

Summary of the work of the 2nd CUPH network workshop

Theme: Point-in-time Surveys and demographics of homeless populations

Thursday, October 9th 2003

Morning

9:00 – 9:30 AM

9:30 – 9:40

9:00 AM – 1:30 PM

Welcome

Dean of the School of Psychology

9:40 – 10:00 AM

CUHP current status - Maryse Marpsat

A brief introduction to the issues to be addressed on Friday: the 'kick-off' meeting of the 6th Framework projects in Brussels March 13th-14th; the website; finance and administration. Introduction of the members of each network team.

Agreement of the network to the transfer of the UK team from Staffordshire University to London Metropolitan University, subject to European Commission ratification.

10:00 – 11:30

French long paper. Point-in-time Surveys

Maryse Marpsat (INED) presented the French long paper on Point-in-time Surveys. This considered the specific problems of point-in-time surveys in relation to homeless populations: defining the field (previously discussed in Workshop 1 in relation to 'who is homeless'), the problem of an adequate sample frame, mobility of the population and its hidden nature, heterogeneity of the homeless population. There are also problems in relation to ethical issues and fieldwork.

It is possible to see the development of point-in-time surveys of the homeless as being in three stages. Taking the example of the United States, who were early pioneers in this field, these stages are:

- (1) estimates based on the views of experts,
- (2) surveys of homeless people living on the street and in the hostels on the same night,
- (3) sample surveys based on services i.e. a two stage sample of provision and then of users of the sampled provision.

Other point-in-time methods include using record based data or modelling methods such as capture-recapture (or contact-recontact), mostly used in the UK.

Maryse Marpsat raised for discussion the omission in the French paper of work undertaken in countries outside of the CUHP Network or North American. These were removed from the paper, but should they be included? There is work in Germany, for example.

Additional comments by other teams

Five issues were addressed:

1) The classification system for the methodology.

- The simple 4 fold classification system of point-in-time vs. longitudinal, and qualitative vs. quantitative does not work well when considering Italian studies that include both qualitative and quantitative. (Italy)

2) The Scope of the work of CUHP

-It is difficult for us to include all 25 European countries although some important developments should be included. Our main focus should be on methodology because this is what is unique in our work. (Italy)

-Our other important contributions include our work on Theories – because we have different theoretical frameworks through which we view homelessness – and Ethics of researching homeless people, which was raised in Paris. (UK)

- We should say something about our own focus – I am a sociologist and these are the glasses through which I look at homelessness. Others are psychologists. (Netherlands)
- We should say something about the welfare system of each country in order to explain our differences in methodologies. (Netherlands).
- If we are to include some statements about the US studies, could we also include some statements about South America. I do not speak Spanish or Portuguese and I would welcome some information (Netherlands).
- We are working with another network that includes US, Tokyo (Japan) and San Paulo (Brazil) so we begin to have some information. Brazil is mostly qualitative, and Tokyo are starting their first quantitative studies. (Fr)
- Brazil has qualitative studies because many who study homelessness are philosophers and do not undertake statistical surveys. There are count surveys in San Paulo because of the interest of the mayor. Nicaragua, Venezuela, Mexico has more interest in qualitative studies, particularly of street children. But in Nicaragua for example it is not a minority problem – most of the children are homeless – and they wouldn't want this as general knowledge. In many countries it is hard to find the services. (Sp)
- The problem of definition is also very difficult in Brazil – who is homeless and who is not. Are those living in the 'favella' homeless? (Fr)

3) The issue of creating a sample

- Each paper should say how is the most representative sample to be arrived at. We found in Madrid that through soup kitchens and shelters we contacted 90% of the population. (Spain).
- In Paris most homeless people can be found through sampling shelters and food distribution centres, but a few can only be found through outreach workers distributing sleeping bags, coffee etc. There are also those found at the railways. (Fr)
- In Hungary we sampled the users of a bus that did lung screening for TB. (Hungary)
- In rural areas in the UK it is difficult to undertake surveys because there are no services or because people are not found as rough sleepers. Also in some cities services put up barriers because there is too much need e.g. one can find a higher ratio of homeless in Manchester than in London but that may be because some services have closed their lists. (UK)

4) Weighting the different responses to the survey.

- It is necessary to weight the probability of use to arrive at non-biased estimates which take into account the multi-use of services. (Fr)
- Many surveys are undertaken in Winter, doesn't this bias the results? (Netherlands)
- It was too expensive to do it twice (Fr)
- We did a winter count of three months using agency records and then six months using agency records and there was no difference between the quarters. But this count was of youth and that may be different from older homelessness. (UK)
- It depends on the climate. In Los Angeles 50% of people are outside the services, but in Washington only 10% are outside the services. (Sp)
- It is also important to find out how long people were on the streets. Street surveys over-represent those who are on the streets for the shorter times. (Netherlands)
- It is difficult to survey during the summer because services close (Fr).

5) *Choosing a methodology*

- It is simple to make a recommendation about methodology because the methodology is linked to the question. The first statistical surveys tried to answer questions about how many homeless people, what age, gender, race and so researchers or NGOs conducted some type of S-night survey of the street or the street and shelters. But now the questions are more complicated, about familial relations and the impact of being on the street – so we can recommend longitudinal and qualitative. (Fr)

- Three types of actor are important in relation to homelessness resources – politicians, NGOs, and academics. The interest of each is different. A politician might use the money to address the problem of homelessness rather than make a survey. If the money is not available for a scientific survey then a qualitative one is better. In Spain it is not possible to do the type of scientific survey undertaken by our French colleagues. (Sp)

- Changes in definitions of homelessness can be a huge issue. In Spain there is an explosion of homelessness among immigrants but the network that serves immigrants is completely separate from the network that serves homeless people. Do you sample both networks? (Sp)

12:00 – 1:30 PM

Spanish long paper: Psychosocial assessment in Point-in-Time Surveys

Manuel Muñoz and Carmelo Vázquez (Complutense University of Madrid) presented the paper on the use of Psychosocial Assessment Instruments in Point-in-Time surveys.

There are over 7000 references in Medline for Homelessness – there are therefore thousands of different variables that have been included in studies and hundreds of different instruments, and different versions of the same instrument. The field is both complex and chaotic, although the majority of surveys are point-in-time surveys. We looked at a sample of all the studies identified by Medline and PSYCHinfo and Sociological on line databases, from 1984-2003.

This morning we talked about different questions and different methodologies. It is the same with psychosocial assessment instruments – different instruments answer different questions. We have instruments for: screening, diagnosis (mental health), measuring outcomes of interventions, for exploratory information and for carrying out administrative work.

There are three criteria on which to evaluate an instrument:

- practicality – e.g. ease of use and cost effectiveness;
- usefulness – e.g. relevant to the objective of the study;
- psychometric – are results comparable with other results using the same instrument; is the instrument both reliable and valid; is the instrument internally coherent; and also can the results of homeless studies be compared (where possible) with the rest of the population.

Our sample of studies showed that the most important key variables covered the following areas: socio-demographic data; important or stressful life events (either childhood or adulthood); quality of life; mental and physical health; social support; service use and satisfaction; psycho-social functioning. In each of these areas the paper demonstrates that there is differing reliability between instruments, and some instruments that have been proved to be of more use than others.

Different members of the network have raised different questions in relation to our paper. France has raised the question of whether it is possible to use instruments developed for one culture (the host community) for the homeless, or even for people from another community (immigrant communities). This is an important question because in Spain we are using instruments developed in the US and are they appropriate for our culture? The UK team

have asked us to specify who can use the instruments, must they be psychologists or can they be trained interviewers?

Discussion and Additional comments by other teams

From the point of view of evaluating services it is important not just to evaluate the impact on the individual but also the processes that happen within the service. The tools you describe lack context and therefore it may be difficult to generalise from one service to another. (UK)

We are in the process of evaluating 10 services in Madrid and looking for ways to do this. (Sp)

One study in the UK, published in 1996, did use the same instrument with the general population (10,000), and the homeless population (1100) and found 35% neurosis in the homeless population, compared with 14% in the general, and 8% psychosis in the homeless population compared with 2% in the general population. But this was expensive. It is important for us to recommend good instruments that can be used by general interviewers. Researchers go on using the GH12 even though it is very old, has statements inappropriate for vulnerable populations, and should only be used by psychologists, but frequently is used by general interviewers. (UK)

The SF36 is a better instrument than the GH12, we and others use GH12 because there is a lot written about it. (Sp)

Many Quality of Life instruments are reduced versions of Lehmann – but like all Quality of Life it is difficult to get data from the instrument. People use the instrument without being able to interpret the results. (Sp)

We use well trained lay people for our interviewers – students. The interview schedule is about an hour long and homeless people are alright with it because they like the fact we are listening to them. (Sp)

There is a problem with one instrument. The question of drinking – Has someone told you that you are drinking too much. Some homeless people said no because they were completely socially isolated. Also there is an acceptance of this behaviour in the homeless milieu. (Fr)

But what of the strengths of homeless people? It appears that many of these instruments are about the shortcomings? (NL)

I would say 99% of the instruments are about shortcomings. But the most important variable to predict is whether someone will make changes in their lives – we do not have the instrument to provide the answer for this kind of evaluation but we should try and provide one. This is important not just for homeless surveys but for general population surveys. (Sp)

15:00 – 16:15

Shorts papers on national Point-in-Time Surveys (I)

Each team presented a short paper on Point-in-Time Surveys that had been undertaken in their countries.

France: Nicolas Razafindratsima and Martine Quaglia presented an overview of French surveys based on shelters from 1982, on representative surveys in Paris from 1995 and 1996, and then in 2001 the first national survey in France of 4000 users of shelters and hot meal distribution services. Further studies in 2002 and 2003.

These surveys are of the 'literal' homeless i.e. those living in shelters or on the streets the night before. The National Survey estimated 63,500 literal homeless adults, and 16,000 children under 18 years. Two thirds were males, younger than the general population and more non-nationals. 36% seeking employment, and a third had a job but most seeking another job because their employment is precarious. Over a third (37%) reported they were in poor health. Nearly 3 out of ten (29%) had mental health problems during the year before the interview. The rate of homelessness is similar outside of Paris as to Paris, but twice the number in Paris slept rough.

Maryse Marpsat explained that the INSEE survey had 38% women in their study, and INED had 16%, because INSEE included long-time accommodation services for women with children under 3.

The psychiatric diagnosis of the 1996 survey was achieved through a version of CIDI.

Hungary: Eszter Somogyi and Sándor Erdosi Jr presented an overview of the yearly surveys of Budapest that have been made from 1999. There was also a national survey based on managers of hostels and surveys of homeless people in nine larger cities. A national survey was also undertaken on the health service response to homelessness.

These surveys are also of the 'literal' homeless, those on the streets and living in institutions but they either 1, interview homeless people directly (Budapest), or 2, interview managers of the institutions and use their records, or 3) special surveys of a small population that deal in more depth.

Homeless people have educational problems and health problems. Main reasons for homelessness are personal conflict, economic reasons and release from prison, hospitals, state orphanages etc.

Italy: Antonio Tosi presented an overview of the two national studies, and other local studies in Italy. The social construction of homelessness in Italy focuses on the person with 'no abode', who is not just a 'rough sleeper' but a marginalised person. Research on homelessness is therefore not undertaken by housing researchers in Italy, but by the National Commission for Social Exclusion and Poverty. There is also a different tolerance to visible homelessness in different parts of the country, between Milan and Rome (greater tolerance) for example. Immigrants are beginning to change the picture of homelessness because they have a housing problem, rather than a marginalisation problem.

Spain: Carmelo Vázquez reported that the Hungarian picture was similar to that found in Spain. There is not national data in Spain but 7 or 8 local studies, and often these are based on one service or city and there is no random sampling, no weighting. Despite the impression of change that service providers have, it appears from these surveys that the majority are male, about 40 years. The only change is the growth in immigrants among the homeless populations.

They had poor social networks, little formal economic activity but a lot of informal economic activity, a quarter some time in prison, and a sixth some history of psychiatric hospitalisations. We don't have data to compare with the general population.

There was then a discussion on homeless people and the minimum income in Spain, France and the Netherlands.

Netherlands: Lia Van Doorn and Iris Leene reported on the national monitor of homelessness in the Netherlands, that began in 2000, and includes three types of data: client registration, 5 large studies conducted from 1995, and street surveys. The outcomes of the three types of data are then compared. Client registration includes only those people living in institutions, not rough sleepers, and there are two databases whose information is not strictly comparable, but will be made compatible in 2003. The five studies include one national, in 20 cities, and four local. However even the local studies concentrated on different groups – roofless, homeless, or undefined. The Rough sleeper counts in Amsterdam have also used the capture-recapture method and found a decline in rough sleepers between 1999 and 2003. An issue in the Amsterdam was whether you counted people laying down or walking around and staying awake.

Overall the main problem is the lack of compatibility in relation to how the questions on length of time homeless were asked, or mental health, etc.

UK: Joan Smith and Ann O’Sullivan reported on homelessness in the UK. There are two problems in reporting all point-in-time surveys in the UK. The first is that the UK is four countries - England, Scotland, Wales and Northern Ireland - and they each have their own Housing Executive and research strategy. The second is that homelessness in the UK encompasses, because of the Homeless Legislation and administrative initiatives, three categories of homeless populations: homeless households who are applying for social housing, single homeless people, and rough sleepers. Different point-in-time surveys have been undertaken with these three different groups. There has also been one point-in-time survey reported in 1996 that surveyed the mental health of homeless people compared with the general population. In 1999, there has also been a large survey (14,000) of school students to establish the prevalence of running away.

1988-96 saw national surveys of homeless applicants for social housing. This was because the number of applicants had peaked at 142,000 households (up from 55,000 in 1977 when the Homeless Persons legislation was introduced). The major survey of applicants seeking housing through the homeless legislation was a survey in 1996 in 9 local authorities. This was both point-in-time and had a longitudinal element in that they followed them up to find out what happened after they had been accepted or rejected.

The major point-in-time survey of the Single Homeless was undertaken in 1991 (published in 1993) in the same year as the Census. This survey was of people living in shelters, and using food distribution centres. The profiles of these homeless people were similar to the ‘literal homeless’ of Spain and Hungary.

The third set of surveys were first counts and then surveys of ‘rough sleepers’ in London. As with the Netherlands one issue is that the count became increasingly narrow in its definition of rough sleeping – only including those sleeping on the street.

The paper from Tobias B. Stax, **Denmark**, was also included in the meeting and the discussion.

Friday, October 10 2003

Morning

9:30 AM – 13:30 PM

9:30 – 11:30 Social Welfare Ministry Spain, General sub-Director of Labour and social welfare
Madrid regional government, General director of social welfare
Madrid city council, Chief of Department of Social services, General Director of Social Services
Spanish FEANTSA coordinator
FACIAM coordinator – Caritas
RAIS Foundation

Solidarios
Realidades Association
(other NGOs according with the agenda)

On Friday morning three groups of presentations were made. The first was by the officials responsible for Homelessness in the national Ministry, the region and the city of Madrid, the second by the Spanish representative to FEANTSA, and the third by NGOs working in Madrid (see appendix for the list of participants).

Manuel Porrás, the Representative of the Ministry dealing with Childhood, family matters, co-operation with NGOs, the fight against poverty and the training of social work, reported that Spain had, at the national level, begun to develop the strategy of inclusion i.e. the fight against exclusion. In June 2001, the first action plan was designed to be two-year and in the first year it developed an inclusive working method including all social actors, including NGOs, and then began the work of transferring this plan to the different regional territories that held the power to implement them; so far 13 of the territories have a regional social inclusion plan and 4 are developing them. The second year of the plan began to focus on the areas that required most attention: structure of the household, ageing populations (unemployment, retirement, pensions), participation of women in the labour market, migration and immigrants, and the problem of social exclusion.

Housing is an important protection system but there are still people without a house. On the positive side employment is improving in Spain. But again we are dealing with an increasingly dependent population and challenges due to immigration. The male/female question is also a priority, as are the new family types.

Therefore the Plan has 10 priorities with 264 measures – the first and most important is reduce poverty by 2%. Overall there are four objectives. The first objective has two parts – access to employment (21 measures) and access to resources (17 measures). The second objective is prevention: 35 measures with three priorities including aid to families. The third objective deals with the most vulnerable groups and there are within this 10 measures for the homeless: resources network, intra-professional teams, special programmes for women and young people, minimum income, observations and to foster an observatory, ways to find them early, access to urban transport, standards for residential centres, possibilities for housing couples and families not just individuals. The fourth objective is to foster collaboration between NGOs and ourselves, social agents and the whole society.

In doing all this the plan will use the 18 common indicators across the European Community. 'In conclusion... in Spain national inclusion plans are an important opportunity, a process, to bring together, public general policies, families, NGOs, the labour field, trade unions, entrepreneurs, all together for a common end...' The plan will be published in the Ministry of Social and Labour Affairs www.mtas.es.

Roberto Collado, Chief of Services at Madrid City Hall, spoke next, supported by his technical advisor Juan Antonio Belmar, on the responsibility of the Madrid City Government for over 5 million persons, 3.5 million of whom live in the City of Madrid. He reported the findings of Professor Cabrera on street sleeping: 500 persons sleep on the streets everyday, 82% of whom are men, 29% have mental health problems, average age is 42 years and over half have been on the streets for more than 5 years. Currently 30% are foreign, a third are from Eastern Europe and two thirds from Latin America. Street sleeping is concentrated in one district out of the 29, where most services exist, - over a third sleep in that district.

There has been a restructuring of social services in the area in order to fulfil the Madrid city government's responsibilities. The aim with the homeless is that there should be no homeless person who has no-one paying attention to their needs. We are working with all city halls and encouraging volunteers to this end. We are also increasing provision over the next 4 years:

- a) The winter shelter to open all year; winter shelter to become day centre; new direct access centre in 2-3 years; new smaller hostels/homes rather than large 300-400 beds.

- b) Recently homeless people through divorce require immediate reinsertion and we are looking at the possibility of providing housing for couples and not just temporary shelters.
- c) The possibility of using pre-fabricated shelters this winter rather than subway shelters, with dinner and breakfast provided, bus transport for users of the shelter.
- d) Changes in the Social Emergency Services. Instead of just the 2 emergency vans we will also be providing professionals who specialise with working with the street homeless.

Encarnación Blanco from the Regional Government of Madrid explained the social exclusion plan for the region that was established following the Kingdom of Spain Inclusion Plan. One of the important measures was the right to a minimum wage. A Committee was also established to assess how it was possible to achieve the objective of social inclusion for those outside of the normal networks, the homeless and beggars. The Committee included Professor Cabrera of the University of Comillas, local municipalities and NGOs. The plan of the Committee, led by Professor Cabrera, proposes 85 specific measures for the homeless – from this plan has been selected some measures that can be introduced as emergency measures.

First we have insufficient resources in Madrid: there are 1,256 beds and about 500 also live on the streets and these services are concentrated in the central district; outlying districts do not have services. We have proposed: a one-stop shop for services, networks for housing the homeless in areas of over 100,000 population, comprehensive programmes to prevent begging, vocational training, multi-professional teams to work on the streets, quality standards manual for homes.

Important points are:

- a) We have a budget to set up four multi-professional teams – a psychiatrist, a nurse, and a social worker; two teams in the morning, two in the afternoon, and an extra team to support the emergency services at night. So there will be 24 hours cover.
- b) There will also be 3 new centres with 30 rooms for prematurely elderly persons with special physical and psychological needs who do not fit into other shelters.
- c) We will try to increase the amount of accommodation available through public housing and housing to rent, to help the homeless move into an individual house.

Response: Maryse Marpsat thanked the speakers remarking that it is important for the CUHP network to understand the policy and research preoccupations of the policy makers and NGOs in order to can think about the appropriate methodologies to give knowledge. The network hopes to publish papers that will be helpful to their needs.

There was then an interesting discussion between the NGOs present and the different public services representatives concerning:

- i. Whether the older street homeless would have to go to a shelter. That would be a big change for some of them.
- ii. How will the Town Hall teams and the Regional multi-professional teams work together, or be funded together?
- iii. How will this work if there are centres in Madrid for the immigrants and not in Barcelona – won't people move to Madrid.
- iv. How can we make the public more aware of the problem. We agree this is necessary but there doesn't appear to be any specific measures.
- v. What will be done to get people out of the homeless network – how will inclusion begin.
- vi. This four year plan is ambitious – 12 new centres, 6 or 7 street teams. But we need to evaluate this plan. Does it work?
- vii. Spain has no national survey of homelessness as has taken place in several other countries in our network. When will this happen?

Responses from the speakers:

The money is in the budget not just for this year but future years to undertake this work. There are measures for insertion, for training. We also have another plan for the Mentally Chronically Ill, we need to bring both plans together.

Each City Hall determines its own work and we need to raise public awareness. We don't have a national report yet but we do have information that we can use to bring attention to the problem.

Professor Pedro Cabrera, the Spanish Representative on the FEANTSA network then spoke of the situation in Madrid and explained that between Ministry, Region and City co-operation was more possible in Madrid than other areas such as Barcelona/ Cataluña where political differences made such advances difficult. For example there were only 800 beds in the whole of Cataluña last year for the homeless. There are in fact only 2 university teams that have an interest in homelessness – that of Comillas and Complutense – and we work closely together.

My estimates for FEANTSA put the number of homeless in Spain at 30-40000, with perhaps 11000 shelter beds. How do we explain this given the previous high rate of unemployment? First there is now 82% home ownership, compared with 52% rented in the 1950s. Second there is still a strong family system with young people living at home until their 30s.

There are other problems. A homeless person might have a minimum wage of 300 Euros whilst the professional working with them might only receive 900 Euros. Also if the interest rates rose 3-4% we might be faced with a UK situation of a few years ago, of many people losing their homes through default.

The third group of presentations were from NGOs.

Sebastian Mora of Caritas estimated that in practice it is largely volunteers who deal with the homeless. Talking about increased resources and multi-professional teams, it is important to think not just about increased resources but also improving the quality of what is done.

First, social and health issues go together and individual routes into inclusion must be created.

Second, one must not just work with individuals but with their social networks, support networks.

Third, an ethical agenda that encompasses confidentiality, autonomy of the individual, independence is needed.

Fourth, volunteers have a political agenda separate from that of political parties: 'we speak about dealing with individuals to make them real citizens, but whether they have a home or not they are all citizens... There is not true happiness without dignity, but you cannot have dignity with unfairness and injustice. Those of us working with homeless people, drug abusers, immigrants, we have this tremendous task, for hope without injustice, for people to have dignity'.

Jose Manuel Caballol, from the RAIS Foundation, a non-profit organisation aiming at tackling social exclusion with several programmes: a homeless street project, a low demand centre, a social accompanying programme for the homeless, small amounts of money, employment programmes and job search programmes.

The street outreach work has been in place since 1999 with professional social workers and psychologists who accompany people on the streets.

Jose Anierte of Solidarios spoke on the work of this foundation that was founded in 1988, with the aim of tackling marginalisation with the aid of volunteers. The major focus is on the homeless and it has 300 volunteers working in Madrid (180 volunteers), Seville, Corduba and Granada. Street work is through befriending. The foundation also raises public awareness through presentations.

Jose Manuel Caballo then presented the pilot project that had been completed this year. Volunteers work four nights a week across 7 routes and get to know the homeless – professionals then accompany them on one of these nights. Together the volunteer and professional can motivate the process of change. The work takes place during the University terms because it is mostly students. Solidarios has helped different individuals into shelters, into economic activity, into health care, into minimum income. It deals with 170-200 people a year.

Carmen Lozano explained the work of the Realidades Association. They are a group of professionals with an interest in social exclusion who research and intervene in social exclusion matters. There are three activities:

- i. Individual psycho-social attention and arranging homeless people to receive the minimum income.
- ii. Day centre activities from 1993
- iii. Housing Facilities

Realidades thinks it is important to develop intra-agency co-operation and a single point of information for homeless people. Housing shortages must also be tackled; from 1994 we have been developing shared accommodation; housing is now very expensive and there is little to rent and there needs to be a public answer to this. We believe stable housing will motivate people to change. There are very cheap pensions where no-one knows the owner and this does not help stability.

A further problem is that the profile of the homeless is changing. There are more drug users; problems of mental health are also not receiving enough attention. Finally, we need volunteers but we also need to have a very professional approach.

12:30 – 13:30 CUHP network contributions and general discussion

Following these three different types of presentations members of the CUHP network from France, Netherlands, UK reported on developments that might be of interest to the Spanish NGOs and policy makers present.

France – Martine Quaglia reported on a) changes in homeless populations in France compared with the 1950s and b) the national survey of INSEE based on the INED methodology. She also reported the growth of unemployment and precarious jobs mainly affecting young people, women and people over 50 years and questioned about the consequences of scheduled restrictions of the Minimum Income and Universal sickness coverage. She underlined other policy changes - campaigns towards domestic violence, new issues in relation to immigrants and asylum seekers, and further problems with mental health given the sectorisation of mental health care-, as factors of the arrival of a new type of clients in the homeless services.

The emergency sector facing a new type of client (asylum seekers, young runaways, women survivors of domestic violence, over 50s without work, long-term street dwellers), the Law against Exclusion (1998) was an attempt to give proper responses to this new type of homeless population. It encouraged a real network collaboration between the services and supported the creation of new services like mobile teams.

Netherlands – Lia Van Doorn explained that about 30,000 are homeless, and similar to those in Spain and England, median age is 40 years and largely male. In 1990 responsibility for homeless services was placed in 40 bigger cities, who have to develop a policy and fund the services from devolved funds from central government. Advantages to decentralisation is that people know the local area, disadvantage is that some local areas had no intimate knowledge of the problem.

There is now more emphasis on measurable results.

UK – Joan Smith reported that there are differences in the UK situation because different groups are included among the homeless. First homeless households have a right to housing under the Homeless Legislation if they have dependent children, or are elderly, or are vulnerable young adults – they apply to local authorities – more than 100,000 households each year. Second, single homeless people, women survivors of domestic violence, those with specific problems (mental, physical health) may be offered hostel places. These hostels are run by NGOs and Housing Associations in the UK – since 1977 homelessness was seen as a housing issue in the UK. This year there is a new funding regime – Supporting People – that pays hostels for the support they provide and also pays for floating support when someone has a new tenancy. Third, there are rough sleepers. These homeless people are much more like the people you are working with. From 1993-2000 working with Rough Sleepers, particularly in London, was a top priority for the government. The Outreach teams are run by NGOs, but always they are paid workers, paid by the NGOs, and often with qualifications. There are discussions about a new qualification specifically for homeless workers.

Hungary – Eszter Somogyi presented the situation in Hungary that has changed drastically since 1989, when there were no openly homeless people on the streets. Currently it is estimated that there are 20-30,000 'literal homeless' (street and shelter homeless), of whom half live in Budapest. New institutions were created – street shelters (7-8000 bed places), 11 rehabilitation (300 places), 4 nursing homes (100 places) and day centres. Half the services are run by NGOs, local government contracts out the services to NGOs. This system cannot manage other groups of homeless people – young people, homeless families, couples, physical or mental ill health. There are no preventative policies. There is now a Commission of Homeless Affairs. There needs to be a new strategy that encompasses housing policy.

Discussion – Several points were raised:

- i. Immigration is of importance across several countries now.
- ii. It is necessary to link the problems of health and homelessness and housing, England is a place to look at.

- iii. The criminalisation of poverty is another problem – zero tolerance policies turning beggars into criminals.
- iv. It is wrong to target the homeless with emergency services; the homeless don't have only emergencies but need to be worked with over a long period of time. Someone needs to co-ordinate the different services for them.
- v. Floating support has been put in place in England under a new funding stream, so that when homeless people get settled there is someone who stays working with them. NGOs are being funded by the government for this. Again, as the Netherlands representative has pointed out, there is a large audit of this work to prove value for the person.
- vi. In Spain we also need to train the police
- vii. The French outreach teams are run by NGOs but there are ethical issues – what of those people who do not want intervention, who refuse. What of night shelters who only have someone for one night – how can that intervention be more constructive.
- viii. All responses must be individualised and allowed the time necessary. It is important to welcome people but then what happens? What resources are available.
- ix. Trust is important with homeless people but working in Rotterdam, the researchers find that homeless immigrants don't trust them, they are from a different culture. The researchers have to use interpreters from the homeless person's host country.

The Open Session was closed by the Chair, Manuel Muñoz of Complutense University, who thanks, on behalf of all, the interpreters. Manuel Muñoz reiterated the importance of the rights of the homeless and referred to a chapter on this in a contribution they had made to a book on Human Rights and Psychology.

The afternoon closed with a discussion of **Administrative and Financial Issues**.

Appendix
List of the researchers and NGOs and public agencies for the second day of the Madrid meeting

Politicians:

Manuel Porras. General sub-director of Labour and Social Welfare (Subdirector General de Trabajo y Asuntos Sociales). Social Welfare Ministry (Ministerio de Asuntos Sociales).

Encarnación Blanco. General Director of Social Welfare (Directora General de Asuntos Sociales). Madrid Regional Government (Comunidad de Madrid).

Roberto Collado. Chief of Department of Social Services (Jefe de Área de Servicios Sociales). General Director of Social Services (Director gerente de servicios sociales). Madrid City Council (Ayuntamiento de Madrid).

People from organizations who presented their work:

Pedro Cabrera. FEANTSA

Sebastián Mora. FACIAM – Cáritas

José Manuel Caballol. Fundación Red de Apoyo a la Inserción Sociolaboral (RAIS)

José Anierte. Solidarios para el Desarrollo

Carmen Lozano. Asociación Realidades

Others organizations / resources who were in the meeting:

Unidad Móvil de Emergencias Sociales. Ayuntamiento de Madrid.

Albergue Puerta Abierta. Ayuntamiento de Madrid.

Servicio de Información Telefónica y Atención de Emergencias (SITADE). Ayuntamiento de Madrid.

Fundación Vicente de Paul.

Fundación San Martín de Porres.

SMES

Compagnons de la Nuit, Paris.