Analysing the effects of Covid-19 on homelessness in Spain during the first quarantine

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Abstract

This study aims to reflect the difficulties encountered by homeless people and homelessness in general, in the face of the crisis due to Covid-19, focusing on the situation in Spain. The paper describes the different responses carried out by different entities, both Spanish and international when dealing with homeless people. The study explains how the global solution of accommodation in different reception centres or hostels for homeless people, is not a solution that protects this group, but quite the opposite. To this end, we are committed to a model that has been in full development since the 1990s, the Housing First model as well. In conclusion, we focus on the importance of institutional coordination when offering a response to homelessness, regardless of the area where we are, with special attention to the Housing First model as a measure to be considered in the long term.

Keywords: Covid-19; homeless people; homelessness; housing; shelters.

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1. Introduction

At a time when staying at home, in quarantine, is fundamental for the control of the Covid-19 infection, what quickly comes to mind is one of the groups who are likely to be affected most, that is, the homeless (Khan et al., 2020; Thakur & Jain, 2020). What happens when it is impossible for these people to stay in a house during the State of Alarm that has caused the Covid-19? What happens when approximately 33,000 people out of the 47 million in Spain who are confined, do not have a house to spend the quarantine in? In managing the public health crisis, it is important to consider these homeless people.

These people have a double vulnerability to the virus: on the one hand, they have generally deteriorated health, so they automatically become people at risk. In addition, Feantsa (2020), states that the prevalence of respiratory diseases is high, increasing the risk of lethality and severity in the case of contagion with Covid-19. And, on the other hand, being on the streets, they cannot take the hygiene and sanitary measures that we are asked to take, not to mention the difficulty of maintaining these measures in the shelters (Tan & Chua, 2020). A simple measure such as frequent handwashing with soap and water can become a challenge for these people (Perri, Dosani & Hwang, 2020; Conway et al., 2020; Tan & Chua, 2020).

1.1. Purpose of study

Wilson, Ramage, and Fagan (2020) have found other factors that make it difficult to care for the homeless, such as increased drug use due to situational anxiety, the sudden interruption of drug use, or difficulty in accessing psychiatric treatment due to the health crisis caused by Covid-19. The global solution that has been taken, that is to say, the accommodation in different reception centers or hostels for homeless people is not a solution that protects this group, but quite the opposite. It can be counterproductive due to overcrowding and the ease of contagion between some people and others. To this end, we are committed to a model that has been in full development since the 1990s, the Housing First model as well. This model is the opposite of the traditional intervention with homelessness, offering the protection and security of a house, a home, which is so much needed these days. This study aims to reflect the difficulties encountered by homeless people and homelessness in general, in the face of the crisis due to Covid-19, focusing on the situation in Spain.

2. Methodology

This study is a literature review that describes the difficulties encountered by homeless people in the face of the Covid-19 pandemic and the "supposed" solutions provided by Governments. The population under study in Spain. Data were collected by observation and also from online resources, FEANTSA, and previous literature that tackled the topic under discussion.

3. Results

3.1. The Global response to homelessness and Covid-19

The Centers for Disease Control and Prevention (2021) in the United States have developed interim guidelines for social services and employ staff to take when intervening with homeless people. At the European level, the European Federation of National Organisations working with the Homeless (FEANTSA) monitors the situation of homeless people and Covid-19. In Spain, the Provivienda Association was responsible for producing a guide that includes a series of measures focused mainly on the Habitat Housing First program, which we will discuss later.

So far, we have found several facts that should be a priority for the various European governments, public health services, and other service providers. The first of these should be to take specific actions and measures for these people. For example, we have the Pathways organization in London, United Kingdom, which is working on a detailed plan to separate

homeless people who have the virus from those who don't, establishing new facilities for each group (Homeless Link, 2020). Following the same line, in Salamanca (Spain), the City Council together with the Spanish Red Cross have established a Municipal Centre of Vistahermosa for those people who test positive, thus separating them from the rest of the homeless people who are in the Centre of Attention for Homeless People (being the municipal shelter) and Father Damien (belonging to Caritas Diocesana), among others.

What we have observed is that public services and authorities have taken a major measure concerning the homeless, that access to shelter in the various reception centres, shelters during the pandemic (Tsai & Wilson, 2020). Some of them are countries like France, Belgium, Luxembourg, and Spain (Buxant, 2018). Despite the blockade and confinement measures, they are maintained to serve these people. In this situation, the Spanish Government approved measures for the prevention and protection of these people by reinforcing the already existing shelters for homeless people (22,000 places in hostels) and providing new spaces where they can be accommodated, to achieve a minimum of protection during the State of Alert. In the case of Salamanca (Spain), due to the lack of places in the city's services, the City Council has also set up the Lazarillo Municipal Hostel so that 20 homeless people can be confined. Cities such as Nice (France) and Cannes (France) have taken these steps as well, providing new spaces for homeless people in the city; Brussels has opened a new shelter for 15 homeless people.

According to the data offered by HogarSí, thanks to the information obtained through different public entities, more than 7000 emergency places have been made available in Spain in addition to those already in existence, to offer safe accommodation to all those people who found themselves in a situation of homelessness as opposed to Covid-19: 6711 increased the number of places in collective accommodation, 584 increased the number of places in hotels and guesthouses, 46 increased the number of places in housing and 116 new accommodation centers. Despite the recommendations and measures that have been offered by the Government to the autonomous and local authorities, they were not sufficient to prevent people from being on the streets due to the lack of available places, or simply because of the fear of contagion that could occur in the different centres.

Figure 1

Map of Spain where new centres were opened or places for homeless people increased during Covid-19. HogarSí (2020).

One of the most controversial measures taken by the public authorities was in the United States, specifically in Las Vegas, where homeless people were installed in a parking lot where rectangles were painted with the necessary separation to avoid contagion. What is interesting about this issue is that a large number of the people who settled there came from a night shelter, Catholic Charities of Southern Nevada, because a homeless person had tested positive for the coronavirus.

Difficulties were encountered with the different responses to Covid-19 and the homeless. However, was it the safest solution for these people taken by the Government of Spain or other countries? Without going beyond pointing out constructive criticism, could not these centres easily become places of contagion? As Caballol (2018 as cited in Benakis, 2018) said in an interview, collective accommodation in hostels and other centres for the homeless is outdated, as it does not solve anything. Therefore, to what extent is collective housing safe for the homeless during the quarantine? To what extent do they offer the protection that we all need at this time?

A collective accommodation in hostel facilities and dormitories are common areas, so a highly infectious disease like the coronavirus has "free reign". Since the beginning of the pandemic in Europe, we find that in a hostel in Paris there have been 13 cases of infected people. Therefore, Feantsa (2020) states that all accommodation services have to take a series of measures: strengthening hygiene measures, reducing overcrowding by increasing the capacity of the accommodation, following hospitalisation protocols, having health staff in the centres for homeless people, among others. Despite this, as some experiences have been made in retirement homes in Spain, the moment a person is infected, it is difficult to control it because of the confinement, so we are putting people's lives at risk.

In Boston (United States), a study by Baggett, Keyes, Sporn, and Gaeta (2020) on the impact of coronavirus on the homeless population confined to shelters has been carried out, and it was observed that 36% of the participants (147 people out of a total of 408), tested positive after two days in the shelter. Because of the rapidity with which the spread of Covid-19 increases in an environment such as homeless shelters, shaping the response to homelessness is critical for homeless people.

A few weeks after the start of this pandemic around the world, along with the declaration of the State of Alarm in the corresponding countries, including Spain, we find that homeless people have different substance addictions, or are in a process of recovery. The fact that there are a health crisis and an overflow in medical care, authors such as Wilson, Ramage, and Fagan (2020), find two facts; on the one hand, an increase in the consumption of homeless people due to the anxiety situation they suffer; and, on the other hand, forced abstinence in which it implies health problems derived from this abstinence. As the public health system was overwhelmed by the Covid-19 crisis, it made psychiatric, psychological, and pharmacological care difficult, especially for homeless people who were in the process of recovery, and ceased to be monitored by both health professionals and public administrations.

The limitations and characteristics of homelessness care systems before Covid-19 and their lack of flexibility caused an overflow in the response offered. For example, there is a lack of professionals, health protection equipment, etc. for an effective response to the coronavirus pandemic. Another of the complications that arise at the moment is the application of confinement measures by the police, at least in Spain. For example, when people are fined for being on the street, even though they do not have a house to confine themselves to. The police must pay special attention to this group of people, and it should be borne in mind that these

people are safer on the street itself where they can maintain the distance that they would not have in a shelter, despite the lack of hygiene.

The confinement measure also began with specific measures so that people with autism could be on the street respecting the distance, a measure carried out ensuring the health of these people; or with a measure in which the children could accompany the adult when he or she goes to do the shopping. Why are no specific measures being taken for the homeless? What happens when it comes to people who have no alternatives whatsoever to meet on the street? Would they be fined the same as someone else? Instead, due to the situation we are in, it is more important to offer protection by the security forces to those homeless people who are on the streets, as we can find cases like the one that happened in Barcelona; during the State of Alarm period, three homeless people have been murdered in the Example district.

Finally, a very important limitation that has been observed during these months and the start of the pandemic in Spain is the lack of information for homeless people regarding the resources available. This information could be obtained mainly by the professionals of the different reception and emergency centres by those persons who were in contact with these entities. However, the same did not happen with the homeless people who previously found themselves outside the homelessness care system, so there was a clear problem of access to information regarding the resources available in each city.

3.2. An alternative model for intervening with the homeless

Previously we commented on the problem of confinement of the homeless in different centres, shelters, etc. available in the different cities, both in Spain and in other countries. This is due to the problems we had already been having when it came to intervening in the situation of homelessness. One of these problems is the traditional or ladder model of intervention that we work with, also called the continuum of care (see Figure 2).

Cabrera (2009) defines this model as a personalised itinerary established using an agreement between the professional and the person to be followed, in which stages are overcome or steps are climbed in the process towards an autonomous life together with permanent housing. In other words, this model offers a path with different supports from less to more autonomy, in which homeless people are asked to overcome difficulties such as addictions, mental health, unemployment, etc. If you manage to overcome these difficulties, you may be able to get a house. We can meet people who have been in and out of the system of emergency centres, shelters, reception centres, etc. for 10, 20 years. Who works with this system? Feantsa (2016) states that the more time people spend in a shelter or emergency accommodation, the more difficult it will be for them to get to live independently as they tend to make their situation chronic.

Figure 2
Staircase of transition. Housing First Europe. Final Report Busch-Geertsema, (2013). Adapted from Sahlin (1998).
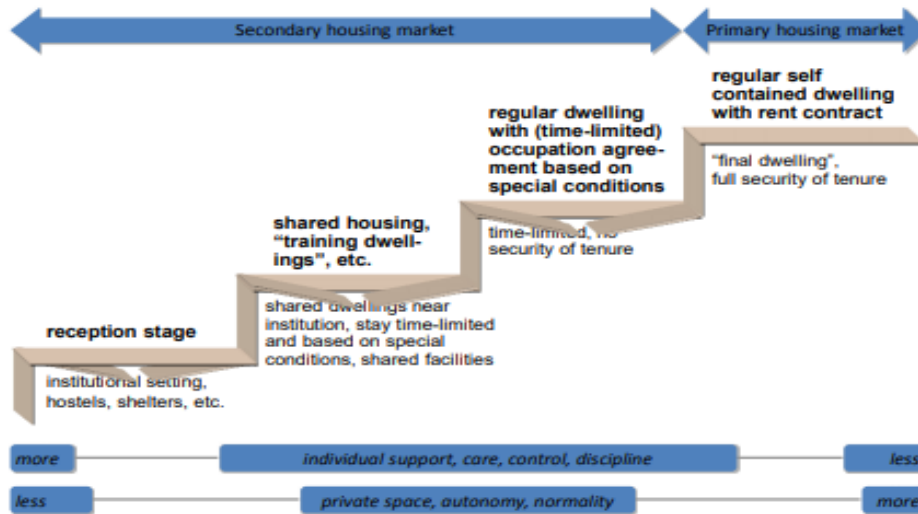

We do not pretend that this model does not work at all, as there are people who have been able to carry out a successful recovery process. However, most of them stay on the road. In addition, this type of process requires rigid monitoring, as do behavioural standards, not to mention the obligation to undergo psychiatric treatment and sobriety if required in cases. Therefore, in a situation like the one we are living through, the configuration of devices offered both in Spain and in other countries, is not the most adequate to offer that security that all people need.

In Spain, we have the example of the Rais Foundation or HogarSí (as it is currently known), in which the configuration of devices has made it easier to offer that security to the homeless since they have been working with the Housing First model since the end of 2014. This model offers a response contrary to the traditional or ladder model, that is, it proposes to start with housing, a home where you can make a living, protect yourself, and start working the other difficulties so that you can have your recovery process.

Figure 3
Housing First Model. Housing First Europe. Final Report. Busch-Geertsema, (2013).
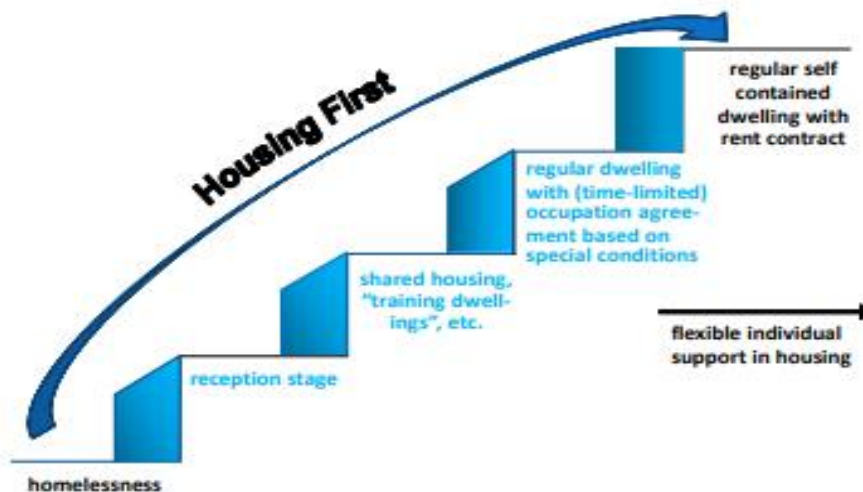
The Housing First method has its beginnings in the 1990s and was developed by psychologist Sam Tsemberis at the NGO Pathways to Housing (Tsemberis, 2011; Uribe, 2016). It was launched in 1992 with 50 apartments thanks to the contribution of the New York State Office of Mental Health. By 2019, it had more than 1,575 homes in about 300 United State cities. As we were saying, the fundamental idea on which it is based is that housing is the first thing that should be offered to homeless people, and along with that, support to be able to stay in it, as well as a combination of help for physical, mental health, substance abuse treatment, etc. The lack of a family network, economic resources, suffering from an illness, etc. It means that the person who is in a situation of homelessness will not be able to get out of it and his situation will become chronic. In addition, housing is the key element for homeless people to improve their situation.

This model has been very successful in cases of chronic homelessness. Success rates have been around 85 - 90%, even for those individuals who have not been successful in other programs. Pathways to Housing emphasizes the importance of choice, the decision of the users, as a fundamental element in the Housing First approach, as it is the users themselves who decide the type and frequency of services, as well as the neighbourhood or furniture of the house (Osborne, 2019).

In Spain, after a long history with the continuum of care model, thanks to European initiatives, foundations such as HogarSí have been interested in the Housing First model since 2007. In 2013 is when the first conference on the model in Spain is organized in the city of Madrid by the European Anti-Poverty Network (EAPN), thus generating the first document on the Housing First model in the country (EAPN, 2013).

Although several associations and foundations in the country are trying to integrate the Housing First model into their programs to a greater or lesser extent, HogarSí is the pioneer along with its Habitat program since 2014. In that year, they began working in the city of Madrid, Malaga, and Barcelona with a Housing First approach, along with 28 homes. Currently, they have 320 homes in 25 municipalities in Spain. Other examples of entities that work with this model are the Arrels Foundation and the Social Services of Sant Joan de Déu in Barcelona, the Provivienda Association in the Canary Islands, Galicia (coma), or the Balearic Islands. To show the effectiveness of this model, HogarSí with the Habitat program highlights the importance of advocacy processes so that the people who benefit from this model do not return to the streets. Furthermore, in an interview with Bernard (2020), he states that a place a day in a hostel in Madrid costs 62 euros, even more than a place in a Housing First program that costs 48 euros. Therefore, we must consider what the most adequate and efficient responses are when it comes to intervening with the problem of homelessness.

This model, with which HogarSí works in Spain, is fundamental at this time with the coronavirus pandemic, as over the last six years they have been providing housing, a home for people who were on the streets, and could not obtain it through a staircase process. The people who have entered the program, both from this entity and from other entities that work with this model, have been able to be confined during this pandemic to their homes, to their homes, which has not been the case with other homeless people.

Currently, during the State of Alert, we commented that different entities at the international level have elaborated different guides for the professional staff and the different services involved in the care of the homeless. For the programs that work with the Housing First model, the Provivienda Association has developed this guide, focused mainly on the housing support team of the Habitat de HogarSi program, due to the considerable decrease in the on-site intervention with these people. It can also serve any entity that works with the Housing First model, it comes with a series of measures or indications that can be taken by the professional team to continue working with all the beneficiaries or clients within the program, during the State of Alarm. Among them, we find a series of support guidelines when solving different

problems that may arise (for example, loss of keys, electrical problems in the house, disputes with neighbors, etc.), and the preventive measures or possible solutions that can be offered by the professional team mainly through the use of the telephone.

4. Conclusions

Inter-agency cooperation and coordination are now essential to ensure the safety of homeless people with secure support rather than making them more vulnerable. Therefore, housing is a fundamental element of public health protection. This is a good time to start looking at all the facets that indicate the availability or not of a property and to be able to act accordingly.

At a time when we are talking about the "new normal," the questions that formally confront us now are: Which house will the homeless go to now after confinement? What will happen to all those people who were housed in emergency resources once these resources are disabled? We'll let them go back out on the street without offering them any protection. More than ever, this crisis has shown us how important it is to have a home, a house where you can protect yourself and feel safe. This "new normality" should be worked on in every way, without forgetting the people in a situation of homelessness, taking increasingly effective measures to eradicate this situation and offer a permanent solution.

At the beginning of April 2020, a modification of the Housing Plan 2018 - 2021 in Spain was made, introducing the need to guarantee housing for those people who are in greater difficulty. It will be something else that works only on paper, but not in reality as is the case with the Comprehensive National Strategy for the Homeless 2015 - 2020 in Spain?

As we said at the beginning, the problem of homelessness is nothing new, neither in Spain nor in other countries. However, in the face of catastrophic situations such as that of Covid-19, they turn out to be one of the most vulnerable groups, not only because of the possible health problems they may have but also because they have no home to go to, where they can protect themselves. That is why it is essential to start thinking about housing as a right for each person and not to demand anything more from them than they would demand from anyone else or themselves, regardless of their conditions, as a matter that can be put into practice, and not just a paper or a speech.

Spain in particular, despite the many economic and social problems that await it, has to begin to specify and implement a change in plans and strategies focused on housing, social housing, etc., so that everyone can access it. As well as beginning to consider our working models to eradicate homelessness, such as the Housing First model so that these people can recover their autonomy and protect themselves in the face of life's difficulties, or of a pandemic, as has happened this year.

Homelessness is a structural issue of our social model as it depends on the availability of support in the areas of mental health, employment, addictions, etc. and that makes us as a society does not respond to those supports. From this crisis, it is time to respond to these problems and eradicate the most extreme example of social poverty, the lack, and deprivation of housing. We can't go back to what we had before.

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