2015 DIAGNOSIS

**The situation of homelessness in Barcelona.
Evolution and intervention policies**

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XAPSLL
Xarxa d'Atenció
a Persones
Sense Llar
BARCELONA

INDEX

CONTENTS

TAULES

GRAPHICS

INTRODUCTION

In 2010, the campaign "Imagine in 2015 nobody sleeping on the street"[1] was launched. The objective wasn't to end the homelessness problem, but to work intensively to assess in depth the street characteristic of this problem and put an end to the situation of having a large and stable population obliged to stay overnight -permanently or regularly- in public or semi-private spaces.

The action plan to achieve it set out two approaches. On one hand, to reduce situations of rough sleeping, an expansion of the places in accommodation services that permit access to stable social support for the maximum number of people as possible is needed. On the other hand, to reduce the total amount of homeless people - who sleep on the street or in accommodation services-, preventive and tailor-made policies must be implemented in order to provide a quick answer for newcomers along with measures aimed at accompanying those people who have suffered long-term homeless situations towards a definitive way out of housing exclusion.

1. At the second conference of the Xarxa d'Atenció a Persones Sense Llar (Network of Attention to Homeless People), a manifest presented by the campaign was approved that includes series of data, positioning and guidelines to fulfill the objective, as well as European context from 2010. More information at this link:
http://www.bcn.cat/barcelonainclusiva/2jornadaxarxasensesostre/pdf/manifest.pdf

The campaign was launched within a European framework: in April 2010, a number of organisations led by the European Federation of National Organisations working with the Homeless (FEANTSA), presented in Parliament the campaign "Ending Homelessness", which outlined five strategic goals:

1.	nobody sleeping on the street,
2.	nobody sleeping in emergency shelters for more time than needed as an emergency support,
3.	nobody living in temporary accommodation for more time than needed,
4.	nobody discharged from an institution without housing options,
5.	prevent young people from becoming homeless when they start living independently.

The campaign was adopted by the European Parliament and included on the 61/2010 Declaration released on December 16th 2010, about the UE strategy concerning homeless people. Within the Spanish context, it was adopted, among others, by Cáritas and a group of organisations based in Madrid, as well as the city of Barcelona, which joined via the Network of Attention to Homeless People (XAPSLL) and in the framework of the Citizen Agreement for an Inclusive Barcelona, with the recognizable slogan: "Imagine in 2015 nobody sleeping on the street". Soon after, all the city organisations integrated in the Network joined their efforts, understanding it was a big opportunity to make a step forward in the path towards ending the phenomenon.

It's important to highlight that the goal of ending the problem wasn't -and isn't- unrealistic, neither was the mid-term objective of ending the street situation, along with all the implications associated with the implementation and improvement of measures, services and activation of preventative policies. The final document of the European Consensus Conference on Homelessness, promoted in 2010 by the European Commission and drafted by the same executive body of the European Union, enables us to measure to what extent ending homelessness is an achievable goal. In the document, the answer to the key question number 2 ("Is ending homeless a realistic goal?") was the following: "Whilst there will always be a potential flow of people into situations of homelessness, the jury concludes that ongoing prevention and intervention measures, in the context of national and regional integrated homelessness strategies, can both prevent people from entering homelessness and ensure that long-term solutions are secured quickly for those who face situations of homelessness. The jury thus considers that homelessness can be gradually reduced and ultimately ended."[1]

At that time, European bodies supported, at least nominally, the need to put the focus on people's rights, in the framework of the last remains of a European Union context which could be

1 European Consensus Conference on Homelessness: Policy recommendations of the Jury, European Commission, 2010, p. 2

called "foundational": the Welfare State was considered one of the key principles, linked to the effective recognition of social rights. With this message it was understood that the institutional position defended that the materialization of housing exclusion known as homelessness wasn't structural, but instead a one-off circumstance created by a range of factors, in specific cases and times. However, this illusion didn't last very long: a quick change of direction of the European policies concentrated efforts on reducing the effects of the early stages of a recession, from the needs and requirements of neo-liberalism, leading us to an institutional acceptance of social exclusion as part of the system (García, 2013).

Thus, with regard to the homelessness situation in Barcelona and illustrated by data revealed in the different editions of the Homeless Diagnosis in the city of Barcelona (Cabrera, 2008; Sales, 2012 and 2013) and in the second epigraph of this 2015 edition, we can see how, unfortunately, the amount of people who have suffered this situation hasn't stopped increasing in terms of gross numbers: some typologies of housing exclusion have decreased whilst others have increased, balancing the figures. And, although the city's range of services has kept broadening in terms of resources and residential places, the slim possibility of ending 2015 without people being obliged to sleep on the street is still impossible to see.

As pointed out before, far from nothing being done with regards the increase of the different forms of housing insecurity and housing exclusion, the range of services has actually increased. Some new protocols have been created and response mechanisms have been put in place to prevent housing exclusion, or to provide a quick solution whenever it occurs. Services which could surely

be better, but which highlight the big effort made by XAPSLLB (Barcelona's Network of Attention for Homeless People) to deal with the steady stream of people who find themselves in a severe housing exclusion situation. The new contexts create new needs, which are being analyzed and researched and, although the resources dedicated to this kind of analysis are never enough, steps forward in this area have been made. New working methods have also been implemented based on the acceptance of new concepts; two of them could be the housing and social accompaniment response to families, and, the other, the program Housing First. However, the efforts are still insufficient, given the fact that the quantitative results are worse and the number of people in severe housing exclusion hasn't stopped growing.

Given this context, 2015 is considered an appropriate occasion to reflect on what can be improved in Barcelona with regard to the work with homeless people. That needs to be done not only from the professional perspective, but also -and especially- from the homeless people perspective, who are undoubtedly experienced and qualified in what homelessness means and implies and they are totally apt to valuate, criticize, orientate, suggest and also demand a more useful range of services as a support mean to overcome homelessness and, more rights-based, focus on those aspects which put in risk or fail to protect the accessing and maintenance of the right to a real and effective social support, based on justice and equality.

Through this qualitative scope, the questions we want to answer -or, at least, work on- are the following:

What accounts for the ongoing homeless population on the street?

Why are mainstream services rejected?

Temporary homeless shelters: do they operate successfully?
Do they guarantee a 'first step'?

Why are some services successful for some people and for others no?

In medium-term accommodation shelters, what can lead to a "relapse"?

In insertion flats, what can lead to a "relapse"?

What clues can the people who have successfully overcome homelessness give us?

What is the role of the Welfare system and economic benefits in the reconstruction of a new life? Would the current Welfare system lead this life to poverty?

This report therefore complements the updates of the information the Network of Attention to Homeless People in Barcelona (XAPSLL), gathers the night of the 11th to 12th with the introduction of the results of a qualitative survey which aims to give answers to these questions. A survey which, through the participants' observations, consultative groups and interviews, transfers the voice on homelessness to the people who are homeless or who have been victims of homelessness.

With the data collection made by the XAPSLL organisations the night from 11th to 12th March, a five-year period of data systematization is closed, enabling, thus, Barcelona to be an exception, where private and state services -collected in a co-ordinated way- are available and where data series about the number of people who sleep on the street and their characteristics are also shared by the organisations and the city Council administration.

The 2015 Diagnosis report must serve to close this period of data collection and to reflect on the methodological learnings acquired to improve knowledge about the homelessness phenomenon. The end of the campaign "Imagine in 2015 nobody sleeping on the street" also offers the opportunity to close a period with a profound insight into the support policies' evolution and future, based on the current empiric evidence and new research which helps to identify ways to end homelessness and the breakdown in use of support services by the people affected.

Analysis of the quantitative data's evolution

In 2010, the Network of Attention to Homeless People (XAPSLL), established the night of 11th to 12th March as the annual time to collect quantitative data of people attended in accommodation services managed by member organizations and institutions. Since then, annual reports have been drafted, showing the evolution in the number of places by typology, the number of people attended and their basic social and demographic profile. The reports based on the data collection in 2011 and 2013 formed the central part of the public diagnosis reports about homelessness in the city (Sales, 2012, 2013).

Data collected in the services has been completed with estimations of roofless people that were sleeping on the street. In 2011, the methodology of the 2008 city count was implemented and a point-in-time count[1] was carried out. In the rest of the years, data from Barcelona City Council's Social Insertion Services (SIS) has been used, which registers monthly the number of different people detected sleeping on the street.

With the co-ordinated data collected by the XAPSLL organizations the night of 11th to 12th March 2015, we have a complete linear series covering 5 years (2010-2015), which is complemented with the 2008 snapshot. These series are an interesting exception in the Spanish and Catalan scenario, given their traditional incomplete data of limited quality with regard to monitoring of the residential services and the evolution of the social phenomenon of homelessness.

Following the analytical line adopted by XAPSLL since 2011, we will use the ETHOS categories to classify housing exclusion situations. Both the mainstream and media view as well as a good part of the academic and technical bibliography put the emphasis on homeless people's traits, which they classify using categories. We understand that the empirical reality and research carried out in the last decades enable us to be able to identify the great diversity of paths and individual and structural factors that lead people to housing exclusion (Muñoz, Vázquez and Cruzado, 1995; Sarasa and Sales, 2015).

To avoid analyzing a social phenomenon using classic classification criteria which come from municipalities and organizations in order to organize their intervention plans, we use the ETHOS categories to classify situations and not people. Without ignoring the symbolic importance that finding oneself in a roofless or homeless situation has on self-concept, we will define homelessness as the impossibility of accessing dignified housing.

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1 In 2011 the centres count was made also the night of 11th November to complement the citizen count at the street, which was carried out on that date for logistic questions.

There's an obvious limitation in the provision of quantitative data for all the housing exclusion ETHOS categories. Whereas counting the people who sleep on the street can be relatively easy because of their visibility and the register of people housed in accommodation for homeless depends on efficient coordination during the count, the means of accessing the reality of the different forms of housing exclusion experienced in buildings and other non-conventional or inadequate housing is extremely complex. The difficulty, though, shouldn't hamper the objective of generating data collection mechanisms to facilitate the link between housing policies and homeless care policies in order to articulate comprehensive strategies for fighting against housing exclusion.

Table 1.1. ETHOS categories and data source available for XAPSLLB		
	Operational Category	**Quantitative data sources**
Roofless	1. People living rough or in a public space.	Register of people contacted by the Social Insertion Service of Barcelona City Council. 2008 and 2011 counts. Count organized by Arrels Foundation in 2015.
	2. People sleeping in a night shelter and/or forced to spend the day in a public space.	Systematic data collection by XAPSLL organizations.
House-less	3. People living in hostels or in accommodation for the homeless. Temporary accommodation.	Systematic data collection by XAPSLL organizations.
	4. Women's shelter accommodation.	Parcial information. Systematic data collection by XAPSLL organizations.
	5. People living in temporary accommodation for immigrants or asylum seekers.	Not available.
	6. People who live in housing institutions or penal institutions, prospect of being dismissed in a deadline without shelter housing available.	Not available.
	7. People who live in a continued support accommodation for homeless people.	Systematic data collection by XAPSLL organizations.
Insecure housing	8. People who live in insecure tenancy housing. Without paying rent.	Systematic data collection by XAPSLL organizations that assume the cost of rented rooms and accommodation in hostels for homeless people.
	9. People who live under threat of eviction.	Not available.
	10. People who live under threat of family or partner's violence.	Not available.
Inadequa-te housing	11. People who live in temporary or non-conventional structures.	Register of people contacted by the Social Insertion Service of Barcelona City Council.
	12. People who live in inappropriate housing according to legislation.	Not available.
	13. People who live in overcrowded housing.	Not available.

Qualitative analysis of the interaction with social care services

The main interest of this part of the research is to find out the personal implications that the current structural model addressing the problem has, and how these implications, in the context of the relationship between the individual and his social environment, affect the possibilities of success or failure when overcoming the homeless situation.

From a critical ethnography focus, we have chosen to give the principal word to the people in a homelessness situation so that it is they who can orientate us, through their direct testimony and analysis, to identify the impact the social and economic model -not only the social intervention model, but the society model in general- has on the homelessness problem. The fieldwork addresses the housing exclusion forms that have been traditionally attended by the social interventions for homeless people. We acknowledge -as in the quantitative section- that there's a knowledge gap in relation to the realities of housing exclusion when they are not visible on the street or in relation to the attention of the specialized organizations. For that reason, we recall and insist in the fact that a research effort needs to be made in all the situations described by the ETHOS categories which aren't contemplated in this study.

To better understand the individual and structural factors of housing exclusion and the experience of homelessness and roofless situations, we have set the following research questions:

1. What kind of support did the people who overcame severe housing exclusion receive? What was their interaction with social services and with different forms of social care or support like? How did this interaction influence the process alongside other individual factors named by the bibliography as sources of resilience[2]?

2. Which experiences lead to a breakdown with social services or social care initiatives for homeless people? What was the history of interaction like with the different forms of care services or support of the people who are in a situation of breakdown with society? How did this interaction influence the process alongside other individual factors named by the bibliography as causes of breakdown?

3. How do the different intervention methods influence the shaping of individual survival strategies of homeless people[3]? How do the adaptive survival strategies of people who live under severe housing exclusion interact with the diversity of interventions offered by the state and private care services? How can the division of categories improve to detect in which point of the process of social insertion/exclusion the people are in when they contact the XAPSLLB[4] services?

The methodological strategy implemented to give answers through the voice of the people affected and protagonists of housing exclusion processes, have consisted in assembling discussion groups and, at the same time, making an ethnographic observation that spanned from April to October 2015. The last phase of the process, during September and October, eight people who, having used the XAPSLL support circuit and who now have an autonomous life and enjoy a stable housing situation, have been interviewed.

2 A first attempt at describing the relationship impact with specialised professionals on the probability of ending homelessness can be found in Saras, S and Sales, A. 2009. Itineraris i factors d'exclusió social. (Social exclusion pathways and factors). Barcelona City Council, Síndica de Greuges.

3 The "individual survival strategy" term is used here, as suggested by Pierre Bourdieu and adapted to the urban poverty assessment by Alicia B. Gutiérrez (2002).

4 It's been five years that XAPSLLB is looking for a more efficient and accurate way of identifying the personal moment that the person attended is living. The goal is finding a common term that more accurate than "disengagement phases".

Discussion groups

The discussion groups scheme answered to the structure of Barcelona's range of services which are based on the staircase of Transition (Sales, 2013; Uribe, 2015). The methodological strategy first considered four discussion groups: the first with people housed in homeless shelters; the second with people living in mid-term or long-term accommodation for the homeless; the third with people living in insertion flats and the fourth group was conformed by professionals from different services of the organizations and council departments. In the process of tackling the situation of homeless people and organizing the discussion groups, the research team realized than women weren't represented: only four women participated in the group of services users, and they generally spoke less. That way, their voice was a minority. Earlier studies confirmed the added problems that women in homeless situations experience. Uribe and Alonso (2009) conclude that women suffer from illnesses which are not only different, but are more serious and complex. At the same time, in 2012 a discussion group saw, through women's testimonies in Homeless shelters, the added difficulties caused by gender reasons (Roca et al., 2012).

Consequently, this deficit was amended in October and two more discussion groups conformed by women were organized. One of them gathered users of one of the three municipal shelters in the city and the second was composed by women living in different XAPSLL facilities.

Observation and ethnographic interviews

The insight into the reality of homeless people, given by people not attended or partially attended by XAPSLL services, has been made using a critical ethnographic scope. Through the SIS Detection teams, the research team contacted people who, sleeping on the street, maintain periodic contact with the service social workers. This first contact consisted of a brief introduction, explaining to the people contacted that the research team would come back to the different areas, but without the social workers' accompaniment, with the aim of talking with them and eventually noting their daily reality.

	Participants' profile	men	women	total
GD1	p. housed in homeless shelters	8	2	10
GD2	p. housed in XAPSLL mid-term and long-term accommodation for the homeless	5	0	5
GD3	p. housed in XAPSLL insertion flats	17	2	19
GD4	women housed in homeless centres		12	12
GD5	women housed in XAPSLL centres and flats		13	13
GD6	XAPSLL professionals from organizations	12	5	17
TOTAL		**42**	**34**	**76**

Table 1.2. Description of the discussion groups

Once the initial observation and contact points were identified, the research team organized the visits to the different areas to talk with people and groups during 12 weeks, between two and four times a week, from 8pm until the night, without any specific end time. 15 observation and contact points were set out in the 10 city districts. The first contact in 7 of these points was made through the Social Insertion Service; in the other 8, there was direct contact. In total, 56 people have been contacted; 33 have had conversations and 16 comprehensive non-directed ethnographic interviews were conducted. The 33 people who had conversations were considered informants, irrespective of the depth of the interview or if the interview was made between the researchers within a group of people or individually.

10 informants of different nationalities were counted (Belgium, Bulgaria, Colombia, Italy, Morocco, Nigeria, Poland, Czech Republic, Romania and Spain). Of the 33, 10 were Spanish nationals and the rest were foreign. Significant contact has been possible with only three women on the street.

Individual interviews

Finally, individual interviews were made with people who have left homeless situations behind, and who were named as "successful paths". The criteria used to consider whether they had overcome the homelessness situation wasn't so much based on empiric evidence -for example, a determined amount of time living autonomously-, as defined by two approximations: one, entirely subjective, focused on the professional team's vision who, having worked with that person and decided that their way out of a housing exclusion situation could be considered as an "intervention success" in a global sense, and they were proposed for the interview. The other approximation is found in the criteria that the teams use to understand what is success and they are based on a flexible parametrization that places the person on a financially independent path, focused on maintenance and housing management, normally for more than 2 years, regardless of whether that person contacts or interacts with any social service, but outside the needs linked to homelessness. 6 successful interviews were planned, from which finally 5 were made. The interviews, initially scripted, were open.

2. QUANTITATIVE DATA EVOLUTION. 2011-2015 PERIOD

Looking at those ETHOS classification categories for which the XAPSLL has data, the total number of people in a severe housing exclusion situation in the city remains as relatively static as the last few years. We observe that, after the record highs of 2012 and 2013, a slight decrease to 2.799 counted homeless people in the city can be seen. This large category called 'homeless' would include roofless people, people who sleep on the street or collective facilities specialized in night attention; houseless people; people who live in residential centres or insertion flats of the network; people in situations of insecure housing who are supported by an institution or organization which pays the hostel or room rent to prevent them from sleeping on the street and people who live in settlements placed in open areas, industrial units or inadequate structures.

Table 2.1. Number of homeless people in the city of Barcelona. ETHOS classification. 2011, 2012, 2013, 2014, 2015						
		Number of people				
	Operational category	**November 8th 2011**	**March 11th 2012**	**March 11th 2013**	**March 11th 2014**	**March 11th 2015**
Roofless-ness	1. Living rough or in a public space	726	731	870	715	693
	2. Sleeping in a night shelter and/or forced to spend the day in a public space	197	230	259	304	252
Homeless-ness	3. Living in hostels or in accommodation for the homeless. Temporary accommodation	320	281	333	407	511
	4. People in women shelter's accommodation	nd	20	4	13	4
	5. Living in temporary accommodation for immigrants or asylum seekers	nd	nd	nd	nd	nd
	6. Living in housing institutions or penal institutions, prospect of being dismissed in a deadline without shelter housing available	nd	nd	nd	nd	nd
	7. Living in a continued support accommodation for homeless people	342	332	356	486	481
Insecure housing	8. Living in insecure tenancy housing. Without paying rent	399	698	499	352	424
	9. Living under threat of eviction	nd	nd	nd	nd	nd
	10. Living under threat of family's or partner's violence	nd	nd	nd	nd	nd
Inadequate housing	11. Living in temporary / non-conventional structures	695	834	595	423	434
	12. Living in unfit housing according to legislation.	nd	nd	nd	nd	nd
	13. Living in overcrowded housing	nd	nd	nd	nd	nd
TOTAL		**2.679**	**3.126**	**2.916**	**2.700**	**2.799**

Sources: Social Insertion Service's reports of Barcelon City Council and data collecting in XAPSLL resources

NOTE: Data from ETHOS categories 1 and 11 are provided by observations made by SIS. This data doesn't belong to the citizen count on 11th March, but to the identification of different people on the streets of Barcelona thorough March.

We must highlight that the figures' evolution is very much influenced by the services offered by organizations and institutions focused on eradicating housing exclusion. The interaction between supply and demand is the key to understanding why these figures fail to reflect the day-to-day perception in a city where accessing housing is a structural problem which has a great impact on the definition of the citizens' opportunities scheme (Sarasa and Sales, 2009). On one hand, providing new resources not only depends on the demand, but also on the local organizations and institutions' capacity, the facilities' availability and the state and private XAPSLL agents' capacity to rent or purchase housing in the real estate market.

On the other hand, the organizations' strategy makes us reconsider the data collection and systematization methodology, since the intervention models in homelessness cases coexist with new approaches that call into question the data series' solidity.

A good example of these strategy changes with a significant effect on the data series is the launch of the OIKOS program by Cáritas. As a response to the situations of housing exclusion that could correspond to different ETHOS categories, this program has housed 208 family units in housing units (790 people) in the city of Barcelona during 2015. These people didn't access the program when a street situation was detected, rather as a result of situations of overcrowding (27% of housing units), evictions and foreclosures (34%), bad dwelling conditions (18%) or release from an institution without any housing option (22%). If the OIKOS program didn't exist, some of these people would have been attended by XAPSLL services or would have ended up in a homelessness situation, although giving an exact number is impossible. Counting these 790 people would mean a signifiant increase and the data series would be broken; however, failing to consider this figure means assuming a false stability in the impact of the city's housing exclusion.

Any measure against homelessness which attempts to defeat the problem requires a close relation between housing policies and social care policies (European Comission, 2013b; FEANTSA, 2013). Data collection methodologies and knowledge promotion of unknown ETHOS categories must be implemented to be able to progress in the diagnosis of housing exclusion and to orientate these policies, creating as well new series less conditioned by the XAPSLL organizations' availability of places.

Table 2.2. Number of homeless people in the city of Barcelona, 2008, 2011, 2013, 2014, 2015							
	2008		**2011**		**2013**	**2014**	**2015**
	According to count made the night of March 11th 2008	According to SIS estimations	According to count made the night of November 8th 2011	According to SIS estimations	According to SIS estimations	According to SIS estimations	According to SIS estimations
Street count, SIS detection	658	562	838	726	870	715	693
Settlements (according to SIS reports)	265	265	695	695	595	423	434
People housed in XAPSLL's housing resources	1.190	1.190	1.258	1.258	1.451	1.562	1.672
Total homeless people	2.113	2.017	2.791	2.679	2.916	2.700	2.799
Sources: Counts made by XAPSLL. SIS registers and reports							

It can be surprising that the housing crisis situation in Barcelona doesn't show a higher number of people sleeping rough. Again, the intuition of a rise in homelessness and housing crisis differs from the data systematization. When we ask ourselves if the perception of more precarious housing means a higher number of people sleeping rough, the answer doesn't come automatically. The SIS Detection Teams (Social Insertion Service of Barcelona City Council) have been registering a stability in the figures during the last few years and a certain decrease from the 2013 record highs. Despite that, it must be said that the SIS professionals count those people who have been identified sleeping on the street on an ongoing basis and with whom there has been some contact. Short-term rough sleepers or people who change their living quarters daily will be rarely considered in these statistics.

Graphic 2.1 Evolution in the number of roofless people detected by SIS Detection. March 2008-2014
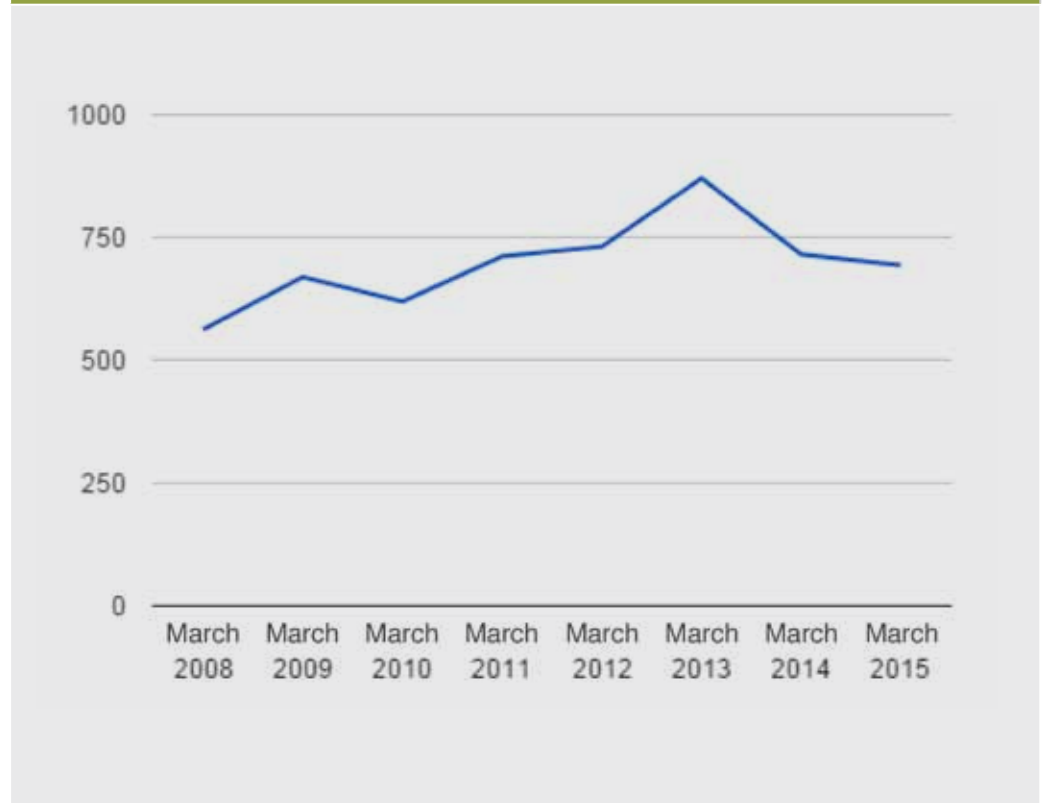
On the other hand, point-in-time counts consider all the people who sleep rough in the city that night. On the three occasions a point-in-time count was carried out, more than 700 volunteers were mobilized, in a co-ordinated manner and avoiding duplications, to determine how many people were sleeping on the streets. The results are greater than the City Council's estimations in these three counts and indicate a growing trend of rough sleepers in the city.

The temporary series provided by the counts is limited and lack methodological stability. However, the most appropriate tool to complement XAPSLL annual statistics would be a point-in-time count made on the same night as the night of coordinated observation in the homeless facilities. From that model, a new cycle of data series -and consequently knowledge- would be created.

Table 2.3. Evolution of the people detected by the SIS Detection Team annually in March and citizen counts comparison. 2008-2014

	Estimation number of homeless people on the street	Counts data	Deviation
March 2008	562	634	12,81%
March 2009	669		
March 2010	619		
March 2011	711		
Novembre 2011	726	838	15,43%
March 2012	731		
March 2013	870		
March 2014	715		
March 2015	693		
May 2015	709	892	25,81%

Note: No settlements included

2008 and 2011 counts made by XAPSLL. Results showed in Cabrera (2008) and Sales (2011).

2015 count made by Arrels Foundation

Beyond the total number of people sleeping rough, SIS figures show profile trends of the people who sleep rough. The presence of foreign citizens has increased from 61% in 2012 to 68% in 2015. This increase is mainly due to the arrival of people with EU passports. Of all the people contacted on the street by SIS in 2012, 33% were from the EU. The proportion of EU citizens among people contacted in March 2015 was 38%. In contrast, the number of foreign people in an irregular legal situation has decreased. Of all the foreign people contacted in 2012, 62% were in an irregular situation. This figure has reduced progressively to the 47% registered in March 2015.

The proportions of men and women remains stable. In March 2015, 89,3% of the people contacted were men, whereas 10,7% were women. The average age shows a growing trend in the last few years, from 42 years old in 2012 to 45 years old in 2014.

If we compare rough sleepers' profiles with the people attended in XAPSLL care facilities, the same differences that are traditionally reflected in all the European and Spanish studies on homelessness can be detected (Sarasa and Sales, 2009; Uribe and Alonso, 2009). The proportion of women in a homelessness situation is lower than in the rest of situations of housing exclusion: on the street, women represented 10,7% of the roofless population while the rate of women using homeless care facilities was 21,8%. These percentages seem to maintain a steady trend thorough the years.

Table 2.4. Gender of the people housed in XAPSLL care facilities. %. 2009-2015								
	10th March 2009	12th March 2010	10th March 2011	8 de november de 2011	12th March 2012	12th March 2013	12th March 2014	12th March 2015
Men	64,90%	65,20%	65,70%	67,70%	61,60%	62,70%	64,16%	64,41%
Women	23,80%	23,30%	22,60%	21,80%	28,90%	25,90%	21,78%	21,83%
Minors	11,30%	11,50%	11,70%	10,60%	9,50%	11,40%	14,06%	13,76%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
N (1)	1.141	1.141	1.229	1.222	1.560	1.451	1.562	1.672

(1) Number of people for whom we have information

Graphic 2.2 Age of rough sleepers contacted by SIS. March 2015 (Source: SIS)

- 18-30
- 31-50
- 51-65
- >65

19,9%
49,2%
26%
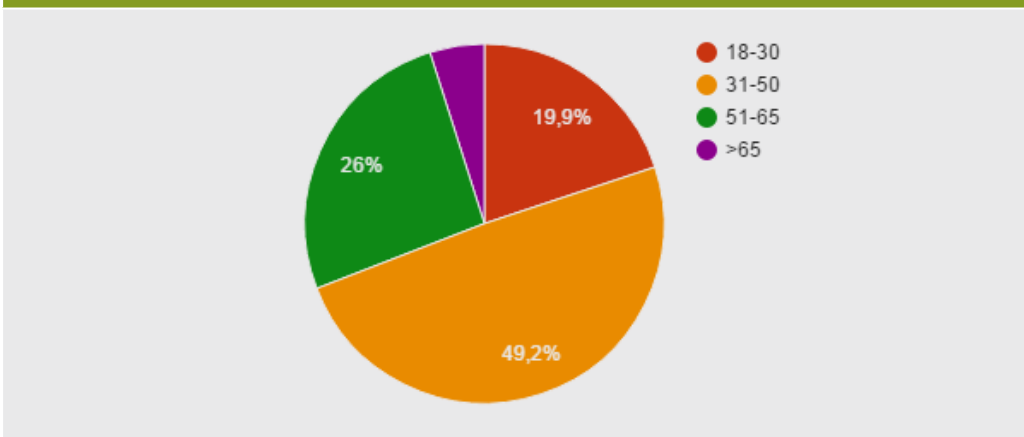
Graphic 2.3 Age of people housed in XAPSLLB 15th March 2015 (Source: XAPSLLB)

- <18
- 18-30
- 31-50
- 51-65
- >65

9,2%
13,9%
14,6%
40,4%
22%
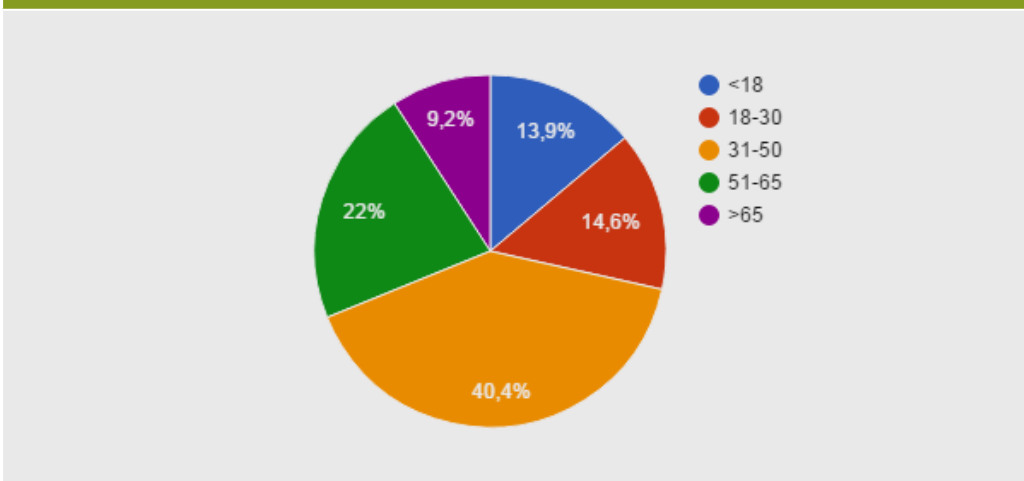
The distribution by age also shows significant differences between the street and homeless facilities. Far fewer rough sleepers aged above 65 are observed on the street than in care facilities. Moreover, there are no minors aged under 18, whereas they represent almost 14% of the people attended in housing facilities.

Table 2.5. Age of the people housed in homeless facilities. %. 2009-2015							
	10th March 2009	**12th March 2010**	**10th March 2011**	**8 de november de 2011**	**12th March 2012**	**12th March 2013**	**12th March 2014**	**12th March de 2015**
<18	11,70%	11,80%	11,90%	10,60%	9,40%	11,20%	14,00%	13,88%
18-65	79,50%	79,90%	79,90%	80,10%	82,00%	78,40%	77,80%	76,95%
>65	8,80%	8,30%	8,20%	9,30%	8,60%	10,40%	8,20%	9,17%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
N (1)	1.121	1.110	1.228	1.220	1.561	1.451	1.562	1.657

(1) Number of people for whom we have information

Amongst the homeless people attended in XAPSLL support services, a decrease, which started after the maximum reached in 2011, in the proportion of people with Spanish nationality has been observed. It was in that year and the following one when the number of Spanish people attended was slightly higher than half of the total people. When new data was collected in March 2015, the rate of national people falls back to 41,6%. The number of EU nationals has maintained steady since 2013, around 11%. Non EU nationals constitute 47,5% and the people who are in an irregular situation 19,6%.

Table 2.6. Nationality of the people housed in support services %. 2009-2015							
	10th March 2009	**12th March 2010**	**10th March 2011**	**8 de novembre de 2011**	**12th March 2012**	**12th March 2013**	**12th March 2014**	**12th March de 2015**
Spanish	38,30%	34,90%	52,80%	52,00%	37,70%	42,60%	46,10%	41,63%
EU	9,10%	7,60%	10,10%	10,00%	8,70%	11,30%	11,70%	10,90%
Non-EU	52,50%	57,50%	37,20%	38,00%	53,60%	46,10%	42,20%	47,47%
Regular situation	14,90%	17,90%	20,00%	19,20%	23,70%	24,50%	25,50%	27,83%
Irregular situation	37,60%	39,60%	17,10%	18,70%	30,00%	21,60%	16,70%	19,64%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
N (1)	1.119	1.121	993	1.035	1.549	1.446	1.562	1.672

(1) Number of people for whom we have information

For the 2011 *Diagnosis report* (Sales, 2012), XAPSLL started collecting data on health and dependency situations of the people attended. Methodological difficulties to establish objective indicators about the health conditions of the homeless people and the realization that the issue needs specialized research took us to register only these objective factors which can be useful to maintain statistical series throughout the years. Thus, the number of people with a "disability certificate" and "dependency grade" are registered in the services.

Whereas between 2011 and 2013 a rise in the rate of housed people with a "disability certificate" is confirmed, 2014 and 2015 figures show a sharp decrease. This data, though, seems to reflect more the interaction between organizations and institutions and the possibilities of processing the necessary paperwork in order to obtain disability benefits rather than the reality of the state of health of the people attended.

Table 2.7. People with "disability" certificate attended in night accommodation XAPSLL facilities 2011-2015										
	12th March 2011		12th March 2012		12th March 2013		12th March 2014		12th March 2015	
	N	percent	N	percent	N	percent	N	percent	N	percent
With "disability" certificate	132	12,80%	237	15,20%	265	18,30%	232	14,85%	142	8,49%
With "disability" certificate between 33% and 64%	45	4,40%	44	2,80%	50	3,40%	57	3,65%	42	2,51%
With "disability" certificate of more than 64%	89	8,60%	193	12,40%	215	14,80%	175	11,20%	100	5,98%
Total	**1.034**		**1.561**		**1.451**		**1.562**		**1.672**	

Source: own research from XAPSLL data

Figures for recognized dependency grades follow the same trend. From 5,8% people attended with recognized dependency grade in 2013 to 3,11%, returning to the 2011 rate. Taking into account these figures, we consider that an examination of welfare policies and proceedings must be implemented by organizations and institutions in order to determine if vulnerable situations of people with health problems, functional diversity or dependency situations are being addressed by the welfare system.

Table 2.8. People with dependency grade certificate attended in XAPSLL night accommodation services. 2011-2015										
	12th March 2011		12th March 2012		12th March 2013		12th March 2014		12th March 2015	
	N	percent	N	percent	N	percent	N	percent	N	percent
With dependency grade certification	32	3,10%	59	5,70%	60	5,80%	72	4,61%	52	3,11%
Grade 1	20	1,90%	34	3,30%	35	3,40%	48	3,07%	40	2,39%
Grade 2	7	0,70%	22	2,10%	22	2,10%	31	1,98%	10	0,60%
Grade 3	6	0,60%	3	0,30%	3	0,30%	2	0,13%	2	0,12%
Total	**1.034**		**1.561**		**1.451**		**1.562**		**1.672**	

Source: own research from XAPSLL data

Since the data collection in 2012, a new variable has been introduced: source of income of the people attended in the support services. In 2015, 52% of the total were people with no income. An increase in the number of homeless people who receive some type of income, understood as any kind of income in the two weeks prior to the data registering (12th March) derived from work. Almost 11% of the people attended received some kind of payment in these conditions.

Table 2.9. Source of income of the people housed in XAPSLL services. XAPSLL.2012-2015								
	12th March 2012		**12th March 2013**		**12th March 2014**		**12th March 2015**	
	N	percent	N	percent	N	percent	N	percent
People with no income	844	54,10%	824	56,80%	863	52,60%	868	51,91%
People with Pension credit and/or Bereavement payment							59	3,53%
People with Personal Independence Payment (National Insurance)	32	2,00%	15	1,00%	23	1,40%	20	1,20%
People with Non-contributory State pension // Disability Living Allowance.	201	12,90%	183	12,60%	184	11,20%	153	9,15%
People with short-term Incapacity Benefit.	5	0,30%	2	0,10%	2	0,10%	3	0,18%
People with Unemployment Benefit	33	2,10%	42	2,90%	54	3,30%	53	3,17%
People with ex-offender benefits	6	0,40%	4	0,30%	2	0,10%	2	0,12%
People with Income Support	105	6,70%	84	5,80%	105	6,40%	111	6,64%
People with Work-related Income	64	4,10%	92	6,30%	87	5,30%	182	10,89%
People with Work-related Income and some pension or benefit	14	0,90%	47	3,20%	21	1,30%	22	1,32%
People with unknown source of income	37	2,40%	23	1,60%	55	3,40%	60	3,59%
People with other source of income	142	9,10%	89	6,10%	8	0,50%		0,00%
People without information available	78	5,00%	46	3,20%	236	14,40%	139	8,31%
Total	**1.561**	**100%**	**1.451**	**100%**	**1.640**	**100%**	**1.672**	**100%**

Source: own research from XAPSLL data

3. XAPSLL SUPPORT SERVICES TACKLING HOUSING EXCLUSION

As outlined in the previous section, a growing number of XAPSLL housing places to cover the increase of demand and daily needs has been registered. We have confirmed that these needs are modifying intervention strategies and inspiring new attention models which differ from the classical support services for homeless people. But, what has been the response of those support services which until now had been the core of the network's proposals to attend situations of severe housing exclusion?

Table 3.1. People housed in accommodation centres for homeless people according to ownership. Barcelona, 2008-2015										
Type of centre		March 2008 (1)	March 2009 (2)	March 2010 (2)	Març 2011 (2)	November 2011 (2)	March 2012 (2)	March 2013 (2)	March 2014 (2)	March 2015 (2)
State ownership	Residential centres	363	353	356	349	365	339	401	452	448
	Flats	67	64	66	75	94	70	101	125	148
	Pensions	155	122	110	102	101	108	98	118	144
Total State ownership		**585**	**539**	**532**	**526**	**560**	**517**	**600**	**695**	**740**
Titularitat privada	Residential centres	137	136	133	139	150	176	207	259	319
	Flats	115	149	173	172	248	278	243	373	333
	Pensions	69	54	32	50	19	69	57	42	25
	Rented rooms in shared appartments (3)	284	412	404	343	279	521	344	192	255
	Other					2				
Total private ownership		**605**	**751**	**742**	**704**	**698**	**1.044**	**851**	**866**	**932**
Total		**1.190**	**1.290**	**1.274**	**1.230**	**1.258**	**1.561**	**1.451**	**1.561**	**1.672**

(1) Source: Cabrera et al. (2008) Qui dorm al carrer? ("Who sleeps on the streets?") With revisions made from XAPSLL registers

(2) Source: XAPSLL

(3) Càritas for all the series. Arrels from March 2011.

Note: Part of the accommodation centres places of private ownership is sponsored by Barcelona's City Council. In 2015, 210 places were sponsored.

From 2008 to 2012, the increase in XAPSLLB's residential resources was centered on a slight rise in the number of places in insertion flats, and this trend has continued in 2015. The places in housing centres maintained stable until 2012, since when a slight increase has been detected. In the night count from 11th to 12th March 2015, XAPSLL was housing 767 people in accommodation centres; 481 in flats; 169 in pensions and 255 in rented rooms.

This distribution, as well as the growth trends, are a result of the determination to provide diverse services that can adapt to the people attended's needs by increasing progressively the number of places in flats, prioritizing them over the construction of new accommodation centres or shelters for groups. Moreover, it's important to note that a good part of the rise in collective accommodation centre places is due to the opening of the Families Attention Centre in Navas. This support service was offering housing to 90 people on the day of the data count and they were housed in the different apartments provided, thus covering the families' needs who, after losing their house, needed temporary dwelling. The format differs, thus, from the shelter concept and outlines a diversity-based strategy which promotes the quality of attention.

Table 3.2. People housed in accommodation centres for the homeless according to ownership. Barcelona, 2008-2015									
	March 2008 (1)	March 2009 (2)	March 2010 (2)	March 2011 (2)	Novembre 2011 (2)	March 2012 (2)	March 2013 (2)	March 2014 (2)	March 2015 (2)
Residential centres	500	489	489	488	515	515	608	711	767
Flats	182	213	239	247	342	348	344	498	481
Pensions	224	176	142	152	120	177	155	160	169
Rented rooms in shared apartments (3)	284	412	404	343	279	521	344	192	255
Total	**1.190**	**1.290**	**1.274**	**1.230**	**1.256**	**1.561**	**1.451**	**1.561**	**1672**

(1) Source: Cabrera et al. (2008) "Qui dorm al carrer?" ("Who sleeps on the streets?") With revisions made from XAPSLL registers

(2) Source: XAPSLL

(3) Càritas for all the series. Arrels from March 2011

Graphic 3.1 People housed in XAPSLL accommodation services according to type of centre
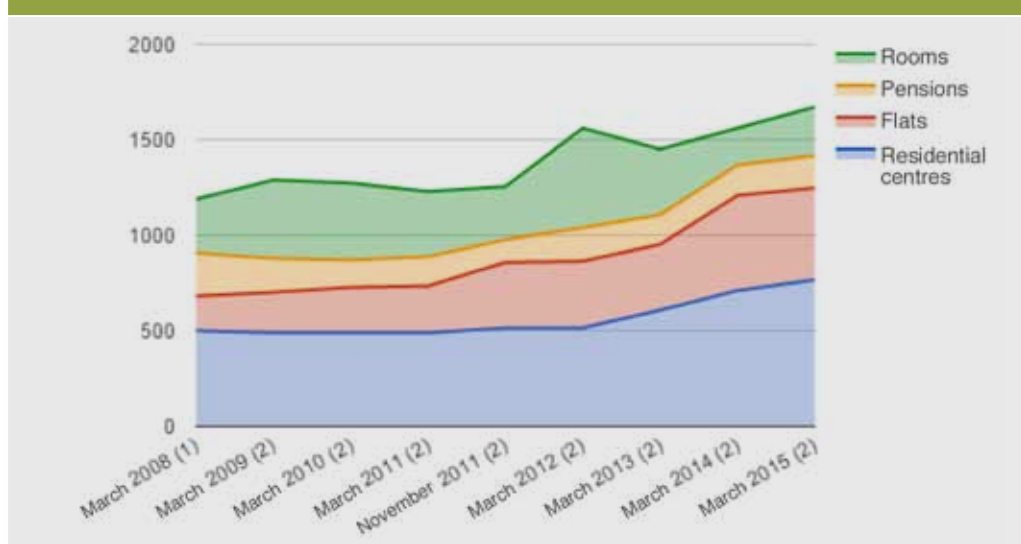
The data collection methodology has limits when analyzing the flows between the different attention models. A snapshot of the number of people attended in the support services just one night a year fails to guarantee an analysis of the people attended's trajectories. However, through the socio-demographic profiles of the users of the different services we can sense some specialization that we should probe deeper.

It's getting more and more accepted among professionals the fact that people are attended in the different accommodation services according to their situation, their moment and their opportunities. Although it's necessary to count on diverse services for the differing individual situations, this data invites us to break with the idea that the reconstruction process of personal autonomy has to be based on a staircase model that starts with a homeless shelter centre, then an insertion flat and ends with own housing.

When providing attention for families with minors is needed, pensions or flats and rented rooms are used to cope with emergencies. If 25,7% of minors find themselves in collective residential centres it's because the Families Attention Centre in Navas is considered under this model even though the facility provides family units- housing that guarantees the privacy of families, a trait that recalls the concept of a flat rather than a homeless shelter.

Table 3.3. Distribution of the people housed in accommodation centres according to age. 12th March de 2015.				
	Homeless shelters (ETHOS 2)	Residential centres (ETHOS 3)	Insertion flats and housing units (ETHOS 7)	Pensions and rented rooms (ETHOS 8)	TOTAL
<18	0,44%	25,66%	38,50%	35,40%	100%
18-30	19,27%	15,60%	29,36%	35,78%	100%
31-50	20,93%	36,02%	18,83%	24,22%	100%
51-65	15,99%	34,42%	27,64%	21,95%	100%
>65	7,81%	34,38%	37,50%	20,31%	100%

N= 1624 (number of people for whom we have information)

In part due to the families needs and in part to the major differences between men and women with regard to housing exclusion problems, a higher number of men than women in collective residential centres is observed. Only 9,2% of women attended in XAPSLL services were housed in homeless shelters and almost 27% in collective residential centres. On the contrary, the respective rate of men was 20% and 33%.

Table 3.4. Distribution of people housed in accommodation centres according to gender. 12th March 2015.				
	Homeless centres (ETHOS 2)	Residential centres (ETHOS 3)	Insertion flats and housing units (ETHOS 7)	Pensions and rented rooms (ETHOS 8)	TOTAL
Men	20,15%	32,74%	26,31%	20,80%	100%
Women	9,21%	26,84%	29,47%	34,47%	100%
Minors	0,46%	26,85%	40,28%	32,41%	100%

N= 1668 (number of people for whom we have information)

4. TRIGGER FACTORS OF HOMELESSNESS PERSISTENCE

"Ningú està al carrer per gust"

As stated in the data analysis provided by Barcelona City Council and taking into account 2014 data, the majority of homeless people on the street don't want to sleep rough, but roughly 40% have continued in this situation because they consider there's no better option for them (Uribe; 2015, p. 24). On the other hand, only approximately 4% of people in a homelessness situation consider it to be a voluntary and intended option; that is, less than 1% of the total number of homeless people in the city (Uribe; 2015, p. 26).

While carrying out this research, all the people who affirmed at first that "it's not so bad being on the street" or who even said that they wanted to live that way, eventually changed their argument when they gained confidence with the research team. The coincidence of qualifying their experience as hard and desperate proves that they normally try at first to lessen their experience in order to normalize their own situation in front of the other speaker and themselves.

The urban myth that states that people live on the street as a "way of life" is, thus, refuted -in relation to almost all homeless people. A homeless person in a medium-term accommodation centre confirms it: *"The belief that people are on the street because they like it is not true"* (Discussion group with users of homeless shelters).

The normalization of homelessness visibility in public spaces prevents us at times from being aware of the implications it has for the people who experience it. The people

interviewed explain incredible stories in relation to the street and, after chatting for a while, all coincide on the hardship of their experiences. ATM doors which close from a specific time in the afternoon and being unable to get in, being forced as well to watch out to see if they got locked in (even though, if that happens, soon after midnight, a security guard can come in and eject them after two or three hours sleep, leaving them on the street); not knowing if they will have meals for the day; or which kind of meal, or the quality or quantity if they get one; the fragility of relationships and trust; the loneliness; the sense of failure worsened by society' impassiveness or disregard, etc.

"Around quarter past five, the Police come and they say: Stand up. The way you look is not acceptable. And that's exactly what they say: sleeping on a bench creates a bad image" (D.L. Aged 67, he has been on the street twice for several weeks. Now he rents a room with his pension. Extensive interview made on the 15th June 2015)

The hard personal experience of ending up on the street and enduring its consequences is complemented by the social marginalization process, rejection, aggressions and/or harassment. According to an Hatento Observatori research, 47% of homeless people have suffered an incident of hate crime, although it's not reported by many of them. This percentage is higher in women. In the homeless shelters' users discussion group, one of the participants said:

"I've suffered a lot on the street. Because one [peer homeless person] was causing trouble [in a public centre, during the night], the Police came and everybody was woken up at 7:00 in the morning and taken out […] and in the ATMs, the security guard sends you to another one; the nearest can be two streets away, and you find yourself scared, in the middle of the night…"".

Another testimony of the same group said:
"I ended up on the street, asked for a place and had to wait for 8 days. And then, the first night while I was waiting, I was robbed. And I was lucky as I put my documentation and cell phone in a bag under my head, even though even then I think they attempted to steal it. And then I went to the Police and, what did they tell me? That I should have locked the ATM's door! And I replied that I thought that was the best way to avoid problems, because if you lock yourself in, they come and kick you out and he gave me a tongue-lashing!". Another person explained: *"In other ATMs, there's no security guard coming, but they've got a high-pitched whistle piiiiiiiiiii… and you have to stand up and leave. And then you are talked to through the camera and they say: please, would you stand up? Very politely, I have to say". [No irony in his words].*

In this sense, two of the testimonies of people who have been on the street are enlightening:

"The street is hard. And the people on the street, a lot of people, lie. And they lie and they don't know they are lying, because the street demands it: to survive on the street, you have to lie to cope with it, because they don't feel well; they lose control; they haven't got self-control: they lost it." Another testimony describes a day on the street: *"Don't tell somebody on the street to look for a job: that's impossible. Impossible! You can't do it! Survival is your ultimate goal. And you can't cope with anything else! And, on top of everything, you've got look for a place to occupy! Ffff! Looking for a job, looking for a flat to occupy is impossible if you are on the street. You have to survive. At 11 the meal is served in Calcutas, you queue before:*

What can you do? Look for a job after 12? Wash yourself, brush your hair, look presentable… your clothes… it's impossible. You walk through the city looking for places where they give out food. Here for breakfast, there for lunch, over there for dinner? You walk through the city with no money. There's not enough. Look, if you've got 2 euros and a mattress, you buy a sandwich and a can and with that you get to Cornellà and look for a job. If not… thing is, you can't understand it if you are not on the street. To go to SIS, you have to queue from six am. You queue. You don't get in. You go back a couple of times and finally they attend you. Fine. And if you feel mentally ready to go to a night shelter, it's ok. But….oh my… I don't know".

People that have gone through a homelessness situation agree that the traumatic experience is a turning point for them. The process that leads to the street not only damages the person's physical resources, but also their personal relation networks; causing as well emotional and psychological harm. In this sense, a discussion group participant of homeless shelter users said:

"I've been a year without earning; last year I earned some money; two years ago nothing. People there [referring to the homeless shelters] have endured very difficult circumstances; they might need more emotional support or coaching or some type of quick therapy, instead of a psychologist asking questions and more questions, opening wounds and then the session is over and they're off. So all that: I don't want it to happen to me again".

Individual trajectories that mark the day-to-day decisions of each person are diverse and their willingness to enter into an assistance circuit depends both on the survival strategies for getting by and on the

more intimate strategies needed for building self-identity and self-esteem.

While the interviews and the discussion groups were made, many accounts of personal experiences talked about the extreme hardship and risks attached to living in public spaces. These episodes, from a current situation to the memories of long-ago experiences, make clear that living on the street is not a desired life option. On the other hand, they do make us understand that in some cases, times and circumstances, people acknowledge that being on the street is not the best option, but the option they understand and see as less inconvenient. The deep suffering and pain is reflected in the way of thinking about the future by people that are formally considered as *"successful paths", when they admit they "will never be sure they have overcome it" and that "the fear of falling into the same situation remains"* testimonies from interviews made to people with "successful paths").

We acknowledge, thus, that it's important to understand homelessness as a reality that not only affects the financial situation of the person, but also his personal and emotional state of mind. Homelessness impacts on the vulnerability perception described by Castel (1997) which is one of the keys to understanding the real impact of the problem on the people affected. In this process, these people's sense of self being transformed into a damaged identity (Goffman; 1995), the kind of relationships they keep and the influence this has on their decision-making, is very important. If we take as a reference the capacities approach (Sen, 1998), fundamental needs of people in a homelessness situation become limited and deprived, and not only the need to have a proper diet and health. Also the need to maintain a balanced physical integrity and engage in social and family networks; to maintain the social bases of self-respect; of being treated as a dignified person with a right to a social and political participation,

etc. Accordingly, the processes which help overcome this situation have to also bear in mind these people's needs to feel themselves recognized again by others and to participate in the decisions affecting their present and future. In this sense, there are details in the management of service care which have an important symbolic meaning and which often pass unnoticed by people who lack the relative experience: *"it's offensive to be identified with a number!"* (Discussion group with homeless shelter users).

The strong belief of people who suffer homelessness that "people are not on the street because they like it" makes us question whether the range of services and intervention methods are adequate enough and effective with people who have long-standing histories of deprivation and housing exclusion, many years after the first contact with support services and social assistance. The decision of whether to remain on the street or not is made after analyzing the different options available and thus we ask ourselves what are the reasons why many people decide to remain on the street rather than using a facility, even despite the consequences.

The fears, grounded or not, to engage in social support proposals, are strongly linked to accumulated suffering and experiences of failure when attempting to get out of severe social exclusion. Many of the people in homelessness situations think that their present and future depend on the decisions of third parties who act like guardians and feel their support has a certain randomness about it. Despite all the people attended admitting professionals do a good job, their fragility makes them more sensitive towards the social workers' intervention and its consequences on their lives.

"There's a lack of attention, negligence, […]; there are people who work well, but sometimes things are done very badly […]. There are many mistakes in

the handling of people. I was promised I would get an Income Support pension and six months later I find out they hadn't even processed it […]. They don't realize the psychological harm that this creates" (Discussion group with homeless shelters' users).

"The structure fails because I think there's no intention of solving our problems; I believe we are removed from the street because we don't look good for the tourists" (Discussion group with homeless shelters' users).

Rules and individual freedom

The professionals discussion group addressed the issue profoundly and outlined a very useful guide map. Firstly, discussions concerning control, rules and participation were had and these topics themselves were also defined. Beyond the simplistic and binary idea of " rule yes / rule no", a comprehensive discussion was formed based on something a participant called a "reality principle", defined as the adjustment, not always existent, between the situation -financial, work, health, social- of the person and how this person positions himself according to that. In some way, it was stated that accepting the rules is a symptom of accepting this situation and another harmonizing factor with the range of resources available to support the person. It was also pointed out that people who haven't accessed any centre sometimes use the rules as a reason to not accept the resources, as an excuse to avoid having to deal with the real problem of a lack of confidence in themselves and their commitment.

Regarding to that, it must be highlighted that both professionals and homeless people stated in the different discussion groups and interviews that there seems to

exist an ideal moment to start a relationship with the social support structures. In other words: there are many moments not ideal for a person to accept or access resources on a long-standing basis due to factors regarding his situation -mental health, state of mind, state of shock because of his situation, others...

However, the question still has to be answered: what would be necessary for the person -regardless of his state-, to be able and willing to get effective support in the shape of state social support services of the network of specialized attention to homeless people? Professionals agreed that some rules are harsh and that people -by nature-, don't want to be controlled.

An example of this would be the opening and closing times of the homeless shelters, which is the principal rule questioned by their users, as it's considered hardly justifiable and prevents keeping normalized social relations.

"At seven or eight pm you must come back (to the shelter); let's see, I'm 53! What happens if I want to have sex!… which is not the case, but… I have to justify it! […] it makes no sense. You're in a shelter and you're invited by some friends to have dinner… looks like you've got money, and you are hiding it, bring me a receipt For what? For having a drink?; the other day I arrived at 19:16h and for just one minute, I wasn't allowed to in. I had to wait until a quarter past eight when everybody was finished" (Discussion group with homeless shelters' users).

The second rule questioned is about the saving plans:

"I suggested putting 100 euros less than I had to into the saving plan for a rented room and they told me to put more. My son's birthday was coming up and I have to give a part of *my 'gorgeous pension' to my ex and I have to save money and all the while trying to create a job on the internet -as I can't see any other way-, so I have to do courses, etc. In short: I did my best. And then they said no; they said I had to leave a specific amount, so I've asked for loans and in two months I've accumulated 600 euros of debt"* (Discussion group with homeless shelters' users).

Once this point was settled, the matter of what effect homeless people participating in the rules can have was addressed. Despite a professional explaining that in their centre the rules are decided -internally- by a residents' assembly every two years under revisable terms, other professionals stated that the right to decide on what is essential could be violated and they might not be treated *"as adults with capacity of decision due to the fact that they are poor"* (Testimony of one participant in the professionals consultative group).

With respect to that, one of the people who stayed in a homeless shelter said:

"In [name of the centre] assemblies are organized every 15 days. In the assemblies I go straight to the point, and I don't care if they kick me out".

This testimony reveals the assemblies' reality and the chance of participating in them freely, but, on the other hand, it also shows a fear based on a dependence or inferiority relationship with regard to the other party; in this case, the centre.

Another testimony of the group of homeless shelter users said: *"In [name of the centre] staff are kind. They are kind people. What is wrong in [name of the centre]? That participation is scarce"*.

The first assessment of the debate pointed to the high level of maturity, both of the XAPSLL and its professionals, when having

the debate. On the other hand, the content of the debate proves again the existence of habitual tensions which have been treated by many social science experts (Bordieu, Passeron; 2002; Castel; 1997; Karsz; 2004), with regard to the characteristics intrinsic to institutional and personal/ professional relationships that occur in institutionalized contexts.

If in medical contexts such as hospitals hierarchical relationships between patients and health experts generate tensions, then the presence of these relationships in a social intervention context is often seen as a way to incapacitate a person or treat them as a child. Therefore, the person attended can lose personal autonomy, which on the other hand is inherent to the general context created by social groups called 'excluded' insomuch as deviated and not fully capable of controlling their own lives. On this basis, the concession of autonomy towards the institutional order is accepted only if the alternative is seen as a worse situation than the loss of freedom.

Conditions, siting, accessibility and temporality of the centre

Another aspect addressed by the professionals group was the conditions of the centres, the siting, accessibility, temporality and the expectations of the support provided.

The collective centres create rejection. One of the professionals said:

"[…] sharing a room with 15 or 20 people… Many of them come to you and say: I'd rather sleep alone in an ATM", a point also registered in other research focused on the same context of Barcelona (Uribe; 2015, p.27).

A user of a homeless shelter thinks:

"The rooms should be smaller, divided, more comfortable, with less people… and a separate room for people who snore!".

The physical conditions are also commented on: *"having to live with such a small locker which has timetables which if you forget, they don't open the locker for you and you can't go and find what you need"*, along with the impossibility of having an intimate space, especially for people with children or an intimate relationship of another kind.

The centres' siting is also important in Barcelona. Being situated on the outskirts of the city and the difficulty of getting to them without public transport -which is, besides, expensive for people in severe deprivation situations- were mentioned in relation to some of the city's centres which are, besides, homeless shelters; that is, the natural entrance to the social protection system specialized in homeless people.

In relation to the siting, the matter of access was addressed: the places often become full and no longer available, meaning access is not immediate and in some cases, people manage to get there, but there's no availability, so they can't get a place. More than the person's isolation in that area of the city at night, in some cases people stop seeking specialized social support after experiencing situations of this kind, especially after several attempts and failures, day after day. On this issue, a female participant of a homeless shelters users group said:

"[…] another thing… places for women […] there are more [women] than we think… and we're more hidden, but if they say to you that there are no places available in the

shelter, that's enough to go and not come back ever again." A man housed in a medium-term accommodation centre shared the same point: *"if you are on the street, how the hell can you go to Nou Barris? Or to Zona Franca? If you go and they tell you there's a waiting list and then you go back another day and they say: No, it's full. At the end, you just say: Bloody hell. I've had enough. And you stay on the street".*

According to the professionals group, accessibility can cause problems when couples have to be separated, or when the person has to move away from his usual territory or social network area or, sometimes, from their pets. This issue was criticized by an interviewed person -defined as a successful case in overcoming homelessness-, who said: *"I wouldn't talk about the animals stuff until there are places for all the people who are on the street".*

Finally, the temporality issue is also a focus of criticism and a limitation in the adaptation of mainstream services to people's needs. The different groups agreed that attending a person for some months and having to finalize the attention due to prearranged timescales -even though professionals make them flexible-, breaks processes. A person who stays in a medium-term accommodation centre says: *"In theory, people stay here for three months, even though it depends on every case… but three months is a short time, for sure"*

Flitting from one centre to another or simply coming to the end of an agreed time period at a centre can prevent the person from being able to tackle his problems properly. It points to a stay without time limits being necessary in order to work on every person's problems according to their time and needs. One person of a homeless shelter says: *"they've got a protocol… and it's a pain in the ass: they don't solve your*

problems! They say: we demand all this from you and in this amount of time".

This, linked to the failure to achieve the problem's solution, seems to heavily influence the decision to reject centres: the possibility of finding an answer to basic survival needs -maybe a precarious and insufficient answer, but an answer nevertheless- in terms of food and shelter can be met outside the range of services. However, they understand that the complex basic needs -inpatient treatment, health problems, housing and work problems, personal and social networks- won't be covered by the social resources offered. Therefore, at the time of deciding whether to give up the precarious -but difficult to reach- ecosystem which the person may have built on the margin of the services, many people decide that, against the risk of falling back into the same situation after a short time, maintaining what they've got -even though it's precarious- is better than renouncing it (Uribe;2015, p.28).

Homeless shelters: do they work? Do they provide a 'first step'?

Despite all these barriers, it's accepted that Homeless Shelters are a necessary support service and a first stop for a great part of homeless people on the assistance services' circuit. But: do they work? Do they provide a 'first step'? Testimonies draw the picture to answer these questions. A participant in the insertion flats residents' discussion group, said:

"First we should ask ourselves: what is a homeless shelter for? Because you shouldn't drift from one shelter to another, three months in one; three months in another and then staaaart again".

On the other hand, a person of the medium-term accommodation centres discussion group says:

"[…] that's very important, ok? It's very important, that first step. The first step is very important!". This point is balanced by a peer's opinion from the same centre: *"There are people who find the shelters ok, and other people who don't want to hear anything about them".*

In effect, there seems to be a consensus about the importance of the first moments of a relationship and attention within the care facilities, and that it must occur in the ideal moment to achieve engagement with the person. It's acknowledged that these facilities provide a first step, given that in the majority of cases the person is linked to the range of network services through it. Despite that, there's room for improvement in terms of the rotation, called 'revolving door effect' -not only in the Homeless Centres, but in the whole range of network services- that sometimes places the person at the starting point of an attention plan despite having spent time receiving attention from other centres. Testimonies address too what we would call their quality of life. This matter rings true for the whole network of European homeless shelters, when the European Commission states that it is necessary: "[…] a shift from using shelters and transitional accommodation as the predominant solution to homelessness towards 'housing led' approaches."[1].

On the other hand, according to the standard guidelines implemented by the homeless shelters, in 2013 the Commission launched the important report Confronting Homelessness, and said: "Long-term shelter residents may well lose their ability to lead an individual life"; "Best practice requires shelters to be locally available and accessible so that potential users of the service do not have to travel far" and "Quality standards can redress the substandard living and safety conditions often found in shelters. Bathing and toilet facilities, heating and insulation, bed sizes and food quality are frequently unsatisfactory. Many shelters are over regulated and offer an impersonal living environment."[2]

We can state that homeless people and professionals' testimonies are aligned with the European Commission proposals. Currently they serve their function as the entry point for a significant rate of homeless people attended, even if there's significant room for improvement. One of the interviewees, identified as a case of someone successfully leaving homelessness, was asked: *"Do you find homeless shelters and centres useful?".* The woman answered: *"Of course I do. They could be better… the waiting lists… But they do their function. They work, and that's all you can expect, but they are overcrowded and the waiting lists are ridiculously long, aren't they?"* (C.E, aged 56, after staying in a shelter and a medium-term accommodation centre, has her own, stable housing. Individual interview made on the 30th July 2015).

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1 European Consensus Conference on Homelessness: Policy recommendations of the Jury, European Commission, 2010, p. 3.

2 Confronting Homelessness in the European Union, SWD(2013) 42 final, Accompanying the document COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS. Towards Social Investment for Growth and Cohesion - including implementing the European Social Fund 2014-2020, Brussels, 20.2.2013.

Why are some services suitable for some specific people and some others aren't?

Professionals identify several factors:

The diversity attention capacity is one. Firstly, there's the person. The personal situation-beyond the obvious fact that everyone is different-, along with the diversity of possible causes leading to his situation, account for what we call 'pseudo-profiles' or specific situations that make some services workable and others not depending on the person. Secondly, the services. Every centre or care facility is different, formally and informally. Formally, each one responds to the range of services designed for different 'profiles' or 'pseudo-profiles' and will have a great impact on whether the person, who goes directly or is referred, satisfies the expectations and categories he supposedly has to fit in. Thirdly, every homeless facility has a different way to adapt to the person or to be flexible. Each one performs a specific type of accompaniment and monitoring based on these specialized pre-categories. Every accommodation centre has certain resources that imply a certain offer of services, activities and support, and these are different in every case.

The discussion about responsibility/ participation was raised again: it was commented to which point it's important that professionals need to verify that the person attended is verbalizing or simply assuming his/her responsibility in the process. Also highlighted was the need to be self-critical with regard to how interventions are made and to consider a change in the approach with the aim of creating a system where the person attended's responsibility is linked from the start to a fundamental recognition of his freedom of choice and to build an individual plan centered not only in him or her, but also attached to his or her liberty to decide what to do and how to do it. Relating to that, a professional said:

"The structure fails because it has been conceived by us; not counting on the people. Structures based on values, models… ours, thinking what will be better for the person without asking him what he needs; and we have arranged structures that have nothing to do with the person's needs".

This point was profoundly emphasized by the homeless people who tackle the question, as we have seen in several examples of the current report. We give another example here, regarding a service user of a homeless shelter who described the case of an acquaintance:

"This man, who is older than 70, has dignity. He has lived all his life in his house and he has worked and now, look, on the street. And to avoid giving explanations and asking for permission for everything, now he's on the street, drinking his beer, spending the day in the library… And he says: I've got so many things to do, on the street, at seven p.m… how am I going to go to a shelter, where they won't let me out?".

To the difficulties of orientating the attention to answer the diversity and respecting the personal autonomy can be added the limitations of giving a global attention to the complex situations: as in other protection systems, *"We've got little drawers"*, a professional said. That's a circumstance seen in other research: "[…] there are no resources or channels to give a response to the individual global problem, but to the specific and separate problems. If the person has a mental health problem, or related to alcohol… every problem is conceived separately, as in little drawers… that doesn't always work". (Roca et al., 2012).

Among the great diversity of experiences and pseudo-profiles, some situations are especially prone to failure or becoming more chronic. The group of professionals defined such situations: firstly, non-Europeans who become ill and who lose their peers' support due to the financial survival situation they often have to deal with, worsened by language barriers. A Spanish homeless person from a discussion group of temporary accommodation centres stated that *"ethose who have it infinitely worse are the migrants"*. Secondly, people older than 50, whose situation gets worse if they are active alcoholics. Thirdly, disabled people with complex health problems, usually linked to mental health and finally middle-aged people suffering cognitive deterioration or dementia.

Highlighted here are the testimonies of three users of medium-term accommodation centres, who emphasized the problems of mental health. For them, it's very different suffering a physical as opposed to a mental disorder, pointing out that the first is well attended or, at least, attended, but, on the contrary, the second one is not attended:

"How is that possible, having no psychologist? Without a psychologist, there are people who cannot have the attention they need, because they need psychological support and, without it, everything gets stuck" .

With regard to mental health and linked to the need for psychological support, it's important to recall one of the many bibliographical guidelines on the issue of no attention: "mental and physical wellbeing of a person rapidly deteriorates once they are exposed to homelessness. Research shows that the longer somebody experiences homelessness, the more time is needed for reintegration".[3]

In relation to that, the experience of many people in a homelessness situation shows that a high percentage of them suffer from emotional and psychological tension that can easily trigger a depressive disorder. The lack of psychological support worsens their state or leads to more complex issues, and this is also a barrier when it comes to maintaining and establishing contact with the attention services offered.

Finally, the professionals' field work and experience in attention asks for an assessment of the Network services' adequacy in relation to the current needs. Two specific interventions from the professional discussion group would serve as a summary: *"The network is not designed to attend the current situation in the city of Barcelona"* and *"We've got a dysfunctional system which works the same as it did 15 years ago"*.

It can be confirmed, though, that the co-ordination channels, protocols and processes and the quantity and diversity of homeless facilities haven't stopped growing and changing over the last few years, therefore the statement that things are being done the same as fifteen years ago should be understood more in accordance to the previous phrase: the situation -social context, people to attend, needs they have-, is different -not only from fifteen years ago, but from just eight. A reality of radical change in the problems and types, along with the rise in total numbers, to which not only this social care system, but the majority of care systems, have to cope. It is though very interesting and pertinent as to what extent this is proposed as one of the factors that can promote rejection in accessing the social attention services.

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3 Housing and Homelessness: Models and Practices from across Europe. Homeless in Europe, Winter 2008, FEANTSA, Brussels.

Medium-term accommodation centres. What can lead to "relapse"?

Rules emerged as a secondary subject in the discussions about the function and efficiency of the medium-term accommodation centres. While the centres' rules were assessed as somewhat restrictive towards personal autonomy, they don't seem to have the same impact as in the shelters: *"People don't like shelters, because of timetables, naturally. Because you are obliged to arrive by eight at the latest…",* said a temporary accommodation user, even though the same person -by his own will or because they're used to the temporary centres system- and the rest of people in the discussion group were favorable to the rules, in comparison to the more critical view of shelters' residents and flats' residents.

The assessment of temporary accommodation centres made by homeless people who have used these facilities was positive or very positive without exception, and without highlighting any particular one. However, the topic of temporality -which is always present regardless of the type of accommodation centre- appears to have a large influence on the risk of failure or not in ending homelessness. A user with experience of a temporary accommodation centre said:

"You can have a savings plan for several months. But then the educator comes and says: time to flee the nest! and then you have to find a room or something, but maybe you don't feel ready; you are not ok. And then you leave and it doesn't work".

Beyond the trigger factor of temporality and the impact of the criteria involving the attended people's income, we want to highlight the expression *"[…] but maybe you don't feel ready"*. This is a theme that has been appearing in secondary terms in the different groups and interviews and has eventually shaped a position around which features should be needed to shape success in the process of a homeless person towards a definitive homelessness exit.

As addressed in the last paragraph, it seems having income criterion as a main factor to leave the centre -if the person disposes of them- could also have a questionable practical outcome. A person says:

"Yes, I earn a little, and they say I can be on the street [he means outside the centre, living an autonomous life]. And I earn 474 [euros]".

Another resident of a temporary accommodation centre says:

"Referred to a room that you can only pay for three months and then back here again… that's not the way".

These testimonies may expose the materialization of the need to generate rotation in the attention within the collapsed range of services -with people on waiting lists-, based on a model according to which the person earning a so-called 'sufficient' income -regardless of any associated severe social and health needs or problems, and a vague valuation of what is considered as 'sufficient'- should be autonomous only because of the fact of that income and therefore doesn't need to access the specialized social care system. Currently, it might be possible that the network is under such pressure as to let people leave the centres according to that model, even with a level of income which would never be considered as sufficient. That would also include those profiles of people who are able to find a job, yet their instability and vulnerability force them back to ask for social care in a few months due to a lack of income.

Everything seems to indicate that the testimonies implicitly tell us that intervention should be focused more on aspects of profound work and change in the person -both internally and according to his capacity and possibility of relations within his surroundings, and not only or merely aimed at apparently covering basic needs in the shape of minimal income -or less than minimal. Failing to do it, according to the testimonies, would imply failure in many cases. A non-European resident in a temporary centre, whose language barriers didn't hinder his extraordinary communicative skills, summed it up: *"Money, such as a pension or benefits, is not the solution. What is the solution is help to make people ready for life"*.

In insertion flats, what can lead to "relapse"?

The insertion flats discussion group produced discussions where the issue of 'failure' was barely tackled: apparently, the insertion flat is a type of service where the success possibility, understood as leaving the flat to move into housing and living autonomously, is more probable and where the people are certain that, inside the staircase model, they have overcome the stairs belonging to 'centres': *"A shelter is not a dwelling: it's a process to leave the street. On the contrary, a flat is a flat. It has some dignity"*.

Once again, there seem to be two topics which would impact on the probability of success or failure: temporality and rules. This last aspect was evaluated in relation to its impact on the success or failure probability when leaving homelessness behind, but also on its impact on people's dignity, liberty and right to decide.

When it comes to temporality, in insertion flats the more time a person can stay, the more favorable it is for the person -the opposite occurs in short and medium-term collective centres. An insertion flat user says:
"I believe in calmness… the shelter… x days and it's over… A flat makes you feel relaxed. When you enter a flat, you know you've got a way to get yourself better and to be relaxed" .

Another says:

"You've got no timetables, you can cook… the flat is not eternal: in (institution name), you've got two years… and there's time for you".

In insertion flats, rules are seen as a conflictive and uncomfortable issue. The temporary period of stay -three months in some organisations with strict renewal terms- leads to a constant feeling of anguish for the person. With their testimonies, users convey that, even though the period of stay can eventually be a long one, limited and regulated temporality is, in fact, a power tool. This tool doesn't affect the resident of a flat as long as this person complies to the rules and working plan, but it is still a power tool at the end of the day.

Allowing the professionals to enter their bedrooms when they find it appropriate is seen as a violation, even if they recognize the professionals' good will and they see those professionals implementing practices aimed at not disturbing them. However, they feel forced to admit that this situation is undesirable: *"Lack of confidence is what really bothers me"*.

The aspects of rules that are perceived as a failure factor in the process of leaving homelessness behind relate to two key subjects: what is not allowed and who you have to live with. An insertion flat resident says:

I know one of the rules in the flats is no drinking. Fucking hell! Is it very wrong if I fancy a beer? Or with

friends? I can't. People can't come to my flat. Fuck me! Why?".

The other aspect related to the flatmate also caused discussion. Some people expressed all the benefits to them of sharing a flat and others said it was better to live alone. This opened a profound debate when one person said: *"In a flat, we've got everything"*. The majority replied: *"Have you chosen your flatmate? Have you got any capacity of decision about who you live with?"; "We cope with filters"*, said another person and another one said, to summarize: *"In an insertion flat, you lack liberty and the right of decision"*. A woman stated: *"You enter voluntarily, nobody obliges you. And you've got to follow rules"*, and another person gathered the collective feeling and replied to her: *"NWe are not arguing with that. The problem is that the rules have to be made with the people who live in the flat. Has anybody asked us what rules to put in place?"*.

One person makes a long and brilliant intervention:

"Who knows better about us than us? How many professionals have lived on the street? They have studied and they know things and can help us. That's ok. But there's a practical experience that they lack and it belongs to us, and that's very important. I'm not saying I want to do things on my own, but listen to me at least […]. Look, in Romania they made a state shelter and it was built by the users. And they made the rules: no drinking, no coming under the influence of drugs. And apart from that, the City Council makes the rules. And that's fine, because they knew which rules are important and they manage to do it. […]. If I could ask for a rule, now, it would be participation. A rule would be participating".

5. SUCCESSFUL PATHWAYS. EXITING HOMELESSNESS

What is leaving the street?

The field work was organized following a chronological pattern based on the staircase model. First, we approached the attention model from the global perspective of the professionals; then, we witnessed the users' vision from different centres before holding comprehensive interviews with people named as 'successful pathways', insomuch as they are people who have lived on the street; have made a link with the homeless people attention circuit and have reached and maintain an autonomous life outside the specialized services.

The testimony of these people with their retrospective view was very valuable. In the first place, they validated the conclusions of the discussions made between professionals and users of the different centres in relation to the definition of a successful pathway. They emphasized that, on one hand, success can mean the accumulation of specific improvements made by the person with respect to how he was immediately before and that infer a perception of improvement regarding his status, situation or personal being. For example, a homeless person in a homelessness situation who, after months or years avoiding street professionals asks for support for paperwork will be considered as a successful intervention. If a person in a homeless shelter feels he needs to extend his stay to work on a health problem, that will also be considered a success, both for the person and the professional team working with him. If a person achieves a stable and permanent source of income and accesses housing, that will be considered a success as well.

Accordingly, people who already have an autonomous life, income and housing agree with professionals and users in that there's no unique goal and that the starting point of the social intervention makes absolute objectives difficult to define.

However, when success was identified as the exiting of homelessness and this was attempted to be defined, two requirements were outlined to be able to look at homelessness, or a street situation, as an overcome-able experience. In the words of one of the interviewed: *"A job is needed; own housing… but on top of that, you need to feel good about yourself"*.

Agreeing with that, the matter that has been defined through the different testimonies, both homeless people and professionals, as the need to balance the need of a job, on one side, the bases for personal autonomy, and on the other the personal, emotional, social and relationship psychological bases. As assured by a participant in the shelters discussion group: *"Housing is very important. But there are other things… housing is maybe… 60%"* (testimony from the group of shelters). Or a user of a temporary accommodation centre: *"Success? Establish the conditions so that the person is able to manage his situation and overcome it"*.

We could address this point in two dimensions: one, reaching material goals after the inequality suffered that led to that situation; second, empowerment, personal conviction and control over their own life. And it can be concluded, as well, that, considering these testimonies, the existence of both is necessary to securely leave homelessness behind.
This assessment though, pointed out by the people with successful pathways and also regularly expressed by other groups' testimonies, while it seems obvious, it isn't in practice.

The resources available don't always adapt to people's needs in relation to the personal moment they are going through and these two perspectives. On the contrary, it's usually the other way round. This is partly caused by a model based on the person's adaptation to a pre-established range of services, but also by the insertion of a model

in which society demands action, resources and results managed with a productivity focus. Social intervention is seen as a series of actions whose objective is insertion into the system of consumption and production. To reach the end of a working plan of limited temporality seems to be the goal of these actions, while the experience of the professionals or the people attended is usually ignored when they say: *"Now, this person is not ready"* or *"if he/she is not offered a resource now, we will lose the link we have created"*.

Having flexibility in the service range by providing specific services adapted to the person's moment as opposed to the focus being on limited temporality and the person's adaptation to the range of services could prevent disruptions that usually occur when the situation changes suddenly. It is also helpful that the support can adapt to the person's capacity and need to be competent at making decisions about his life project. Indeed, we feel it pertinent to read again this testimony of a resident in a temporary accommodation centre:

"You can have a savings plan for several months. But then the educator comes and says: time to flee the nest! and then you have to find a room or something, but maybe you don't feel ready; you are not ok. And then you leave and it doesn't work".

Or an interviewee who currently enjoys an autonomous life after years in the attention circuit:

"After staying in [temporary centre name], I ended up on the street again. It wasn't the time to leave. Yes, I had saved some money, but paying my room and lacking a job, the savings blew away (…). The key at [temporary centre name] was [educator's name]. She saw that I wouldn't go to any room unless I felt more relaxed, irrespective of the fact that I was receiving a

pension and I had some savings" (O.D., aged 47. Interview made on July 31st 2015). While the different groups and interviews were being made, personal autonomy and freedom of decision arose as the main factors for the recovery of self confidence and for exiting extreme exclusion situations. Deciding also means accepting the responsibility of the consequences involved with these decisions and thus accepting responsibility about what is decided. That's why, when the insertion flat group was asked about the question of whether it would be desirable to enter a flat directly [from the street] and avoid the homeless shelters or temporary accommodation centres, they answered: *"If they come from the street and enter a flat, I think they can do it, but: entering and leaving the flat whenever they want"*. The context of the answer doesn't imply not having rules, but rather stresses the need to provide a context of free decision and acknowledge responsibility when dealing with the challenges and the changes necessary to reach an autonomous life. In fact, indirectly and without knowing, they have come across the basic principles of the Housing First model.

On the other hand, people with successful pathways expressed a link to the present time based and shouldered by the success of their process; a strong will and life attitude that one of them defined in these terms, when asked about the meaning of exiting homelessness:

"A huge personal achievement that makes me feel much better about myself, having more specific goals and dealing with problems with safety and more determination. After getting through this, I feel more confident, more self-determined" (C.G. aged 43, interview made on July 31st 2015)

Income, real-estate market and autonomous life

It's not enough to have a roof and minimal income to reconstruct everything that's broken after the shock of losing everything and everyone. Despite not being on the street, trapped situations of ongoing deprivation and tension for survival provoke many relapses. These can be triggered by depression, feeling low; because they stop temporally receiving income without having had a chance to save, etc. One of the more serious problems in the follow-up support of insertion pathways is the lack of expectation to overcome poverty. People who experience homelessness generally receive very limited income and they seldom expect to leave a deprived situation. This deprivation can easily lead to a permanent dependency on social support.

A participant in the shelters users discussion group explained:

"The first place I was is [name of the centre]. I went to [name of the centre]. From there, I was so lucky to get a rented room. But what happens is that, paying 200, they want to charge you more… I get the NSP, right? If I pay 250 for the room, I'm always up to my neck, so I always depend on the social services. But sometimes I really want to quit it all… because, look, I was living in Sabadell and we got an electricity bill and a gas bill… and that meant paying a 370 euros bill… and I don't have this money… and well, I've got through this another time before… I returned to [name of the centre] and I tell them about my future plans… and they say they can help me until July 25th, but then I have to look for a room".

The current benefit system fails to guarantee the right to a dignified life, hence becoming the cause of many pathways towards homelessness and the origin of the limited

success of many accompaniment processes towards exiting homelessness. The great variety and fragmentation of benefits result in a bureaucratic maze that requires professional guidance. People attended in the attention circuit depend on professional assessments to access very scarce financial resources and both the low income and the dependence on professionals deteriorate expectations and personal autonomy.

One participant in the temporary users discussion group touched on this when talking about the slight possibility of making future plans:

"Yes… they think about what you've got… as you'll have the extra pay, they trust you will be able to rent a room in Barcelona or on the outskirts. But if youuuuu [emphasizing 'you'] want to make your plans, decide a little what you want to do, save some money… what they see is numbers… numbers, only numbers… they don't see anything else but numbers… that is happening to me. I've got debts because I'm dealing with moneylenders, I'm with the bank. Well, apparently I've got plenty money to pay my room… but I go up to my neck every month… luckily with my extra pay next month I will be clean… and I will go only to the day center, do you understand me? I'll have it all sorted out…"

Following the point of this testimony, the expectations of being able to manage anticipated income are fundamental for a person who is going through the process of building an autonomous life, as it will enhance his self confidence. In this case, the testimony sustains that, free of debts and with his current income, he can manage the budget of his own housing. Concerning one of the people contacted during the ethnographic research, he was hoping to rent a flat within a small community of mutual support he belonged to, which was created

between three men who had applied for Income Support and who wanted to put the income into a shared pot.:

"The SIS educator is helping us to get the paperwork done. We are European; it shouldn't be so difficult… When we get the documents and we get an Income Support pension, we will go to live together".

The need to break dependent relationships with the institutions is very present in the arguments of speakers from both sides of a supposed process of exiting homelessness. Rough sleepers contacted who have little or no contact with social support services reject establishing relationships where they lose their capacity of decision. If there's a chance, however remote and fragile, of receiving an income or improving their situation, they might choose staying in a homeless situation rather than losing their autonomy. On the opposite side, people who, after leaving a homelessness situation and have their own housing, are afraid of the possibility of needing support again and those people who go periodically to social services regret the fact they find it impossible to maintain a stable income from their work or state funding.

Social network

If a person's social network's isolation and fragility in critical moments is a trigger factor that greatly increases the risk of becoming homeless and, specifically, of living on the street, shaping a project of a stable autonomous life also requires the emotional and support network to be strengthened. Despite seeming obvious, it's a crucial point in the pathway of people who have reached an autonomous life after a homelessness situation:

"It's not only having a job and a dignified room… it's working again and I've recovered my relationship

with my sister and nephews […] They are all I have, but I felt ashamed of going to theirs… asking for what? Hand-outs? Making them feel pity for me?" (J.M. Aged 61, interview made on July 31st 2015).

Reaching a stable level of personal autonomy means reconstructing social relationships and building new ones. It can be decisive that the person hasn't broken his relationship with family and friends throughout his period on the street or in mainstream services. This idea reinforces the need for the residential services to enable and promote relationships with the outside by making the regulations and timetables more flexible:

"I still have friends. People think that, when you're on the street, you've got nobody, but that's not true. Another thing is: how do I manage to have supper at a friend's if I have to come back to the shelter at eight? […]. And how do I manage if I'm invited to a concert or another activity?" (Testimony of a participant in a shelter users discussion group).

When the new network is being made, it can be very important to fill everyday life with implication in community activities. For people for whom it's very complicated to gain employment, getting involved in an organization and assuming responsibilities of the accompaniment of peers can be a way of consolidating a successful balance in their own life:

"I don't need any help. Now I've got my retirement pension and my own room. I'm ok. I know I will live like that until my death. Having the chance to come here and help people who are suffering the same as I did makes me feel useful and helps me in my routines… What's more: the atmosphere with the other volunteers is very nice" (D.L. aged 67, interview made on June the 15th 2015).

Stigma, identity and prevention

In this work we have avoided, initially, considering homeless people as a classification category. We consider that homelessness and living on the street are the most dramatic side of ongoing residential exclusion and we have established at the start that we abstain from using a definition based on the individuals' features. There is a social concept of a person who sleeps rough. This concept defines homelessness beyond the simple description of a situation or a relationship with housing. In fact, it becomes obvious to what extent the homeless person -and therefore stigmatized- suffers because his identity has been deteriorated, as Goffman stated (Goffman; 1995). Based on that, the person is considered incapable -in general and compared to 'the rest'-, the reason why it can be moving for us to know that a homeless people plays the piano brilliantly or has a degree, as, according to our stigmatizing 'pattern', that wouldn't be possible for anyone who suffers this situation, because that person is seen as deviated -according to the 'normals'- and doesn't have the accepted standards of behavior, relationship, position towards the society and is usually linked to alienation and criminal activity. Insofar as they are categorized under the group of people considered as socially excluded, they are labelled as potential law-breakers.

Regardless of the analytical value of this external description of the homeless person, the meaning of homelessness attributed by society and the way of expressing it on the street impacts on the person. Beyond the trauma of a life on the streets, the person who has lived these episodes will have for all his life a complex relationship with the stigma associated to homeless people:

"When you have endured the street, you always feel like a homeless person. You are always scared of falling down

again… It's like alcoholism. I'm not an ex-alcoholic; I am an alcoholic who doesn't drink" (J.M. Aged 61, interview made on July the 31st 2015).

About identity and time spent on the street, one of the interviewed said:

"I was only one month on the street. It's true that I haven't stopped being poor since then, but I spent a month and I didn't abandon myself as others that you see" (D.L. Aged 67, interview made on June the 15th 2015).

This need to separate oneself from a collective whom the person doesn't want to be identified with can be seen in many of the interviews made to people with successful pathways of exiting homelessness.

Quantitative research points to the amount of time on the street as a predictive factor of relapses. With the rest of the variables controlled, it seems that the longer the person suffers homelessness, the more difficult it is to reach an autonomous life and to prevent falling back again into a street situation (Sarasa and Sales, 2009; Lee, et. al. 2003).

Limited successes and exits

Life breakdown and the building of an identity difficult to abandon are complemented by structural factors: on one hand, the impossibility of getting a stable income that enables people attended to live outside poverty. On the other, a real estate market that excludes populations with low levels of income and the scarce availability of subsidized permanent housing for people who have suffered homelessness.

That way, it can be easily understood to what extent the "successful pathways" meet with the limitations caused by vulnerability imposed by society on people deprived of a stable working career. Income and housing insecurity together with the experience they've had makes it very difficult to ever overcome the feeling of being at risk.

However, and despite limitations, the interviews reveal that the successful pathways are influenced by three factors. The first, the professionals' capacity to adapt the attention to the person's needs and the moment in a flexible way -especially the time limits in the centres. The second, the involvement in an employment activity or in a community or volunteering task. And the third, the re-building of relationship spaces and the support of family and friends.

6. FEMALE HOMELESSNESS

The most visible homelessness, that seen on the street, is often identified as a predominately male phenomenon. The observation of the reality on the city streets and the socio-demographic description of the people attended in care services explain why it's so easy to assume that homelessness is a male issue. In the last few years, the rate of women contacted in a street situation by the Social Insertion Service has fluctuated between 9 and 11% of the total number of people contacted. In the XAPSLL homeless facilities, the proportion of women users has never been more than 30%. However, these figures are surprising if we take into account that women have higher levels of social vulnerability than men and that poverty, in broad terms, impacts harder on women than men (Belzunegui, 2012; Sarasa and Sales, 2009; Cabrera, 1999).

Several hypotheses account for the smaller presence of women in a street situation. Extreme experiences of housing exclusion are strongly linked to social networks' erosion and loneliness. Women, because of their gender functions traditionally assigned, maintain stronger social bonds within the family context and within close circles not related to work. The plurality of roles with which their daily life is developed seems to make them more capable of mobilizing assistance networks (Bourdieu, 2000) that, in moments of extreme deprivation, could protect them from ending up on the street (Escudero, 2003). On the other hand, men have a gender role associated to the employment market and to the production of income, hence job loss or employment market exclusion can lead to a perception of personal failure and the consequent psychological and emotional disorders.

With the data provided by XAPSLL about the different ETHOS categories of housing exclusion, we can confirm that the proportion of women is higher as we move away from street or roofless situations. If the proportion of women on the street is 11% and 14% in the homeless shelters, when we look at medium and long-term or residential services, a figure of 20% is observed; 23% are women in insertion flats and 31% are women in pensions or rented rooms subsidized by an organization or local social services. Women in a homelessness situation therefore have a higher capacity or need to seek support than men do.

Feeling unsafe and the fear of being harmed seem to be influencing factors, as well as a bigger predisposition to accept institutionalized support (Escudero, 2003). Regarding to the street situation versus the access to shelters and medium and long-term care facilities, worse health conditions in women in a homeless situation in relation to men is seen as well, and to what extent this circumstance can influence the need detected by the same women and by the care system in order to guarantee assistance

the least precarious as possible and with the best accompaniment as possible, with the aim of trying to provide support and health care (Uribe and Alonso; 2009).

These factors make us point out that female homelessness is a different phenomenon, with added difficulties which require a different analysis in comparison to male homelessness. It's different because the pathways leading to the street differ from men's. The different factors that influence life decisions and the vulnerability of people are definitively underpinned by gender. It's more difficult to analyze why it's not true that homelessness and housing exclusion are issues that impact more on men than on women. Indeed it's in the most hidden categories of housing exclusion, those for which we lack qualitative and quantitative information, where a greater number of females would be found, especially immigrant women. Those categories most linked to private scenarios; the secluded homelessness; those situations of housing insecurity which are not seen on the street and, in some cases, belonging to other categories different to "homeless", but distinctly affected by housing exclusion.

		Number of people	Men	Women	Minors (girls and boys)
Table 6.1. Number of homeless people in the city of Barcelona. ETHOS classification. March the 11th 2015					
	1. Living rough or in a public space (1)				
Roofless-ness	2. Staying in a night shelter and/or forced to spend the day in a public space	693	89,03%	10,97%	0,00%
	3. Living in shelters or in accommodation for the homeless. Temporary accommodation.	252	85,71%	14,29%	0,00%
House-lessness	4. Living in women's shelters	511	68,69%	19,96%	11,35%
	5. Living in temporary accommodation for immigrants or asylum seekers	4	0,00%	50,00%	50,00%
	6. Living in housing institutions or penal institutions, prospect of being dismissed in a deadline without shelter housing available	nd			
	7. Living in a continued support accommodation for homeless people	nd			
	8. People who live in insecure tenancy housing. Without paying rent	481	58,63%	23,28%	18,09%
Insecure housing	9. Living under threat of eviction	424	52,59%	30,90%	16,51%
	10. Living under threat of family's or partner's violence	nd			
	11.Living in temporary / non-conventional structures (2)	nd			
Inadequate housing	12. Living in unfit housing according to legislation.	434	54,61%	23,73%	21,66%
	13. Living in overcrowded housing	nd			
	13. Viure en un habitatge massificat.	nd			
TOTAL		**2799**	**68,81%**	**20,08%**	**11,11%**

(1) Percentage of men, women and minors according to outreach made by the Social Insertion Service of Barcelona City Council during March 2015

(2) Percentage of men, women and minors according to outreach in settlements by the Social Insertion Service thorough 2014.

Even though the initial methodological approach should have allowed us to analyze the persistence factors and exiting factors of homelessness among men and women, through the field work we found that specific tools to discover the female reality were necessary. As described in the methodology section, two discussion groups were established, exclusively formed by women. These groups were considered necessary as we have had less capacity to contact women in a homelessness situation, and the women who have participated in the discussion groups have had a limited participation. In these groups, the same questions as in the others were posed, as well as others regarding the different factors that affect women in their social and housing exclusion trajectories.

Specific vulnerability factors

The women participants in the groups confirm that there are specific factors of vulnerability in female homelessness. The difficulties of maintaining stable employment which guarantees social protection conditions and the involvement in care tasks, which demand the total or partial exit from the employment market, reduce their economical independence. When this lack of independency coincides with gender violence abuse which involves moving away from the abuser, social networks get broken.

"When you've been with abusers or you were in love with people who manipulated you, it's very difficult to take the control back over your life. You lose your friends, contacts, you move house…" (Discussion group 4).

"I had been married for 40 years. One day I lost my marbles and I said good luck to you and I left them all. I lost it due to working for the others and taking care of the others and looking after the others and I wasn't anything. I left with 80 euros and when I ran out of money, I found myself with no work, because at my age I don't find a job. And then I was sleeping in Catalunya square for 15 days or 3 weeks" (D.L. Aged 67, interview made on June the 15th 2015).

These factors, attached to the structural and individual factors that affect men in their pathways, are seen by the women themselves as contradictory as initially they don't refer to any notable differences in the experience of living on the street for being a woman: *"The situation is the same. Whoever is on the street, he or she feels the same. Being on the street is a bugger for a man and for a woman"* (D.L. Aged 67, interview made on June the 15th 2015).

Being a woman in a homelessness situation

But when the relative absence of women sleeping on the streets is tackled, women participants see significant differences in the subjective experience of homelessness situations. Women feel very unsafe, which prompts them to look for refuge even though they don't like the housing options. Those women who have lived on the street for more or less time describe situations of harassment more or less frequent and more or less intense. According to the participants of the two groups, a woman who sleeps rough during a short period of time has a high probability of being be sexually harassed by men: *"When you've been in this situation enough, you can feel people's intentions: What have you got to offer me? Why? A fellow who knows how you are comes and wants to take advantage of your situation. As they buy you a beer or a coffee, they think they've got the right to lay a finger on you"* (Discussion group 4).

The sexual pressure placed on these women is high, be it physically or verbally, and tensions of social control are added: *"When they see women on the street, they quickly think that they're drug addicts or prostitutes who go with him or the other. People think that when a woman sleeps on the street, she fucks them all"* (Discussion group 4).

Women who decide to spend the night on the street use, in many cases, group strategies to increase their feeling of security, either gathering with other women if possible or with men. Even though this doesn't remove completely the possibility of being a victim of some kind of violence, it reduces it. The feeling they belong to a group makes them think that they've got more probabilities of being defended by the group when facing a potential aggressor. That obviously doesn't exclude the fact that they face up to some of the aggressions themselves nor the fact

they are pressured by members of the same group.

Sexuality-related risks coexist with other possibilities of victimization and fears towards violence triggered on the street due to the tensions of the situation with people nearby or the misuse of drugs or alcohol:

"I came here to work. I came from Cuba months ago. I was robbed and I found myself with nothing. I suffered a lot until I found some peace in the shelter" (Discussion group 4).

"We used to sleep in the same place. Some men were next to us; the majority from eastern countries. We used to drink and they did too. Some people fall asleep when they're drunk and nothing else. But others start fighting or they hit the first person they meet… you feel lucky if you wake up whole and still have your belongings" (Discussion group 4).

Another fact revealed in the discussion groups is the great discomfort suffered by women in a street situation when it comes to hygiene needs, especially those regarding to the period.

Access to assistance services and residential facilities

For those women who find themselves in a situation of housing exclusion, the various forms   of insecurity seem to be related to accepting quicker than men access to a shelter or another residential option . Having suffered or not a homeless situation, the fear and awareness of the tough consequences of sleeping rough for them -as well as a more accurate perception of their health in comparison to men (Uribe and Alonso; 2009)- make them more predisposed to look for support, regardless of the adequacy

of the care services towards their personal situation.

"Fear drives you to try to find anywhere to sleep. And you accept the shelter because you're scared" (Discussion group 4).

In the same way there are men who, after spending time on the street, accept entering a shelter when they feel vulnerable due to an unexpected illness, there are women who also express that they have needed the attention circuit when they became aware of different vulnerabilities, either health problems or bad experiences:

"I used to live on the street and I used to drink. I'm an alcoholic. I've had my meniscus broken and I'm waiting for surgery. My liver is also affected. My phone was stolen, along with my money, which I borrowed from my friends" (Discussion group 4).

We know it's easier for a woman in a homeless situation to look for support in a care service instead of staying on the street, but mainstream services are not efficient in coping with their needs. In the homeless shelters with no entrance requirements, the number of places for women is appreciably lower than for men. Women explained how, due to a lack of specific places for women, some of them had to spend days on the street waiting to enter. *"I had been sleeping around fifteen days on the street until I found a place in a shelter. But I used to go every day at eight in the morning to ask if there was a place, and then they say yes, there are one or two places, and then I go back in the afternoon and I sit down there, waiting for them to open and then I enter and then they say there are no places because other people have come from other institutions, and there's no room. And that's how I spent fifteen days"* (D.L. Aged 67, interview made on June the 15th 2015). Even though men experience

the same, the women participants in the groups discussed the benefit of guaranteeing a place to any woman requiring it, due to the factors of risk and violence stated before.

This higher predisposition of women to look for professional support or organizations can often slow down the process which leads to severe situations of exclusion caused by street situations. But the feeling of social failure and the lack of confidence towards institutions strongly marks the women who end up on the street:

"I was without money for a month and had to wait till the 25th to receive the pension. I spent nearly all the month on the street. I saw a social worker. They only know how to say: go there to get some clothes, go there to get some food…" (Discussion group 4).

In one of the discussion groups the influence of social workers on the life conditions of the people attended was talked about, due to an extreme situation suffered by one of the group participants.

"Thanks to my friend that called a friend of hers who is a lawyer I've been able to sort out many things. If it had depended on the social worker, I might not have my Income Support pension, for example" (Discussion group 5).

"There are social workers who understand you and they put themselves in our place even though they haven't slept on the street, but there are others who, despite being employed (it's their job!) don't understand you; don't help you. I would like them to live on the street for one day, then we'd see what they have to tell us!" (Discussion group 5).

The group discussed the lack of control mechanisms with regard to social workers, as well as mechanisms for people to be able to submit a claim or file a complaint. The perception that the social worker has the

power to decide which services a person will get and the hierarchy relationship established can be one of the breakdown causes with institutions.

"Not only haven't we got information. I don't know what the social worker's here for. The shelter is the only place where you feel protected. They lack many things you would need. The work stinks… you work for a month and then back to the street. I have the right to an Income Support pension, but I lack one paper and there's no way to get it and nobody gives me an answer. Nobody helps me" (Discussion group 4).

The same as with men, moving from one centre to another, passing through stages on the street, becomes frustrating: *"CWhen you've been in the shelter for a while, many times you return to the street because you've been there the maximum time. It's a loop you cannot escape from and then you go from one place to the street; another place to the street. They literally kick you out onto the street again"* (Discussion group 5).

The relationship with Social and professional support

When they assessed the social support and attention they get, women's testimonies were similar to men's. In the case of homeless shelters, they consider the rules to be too strict, they report a lack of intimacy and they detect deficits in the psychosocial intervention and the capacity to construct mechanisms of transformation on the conditions that drove them to an exclusion situation.

"We stay too many hours outside. Timetables are very rigid. I've got no means to pay my phone calls. If I go to a job interview, I have to ask for a

paper for the shelter to prove I went and justify myself for missing the timetables" (Discussion group 4).

They criticize the few opportunities of participating, not only in the decisions, but in the daily routine of the centres: *"we can do many things. We can help to improve things here as well"* (Discussion group 4). And in this daily routine women stressed one point where there's a serious difference women and men - timetable limitations in accessing their cupboard and their belongings: *"Some days women need to access our stuff more often. When you are with your period, it's very uncomfortable not having access to your stuff from the morning 'till the night"* (Discussion group 4).

The awareness that homeless shelters don't cope with the needs of women is shared between the centres' users and the women interviewed or participants in the discussion groups who, although they don't live in the centre any more, have stayed there some time. The structure, regulation and temporality (traits discussed in the mixed discussion groups, as described in section 4 of this report) were criticized, even if, in the case of women, they especially valued the work of professionals in their effort to make the centres more human and the mutual support:

"Ok. This is not the perfect place to change your life… but the people who work here do the best they can" (Discussion group 4).

"When one of us arrives, we just need to look at her face and we know exactly how she is. If we see she's not well, we go and rescue her, and encourage her. It's very important to support each other" (Discussion group 4).

Less women but in worse conditions

As said before, the main hypothesis to explain why there are less women on the street and in care services focuses on the fact that women have a higher capacity of creating mutual support social networks and maintaining them in the case of housing exclusion. In this sense, women would have more options to cover their housing needs through their friends or family, and therefore would be more represented in the groups of inadequate housing. From the discussion groups it's inferred that the breakdown with this shelter provided by a close support network would be linked to a voluntary or non-voluntary distancing from the people of reference. Addictions, emotional and family conflicts, violence or financial problems are the trigger factors of these breakdowns.

Women, due to their patriarchal bond dedicated to caring and bringing material support to the social group, have more margin to stay longer in their residential cores regardless of their economical production than men. On the other hand, men's logic attends to the generation of profit, a reason that prompts them to leave, willing or not, the group they belong to to prevent being a burden. Women provide to the home the provision of tasks which don't produce a financial profit, but it leads them to be an active element in the coexistence core. Not only that: women, historically more exploited in the working context, adapt to the employment market demand that is predisposed to exploit them as women, creating in some cases a special niche of economic insecurity that situates them in limbo between social exclusion and severe poverty, worsened and deteriorated as time goes by, even if it doesn't necessarily mean a street situation.

These differences are well explained by two testimonies:

"It's my third day on the street. I used to live with my niece outside of Barcelona. While I've been I've been able to give some money monthly, I have stayed with her and her son, but they cut my Income Support. I don't want to be a parasite… I've left to look for a better life" (A. L. man aged 57, ethnographic interview made on July the 22nd 2015).

"A woman is always useful in a home. I won't stay at my cousin's house just sitting down on the sofa and watching TV. I go to pick her children up from school; I clean; I do some washing…" (Discussion group 3).

The loneliness and feeling of isolation can be caused by situations of violence against women. Escaping these realities forces women to change their district and social environment with the aim of avoiding contact with abusers, losing this way their close support network.

Loneliness is a constant factor in the most severe homeless situations, especially the street situations. If we acknowledge that stronger social and emotional networks are a protection factor for women, we must also acknowledge that women who face life on the street have experienced breakdowns with their social surroundings which are more profound than men's.

Leaving the street

Women's prospects of exiting housing exclusion are the same or slimmer than men's. Their work experiences have been very precarious and they are aware of the difficulties to overcome poverty with the jobs they can access. Other possible sources of income, like the Non-contributory State pension or Income Support don't offer a guarantee to accessing housing or ending poverty either.

"There's no way of feeling relaxed in a job. When they make you work until you're exhausted, when they pay you less than agreed… you can't complain. Where do you report it? How do you get in a mess with lawyers?" (Discussion group 4).

"Neither on the street or in a rented bedroom I feel I have a future. From the street to a room; from a room to the street and always the same…" (Discussion group 4).

"How can I live with a pension of 400 euros? I've got expenses… Yes. I could quit smoking… but I also have to pay a storage space to keep my things. Documents and my stuff… they might be rubbish, but it's my rubbish" (Discussion group 4).

A street situation experience leaves its mark on a person and it can become an obstacle to recovering self-confidence and self-esteem without a specific social and psychological plan:

"I'm very scared of the possibility of ending up on the street" (Discussion group 5).

"You never forget it. You can overcome it, but you don't forget it" (Discussion group 5).

"What do I want? To not be scared of returning to the street. I haven't got any property. I will have my property in heaven. I want a roof, a safe place" (Discussion group 5).

In this sense, in the different discussion groups women expressed more often than men the motivation of seeing their children again. The recovery of a certain life stability has the ultimate objective of rebuilding emotional ties:

"When I leave [name of the centre] in January, I will have to go and visit them [my daughters] because I don't want to break the bonds" (Discussion group 5).

"I want to recover my relationship with my daughter. I still keep my faith, but I have to be ready because I'm scared of being rejected. But I know I will have her again with me" (Discussion group 5).

"What I would most like is to look after myself, be healthy and be able to be with my children again" (Discussion group 5).

"I would like to have a home and be brave enough to contact my children again, but I don't feel ready yet" (Discussion group 5).

7. CONCLUSIONS

This report presents together the quantitative data series collected periodically by XAPSLL and the results of the qualitative research made throughout 2015. The objective is to contribute to the knowledge of housing exclusion processes in Barcelona and guide the revision of the action plan operated jointly by organizations and municipalities to design intervention and support policies aimed at homeless people.

It was in 2008 when data about rough sleepers and users of municipalities' and organizations' resources (Cabrera, 2009) was collected for the first time on the same night. This first experience was repeated in 2011, when the systematized and co-ordinated collection of data from all the XAPSLL resources was carried out one night a year. The effort of bringing together the number of people attended annually the night from the 11th to the 12th March and their basic social and demographic features provides us with five years of data series which we use to approximate the recent evolution of homelessness in Barcelona.

What do the figures say?

As seen in section 2, according to the methodology used we would confirm that the number of homeless people has maintained more or less stable in the last few years after a strong increase between 2008 and 2011. According to data series provided by XAPSLL and the detection activity of Barcelona City Council's SIS, we confirm that the number of people housed in accommodation resources has been rising year after year, whereas the number of people sleeping rough or in settlements reached a record high in 2013, followed by a slight decrease in the following two years.

It can be partly considered that the effort devoted to creating new housing places has had a positive effect in the contention of the housing exclusion processes and has slowed down the increase in the number of people sleeping on the street.

Nevertheless, for mainly methodological reasons, we cannot play down the extension of housing exclusion and homelessness in Barcelona: XAPSLL has obtained data series from those ETHOS categories for which the network provides social support and which are traditionally linked to the concept of a 'homeless person', a stigmatized and stigmatizing category that signifies only a part of the concept -more general- of a 'person in housing exclusion situation'. We have, thus, quantitative information about the people who use the places offered by organizations and municipalities under the epigraph of 'homeless person'. That is, according to the traditional way of defining homelessness, we know the offer of services which respond to this category, but not the demand attached to housing exclusion and the number of services that would respond to the effective provision of the right of housing.

In addition, we don't know anything about the ETHOS categories of housing exclusion which are not linked to the XAPSLL models of attention. The people in a situation of housing exclusion who are not seen in public spaces and who don't receive support from social service facilities addressed to what has been traditionally considered as homelessness are not counted.

We can't be sure if there has or hasn't been a rise in housing exclusion, for example, in industrial units, abandoned buildings or occupied housing; situations belonging to category number 11 ("living in temporary/non conventional structures") for which we've got incomplete data related to the settlements detection plan carried out by SIS. Nor are we certain of the reality of the ETHOS categories which are key to developing prevention strategies:

Category 5: Living in temporary settlements for immigrants or asylum seekers.
Category 6: Living in housing institutions or penal institutions with prospect of being released at a set time without shelter housing available.
Category 9: Living under threat of eviction.
Category 12: Living in unfit housing according to legislation.
Category 13: Living in overcrowded housing

If we take into account the daily experience of the social services or the protest movements for the right of housing, such as the Platform of people affected by mortgages, categories 9, 12 and 13 would increase remarkably and this rise wouldn't be registered in the official statistics -even less so in the organizations' statistics of attention or assistance services offering housing for the homeless people.

At the same time, the very diversification of the attention services addressed to people in situations of housing exclusion makes us ask ourselves if we are capturing properly the volume of action plans from the XAPSLL organizations in their fight against homelessness. Years of work in this field and the analysis of the social situation have forged new intervention strategies more focused on preventing the most severe side of homelessness as opposed to attending the people in a street situation. In section 2, these strategy changes were illustrated pointing out the OIKOS program from Cáritas, which housed 790 people thorough 2015 in family units who otherwise would be housed in centres traditionally addressed to homeless people or they would belong to the undetected homelessness in situations for which we lack sources of information.

If until now, including the new models of housing attention in the annual systematical XAPSLL count has been ruled out in order to avoid distorting the statistical series, the need to have accurate knowledge about the

real evolution of the phenomenon suggest the need to review the methodology and to include them. Without any doubt, the total count of 'homeless people' in the city will rise slightly due to the increase in the offer of places, but this knowledge serves to evaluate the magnitude of housing exclusion and to break with the obsolete division between the attention policies for the homeless people and the first attention and organizations' social services action plans that prevent many families from losing their housing and prevent many people from facing the most severe side of housing exclusion.

Faced with the difficulties of gaining knowledge about the hidden categories of housing exclusion, the only available indicator to gauge the demand is the quantification of people sleeping on the street. The homelessness experienced in public spaces is visible and easily quantifiable. Here, several discrepancies emerge between the two available sources. The SIS-Detection teams (Barcelona City Council's Social Insertion Service) have been registering stability in the figures in the last few years and a certain downward trend from the 2013 record high. The SIS professionals count those people identified as rough sleepers on an ongoing basis and who have been contacted at some point. But people who experience a brief street situation or who change daily the place where they sleep are not easily considered by these statistics. On the other hand, when one-off night counts have been made, all the people sleeping rough during that night in the city are considered. The three counts have registered a higher number than the City Council and they indicate a growing trend of rough sleepers in the city.

The best way to make the methodology more coherent and to register the number of people on the street and sleeping in accommodation centres without duplications would be a co-ordinated and systematized counting of people housed in accommodation services and a comprehensive one-off count on the same night. That way, data series would be constructed using stable methodology and the information handled by the street detection teams from the City Council could be triangulated.

In any case, and without a doubt, there's still a lot to be done with regard to the quantitative knowledge of homelessness in the city, but with the current available data, it's fair to say that Barcelona is the city of Spain with the most solid data on the extent of homelessness among the population.

From the quantitative data series, then, we can conclude that:

1. There's a **progressive rise of resources and housing places** to tackle housing exclusion;
2. **The XAPSLL is broadening its attention models** to adapt to the large diversity of individual paths which lead to housing exclusion;
3. **Organizations and municipalities focus on the quality** in the broadening of services, prioritizing small centres and insertion flats;
4. **Data series construction has to be reviewed** to register the number of people attended and housed in resources which traditionally haven't been considered as homeless centres, but which are effectively attending people in situations described in the ETHOS categories;
5. **More information about the people in a street situation is needed**. Not only how many people sleep on the street, but also their characteristics and needs. It would be recommendable to build this knowledge based on the data provided by the SIS street teams' activity, but also on a one-off night periodical count/survey made on the same night as the XAPSLL organizations systematically register their attention activity;
6. The hidden housing insecurity decisively affects the Network action plans. **More insight on the most hidden situations is needed: squats and inadequate housing.**

7. Alliances with municipalities and organizations must be explored in order to produce **data on leaving institutional care processes (discharges from institutions such as hospitals or prisons).**

Homelessness voices: what do people say to us?

Three key points are pointed out by the qualitative research process. They can seem obvious to the people who work daily with the victims of social and housing exclusion, but they need to be explicitly stated and repeated until the stereotypes attached to roofless and homeless people are broken. The first is that homelessness is not a social pathology; it's a problem of housing access. The second, that nobody sleeps on the street out of choice. The third, that homeless people don't need a roof to rebuild their life, but a home.

The street situation, extremely harsh, seriously damages mental and physical health. The conditions of living in a public or semi-public space affect dignity and human rights and unmistakably prove what the data also shows: that people in homeless situations don't want to be on the street. If there's a significant amount of homeless people in street situations on a long time basis it's due, in the vast majority of cases, to the fact that the range of social services doesn't adapt to the needs, fears and problems of these people.

Homeless shelters are homeless facilities that, given their nature, can be hard: by definition, giving attention to many homeless people who don't have a defined project yet about how to face their situation and who experience an infinite diversity of problems, is difficult to balance. There are several aspects to improve such as the siting, the rules or the participation options in decision-making, that could generate more favorable conditions for the people attended.

According to the testimonies collected in the research, it seems that homeless shelters serve their function as an entry point in the moment when homeless people need a first contact, even though one of the entrance barriers is the waiting lists, that can trigger a rupture with the social care system. Nevertheless, it's also seems to be demonstrated that due to their very nature, they leave outside the circuit a significant percentage of people in a street situation.

This leads us nicely to the discussion about the need of such centres. Beyond the open debate between those homeless people who said that you cannot enter a home straight from the street and those who think they can with a specific method and way of accompaniment, everybody agrees that the centres could have an accompaniment function in the process of the person and as a support in the socialization. However, a revision of the model must be done, to adapt the services better to the diversity of situations that lead to homelessness.

The design of a model based on the staircase model -in which people are expected to leave the street to go to a homeless shelter and from there to a mid-term accommodation centre and from there to an insertion flat to recover an autonomous life- should be revised.

While data about pathways of people in the attention circuit is not available, the stories told by the people interviewed and the participants in the discussion groups confirm that the reality of the processes of people attended has little to do with the goals targeted by the staircase model. The stagnation during years of some of the people in homeless shelters, moving from one homeless centre to another, sleeping rough for some time, the great diversity of exclusion paths and types of entrance into the assistance circuits, or the big difficulties in maintaining housing after leaving a centre or an insertion flat are only three of the realities that break the idealistic model of

staircase transition.

With the current attention model and assessing the testimonies of users and professionals, two factors are critical in terms of the probability of success or failure in the accompaniment of the people attended: **temporality** and **rules**.

In the homeless shelters and medium-term centres, it's clear that the model has a time limit that doesn't coincide with the majority of personal processes, for all that a person works hard to reach marked objectives. This fact is the cause of a great number of failures and sometimes the refusal to continue in the social welfare system. The revolving door effect from one centre to another pushes people towards negative processes that, with time, are difficult to halt. The accumulation of short and consecutive stays in different services turns into a long relation with the attention network, full of personal failures. Emphasizing this message, the residents in insertion flats feel that the longer stays allowed in these type of centres result in less stressful experiences as they don't have to fight against the clock.

Rules are also a critical factor that would influence against the possibilities of success. Apparently, the less willing or prepared a person seems to abide by the rules is when these rules are, and are perceived to be, stricter. The scale is progressive but inverse: the homeless shelters seem to be the centres with the strictest rules for people in a particularly difficult situation; in the medium-term centres, rules are not perceived to be so tough and in the insertion flats they are seen as an interruption on their autonomy and freedom which has to be tolerated in order to promote a good relationship with flatmates. Nevertheless, in all the different accommodation types and services, rules are a risk factor of expulsion and, therefore, of temporary abandonment of their process and the social accompaniment. In relation to the rules, discussion was generated at all levels (homeless shelters, medium-term accommodation centres, insertion flats). Almost everyone, professionals included, manifested the need -experienced by homeless people- to participate in the designing of the rules.

In all the discussion groups, participation was demanded. It's certain, although obvious, that "participation" isn't an antonym of "rules"; that is, a rupture or dismantling of any regulated context is not sought, rather a prominent role in those areas where it's appropriate. Participation is an area where homeless people and professionals see the need and it presents only the obstacle of finding the way of addressing it, to find the adequate mental scheme with the aim of kickstarting it and, following European experiences and suggestions, launch the incorporation of this element as a significant improvement.

Overcoming a homeless situation, for the majority of the people attended by the network, means tackling the problems which go beyond labor or economical aspects or the covering of basic needs. This way, manifested through the discussion groups, homeless people have reminded us that success occurs when the work has been done in two areas: on one side, income, housing and meeting the basic needs and, on the other side, making enough services available to solve the complex problems and needs that lead or hold the person in this situation.

Both professionals and users of the different facilities express that there isn't a unique way of exiting homelessness, in the same way that a profile of a homeless person doesn't exist. The diversity of situations, starting points and expectations make a pragmatic approach based on the attending a great variety of problems and placing the person at the center of the attention necessary. For many people, a situation of low or medium intensity support which provides them stability will be more successful than

constant short-term stays in accommodation centres leading to great disruption in their lives.

To reach an autonomous life, the reality of the labour market, the precarious benefit system and the real estate market constitute almost impenetrable barriers for people who have endured the most severe situations of homelessness. The Network's resources can't cope with a reality that condemns people to a situation of chronic poverty. Even those cases considered as successful maintain a situation of high social vulnerability. An entrance into the labour market is usually to do precarious work. If the income is provided by benefits and pensions, personal autonomy will be difficult to reach. The dark scenario of the benefit system combines with the difficulties in accessing the real estate market, multiplying therefore the exclusion risk of people who have already experienced homelessness.

Although obvious, we can't ignore the fact that homeless people have defined the key to overcoming housing exclusion as the provision of housing and the capacity to maintain it. At the bottom of it, this is surely the great obstacle: in Barcelona, there is a wealth of experience of homeless people attention and there is a network that, working on the staircase transition model, is well provided and counts on qualified and highly-motivated experts. But their work is decisively limited because people attended can't access sufficient income and affordable and stable housing. It is hence fundamental to develop, once and for all, a provision of social housing for homeless people. Housing policies must be connected to the attention towards those who suffer the worst forms of homelessness, because homelessness is not a social pathology, but a housing access problem. The scarce provision of social housing in Barcelona -only 2% of the total housing stock, when it would be recommendable to reach 15%- is an important obstacle in the effort to reduce all homelessness forms. The lack of access to what little social housing exists for the people in a situation of serious social exclusion and the fact -as is common in all of Europe- that

people in homeless situations are at the back of the queue with respect to access to social housing, makes it very difficult to tackle and effectively end the situation.

Action plans and recommendations

We could resume the proposals taken from reflections based on the qualitative and quantitative analyses in the following points:

1. **The first problem to tackle is housing.** The *Housing First* programs can't be isolated experiences in a staircase model of attention. The trend has to be aimed towards a model of multiple entrances with diverse support typologies, targeting the provision of a space that can be really defined as a home. The homeless shelters system has to be reconsidered. If the first entrance to the attention system is a collective centre, it should be transitional and only for the time needed until access to housing is possible.
If the need for social accompaniment or community support suggests that the person enters a collective centre instead of an individual unit, the classical concept of institutional care has to be ruled out. It would be recommendable to tend towards accommodation centres that combine privacy and autonomy with common spaces. This privacy would provide the proper spaces to maintain or recover social and familiar relationships that form part of the needs of all people.

2. In many cases, temporality is a drama that becomes very costly in personal and emotional terms, but also in terms of the misuse of resources. The quality of life of the people who constantly go in and out of centres for years doesn't depend on economic resources, but on the organization of the attention program. **An expansion of the number of permanent places has to be considered.**

3. **The capacity of reaction to cover the needs of women who are trying to leave homelessness behind has to be reflected upon**, given the hight risk of harassment suffered by women in this situation. Related to the sexual harassment that women in severe social exclusion situations are prone to suffer, the monitoring and accompaniment mechanisms for women at risk or in homelessness situations caused by situations of sexist violence must be reviewed. The experience of this violence is not only a cause of homelessness, but can also be a serious obstacle to rebuilding a life project.

4. **Prioritize quality**. To break with the self-image that the people attended have of themselves and their situation, warm spaces which facilitate coexistence and a respectful atmosphere towards the space and the people must be guaranteed. The creation of friendly spaces shouldn't have to rely on the professionals' dedication and adequate structures need to be created so that people attended feel that stigmas can be broken and that professionals of organizations and municipalities can develop their task without performing an extra effort to persuade the people not to abandon their process. Efforts must be channeled too into offering comprehensive attention that includes psychosocial accompaniment. The emotional and mental consequences of the process experienced and the need to recover specific capacities to advance with the improvement of those themes which the people consider priority.

5. **Participation and involvement in group and individual decision spaces** facilitate the construction of a home and let people maintain their personal autonomy or recover it.

6. **Fostering self-regulated spaces of behavior and agreement over the rule** make the rules acknowledged and the spaces humanized. Rules determined by discussion and agreement build ties and prevent relapses. The process itself becomes therapeutic.

In 2010, the campaign "Imagine in 2015 nobody sleeping on the street" set a list of goals for 2015 which are still in force:
- nobody sleeping on the street;
- nobody sleeping in an emergency shelter for more time than that needed in an emergency;
- nobody living in temporary housing more time than needed;
- nobody discharged by an institution without housing options available;
- no young person to become homeless for having made the first step to an independent life.

The fact these objectives haven't been fulfilled doesn't mean we can forget them and this report aims to be useful when facing a new phase in the definition of knowledge and of intervention policies in the fight against homelessness in Barcelona.

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