

STREET SUPPORT PROJECT

Spain

national report

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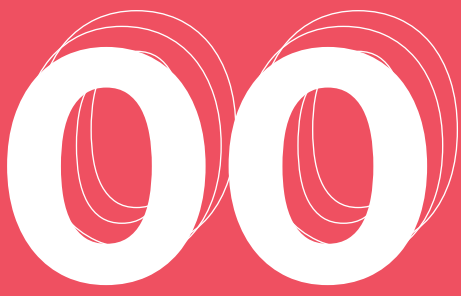
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executive summary

According to the diagnosis made by the National Homelessness Strategy 2015-2020 there are about 30.000 people experiencing homelessness in Spain, of whom between 40 to 50% live on the streets. The latest **2016 Living Conditions Survey** shows an **increase in the percentage of population living under the poverty risk threshold (the so-called poverty risk rate)**. **In 2017, 22.3% of the population living in Spain was in this condition, compared to the 22.1% registered in the previous year.**

The Spanish **policy approach to homelessness** is included in the Integrated National Strategy for Homeless People 2015-2020. It is the first measure ever approved in Spain which proposes the leadership of the non-profit sector and local administrations (through Social Services) to respond to the situation in the whole country. Furthermore, the government has proposed relieving solutions and taken numerous preventive measures such as the negotiation of mortgages and promotion of social rents. These, however, have proved non-efficient. On a local level, the town councils have recently started participatory processes in which citizens from all districts are represented, thus adapting the interventions to every district.

The main conflicts in the use of the public space in Spanish cities are those that involve marginalised groups that use drugs and have no place to go. The main threats for the citizenship are dirt, noise, and occupation of ATMs and other premises of public usage. On the other hand, people experiencing homelessness also suffer the so-called "hatred crimes" by the general population. Only between 10 and 20% of these crimes are registered (Hatento, 2017). Housing first strategies, in some municipalities, are helping to reduce the presence of people who have been on the street for a long time. They provide a home in which to live and use drugs in a more controlled way. These initiatives count on public funds.

In regard to **nuisance policies**, the so called *incivilities* in Spain are regulated today through administrative rules of a diverse nature and normative rank (from

national legislation on public order to local city ordinances on nuisances).

In Spain, **social services** are structured on three levels: the national, the regional and the local level. The collaboration of the non-profit social sector in the area of social services has been constant. The emergence of new social risks and emergency situations have increased the sector's actions in the fight against poverty and social exclusion and have led to their consolidation.

Housing provision in Spain is a responsibility of each city local government, although all citizens are protected under the general framework of the Spanish Constitution, which guarantees the right to adequate housing. The main problem nowadays in cities like Barcelona is the lack of housing available and the abusive price of housing which becomes discriminating for a progressively higher number of people.

Regarding **drug treatment**, harm reduction services are the ones that best adapt to the situation of people experiencing homelessness and using drugs and who present health, social and psychological deterioration and difficulties to access the public health network. Low threshold services provide support for people who develop a problematic drug use and live/stay on the streets. These services provide them with the minimum social conditions to reach broader objectives in the future

01

national situation

with regard to homelessness,
drug use & public nuisances

1.1. Description of Epidemiology

According to the National Homelessness Strategy 2015-2020 and the data from the Spanish National Institute of Statistics, in Spain there are no up-to-date and accurate data on how many people are experiencing homelessness. It is estimated, however, that there are approximately 30.000 people experiencing homelessness in the whole country, of whom between 40 to 50% would live on the streets.

The above mentioned studies made a **diagnosis** of the situation of people experiencing homelessness in Spain and highlighted the following points:

- The total number of people experiencing homelessness in Spain, as well as the number of people who spend the night in public spaces, is on the rise. The proportion of women experiencing homelessness has increased as well;
- There is an increment in the number of young people on the streets and people over the age of 45 without a home;
- Less European **citizens** are present among the number of foreigners experiencing homelessness, along with an increased presence of non-Europeans; Homelessness due to defaults, loss of housing and unemployment has raised, and also the number of families experiencing homelessness increased;
- Chronic diseases are on the rise in the population experiencing homelessness; and job search situations.
- There is a tendency to a greater use of flats and pensions instead of sleeping in Centres;
- The health conditions of people experiencing homelessness are poor;

- People experiencing homelessness and accessing services such as flats and pensions show a greater contact with social professionals than those who spend the night on the streets;
- The population experiencing homelessness is suffering more from aggressions and crimes, especially youth and women;
- On one hand, there are increased resources to care for the people experiencing homelessness, but on the other, there is a decrease in the percentage of people who can be assisted;
- Funding for municipalities with more than 50.000 inhabitants has improved.



Figure 1. Reasons why people experiencing homelessness end up without a home (%).

National Statistics Institute (INE, 2012).

	Persons ¹	%
TOTAL	22.938	100
Family situations before 18		
Lack of money	9.525	41,5
Long-time unemployment of some family member	5.368	23,4
Death of a family member	9.540	41,6
Parents' illness, incapacity or serious accident	5.408	23,6
Parents' divorce, abandonment of one of the parents	3.289	14,3
Serious fights and conflicts among parents	4.361	19
Problems of violence in the family	3.977	17,3
Alcoholism problems in the family or by the subject	4.784	20,9
The subject's father or mother were in prison	1.010	4,4
Serious conflicts among the subject and his/her family	4.142	16,1
Family's eviction	1.072	4,7
Frequent family's change of residence	2.933	12,8
Other	750	3,3

¹The sum of percentages is higher than 100 due to the fact that people are likely to have had several family situations

Figure 2. People experiencing homelessness by family situation before 18.

National Statistics Institute (INE, 2012).

SOCIO-ECONOMIC CONDITIONS

In terms of the places people use to sleep, the most frequently used accommodation option are **collective accommodations** (43.9%). Among these, the most common option are shelters (43.2%) or residences (0.5%). 20.8% of the surveyed population stayed overnight in flats or pensions provided by an NGO or other agency, and the remaining 35.3% has stayed outside any assistance network, either in public spaces (14.9%), makeshift accommodations (12.8%) or occupied flats (7.6%) (see Figure 3). By grouping those who sleep in public spaces or makeshift accommodations we see that **27.7% of people spend their nights on the street, or sleeping rough**. 89% of people experiencing homelessness spend the night in the same place.

According to the Survey on homeless care centres 2014 (National Institute of Statistics), the average daily number of **people housed in homeless care centres was 13.645** in 2014. 30.5% of the centres were publicly owned, although 79.2% were financed wholly or mainly by the public administration. A total of 619 centres offered accommodation in 2014, with an average capacity of 16.684 places in the entire accommodation network. Among these centres, the most frequently attended situation was migration (37.1%), followed by women victims of gender violence (18.1%), problematic use of drugs (17.1%), problematic use of alcohol (16.6%), mental or emotional distress (12.4%), release from prison (8.3%) and release from children who were admitted to youth centres but achieved adulthood (7.6%).

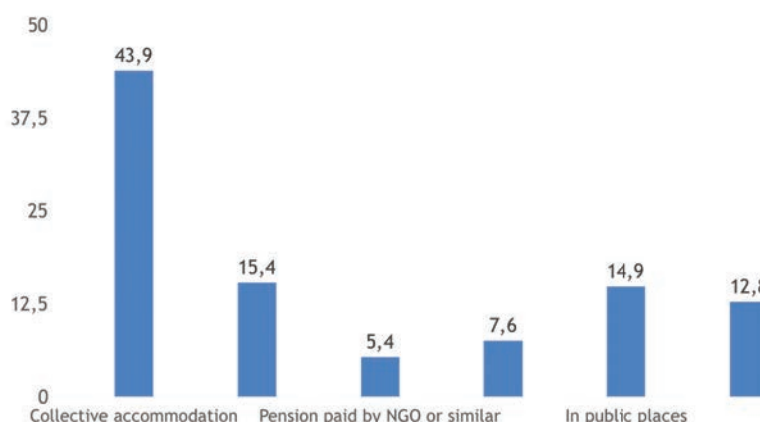


Figure 3. People experiencing homelessness and sleeping place. National Statistics Institute (INE, 2012).

Another service people count with are the community kitchens. On average these services distributed 18.998 breakfasts, 19.025 meals and 16.868 dinners in 2014. In total, 54.891 restaurant services were distributed, which represents an increase of 11.7% when compared to 2012.

Regarding income, 77.8% of the people experiencing homelessness stated that they did not have a job. This number excluded those retired or unable to

work, and included both those seeking and not seeking for a job.

The unemployment rate slightly varied according to age. While 73.7% of people experiencing homelessness aged 18-29 reported to be unemployed, 76.6% of those between 45 and 64 years and 85.6% of those between 30 and 34 years old reported the same.

Figure 4 shows where do people experiencing homelessness get income from. The main sources of income (32%) are public benefits, which include the minimum income for integration, unemployment benefits, contributory and non-contributory pensions and other types of public benefits. 9.5% reported that money was received from people on the streets, 8.3% from friends or acquaintances and 7.5% from NGOs.

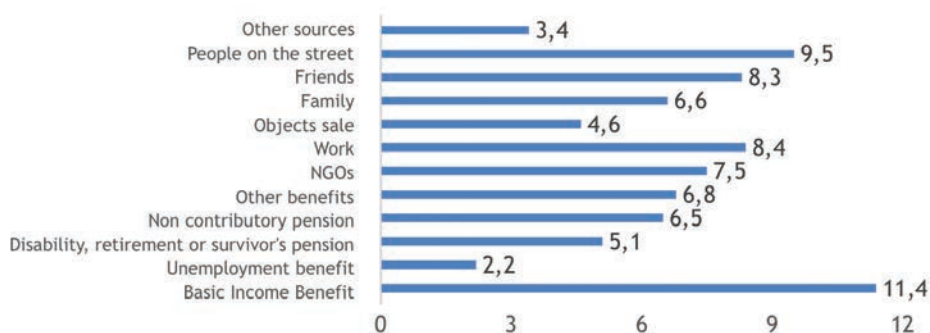


Figure 4: Income sources % (2012)

HEALTH OF PEOPLE EXPERIENCING HOMELESSNESS

According to the Spanish National Institute of Statistics, **80.2% of people experiencing homelessness have a health card**. This percentage is lower for migrants (67.3%) than for Spanish people (91,1%).

Some relevant figures on health are that 58.6% of people experiencing homelessness declare to have a good or very good health status, while 14.2% perceive it as bad or very bad. The perception of health status varies according to sex, with more men report having good or very good health status (60.7%) than women (49.7%).

It is interesting to note that 30.7% of the surveyed population reported having a chronic disease and among these, 16.6% had been diagnosed with a mental disorder. Also noteworthy, 15.2% of the population had some recognized disability.

It is important to remark the lack of information on mortality of people experiencing homelessness in Spain. It is well known from studies in different countries that people experiencing homelessness have a higher morbidity and

mortality. This fact has not been sufficiently investigated in Spain. When looking at data from hospital care, patients who experience homelessness are hospitalized and die at a younger age than those with no homelessness experience. The morbidity and mortality of this population reflects their vulnerable health condition (Tornero, 2016).

With regard to drug using habits, only 4.1% of people experiencing homelessness show a high or very high consumption of alcohol, while 86.4% indicate that they do not consume alcohol or do so moderately. This data seems to be biased due to the abstinence policy of most welfare resources for homelessness, a fact that causes people to minimize their reported consumption to be able to access places.

The average lifetime use of drugs is of 37.3%, but the proportion of women who consume drugs is lower (24, 5%) when compared to the men (40.5%). The National Institute of Statistics indicator offers little specificity for drug use, as it only records lifetime prevalence consumption. For more accuracy, it would be advisable to add indicators of annual and current consumption as well as to collect data also via harm reduction programs. As the latter offer a more tolerant context to drug consumption, the reported data on drug use might be more accurate.

ABOUT SOCIAL EXCLUSION

Another important indicator associated with exclusion or vulnerability of these individuals is the 51 % of cases in which the person has been victim to assaults and crimes (insults and threats in 65.4%, robberies in 61.8% and assaults in 40.8%). In relation to justice, 44.7% of the people have been arrested or denounced some time, with a fourth of the group as a whole sentenced by the courts.

According to the Survey on homeless care centres 2014 (National Institute of Statistics), the average daily number of **people housed in homeless care centres was 13.645** in 2014. 30.5% of the centres were publicly owned, although 79.2% were financed wholly or mainly by the public administration.

A total of 619 centres offered accommodation in 2014, with an average capacity of 16.684 places in the entire accommodation network that was occupied on average by 81.8% of people.

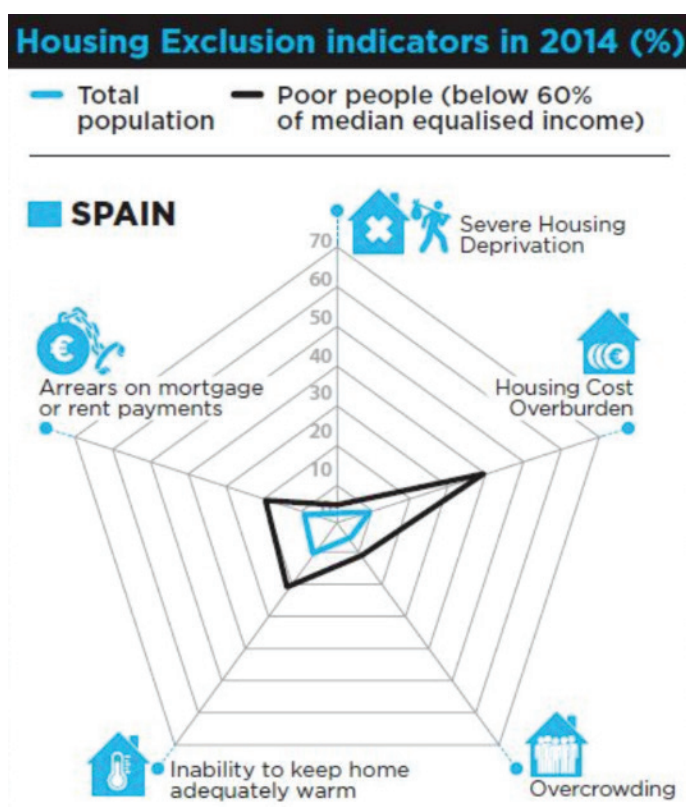
A 53% of the centres are adequate for a specific group or situation. This is an increase of 8.8 percentage points compared to the data for 2012. Among these centres, the most frequently attended situation was migration (37.1%), followed by women victims of gender violence (18.1%), addiction to drugs (17.1%), alcohol addiction (16.6%), mental disorder (12.4%), release 8.3%) and majority in children admitted to centres (7.6%).

As for the community kitchen services, on average 18.998 breakfasts were distributed, 19.025 meals and 16.868 dinners. In total, 54.891 restaurant services were distributed, which is 11.7% more than in the 2012 data.

ABOUT POVERTY

Population at risk of poverty increased in Spain, according to the latest **2016 Living Conditions Survey** distributed by the National Institute of Statistics.

This survey shows an **increase in the percentage of population living under the poverty risk threshold (the so-called poverty risk rate)**. In the last year it has affected **22.3% of the population living in Spain, compared to 22.1% registered in the previous year**. An increase of this rate for people over 65 should be pointed out. Also, the **rate of poverty risk for people under 16 was 28.9%, being 6.6 points higher than that of the total population**.



As observed in the graphic, **people in a poverty situation are in a 30% higher risk of housing cost overburden than general population**. As far as arrears on mortgage or rent payments and the inability to keep the home adequately warm, they have 10% more risk than the general population.

When the survey took place (Spring 2016), 15.3% of the Spanish households expressed great difficulty to make ends meet. This percentage was 1.6 points higher than the one registered in the previous year

1.2. Description of national policy approach and social support system

1.2.1. NATIONAL & LOCAL POLICIES

HOMELESSNESS POLICIES

ON A NATIONAL LEVEL

The Spanish **policy approach to homelessness** is reflected in the Integrated National Strategy for Homeless people 2015-2020, approved in 2015 by the Spanish Government. It is the first measure ever approved in Spain to **propose the leadership of the non-profit sector and local administrations** (through Social Services), to respond to this situation in the whole country.

In Spain, there had never been such a global and coordinated approach as far as homelessness policies are concerned. Over the years, the non-profit sector had been demanding to lead an integral treatment for the people experiencing homelessness, since homelessness policies have always been included within the framework of social services.

Furthermore, given the consequences of the financial recession on housing, the government has proposed numerous, although insufficient, relieving solutions and preventive measures. For example, they approved the **Code of Good Practices on urgent measures to protect mortgage debtors with no income**. With this Code, anyone in a situation of vulnerability and financial difficulties can negotiate their debt with the bank and extend the payments.

The Social Housing Fund is another measure planned by the Spanish government to grant evicted people access to a social rent adapted to their needs. Nonetheless, these potential strengths may not materialise in practice, both due to the lack of budget for implementation and (as stated by the Spanish Federation of Organisations Supporting People experiencing homelessness) the lack of additional budget for issues related to prevention, social innovation, research and ongoing evaluation (Rodríguez and Marbán, 2016). In spite of all the measures, there are situations of extreme need, social exclusion and severe poverty that still need to be addressed.

This new strategy, adopted as a result of consensus being reached between the different ministries as well as charitable organisations and the Autonomous Communities, includes innovative approaches to housing (with measures including Housing First) and is focused on individual and coordinated support for people experiencing homelessness.

However, these potential advances are not seeing the light of day in the absence of any dedicated budget for implementation or additional budgets for prevention activities, social innovation, research or continuous evaluation (FEANTSA, 2018). This is why it has been called by some experts a “Paper strategy”.

In March 2018, the Human Rights Committee from the United Nations has written a very unfavourable report about the violation of housing rights in Spain. The Committee is concerned that the austerity measures adopted by the State have made it more difficult to enjoy adequate housing, particularly by the most disadvantaged and marginalized people and groups.

In particular, the Committee is concerned about: the insufficient number of social housing; the growing lack of affordable housing, particularly within the private market due to excessive prices; and the lack of adequate protection of security of tenure. It is also concerned about the significant number of households that do not have adequate conditions and the high number of people experiencing homelessness (UN, 2018).

ON A LOCAL LEVEL

There are specific strategies run by some regional and municipal Spanish governments, and these can vary a lot from one territory to another. In this report, we mention the strategy carried out in the city of Barcelona as an example of best practice.

The municipal government of Barcelona offers support and help needed to access a home, or to avoid losing it, through the Housing Offices Network. There is one of such offices in each city district, and they count with personalized attention to the different problems in the area of **housing assessment services** and with mediation and support services for the **prevention of evictions**.

The local government has taken measures such as the **increase of the availability of social housing, building new homes** through the Municipal Housing Board, and incorporating empty housing from banks and the private market.

The **Plan for Housing Law 2016-2025** was approved by the Barcelona City Council in January 2017. The purpose of the Plan is to guarantee the social function of housing and to advance in the construction of a public housing service. The Plan highlights the major challenges. Some are linked to current problems, such as the **difficulty in dealing with renting or the need to increase the public availability of homes**, while others have to do with endemic problems, such as the difficulty for young people to find a flat or the replacement of local rents for tourist higher rents.

Unlike the previous plans, during the elaboration of the Housing Right Plan 2016-2025, citizen participation was taken into account. Meetings were organized to get first-hand insight on the problems detected by the different neighbourhoods. This is why the current plan includes a section with **specific actions for each of the ten districts of the city, which present very different living conditions**.

DRUG POLICIES

In Spain, criminal punishment includes illicit cultivation, processing, trafficking and possession of psychoactive substances, as well as activities that promote or facilitate their legal consumption.

Sanctions

Although **possession of drugs alone is not a crime** provided that the substances possessed are not destined for illegal traffic, the Law on the Protection of Public Security establishes serious administrative sanctions with fines ranging from 600 to 30.000 Euros for:

- The illicit consumption or possession of toxic drugs, narcotic drugs or psychotropic substances, even if they were not intended for traffic, in public places, as well as the abandonment of drug consumption instruments or other objects used for this purpose in these places. When the offenders in the matter of consumption or tenure are minors, the penalty of a fine may be suspended first, and then extinguished, if they submit voluntarily to an on-going treatment or rehabilitation, if necessary, or to re-education activities;
- The transfer of persons, with any type of vehicle, in order to facilitate access to toxic drugs, narcotic drugs or psychotropic substances, provided that it does not constitute a crime;
- The execution of acts of illicit planting and cultivation of toxic drugs, narcotic drugs or psychotropic substances in places visible to the public, when they are not constituting a criminal offense;
- The tolerance of illegal consumption or trafficking of toxic drugs, narcotic drugs or psychotropic substances in public premises or establishments or lack of diligence in order to prevent them by the owners, administrators or managers.

PUBLIC NUISANCES

In regard to **nuisance policies**, the so called *incivilities* in Spain are regulated today through administrative rules of a diverse nature and normative rank (from **national legislation on public order to local city ordinances on nuisances**).

Regarding **strategies on crime prevention in urban planning**, there is the need to carry out more situational prevention using CPTED (Crime Prevention Through Environmental Design) approaches. Apart from isolated **campaigns about security measures for all citizens** or regulated measures for some concrete sectors (banks, jewellerys, etc.), there is no intervention.

Nevertheless, current crime prevention requires a more proactive approach than a reactive one. This entails the need of creating a balanced approach

between legal prevention measures, social prevention measures, and situational prevention measures.

ON A NATIONAL LEVEL

Since the start of the 2011 protests the authorities engaged in the intensive use of “administrative sanctions” of various kinds, including fines, prohibitions and restriction orders. These are provided for in the laws on public order and local ordinances to prevent nuisance.

Because of the protesters of the 15M movement, the Law for Citizen Security Protection was passed in 2015, popularly given the name of *Gauge Law*. With this law, harsher sanctions were introduced along with new definitions for infractions, in a reform that ran into heavy criticism from key institutions such as the Council of State (Maroto, 2015).

The National administrative legislation on public order invested the police with broad executive powers to impose fines and to ban activities in public spaces related to political demonstrations, recreational drug use and prostitution.

ON A MUNICIPAL LEVEL

Although the Spanish law does not directly criminalize homelessness or begging in public places, municipal ordinances may criminalize homelessness, as it is the case in Madrid. Barcelona also operates an ordinance that forbids homelessness or other organized forms of begging and public nuisance.

Where the National Spanish *Law for Citizen Security Protection* ends, local ordinances enter the scene. They regulate an extremely broad range of incivilities, nuisances or merely annoying behaviour and are one of the legal basis for the administrative repression of political dissent in Spain (Maroto, 2015).

Their importance has exponentially grown over the last decade, especially since the legal recognition in 2003 of municipal powers to create infractions and to impose sanctions when they are not respected. The first so-called “ordinance of civility” to have a real impact on urban discipline was the Barcelona ordinance of 2005, repealed by the new city government elected in 2015.

The Barcelona ordinance was in fact the model followed by most middle-sized and large cities in the country. It regulated a wide set of matters affecting constitutional rights, some of them as controversial as the legality of prostitution-related activities (Maroto, 2015).

If we take Barcelona as an example, the new **local ordinance to guarantee civic coexistence in public places** considers a rank of faults which go from small to very serious, depending on the incivility act. For example, sleeping on benches is not permitted, nor at night or during the day. When the person committing the offense has a social exclusion related problem fines are not applied, but the social support services intervene.

Other examples are the use of alcoholic drinks, which is prohibited in public places when it may cause nuisance and when glass or cans are used outside bars and clubs. Other behaviours such as defecating, urinating and spitting, which have become a habitual activity in certain places and at certain times, are also punishable. The ordinance considers these actions a minor infraction, but when done in crowded spaces, in the presence of minors, or in monuments or protected buildings, this practice is considered a serious infraction.

Nuisance ordinances may include dumpster diving, public camping and being in public without fulfilling minimum hygiene standards.

1.2.2. SUPPORT SERVICES

[COMMUNAL] HOUSING

Housing provision in Spain is a shared responsibility between all levels of government, from national to local, although all citizens are protected under the general framework of the Spanish Constitution, which guarantees the right to adequate housing.

Local governments are overloaded. Although they try to tackle the housing problem, they cannot solve it for being unable to make decisions on the labour market, the housing market, or the immigration law. Local governments in major cities like Barcelona cannot set rent limits, for example, as other European cities like Berlin do. Such measures would depend on the Spanish national government.

However, the main problem nowadays in cities like Barcelona, is that there is no housing available. The price of housing is highly discriminating for a progressively higher number of people. On top of that, the impact of tourism in cities like Barcelona and the role of touristic rental (legal or illegal) should be taken into account when considering the housing problem; it makes rent prices go up for locals causing cost overburden, especially for those in a poverty risk situation.

Furthermore, immigrants are excluded from the labour and housing markets and from any other formal institution, as it is very difficult for them to get a work or residence permit.

DAY/NIGHT SHELTERS

Day and night shelters are often run by non-profit organisations through public funds. In some cases, centres of this kind are managed by private enterprises, such as in Madrid, Seville or Cordoba, although they are financed with public funds. In some rare cases, they are run by municipal governments directly. One of the objectives of the National Strategy for Homeless People 2015-2020 is to

have a flexible and diverse housing system to adapt to the needs and choices of people experiencing homelessness. This means including from single-homes or small groups and families to other residential centres of several sizes, shelters, and low-standard accommodation for those who are unable to stay in more standardized situations.

SOCIAL COUNSELLING

In Spain, social services are structured on three levels: the national, the regional and the local level.

In the 80s, regional governments assumed the competence in social services in matters of social counselling. Furthermore, the local organisations developed their own scope of social services according to the needs detected in their population. This caused a disparity of systems in each of the regional governments.

A minimum consensus was reached with the creation of the Concerted Plan for Basic Benefits of Social Services. This instrument of cooperation between the three territorial levels (which has been weakened since the economic crisis by a progressive decrease of financial contribution from the state), aims to ensure the financing and technical assistance of these services, safeguarding access to basic services for all citizens.

The local authorities develop their actions in the area of social services for municipalities of more than 20,000 inhabitants. These municipal services are a key element of the social services system, detecting and attending to the needs of its population under a community approach. This is done through preventive actions and attention to people with greater difficulties of inclusion and social participation, based on the principles of proximity and accessibility.

The collaboration of the non-profit social sector in the area of social services has been constant. The emergence of new social risks and emergency situations have increased and consolidated the sector's actions in the fight against poverty and social exclusion.

DRUG TREATMENT [OST, Control Strategies, Detox, Rehab]

According to the National Strategy on drugs 2009-2016, health and social care of people with drug related problems must adapt to the users' needs, being necessary to guarantee, attend, facilitate, coordinate and increase this social care, taking into account that every program exists to address the specific needs of every person.

The characteristics of health care for people who use drugs must contemplate, as basic principles, the individualization of the treatment, the support provided from the different health resources from the public health care network, the coordination of resources involved, as well as the possibility of presenting

diversified and flexible programs adapted to the reality of each user when establishing therapeutic plans. The context of support in which detoxification takes place is of major importance. It has been proven that there is a relation between health and social support actions in the natural setting of the person's environment and therapeutic success.

In Spain, the harm reduction services are the ones that best adapt to the vulnerable situation of people who experience homelessness, use drugs, and show a health, social and psychological deterioration, and difficulties to access the public health network. This type of low threshold services provide support for people with problematic drug use on the streets, and offers them the minimum social conditions to reach broader objectives in the future.

EMPOWERMENT, WORK, QUALIFICATION

Labour and social reinsertion for marginalised groups are carried out through empowerment, work and qualification actions. Activities of this kind are funded by the autonomic governments and implemented by social organisations. According to the First study of Homeless people in the city of Castelló, made in 2015, from all of the services provided, the ones considered most helpful in the long run (once the basic needs are covered) were those related to work integration and employment (see Figure 6).

However, providing job opportunities, especially to people experiencing homelessness, is very difficult if we bear in mind that the unemployment rate in the general Spanish population amounts to 16,4%. More social organisations would be needed to provide occupational activities.

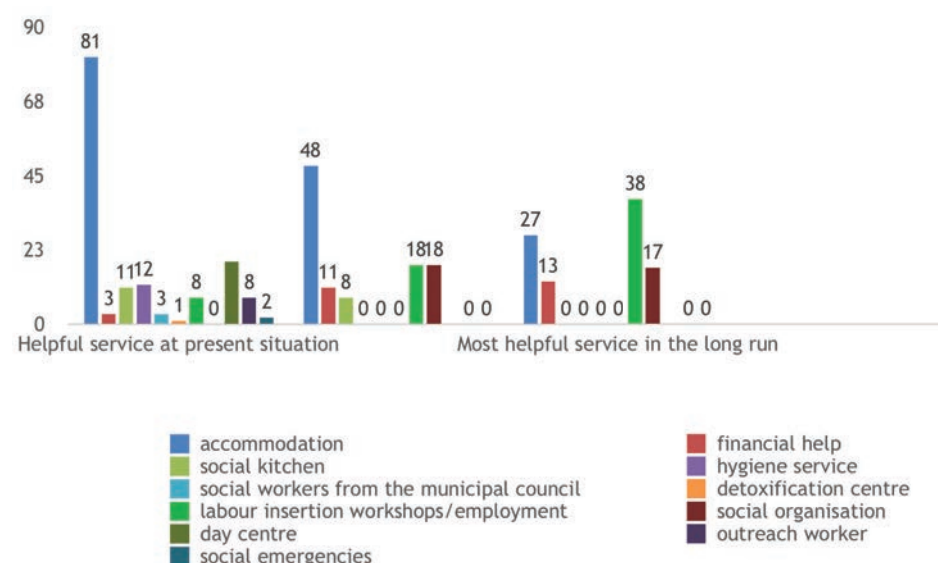


Figure 6: Helpful services in present and future situations (Castelló Homelessness Board, 2015)

Work integration is not a simple process of economic growth nor of training people to adapt to the labour market; there are structural and psychosocial elements related to it. Therefore, through these actions, what is intended is to work on someone's personal skills, qualification level and previous professional experiences, as well as **attitude changing and basic social skills**.

In the services provided, there is an individualised follow-up of users, helping to fight demotivation which is usual in people who have been unemployed for a long time. Access to the labour market helps increase self-esteem and can be considered as a favouring element to improve social integration.

The activities designed for the work integration for vulnerable groups can be carried out through workshops that, besides professional skills, provide empowerment enhancing activities and training of social skills.

1.2.3. REPRESSION & PENALTIES

PENITENTIARIES

In the Spanish prisons several programmes offer support for people who use drugs. These are run both by professionals who work there and different NGOs. These programmes are mainly focused on harm and risk reduction such as Methadone Maintenance or Needle Exchange Programmes. Health Education Programmes are also offered, amongst which play an important role the mediating and peer education programmes.

Since 1984, the Department of Justice of the regional autonomic government of Catalonia, through the General Direction of Penitentiary Services, has the competence of defining the orientation of the penal execution in Catalonia and of implementing proposals, plans and programmes for its execution. Catalonia is the only Spanish autonomic region that has these competences and therefore, coordinates and supervises the implementation of policies in this field.

The main principle regarding penitentiary health assistance is to grant that all the inmates have access to the same kind of support programmes than the general population. In order to fulfil this objective, support in prison is comprehensive. In other words, the actions are oriented as a priority towards health prevention and promotion, and foresee educational, assistance, duration, cure, and rehabilitation aspects.

People with problematic drug use having a dual diagnosis receive a reduced sentence because their drug use and mental illness act as exemptions.

1.2.2. INTERACTION / COMMUNICATION CHANNELS BETWEEN REGULATION, REPRESSION AND SUPPORT.

DRUG COUNSELLING SERVICES

The Government, through the National Plan on Drugs, acts as a coordinator of the institutions involved in delivering the drug strategy at central administrative, regional/autonomous community and local levels.

Spain counts on a plural and diverse set of drug counselling, support services and resources in every regional/autonomous community. These services can be both public or private, and if private, are financed by the Public Administrations and duly qualified.

Drug counselling services cooperate closely with numerous stakeholders. These services are financed by public institutions. They can be municipal services, religious organisations, private clinics and psychiatric hospitals. Drug counselling services can also be found in the criminal justice sector and in the probation services.

One of the interaction channels between the judicial system, the administration and the drug organisations is the use of money from drug seizures in illicit drug trafficking and related crimes, to invest on drug prevention and intervention. This is done through calls for tender to all the Non-profit organisations working with drugs. In 2017, there was a total budget of 3.200.000 Euro.

HOUSING SERVICES

As part of the social services area, support policies to people experiencing homelessness are an exclusive competence of the Autonomous regions in cooperation with the Municipalities. The central Government guarantees the coordination among the different public administration levels.

The cooperation with NGOs has been strongly developed in recent years. The National Action Plan establishes the objectives, among others, of reinforcing the debate on people experiencing homelessness with social organisations and of subsidising itinerant multidisciplinary social programmes in cooperation with NGOs.

In Spain, housing services have often been managed by religious organisations through charitable activities and in premises belonging to the Church turned into shelters. Nowadays, besides these religious organisations, many social NGOs carry out interventions for people experiencing homelessness. Social organisations, through public funds, provide resources for this group.

Recently, the Spanish Government has issued policies to provide funds for social rent. The Autonomous Government and the social organisations are

coordinated to carry out services of this kind. Also, Housing First strategies are starting to be implemented in the main cities of Spain.

POLICE, PENITENTIARIES

Like in many countries, in Spain there are several police forces that work within a single territory. At a National level, there is the National police and the military police (Guardia Civil). Some autonomous communities have their own police force; and finally, every municipality has its own police. Public security and surveillance of public spaces, for example, is a matter of concern for the autonomic police.

MEDIATION OF CONFLICT OF INTERESTS IN USING PUBLIC SPACES

The main conflicts in the use of the public space in Spanish cities are those that involve marginalised groups that use drugs and have no other place to go. The main threats for the citizenship are dirt, noise, and occupation of ATMs and other premises of common usage.

Housing first strategies, in some municipalities, are helping to reduce the presence of people who have been on the street for a long time. They provide a home in which to live and use drugs in a more controlled way. These initiatives count on public funds.

In cities like Barcelona, a number of public spaces have been “cleared” (for commercial purposes) of people who use drugs living and trading on the streets. An example is the area called Chinese District, an area which has been progressively gentrified. Also, in 2004, a whole barrack slum was demolished so that the local town council could use it as part of the port. As a result, some resources were set up, such as injection rooms and other harm reduction strategies.

1.3. Specific national guidelines to cope with homelessness, illegal drug use & public nuisances

There are no specific guidelines, neither at a national nor at local level, which encompass homelessness, illegal drug use and public nuisance altogether. In previous sections of this report, the national strategies corresponding to each issue are mentioned.

The provision of social services is shared between the Autonomous regions and the Local Corporations. However, there are some measures managed at national level, like those intended to support the transition from temporary to permanent accommodation (included in the Housing and Rehabilitation Plan 2009-2012). The Plan stipulates that preferential access to State-subsidised housing should be given to particular groups including people experiencing homelessness, people affected by slums eradication operations and other people socially excluded. One support mechanism is the Public Registers of People seeking subsidised housing (European Commission, 2010).

1.5. Concurrence and/or discrepancy of national legislation & daily practice

The Spanish Constitution acknowledges the right to a decent and adequate housing. This is, however, free to interpretation, and for many, not accomplished at all. Nevertheless, in order to follow the statements provided by the Constitution, several measures have progressively been set up, such as the creation of state-subsidised housing for people affected by slums eradication operations and other people socially excluded.

Also, some measures have been taken to tackle the effects of the global economic crisis: a partial and temporary moratorium on mortgage repayment; fiscal bonuses related to housing acquisition; prepayment of the tax deduction for first residence; a 50% guarantee of the value of mortgages of subsidised housing; and a reduction in the cost of electricity for domestic use for vulnerable groups (European Commission, 2010). Once again, these benefits are granted under so many specific conditions that it makes it really difficult for our target group to get them.

Regarding local ordinances on public nuisance, it must be said that they do not intend to restrict fundamental rights or liberties recognised by the Constitution or the law. However, these ordinances have been used to regulate controversial issues such as prostitution, the wearing of Islamic veils, treatment of people experiencing homelessness and the political use of streets. In general, ordinances are used to heavily discipline the use of public space (Maroto, 2016).

02

current interventions

2.1. Homelessness care interventions

Traditionally, in Spain, people experiencing homelessness are assisted by services and facilities under the umbrella of the inclusive and social exclusion plans. All these services can be classified into different intervention areas:

- Detection and Outreach teams;
- First reception facilities;
- Social monitoring teams;
- Attention to basic needs (soup kitchens, hygiene services, etc.);
- Day Centre Services;
- Temporary Housing;
- Support Services for Income Management (benefits and allowances, minimum income);
- Support services for occupational plans;
- Support and access to Housing.

It is important to note that services of this kind have recently included specific alcohol and drug care interventions (harm reduction strategies mainly) or specific resources have been developed for people experiencing homelessness (like alcohol treatment programmes).

1.2. Housing First programs

Without a doubt, the most innovative intervention in Spain to prevent homelessness and the consumption of drugs or alcohol are the Housing First programs, which are also carried out by homelessness care providers. These programs were piloted for three years (2014), when they began to be implemented in Malaga, Barcelona and Madrid. Since last year, Housing First programs are being opened in other autonomous communities, such as Andalusia, Basque Country, Canary Islands, Valencian Community, Aragon, etc.

All entities, mainly through public funds but not exclusively, agree that Housing First is a very effective tool for the prevention of drug addiction in people in a situation of residential exclusion, especially those who spend the night in the street. These programs for the people experiencing homelessness significantly increase the motivation and preparation to start treatment or to change to improve the situation.

By including Housing First in Spain strategies of harm reduction, is it possible to empower the person and to give him or her the voice and decision on the steps to follow. This adjustment is very important because it opens the range of personal situations that must be considered and addressed but, at the same time, it maintains the pace of time and direction as a decision of the person, not the professional.

However, although Housing First might be very positive for some people experiencing homelessness with problematic drug use, there is a general uneasiness about it, since it has been observed that there are more deaths for problematic drug use among people assisted by Housing First than there are in traditional staircase housing models. This has a logical explanation if we think that there is less control in the housing first approach than in traditional shelters or communal houses.

However, as mentioned above, these programs are in the pilot or initial phase of implementation. This means that we must await the evaluations of Housing First in Spain to draw firm conclusions about its effectiveness for improving the consumption patterns and drug treatment of people experiencing homelessness.

1.3. Drug treatment programs

In Spain, there is a wide network of resources and programs with a diversified and consolidated offer for drug treatment care, with highly qualified professionals. Most of the centres belonging to this network provide care both to problematic drug use and homelessness, since they are frequently associated.

Although there is a basic consensus in the services to be offered within the different Autonomous Communities, there are differences: types of functioning, management, information systems, care and referral circuits, services offered, resources and methodologies of intervention and/or evaluation. These differences may lead to a certain imbalance in equity and accessibility to treatment.

In terms of resources, the offer is very varied and comprehensive, adapted to the new needs of the users of the network. Most are Ambulatory Care Centres, followed by Therapeutic Communities (see Figure 7).

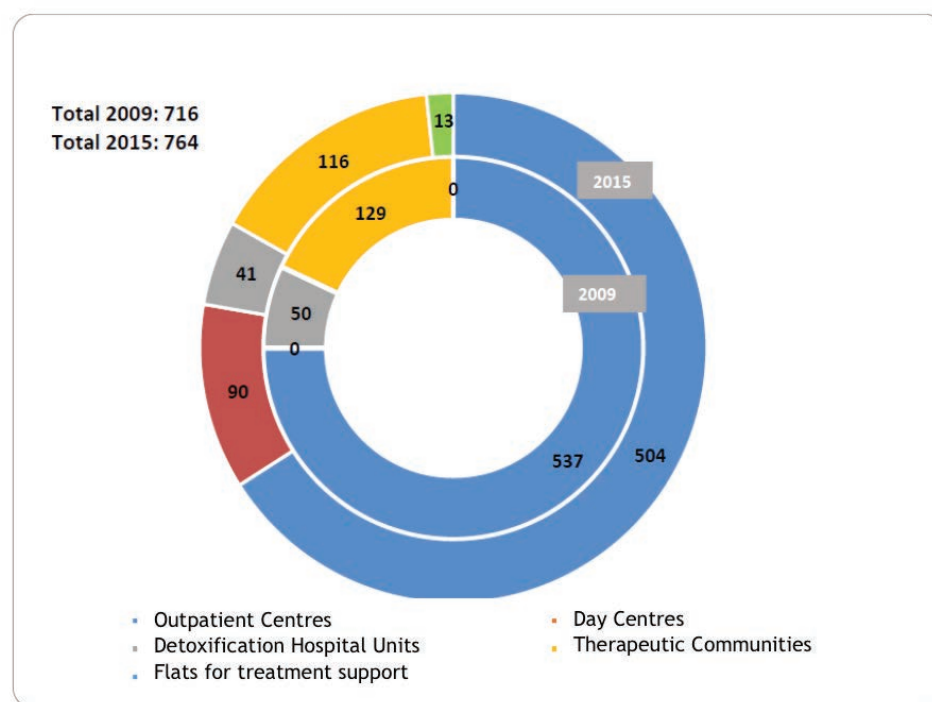


Figure 7: Assistential resources in Spain 2009-2015 (National Plan on Drugs, 2016)

Harm reduction facilities can be classified in three groups:

- Fixed to which users come: Social Emergency Centre, Centres of the health care network and Supervised Consumption Rooms;
- Outreach services: designed to actively attract users and included under the heading “Other Harm Reduction programs”, generally addressed to those populations more difficult to reach, who are also the most risky consumers;
- Mixed programs approach such as Mobile Harm Reduction Units.

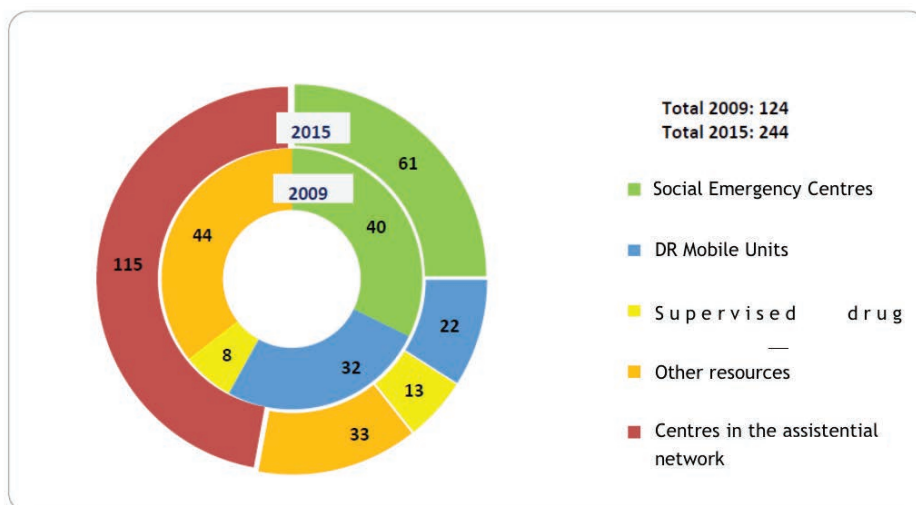


Figure 8: Number of Harm Reduction resources (National Plan on Drugs, 2016)

The total number of harm reduction resources in the period of validity of the National Drug Strategy remains stable, despite the apparent increase in data seen in Figure 8. This increase is due to the inclusion in the last year of the Assistance Centres, which had not been considered in 2009. However, there are changes in the type of resources: there is a significant increase in Social Emergency Centres and, although less, Supervised Consumption Rooms; the outreach programs and the Mobile Units are reduced. This probably has to do with the downsizing of the population who inject their drugs.

03

conclusions & recommendations

1.2. Most important findings of this report

Between 2008 and 2013 there was a strong increase in the number of people experiencing homelessness in some Spanish cities such as Barcelona and, despite a slight stabilization of the figures between 2013 and 2015, homelessness is once again increasing. In recent years, there has been an increase in the number of people sleeping in the streets.

Due to the lack of affordable rents, the length of stays at homeless care centres is extended and the waiting lists are frozen. People being provided attention at centres and flats cannot leave because they do not have access to a home due to the high rent prices. At the same time, people who should be assisted by these centres remain waiting for free places, thus increasing the number of people in a situation of severe residential exclusion.

In regard to homelessness implementation programmes, it must be said that the Housing first model is increasingly being implemented in Spain, but not yet so widely spread. Some organisations have begun to implement it rather than using the more traditional staircase model. Nowadays, the implementation of this model is being tested and the results evaluated.

The use of public places in the Spanish cities has been progressively reduced, often for commercial purposes. Open spaces in the city pretend to be public but have strict implicit rules that make them “inappropriate” for certain groups of people. The way to eradicate “inappropriate users” from the public space in most Spanish cities consists of a combination of strategies: urban reconversion projects, punishment of surviving strategies for those who live on the street, together with greater police control.

With this control they try to reduce the public visibility of people experiencing homelessness and their interaction with the rest of the community. These strategies are expressed in various ways: arrests, confiscation of their belongings,

moving them to another geographical area, and persecution of begging and drug use on the streets.

In the face of all these measures to “eradicate” the presence of marginalised groups and public nuisance from the Spanish streets, there are several approaches to provide services for them. It must be remarked that most of the competences for social intervention belong to each Spanish regional government and some of them to local governments. On a local level, some outreach programmes have been set up to provide social care, information and assessment, search and referral to resources. They also cooperate in health supervision and medication control based on daily routes to locate people who live on the streets.

Other programmes also try to contribute to reduce the consumption of drugs in public places, the presence of discarded needles and other problems of public order related to drug consumption in public places. Low-threshold services are a well-established approach to provide interventions to hard-to-reach and marginalised drug-using clients.

At the city level, it is one of the main modalities for responding to open drug scenes. Low-threshold agencies sometimes provide emergency shelter, clothing and food. Other services provided to drug-using clients may include counselling and other psychosocial support, harm reduction advice, drop-in centres and outreach teams. In most contexts, this range of services is an assemblage of municipal activities and activities run by non-governmental organisations.

1.2. Proposals for best practices

Regarding drug treatment programmes, there should be some improvement in the field of drug use reduction, although the results from the Housing programmes are encouraging. Some proposals could entail, for example, the creation of programmes to facilitate the integration of people who experience homelessness and use drugs into the community, so that they are less exposed to negative experiences which could lead to problematic drug use.

Regarding housing policies, some structural measures are needed, such as the design of a more inclusive Housing Plan, by which all the groups, even the most marginalised ones, could apply for social housing.

The current social support model, which is mainly focused on controlling the person, no longer fulfils people experiencing homelessness' needs. We now find people who do not want to be asked questions about their family, nor anyone controlling their life or asking them about what they do or not do. What they want is help in managing some very specific issues in their lives.

In Spain, there are five main challenges which encompass the interventions with people who experience homelessness, use drugs and are living on the streets:

There is no public housing available. Two measures to be carried out by stakeholders and policy-makers are:

Creating public housing stock (Catalan's new regional strategy)

Tackling homelessness is a political affair. It is a political fight for housing access. The idea that housing is a product for consumption or investment is a challenge, and a change in the roots of the financial system would be required. Nowadays, there is little provision of social housing and a selection is made to choose who is eligible; of course, people experiencing homelessness always come last. It is a matter of housing stock and, in cities like Barcelona, it is especially short. Until now, social housing offered (which does not reach 2% of all housing available in Barcelona) has always been restricted to middle classes, when it should be offered to people in the homeless support system. Nowadays, there is an Emergency Housing Board with a housing supply for those in a homeless situation. There is a lack of land for building added to a high financial pressure by the building enterprises to make profit.

Having access to housing would reduce public nuisance since, in part, it is caused by having to use drugs in public places because of not having private ones. The Housing First approach is proving to be very effective because it works as a Harm Reduction measure. However, each person placed in Housing First is somebody the government will be paying housing for during their whole life. This does not happen in other countries. We need to look for creative solutions and break the logics of how Housing First works in Spain. Thus, instead of private housing, we should start using housing units from the public market.

Establishing rent limits (example of Berlin. Competence of Barcelona Council)

Other European cities have implemented housing-first approaches such as London, Amsterdam or Berlin. In Berlin, they set limits on the rental prices, by districts. To apply this measure in Barcelona, the Spanish Government would have to change the policy or transfer the competences to the Catalan Government. Capital cities like Barcelona or Madrid should put pressure on the central government to make this happen.

Access to the labour market. Two measures to be carried out by stakeholders and policy-makers are:

Improvements on basic income perception

Policies should change and include a basic income of about 800€ if we do not want some people to end up living on the streets.

Flexible work conditions for people in Housing First Programmes (paid health leaves, benefits for entrepreneurs, less hours of contract, flexible schedules).

Improving the coordination among care providers (homelessness)

Improvement of tools for coordination among professionals

Most of the people experiencing homelessness who are assisted suffer from mental health problems and problematic drug use. This is why more social and health co-ordination from the Administration is needed. In some of the territories, a breakthrough has undoubtedly been the agreement reached with the Mental Health network so to be able to count with medical staff who make weekly visits to the citizens living on the street.

A network should be built between health and social services. In the work with homelessness, social and health issues should be linked since people experiencing homelessness have a deteriorated health, and present many problems.

Training professionals in the fields of health and homelessness

It is essential that both health and drug professionals get more training because there are many health conditions and problems derived from lack of access to housing. We should also be training other agents who intervene in public places, such as police, both on drug and homelessness matters. At the same time, we should find allies in the housing private sector and look for their commitment to supply a number of housing units amongst all the units available. Moreover, it would be important to set up a network and share data among different professionals.

Raising social awareness (Campaigns, Workshops, Presentations)

There is a challenge about raising awareness on the homeless situation to change the stereotyped picture of homeless as people who have not been able to manage their own lives. For example, in Spain, the explosion of the real estate bubble is one cause for people to sleep on the streets.

About the policies to be implemented, the different laws proposed by the regional governments are often oriented towards understanding housing as a human right. However, the Spanish government turns down such policies, or declares them as non-constitutional. What we should do is try to stop this "hate campaign" towards legal frameworks that consider housing as a right and not as a consumer good.

We should replace the term 'homeless' for 'people in a situation of residential exclusion', since the word homeless is stigmatising. The key to a good awareness raising communication is that the people in a situation of homelessness

themselves are the ones to explain their experience. As an example, the Spanish Arrels Foundation has a Twitter profile that the clients in the programme use every Monday to write about their experiences. Journalists are invited to ask them questions.

04

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Drug- and alcohol-related nuisance is an important policy issue in nearly all smaller, medium-sized and bigger cities. Experience and research has shown that this is a pan-European problem which many local and municipal authorities are struggling to address in an effective manner.

A broad range of participatory interventions and prevention activities have been developed to prevent nuisance among youngsters. Intervention, targeting adults however, are limited and mainly based on repressive and sanctionary acts, including arrests, restraining orders and fines. Less is known about inclusive strategies and adult learning opportunities, which provide daily structure and support to this specific group.

The Street Support Project is built on the idea that each person has the potential to learn and to do something meaningful. Adult learning, work and other activities can play a vital role in this context, as long as it is adapted to the specific needs and living conditions of the target group.

