, LGBTIQ+ people, immigrants and other population groups, as the inequalities they experience pose additional barriers to inclusion, autonomy and living their lives in the community.
- **Innovation:** to encourage and support social innovation, taking advantage of opportunities for experimentation and learning in order to promote new ideas and approaches to tackling homelessness.
- **Public responsibility:** the public administrations assume responsibility for social action, facilitating and promoting financial, technical and institutional resources to

enable policies and measures to be implemented that aim to improve the welfare, quality of life and full inclusion of people experiencing homelessness.

### 3.2. Vision

This Strategy aims to **contribute to achieving the objectives set out in the Lisbon Declaration**, as it is seen as the guiding framework for policies to combat homelessness in Europe; however, being aware of the ambitious nature of the Declaration, the national strategic framework will focus on preventing and eradicating rough sleeping and promoting deinstitutionalisation.

To achieve this, the Strategy will support the **implementation of a prevention system** aimed at detection, early care and at reducing the consequences of homelessness. The prevention aspect will focus on identifying profiles at serious risk of falling into homelessness, attending to the alerts and vulnerabilities of each person based on their individual situation (gender, age, origin, disability or mental illness, etc.), seeking to activate rapid responses so that no person has to sleep on the street, also offering them the resources and support they need to recover from this experience as soon as possible. It also aims to reinforce the tertiary prevention approach in order to avoid the relapse of people who have experienced rough sleeping and who have complex needs.

Likewise, the Strategy is committed to **transforming and adapting the system providing care for rough sleepers** so that it is based on support for people in the community, thus ensuring that institutional care is only provided on an ad hoc or temporary basis. This approach involves offering customised solutions, prioritising housing-oriented solutions and boosting autonomy.

Likewise, the Strategy has a holistic vision that **structures the system for providing care to homeless people around the exercise of their citizenship and the full enjoyment of their human rights through the services offered** by the different protection networks by means of coordination mechanisms with the different levels of authority and other actors involved.

Lastly, this Strategy is committed to **generating knowledge on the facts regarding homelessness and incorporating the lessons learned from the pilot projects on deinstitutionalisation** in the field of homelessness funded by the Recovery and Resilience Mechanism, thus facilitating the transformation of public policies. This knowledge, experience and learning must generate innovative and effective public policies to solve the problem.

### 3.3. Scope

In line with the commitments contained in the Lisbon Declaration and in response to the complexity and increase in the problem of homelessness, this **Strategy proposes a prioritised response to address the most at-risk and vulnerable groups, especially people living on the streets (Ethos 1)**. However, the approach proposed here also includes measures for people under other ETHOS categories, as illustrated below:

ETHOS 1 People living on the street			
ETHOS 2 • People living in emergency hostels	ETHOS 3 • People living in hostels for homeless people	ETHOS 4 • Women living in refuges	ETHOS 7 • People living in accommodation with long-term support

This Strategy's approach offers a response led by social services in collaboration with housing departments, as key agents for attention, prevention and tackling the phenomenon, and it will be coordinated with other relevant areas, specifically income guarantee (through minimum incomes, benefits and inclusion itineraries), employment (through socio-labour itineraries) and health (through access to the health system), among other key ministries to tackle the phenomenon from an inclusive and intersectional perspective, as is the case when addressing issues related to equality.



### 3.4. Involvement of the public administrations

The fight against homelessness involves the implementation of lines of action in different fields and at different levels of competence. The General State Administration assumes the commitment and responsibility for implementing the lines of action and measures necessary to achieve the Strategy's objectives. However, it also recognises the need to collaborate with the Autonomous Communities and local authorities, insofar as the deployment of some lines of action falls under their competence. For this reason, in the lines of action, reference is made to the different public administrations involved in implementing the lines of action in accordance with their competences.

The implementation of the Strategy requires different roles and levels of involvement from the public administrations. Its scope is set out below:

The **General State Administration** has the highest level of responsibility as regards the execution of all the actions necessary for the implementation, monitoring and evaluation of this Strategy, insofar as this Strategy is an initiative and commitment by the Spanish Government to respond to homelessness. This document, thus, establishes a set of strategic orientations and lines of action to be implemented by the different ministries involved, with the aim of advancing the objectives and achieving the expected results at the national level. In this sense, the ministries have to implement each line of action throughout the Strategy's cycle, specifying the measures to be implemented and the budget committed in **operational plans** (see Operational planning).

Cooperation with the **Autonomous Communities** is enshrined in the Framework Agreement by the Territorial Council of Social Services and the System for the Autonomy and Care of People with Dependency to provide a solution to homelessness promoted by the National Strategy to Combat Homelessness in Spain 2023-2030 (published in the Official State Gazette on 6 February 2023). This Agreement establishes the cooperation framework for the implementation of the Strategy with the following commitments:

- Participate in the design, implementation and evaluation of the National Strategy, and contribute to achieving the objectives.
- Create instruments and mechanisms for coordination and cooperation between the social services and housing departments.
- Implement a prevention system aimed at early detection and care to reduce the consequences of homelessness.
- Progressively transform the system that provides care for homeless people from a housing and deinstitutionalisation-oriented approach.
- Promote the training of homeless care professionals in order to transform the intervention model.
- Allocate sufficient financial resources to transform the system and promote access to affordable and quality housing.
- Generate knowledge regarding the facts relating to homelessness and incorporate the lessons learnt from innovation and experimentation.
- Raise awareness among the public regarding the need for public action on homelessness and to fight against hate crimes against homeless people.

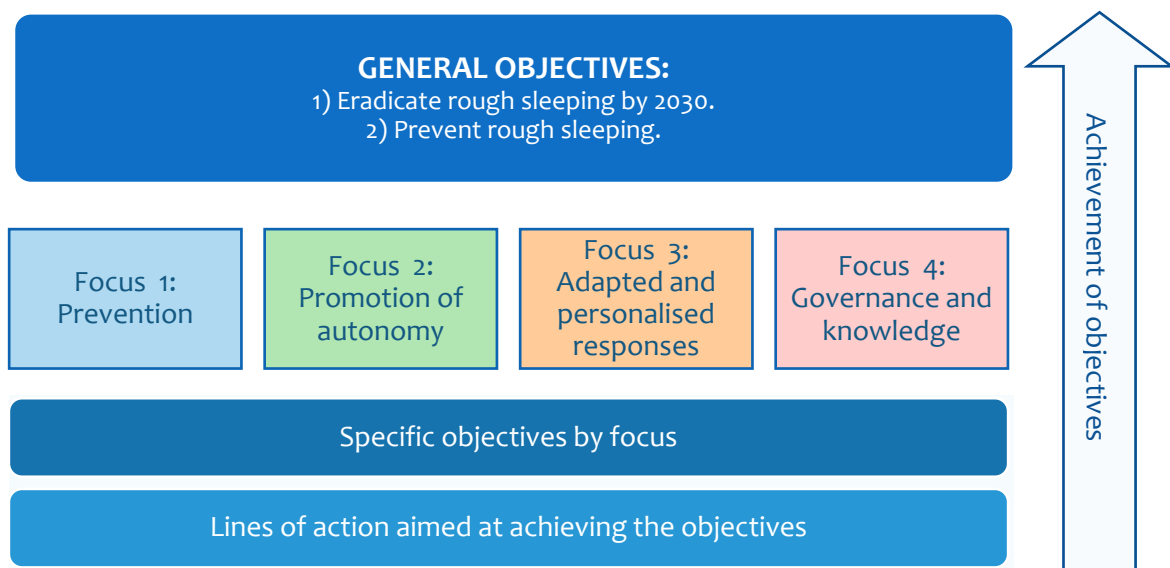
The Autonomous Communities will be involved within the framework of the above commitments, with the aim of achieving the maximum level of coherence in the policies to eradicate homelessness, as well as to contribute to achieving the objectives. Their role is framed within the cooperation framework, the alignment of policies and the implementation of the lines of action linked to the commitments reached in the Agreement, within the scope of their competences. The Strategy identifies the lines of action that the Autonomous Communities have taken on board in the consultation process, also reflecting the measures that they are implementing (or plan to implement) in the **operational plans**.

Finally, the collaboration of **local authorities** is essential for the implementation of the lines of action associated with prevention and early detection, the transformation of the

intervention models, community services, experimentation and innovation, and the non-criminalisation of poverty in the public space, among others that are identified in the content of this Strategy. Thus, the local authorities that participated in the consultation have identified the lines of action that they are implementing or plan to implement in the coming years, with the aim of incorporating them into the body of the Strategy, as well as to offer a orientative framework to all municipalities and provinces in the fight against homelessness.

### 3.5. Strategic implementation

The Strategy is structured around **two general objectives**, which are organised around **twelve specific objectives** that will be pursued in different **focuses for action**. Likewise, **lines of action** are defined in order to guide the actions taken by the different actors involved towards achieving the objectives set out in the Strategy.



#### General objectives

Evidence reveals that housing exclusion and homelessness have increased in recent years, drastically limiting the universal enjoyment of human rights and the number of people living their lives within society. **In Spain there are 28,552 homeless people**, of whom 7,277 are sleeping rough on the streets, 11,498 in hostels and centres and 9,778 in flats and guesthouses for homeless people (HPS, 2022); this number could be even higher if those who are outside the system are taken into account.

Since 2012, **the number of homeless people has increased by 24.5%**, with a higher increase among women (from 19.7% to 23.3%). At the same time, **the number of people living on the streets has increased by 14.4%** (NSI, HPS, 2022). The number of people who spend the night in public spaces is not only high, but also has an important qualitative component due to the deprivation, social exclusion and violation of rights that it implies. In short, thi is a significant number of people who are currently outside the care system and who are at risk of remaining in this situation for prolonged periods of time, experiencing deterioration in terms of exclusion and their physical and mental health and autonomy.

Faced with this reality, this **Strategy will activate responses aimed at strengthening the system providing care for homeless people so that no one sleeps rough on the streets**. This ambition implies adapting the system to ensure that there is sufficient support and reception resources for people who spend the night on the streets, as well as consolidating an approach that prevents homelessness and facilitates the deinstitutionalisation of homeless people so that they can once again start to live autonomously.

The Strategy, therefore, has the following general objectives:

### **1. Eradicate rough sleeping**

This objective implies mobilising the resources required to ensure that no one sleeps rough by 2030, by activating the responses and resources necessary to offer alternative accommodation to people living on the streets based on their individual needs. In addition to offering housing alternatives, this objective requires putting in place the support required to prevent people at risk from becoming rough sleepers, increasing the number of housing places and adapting the response to offer personalised solutions oriented towards an intervention that focuses on deinstitutionalisation in order to increase sustainability, reception capacity and help people exit the system and live autonomously.

### **2. Prevent rough sleeping**

As mentioned above, this objective implies the detection of people at risk, offering the necessary support and help to prevent them from becoming rough sleepers. This involves strengthening coordination between sectors (social services, housing, the system for protecting women victims of gender-based violence, health, the child protection system, the foster care system, etc.) at different levels of government, with the aim of identifying people at risk, with special emphasis on cases where the phenomenon is more invisible or intermittent, such as female homelessness, and offering appropriate support before they fall into this situation.



No one who does not want to sleeping on the street.				
Objectives	Indicator	Baseline	Expected results	
			2028	2030
<b>GO1. Eradicate rough sleeping</b>	No. of people sleeping rough	7,277 people 6,771 men 506 women NHPS, 2022	A 50% reduction in the number of rough sleepers compared to the baseline.	The number of rough sleepers is reduced by 95%.
<b>GO2. Prevent rough sleeping</b>	No. of men and women rough sleeping for 0 to 6 months without their own accommodation	2,082 <sup>24</sup> NHPS, 2022	A 50% reduction in the number of rough sleepers who have been without their own accommodation for 0 to 6 months, compared to the baseline	A 95% reduction in the number of rough sleepers who have been without their own accommodation for 0 to 6 months

### Focus 1: Prevention

Preventing people from becoming homeless is at the heart of this Strategy. In Spain, since 2012, there has been a 68.61% increase in the percentage of homeless people who have been without their own accommodation for less than one month. This growth has been more evident in the female population (121.90%) than in the male population (45.10%), according to the NSI (HPS 2022). Focusing on people staying overnight in public spaces (7,277), 486 people have been homeless for less than a month (approximately 6.7% of the total number of roofless people) and 1,596 have been homeless for between 1 and 6 months (equivalent to almost 22% of the total number of roofless people). These figures indicate that **prevention needs to be strengthened in order to avoid the onset or consolidation of rough sleeping and to avoid the situation from becoming chronic.**

In addition, **18.7% of roofless people are known to have been discharged from institutions before being in this situation** (release from juvenile centres, release from prisons and hospitalisations), pointing to other risk and vulnerability factors. This evidence indicates the need to activate help and support for people moving from life in institutions (hospitals, childcare centres, etc.) to life in the community. This idea coincides with the conclusions reached by the discussion groups containing experts with first-hand experience<sup>25</sup>, who recommend reviewing the release protocols and carrying out training and awareness-raising work for those working in early care, in order to identify profiles at risk of homelessness and provide them with the necessary resources in a timely manner.

<sup>24</sup> This indicator is equivalent to the sum of the number of people who have spent the night in public spaces or locations not designed for habitation and who have been without their own accommodation for less than one month and between 1 and 6 months, based on the NSI's National Homeless People Survey (2022).

<sup>25</sup> Report on the discussion groups on the National Strategy to Combat Homelessness in Spain 2023-2030. EAPN, 2023.

In addition, it is essential to **address other complex situations associated with mental illness, disability, the breakdown of family relationships, substance abuse, as these are factors that can** lead to homelessness or lead to the situation becoming chronic. Therefore, prevention must also focus on attending to and tackling the most complex situations, designing itineraries that avoid the situation deteriorating for people with these profiles, as well as preventing them from returning to living on the streets. Based on the results of the consultation process with experts with first-hand experience, it is essential that the prevention plans take into account the different profiles of the people at risk of homelessness, paying attention to the specific characteristics of each group and adapting to the specific circumstances of each person and their needs, as the reasons for becoming homeless are very varied and so are the solutions needed.

In this context, it is proposed that the prevention model be strengthened through the coordination of social services with other protection systems, in two key areas:

- Detecting cases of people who are in imminent risk or who have recently lived on the streets (or experienced other forms of homelessness) and intervening early to prevent them from continuing to sleep rough or to get them out of this situation as quickly as possible. This type of action is particularly important in the case of women, where rough sleeping is more intermittent and they alternate to a greater extent between living on the street (ethos 1 and 2) with unstable, temporary and at-risk residential situations, making it necessary to go deeper into the specific causes, which are often linked to gender-based violence.
- Preventing people who have already experienced homelessness from experiencing it again. The aim is to reduce the number of the most complex situations from becoming chronic through the support provided by the care system, which is aimed at housing stability and maintaining tenure, with personalised interventions to address other risk factors (mental illness, substance dependency, disability, etc.).

According to the experts with first-hand experience, it is necessary for the care provided by the care system to follow protocols, in order to avoid the feeling of arbitrariness in the care that homeless people sometimes perceive. Therefore, coordination between the services is essential, as is the training and awareness-raising of the care staff so that the treatment offered is friendly and avoids the dehumanisation that is sometimes perceived by the homeless people who are cared for in the system.

The preventive approach proposed in this Strategy seeks to offer **solutions so that no one has to sleep in public spaces in the event of suffering a crisis or other situation** (loss of housing or employment, institutionalisation, family breakdown, etc.), as well as to facilitate access to help and support appropriate to each person's circumstances. The aim is to build a **prevention system based on detecting at-risk profiles in order to provide timely services and support before they end up on the streets (early intervention)**.

The objectives of this focus are as follows (next page):

## Objectives for Prevention

Objectives	Indicators	Baseline	Expected results	
			2028	2030
<b>1. Prevent rough sleeping from becoming a chronic situation</b>	No. of rough sleepers who have been without their own accommodation for 1 to 3 years or more	4,194 people <sup>26</sup> NHPS, 2022	Reduction by 75% in the number of people who have been homeless for 1 to 3 years or more	Reduction by 95% in the number of people who have been homeless for 1 to 3 years or more
	No. of people housed in Housing First programmes	318 men 92 women <sup>27</sup> SCSHP, 2021	Increase by 100% in the number of people housed in Housing First housing compared to the baseline	Increase by 150% in the number of people housed in Housing First housing compared to the baseline
<b>2. Prevent and provide a rapid response to rough sleepers with higher risk profiles and to newcomers to the homelessness care system</b>	No. of people who are homeless due to their release from institutions (discharge from hospitals, release from juvenile centres and penitentiary centres)	5,898 <sup>28</sup> NHPS, 2022	Reduction by 50% in the number of people experiencing homelessness as a result of discharge or release processes from institutions compared to the baseline	Reduction by 75% in the number of people experiencing homelessness as a result of discharge or release processes from institutions compared to the baseline

<sup>26</sup> This indicator is equivalent to the sum of the number of people who have spent the night in public spaces or locations not designed for habitation and who have been without their own accommodation for 1 to 3 years or more, according to the NSI's National Homeless People Survey (2022).

<sup>27</sup> Data as at 15 December 2020.

<sup>28</sup> This indicator is equivalent to the sum of the total number of people who are homeless due to discharge from institutions: due to hospitalisation (3,117), due to having been deprived of liberty (2,010) and due to leaving or abandoning juvenile centres (771).

Objectives	Indicators	Baseline	Expected results	
			2028	2030
	Percentage of accommodation requests granted (requests granted out of total number of requests)	81.7% 81.1% men 83.7% women NHPS, 2022	At least 90% of accommodation requests are granted (90% for men and 90% for women)	At least 95% of accommodation requests are granted for men and women

## Lines of action for prevention

### Specific objective 1: Prevent rough sleeping from becoming a chronic situation

Lines of action	Actors involved
1.1. Develop personalised accompaniment, counselling and outreach programmes for homelessness services to increase access to the services and benefits available, as well as to continuously monitor the inclusion processes of the people assisted.	ACs, LAs
1.2. Promote low access requirement and person-centred programmes.	ACs, LAs
1.3. Develop protocols, resources, teams and specialised itineraries to address and provide specialised care for women living on the streets (including resources for women with dependent children).	ACs, LAs
1.4. Run training and awareness-raising programmes aimed at teams of professionals from the different networks (protection of women, migrants, health system, law enforcement agencies, etc.) in order to humanise treatment and offer appropriate care to people living on the streets.	GSA, ACs, LAs
1.5. Detect and intensively monitor people living on the streets in order to offer accommodation solutions and other services as needed.	LAs
1.6. Develop Housing First programmes for people living on the streets.	ACs, LAs

### Specific objective 2: Prevent and provide a rapid response to rough sleepers with higher risk profiles and to new arrivals in the homelessness system

Lines of action	Actors involved
2.1. Elaboration of protocols for coordination between protection systems to detect and assist people at risk of becoming rough sleepers (coordination with the health system -mental health and addictions-, child protection system, care system for women victims of gender-based violence, care system for migrants (including integration resources and humanitarian care for migrants from third countries, educational institutions, etc.).	GSA, ACs, LAs

Lines of action	Actors involved
2.2. Design and implement mechanisms to identify violence against rough sleepers, especially violence suffered by women.	GSA, ACs, LAs
2.3. Offer a stable, dignified and sufficiently supported alternative for women victims of violence to address the consequences of the trauma resulting from violence and homelessness, as well as for women with dependent children.	ACs, LAs
2.4. Develop and implement systems/mechanisms for early detection and assessment of the risk a person may become a rough sleeper in the different protection networks, identifying current and emerging risk situations in different areas (migrant population, migrants entering the country in small boats, applicants for international protection, people with mental health problems or addictions, unaccompanied minors, victims of gender-based violence, people in serious poverty, single-parent families, dependent population, people with disabilities, etc.).	GSA, ACs, LAs
2.5. Develop and implement “rapid rehousing” programmes to avoid people living on the streets and to support people and families at risk of homelessness, recover from the difficulties they have encountered and return to a normalised environment, using funding mechanisms such as the subsidised plan, among others.	GSA, ACs, LAs
2.6. Prioritise at-risk profiles in access to housing-oriented programmes.	GSA, ACs, LAs
2.7. Develop protocols for integrated care between the different sectors involved in the care and supply of housing resources for people who are in the process of being released from institutions and lack housing (health discharges, release from prison, leaving the child protection system, immigrants, centres for women victims of gender-based violence, etc.).	ACs, LAs
2.8. Offer alternative housing in cases of the loss of the usual dwelling.	ACs, LAs

## Focus 2: Promoting autonomy

Homelessness has multiple causes. It is the consequence of a combination of risk and exclusion factors that results in the severing of links with society in various fields (social services and housing, education, health, protection, etc.). As noted in the diagnosis, the pandemic caused by COVID-19 has aggravated the health, well-being and living conditions of homeless people, making it necessary to develop measures aimed at facilitating access to support and services that facilitate autonomy and life in community settings (outside of homeless resources). This focus is approached from a deinstitutionalising perspective, based on self-determination and empowerment.

**Access to adequate housing is a human right** that has been affected by rising housing prices. According to the literature reviewed, the Housing Price Index has increased by 31.9% between 2015 and 2021 and the Rental Housing Price Index has reported a growth of 10% between 2015 and 2020, with some regional variations (NSI, HPI, baseline 2015). At the same time, household incomes have not increased sufficiently to cover housing costs. The diagnosis finds that, in Spain, 40% of households in private rental housing spend more than 40% of their income on housing costs (EU-SILC 2021), thus reducing the margin that individuals and families have to cover other essential expenses.

**Housing vulnerability is one of the main factors behind homelessness.** Around 40% of homeless people report that they are in these circumstances for housing-related reasons (dilapidated buildings, eviction, termination of the rental contract and difficulty in paying for accommodation). Therefore, talking about the prevention and eradication of homelessness necessarily implies responses oriented towards maintaining people in housing (through the provision of adequate and affordable housing, support to keep people in housing, among others) so that people at risk do not end up homeless. Stability in housing is, according to the findings of the focus groups of experts with first-hand experience, a key element in defining a real “home”, i.e. accommodation that provides security, autonomy and is adapted to the needs of the individual. Therefore, affordable housing provided as part of homelessness prevention measures should have a universally accessible design that is adaptable to people's diverse needs.

**Unemployment** is another factor explaining the increase in homelessness between 2012 and 2022. A total of 26.3% of the people questioned in the latest NSI survey stated that they were homeless due to the loss of employment, as this affects their autonomy and their ability to continue living in their homes and cover their basic needs. Only 5.4% of homeless people had worked in the previous week and the percentage of people living on the streets who had worked was less than 1% (HPS, 2022). It is clear that access to employment is a necessary condition for exiting homelessness, sustaining housing and accessing various benefits provided by the social security system. But to regain autonomy and stability it is equally important to combine **guaranteed income** (currently received by 17.0% of homeless people) to improve opportunities and support the transition from homelessness to active participation in society.

In this respect, the experts with first-hand experience emphasise the importance of personalised training actions aimed at improving the skills and employability of homeless people, i.e. designing itineraries that are adapted to their abilities, potential and interests.

They also consider it necessary to regularising their administrative status, thus facilitating their incorporation into the labour market.

On the other hand, the experts with first-hand experience suggest that eligibility criteria should be reviewed to prevent them from becoming an additional barrier for homeless people. In particular, they suggest replacing the requirement for registration on the resident register with a requirement that can be met by homeless people. Lastly, it would also be advisable to speed up the processing of applications and not only to provide homeless people with information on their rights and the resources available, but also to establish protocols for accompanying them through the application process.

Homeless people face obstacles to exercising their **right to health** both in terms of access (especially for the foreign population) as well as in terms of medical care. Although their own perception of the state of their health is not extremely negative (only 14.8% of homeless people consider their state of health to be bad or very bad, 11.0% in the case of men and 3.7% in the case of women), it should be noted that 37.4% of homeless people have a diagnosed illness (this being higher in the case of women -43.6%- than men -35.5%). In addition, 19.3% of all homeless people do not have a health card (HPS, 2022) and, consequently, are not receiving the medical care required to treat their illnesses.

In terms of **mental health**, the diagnosis indicates that 67.8% of homeless women, compared to 58.8% of men, report suffering the symptoms related to some form of depression. It is equally important to note that 20.5% of the homeless population has a disability and 19.5% have a degree of disability equal to or greater than 33% (HPS, 2022), thus requiring special support and services.

In terms of health care, experts with first-hand experience consider that care protocols need to be improved so that there is real and effective collaboration between care systems to improve care and access to health care. In addition, the available resources should be adapted to cater for the possible disabilities or illnesses of the homeless people who use them.

Another aspect affecting the safety and physical (and mental) integrity of homeless people is **discrimination and aporophobia**, which among other things is a factor related to exclusion that hinders access to services, participation and, in short, the full exercise of their citizenship. Half of homeless people (50.3%) have been the victims of crime or aggression (insults, threats, robberies and assaults). Women have been the victims of insults or threats to a greater extent (36.1% compared to 34.2% of men) and sexual aggression (11.1% compared to only 2.2% of men). Many of these assaults are not reported to the authorities: 63.3% of victims of crimes or assaults have not reported them. Special mention should be made of **the criminalisation** of people suffering from social exclusion, which prevents their normalised participation in society. This means that individuals experiencing social exclusion are sometimes discriminated against by the public administrations themselves when they place obstacles in the way of their exercising their rights in the public sphere on an equal footing with the general public.



The experts with first-hand experience emphasise the importance of social awareness-raising campaigns to avoid discrimination and the stigmatisation of homeless people. They aspire to feel integrated into society and for society to stop looking on them with suspicion. It is also important that homeless people continue to participate in the design of these campaigns, in order to reinforce their autonomy and so that they can feel represented by the contents that are published, giving the approach meaning and creating a message that they consider to be more in line with their own experiences, complaints and ideas, thus avoiding paternalistic approaches or stereotypical messages. On the other hand, this participation in outreach campaigns can also serve to work on the self-perception of homeless people, thus helping to counteract the feelings of shame or guilt they may feel about their situation.

Homelessness and its stigmatisation isolate people, causing a breakdown in social and community ties. This situation not only hinders access to services, but also prevents homeless people from **participating** (in the broadest sense), limiting their capacity for agency: to **choose** (among services, itineraries, interventions), to **propose** (improvements in services), to **associate or self-organise**, to **collaborate** (in associations, in organising neighbourhood meetings and events), and, in short, to participate in the public policy cycle. The contributions made by the experts with first-hand experience emphasise the importance of participating in normal activities in order to break the feeling of isolation and separation from society. Inclusion, thus, means that homeless people participate and create links with other people.

The interrelatedness of human rights is evident, in that the erosion of one (access to housing or decent employment) means the deterioration of others: access to health care and medical care, the rights of persons with disabilities, income security, human dignity, participation, self-determination and the right to live in the community. Under this same logic, this focus integrates responses aimed at facilitating access to services, support and protection mechanisms so that these individuals can stabilise themselves and resume living their lives autonomously and in ordinary environments outside institutions.

## Objectives for Promoting Autonomy

Objectives	Indicators	Baseline	Expected results	
			2028	2030
<b>3. Protect the right to housing for homeless people</b>	No. of people living on the streets for reasons related to housing <sup>29</sup>	3,250 NHPS, 2022	Reduction by at least 50% in the number of people living on the street for reasons associated with the loss of housing, compared to the baseline	Reduction by at least 85% in the number of people living on the street for reasons associated with the loss of housing, compared to the baseline
	Number of homeless people housed in flats provided by public authorities or private organisations	3,492 men <sup>30</sup> 2,041 women SCSHP, 2021	Increase of 50% in the number of homeless people in public or privately owned flats compared to the baseline	Increase of 80% in the number of homeless people in public or privately owned flats compared to the baseline
<b>4. Promote the active inclusion of homeless people</b>	Employment rate among homeless people	5.42% 3.89% (men) 10.4% (women) NHPS, 2022	Increase of 25% in the employment rate of homeless people, compared to the baseline (35% men, 35% women)	Increase of up to 40% in the employment rate of homeless people, compared to the baseline (40% men, 40% women)

<sup>29</sup> This indicator puts the focus on housing. Homelessness is a structural problem, which is mainly due to a shortage of affordable housing and obstacles to accessing or retaining permanent housing. However, the Homeless People Survey (NSI) identifies the reasons for leaving the accommodation that people had before becoming homeless, including reasons associated with the housing (uninhabitable, eviction, termination of contract, difficulty in paying rent), but it also reports other reasons such as loss of employment, discharge from institutions, having suffered violence, etc.

<sup>30</sup> Number of homeless people in public or private flats as at 15 December 2020.

Objectives	Indicators	Baseline	Expected results	
			2028	2030
	Percentage of homeless people who are not registered on the resident register or are registered in a municipality different from where they live	30.27% (15.43% are not registered on the resident register)  NHPS, 2022	At least 85% of homeless people registered on the resident register in the municipality where they live.	At least 95% of homeless people registered on the resident register in the municipality where they live.
	Percentage of homeless people who have received MVI/MII in the last year	17.3% 14.9% (men) 25% (women)  NHPS, 2022	An increase of 50% in the number of homeless people receiving the Minimum Integration Income and/or the Minimum Vital Income	Over half of homeless people receiving the Minimum Integration Income and/or the Minimum Vital Income
<b>5. Guarantee homeless people's right to health and well-being, especially those with the greatest need, such as those requiring mental health support, help with addiction, disability, and protection from gender-based violence, trafficking and prostitution</b>	Percentage of homeless people who perceive their health to be good or very good	55.8% 57.3% men 51.2% women NHPS, 2022	At least 60% of homeless people perceive their health to be good or very good	At least 70% of homeless people perceive their health to be good or very good
	Percentage of homeless people who have a health card	80.5% NHPS, 2022	At least 90% of homeless people have a health card	At least 95% of homeless people have a health card
<b>6. Prevent discrimination, criminalisation, hate crimes and gender-based violence against homeless people</b>	Percentage of homeless people who have been victims of hate crime or assault	49.5% 49.6% (men) 49.2% (women) NHPS, 2022	Less than 35% of homeless people have been victims of a hate crime or assault	Less than 15% of homeless people have been victims of a hate crime or assault

Objectives	Indicators	Baseline	Expected results	
			2028	2030
	Percentage of homeless people who have been victims of sexual assault	4.3% 2.2% (men) 11.1% (women) NHPS, 2022	Less than 1% of homeless men are victims of this type of assault; less than 5% of homeless women are victims of this type of assault	Less than 1% of homeless men are victims of this type of assault; less than 1% of homeless women are victims of this type of assault
	Percentage of homeless people who have been victims of crime or assault and who have reported it	36.3% 17.1% (men) 20.8% (women)	At least 50% of homeless people who are victims of assault or crime report the assault or crime	Of the homeless people who are victims of assault or crime, 90% report the assault or crime
<b>7. Promote the participation of homeless people</b>	Homeless people who can participate or make suggestions in the accommodation centres	39.3% NHPS, 2022	At least 65% of homeless people are able to make suggestions in accommodation centres	At least 80% of homeless people are able to make suggestions in accommodation centres

## Lines of action for promoting autonomy

### Specific Objective 3: Protect the housing rights of homeless people

Lines of action	Actors involved
3.1. Promote social housing and public housing to facilitate access to housing for homeless people.	GSA, ACs, LAs
3.2. Support for access to adequate and permanent housing (emergency aid for furniture, aid to pay deposits, agency fees or current month's fees, support in the search for and processing of applications for housing, etc.).	ACs, LAs
3.3. Inclusion of homeless people in regional and municipal housing plans.	ACs, LAs
3.4. Measures to promote the implementation of Programme 3 of the State Housing Plan (SHP) in the different regions (through direct aid to the homeless people and other groups referred to in the programme, aid to local authorities and non-profit organisations that allocate housing for homeless people, aid for the provision of alternative housing or aid for the payment of rent and equipment).	ACs
3.5. Implement specific lines of support and aid to help homeless women gain access to adequate housing.	ACs, LAs
3.6. Promote alternative models of housing provision (housing associations, co-housing, etc.).	GSA, ACs, LAs
3.7. Regulatory flexibility and incentives to facilitate the usufruct of available housing in the public sector and in the private market (private owners, real estate companies and banks).	ACs, LAs
3.8. Make disused public housing and real estate available for homelessness programmes.	ACs, LAs

### Specific Objective 4: Promote the active inclusion of homeless people

Lines of action	Actors involved
4.1. Develop personalised itineraries or programmes for access to employment with social accompaniment.	GSA, ACs, LAs
4.2. Reduce the barriers to gaining access to resources, programmes, services and benefits in terms of social services, minimum income, social security, employment services, socio-labour itineraries, labour activation, among others (speeding up administrative procedures, registration on the resident register, required documentation, waiting times, etc.).	GSA, ACs, LAs
4.3. Strengthen socio-occupational support services that allow for professional monitoring of recruitment and guarantee the maintenance of a job.	ACs, LAs
4.4. Promote sheltered employment for people living on the streets and/or assisted by resources for homeless people.	ACs, LAs
4.5. Publicising, awareness-raising and advice on applying for the MVI, guaranteed income and other benefits.	GSA, ACs, LAs

Lines of action	Actors involved
4.6. Informal/non-formal education programmes to help homeless people acquire qualifications and develop basic and digital skills, among other key competences for autonomy, with the aim of promoting opportunities for inclusion, participation and employability for the people assisted by the homeless care system.	ACs, LAs
4.7. Awareness-raising programmes for businesses to promote the inclusion of homeless people among the groups with special needs in employment policies.	ACs, LAs
4.8. Develop recruitment incentives, introducing quality criteria based on stability and quality of recruitment.	ACs
4.9. Pilot programmes to promote the personal autonomy and empowerment of the people assisted by the network providing care for homeless people.	ACs, LAs
4.10. Reduction of barriers to accessing social assistance and benefits and for registration of homeless people on the resident register, including those with an irregular administrative status and young people leaving the care system.	GSA, ACs, LAs
4.11. Inclusive facilitation programmes for people to enhance their autonomy, inclusion and empowerment in the different dimensions of social inclusion, in accordance with their personal life plans.	ACs, LAs
4.12. Promote and finance projects for digital and financial autonomy.	ACs, LAs

**Specific Objective 5: Guarantee the right to health and well-being for homeless people, especially those in greatest need who require support in the areas of mental health, addictions, disabilities and protection from gender-based violence, trafficking and prostitution.**

Lines of action	Actors involved
5.1. Develop mixed action protocols and coordination mechanisms between homeless services and health care networks to facilitate homeless people being placement in appropriate resources, including care for addictions and mental health problems.	ACs, LAs
5.2. Actions aimed at guaranteeing access to the national health system for people assisted by the homeless care network.	GSA, ACs
5.3. Incorporation of intervention methodologies for people with addictions (risk reduction, integrated interventions, intervention in dual pathologies, harm reduction, etc.).	ACs, LAs
5.4. Health education and promotion measures aimed at homeless people.	ACs, LAs
5.5. Strengthen psychiatric care for homeless people with a community approach (coordination between social services, mental health, organisations working with homeless people; develop personalised plans to offer a comprehensive approach to homeless people with mental disorders; low-demand centres, etc.).	ACs, LAs
5.6. Training and awareness-raising programmes aimed at healthcare staff to improve the treatment and care offered to homeless people and other groups served by the homeless care network.	ACs, LAs
5.7. Actions to promote and guarantee access to specialised treatment (chronic illnesses, mental illnesses, rehabilitation, disabilities, etc.).	ACs, LAs
5.8. Develop specialised programmes for homeless women, aimed at health promotion, psychological care, sexual and reproductive health.	ACs, LAs

Lines of action	Actors involved
5.9. Promote the creation at the regional level of specific temporary centres to provide care for medical convalescence, chronic illnesses or palliative care, in connection with the National Health System.	ACs
5.10. Implement actions aimed at providing support and attending to the needs of homeless people who are victims of gender-based violence, trafficking and/or prostitution.	GSA, ACs, LAs
5.11. Strengthen coordination with the network for the protection of women victims of gender-based violence in order to facilitate homeless women who are victims of violence accessing the network's resources, especially residential resources.	ACs, LAs
5.12. Increase flexibility and adaptation of resources in the care network to facilitate access by people with addictions and mental health problems.	ACs

### Specific Objective 6: Prevent discrimination, criminalisation, hate crimes and gender-based violence against homeless people

Lines of action	Actors involved
6.1. Information services, legal accompaniment and flexible reporting mechanisms in cases of aggression or hate crimes against homeless people.	ACs, LAs
6.2. Information services, legal accompaniment and flexible reporting mechanisms in cases of sexual aggression and/or gender-based violence against homeless women.	GSA, ACs, LAs
6.3. Information and awareness-raising actions aimed at the general public, the professional public and the media on the prevention of discrimination, aporophobia and hate crimes.	GSA, ACs, LAs
6.4. Implement mechanisms for information and monitoring of cases of discrimination, criminalisation and aporophobia.	GSA, ACs
6.5. Review and adapt laws, regulations, ordinances or decrees that give rise to criminalisation processes related to the occupation of public spaces, which tends to affect people living on the streets more frequently.	GSA, ACs, LAs
6.6. Implement protection and support mechanisms that address the different types of violence and discrimination faced by homeless women.	ACs, LAs
6.7. Actions to combat discrimination in access to housing for homeless people.	ACs, LAs

### Specific Objective 7: Promote the participation of homeless people

Lines of action	Actors involved
7.1. Actions aimed at implementing participatory experiences in the homeless care system's resources and mechanisms aimed at guaranteeing that people can participate in the decision-making process that affects their care plans.	ACs, LAs

Lines of action	Actors involved
7.2. Awareness-raising programmes and initiatives that involve the participation of experts with first-hand experience, favouring their involvement and leadership in the construction of the narratives and the execution of the measures and actions programmed (co-creation of the stories that are told, participation and protagonism in the stories and formats; TV, film, short films, videos, radio, interviews, radio, etc.).	GSA, ACs, LAs
7.3. Promote the participation of homeless people in the public policy cycle for homeless people (strategies, operational plans, monitoring, evaluation, etc.).	GSA, ACs, LAs
7.4. Develop spaces and tools that promote the inclusion and participation of homeless people in community settings.	ACs, LAs
7.5. Itineraries and training actions (non-formal or informal) on participation and empowerment for homeless people.	ACs, LAs
7.6. Create and open up spaces for empowerment and participation for homeless women, recognising their particular difficulties in becoming visible and participating openly.	ACs, LAs



### Focus 3: Tailored and adapted responses

The **growth** in the number of homeless people over the last decade and the **increase in chronic homelessness** indicates that the **system providing care to homeless people is not providing an effective response to the problem or a sustainable long-term solution.**

The increase in places (49.6% since 2006) and the increase in spending (from 144.6 million in 2006 to 345 million in 2020) in centres for homeless people has not been sufficient to reduce the number of people in this situation, which may indicate that the institutional response (centres, hostels, etc.) is not efficient in preventing and eradicating homelessness in the medium and long term. Much of this is due to the welfarist approach of some solutions and the underdevelopment of resources to promote autonomy. This reflection calls for a transformation in the response from the resources in two ways: on the one hand, **the resources of the network need to shift towards models that promote autonomy, independent living and the empowerment of the users** in order to avoid possible re-admissions to centres, hostels or other residential resources. On the other hand, the system must have the capacity to offer a response to all those who need it, which implies **increasing the coverage rate of the network of centres with adequate and temporary accommodation resources, housing and community-based solutions with support for autonomy and social inclusion.**

The evidence from Europe shows that prolonged stays in hostels or residences have negative impacts on the self-determination, autonomy and social inclusion of homeless people, thereby affecting their full enjoyment of their citizenship rights and life in the community. In Spain, the “housing first” approach has advanced substantially as an alternative to the model of providing accommodation in centres and hostels. Between 2012 and 2022, the number of people staying in flats and guesthouses who have been without their own accommodation for 1-3 years increased by 63.8%, followed by people staying in hostels and centres (25.4%) and people staying overnight in public spaces and locations not designed for habitation (30.7%). On the other hand, the number of people staying in flats and guesthouses who have been without their own accommodation for more than 3 years increased by 33.5%, followed by those staying in centres and hostels (13.3%), according to calculations based on data from the NSI (NHPS 2022). The challenge related to this issue is to help people exit the system and live autonomously in flats in order to reduce their dependency on the system.

All this leads to the conclusion that the challenge is not so much the creation of places, but rather **helping people exit the system and live autonomously.** In other words, it is essential to focus intervention on **capacity-building support and assistance to enable homeless people to reduce their dependency on the system,** access and retain their own accommodation, generate a stable income and regain community links to reduce the risk of relapsing back into homelessness and the care system.

On the other hand, it is now known that homelessness is increasingly prevalent among women, young people and people of foreign origin, with increases of 47.4%, 35.4% and 36.1% respectively (NSI, HPS, 2022). The NSI data also shows that 20.5% of the homeless population has some kind of disability, 10% suffer from mental disorders and another 32.6% have a high or excessive consumption of drugs and alcohol, the latter being people who face multiple obstacles in accessing care resources and initiating recovery processes.

The composition, experiences and needs of homeless people are diverse and therefore require a flexible response adapted to the needs of each person in order to move towards autonomy. Some individuals only require **temporary accommodation in flats and support in finding employment**, while people with more complex needs require **stable housing, more intensive personalised accompaniment and support and occupational activities** (e.g. Housing First); other people need the barriers to accessing care resources to be removed in order to access the support they need to leave the streets, including drug users who face particular difficulties in accessing resources due to substance use and homelessness (in this respect it is worth remembering that several resources require abstinence in order to access them and maintain a place). It is essential, in the opinion of the experts with first-hand experience, that care for homeless people should enhance their security and autonomy, giving them the capacity to choose from a range of resources and services that are sufficient and adapted to their needs.

From a **gender perspective**, there is room for improvement in the network providing care for homeless people, as, in many cases, the needs of homeless women are not adequately addressed, neither as women nor as victims of gender-based violence. The lack of training for the teams and the insecurity of the network itself are points to be highlighted, among other reasons because the perpetrators of assaults on homeless women are being attended to in the network. In this regard, the experts with first-hand experience point out that it is also important that the care for homeless people adopts an intersectional approach that takes into account the circumstances and needs of transgender people and other groups who may suffer discrimination on the basis of their sexual orientation or gender expression. Also, in the context of the intersectional discrimination that homeless people may face, it is necessary to take their ethnicity into account.

Although some progress has been made in recent years towards the transition to a more deinstitutionalised model with a focus on housing incorporating, for example, alternatives such as Housing First, the diagnosis shows that the response of the system providing care for homeless people continues to be based mainly on emergency care without clear long-term solutions. In fact, the majority of places available are still in hostels, residences and shelters (62.4% of the total number of places in 2020). This means that this Strategy must make a greater effort to develop a system that truly fosters people's autonomy in private and safe spaces (flats or apartments), with the social accompaniment required in each intervention.

## Objectives for Tailored and adapted responses

Objectives	Indicators	Baseline	Expected results	
			2028	2030
<b>8. Provide housing solutions and support adapted to the needs and wishes of individuals through professional intervention</b>	Percentage of homeless people who think that social services have helped them a great deal <sup>31</sup>	26,7% <sup>32</sup> 26.2% men 28.5% women  NHPS, 2022	At least 50% of homeless people perceive that social services have helped them a lot or a fair amount	At least 85% of homeless people perceive that social services have helped them a lot or a fair amount
	Percentage of homeless people who have been allocated a service or benefit, out of the total number of people who submitted an application	87.1% <sup>33</sup> NHPS, 2022	At least 90% of those who apply for services or benefits receive them	At least 95% of the services requested are provided
	Percentage of salaried and sub-contracted staff out of the total number of people working in the system providing care for homeless people	52.4% <sup>34</sup> 54.5% (women) 48.4% (men)  SCSHP, 2020	At least 65% of the staff working in the system providing care for homeless people are salaried and/or sub-contracted	At least 75% of the staff working in the system providing care for homeless people are salaried and/or sub-contracted

<sup>31</sup> The Homeless People Survey (NSI) calculated the subjective assessment of the aid received by social services without distinguishing the type of aid or services provided. In the survey methodology, social services are defined as resources provided by public institutions to help disadvantaged people.

<sup>32</sup> This percentage is calculated based on the total number of homeless people (28,552), given that the indicator is not broken down by place of overnight stay in the Homeless People Survey (NSI).

<sup>33</sup> This percentage is calculated from the total number of people who submitted an application for the following services: accommodation, attendance at a day centre, attendance at a rehabilitation centre, information/orientation/accommodation, food from a restaurant/canteen, hygiene/clothing service, specialised social assistance, financial assistance, other.

<sup>34</sup> This percentage calculates the proportion of full-time, part-time and sub-contracted staff out of the total number of people working in centres for homeless people.

Objectives	Indicators	Baseline	Expected results	
			2028	2030
<b>9. Reorient the system providing care for homeless people towards community resources that promote autonomy and work from the point of view of people's personal life plans and deinstitutionalisation</b>	Coverage rate of the accommodation centres network <sup>35</sup>	70.7% SCSHP, 2020	The coverage rate of the accommodation centres network is 85%	The coverage rate of the accommodation centres network is 90% or more
	Proportion of places in flats and apartments as a proportion of total accommodation resources	34.4% <sup>36</sup> SCSHP, 2020	The proportion of places in flats or apartments as a proportion of all accommodation resources for homeless people has increased to 55%	The proportion of places in flats or apartments as a proportion of all accommodation resources for homeless people has increased to 65%
	Percentage of publicly funded accommodation places (publicly owned, funded and/or subsidised places)	79.0% SCSHP, 2020	The percentage of publicly funded accommodation places increases to 85%	The percentage of publicly funded accommodation places increases to 90%

<sup>35</sup> Estimation based on the total number of existing places on 31 December 2021 (available in the SCSHP, 2020), out of the total number of homeless people identified in the NHPS 2022.

<sup>36</sup> Places available on 15 December 2021.

## Lines of action for response adaptation

### Specific Objective 8: Provide housing solutions and support adapted to the needs and wishes of individuals through professional intervention.

Lines of action	Actors involved
<b>8.1.</b> Develop and implement a system based on case management with professional referrals, assessment tools, monitoring and information exchange aimed at referring people to the services and resources best adapted to their individual needs and circumstances.	ACs, LAs
<b>8.2.</b> Improve provision of temporary accommodation for homeless people through cohousing models, intergenerational housing or similar arrangements (Programme 8, SHP).	GSA, ACs, LAs
<b>8.3.</b> Incorporate a gender and intersectional perspective in the intervention methodologies, resources and infrastructures of the system providing care for homeless people and develop non-mixed and protected resources for women in the system.	ACs, LAs
<b>8.4.</b> Strengthen the coordination required to promote access for homeless women to protection systems for victims of gender-based violence, trafficking and prostitution.	GSA, ACs, LAs
<b>8.5.</b> Incorporate into the network of resources and care services a sexual and gender diversity perspective, attending to the sensitivities and needs of a particularly vulnerable profile.	ACs, LAs
<b>8.6.</b> Promote specific programmes for homeless young people with a focus on their autonomy.	GSA, ACs, LAs
<b>8.7.</b> Promote an agenda for the personalisation of the services and support provided to homeless people that takes into account their specific needs based on their uniqueness (e.g.: design of interventions and services based on people's interests, expectations and goals; provision of care, accompaniment and support based on users' needs; flexible and adaptable intervention models, attention to trauma and gender-based violence; new approaches for dealing with addictions, among others).	GSA, ACs, LAs
<b>8.8.</b> Update and diversify the portfolio of services and resources for homeless people, favouring housing-based solutions.	ACs, LAs
<b>8.9.</b> Reduce the barriers to accessing the care system for homeless people (e.g. exclusion due to drug use) and simplify procedures (unification of the single door, channelling needs through social services, communication with other protection networks, streamlining of processes, etc.).	ACs, LAs
<b>8.10.</b> Develop partnerships and synergies with the third sector to promote the diversity of options, services and resources for each person.	ACs, LAs
<b>8.11.</b> Measures aimed at the training, specialisation and improvement of working conditions for the teams of professionals working with homeless people.	ACs, LAs
<b>8.12.</b> Implement training programmes for professionals in flexible intervention methodologies that address different psychosocial situations, such as: person-centred care, recovery processes (mental health, addictions, etc.), harm reduction, support and recovery from trauma and stressful life situations, support and recovery from abuse and gender-based violence, among others.	GSA, ACs, LAs

Lines of action	Actors involved
8.13. Raise awareness and train professionals in a gender perspective and sexual and gender diversity, care for homeless women and LGBTBI people and tackling gender-based violence.	GSA, ACs, LAs
8.14. Training and capacity building for professionals in dealing with youth homelessness.	ACs, LAs

**Specific Objective 9: Reorient the system providing care for homeless people towards community resources that promote autonomy and work from the perspective of people's personal life plans and deinstitutionalisation.**

Lines of action	Actors involved
9.1. Implement action plans for the transition from the current care model to a community-based, deinstitutionalising model based on people living in the community, a return to the family environment (if possible), the autonomy of people through the closure of centres, hostels and collective residences, as well as the progressive adaptation of the centres and services.	GSA, ACs, LAs
9.2. Implement plans and/or processes to strengthen public leadership in the service network and reinforce public ownership of services.	ACs, LAs
9.3. Initiate pilot projects focused on the implementation of plans and aids to increase the autonomy of homeless people (e.g. personal budget model).	ACs, LAs
9.4. Expand the Housing Led programmes with services aimed at helping people exit the system and live autonomously (employment and provision of personalised support).	GSA, ACs, LAs
9.5. Expand the Housing First programmes with services aimed at helping people exit the system and live autonomously (employment and provision of personalised support).	GSA, ACs, LAs
9.6. Train the teams of professionals working in the homeless people care network in intervention with a community approach.	GSA, ACs, LAs
9.7. Implement community activation actions to generate a community that is inclusive towards homeless people.	ACs, LAs
9.8. Reinforce the skills of professionals in primary care related to social services, health care and housing mediation in order to support and accompany personalised itineraries, accompaniment in the Individual Intervention Programme) and the processes related to the restoration of social and affective links in the community environment (and in the family in cases where this is possible) and monitoring of interventions related to homelessness.	ACs, LAs

#### Focus 4: Governance and knowledge

The diagnosis showed that the fight to combat homelessness in our country occupies a marginal place among other social policies. Moreover, homelessness has been **addressed mainly by social services** and it is very difficult for homeless people to be targeted by **housing policies** in the different areas of competence. This is because the eradication of homelessness has not been prioritised on the political agenda, and also because previous initiatives have lacked public leadership and strong coordination and cooperation mechanisms, as highlighted by the 1st NHPS Interim Evaluation.

The current system is **disconnected from housing policies and other departments** (housing, health, employment, rent guarantees, etc.). There is also insufficient **coordination** between the different levels of administration, slowing momentum and skewing the direction of the measures implemented. A lack of available information, monitoring systems and impact assessments has also been identified, making it difficult to gain an in-depth understanding of homelessness in the different regions, evaluate interventions and generate the evidence needed to develop homelessness policies. The results from the focus groups comprising experts with first-hand experience also show that one of the effects of the lack of coordination between services and between the different levels of the public administrations is the great regional disparity in terms of the resources available and the care received by homeless people.

In the face of these challenges, it is necessary to consolidate a multi-actor governance system that:

- **Involves all the key actors in the transformation** of the system providing care for homeless people (departments within the General State Administration, Autonomous Communities, local authorities and civil society) in order to guide the actions and measures in the same direction.
- Promotes **learning and knowledge exchange** to identify possible bottlenecks that affect the continuous improvement and transformation of the system at the different levels of competence, as well as the incorporation of the lessons learned from the **experimental deinstitutionalisation projects** that are being implemented under the RRM in public policies at the national, regional and local level.
- **Generates evidence and knowledge on homelessness** and improves tools for knowledge management and to evaluate the interventions and innovation in this field.

## Objectives for Governance and knowledge

Objectives	Vision to 2030
10. Consolidate a system of multi-actor governance aimed at systemic change	<ul style="list-style-type: none"> <li>The eradication of homelessness is a political commitment at all levels of government.</li> <li>Sectoral policies and different protection systems that coordinate and cooperate to provide an integrated response to homelessness.</li> <li>Regional and local policies are involved in the transformation of the system, aligning and coordinating with the instruments contained in the National Strategy.</li> </ul>
11. Improve the information systems holding data on homelessness	<ul style="list-style-type: none"> <li>The homeless people survey is conducted and the results published every six years.</li> <li>Night-time counts are carried out by local authorities every two years.</li> <li>Data on homeless people are collected in the State Social Services Information System.</li> </ul>
12. Promote innovation in public policies to eradicate homelessness and transfer learning	<ul style="list-style-type: none"> <li>There are guidelines, working tools and recommendations for implementing new methodologies and innovative approaches.</li> <li>There is a plan to scale up the results from innovative deinstitutionalisation projects.</li> </ul>

## Lines of action for governance and knowledge

### Specific Objective 10: Consolidate a system of multi-actor governance for systemic change

Lines of action	Actors involved
10.1. Create spaces for technical and intersectoral coordination and monitoring in the implementation of homelessness policies, in which common commitments are agreed upon.	GSA, ACs, LAs
10.2. Create spaces for coordination and technical cooperation between social services and housing departments at different levels of competence.	GSA, ACs, LAs
10.3. Involve the private sector in promoting policies for the eradication and prevention of homelessness (third sector, solidarity economy, real estate sector, etc.).	ACs, LAs



**Specific objective 11: Improve the information systems holding data on homelessness**

Lines of action	Actors involved
11.1. Build a knowledge network to foster the exchange of knowledge on homelessness and successful practices to reduce homelessness among the different actors involved (platforms, seminars, good practice guides, publications, etc.).	GSA, ACs, LAs
11.2. Foster research and the improvement of the information systems associated with homelessness, including research on hidden homelessness and the gender-based violence experienced by women, people with sexual and gender diversity or people with mental health problems and addictions.	GSA, ACs, LAs
11.3. Implement a common and shared information system that collects statistics and data on homelessness and the care system.	GSA, ACs, LAs
11.4. Document the evidence and learning generated by homelessness eradication and prevention projects and initiatives.	GSA, ACs, LAs
11.5. Conduct and adapt periodic surveys and studies on the number, characteristics and condition of the care system and homeless people in each region (survey on homeless people, survey of centres for homeless people, night-time counts by local authorities, etc.).	GSA, ACs, LAs
11.6. Incorporate new gender-sensitive data collection tools to study the specific situations affecting homeless people.	GSA, ACs, LAs

**Specific Objective 12: Promote innovation in public policies to eradicate homelessness and transfer learning**

Lines of action	Actors involved
12.1. Extend and scale up pilot projects on deinstitutionalisation and access to housing in the field of homelessness.	GSA, ACs, LAs
12.2. Promote experimentation with new models, services and resources to prevent and eradicate homelessness (self-directed support programmes, case study models on approaches to harm control in drug use, autonomy pathways, personal budgets, pathways integrating housing and employment, or other innovative models).	ACs, LAs
12.3. Develop instruments and tools to manage, exchange and transfer knowledge on social innovation in the field of homelessness.	ACs, LAs
12.4. Incorporate, make visible and promote learning from innovative projects in personalised care from a gender perspective.	ACs, LAs

## 4. IMPLEMENTATION

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Implementing the Strategy will entail the coordination of different instruments that will enable the General State Administration to promote the objectives and support the Autonomous Communities and local authorities in coordinating the policies and measures.



### 4.1. Operational planning

In order to develop the National Strategy to Combat Homelessness in Spain 2023-2030, a planning process is proposed to specify and prioritise the measures to be implemented, setting out a roadmap to guide implementation and, through monitoring, to identify improvements as time progresses.

The roadmap will specify the measures to be implemented by the departments of the General State Administration, guide the development of impact measures by the Autonomous Communities and local authorities, and facilitate the monitoring and evaluation of this initiative. It will ensure that the measures proposed are consistent with the objectives of each focus, thus contributing to the effectiveness of the Strategy.

The operational plans will be linked to the Strategy's reporting system, in order to measure progress in the implementation of the actions and to provide evidence to facilitate the operational planning process, as will be detailed in the section [Monitoring and evaluation](#).

Drafting the operational plans will be a **multi-actor process**, which will be carried out in coordination with all the actors involved in order to encourage ownership of the actions and commitments required to achieve the objectives established.

### 4.2. Funding instruments

In order to implement the actions that contribute to achieving the Strategy's objectives, the appropriate budget allocation from different funding sources will be drawn on, within the existing budgetary availabilities. The Strategy will thus be structured with its **own funds from different administrative levels**, both from the General State Budget and from allocations at the regional and municipal levels. In addition, the prioritisation and reorientation of available funding sources such as the Subsidised Plan for Basic Social Services Provisions will be taken into account to support the implementation of the Strategy.

All the commitments arising from the application of this Strategy are subject to the budgetary availabilities existing in the current and subsequent years, in accordance with the fiscal consolidation path established by the government. Likewise, in the case of actions that fall under the competence of the Autonomous Communities and local authorities, the provisions set out in the Strategy will be optional.

In addition, support will be sought from **European funds** whenever deemed appropriate, bearing in mind that in the current multi-annual period (2021-2027) offers multiple opportunities for the operational delivery of this Strategy.

These funding instruments will be specified as the Operational Plans are developed and the budget lines will be specified.

### 4.3. Legal-political instruments

The Strategy builds on regulations and policies aimed at promoting the rights and welfare of homeless people. Moreover, it is being implemented simultaneously with a new regulatory approach to the care system and the welfare state, which will have an impact in the medium and long term on the fight against social exclusion and housing exclusion by creating a level playing field for all. Many of these regulations and policies will have an impact on access to social services, the right to housing, how care services for community living are delivered, as well as reforming and strengthening social protection for people in need of special attention. Of particular importance is **Law 19/2021 of 20 December 2021**, which establishes the Minimum Vital Income (MVI), and the deployment of the inclusion pathways associated with this benefit.

Furthermore, the Strategy will act in coherence and coordination with existing public policies, especially those that are considered fundamental for protecting and guaranteeing the rights of the most vulnerable people in their different spheres of action and, in particular, for the prevention and eradication of homelessness. These include the following:

- The **State Plan for Access to Housing 2022-2025**.
- The **National Strategy to Prevent and Combat Poverty and Social Exclusion 2019-2023, et seq.**
- The **Action Plan on Addiction 2021-2024**.

Consideration should also be given to the reforms that will contribute to achieving the Strategy's objectives:

- **Right to Housing Act**, as referred to in C2, R3, RTRP.
- **Consolidation of the cohesion, equity and universality of the health system** (C28, R3, RTRP).
- **National Deinstitutionalisation Strategy for Good Community Living - under development-** (C22, R1, RTRP).

## 5. LEADERSHIP AND GOVERNANCE

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The complexity of homelessness and the demanding nature of the goals outlined in this initiative call for the creation of a **multi-actor governance system** that cultivates stable, shared and consensual political commitments by the executive centres in national government, the Autonomous Communities, local authorities and civil society, while encouraging their involvement and feedback to ensure the smooth progression of the proposed change in order to combat homelessness in our country.

The governance of the Strategy will be based on the following pillars:

1. Horizontal coordination between the departments and executive centres of the General State Administration.
2. Cooperation between public administrations (General State Administration, Autonomous Communities and local authorities).
3. Participation and involvement of the third social action sector.
4. Involvement of people with first-hand experience of homelessness.

It will also take into account the following elements:

- Clear leadership from the GSA in promoting and implementing the Strategy.
- Identification of funding sources for the deployment of the Strategy and redirection of existing funding.
- Coordination on the issue of homelessness between the housing and social services departments at all levels of government.

The General Directorate for Family Diversity and Social Services within the Ministry of Social Rights and 2030 Agenda will assume the leadership and coordination with regard to homelessness policies at the state level.

### 5.1. Coordination mechanisms

#### Horizontal coordination

- **Interministerial Commission:** An I.C. will be set up to monitor the Strategy, coordinated by the General Directorate for Family Diversity and Social Services and comprising representatives from all the management centres within the General State Administration involved in the Strategy. This commission will set the general policy guidelines for the development, implementation and monitoring of the Strategy at the state level.

#### Cooperation between Public Administrations (GSA, ACs, LAs):

- **Territorial Council of Social Services and the System for the Autonomy and Care of People with Dependency:** cooperation instrument for coordinating social services and promoting autonomy and care for people with dependency, it is attached to the Ministry of Social Rights and 2030 Agenda and comprises the head of the Ministry and the heads of the departments responsible for social services and dependency in each of the

Autonomous Communities and the cities of Ceuta and Melilla. Cooperation on and the coordination of the actions will be based on the **Framework Agreement with the Autonomous Communities for the Eradication of Homelessness in Spain**, approved in the TC meeting on 22 December 2022, through which the maximum possible coherence is sought in the policies and programmes for the care of homeless people.

- **Delegated Commission for Social Services:** working and support body to carry out the functions of the Territorial Council of Social Services and the System for the Autonomy and Care of People with Dependency. The Commission is made up of the Secretary of State for Social Rights and representatives with the rank of Director General responsible for social services in each of the Autonomous Communities and the cities of Ceuta and Melilla. The Commission will support the implementation and monitoring of the Framework Agreement on Combating Homelessness adopted by the Territorial Council.
- **Technical Cooperation Group with the Autonomous Communities and some local corporations working with homeless people:** comprising the heads and technicians from the Autonomous Communities and local corporations (through the Spanish Federation of Municipalities and Provinces and certain LCs) that are responsible for policies aimed at homeless people. This group will meet to guide homelessness policies in the different regions. The Group will also support the monitoring and evaluation functions related to the Strategy.

#### Cooperation with other sectors and areas of competence:

- **Sectoral Conference on Housing, Urban Planning and Land:** given the high importance of housing for the deployment of this Strategy, the members of the Sectoral Conference on Housing may be invited to the Territorial Council of Social Services and the System for the Autonomy and Care of People with Dependency to deal with specific issues.
- **Spanish Federation of Municipalities and Provinces Social Welfare Commission:** the involvement of the local authorities will be carried out through collaboration and the establishment of agreements for the implementation of initiatives aimed at the prevention and eradication of homelessness in line with the Strategy's approach. In addition, the participation of the Urban Planning and Housing Commission will be promoted in order to deepen cooperation and coordination between social services and housing.

#### Participation of the third social action sector

**The third sector will participate within the framework of the State Council of Non-Governmental Social Action Organisations.** This consultative body will be called upon under this Strategy because of the important role the third sector plays in providing services for homeless people, as well as in experimenting with innovative initiatives that can add value to the transformation of the system. Specifically, this participation will be channelled through the **ad hoc working group that will promote and monitor the National Strategy to Combat Homelessness, set up within the Inclusion, Employment and Rural Group of the**

**aforementioned Council**, which brings together a group of organisations specialising in homelessness, so that they participate throughout the Strategy's cycle.

The participation of experts with first-hand experience will be channelled through the organisations belonging to the aforementioned sub-working group, as well as through other third sector organisations and NGOs working with homeless people.

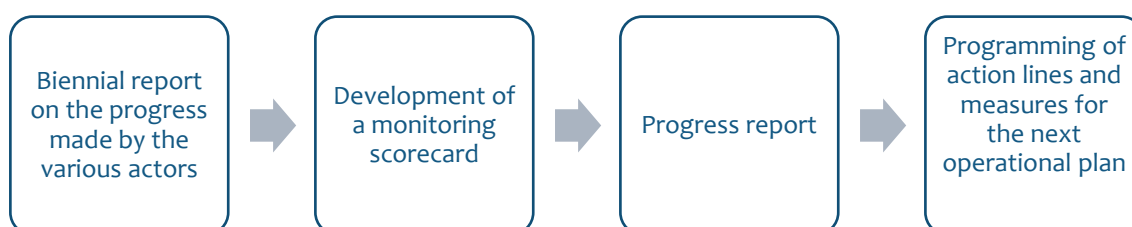
## 5.2. Monitoring and evaluation

### Monitoring system

A **dual monitoring and planning exercise** is envisaged to monitor the Strategy, which will take the form of operational plans and **biennial progress reports** to monitor the progress and implementation of the operational plans, thereby reinforcing the continuous programming cycle.



The monitoring system will thus be supported by **biennial reporting on the progress achieved by the different actors**, the **monitoring of key indicators** and a biennial programming of measures, as illustrated in the following diagram:



In order to facilitate the process, a scorecard will be designed to facilitate monitoring, focusing on aspects such as: measures carried out, scope, impact, financial investment, etc. and the extent to which the implementation of the actions by the actors, both at the state and regional level, are in line with the Strategy's guidelines, in order to reprogramme the

actions if necessary. The results will be included in a biennial progress report containing the key points, thus contributing to the evaluation.

### **Evaluation of the Strategy**

The evaluation of the Strategy will provide information on the progress of the results at two key moments during the implementation, with the aim of reviewing the deployment of the Strategy in the medium term, as well as assessing the impacts generated in order to learn lessons and redirect actions.

Two evaluations are proposed:

#### **a) Interim evaluation in 2028**

Based on the information generated by the monitoring system, an interim evaluation will be carried out to measure the degree of implementation of the Strategy, as well as to draw lessons that can be incorporated into the operational programming for the following years.

The interim evaluation of the National Strategy will be carried out in 2028, coinciding with the publication of the Homelessness Survey by the National Statistics Institute, which is expected to be carried out in that year, ensuring the accurate measurement of the indicators and expected results set out in the Strategy. It should be noted that throughout the implementation of the Strategy, it will also be possible to count on the information generated by the night-time counts of homeless people carried out in different municipalities, the studies of various kinds carried out within the framework of the strategy, as well as the monitoring reports relating to the Operational Plans, which will make it possible to monitor the degree of progress made by the Strategy and provide evidence for decision making.

#### **b) Final evaluation of the Strategy in 2030**

At the end of the Strategy's timeframe, a final evaluation will be carried out in order to take stock of its execution and to analyse the main results generated for people at risk of becoming homeless or who are homeless. For the final evaluation, different sources of verification will be used to measure the results achieved by the Strategy. Specifically, the data and information obtained from the Homeless People Survey (2028), the Surveys on Care Centres for Homeless People (every 2 years), the biennial night-time counts in the main provinces across the country (in odd-numbered years), the studies to be carried out within the framework of the Strategy will be analysed, as well as the information provided by the social services information system, technical reports and monitoring reports from other relevant departments and official statistics from the European Union, among other sources that make it possible to measure the results achieved by the National Strategy to Combat Homelessness in Spain 2023-2030.