

POINT-IN-TIME SURVEYS: ESTABLISHING THE CHARACTERISTICS OF HOMELESS POPULATIONS

Constructing Understanding of the Homeless
2nd Meeting: October 9th and 10th, 2003, Madrid, Spain

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1. Introduction

According to the working guide established by the program, this report has the following objectives:

- a) To describe the principal socio-demographic trends in the homeless population of Spain during the last 30 years and to specify which data serve as the best indicators of this group's current status. To accomplish this goal, part two reviews the most important studies homelessness carried out in our country.
- b) To summarize the information regarding the type and number of homeless services that exist in our country. Part three provides information collected about Spain's national homeless services network with a special emphasis on the existing resources in Madrid.
- c) To discuss the main Spanish national policies that affect the homeless in our country. Therefore, part four offers a brief commentary on the "Planes Nacionales de Acción para la Inclusión Social 2000-2003 y 2003-2005" (National Action Plan for Social Inclusion 2000-2003 and 2003-2005), which focus on and coordinate the principal municipal and region initiatives in this area.

2. Socio-demographic Trends

To define the main socio-demographic trends in Spain's homeless population over the past 30 years and comment on this group's current status, we turn to the studies that have been conducted and published in our country on this topic.

2.1. Types of Studies and the Literature Review

A literature review of articles in Spanish-language databases and personal communications with experts in the field of homelessness in our country allowed us to identify the most important studies to date on this topic. Articles from the database that included the key words empirical study, point-in-time survey, or homelessness were included in our review and are listed in Table 1.

Insert Table I Here

In Table 1, the obvious lack of nationwide studies on homelessness becomes apparent. The studies under consideration here tend to be limited to one service or group of services in only one city. They usually only take into account the services that are willing to be part of the study. In general, the studies are not randomized nor weighted (Martín Barroso, 1985). Only one study incorporates characteristics of a rigorous methodology like randomization, representativeness and appropriate weighting of the resulting sample (Muñoz et al., 2003). Most of the studies are carried out in only one city using a multi-center method and include the street as a sampling element (Cabrera, 1998; Muñoz et al., 1995; Lucas et al., 1995; DIS, 1975), while others sample from only one center in one city (Jiménez, 1999). In some cases, the chosen center may be a central point of information for the homeless, which means that sampling from that center may result in a representative sample of the homeless using different services in the city (Vega, 1996; Rico et al., 1994). However, using this kind of methodology, the representativeness of the data is limited and can only provide an initial approximation of Spain's homeless population.

2.2. Principal Trends

Table 2 describes the results of the studies included in the literature review and listed in Table 1.

Insert Table 2 Here

The most basic **sociodemographic indicators** show that, in recent years, the Spain homeless services professionals have been providing service to an increasing percentage of women, young people and immigrants (Cabrera, 2000). However, the studies reviewed here (Rico et al. 1994, Muñoz et al. 1995; Lucas et al. 1995; Vega, 1996; Muñoz et al, 2003) only partially confirm this trend. As a group, the majority (79%-85%) of homeless people in Spain continue to be male, and they are approximately 40 years old. The group's age has not changed significantly compared to the first studies conducted on this group (DIS, 1975; Martín Barroso, 1985). Since 1975, the percentage of homeless that fall into the subgroup of less than 30 years of age has not varied much; this subgroup has consistently made up approximately 19 to 24.5% of Spain's homeless population.

There has been a consistent increase in the percentage of foreign-born homeless people. This subgroup was measured as comprising only 5% of Spain's homeless population in the 1970's (DIS, 1975), yet in the 1990's this subgroup can make up more than 20% of the homeless in Spain (Muñoz *et al*, 2003).

Although it is difficult to determine the trend of the homeless' **educational levels** due to the differences in the way these data can be measured, the Spanish homeless as a group appear to be more educated than before. The percentage of homeless without formal schooling has progressively decreased while the percentage with a secondary education or with more years of education has increased. Over the last 30 years, the percentage of homeless people without a formal education has decreased dramatically from 46% in the 1970's (DIS, 1975) to the 4.4% indicated in a study by Muñoz and his colleagues (2003). In the same study (Muñoz et al, 2003), the authors assert that today almost two out of every three homeless people in Spain have at least some high school education and more than 10% of the homeless in Spain have attended a university (Muñoz et al, 2003; Cabrera, 1998). This percentage is similar to the data collected on the general Spanish population: in 1991, 11.2% of the Spanish people were reported to have some university education. However, the divergent data reported by different homelessness studies means that these findings should be interpreted with caution.

The homeless comprise a group with few formal **social relationships** and a limited social support network. These problems may arise from their difficulties in forming affective ties (as indicated by the fact that 45%-73% of the homeless in Spain are single) or in maintaining long term relationships (because recent studies show an elevated percentage of separated or divorced homeless people). Differences have not been observed between the single or widowed **civil status** of the homeless in Spain during the last few decades, but have been noted in the married or separated civil status, as previously stated. Divorce did not become legal in Spain until 1981, which might partially explain why the percentage of divorced or separated homeless appears to gradually increase over time, while the percentage of married homeless in Spain has decreased in the last 30 years (DIS, 1975; Martín Barroso, 1985).

The homeless' social support networks are also weakened by their poor **family relationships**, which appear to be improving slightly over time for the group as a whole. In recent years, the percentage of Spanish homeless who have no contact with their family has decreased, while the percentage of homeless who maintain some contact, however sporadic, with their family has increased.

Data that quantify the **chronic nature of homelessness** are scarce, which makes it difficult to report a trend. In Barcelona, the average time homeless is reported to be 2.4 years, while the homeless in Aranjuez, a small city close to Madrid, report an average of 4.86 years on the street. Of the data that have been collected in the 1990's on the average time homeless, there is one subgroup that comprised 30% to 40% of a given sample and has been homeless for one to five years. These divergent data may

be the result of the lack of official or unified criteria that defines the exact point at which a person can be considered truly “homeless”.

Unemployment is an important factor that, according to the studies, can affect up to 97.5% of the homeless population in Spain. It is not possible to describe an overall trend in this area because the studies in different cities produced different results - in Barcelona, 68.7% of the homeless are unemployed, 75% in Gijón, and 97.5% in Madrid - which may be due to the different criteria used to define the homeless in each study.

The different studies on the homeless in Spain agree that approximately 25% of this group have served time in a **penitentiary institution**, between 15% and 25% have a history of **psychiatric hospitalization**, and 45% to 56% of the Spanish homeless population have **mental health problems**.

The differing data regarding the problems caused by **alcohol or drug use** make it difficult to report a trend over the last 30 years. In Aranjuez, Madrid and Gijón, only 25% of the homeless were reported to have alcohol-use related problems, while 65.5% of Murcia’s homeless population and 48.4% of Barcelona’s homeless reported similar problems. In 1985, 10% of the homeless in Spain were reported to be drug users. However, the data collected after 1994 show percentages ranging from 5.7% in Aranjuez to 30.3% in Barcelona, with percentages between 12% and 15% reported in Madrid, Gijón and Murcia.

3. Availability of homeless services (existence of general and specialized services to assist this population), access to services and national policies on homelessness services

The network of homeless services in Spain is fragmented and uncoordinated to the extent that some authors negate the existence of such a network. Instead, they prefer to refer to individual, isolated services without any type of organization or communication between resources. Spain’s Ministry of Labor and Social Affairs has never published a list of resources to assist this population and the Autonomous Communities of our country have been unable to advance considerably in this regard. Because of the lack of official data, we are forced to examine the studies carried out by academic social researchers in the area of homelessness.

The majority of Spanish homeless services are managed by private entities, especially of a religious nature, that are designed to offer charity. Fortunately, in recent years more integrative resources have been developed by foundations and other private companies like Fundación Telefónica, Obra Social de Caja Madrid, and Fundación La Caixa. Some of the good practices implemented as part of these programs have been described in Cabrera, Malgesini and López (2003).

3.1. Literature review and types of studies

In Spain there are very few studies on homeless services that compile and analyze data collected nationwide. Martín Barroso’s (1985) study from two decades ago provides some comparison data (see Table 1). More recently, Cabrera (2000) studied the homeless services network by mailing a survey to 668 homeless services in the country. Four hundred and fifty, or 67% of the sample, responded to the survey that was developed “*ad hoc*” and included questions that had been used in other studies. Our country’s Economic and Social Advisory Council (1997) also collected some nationwide data on these resources. In addition, Muñoz, Vázquez, Vázquez and colleagues (2003) gathered information on the homeless services in Madrid (see Table 1), which provides information from user’s perspective. In their study the homeless person himself was offered the opportunity to share his/her point of view on the availability and quality of resources developed to assist him/her.

3.2. Principal results

In Spain, Cabrera (2000) reports a total of 249 shelters, 114 soup kitchens, 108 clothing distributor facilities, 88 short-term housing centers, 67 long-term housing re-incorporation centers, 49 job skills training centers, 43 drop-in day centers and 27 shared apartments that are supervised by the city,

municipal, regional or state government. The most common services provided by these facilities are found in Table 3.

Table 3. Most common services provided by homeless services facilities

Service provided	Number of centers	Percentage of total centers providing service
Information and in-take	291	76%
Orientation to services	270	71%
Referral services	233	61%
Lunch (main meal)	233	61%
Dinner	231	61%
Clothes	228	60%
Individual showers	219	57%
Breakfast	203	53%
Social services follow-up	202	53%
On-site shelter/housing	198	32%
Telephone calls	163	43%
Washing machines	161	42%
Legalization services	151	40%
Pharmacy / Drug store	144	38%
Employment-assistance	131	34%
Medical care	113	30%
Housing assistance	112	29%
Food assistance (i.e., food banks / distribution centers)	107	28%
Job skills training	105	28%
Psychological assistance	80	21%
Legal counseling	76	20%
Off-site housing (motels)	75	20%
Off-site supervised shared housing (apartments)	47	12%
Professional development	9	2%

3.2.1. Homeless shelters

The Spanish Economic and Social Advisory Council (1997) reported the existence of approximately 270 homeless shelters in the country. Beds were filled to 38% capacity, soup kitchens were utilized at 73% capacity and shelter kitchens were only used at 22% capacity. However, these data are surprising when one considers the homeless services demand in large urban areas, especially in the wintertime (Muñoz *et al.* 2003). Even though these data differ depending on the population of the city and season in which they were collected, published empirical studies on homeless services do not support the Advisory Council data that reports resource functioning at such low capacity levels.

A chronic problem facing homeless shelters in Spain is lack of space. The average number of beds per room in 1985 (Martín Barroso, 1985) was 4.16, and fifteen years later Cabrera (2000) also reported four or more beds per room. This number is excessive, especially considering today's socio-cultural norms that place more emphasis on the importance of individual privacy. In fact, 31% of the shelters only offer multi-person rooms for four or more people, 25% provide two-or-three person rooms, and only 10% have individual rooms available to the homeless in Spain.

Besides size, many of the shelters in Spain also have problems functioning due to their construction; most were built many decades ago. In 1985, Martín Barroso (1985) indicated that the average number of available spaces in a Spanish homeless shelter was about 49, although some were as large as 200. This number is too large, especially if their goal is to reincorporate the homeless into society. Recently, the average number of available spaces has been reduced to 28.72 spaces per shelter

(Cabrera, 2000). While big shelters may be more economical, they may not be cost-effective because of their limited ability to provide adequate social integration programs.

In Spain, the current average stay at a homeless shelter is approximately 66.83 days (Cabrera 2000), however the data vary as shown in Table 4.

Table 4. Homeless' average stay at homeless shelter

Average stay	Percentage of total homeless
One day	28%
Two days	15%
Three days	10%
Four to six days	9%
One to two weeks	7%
Two weeks to one month	5%
One to six months	16%
Seven months to a year	7%
More than a year	3%

Currently, most of the homeless shelters in Spain depend on the Catholic Church, which implies that assistance to this group is a charitable act and encourages support from private foundations instead of public entities. Entities that own and/or manage the Spanish homeless services centers analyzed by Cabrera (2000) are listed in Table 5.

Table 5. Homeless services center ownership/management

Entity	Percentage of total centers
Spanish Cáritas	34%
Public services	21%
Non-religious private entities	15%
Other religious organizations	15%
Church	6%
Combination of the above	2%
Unknown / No response	7%

Cabrera (2000) also describes the people who work in Spanish shelters and homeless services centers. In general, volunteers made up 79.8% of the personnel, while salaried workers comprised 17.2%, and an additional 3% were those working at the center as an alternate to the year's military service required for Spanish males. For private centers, 84% of the personnel were volunteers, but for public centers, volunteers made up only 19% of the personnel. Cabrera also measured the percentage of personnel with special training in homelessness issues. Of all the centers, 36% did not have any specialized personnel on staff. Of the centers run by Cáritas, 68.5% of the staff were volunteers with specialized training; 73.1% of the staff at centers run by other religious organizations, 44.7% at private non-religious organization and only 4% at public centers were trained volunteers.

The study by Muñoz and his colleagues (2003) offers detailed insight into the homeless of the city of Madrid. Approximately one third of the homeless there have difficulties finding a place to sleep, which indicates the inadequacy of the homeless services network in this city. Only 38.2% of the homeless in Madrid report normally sleeping in homeless shelters during the year, a percentage that increases to 68.2% in the wintertime. In Madrid, 18.9% of the homeless sleep in the street during the winter, data which confirm the lack of available space in the city's shelters. This situation forces subway stations to open at night to provide shelter to the homeless when temperatures fall below zero. Identifiable subgroups of Madrid shelter non-users included immigrants with relatively strong social networks, cocaine and/or heroin users, and homeless with alcohol-abuse related problems. The non-

user group as a whole has a large number of general health problems. The homeless shelter users of Madrid report being satisfied with the service, although 40.5% complain about interpersonal problems with the other shelter users, 35.1% about the lack of privacy, 35.1% about the lack of freedom (excessive rules or control at the shelter), and 33.3% cite the exclusion criteria prevent access and make it difficult to find a bed at different city shelters.

3.2.2. Soup kitchens

In Spain, most of the soup kitchens are permanent sites that are either specifically designed for the purpose of providing food or directly incorporated into pre-existing homeless shelters. There are a number of places (such as churches, schools, town halls and police stations) that offer sandwiches to the homeless. A few organizations even attempt to bring the food to the population living on the street using van and walking routes through the city. Cabrera (2000) sampled soup kitchens throughout the country and reported that more than half were associated with homeless shelter services, however non-shelter users could also receive meals there. Sixty three percent of Spanish soup kitchen users report using the associated shelter as well.

Forty five percent of the Spanish soup kitchens serve breakfast, lunch and dinner each day. In those soup kitchens that do not provide three complete meals daily, 19% provide the lunchtime/afternoon meal (the largest meal of the day in the Spanish culture), 10% offer breakfast and lunch, 9% breakfast and dinner, 4% dinner only, 3% breakfast and lunch and 2% provide breakfast only (Cabrera, 2000). These data show that breakfast is the least available meal in Spanish soup kitchens.

It is difficult to specify the exact number of spaces available in Spanish soup kitchens. Besides changing quantities of food, sometimes in-take services will provide a meal to their client at a local restaurant that offers such service. However, Cabrera (2000) estimates that 19,000 to 24,000 total spaces are available at Spanish soup kitchens. Although 46% of Spanish soup kitchens allow unrestricted entry, of the remaining soup kitchens, 51.5% will not serve people who enter with their pets, 22.7% reject drug abusers, 16.5% refuse drug users, 12.4% won't serve food to people who are drunk, and 9.3% turn away people with violent behavior.

The use of soup kitchens is seasonal. Cabrera (2000) reports that Spanish soup kitchens are least often utilized in the summer months of July and August. In October and throughout the winter, the soup kitchens are most frequently used. Cabrera (2000) also reports that the meal schedule of the kitchen does not usually coincide with the culturally established meal hour. For example the homeless must eat lunch at 1pm or at 4pm, but everyone else in the society typically eats from 2pm to 4pm. While soup kitchens tend to be open regularly during the week (even on holidays), not many open on the weekends. On Saturday and Sunday the homeless often go without their lunchtime meal and tend to receive breakfast and dinner at the shelter where they sleep.

In Madrid, the study by Muñoz and his colleagues (2002) shows that even though there are more than 1,000 spaces available at soup kitchens throughout the city, it is difficult for the homeless to receive daily meals. One in four homeless in Madrid reports problems in this area throughout the year. This problem is so serious that 1.1% of the homeless in Madrid must resort to looking through garbage to find food. Sixteen percent of the homeless in Madrid do not eat breakfast and 10% eat something for breakfast but are still hungry. Most of the homeless in Madrid have enough to eat for lunch, although 10% usually do not eat anything and 14.6% eat but are still hungry. It is most common for the homeless in Madrid (20%) to not eat dinner.

3.2.3. Other services used by the homeless

Cabrera (2000) reports that 64% of Spanish shelters offer clothes to the homeless and all have showers. Sixty six percent of Spanish soup kitchens offer clothes and 70% have showers. Some clothing services and public baths are provided by other services as well.

In Madrid, while most of the homeless receive their clothes from public clothing distributor

organizations, a significant percentage obtain their clothes in commercial establishments. Ten percent of the homeless in Madrid obtain clothes on the street or in garbage containers. The homeless in Madrid report that personal hygiene services at shelters, soup kitchens or public showers are acceptable, yet a small number of them are still forced to use public fountains for personal care.

Low maintenance, low cost services (such as information, general orientation to services, and referral to specific resources) are the most widely available and most frequently provided by the Spanish homeless services network. Health services and assistance with paperwork and legal documentation are also fairly common. Yet despite the important role of unemployment, lack of social ties and lack of housing in homelessness, few services are available to correct these deficiencies. Most workshops are related to job skills training, but do not focus on re-incorporation into the workforce. There are few professionally-oriented activities, few psychological counseling opportunities, and limited alternatives to living in a shelter (i.e., supervised shared apartments). In addition, expensive specialty services like dental visits and podiatry care are needed and scarce. When the Spanish homeless were asked about what services were presently insufficient, they replied shared state-supervised apartments, workshops on societal re-incorporation, self-help groups, podiatry care and dental assistance (Cabrera, 2000).

Although still lacking, statewide programs focusing on employment for the homeless are becoming more common. Workshops offering specific training tend to be infrequent, but services are available to assist the homeless in their search for employment. Resources specifically for the homeless in the areas of formal educational, professional development and psychiatric attention are admittedly scarce; however the need for such specialized services is currently under discussion. It might be more appropriate to refer the homeless to currently available resources developed for the general population and to design new innovative ways to help this special group access these already existing services.

4. National homeless policies

Homeless legislation in Spain has not been very prominent and the homeless have not been extensively addressed in other aspects of Spanish public policy. During General Franco's dictatorship, the homeless were indirectly referred to in the *Ley de Rehabilitación y Peligrosidad Social* (1970) (Rehabilitation and Social Dangerousness Act) and in the old 1849 *Ley General de Beneficencia* (General Act of Charity). The arrival of democracy brought many changes and the new civil code of 1995 eliminated the Social Dangerousness Act. Charitable works are now integrated in diverse social services and health policies passed into law after the transition. Today, individual Autonomous Communities are responsible for social, employment, health and educational policies that are progressively beginning to incorporate the fight against social exclusion (through acts like the Minimum Rent Policy, etc.). On the national level, Act 7/1985 of April 7th regulating the municipalities throughout the country required cities of more than 20,000 inhabitants to make homeless services available to their constituents.

The year 2000 brought about additional policy changes on social inclusion. The European Commission, mandated by the Nice Summit, created the National Action Plans for Social Inclusion. In recent years, these plans have guided and coordinated the national efforts in Spain and those of its Autonomous Communities. Our commentaries on homeless policies in this section focus on these plans.

In 2001 Spain launched its "National Action Plan for Social Inclusion (2001-2003)". That plan ended and was evaluated; currently the new "National Action Plan for Social Inclusion (2003-2005)" is in effect. These plans were designed to be carried out via corresponding Regional Action Plans of Social Inclusion, however as of July 2003, only 13 of the 17 Autonomous Communities in the country had complied with the requirements of the National Plan. The remaining four Autonomous Communities were reported to be in advanced planning stages or in the approval stage of the process. Preliminary evaluations of the National and Regional Plans show that few measures were specifically directed at the homeless population. Although this group might possibly benefit from some of the general actions implemented as part of these plans (for example, the Minimum Rent Policy and special programs for

people with mental health problems), the data confirming these predictions need to be carefully examined.

The state administration collected some data on the national progress made on homelessness based on the implementation of the “National Action Plan for Social Inclusion (2001-2003)”. As a response to Objective 3 of the National Plan (“actions in favor of specific vulnerable groups”), they report an increase in the number of shelters and homeless services and cite the development of “integrated programs for societal re-incorporation of the homeless”. The Spanish Ministry of Labor and Social Affairs subsidized certain programs of the IRPF in 2001 that were directed at assisting the homeless. According to official data for 2001 and 2002, the budget in this area was increased by 44%, from 1,754,955.34 euros to 2,531,094.00 euros. At the same time, the integrated programs area experienced a 33% budgetary increase (from 2,079,501.88 euros to 2,772,772.00 euros).

In accordance with the “National Action Plan for Social Inclusion (2001-2003)”, almost all of the Autonomous Communities implemented assistance programs directed at the homeless via integrated plans of societal and workforce re-incorporation, job skills training, and housing possibilities. Overall, the Autonomous Communities sought out the cooperation of social services, health and emergency care services, and participation from Non-Governmental Organizations. Some Autonomous Communities offered special attention to the immigrant subgroup of the homeless population by providing refuge and specific assistance. Based on the information available to date, an estimated 5 million euros has been spent on the efforts throughout this county directed at the homeless population in Spain.

The “National Action Plan for Social Inclusion (2003-2005)” explicitly states in Chapter 3 (Strategic planning: Principal objectives and key goals) that one of most important needs centers on “*developing specific programs for especially vulnerable groups like the elderly, the physically disabled, the gypsy population, the immigrant population, children and the homeless*”. In Chapter 4 (“Political Measures”), Objective 3 (“actions favoring vulnerable groups”) specifies the following tasks:

- Create a municipally interdependent yet autonomous network of resources, housing opportunities and homeless services for each city with more than 50,000 inhabitants
- Expand and improve the multi-professional teams that provide assistance to the homeless on the street
- Develop comprehensive programs to prevent and avoid begging
- Design special programs that focus on the needs of women and young homeless people
- Create services to assist those in at-risk or potentially at-risk situations of extreme poverty and social exclusion that often lead to homelessness
- Collaborate with the European Commission on Homelessness
- Promote programs and actions related to the street newspaper published by the homeless as means of communication with the larger society and to increase societal re-incorporation of the homeless
- Conduct professional development workshops directed at those who come into to contact with people who are at-risk for homelessness so that they can better detect and intervene in specific potentially at-risk situations
- Offer special accommodations to the homeless, including free public transportation, secure space for their personal belongings, and personal hygiene kits
- Develop a manual of good practices for homeless shelters that indicate the norms that should be followed (i.e., flexible hours, amount of available personal space and special possibilities that allow couples and families to be housed together).

The “National Action Plan for Social Inclusion (2003-2005)” is currently in its initial stages at the regional level. The regional plans that will be developed need to be followed and carefully evaluated to ensure the development of the specified actions set forth by the national plan.

5. Conclusions

In conclusion, this section summarizes the most important points about the homeless and homeless services in Spain.

- There are few point-in-time studies of the homeless in Spain, and those that have been conducted are limited to specific cities. While the methodology used to study this group has improved, to date there have been no nationwide study of this kind.
- Although the socio-demographic trends for the homeless in Spain differ between cities, in general the trends are similar to those reported in other countries for this group.
- Compared to 30 years ago, today more women, young people and immigrants make up the Spanish homeless population.
- The Spanish homeless services network depends mostly on religious organizations (55%). Twenty percent of the network depends on public entities, and recently there has been an increase (to 15% of the network) in Non-Governmental Organizations providing services to this population.
- Most of the resources available to the Spanish homeless population are aimed at providing food and shelter. In recent years, projects emphasizing societal re-incorporation and integrative intervention have increased.
- Homeless services are insufficient in larger Spanish cities and virtually non-existent in rural areas of the country.
- Spanish National Policies on the homeless are defined in the National Action Plan for Social Inclusion that required each Autonomous Community to draft individual action plans to target this population. Thirteen of the seventeen Autonomous Communities have already complied with this request. The implementation of these regional plans needs to be closely followed in the coming years. In the future, a detailed evaluation of the programs developed under this plan will allow us to report more specific changes in homelessness in our country.

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Table 1. Methodology of homelessness studies conducted in Spain over the last 30 years

	Sampling method and data collection	N	Instruments and procedures	Limitations
Muñoz et al. (2003)	<ul style="list-style-type: none"> • Multi-center, multi-service random sampling taking into account all network services for the homeless • Weighted sampling 	269 homeless	<ul style="list-style-type: none"> • Instrument developed “<i>ad hoc</i>” that included questions from other investigations about the following areas of concern: demographics, employment and economic resources, physical health, mental health, life history, Stressful Life Events, social support, service use, rights as citizens and future expectations • Interview with homeless users and non-users of homeless shelters 	<ul style="list-style-type: none"> • Limited to the city of Madrid • Interviews exclusively with the homeless
Jiménez (1999)	<ul style="list-style-type: none"> • Interviews with homeless shelter users 	55 homeless males	<ul style="list-style-type: none"> • Open personal interview, 16 PF Questionnaire, Rosenberg’s Self-Esteem Scale, Implication of alcohol use evaluation, Personal resources evaluation, DSM-IV evaluation • Interviews with the homeless 	<ul style="list-style-type: none"> • Limited to only males who were staying in one specific shelter in the city of Murcia
Cabrera (1998)	<ul style="list-style-type: none"> • Interviews with homeless users of different services for homeless people 	159 homeless	<ul style="list-style-type: none"> • Instrument developed “<i>ad hoc</i>” 	<ul style="list-style-type: none"> • Limited to five shelter, four soup kitchens and two information and in-take centers in the city of Madrid
Vega (1996)	<ul style="list-style-type: none"> • Random sampling of people who contacted the Oficina de Información al Transeúnte - OTI (Information Office for the Homeless) 	334 homeless	<ul style="list-style-type: none"> • Socio-demographic interview, social worker evaluation interview, Form regarding objective use of mental health services, Structured interview (CIDI) • Interviews with the homeless 	<ul style="list-style-type: none"> • Limited to the city of Gijón • Limited to the homeless who visited the OTI
Muñoz et al. (1995)	<ul style="list-style-type: none"> • Stratified sampling of homeless from homeless services 	262 homeless	<ul style="list-style-type: none"> • Structured interview (CIDI), interview about housing problems, interview about Stressful Life Events (LTE), interview about physical health • Interviews with homeless users of homeless shelters 	<ul style="list-style-type: none"> • Limited to the city of Madrid • Interviews exclusively with the homeless
Lucas et al. (1995)	<ul style="list-style-type: none"> • Interviews with the homeless in a shelter and on the street 	99 homeless	<ul style="list-style-type: none"> • Socio-demographic questionnaire, screening scales of psychotic symptoms (PERI-M and OR), survey of alcohol use • Interviews with homeless users and non-users of homeless shelters 	<ul style="list-style-type: none"> • Limited to only one shelter and the streets of the city of Barcelona • Interviews exclusively with a reduced number of homeless
Rico et al. (1994)	<ul style="list-style-type: none"> • Interviews with the homeless in a shelter conducted six days a week over during a period of one year 	524 homeless	<ul style="list-style-type: none"> • Questionnaire developed “<i>ad hoc</i>” that included socio-demographic aspects, social support and specific homelessness issues • Clinical protocol (DSM -III-R diagnoses) • Interviews with the homeless users of a homeless shelter 	<ul style="list-style-type: none"> • Limited to only one shelter in the city of Aranjuez
Martín Barroso (1985)	<ul style="list-style-type: none"> • Interviews with the homeless in shelters and on the street • Sampling based on the number of spaces available at different shelters in each Autonomous Community 	1815 homeless	<ul style="list-style-type: none"> • Instrument developed “<i>ad hoc</i>” • Interviews with homeless people, work groups, homeless services personnel and services managers 	<ul style="list-style-type: none"> • Limited to the services that agreed to participate in the study
DIS (1975)	<ul style="list-style-type: none"> • Interviews with the homeless in and review of paperwork generated by Cáritas homeless services 	3671 homeless	<ul style="list-style-type: none"> • Instrument developed “<i>ad hoc</i>” • Review of personal files of all service users 	<ul style="list-style-type: none"> • Difficulties defining the sample • Limited to only Cáritas Diocesana services • Indicative sample, not statistically representative

Table 2. Socio-demographic trends

	DIS (1975)	Martín Barroso (1985)	Rico et al. (1994)	Lucas et al. (1995)	Muñoz et al. (1995)	Vega (1996)	Cabrera (1998)	Jiménez (1999)	Muñoz et al. (2003)
Sample collected	Spain	Spain	Aranjuez	Barcelona	Madrid	Gijón	Madrid	Murcia	Madrid
N	3671	1815	524	99	262	334	159	55	289
Gender									
Male	89%	84%	95.2%	85.9%	79%	87%	87%	100%	86.9%
Female	11%	16%	4.8%	14.1%	21%	13%	13%	0%	13.1%
Age (Average)	41 years	43 years	40 years	39.2 years	41.9 years	39.9 years	41.63 years	---	38.74 years
18-30 years	21%	19%	---	24.2%	24%	24.5%*	21.5%	---	21.6%
31-45 years	55%	44%	---	41%*	38%	38.9%*	53%*	---	22.1%
46-60 years	15%	20%	---	32%*	28%	26.4%*	20%*	---	27.3%***
> 60 years	9%	17%	---	1%*	10%	7.5%*	5.5%*	---	
Years of formal education (Average)			8* years	10* years	7.7 years	8* years	10.5 years		
No formal education	46%	42%	4%	15.2%	6%	---	3%	12.7%	4.4%
Primary education	---	38%	65%	44.4%	63%	---	51%	58.1%	28.8%
Secondary or advanced education	---	19%	5%	40.4%	31%	---	46%	29%	66.7%
Civil Status									
Married	18%	16%	7%	12.1%	7%	3%	9%	0%	7.3%
Widowed	6%	10%	4%	5.1%	5%	4%	5%	---	3.5%
Separated or divorced	3%	18%	19%	37.4%	24%	35%	30%	45.5%**	13.6%
Single	73%	53%	70%	45.5%	64%	57%	55%	54.5%	65.9%
Duration of time homeless (Average)	---	---	4.86 years	2.4 years	---	---	3.53 years	---	3.11 years
< 1 year	---	---	---	54.5%	20%	38%	41%	---	---
1-5 years	---	---	---	31.4%	39%	32%	40%	---	---
5-10 years	---	---	---	---	16%	13%	19%****	---	---
> 10 years	---	---	---	---	24.5%	17%	---	---	---
Unemployed	92%	91.8%	88%	68.7%	97%	75%	78%	---	97.5%
Served time in prison	3%	---	24%	24.2%	28%	---	---	---	27.1%
Previous psychiatric hospitalization	5%	---	18%	---	25%	22.2%	---	---	15.7%
Psychiatric / psychological disorders	14%	---	56%	52%	45%	59%	21%	49%	53.3%
Alcoholism	33%	24%	24.4%	48.4%	26%	21%	23%	65.5%	36.3%
Drug use	---	10%	5.7%	30.3%	12%	13%	15%	---	12.5%
Frequency of contact with family									
Never	---	67%	50%	---	---	31%	19%	---	40.2%
Sporadic	---	21%	37%	---	---	28%	29%	---	44%
Frequent	---	12%	13%	---	---	37%	52%	---	15.8%
Immigrant (Foreign-born)	5%	---	5%	10.1%	---	---	---	---	22.5%
Stressful Life Events (Average number)	---	---	---	---	9.1 events	---	---	---	6,92 events

* Estimated based on indirect data provided by the authors

** Separated or widowed

*** Older than 45 years of age

**** 5 years or more