

Building a comprehensive and participative strategy on homelessness

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Contextualisation

Concerning policies of prevention and assistance to people who find themselves in a homeless situation, Spain, like the rest of the European countries, confronts a scenario dealing with problems at a quantitative level, and moreover, from a qualitative point of view. Even though the number of people living in this situation is relevant, the real problem resides on the radical and serious exclusion which many homeless people and social assistance professionals must face – an accumulative, dynamic and complex multidimensional problem repercuting on cultural, socio-economical and personal matters, implying a deep break for the homeless person.

However, homelessness should not only concentrate on a question that exclusively concerns the homeless people, but it should also represent a practical question to the extension of our common project of coexistence – valid for everyone – and which is based on both personal and social welfare, the respect to universal and constitutional right-and-duty system, and the governing principles of democratic equality and equanimity. Some of the causes and effects derived from this series of problems have clear repercussions on the individual; however, to a large extent, these problems bring with them the consequences of a structural kind which transcend and are out of the rate of action of individuals. Thus, understanding, prevention and assistance to homeless people is a question incumbent not only to the affected people, but also – and very especially – to all social services agents: from volunteers and professionals who directly intervene in the process, to institutions – local, regional, national or international ones – and all those socio-economical factors implied and applied to.

Despite its late incorporation to the European social welfare models, Spain – after 40 years of dictatorship – has achieved a significant success concerning the matters of rights and social equality, which has positioned the Spanish society in a privileged situation with respect to Europe and worldwide. Nonetheless, as professor German Jaráz points out, just when we started solving old questions we came across new ones and made us rethink many of our previous ideas. It is this position we are placed at the moment when facing the problem of homelessness: a step forward in favour of a social and political recognition of a reality which has been practically ignored or minimised until very recently. For this reason, we come across a new problem – one which was not raised before or we did not want to see: Homelessness means a great paradox for countries which have actually scaled greater heights concerning welfare.

Concern for homelessness and initiatives for homeless people support have proliferated in Spain from the last ten years. First, with scattered and strong-willed initiatives – with an important assistentialist component added – and now, by dealing with the problem taking into consideration a purpose based on a more ambitious postulate related to the support and promotion of social inclusion and personal autonomy, as well as to the articulation of contingency plans.

Among this context and synergies, working for the “construction of an understanding and participative strategy of homelessness”, within the framework of the European Union, involves an essential complement and support in order to deal with the problem of homelessness, which is a common phenomenon shared in different European regions. Being so, it requires a local approach, based on proximity and complementary to initiatives of global character, achieved through coherence and coordination.

In this sense, the priority for Spain concerning the planning and strategies of prevention and assistance to homeless people, amounts to the articulation at a national level of Local Plans of Assistance to Homeless People, and/or the development of Specialised/Specific Services to this effect, apart from its articulation with the basic social services network. Considering this, it corresponds to the local council to articulate the extension and improvement in prevention and assistance to homeless people, always with the support, collaboration and coordination of Autonomous and National Administrations.

The role of Spain in relation to assistance and attention to homelessness

Acknowledgments

Knowledge about homelessness issues in Spain has experimented a considerable impulse in the last ten years, since the work developed by Professor Pedro Cabrera, who set the basis for later developments at the end of the 90's and made useful contributions in the following years. From an eminently quantitative approach, the INE (National Institute of Statistics) elaborates two surveys at a national level concerning the methods of assistance to homeless people in 2003 and 2007; and it expands these studies to a statistical approximation about the situation of homeless people in 2004. Even though the resulting information presents important deficits and that it requires redefinition on the basis of experience, it involves a relevant approximation which serves as a helpful reference when dealing with this subject.

Concerning geographical regional areas, we may consider those studies of quantitative and qualitative character carried out in Autonomous Communities such as Basque Country, Madrid and Andalusia, which helped to visualise the real dimension of the problem and supported revision and order of social intervention against homelessness.

Today, there is a greater concern to this respect and it has led to a great deal of research carried out in universities, by non-profit organisations –such as Cáritas or Fundación RAIS – and by local towns like Sevilla, Madrid, Santiago de Compostela and Zaragoza.

However, there is no correlation between this spread interest and amount of research, and an organised system of information and analysis, recognised and available to social services agents or other professionals who assist homeless people; on the contrary, the degree of influence and utility that prevails is limited to very reduced and diffused circles.

Considering the start-up and development of network information database which may consolidate the work of assistance and prevention of homelessness, there is hardly significant experience, valid to this extent, apart from some experiences found within the European

programmes with credit facilities – which are difficult to give continuity once the financial help ends.

Main framework and course of action

The European compromise with the situation of homeless people can be seen through the different policies, plans and actions undertaken by the civil service in our country.

Five different Plans have been elaborated within the framework of the European Strategy of Social Inclusion (Planes Nacionales de Acción para la Inclusión Social del Reino de España), based on consecutive agreements adopted on Lisboa, Niza, Barcelona and Copenhagen Peaks, and which have included homeless people among the individuals living under greater vulnerable conditions. Among the measures proposed in these Plans are those especially addressed to the homeless people community, which focus on their access to different options, individual rights and basic needs by means of the establishment of an integral assistance programmes.

Within the area that we are dealing with, the V Plan de Acción para la Inclusión del Reino de España 2008 – 2010 is explicit about the measures especially addressed to homeless people, when contemplating the following:

“Desarrollar programas de acogida y alojamiento de media y larga estancia en centros que desarrollen actividades de acompañamiento social que superen la asistencia básica de alojamiento y manutención y realicen acciones complementarias o lleven a cabo medidas de inserción social y laboral, a desarrollar con ONG.”

In this sense, different Autonomous Communities have developed plans against social exclusion and/or in favour of social inclusion, and other specific actions for the analysis, schedule and planning of strategies tackling the phenomenon of homelessness. A proof of this is the Plan de Exclusión Social de la Comunidad de Madrid 2002-2006, which is about to be renovated; groups of experts on the matter of homelessness carried out by Junta de Andalucía; also, the region of Murcia is in the middle of the process of elaboration of a Plan Regional para la Inclusión Social, which incorporates analysis and specific actions on homeless people.

Although the resulting consequences raised by these actions are very different from one geographical region to another, they are an excellent starting point from which to articulate integral plans of homeless people assistance which will be applicable in any national territory.

It is also important to consider the willingness of a significant number of towns which try to show the reality of homeless people in their local areas, as well as to include specific measures within the social policies. Cities like Sevilla, Vigo, Santiago de Compostela, Murcia, Alcobendas and Móstoles are already including specific social measures for homeless people within the strategies of social inclusion.

In short, the present socio-political context favours the development of specific resources addressed to people in a homeless situation, in order to deal the different policies and strategies of social prevention which are recommended and required. Moreover, when the social assistance network is broadly consolidated in our country due to General or Communitarian Social Services

and Specialised / Specific Social Services, as well as a supportive component included in a third sector.

It is in this context where homeless people assistance network can develop and strengthen, by offering basic and specialised assistance, shelter, and specific needs, given the articulation of public and private resources, from civil service and entities from the third sector.

Main goals and principles of prevention and assistance to homeless people

Prevention of the problem:

1. Preventive policies at a structural and socio-communitarian level (job policies, housing, etc.);
2. Specific resources for people under high-risk situation: start process;
3. Low demand;
4. Proactive devices;
5. Excessive regulations, requirements and profiles;
6. Assistance based on basic needs and damage reduction;
7. Assistance from the work on the streets.

Basic needs and sheltering:

1. Social emergency vacancies and preventive initiatives;
2. Approach based on "macrocentros";
3. Low demand;
4. Heterogeneity and kinds of sheltering (Ward flats, semi-ward flats, credit facilities for renting, promotion of public housing, etc.);
5. Integral perspective dealing with assistance and prevention;
6. Sheltering adapted to particular problems, such as reduced mobility, addictions, families, mental illness, etc.;
7. Company stores.

Network and co-operation:

1. Network based on daily treatment and current situations;
2. Establishment of criteria or a common or minimum model;
3. Formal procedures;
4. Generation and use of common informative bases;
5. Local or Autonomous Plans for the Assistance to Homeless People or more elaborated Local, Autonomous or National Plans for Social Inclusion;
6. Implementation and development of a common strategy at a European level;
7. Intensification and coordination of strategies between entities and civil service;
8. Intersectorial coordination and collaboration.

Incorporación sociolaboral:

1. Creation and development of specific procedures;
2. Potentiate a methodology and an approach of work on the basis on personalised itineraries;
3. Realisation and sustained labour itineraries;
4. Taking into account the possibility of non-insertion of people with serious deterioration.

Sanitary and social attendance:

1. Development of specific procedures of coordination and assistance among sanitary resources. (SAE, 061, Centros de Salud, Salud Mental, etc.) and social resources (Specific and Community);
2. Development of support to treatment devices, convalescence and monitoring;
3. Campaigns for damage reduction and preventive culture;
4. Realisation of blood analysis and vaccination;
5. Implementation of devices for the rest of the day;
6. Creation and development of specific protocols for the assistance of homeless people dealing with problems of mental illness.

Scientific analysis and basic research:

1. Realisation of periodical studies, coordinated by the whole assistance to homeless people network;
2. Actualisation of accessible and common informative bases;
3. Potentiate and introduce effective monitoring and evaluative strategies.

Campaign to raise public awareness:

1. Planning and development of permanent strategies for awareness and civil participation;
2. Detention and support to informal solidary webs;
3. Aims of social volunteering;
4. Particular activities to raise awareness;
5. Articulation of devices of solutions to local conflicts.

Make credit facilities effective:

1. Articulation of devices for legal advice;
2. Coordination and collaboration among penitentiary institutions;
3. Realisation of a charter of rights at a general level and for assistance resources.

Definition and characterization of homelessness

TRADITIONAL PROFILE OF A HP:	PROBLEMS OF TRADITIONAL PROFILE:	TRADITIONAL AND NEW PROFILES:
<p>a) Middle-aged man - 35 to 45 years-;</p> <p>b) single, separated, or without a "normalised" social circle;</p> <p>c) few incomings, no job, or some precarious one;</p> <p>d) with problems of alcohol and addictions;</p> <p>e) with problems of mental illness;</p> <p>f) with a bad or precarious health;</p> <p>g) with few and incomplete academic formation;</p> <p>h) with low formation and labour qualification;</p> <p>i) with conflictive or few social abilities;</p> <p>j) from middle and low social classes;</p> <p>k) usually from medium or large-sized cities;</p> <p>etc.</p>	<p>a) It concentrates on evident or visible HP, those who respond to stereotypes;</p> <p>b) It takes the part for the whole;</p> <p>c) It creates confusion and arbitrarily mixes causes and effects (for instance, "Is he a homeless person because he is an alcoholic, or he is alcoholic because of being a homeless person?");</p> <p>d) It takes no notice about the domino effect o snowballs (feedback among factors and causes);</p> <p>e) It may exert stigmatisation: normal-abnormal, successful-unsuccessful, people who lives in good conditions and those who do not, etc.;</p> <p>f) It creates homogeneity out of the mere evidence and simple measures (eugenics);</p> <p>g) It considers profiles from people who have being assisted before or are susceptible of becoming a homeless person due to the "real reality" (changeable, complex and multidimensional);</p> <p>h) It fixes situations and minimises the process of assistance;</p> <p>i) It standardises the different ways of living on the streets (time, degree of deterioration, etc.);</p> <p>j) It exerts too much interest on the problems, rather than on individuals, the negative factors (obstacles) over positive ones (potentialities);</p> <p>k) It focuses more on an individualist approach (neoliberal), rather than on environmental, structural or situational perspectives (homelessness is not an ontological condition, but a situation which some people go through, while other are trapped);</p> <p>l) Change is subject almost exclusively to a change of both personal and psychological and aptitudes;</p> <p>m) It considers the individual as an object, rather than as a subject (user, customer, addressee, patient, etc.);</p> <p>n) Too many stereotypes and definitions (drug addict, alcoholic, marginal, lazy, ill, unadapted, conflictive, indolent, etc.);</p>	<p>1) Age:</p> <p>A) Young Spanish people rarely find themselves in a homeless situation, even less if they are underage.</p> <p>B) "Youngarisation" of the risks and social exclusion: labour precariousness, deconstructed familiar environment, exposure to violence, academic failure, lack of perspectives, etc. Need of excessive qualification and requirements.</p> <p>C) "Old-age attendance" y "premature old-age".</p> <p>D) Impact of immigration of young people.</p> <p>2) Sex:</p> <p>A) Feminisation of poverty.</p> <p>B) Less number of women in a consolidated homeless situation.</p> <p>C) Exponential exclusion (difficulty in getting ahead: familiar charges, stigma of the woman from the streets, prostitution, gender-based violence, labour precariousness, economical dependence, new family models (monoparental families, independence, lack of understanding, etc.).</p> <p>D) Less number of vacancies for women and unadaptation to these.</p> <p>3) Job and economical resources:</p> <p>A) minimum rent.</p> <p>B) extremely low benefits.</p> <p>C) economical dependence.</p> <p>D) black economy and job standardisation.</p> <p>E) recycling processes and business waste collection.</p> <p>F) precarious and unsure job.</p> <p>G) non-qualified job , etc.</p>

TRADITIONAL PROFILE OF A HP:	PROBLEMS OF TRADITIONAL PROFILE:	TRADITIONAL AND NEW PROFILES:
	<p>o) Homelessness becomes very often a <i>totum revolutum</i>, in contrast to others where excess is simplified (for instance, the homeless);</p> <p>p) Too much oversimplification in relation to the concept of social inclusion and exclusion (in many cases proposals about inclusion have generated process of exclusion);</p> <p>q) Accusation of the individual;</p> <p>r) Confusion between permanent and temporary situations;</p> <p>s) It minimises and forgets prevention or possible factors,</p> <p>t) Confusion between social processes and formal project or programme.</p> <p>u) Etc.</p>	<p>4) Alcohol y addictions:</p> <ul style="list-style-type: none"> A) high incidence of alcohol and addictions; B) not to take the part for the whole; C) a factor associated to other problems; D) alcohol and addictions on the street as a way of evasion and socialisation; E) as an assigned behaviour; F) deficit in treatment and assistance considering the individual situation, G) obstacles when facing these profiles; H) Etc. <p>5) Physical health and mental health:</p> <ul style="list-style-type: none"> A) problems associated to other factors; B) infectious illness; C) lack of blood analysis and medical inspection (person and health system); D) typology of illness (infectious, gastric, injury, breathing problems, etc.); E) accumulation of illness; F) medical discharge and treatments; G) lack of informal supports; H) preventive culture; I) unattendance to mental illness; J) Etc. <p>6) Education:</p> <ul style="list-style-type: none"> A) incomplete academic education; B) superior academic level; C) difficulties to resume academic studies; D) Etc.

TRADITIONAL PROFILE OF A HP:	PROBLEMS OF TRADITIONAL PROFILE:	TRADITIONAL AND NEW PROFILES:
		<p>7) Formation:</p> <ul style="list-style-type: none"> A) low labour formation; B) professional formation in precarious jobs; C) difficult access to courses; D) Etc. <p>8) Culture of poverty: learning and adoption of habits and behavioural patterns under social exclusion.</p> <p>9) Cultural patterns: inflexibility, changes, etc.</p> <p>10) Accomodation and town planning: ethos typology.</p> <p>11) Immigration.</p> <ul style="list-style-type: none"> A) Immigrants who make frequent use of resources destined to homeless people. B) Immigrants who are on the street as a temporary phase within his/her migration project. C) Immigrants who live permanently on the streets like homeless people. D) Immigrants who live in settlements of poor uninhabitable places or improvised shanty dwellings. E) Young immigrants who live on the streets.