

**EMERGENCY SITUATIONS AND  
INTERVENTION DURING  
PERIODS OF CRISIS IN LARGE  
SPANISH CITIES**

**-FEANTSA ANNUAL REPORT-**

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## SOCIAL EMERGENCIES IN SPAIN

Before dealing with this issue, we should point out that the concept of “social emergency” is a confused term that is often thought to mean the same as other terms, such as social urgency. Moreover, organisations that work with the homeless take the term “social emergency” not only to mean an extraordinary and one-off situation, but also any situation in which an individual is living in or is at risk of social exclusion.

Cáritas, for example, considers the simple fact of being deprived of housing a serious social emergency. Therefore, the organisation believes that the care of homeless people should be permanent and constant, rather than intermittent and limited to specific moments in time, such as during extremely cold weather.

### **The Concept of Social Emergency**

Our starting point, the confusion over the concept of “social emergency”, explains why Madrid City Council, for example, breaks down the planned emergency economic aid that forms part of its social economic benefits for situations of special need and/or social emergency as:

1. Payment of basic housing needs.
2. Coverage of basic needs: food, medicine, spectacles, hearing aids, etc.
3. Temporary housing for the elderly.
4. Minor, essential repairs to regular housing following a report from the Technical Department of the Municipal Board.
5. Other exceptional expenditure deemed essential by social workers in order to prevent marginalisation.

These measures provide economic aid that is not circumscribed to situations with the restrictive meaning of “social emergency”, but rather the opposite: economic benefits designed to alleviate or prevent situations of social exclusion that are almost structural.

Moreover, Madrid City Council has a “Mobile Social Emergency Unit” that “intervenes in cases of social emergency, attending to individuals on the street who require social care in any situation. The service is essentially aimed at homeless people living on the street”. This service, therefore, is provided to offer continuous help to more vulnerable groups and individuals.

The 2004 statistical yearbook of Barcelona City Council defines the concepts of social urgency and emergency as follows:

1. Urgencies: temporary social care service provided 24 hours a day, 365 days a year to individuals in a situation of social urgency: missing persons, women subject to abuse, etc.
2. Emergencies: service that attends to individuals or families affected by incidents (fires, floods, etc.) The basic benefits paid out are for the transfer of affected persons, initial care, accommodation and maintenance in hotels, etc.

The Social Welfare Department of Barcelona City Council also states that “the care of persons in situations of social emergency” consists of “informing, guiding, and advising those with nowhere to eat or sleep or who need hygiene care”.

The working document “Services and Care Centres for the Homeless” (Donostia-San Sebastián, drawn up by the Centro de Documentación y Estudios – SIIS) defines social urgency services as

“those that operate 24 hours a day, 365 days a year, designed to deal with the housing and social needs of citizens, essentially when other means are closed or not in operation. In addition to providing information and emergency guidance to individuals requiring its services, the aim of these services is to co-ordinate and offer an initial response to social needs arising outside standard social services hours. In our case, social emergency services have become the foundations for the articulation of services provided to the homeless”.

Thus, Decree 155/2001 on the determination of social services duties in the Autonomous Community of the Basque Country states that “the urgent attention service is designed to deal with critical situations caused by a lack of housing” and “the purpose of this urgent attention service is to offer a temporary residential solution to affected individuals”.

Finally, the Department of Social Services of Santiago de Compostela City Council states that “social workers shall be responsible for assessing whether an individual is in a situation of social emergency, based on technical and objective criteria: social, domestic, and employment circumstances, illness and similar circumstances generating a lack of resources and preventing the individual from carrying out everyday tasks”.

It is important to note that Spain has no specific legislation dealing with cases of “climate emergency”. This year however, the Spanish Ministry of Employment and Social Affairs signed an agreement with the Federation of Municipalities, the Spanish Red Cross and Cáritas which, in the words of Amparo Valcarce, Secretary of State for Social Services, the Family and Disabilities, includes “social measures, improved co-ordination between the different institutions and the network of services”, to improve the care afforded to vulnerable groups during cold periods. The Secretary of State also guaranteed that “the services would receive the technical support of the Institute of Migration and Social Services (IMSERSO) and include a 24-hour helpline.”

This vision of the agreement contrasts with that of Cáritas, which claims that with this agreement the Ministry has limited itself to “encouraging Cáritas and the Red Cross to reinforce the services they regularly offer without any financial compensation in exchange, in order to assuage the increase in expenses”.

### **Intermittent Crisis Situations – Low Temperatures**

When the temperatures drop during winter months, many councils of cities in Spain increase their already scarce offer of beds to house the homeless. In addition, institutions sometimes launch “Cold Weather Campaigns”, which normally involve activating a wider series of resources.

The report of the SIIS highlights the main characteristics of these services:

- They are usually located on very diverse types of closed premises (classrooms, unused factories, train stations, fronton courts, sports halls, etc.).
- These premises are only open during certain months or on specific days of the year: sometimes throughout the winter; other times only on days when the weather services predict that temperatures will remain below a certain level. The rest of the nights of the year, these centres are usually closed.
- One of the basic characteristics of this type of centre is the few demands it makes of its users. However, the professionals who manage them take the opportunity to begin a process of derivation and motivation towards change and to provide basic hygiene,

food and healthcare services to users. The lack of demands do not prevent the centres from imposing certain requirements on occasion, such as prohibiting individuals from turning up drunk or intoxicated, the consumption of drugs, or the possibility of expulsion if found to be disturbing the peace, etc. The obligation to enter and leave the centre at specific times is another of the requirements conditioning access.

- They are generally initiatives adopted by public institutions (though management is sometimes delegated to private organisations) to avert the most dramatic consequences of homelessness.
- The centres are usually managed by educators or social workers who attend to the users. On occasion, they also have security staff responsible for maintaining order at the centre or site”.

## **1. BARCELONA**

The Catalan capital has a “Specific Municipal Emergency Plan for Snow and Ice” that offers protection to the homeless at a site with a capacity for 60 individuals between 20 December and 16 March.

These characteristics of this year’s plan were:

1. It has been carried out in collaboration with the Red Cross, which has provided some of its volunteers.
2. It has used five vehicles with six teams of five members each.
3. The teams have carried out the following tasks: detection of potential users – who were then informed of the shelter service – and transportation and accompaniment to the Mar de Bella sports hall of individuals who accepted shelter.
4. A site was adapted for use as a shelter, divided into three areas: shelter, bedroom and food. The space was equipped with five propane heaters and a shower with hot water
5. The service was divided into five areas of action, each covered by one team.
6. The project operated from 10pm until 2am the following day.

If, during execution of the “Specific Municipal Emergency Plan for Snow and Ice” a rapid drop in temperatures is forecast in the city, the City Council launches its “Emergency Cold Operation”. This basically means setting up another area for homeless individuals who, but for the cold, the City Council would allow to sleep on the streets.

The urgent action is aimed at individuals who require social care, including homeless persons sleeping on the streets, and who voluntarily accept the accommodation offered by the City Council’s social services.

This area, which is set up during periods of intense cold, offers the following services: shelter and sleeping facilities, shower and a change of clothing, food (lunch and evening meal), social care, surveillance and security. Last winter, the Mar Bella sports hall was set up with a capacity for 200 people, and opened on ten nights in January and five in February. A total of 401 people were attended to at the site and 1,400 stays were carried out.

The “Emergency Cold Operation” is an urgent project that is activated when the Winter Shelter Plan for the homeless is insufficient on the coldest days of the year. For example, in 2002, as the temperatures were not so low, the “Cold Operation” was not activated.

STATISTICAL INFORMATION ON THE WINTER SHELTER PLAN AND COLD OPERATION						
Winter Shelter for the Homeless	1999	2000	2001	2002	2003	2004
Users	866	1,391	547	516	566	
Stays	4,744	7,237	4,248	5,291	9,830	
<b>Cold Operation (Mar Bella sports hall)</b>	<b>2004-2005</b>					
Users	401					
Stays	1,400					
<i>This year, the Mar Bella sports hall opened on ten nights in January and five in February.</i>						

Source: Social Welfare Department of Barcelona City Council

## 2. MADRID

To deal with low temperatures, Madrid City Council organises its “Cold Campaign” as an extraordinary measure to help the homeless, which has thus far involved leaving the metro station of Atocha open to allow the homeless to take refuge there. However, the subhuman conditions of the station have meant that it was not opened this year. Instead, two halls in the “Casa de Campo” park area have been set up to provide a bed, breakfast and evening meal.

As in Barcelona, this campaign is exclusively launched to increase the number of places allocated to homeless shelter. That is, an emergency centre exists for the shelter of individuals living on the streets during the colder months and this service is reinforced by the Casa de Campo.

Some organisations believe that this measure has a hidden agenda:

1. There are already three residences in the Casa de Campo. Including the one set up this year, there are now four. This raises suspicions that the City Council’s aim is to remove the homeless from the centre of the city. For example, buses depart the centre of the Spanish capital to take the homeless to the Casa de Campo at night, but there is no service to take them back to the city in the morning.
2. The users have to sleep on the floor.
3. The halls are only open when temperatures drop to below 0° and there is a real risk of freezing.

Due to the low temperatures, this year the City Council also set up a provisional homeless shelter in the Carabanchel velodrome with a capacity for 120 individuals. This measure led to protests from neighbours who feared that the facility would become permanent. The velodrome was used to attend to 8,205 individuals (7,748 men and 457 women) on 84 days. The facility was removed on the 31st of March of this year.

<b>SOCIAL SERVICES. ATTENTION TO THE HOMELESS</b>					
<b>Number of people attended to and stays carried out during the Cold Campaign</b>					
<b>CENTRE</b>	<b>1998-99</b>	<b>1999-00</b>	<b>2000-01</b>	<b>2001-02</b>	<b>2002-03</b>
<b>Halls of the Casa de Campo</b>					
Total persons attended to	1,298	1,091	1,662	1,423	1,070
Women	180	210	244	277	232
Men	1,118	881	1,418	1,146	838
Stays	13,899	14,238	15,912	9,972 <sup>(1)</sup>	9,761
<b>Nationality</b>					
Spanish	589	481	486	457	350
European Union	101	73	90	53	32
Non-EC	608	537	1,086	913	688
<b>Metro station</b>					
Days	88	95	74	60	55
Total stays	8,415	8,224	4,545	3,675	4,846
Women	1,186	1,241	539	320	370
Men	7,229	6,983	4,006	3,355	4,476
<b>Don de María Centre</b>					
Stays	13,324	4,113	11,141	18,392	23,472

<sup>(1)</sup> There were fewer places in this campaign because the Puerta Abierta centre began operating as a low-demand centre. Source: Government Department of Citizens' Services and Occupation. Directorate-General of Social Services. Madrid City Council

According to statistical data of the Directorate-General of Social Services of Madrid City Council, the number of homeless attended to in the Casa de Campo varied from the maximum of 1,662 in the winter of 2000-2001 to the minimum of 1,070 in the winter of 2002-2003. The number of men was three times that of women, and the number of foreigners was greater than that of Spaniards.

### **The Samur Social**

On 28 June 2004, a service called the Samur Social was launched in Madrid. It was set up to consolidate a care service for social urgencies that could act with a global and integral vision in areas that the primary care services did not reach. Its immediate predecessor was the Telephone Information and Emergency Care Service (SITADE), launched by the Autonomous Community and City Council of Madrid in 1998. The services offered by the Samur Social include attending to 1,600 people who live on the streets in Madrid.

#### **Resources:**

- The team consists of 60 people.
- They have 6 vehicle units. Two operate 24 hours a day and four work twelve hours. These units are equipped with a social worker, social services assistant and driver.
- It has eight street teams, made up of a social worker and social services assistant who deal specifically with homeless people. They work from Monday to Friday, mornings and afternoons.

- It has a mobile office-van used only in extremely urgent situations.
- It has a specialist unit for specific actions.
- The budget is 7.3 million Euros up until 2007.
- The service also has an emergency telephone number, 112.
- The Samur Social manages a short-stay centre (stays of less than 24 hours) that can sleep up to 20 people.
- The Samur Social operates through calls received from the main office. In the case of the homeless, the service is launched when residents inform the Samur that they have seen somebody sleeping on the streets for a number of days.
- The service also uses existing social resources.

During the first six months of the service, 2,804 cases were dealt with, 52% of which concerned homeless people, 14.66% immigrants, 13% elderly people and the remaining 8.10% children and families.

The Cold Campaign also includes reinforcement of the services of the Samur Social.

### 3. BILBAO

Last winter, Bilbao City Council's Social Action Department set up the following measures for the homeless:

1. Level 1 winter housing service (50 beds). Mazarredo shelter.
2. Level 2 winter housing service (50 beds). Mazarredo shelter.
3. Housing in municipal boarding houses (based on need and availability of beds and budget).
4. Municipal shelter of Elejabarri.
5. Protocol for co-ordinated action with the municipal police force.

The Mazarredo shelter replaced the La Esperanza fronton court, which opened last year and was used by 400 people. The shelter opened on 23 December 2004 and closed on 30 April. Entry was from 9pm to 3am and departure was from 7am until 9am. The centre had fifty beds, heating, showers, toilets and cloakrooms.

The technical team that managed the centre consisted of two social educators, who took care of the reception and accompaniment of users, a social services assistant, two surveillance members, a cleaner and a person responsible for municipal action who co-ordinated the project.

As well as setting up the shelter, the City Council also increased the street team in order to pick up individuals who did not have a regular place to sleep.

<b>Mazarredo shelter</b>	<b>2004-2005</b>
Places	50
Users	428
Stays	1,400

Source: *Gara*

The profile of the homeless users of the Mazarredo shelter is one of a male immigrant aged 40 years mainly from the Maghreb or, to a lesser extent, the east. As the indices of occupation of

the Mazarredo shelter have been so high, Bilbao City Council is looking into the possibility of opening one to operate all year round.

Bilbao City Council is basing its action for the homeless on its “Proposal for Actions for the Homeless in the City of Bilbao”, drawn up by the Interdivisional Working Group for Situations of Serious Exclusion. This document is divided into three sections that contextualise the situation of the homeless, diagnose their situation in Bilbao, and draw up a proposal of action to deal with the problem.

## ORGANISATION OF COMPETENCES OF THE SOCIAL SERVICES IN SPAIN

Spain has a public social services system designed officially to cover the social needs of its citizens. It consists of benefits and services provided by the central government, the regional governments of its Autonomous Communities (ACs) and Local Corporations (City Councils). These three governmental levels respond to the organisation of the country into 17 Autonomous Communities, each with competence over its own social services.

However, before analysing the social services model, we should point out that Spain does not have a specific legislation for the homeless. This refers to both country-wide legislation and the Autonomous Communities. Therefore, the social services department of each town or city council is responsible for its specific attention to the homeless. Traditionally in Spain, the public administrations have delegated care of the homeless to non-profit organisations and NGOs, particularly religious organisations.

One particularly important event in recent years concerning the Government’s official recognition of the homeless took place in May 2004, when the *Instituto Nacional de Estadística* (Spanish Statistics Institute) published its first “Homeless Survey”.

### **Social Services in Spain**

The Spanish Constitution of 1978 defines Spain as a “social and democratic state of law” and establishes “a public social security system for all citizens, and sufficient social care and benefits to deal with situations of need”. The Carta Magna also refers to “the right to housing of all Spaniards”.

The ACs have approved Social Services Laws regulating the principles, action and benefits for the provision of social services across Spain. This means that Spain has no general social services legislation, but rather that it has seventeen autonomous laws that “refer generally to the obligation of caring for excluded groups and the homeless, without detailing or promising any specific type of service”, says Cáritas.

These generic benefits are carried out by the Municipal Social Services and are the Primary Level of Care and Insertion. The Local System Law of 1985 regulates the competences of municipalities, which include that of providing “social services for social reinsertion and promotion”. This legislation also sets forth that councils of towns or cities with over 20,000 inhabitants have the obligation to provide social services, although it does not specify which or who should be the beneficiaries of such services.

Primary care includes social urgency and emergency programmes, in addition to attention to sectors and groups with specific social problems (homeless, drug addicts, etc.). These services make up the Specialised Social Services, which are the second level of care.

To co-ordinate the three administrative levels (State, Autonomous Communities and City Councils), the Basic Provision of Social Services Plan was launched. This is an agreement between local governments for the mutual financing of a network of municipal social services to guarantee basic provisions, particularly for people with special needs. This plan is used to finance soup kitchens, hostels, shelters, supervised flats, etc. This plan is applied to an Autonomous Community if signed by the latter because it regards it as being beneficial.

In addition, at the request of the European Council, in the framework of the Lisbon strategy, the Spanish central government has launched two plans for social inclusion (2001–2002 and 2003–2005) to reach the series of EU objectives for the eradication of poverty. Although the first plan was drafted without the participation of local governments, the second defines regional actions as a key element of the strategy to eradicate poverty. Moreover, this second plan was designed to consolidate the local inclusion plans of the Autonomous Communities. Spain currently has thirteen Autonomous Community plans and its municipal plans affect 35.4% of the population of Spain.

## Summary

As regards social services, competences are distributed between the different Spanish government bodies as follows:

1. Central government: draws up State Inclusion Plans (generic measures that must be specified and materialised in the plans of the various ACs) and the Basic Provision of Social Services Plan.
2. Autonomous government: has exclusive competence over social services. Draws up Social Inclusion Plans. Not all Autonomous Communities have approved these. Moreover, the majority of these governments have social services laws that essentially establish generic provisions.
3. Local government (city councils): these put into practice the general social services established in autonomous legislation. Cities or groups of smaller villages with over 20,000 inhabitants must provide social services (non-specific) and civil protection.

## CHARACTERISTICS OF THE SERVICES PROVIDED

Spain's welfare network for its homeless is mainly private: 72.8% of its centres are private compared to 27.2% public centres, according to the INE report of its "Homeless survey" of May 2004. The same source indicates that 70% of private centres are owned by religious organisations.

For example, based on data from the Social Welfare Department of the Government of Catalonia, Barcelona has just three public "limited-stay residences" and two soup kitchens to take care of its homeless, a figure that amounts to 500 people according to the City Council, and up to 2,000, according to Càritas or Fundació Arrels.

<b>SOCIAL WELFARE CENTRES</b>	
For the general population. 2003	
<b>Limited-stay residences (1)</b>	
Centres	22
Public initiative	3
Social initiative	19
Places	471
Public initiative	104
Social initiative	367
<b>Soup kitchens</b>	
Centres	7
Public initiative	2
Social initiative	5
Capacity	889
Public initiative	302
Social initiative	587

(1) Includes two types: temporary residence service for marginalised adults and residential shelter service for urgent situations. Source: Social Welfare Department. Generalitat of Catalonia (regional government)

### **Private Ownership**

The most common situation in Spain is that governments provide partial funding to private centres and services that care for the homeless, or that they delegate the management of these services to private institutions. Nonetheless, the ideal formula has yet to be discovered that will combine a public guarantee of rights and the private management of services.

According to the INE report, the sole or main source of funding of 56.8% of centres is public, while private institutions finance 13%. Moreover, 10.8% are solely or mainly financed with own resources, 6.3% through private donations, and just 0.4% by companies. However, Cáritas points out that these subsidies are “annual and discretionary”, which means that “stable funding agreements for the centres are very rarely concluded”.

In November 2003, the offer of places for the homeless in Spain amounted to 12,139, of which 7,043 (58%) were privately owned and 5,096 (42%) public. Although the data from Cáritas do not concur with those of the INE, the former maintains that Spain currently has only approximately 30% of the places required to provide shelter to all of today’s homeless: 9,000 places for a homeless population of 30,000.

### **Limited Free Access**

Access to the services provided by these organisations is mainly free (62.2% INE report). That is to say, individuals do not need to go through another institution in order to receive attention. However, stays cannot normally exceed five days and access to the centre is limited to a strict timetable that many homeless people cannot adhere to.

According to Comunidad de San Egidio, which publishes a resources guide for the homeless in Barcelona, the services offered to the homeless are restrictive because, as well as the above limitations, many centres do not allow animals or packages, or a specific level of alcohol in the blood. Professor Pedro Cabrera also points out that these centres often bring together very different profiles and problems that make living together difficult and prevent them from introducing new types of homeless people.

Another limitation is the availability of places. When the demand is too high and the centres cannot attend to everybody, they give preference to women and the elderly, while men and young boys have to leave the centre after a short period of time (usually one week). Once a person has been admitted to the centre, they are subject to the internal regulations of the institution.

Significant differences in access to centres are detected between the different regions of Spain. For example, in Catalonia, only 49.1% of centres have free access. Moreover, it appears that the bigger the municipality, the freer the access. This is the specific case of Zaragoza, for example, whose centres are open to all without conditions or exclusions.

### **Welfare Services**

The majority of centres provide services designed to meet basic needs over a short period of time (food, housing, information and guidance on resources, and emergency financial help). For example, according to Cáritas, 40% of the centres offering shelter do so for periods of less than one week.

According to the INE, the types of service provided by the centres are mainly information and shelter (79.6%) and guidance (73.2%), which can be offered with few resources. These are followed by services such as shelter (73.9%) and meals (69.75%) and, to a lesser degree, clothing (43.8%). According to the INE, these data “enable us to confirm the ‘welfare’ character of Spain’s homeless care network”.

The staff who work at the centres totalled 12,757 around the above dates (INE, 2004), of whom 33.8% worked full time and 66.2% part time. Of this total, 28.9% were paid and the remainder were volunteers.

This information shows that, not only is the social emergency not covered because of insufficient funding, but there is a lack of continuous resources to guarantee social accompaniment based on the evolution of the personal processes of individuals. The organisations acknowledge that it is difficult to develop an itinerary to accompany the homeless from, for instance, temporary shelter until they obtain stable housing.

This is partly because local governments are too often motivated by image and aesthetic reasons, which gives rise to welfare intervention models that endanger social intervention aimed at the social integration of the homeless. The result is a “revolving door” effect, whereby users return to use the same services again and again without progressing in their process of autonomy.

In this context, it is hardly surprising that the services offered by organisations to the homeless rarely achieve their aim of taking the homeless out of the situation of social emergency and exclusion in which they live. According to Cáritas, just 2 or 3% of the homeless attended to manage to gain access to a normal job. If, on the other hand, the aim of the services is for the homeless person to feel loved and accepted and to participate in some way in his or her social environment, then the success rate is higher.

The resources required are:

1. Work on the street.
2. Shelter and guidance services.
3. Emergency shelter.
4. Coverage of basic needs (soup kitchen, personal hygiene).
5. Day centres.
6. Workshops (occupational, personal recovery, leisure, pre-training, general training, professional training).
7. Mid- and long-term housing.
8. Career guidance services (labour integration workshops).
9. Supervised flats (step to obtaining autonomy or permanency).
10. Low-demand centres (for people in very complex situations who simply want to reduce the damage).

According to Cáritas, of these services, Spain needs to pay special attention to its work on the street, day centres with workshops, stable housing (supervised flats or other types) and low-demand centres, although these are very discredited by the population and professionals themselves. Cáritas also affirms that the orientation of the services offered needs to be changed to promoting stable work and housing in detriment to urgent measures and those based on specific situations, since these services do not encourage the homeless person to break out of the situation of social exclusion in which he or she lives.

### **Insufficient Services**

The network of resources designed to care for the homeless in Spain is not sufficient to cover all emergency situations: few places, few professionals, little work on the streets, lack of co-ordination, differences in working methods, few low-demand day centres, etc. Therefore, on the coldest winter days, it is common to see situations of overcrowding, which are made worse by the increase in the number of homeless immigrants. However, this is not the only period of overcrowding: in 2003, the average occupation of shelter places was 80.3% (INE, 2004).

The reasons for this situation are varied, but can be fundamentally attributed to the lack of involvement of local governments in dealing with the problems of the homeless. Cáritas believes it necessary to draw up a specific national plan for the homeless to co-ordinate the diverse actions carried out in the Autonomous Communities and city councils.

For example, the situation of the homeless in Barcelona has worsened. The town council has closed the city's largest train station (Sants) and the 150-plus homeless people who slept there, especially in the winter, have had to find shelter elsewhere. Until recently, they did so in interior ATMs, but the banks have prohibited this by making access possible only with the use of a credit card.

Therefore, not only are social emergencies not covered, but there is a lack of continuous resources to guarantee social accompaniment based on the evolution of individual personal processes.

### **Lack of Co-ordination**

As pointed out by Pedro Cabrera (National Report on Spain 2003 for the Homeless Observatory –Revised Investigation and Statistics) and Manuel Montañés (Organización FILOS, Zaragoza),

there is a lack of co-ordination between the private organisations that care for the homeless and public centres.

Cabrera states that, in the case of Madrid, “centres have very few links with each other and the social services, and with the centres and teams on the street. Moreover, the existing centres have a poor relationship with other protection systems, such as housing, healthcare, employment, politics, safety, etc.”

Montañés also acknowledges the poor co-ordination but emphasises the fact that Zaragoza has, for over ten years, had a “Co-ordinator of Centres and Services for the Homeless and Municipal Shelter”, which meets once a month. The meetings are used to discuss methods, technical aspects and training, etc. The Co-ordinator is currently drawing up a proposal for “global computerised co-ordination”.

A similar experience to that of Zaragoza is the FACIAM (Federation of Associations of Centres for the Integration and Help of Marginalised Individuals) network, which consists of eight institutions that provide help to the homeless: six in Madrid and two in Asturias. Nonetheless, Cabrera points out that “co-ordination between centres beyond local boundaries is still the greatest challenge for dealing with the homeless in Spain”.

Cabrera goes as far as to say that there is not even stable co-ordination between the different parish and local Cáritas organisations across Spain – which form part of the Cáritas confederation. According to Cabrera, “not even the Spanish Cáritas can say what the activity of the homeless is”.

Despite this negative panorama, a rather interesting co-ordination experience has been launched by Valencia City Council between public and private organisations. It is called CAST (Centre for the Social Care of the Homeless). This aid programme is aimed at homeless people and has been designed to integrate them into society using an integral model of care and by relating to the causes explaining why certain people end up in situations of social exclusion.

The CAST programme aims to generate interinstitutional co-ordination between the private associations in this field. That is to say, the aim is to co-ordinate the CAST and the private organisations working with the homeless and to build relationships between different governments, as this could solve very different problems and affect all stages of intervention.

The City Council of Valencia has signed agreements with seven organisations in the city, which has brought to the programme 295 beds, soup kitchen places, social services technicians, employment workshops, alcoholism therapy groups, social treatment, supervised housing, etc. CAST is therefore becoming the sole means of allocating housing resources to the homeless and hence constitutes the first level of attention.

Moreover, the City Council of Madrid recently created a working group with the participation of diverse homeless care units, in order to set up a network-based service to optimise user care and allow greater monitoring of personal processes.

### **Collection of Data and Evaluation of Services**

If it is already difficult to collect reliable data on the homeless, there is the added difficulty that organisations do not use the same method and that some employees have a negative opinion of themselves. Moreover, the majority of organisations do not have an evaluation system for the programmes that they conduct.

Some, however, do. For example, Hermandad del Refugio in Zaragoza generates a computerised identity file for each user and the number and data of those entering the shelter each day are sent by fax to the central offices of the Non-Residents Co-ordinator, at the head offices of Cáritas in Zaragoza, which is the organisation that runs the co-ordinator's office. Hermandad also publishes a monthly statistical summary and an annual report.

## DEFINITION OF HOMELESS

As Professor Pedro Cabrera indicates, there is no single definition of a homeless person unanimously accepted in Spain. Among other reasons, Cabrera maintains that there is a lack of awareness of the link between the problems of the homeless and housing. Even nowadays, it is regarded as a problem exclusively for the social services and not housing departments. Moreover, the administrative decentralisation of the country has not been accompanied by co-ordination to set uniform parameters for identification, prevention and action concerning the homeless phenomenon. This same deficiency is evident among associations working with the homeless. Work has not been undertaken to set up a co-ordinating body in order to define common working methodologies.

However, in May 2004, the INE published its "Homeless Survey", which was distributed among 619 Spanish organisations working with the homeless. One of the questions asked was whether they identified with the definition of the homeless that the Expert Group on Homeless Statistics was preparing and that EUROSTAT adopted in its report *The production of data on homelessness and housing deprivation in the European Union: survey and proposals* (2004).

The definition is: "A homeless person is someone who does not have access to accommodation which he can reasonably occupy, whether this accommodation is legally his own property or whether the property is rented; provided by institutions; provided by employers; or occupied rent-free under some contractual or other arrangement."

In consequence, he is obliged to sleep either:

1. Outdoors.
2. In buildings which do not meet the minimum conditions for human habitation (privacy, hygiene, space).
3. In emergency hostel accommodation provided by public sector or charitable organisations.
4. In longer-stay hostels provided by public sector or charitable organisations (non-emergency centres, shelters for abused women, deportation centres for asylum seekers or illegal immigrants).
5. In Bed & Breakfasts.
6. In other short-stay accommodation (less than one month).
7. In squats.

This definition of homelessness excludes all individuals housed in:

1. Hospitals, mental institutions, or retirement homes.
2. Prisons and reform schools.
3. Student residences and boarding schools.
4. Orphanages and adoption homes.
5. Barracks and military quarters.
6. Moored boats.
7. Itinerant homes (circuses).

8. Au-pairs, domestic servants, hotel staff living on the premises.
9. Tourists in hotels.
10. Subsidised housing (low income).

Cáritas outlines its definition as follows:

1. A homeless person is someone who usually sleeps in public places and sometimes in hostels or half-way houses. This is the group most seriously affected by weather emergencies and other adversities such as diseases, insecurity, etc.
2. A homeless person is someone who lives in “institutionalised” shelters and hence are protected from the above emergencies.

Of the 555 centres that answered this survey, 78.7% said that they agreed with this definition, 20% disagreed, and 1.3% did not answer. Of the 111 centres that did not accept this definition, the majority proposed this alternative:

“A homeless person is someone who cannot access or maintain adequate and permanent housing adapted to his/her personal situation, providing him/her with a stable living environment for economic, social or personal reasons that prevent him/her from carrying out an autonomous lifestyle”.

## PROFILE OF USERS OF THE SERVICE

Although the profile of the homeless is not exactly the same in the different cities around Spain, we can sketch a rough outline revealing a gradual change in the profile of those living on the street: the homeless are no longer exclusively men aged 40 years with alcohol problems. This profile has been extended to immigrants, women, and young people.

Fundación RAIS (Social and Labour Integration Support Network Foundation) of Madrid states that defining the profile of the homeless is not an easy task. The Foundation has outlined the characteristics of the homeless from a sample of 251 individuals who were monitored during 2004 by a street work programme.

The data from the RAIS study reveal that there is no homogenous profile for the homeless, but rather that this varies depending on the city and type of services provided by the organisation. However, as indicated below, the INE used the results of its survey to outline a standard profile of the homeless.

The study of Fundación RAIS reveals that homeless people are generally:

- Male (86.7%).
- Aged between 36 and 55 years (65%).
- Spanish (80.9%).
- Single.
- Living on the streets (only 9% live in hostels).
- They beg (44.7%, while 14.6% have no economic activity).
- They do not receive financial benefits (68%) or have access to social resources (61.5%).
- Have some form of mental health problem.
- The majority do not consume opiates.

Based on this information, Fundació RAIS makes a comparison between the traditional profile of a homeless person and the new profile:

TRADITIONAL "HOMELESS" PROFILE	NEW TYPES OF "HOMELESS"
Male, middle-aged or older.	Separated or divorced middle-aged men.
Single.	Young men with employment problems.
Alcoholic.	Young and middle-aged men with addictions, or ex-addicts.
Disadvantaged social background.	Young or middle-aged women who have been abused, or are separated or divorced.
Low educational level.	Young and middle-aged women with addictions, or ex-addicts.
	Higher educational and cultural level.
	Mentally-ill.
	Immigrants.
CHARACTERISTICS	CHARACTERISTICS
Chronically homeless.	Combine sleeping on the street with stays in hostels, guest houses, etc.
Normally sleep on the street.	Intermittent begging or "searching".
Habitual beg.	Connection-disconnection with resources network.
Severe poverty.	Considerable percentage receive reinsertion benefits.
Disconnection form resources network.	Mentally-ill with some form of monitoring.
Institutional rejection.	Addictions.
Neighbourhood support.	Immigrants.
Mental illness.	
Strong addictions.	
Lack of interest or expectations regarding help.	

Source: Fundació RAIS

According to the INE survey, the archetypal profile of a homeless person is an immigrant male resident in urban areas with alcohol problems or other addictions. This survey also states that abused women already account for 26.8% of homeless people around Spain.

In some cities, such as Madrid or Zaragoza, the percentage of homeless women is almost 20%, while the number of immigrants amounts to almost 30%, according to Pedro Cabrera's National Report for Spain 2003 for the European Observatory of Homelessness. These same parameters are repeated in Barcelona, where the Comunidad de San Egidio states that women make up 205 of the city's homeless population, of which 60% are immigrants. This information is supported by Barcelona City Council, which states that 62% of the 851 people attended to at the

Permanent Office for Attention and Urgent Action during the “Cold Campaign”, were immigrants.

Single people make up the bulk of the homeless population, although the number of divorcees and separated individuals is rising. Their educational level is low and over one third have serious health problems (drug abuse and mental dysfunction). The majority are unemployed and do not receive unemployment benefit or subsidies because they have never paid social security, although they are beneficiaries of welfare or non-contributive pensions. Although the majority are from urban areas, the number of homeless people from rural areas is increasing.

The common characteristics identifying the homeless are:

1. Inability to remain in one place.
2. Deficiencies of many kinds.
3. Marginalisation and solitude.
4. Broken personalities.
5. Dependence on institutions.
6. Inability to deal with their problems.

## CONCLUSIONS

In Spain, the concept of “social emergency” does not refer exclusively to an exceptional situation restricted to a given space in time, but rather it is conceived as a situation of structural social exclusion in which a person lives. This means that the concept of social emergency must contemplate the entire situation of the person throughout the year. While this is true, it is also the case that local governments typify certain weather situations as exceptional and adopt “special” measures to deal with the homeless.

These measures are limited to setting up new spaces in which the homeless can rest on the coldest days of the winter months. They are usually set up *ad hoc* and only operative on days when temperatures drop below a given level. These centres then close once the cold weather has passed.

The only reason for this “special” action by governments is that a country such as Spain, which defines itself as “a social and democratic state of law” cannot allow people to die of cold on the streets.

This speculation is backed up by the fact that the policy of attending to the homeless on the coldest days of the winter is the same year after year. They would not have it any other way. It is nothing more than the effect of a short-reaching, welfare strategy for the homeless that the government has delegated to private organisations and hence relieved itself of its obligation to guarantee basic rights to all of its citizens.

Therefore, in Spain’s big cities, the types of emergency services do not differ at all from those usually provided for the homeless. A service carried out by private and mainly religious organisations that offer essentially welfare resources.

If this is our starting point, it is logical that the characteristics of typical welfare centres for the homeless are as follows:

- Almost 80% of welfare of the homeless is in private hands.
- Half of the centres are funded by subsidies from the central government.
- Access to the majority of centres is free, but with significant restrictions.
- The services provided are mainly welfare-related (shelter, guidance, housing, food and clothing).
- There is a lack of co-ordination between centres.
- The services provided are insufficient.

In accordance with these characteristics, Spain does not have specific legislation dealing with the homeless problem, as it considers that the resources provided by social services are sufficient to deal with the challenges posed by the situation of people living on the streets. This approach has given rise to a failure to protect the homeless, who are given care to guarantee them exclusively the minimum standards of human dignity that any individual deserves. But it goes no further.

There are no prevention policies and the structural causes of a person being deprived of housing are not dealt with because, as Cabrera says, in Spain, “there is a lack of awareness of the direct link between the problems of the homeless and housing. Even nowadays, it is regarded as a problem exclusively for the social services and not for housing departments.