2024 Analysis. Homelessness in Barcelona.

Trends and the relationship between homelessness and ageing

XAPSLL
Xarxa d'Atenció a Persones Sense Llar
BARCELONA

Ajuntament de Barcelona

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01 Introduction

The Barcelona Support Network for the Homeless (Xarxa d'Atenció a Persones Sense Llar de Barcelona, XAPSLL) has been publishing reports analysing homelessness in the city every two years. The series of publications began with the book *Qui dorm al carrer?: Una investigació social i ciutadana sobre les persones sense sostre [Who's Sleeping on the Streets? A Social and Citizen Investigation of Homelessness (Cabrera, Rubio & Blasco, 2008),* which has become the main source of information on the trends in homelessness and the services for combating it in Barcelona.

Like the previous publications, this report presents the updated data series produced by XAPSLL together with a wide range of stakeholders involved in dealing with residential exclusion. Each year, XAPSLL's Analysis and Counting Survey Committee coordinates work between civil society organisations and public institutions to calculate the number of people assisted in accommodations or residential services and the number of people who are forced to sleep outdoors. This data collection and processing process has produced solid, broadly accepted data series showing the trends in homelessness in the municipality of Barcelona, which have been published in successive reports since 2008.

In 2015, the analysis reports began to include in-depth studies of topics that interact with residential exclusion, affect people who suffer from it and pose challenges for social policies and the work of the homeless assistance services. The starting point of this report, *2024 Analysis. Homelessness in Barcelona. Trends and the relationship between homelessness and ageing*, is the increasing concern among organisations and municipal services about situations in which residential exclusion converges with the challenges of ageing.

The absolute number of elderly people assisted by XAPSLL services has increased, but in the same proportion as the other age brackets. According to the quantitative data outlined below, the proportion of people over the age of 65 housed and assisted in the city's facilities has fluctuated between 7% and 9% of the total since 2008 (when the series started). This research was sparked by the observations of professionals at these organisations, who report that the difficulties of homeless elderly people are increasingly insurmountable, and that they are investing more and more efforts into solving problems related to ageing.

Based on this concern, the Analysis and Counting Survey Committee suggested seeking empirical evidence that would facilitate discussions on the implications of ageing in situations of homelessness and residential exclusion, how this exclusion affects physical and mental health and the ageing process itself, and under what circumstances passing retirement age is a protective factor or risk factor for exclusion. This proposal, accepted at XAPSLL's plenary meeting, is reflected in this document, which includes the qualitative research carried out between April and June 2024.

Reports on homelessness in Barcelona conducted by XAPSLL, 2008-2022

Cabrera, P.; Rubio, M. J.; and Blasco, J. (2008). *Qui dorm al carrer?: Una investigació social i ciutadana sobre les persones sense sostre [Who's Sleeping on the Streets? A Social and Citizen Investigation of Homelessness.]* Barcelona: Caixa Catalunya, Social Support Programmes.

Sales, A. (2012). *Diagnosi 2011. Les persones sense llar a Barcelona el 8 de novembre i l'evolució dels recursos residencials. [2011 Analysis. Homeless people in Barcelona as of 8 November and trends in residential resources.]* Barcelona Support Network for the Homeless.

Sales, A. (2013). *Diagnosi 2013. Les persones sense llar a la ciutat de Barcelona i l'evolució dels recursos de la Xarxa d'Atenció a les Persones Sense Llar*. *[2013 Analysis. Homeless people in the city of Barcelona and trends in the resources of the Support Network for the Homeless.]* Barcelona Support Network for the Homeless.

Sales, A.; Uribe, J.; and Marco, I. (2015). *Diagnosi 2015. La situació del sensellarisme a Barcelona: evolució i polítiques d'intervenció. [2015 Analysis. Homelessness in Barcelona: Trends and intervention policies.]* Barcelona Support Network for the Homeless.

Guijarro, L.; Sales, A.; Tello, J.; and De Inés, A. (2017). *Diagnosi 2017. La situació del sensellarisme a Barcelona: evolució i polítiques d'intervenció. [2017 Analysis. Homelessness in Barcelona*. *Trends and access to housing.]* Barcelona Support Network for the Homeless.

De Inés, A.; Guzmán, G.; Verdaguer, M.; and Contreras, M. (2019). *Diagnosi 2019. El sensellarisme a Barcelona. Evolució i joves en situació de sensellarisme. [2019 Analysis. Homelessness in Barcelona. Trends and homelessness among young people.]* Barcelona Support Network for the Homeless.

Sales, A. (2023). *Diagnosi 2022. La situació del sensellarisme a Barcelona. Evolució i relació amb el mercat laboral. [2022 Analysis. Homelessness in Barcelona. Trends and relationship with the labour market.]* Barcelona: Barcelona: Support Network for the Homeless.

02 Methodology

2.1. Analysis of homelessness in Barcelona, 2024

The sources of the statistical series presented in this and previous reports are mainly the homelessness counting surveys carried out by XAPSLL and data provided by Barcelona City Council's services for social intervention in public areas (currently the Social Support Service for Homelessness in Public Areas, SASSEP).

XAPSLL has conducted six counting surveys of people sleeping outdoors on a single night in Barcelona. These were carried out in 2008, 2011, 2016, 2017, 2018 and 2021 and involved the participation of more than 700 volunteers who were divided into teams to walk the streets and squares of the city following specific routes to ensure the entire city was covered.

Parallel to these counting surveys, the Barcelona City Council's services for intervention in public areas produce monthly reports on trends in homelessness on the street. These services, which contact everyone sleeping outdoors in the city, collect sociodemographic information on the homeless population assisted and not assisted by the services. Every year, dovetailing with XAPSLL's counting day, the estimates of the municipal services are compared to the results of the one-night counting surveys. The minimum deviation between the two figures guarantees that our information on the trends in the number of people sleeping outdoors in the city is reliable.

Similarly, each year since 2011, organisations and the City Council have been counting people assisted in accommodations and residential programmes for homeless people on a single night. Thanks to this work on systematisation, once a year Barcelona records the number of people experiencing the forms of housing exclusion covered by XAPSLL and the services specialising in providing support for homeless people. The survey of the street and facilities is conducted on the same night in order to have as accurate a picture as possible of the number of homeless people in the city and to avoid counting people twice.

2.2. Homelessness and ageing

This qualitative research aims to help us better understand the relationship between ageing and homelessness. At the beginning of the research, three specific goals were set to guide the methodological design and fieldwork:

1. Analyse the structural causes behind the increase in elderly people experiencing homelessness and their life characteristics and situations.
2. To provide data on the impact of ageing and homelessness on assistance networks, services and specific facilities.
3. Develop proposals for the assistance models and programmes based on an analysis of the difficulties and challenges.

To address these goals, 34 in-depth semi-structured interviews were held with professionals and people assisted in the homelessness and ageing assistance services.[1] The sample was gradually put together by identifying the key terms that appeared in the interviews with professionals, which were held first. This step-by-step analysis enabled us to assemble a diverse group of elderly people chosen jointly with the professionals. The definitive composition of the sample followed three criteria:

- The specific cases that came to mind for the professionals themselves after being told of the research goals,
- The characteristics of the people receiving assistance in each residential and assistance facility,
- Their mental health and ability to participate in an in-depth interview.

Fourteen interviews with professionals who direct, coordinate and assist with homelessness or ageing in services/facilities and resources (both municipal and private) within the XAPSLL network were held between February and April.

FIELD AND TECHNICAL EXPERTISE	HOMELESS ASSISTANCE	AGEING ASSISTANCE
	1. Social Integration Service (SIS) - Barcelona City Council. 2. Social Support Service for Homelessness in Public Areas (SASSEP) - Barcelona City Council. 3. Can Planes. Residential Shelters (CRI) - Barcelona City Council. 4. Dit i Fet Association. 5. Programa Sensellar i habitatge (Homelessness and Housing Programme) - Càritas. 6. Programa Llar (Home Programme) - Sant Joan de Déu. 7. Housing First Programme - Barcelona City Council. 8. Pere Barnés Home - Arrels.	1. Department of Ageing Assistance Services - Barcelona City Council. 2. Department of Residential Care, Daycare and Housing Alternatives for Elderly People - Barcelona City Council. 3. Reina Amàlia Service-Enriched Housing or Elderly People - Barcelona City Council. 4. Pau Casals assisted-living flats - Barcelona City Council. 5. Programa Gent Gran (Elderly People Programme) - Càritas. 6. Almeda Flats - Càritas.
TOTAL	14	

1 The verbatim quotes from the 34 interviews presented in this report were made anonymous in order to respect the ethical principles of social research, following these criteria: The interviews with the professionals ('entrevista amb professionals', in Catalan) were coded as 'EP' followed by the interview number (such as EP1, EP2, etc.). In contrast, the interviews with the service users were coded by gender: 'EH' for men ('entrevista amb home', in Catalan) and 'ED' for women ('entrevista amb dona', in Catalan), also followed by a number (such as EH1, ED2).

An initial analysis process then helped us identity and determine, the key themes to address, guiding the design of the interviews with the elderly people experiencing homelessness. Twenty interviews were held between April and May: two with people who are currently spending the night on the street; six with people who have been homeless and living on the streets for a long time but currently live in different types of more or less permanent residential facilities or solutions; and twelve people with histories of severe residential exclusion: they have never had their own home, they have lost their homes one or more times or they have spent long periods alternating between homelessness, insecure housing and inadequate housing. Everyone interviewed was still able to 'autonomously' manage their everyday lives or needed moderate support in home cleaning tasks or in following health and self-care instructions.

The table below shows the services, resources and facilities where the interviewees currently live or are assisted.

HOMELESS ASSISTANCE (street, temporary - short stay, temporary - long stay, permanent)	**AGEING ASSISTANCE** (residential programmes and solutions that are permanent or somewhat stable, with autonomy)
1. Room in a boarding house - Assisted by SIS. 2. Residential housing - Can Planes. 3. Flat - Housing First Programme. 4. Household units. Programa Llar (Home Programme) - Sant Joan de Déu. 5. Programa Sensellarisme (Homelessness Programme) - Càritas. • Soup kitchen - El Caliu - Càritas • Soup kitchen - La Teixonera - Càritas	1. Reina Amàlia Service-Enriched Housing for Elderly People. Barcelona City Council. 2. Pau Casals assisted-living flats. Barcelona City Council. 3. Almeda Flats - Càritas. 4. Household units - Càritas.

The people interviewed who were assisted by or associated with the different services were chosen and contacted via the professionals from the services. The selection criteria proposed by the research team helped the professionals identify interviewees who could offer a range of different profiles and backgrounds. There is widespread consensus that ageing is difficult to objectify and that it depends on different factors, not just age. In this sense, 'the life one has lived' can lead to premature ageing. However, even though it would be worthwhile to include the perspectives of interviewees under the age of 60, the professionals were able to make contact with people between the ages of 62 and 83, weighing each case individually and trying to ensure that their health (both physical and mental) would enable them to participate in the interviews.

Bracket - Ages	**HOMELESS ASSISTANCE**	**AGEING ASSISTANCE**
60-65	3	1
65-75	7	5
76-84	1	3
TOTAL	20	

There are more men than women in the homeless assistance facilities. However, women outnumber men at the residential ageing assistance facilities. Nonetheless, if we bear in mind the history of residential exclusion of the people assisted at these facilities and focus in on those who have been homeless, the proportion of men is much higher. This justifies the higher presence of men among the respondents.

Administrative status is a crucial factor in a background of residential exclusion and the relationship between the people receiving assistance and public institutions. Interviewees were chosen with the goal of offering a range of different perspectives on this variable, guaranteeing the presence of foreigners with both regular and irregular legal status.

GENDER	HOMELESS ASSISTANCE	AGEING ASSISTANCE
Men	5	7
Women	4	4
TOTAL	20	

BACKGROUND/ ADMINISTRATIVE STATUS	HOMELESS ASSISTANCE	AGEING ASSISTANCE
Born in Catalonia/Spain	7	6
Born outside Catalonia/Spain (regular legal status)	1	3
Born outside Catalonia/Spain (irregular legal status)	1	2
TOTAL	20	

03 Trends in homelessness in Barcelona

According to estimates from the Barcelona City Council's Social Support Service for Homelessness in Public Areas (SASSEP), 1,245 people were sleeping on the streets in May 2024. There has been a steady increase in the number of homeless people sleeping on the streets in recent years, as reflected in successive XAPSLL analysis reports. Sixteen years after the first volunteer-led counting survey, which located 650 people sleeping on the streets, this figure has doubled.

Table 1. Trend in the number of homeless people living on the streets and accommodated in XAPSLL housing facilities, Barcelona, 2011-2024

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
People sleeping on the streets according to XAPSLL volunteer-led counting surveys	838					941	956	956			895			
People sleeping on the streets according to the estimates of the municipal teams for social intervention in public areas	726	731	870	715	693	892	962	942	1,027	921	938	1,063	1,244	1,245
People accommodated in XAPSLL residential facilities	1,230	1,561	1,451	1,561	1,672	1,907	2,006	2,096	2,117	3,268	2,808	2,803	2,913	2,860

Note: In 2020, at the time of the counting survey, 549 additional places were available in emergency facilities created to address the COVID-19 pandemic.

The trends in the number of people detected in XAPSLL surveys are very similar to the estimates of Barcelona City Council's teams for social intervention in public areas, which are calculated on the basis of the number of different people detected over the course of a month in their canvassing work. The two sources available show a significant increase in 2012 and 2016, which then gave way to a certain stability at around 900 people until 2022, when the upswing resumed, reaching the current peak.

In a little over a decade, the number of places provided by residential facilities for people experiencing homelessness has risen from 1,230 in 2011 to 2,860 today. This investment of public and private resources has helped lift many people out of residential exclusion and has contained the increase in homelessness on the streets, but it has not staunched the increase in the number of people sleeping outdoors, which has become more pronounced since the 2020 pandemic. The COVID-19 containment measures meant that the 2,719 plac-

es available and occupied on the counting survey night in 2020 were joined by the 549 in the extraordinary shelter facilities created to facilitate the lockdown of homeless people during the health emergency. Some of the facilities used at that time became permanent projects which have been added to the city's portfolio, but the largest ones were closed. Consequently, since 2021, the total number of residential and housing places that civil society organisations and the City Council make available to assist homeless people has stabilised at between 2,800 and 2,900.

Following the data series started with the first counting survey performed sixteen years ago, in May 2024 in Barcelona 1,245 people were counted sleeping on the streets , 260 people were counted sleeping in encampments on empty plots of land and 2,860 people were counted living in XAPSLL facilities (residential centres, inclusion flats or other accommodations as part of the social support provided by municipal organisations and social services).

Table 2. Trend in the number of homeless people in Barcelona according to the data collected in XAPSLL counting surveys, 2008-2024

	2008	2011	2016	2017	2018	2021	2022	2023	2024
	N	N	N	N	N	N	N	N	N
People sleeping on the streets according to XAPSLL volunteer-led counting surveys	658	838	941	1027	956	895	1063	1244*	1245*
Encampments (data from the SASSEP)	265	695	383	415	444	340	331	320	260
XAPSLL facilities	1190	1258	1907	2006	2130	2808	2803	2913	2860
Proportion of the homeless population assisted in residential or housing programmes	*56%*	*45%*	*59%*	*58%*	*60%*	*69%*	*67%*	*65%*	*66%*
TOTAL	**2113**	**2791**	**3231**	**3448**	**3530**	**4043**	**4197**	**4477**	**4365**

Note: The number of people sleeping on the streets in 2023 and 2024 was provided by SASSEP, given that the street counting survey was not performed in 2023. It reflects the number of people detected during the month of May in each year and serves as an estimate of the number of people sleeping outdoors on one night.

Figure 1. Trend in the number of homeless people living on the streets and accommodated in XAPSLL housing facilities, Barcelona, 2011-2024

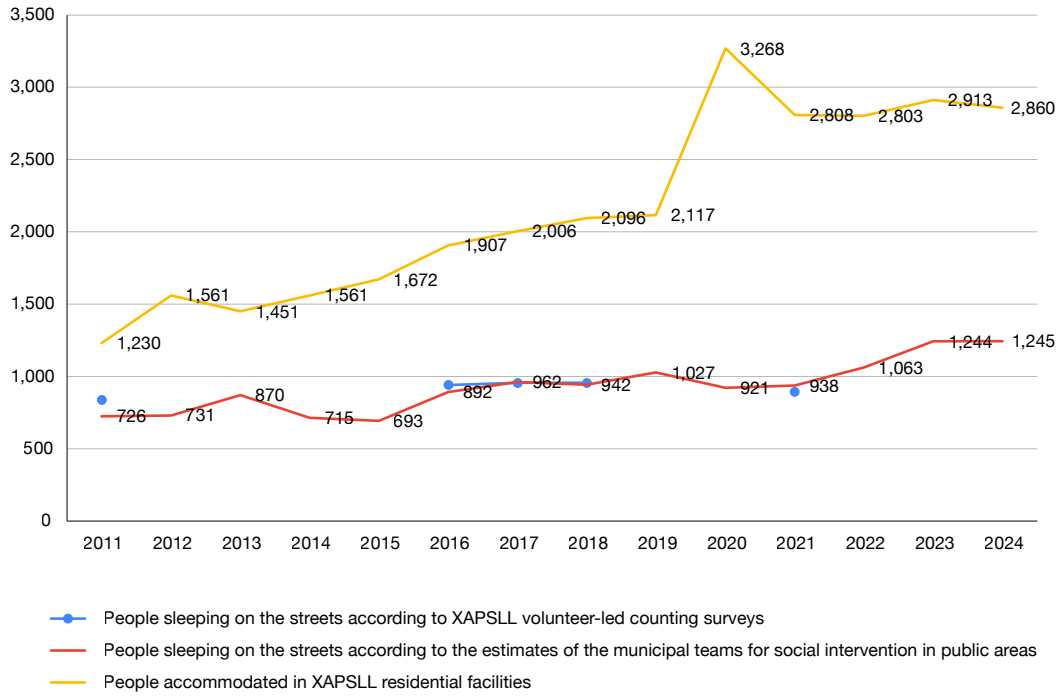
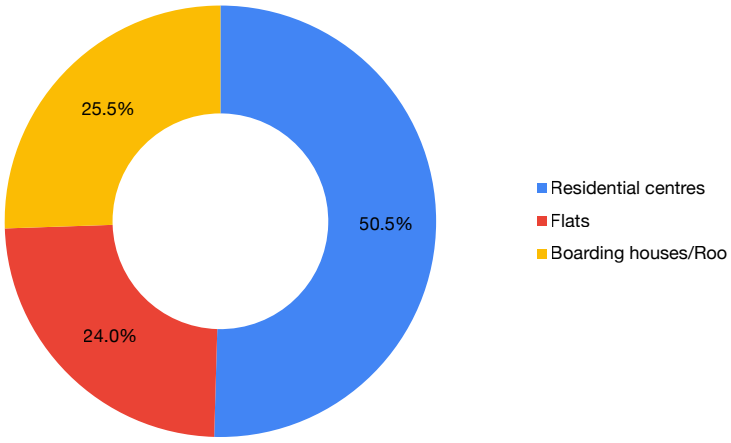


Figure 2. Occupied public and subsidised places counted on the night of 29 May 2024 in the survey of facilities by type



Of these 2,860 places, 1,841 (64%) are public or subsidised and are part of the Municipal Assistance for Homeless People Programme. The remaining 1,019 are privately owned by civil society organisations within XAPSLL. This wide range of management and funding approaches reveals the importance of having the public sector and the third social sector work together to develop the front-line policies for homelessness in the city of Barcelona.

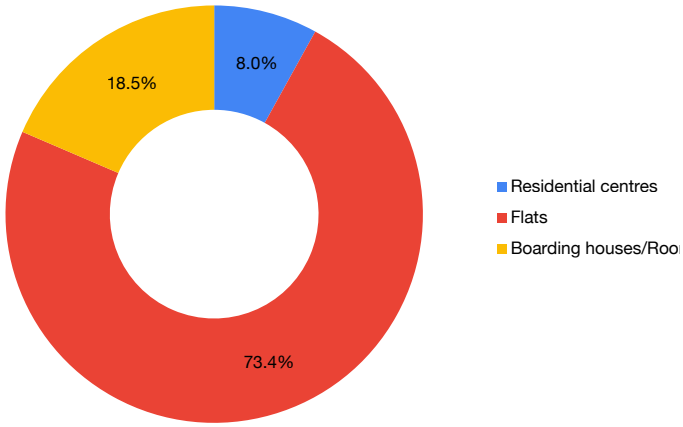
Of the people assisted, 35.3% were housed in a residential centre, 41.6% in a housing unit (shared or individual) and 23% in a room or boarding house paid by a civil society organisation or municipal services. Even though there has been an increase in the number of places available across all kinds of housing facilities, flats (conventional housing units set up to provide residential solutions to the people assisted) have been the most common option since 2016. This category includes all the programmes and projects which provide housing, either shared or individual, and regardless of whether stays are limited or indefinite.

Table 3. Trend in the number of people housed in XAPSLL resources, by type of resource, %, 2008-2024

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2020	2021	2022	2023	2024
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Residential centres	42.0	37.9	38.4	39.7	33.0	41.9	45.6	45.9	32.3	43.9	36.9	25.0	31.7	31.2	32.3%	35.3%
Flats	15.3	16.5	18.8	20.1	22.3	23.7	31.9	28.8	39.8	34.3	39.5	30.2	44.6	43.6	44.1%	41.6%
Boarding houses / Rooms	42.7	45.6	42.9	40.2	44.7	34.4	22.6	25.4	28.0	21.8	23.6	28.0	20.5	25.3	23.5%	23.0%

If we examine the public and subsidised facilities, half the people counted on the night of 29 May 2024 were housed in residential centres, one-fourth in flats and another fourth in boarding houses or hotels. Regarding private facilities, 73.4% of the places were in flats, 18.5% in boarding houses and sublet rooms and 8.1% in residential centres. This shows that the local government plays a key role in developing residential infrastructure and that civil society organisations have focused on creating housing-based projects.

Figure 3. Occupied private places counted on the night of 29 May 2024 in the survey of facilities by type



The slight decline in the number of places occupied the night of this year's counting survey is largely seen in housing units. Even though support methodologies based on access to housing have gained ground in the past decade, the increasing difficulties paying rent cast doubt on third-sector organisations' ability to sustain this type of project. In turn, this issue means that group residential facilities are essential in order to maintain the temporary housing capacity for homeless people in the city.

Regarding the socio-demographic data of the people assisted by XAPSLL resources, there continues to be a decrease in the number of men assisted, a trend first observed in 2015. Currently, slightly over half the people housed in Barcelona's services are adult men. The cause of this change is the opening of specific facilities for women in 2021, as a result of growing awareness among organisations and Barcelona City Council of hidden homelessness and the need for non-mixed spaces and facilities that specialise in supporting women.

Table 4. Gender of people housed in XAPSLL resources, %, 2009-2024

	March 2009 N[1]=1141	March 2010 N[1]=1141	March 2011 N[1]=1229	March 2012 N[1]=1560	March 2013 N[1]=1451	March 2014 N[1]=1593	March 2015 N[1]=1672	May 2016 N[1]=1907	March 2017 N[1]=2006	May 2018 N[1]=2130	May 2019 N[1]=2171	May 2020 N[1]=2558	May 2021 N[1]=2808	May 2022 N[1]=2803	May 2023 N[1]=2913	May 2024 N[1]=2860
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Men	64.9	65.2	65.7	61.6	62.7	64.2	64.4	61.7	60.4	58.1	57.6	53	59.1	48.6	53.3	54.0
Women	23.8	23.3	22.6	28.9	25.9	21.8	21.8	23.5	23.2	25.5	24	28	25.8	28.5	27.5	29.0
Non-binary gender													0.1	0.5	0.3	0.3
Males <18	11.3	11.5	11.7	9.5	11.4	14.1	13.8	14.8	16.4	16.5	18.3	19	8.3	11.8	18.8	16.7
Females <18													6.7	10.4		
Non-binary gender <18													0	0.2		

[1] Number of people for whom information is available.

The age distribution of the population assisted has largely remained stable despite the fluctuations in the number of people under the age of 18, which reached its peak of 19.5% in 2022 and has once again dropped to 14.1% in 2024. These minors are primarily in residential facilities for family units in the Municipal Assistance for Homeless People Programme and in temporary family housing in boarding houses and hotels kept by some organisations and the municipal services themselves. These household units are mostly single-parent families headed by a woman.

Table 5. Age of people housed in XAPSLL resources, 2009-2024

	March 2009 N[1]=1121	March 2010 N[1]=1110	March 2011 N[1]=1228	March 2012 N[1]=1561	March 2013 N[1]=1451	March 2014 N[1]=1616	March 2015 N[1]=1657	March 2017 N[1]=1985	May 2018 N[1]=2130	May 2019 N[1]=2171	May 2020 N[1]=2242	May 2021 N[1]=2164	May 2022 N[1]=2223	May 2023 N[1]=2444	May 2024 N[1]=2449
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
<18	11.7	11.8	11.9	9.4	11.2	14	13.9	16.8	16.5	18.3	16.7	13.4	19.5	16.2	14.1
18-65	*79.5*	*79.9*	*79.9*	*82*	*78.4*	*77.8*	*76.9*	*75.3*	*75.9*	*73.4*	*75.6*	*78.4*	*72.7*	*76.2*	*77.3*
18-30	n/a	n/a	n/a	n/a	n/a	n/a	14.6	12.3	13.6	17.9	19.5	20.6	17.9	19.4	22.0
31-50	n/a	n/a	n/a	n/a	n/a	n/a	40.4	38.6	36.4	31.7	33.5	34.7	34.1	33.2	31.3
51-65	n/a	n/a	n/a	n/a	n/a	n/a	22	24.4	25.8	23.8	22.5	23.1	20.6	23.6	23.9
>65	8.8	8.3	8.2	8.6	10.4	8.2	9.2	7.9	7.7	8.2	7.8	8.3	7.8	7.6	8.6

[1] Number of people for whom information is available.

With regard to the nationalities of the people assisted, Spaniards account for a record low of 28.5%. EU nationals account for 9.9%, and non-EU nationals account for 58.4%. People with irregular legal status account for 30.5% of the total, and 3.1% of them have applied for international protection.

Table 6. Nationality of people housed in XAPSLL resources. % 2009-2024

	March 2009 N[1]=1119	March 2010 N[1]=1121	March 2011 N[1]=993	March 2012 N[1]=1549	March 2013 N[1]=1446	March 2014 N[1]=1563	March 2015 N[1]=1672	March 2017 N[1]=1908	March 2018 N[1]=1944	May 2019 N[1]=2014	May 2020 N[1]=2318	May 2021 N[1]=2191	May 2022 N[1]=2195	May 2023 N[1]=2425	May 2024 N[1]=2298
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Spanish	38.3	34.9	52.8	37.7	42.6	46.1	41.6	46.3	42.8	36.3	32.1	33.7	34.4	31.5	28.5
EU citizens	9.1	7.6	10.1	8.7	11.3	11.7	10.9	11	13.1	11.3	7	8	7.5	8.6	9.9
Non-EU citizens	52.5	57.5	37.2	53.6	46.1	42.2	47.5	42.7	44.1	52.3	61	58.2	54.1	55.3	58.4
Non-EU, regular legal status	14.9	17.9	20	23.7	24.5	25.5	27.8	28.6	30.2	26.9	29.9	34.2	27.1	26.6	27.9
Non-EU, irregular legal status	37.6	39.6	17.1	30	21.6	16.7	19.6	14.1	13.9	25.5	31	24.1	27.0	28.8	30.5
People seeking international protection	Included in the category 'Non-EU, regular legal status' until 2022.												3.8	4.5	3.1
Stateless														0.04	0.04

[1] Number of people for whom information is available.

With regard to the income of the people assisted, 46% have no income, while 13.3% engage in some paid work, 10.3% receive the Catalan government's *renda garantida de ciutadania* (RGC) and 2.5% receive the Spanish government's *ingreso mínimo vital* (IMV). Both the RGC and IMV are forms of guaranteed minimum income. Of the people assisted, 9.9% receive non-contributory pensions. When adding contributory and non-contributory pensions, the IMV, the RGC and other public benefits, public aid reaches only 30.6% of the homeless people assisted by the XAPSLL.

Table 7. Origin of the income of the people housed in XAPSLL facilities on 29 May 2024

	2023		2024	
	N	%	N	%
Number of people with no income	975	46.6%	1157	46.0%
Number of people with income from wages or paid work	324	15.5%	337	13.3%
Number of people receiving the RGC	36	1.7%	269	10.4%
Number of people receiving the IMV	255	12.2%	53	2.5%
Number of people receiving benefits or allowances due to unemployment (or exclusion from the labour market)	42	2.0%	33	1.3%
Number of people receiving disability, retirement (contributory or non-contributory), widowhood or SOVI (compulsory old age and disability insurance) pensions	319	15.2%	255	9.9%
Number of people receiving a social security disability pension	17	0.8%	31	1.2%
Number of people receiving other public aid	134	6.4%	138	5.3%
Number of people receiving aid from civil society institutions	117	5.6%	82	3.2%
Number of people receiving aid from family or friends	18	0.9%	11	1.0%
Number of people with income from begging	27	1.3%	5	0.2%
Number of people with income from unknown sources	121	5.8%	147	5.7%

Note: A single person may be included in more than one income type category if they earn income from different sources. This is why the total percentages exceed 100%.

May 2023 N[1]=2092

May 2024 N[1]=2451

[1] Number of people for whom information is available.

04 Homelessness and ageing. The intersection of social exclusion factors

The analysis of the relationship between homelessness and ageing is becoming increasingly important due to the rise in life expectancy and the wider range of social risks that elderly people face. Some studies warn that the number of homeless people over the age of 50 could triple by 2030 (Om *et al.,* 2022). This increase is due to structural factors such as economic insecurity, the erosion of social support networks and the premature ageing of people experiencing severe social exclusion or living on the streets. The interaction between homelessness and ageing-related problems poses barriers for access to public services and social protection mechanisms, further worsening people's physical and mental health (Brown et al., 2016).

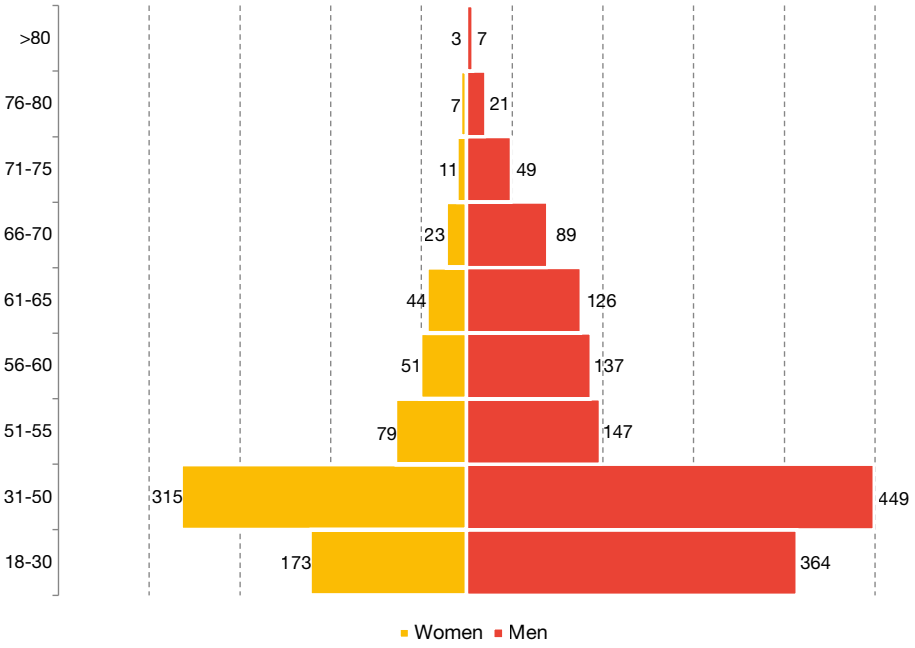
In Barcelona, there is a widespread perception across all XAPSLL perception that this problem is growing. The professionals interviewed perceive an increase in 'aged' people experiencing homelessness, especially starting during COVID-19 health crisis. They link the situation experienced in 2020 and 2021 to an increase in housing insecurity and a deterioration in the health of the people assisted, especially regarding mental health and emotional suffering.

> ↳ Yes, because it's true that in the past there weren't as many elderly people who were alone in these situations; before they were always with their family. We've been noticing it for some years now, perhaps ten. We encounter people almost 60 years old who cannot enter a nursing home because they are not old enough, but they already have the onset of dementia from alcohol or drug use, for example, and we have them here and treat them as homeless. But there may be a major health component that isn't really covered by the system. (EP4)

Since 2008 (when systematic annual surveys began to be carried out at municipal facilities and resources and by civil society organisations), the trends in the quantitative data collected in the successive counting surveys show that between 7% and 9% of the people housed and assisted at XAPSLL facilities are 65 or older. There are several limitations to analysing the impact of ageing at the services in objective terms based on these data: first, the ages of the people assisted at the services covered very broad age brackets until this edition. Secondly, we cannot examine variables that complement the age variable and define the subjectivity of ageing processes. As such, we have no data to quantitatively describe the trends in people over the age of 65 assisted in the services, even though we know that it is a highly diverse group with a wide range of needs.

According to data from the 2024 counting survey described in the previous chapter, 8.6% of the people housed in XAPSLL facilities on 29 May were over the age of 65. In this edition, we asked the organisations and services to report on the people they assisted in five-year age brackets, starting at age 55. The analysis of the population distribution among these brackets shows predictable results: the number of people, both men and women, gradually drops as they get older. This decrease reflects deaths or access to other residential resources (mostly nursing homes).

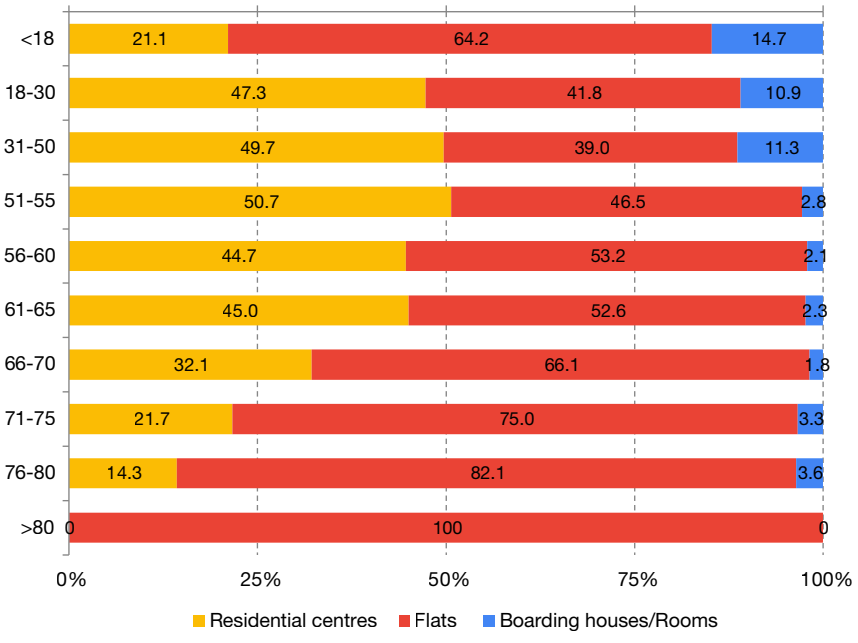
Figure 4. Population pyramid of people housed in XAPSLL facilities, 2024



Based on the total people with a reported age (2,103).

If we examine the population distribution in the different types of facilities (Figure 4), we find that starting in the 50-55 age bracket, the proportion of people housed in residential centres drops as age increases, while the proportion of those housed in flats rises. Boarding houses and rooms are much less common among people over the age of 50 than among younger age groups. Therefore, organisations and public institutions tend to offer the elderly housing in flats and avoid referring them to group residential centres.

Figure 5. Distribution of people housed in XAPSLL resources by type of residence and age group, 2024



Regardless of the aforementioned stability in the proportion of elderly people experiencing homelessness counted in XAPSLL services, the perceptions of professionals reveal that more efforts and time are being spent on addressing ageing-related difficulties of the people assisted. As the professionals themselves put it, 'in the past, being 65 could become a protective factor against homelessness, but now things have changed'. Analysing the narratives shared in the interviews by the professionals and the people assisted enables us to identify four shifts that impact older homeless people's opportunities to get out of their situations of residential exclusion:

- The social and institutional transformations that have led to new forms of vulnerability among elderly people.
- The relationship between dependency, ageing and social protection.
- The erosion of social networks and more loneliness.
- The interaction between ageing and exclusion due to immigration status.

4.1. New forms of vulnerability among elderly people

Ageing can be considered a protective factor against homelessness, given that it may entail entitlement to a pension (contributory or not) or to residential resources in the specialised social services portfolio. When a person reaches 65, professionals routinely start all the procedures needed to secure support for elderly people.

> ↳ Now, it's true that we begin to look for the most appropriate facility when they turn 64. But there are also 50-year-olds in terrible shape. And here we find that they need a different resource, because we don't have assisted-living resources. (EP8)

Nonetheless, when the pension comes from a precarious job or when the person assisted is only entitled to a non-contributory pension, the income they may receive is not enough to cover basic needs such as the cost of housing or a room on the open market. Most of the people assisted in the homeless services have paid little or nothing into Social Security, and it's increasingly common for people who reach retirement age to be unable to access income that would help them get out of the situations of exclusion they have experienced.

> ↳ This is already happening to many elderly people. They're more vulnerable as they get older because the changes in the job market and a precarious work life mean that their pensions are low, and with today's standard of living and the housing situation they just don't earn enough. At another time, these people could have paid for housing with unemployment or guaranteed income, but now it's impossible due to the high price of housing. (EP8)

All the men and women interviewed lack stable income as a result of having had a series of precarious, poorly paid, part-time or seasonal jobs in sectors such as hospitality and caregiving. This long-term precariousness throughout their lives makes it difficult for them to access a contributory pension. The greater precariousness of the job market in recent decades is leading to predictions of an increase in the number of people assisted who will not be eligible for contributory pensions.

> ↳ I was 66 years old, so I thought I could come back here and retire and all that. But it turns out that I can't retire because I hadn't paid into the system in recent years, even though I'm more than old enough to retire. It's been a real mess. (EH7)

> ↳ I worked as a caretaker with a family until the older gentleman passed away, and then life started to get rough for me. I was no longer able to find a job because the unemployment rate in Spain was very high, and because I was older... because I got here at the age of 51 and seven years had gone by, I was 58, and here it became really hard to find work. (EH8)

It's even harder for people whose legal papers are not in order to access rights via participation in the job market. This includes both people who have never regularised their legal status and those who have lost their residency permit because they were unable to renew it or due to other unforeseen circumstances.

> ↳ My problem is I have no income. Fishing paid for my room with a little left over to live on. But my illness took a turn for the worse in 2006 and I could no longer work. So then I was unable to renew my municipal residency status and I had no health care from 2007 to 2016, so I couldn't go to the doctor. I couldn't get anything. (EH10)

> ↳ We're waiting for papers, but the problem is that since we had problems with our flat, now they won't give us a residency permit and we can't earn a pension. The social worker has submitted the papers, but we have to wait. (ED15)

Another possible protective factor which is activated when a person reaches 65 is the opportunity to leave the homeless assistance services to instead access the services, facilities and resources in the ageing assistance system. Reaching this age should make elderly people eligible for permanent residential solutions specifically for them. Some professionals interviewed mentioned this as 'the only opportunity to stop being homeless'.

In this step from one protective subsystem to another, the professionals identify risks associated with the complex needs of some of the people assisted in the homeless services. Those who have experienced lengthy, severe periods of social exclusion often have difficulties managing their everyday lives, caring for their health and hygiene and interacting with the other users of the residential services where they live. These problems, which some professionals call 'social dependency', are not taken into consideration in the paperwork to receive benefits through the Dependency Act, and also hinder the management of assistance in general resources for elderly people.

> ↳ So they have no habits in terms of hygiene, diet, medication, health, follow-up, paperwork. That is, the social worker has to tell them: 'You have to take a bath. Today you have to shave' or 'No, the doctor told you that you can't eat salt'. They don't seem to have incorporated these habits, and it's very difficult for them to do so alone now. So it's a form of social dependency more than a chronic disease. (EP4)

> ↳ So what are we finding? People who have major social vulnerability, as well as considerable physical vulnerability, but it may not match their assessed degree of dependency... Yet they do need constant 24/7 care. (EP3)

> ↳ There are things that are not properly considered with the people we're assisting: when it's more a social problem it's not taken into consideration; only physical issues are considered. We encounter people with mental issues that may be physically fine and able to move around, so they're considered not to have a disability. (EP9)

> ↳ We try to do all the paperwork so that they can leave the centre and go to a more suitable place. Lately, the social worker is more focused on that because we always have more people, elderly people. There's a lot of legislation on dependency being developed to deal with the entire issue of nursing homes. (EP5)

4.2. Dependency, social protection and changes in expectations

The ageing process changes the goals of the social intervention and people's expectations in terms of protective mechanisms. The sociocultural connotations of old age also entail awareness that precariousness and poverty in this stage of life are situations that can no longer be reversed. The professionals note the need to reorient intervention and their role in order to handle and guide ageing processes and the physical and cognitive decline often associated with them.

> ↳ I recall a woman who is now at Housing First who was with us for a long time, who led me to delve into this concept of the onset of menopause. She was a woman who had incredible issues, many years of alcoholism, and she was physically aged. You could definitely see the effects of alcohol and living on the streets. The support was great, because she fell into a complete crisis. Of course, she would get tired often and would tell me: 'I mean, I feel old'. (EP8)

Ageing also entails permanent exclusion from the job market, which not only makes it difficult to reverse situations of poverty and residential exclusion by earning income from work but also reinforces negative stereotypes about ageing and affects the self-esteem of the people assisted.

> ↳ I was very angry when I got here. I was 69 and wasn't allowed to work. I came from Cuba, but I'm a professional and here the laws are different. You have to accept the fact that once you're a certain age you can't work and can only receive a pension. And the pension is for workers here in Spain because it depends on taxes. (ED1)

> ↳ If I'd been younger, it would have been different. Now I've had two operations and the old machine doesn't work any more. I used to have a job that required physical exertion; I had to lift a cart, but I can't do that any longer. (EH2)

Addressing cases of dependency is becoming increasingly important in this shift in the goals of social support services. This could mean processing services and benefits through the Dependency Act (which is now a key part of the job of social workers in homeless services once people turn 65), increasing the medical support in routine health checks to monitor chronic diseases, dealing with emergencies or coordinating physical and mental health services.

> ↳ Maybe around six years ago we began to get many more people in their late 50s, 60s and 70s. And, of course, in the past we mainly dealt with middle-aged people. So it's very different because of the stage of life needs change, emotional issues change and so do support needs and the health deterioration. People are much weaker and feel weaker; they're more aware of their vulnerability. (EP8)

There is an often premature onset of the needs usually associated with ageing due to the deterioration of the health of people who have a past of homelessness. The fact that mental health disorders and physical diseases typical of older ages worsen and become chronic among people who have not yet turned 60 is one of the issues that worries the professionals interviewed the most. This concern about often undiagnosed problems is expressed in both the homeless assistance services and the ageing assistance services.

> ↳ I don't know what's happened this past year, but in both places we are seeing psychotic episodes that weren't detected. (EP9)

> ↳ They're people who can suddenly get worse very quickly. And this is happening often. It's like boom, boom, boom, boom! They may lose sphincter control, suffer from disorientation and lots of other issues, so we have to work quickly. (EP10)

↳ We have people with health issues as a result of their adult life experiences. And there are also lots of people with undiagnosed mental health problems. It's just incredible. And they don't want to stick to anything. Maybe they go to the primary care centre, but they don't want any specialist to tell them that they have medication for anxiety and depression. (EP7)

↳ When a person becomes homeless and loses all their networks, stops working and stops being able to support themselves, the loop becomes a vicious circle that drags them down. So now they can't access a flat because flats are very expensive, and shared rooms are also very expensive. And if they use drugs, things go downhill fast. And, of course, there are no resources to assist these people who are unprotected for a long period of time. And in all that time, they get worse and worse very quickly. (EP4)

4.3. Interaction between ageing and exclusion due to immigration status

Immigration policies and the vulnerabilities associated with being a foreign national interact with people's ability to overcome or avoid situations of homelessness. This interaction poses specific challenges in the context of ageing. The professionals interviewed said that in the past decade, there has been an increase in the number of immigrants in both homeless and ageing assistance services. The inability to regularise their legal status increases the risk of poverty and homelessness while also hindering interactions with social protection systems.

↳ There are more and more people sheltered at the organisation and in different residential facilities who are getting older and do not have regular legal status. (EP4)

↳ So we have a problem, because the portfolio of services assisting dependent individuals doesn't provide for that. As long as they're not dependent, our problem is housing, covering basic needs, and then dependency is added to that. (EP1)

For people without a residency permit, ageing entails particular fragility. When they are assisted and housed in facilities for homeless people, they stay indefinitely because they can't access stable housing. This situation is due to both the hurdles imposed by the housing market and the administrative hurdles stemming from the failure to recognise citizen rights.

↳ This is a problem, because there is no way out of the homeless system. (EP2)

The professionals are seeing a perfect storm of factors leading to the complex needs of homeless people with irregular legal status becoming entrenched and an increasing number of places being occupied indefinitely.

↳ I mean... we have to be aware that we're going to have a big problem here. There are situations of people who are already elderly when they come and can't gain legal status through work or arrelament [a status granted to immigrants who are considered 'integrated' as a result of family connections, educational programmes or other circumstances]. We also have cases of families who took in their parents without getting their family reunification papers in order. (EP9)

The majority of immigrants experience finding themselves homeless and having to turn to social services in general, and homeless assistance services in particular, as a failure in their goal of achieving a better life. Dealing with the last stage of life in a situation of poverty that they hadn't experienced before, or not in their home country, has a major impact on people's emotional state and mental health.

↳ I felt really bad for having come from my country where I had a flat and a car, and going to having nothing, to us ending up on the streets... And he fell into a major depression. He was overcome by anxiety, and he'd cry day and night. That's why he's here now. They're doing tests, but I know that before we ended up on the streets he was fine, really strong. (ED15)

4.4. Homeless ageing: Lack of social networks and perception of loneliness

Homelessness often comes with loneliness. Elderly people's experiences of exclusion lead to a deterioration of family and social networks. This loneliness is a crucial factor in identifying their needs for support in everyday life and caring for their emotional state. A lack of family and social support not only aggravates their vulnerability but also negatively influences their emotional well-being.

> ↳ I'm thinking of a gentleman who had spent I don't know how many years of his life in the airport. He would make do by shopping with his cart and would get around inside the airport. And now he's here and his health has gotten worse, and sadness sinks in: 'I feel alone'. Before he didn't feel alone because he could make do, but now that he can't he realises that he's alone. And so that leads to despair. (EP11)

The subjective perception of loneliness and isolation is a recurring theme in the stories analysed. In fact, during the interviews with the assisted individuals, when they were asked about their greatest suffering and concern at this stage in their lives, they all referred to the fact that they were alone. They emphasised this emotional suffering as a priority issue even when their basic needs were not being met and, at the time of the interview, they were sleeping on the streets.

> ↳ I feel fine physically, but I feel lonely. Here (soup kitchen) I've met a few girls my age and we often talk, but they live in rooms. (ED14)

> ↳ I've requested a flat and I'm waiting to get it; I want my flat. Here everything is great with the social workers. But the problem comes at weekends because everyone leaves and I feel lonely. (ED13)

Interaction and support from the professionals is perceived as a resource that helps reduce isolation and loneliness. The lack of a social network may have been a secondary problem for the people assisted at other times of life, but once they reach old age, the need for emotional bonds is perceived more intensely. Recovering and rebuilding broken social and family relations becomes important and ends up being a goal to achieve before the end of life.

> ↳ My main problem is health. The second one is relationships, contact with my family. I haven't gone to see my grandchildren; I've only seen them in pictures. My dream is to go see them and then to go to Ghana to see my brother, if everything goes well. (EH10)

> ↳ I'm sad because I haven't heard from my brother, who has children... I have nieces and nephews. I send letters but he doesn't answer. I haven't seen him in ten years. I want to see my brother before I die. (EH12)

In some cases, for people to be able to live in their own space where they can relax and feel calm and safe contributes to restoring family relationships. The safety and stability of having their own home not only improves people's physical and emotional well-being but also makes it easier to rebuild and strengthen family bonds. When social intervention also promotes and facilitates this reconnection with family members, it can have a very positive impact.

> ↳ That's what I wanted: to repair the relationship. And look how hard it was: I've fallen, I've gotten up, I've dragged myself, I've bled... but I worked on it. I'm doing well here. I make my own food, my 17-year-old granddaughter comes for lunch every day. I go over to her and my daughter's place many weekends and spend the weekend with them. Now I want to be at peace. Things with my daughters have begun to get a bit better and I've gotten back the relationship. (ED11)

05 Ageing and homelessness: The impact on spaces, services and professional teams

This section analyses the interaction between ageing and homelessness in two of the organisations and public institutions' areas of work: XAPSLL services, which includes those that are part of the municipal social services, and ageing assistance. The interviews with professionals from both subsectors focused on three areas: residential and assistance spaces, the work and functioning of the teams and the goals of the intervention.

5.1. Homeless assistance services

Homeless assistance services were created to provide social support to people experiencing different forms of residential exclusion. Temporary or permanent housing is part of this support and is essential for people living on the streets. Most of these services are designed to assist people who can perform everyday activities without any functional support. Professional intervention is targeted at addressing social problems and is structured around working plans geared at recovery, change and improvement of living conditions (acquiring habits, autonomy, training and a return to the workplace and other social settings). The physical and cognitive decline that comes with age, as well as life experiences resulting from structural social inequalities, create major stumbling blocks that get in the way of achieving the goals of this type of working plan.

Even though most accommodations to assist with homelessness are temporary, the difficulty accessing the housing market or finding stable housing independently means that some people end up growing old in accommodations not designed to deal with cases of dependency. In fact, the professionals describe it as 'a kind of bottleneck that doesn't let them enter or leave'.

> ↳ The only way out is subletting. (...) when you go to the sublet market, nobody wants an older person because this person will get ill, and that will be a problem. They don't work and they have no income, and this is a prejudice and a major barrier to leaving the facilities. That is, we are finding more and more people who turn 64 or 65 and can't leave because they don't have anywhere to go. (EP8)

The worsening health and physical and cognitive decline caused by premature ageing hinders homeless people's access to residential services. The services that provide long-term or temporary residential solutions are designed to promote personal autonomy, but when physical limitations prevent this autonomy, the people assisted cannot access these programmes. Some professionals have noticed a change in recent years, and report that in the past the natural way out for a drug user with social issues who lived in a centre was access

to an inclusion flat. However, when many of them come to the facilities, their organs are already significantly compromised, so it's about not only consumption but also neurological decline, and this makes it really hard to connect them with another autonomous facility'. (EP11)

Facilities designed to assist with ageing would be more appropriate settings to offer the support needed by elderly people who are dependent or have physical or health problems that keep them from living autonomously. Both the professionals and the users expressed their concern regarding the hurdles to accessing these services, while they are aware of the difficulties involved in referrals to more permanent homes that specifically assist with ageing.

> ↳ What worries me the most is that I can't afford a room with what I earn, because a room starts at 500 euros... I earn 700, how am I supposed to pay 500?

> ↳ My perspective? If I could go somewhere else I would. I'm on the list for an official protection flat, but there is a waiting list and it's impossible. And here they've told me to look for something else, but where do I go at 63 years old? (EH2)

The main goals of the homeless assistance services and facilities are social inclusion and support in homeless people's recovery process. Elderly people or those suffering from premature ageing cannot meet these goals the way other people assisted can. The loss of autonomy in different aspects of everyday life and the fragility of their health really shape how the individualised working plan is set up.

> ↳ We – and when I say 'we' I mean all the services that assist with homelessness – aren't set up to work with elderly people. We don't have these resources. So, when we refer people to temporary housing facilities because their health is fragile or they have lost much of their autonomy, the accommodations aren't right. (EP10)

Reconsidering the concept of recovery applicable to a very old person or one with serious health problems reveals the need to incorporate end-of-life support into social intervention. We must develop tools to address mourning over the loss of autonomy and independence and to consider how the person wants to live the last stage of their life, and we must offer support that is respectful of their needs and wishes. In general, we have to recognize and convey to other systems, such as healthcare services, that social services professionals take the place of a family and social network.

Case supervision is a resource mentioned in the interviews which is considered useful within the new framework of action and for understanding the sudden needs of the people assisted. The results of this supervision also foster the development of new goals in both individual and group working plans, within the programmes.

> ↳ When the first person died, we took it as a failure and asked ourselves what we did wrong. The issue is that we thought that this couldn't happen in a programme in which the guarantee of recovery success is so high. And yet a person's death is part of life, and they need support in this process. Ultimately we're a targeted resource, not in the sense of providing palliative care but in terms of supporting people in this mourning, in this mourning process. (EP13)

These sudden needs may affect the person's ability to meet the goals of a working plan geared at recovering their autonomy in managing their everyday lives. Cognitive difficulties can entail a 'step backward' in support aimed at autonomy, which the professionals have to identify in order to adapt the support to the needs and life stage of the people assisted.

> ↳ These are cases of people who are beginning to have many memory gaps and sometimes behave with greater hostility; the rules are applied to them just like anyone else, and they are often expelled because the fact that they are very old is not being taken into account. So, they include such absurd examples as someone forgetting whether or not they were given breakfast and asking for it again. And this causes conflict, because they ask rudely. Obviously, it's a time investment we are unable to make. (EP10)

This adaptation should also be applied to the operating and behavioural rules of residential centres and accommodations, which can put up hurdles to offering appropriate care to people who have dependency, mobility or cognitive decline problems.

> ↳ Obviously, we, for example, would have to change the rules, because our residents aren't allowed to stay in their rooms. The rooms are locked, and then they're opened for naptime and locked again. And we're finding people with more health issues who need to stay in their room to rest or because they don't feel well. If anything happens, our staff isn't there because they're on the ground floor. For example, if there's a fire and they're in the rooms, how do we get people in wheelchairs out? (EP5)

The need to include a new perspective on care that takes into account the characteristics of the elderly people assisted in homelessness assistance networks is also reflected when addressing the issue of team composition and the need for specialised training to learn about the characteristics of the ageing process.

> ↳ Some of our employees are geriatric and nursing assistants, but it's not a specific requirement because we have older people. So obviously we cannot serve certain kinds of people, because we don't have a nurse or a doctor on call 24/7. And the geriatric assistant may or may not be there depending on the shift; it just depends. We don't have a specific approach for elderly people. (EP5)

> ↳ For example, when people begin to be very dependent, we cannot sustain the home teams either because they don't work exclusively in caregiving; they have more general duties. That is, the assistants who work here to help people with showering also have to prepare and serve the food and clean the rooms. (EP11)

Within this context, addressing and handling the problems associated with mental health is a factor that complicates the management of relationships and having people live together in different types of residential spaces. The interviewees mentioned the lack of specialised technical and medical support on the teams. 'The only mental health team we have is ESMES (Mental Health Team for Homeless People), which comes in when there's a pathology. But they don't address the cognitive decline that comes with old age.' (EP8)

> ↳ There are people in their 70s or 80s who have been living alone in a flat for years. What happens with the ageing process? We find, for example, situations in which the person is suffering from an untreated mental disorder and they refuse to accept it. They reject any healthcare or medications, and on top of it they have addictions. All of this is a ticking time bomb with all the other residents of their building. (EP9)

In some of the cases analysed for this research, we found that the difficulties the professionals encounter providing support have already prompted changes in the intervention methodology and team composition: 'These situations arise, these cases that hadn't been thought of before, and you have to figure them out as you go'. (EP13) We are talking about changes in the orientation and goals of the intervention, considering the need to address the physical and cognitive decline and end-of-life support. We must also assemble multidisciplinary teams by bringing together the fields of social work and physical and mental healthcare when monitoring cases.

> ↳ This reality has gradually become more apparent. Our idea is not for them to regain physical and cognitive autonomy, knowing that this decline is present. What we've added is more team reinforcements: we're no longer the only ones to support them; we get more professionals involved in the person's case:

> ↳ Home Assistance Service, local social workers and the medical team through outpatient facilities. All of this has really helped us to support the person to respect their wish to stay in their home. (EP13)

Analysing the materials gathered also provides elements to reflect on the issue of whether old age and its specific needs should be integrated into homeless assistance networks through the creation of specific resources or facilities, or whether instead elderly people's departure from facilities for homeless people and referral to general services should be encouraged in order to guarantee the right to support for people who are frail and dependent. Within these reflections, we find widespread agreement that placing and maintaining elderly people in homeless networks could lead to a kind of institutionalisation, and even: 'If these services end up occupied only by people with very vulnerable profiles, they may become... I don't know if the right word is *ghettos* or *spaces* which cater to only a single type of profile'. (EP9) This type of institutionalisation increases the risk of furthering their isolation and contributing to various age-related discrimination processes, along with poverty and social exclusion.

> ↳ We find that when we have elderly people over the age of 65, we can't send them to the soup kitchens and the only option is Àpats en companyia (Meals in Company). So then Àpats en companyia tells us: 'Our service isn't set up to meet your profile'. What is the profile? They're old! They're elderly people! (EP10)

> ↳ This also makes them feel bad, because it's not like another stage of life when the lack of self-care and hygiene was voluntary. We're not talking about being dirty because someone decides to be dirty, but because they no longer have sphincter or urine control and if they smell bad they're embarrassed and ashamed. (EP10)

5.2. Ageing assistance networks

Ageing assistance services aim to meet the needs of elderly people over the age of 65, as stated in the social services portfolio. Ageing care services may occasionally also respond in urgent and social emergency situations caused by dependency or deterioration in health. All the professionals in this field interviewed identified a major change in the socioeconomic profile and other characteristics of the people assisted in the different residential services and accommodations in recent years.

For example, in the municipal assisted-living homes or assisted-living flats, the residents used to be primarily single (widowed) women who could no longer keep their family home for financial reasons or its lack of accessibility, but they had a family network to a certain extent. Currently, the professionals interviewed said that there are many referrals of people experiencing residential exclusion with additional social challenges. In recent years, especially since COVID-19, more places are given to people referred by CSS (Social Services Centres) and the Directorate for Homelessness. In the conditions for awarding service-enriched housing for elderly people published in 2023, living in facilities for homeless people or in sublet rooms is considered a reason to give the highest score on the right to access scale.

> ↳ And what we find here is complex situations due to difficult life experiences. We can impact the scale, and here we put people who come from homeless facilities or from other alternative housing situations, sublets, boarding houses, etc. At the SAUV, we have been coming upon lots of issues lately... actually for some time now. But now we find even more cases of people with decompensated mental health issues, and we don't have mental health resources to stabilise them or psycho-geriatric places—there are only a few of them. (EP3)

In the case of specific programmes for elderly people offered by organisations within XAPSLL, the professionals also point to a significant increase in the complexity of the cases, especially noting an increase in the number of immigrants without legal status or other resources, as well as the presence of severe mental pathologies that hinder intervention work and relationships with other people living in the accommodations.

> ↳ We are mainly assisting very vulnerable people, many of them with unstable financial situations, many people from elsewhere who have not managed to get legal status, as well as people who may be from here but have always lived in sublets or boarding houses and have very complicated backgrounds. And we are anticipating a boom in the number of people who are going to arrive within a few years: immigrants who won't be eligible for a non-contributory pension or the Dependency Act when they turn 65. (EP9)

Given the changes identified in the characteristics of the residents of the housing for elderly people, and with the goal of providing data on the impact of ageing and homelessness in assistance for this population, it is essential to address the perspective that guides the definition of the services and support. This perspective focuses on the loss of autonomy and the need for support in everyday life, viewed as an integrated reality that does not complicate the intervention. However, the situation becomes challenging when complex issues associated with homelessness arise. Based on experience and the perspective of ageing assistance, one difficulty that the professionals mention is the following: 'We deal with this complexity as best we can, because the more specialised resources for these people no longer assist them once they turn 65'. (EP1)

> ↳ When a homeless person is referred and enters the Pau Casals assisted-living flats, for example, we ask that they follow up on the case because we don't perform this more educational and therapeutic support role. We're set up to address ageing and dependency and fragility, but not to carry out socio-educational intervention work. (EP1)

The increase in the number of cases of people experiencing residential exclusion with complex backgrounds creates an entire series of difficulties when giving someone a place in a specific accommodation facility, even though a balance is sought between people's needs and the centre's actual situation and ability to support them. The main difficulties cited are, firstly, the working team's lack of perspective and knowledge to address homelessness; secondly, the stipulated characteristics of support in everyday life; and, thirdly, relationships with other residents and interactions with the professional teams. These difficulties arise both in housing solutions for autonomous people and service-enriched homes and in other types of flats, including assisted-living residences and social emergency settings.

> ↳ These are the cases that we look at closely, because a person who's on the street and is starting to become fragile but does not have an entire series of habits has difficulty fitting into structures or organisations like these. We've had suicides; I recall a case several years ago when someone jumped out the window of the nursing home. It was really hard. And another self-harm attempt when someone stabbed themselves with a knife. (EP1)

> ↳ Yet the fact is that the SAUV offers certified places in private centres that have to meet a series of requirements but may often not be prepared to accept or house certain profiles, such as substance users, elderly people with difficult backgrounds and no social or family support network, and this can lead to dire situations, sometimes with a lack of habits and little support. We could give them a normal residential place, but imagine if your mother is in the room next door or bed next to them. These situations are difficult to address. (EP3)

> ↳ And when they have health problems, they are often given treatment and have to stick with it, but sometimes these people have problems sticking to the treatment on their own. There are people with complicated hygiene needs and they need support in their daily lives, in for dealing with paperwork, etc. (EP7)

These situations that are complex to handle have to do with the precariousness and instability that people in this group have experienced, circumstances which damage their social and family networks. These situations have a direct impact on social and self-care habits. These reflections shared during the interviews enable us to consider under what circumstances ageing can be a protective factor for people experiencing different kinds of inequality, while also revealing the difficulties that arise in supporting them in terms of addressing their social-educational needs. It is essential to promote and guarantee comprehensive support that bears in mind how the complex intersections of inequality influence these people's lives, as well as the need to address fragility.

> ↳ Of these latest people who were referred from the CPA (Primary Shelter), there is one man who isn't paying. And he also behaves badly. But because he is elderly and knows that the City Council won't let him onto the street, he's got the upper hand. This man is 70 years old and he should not be on the streets, I get it, but he has enough income to pay the rent that was set and should be paid. Plus, you can't talk to him, because when someone tells him no, he's incredibly disrespectful to the staff. (EP6)

This last quote reveals a gap between general services for elderly people and the circumstances of those who have been homeless for part of their lives and have gone through different services and facilities in the network. We have to further explore the actual situation in housing units and nursing homes for elderly people, bearing in mind the need to adapt the services, rules and specific activities so that they are culturally and contextually appropriate.

> ↳ The other day, one told me: 'I'm not going to take dance classes'. The activities at the day centres for the elderly are designed for elderly people from here, a generic one-size-fits-all model: elderly men like doing this, elderly women do macramé... I've got people who have always gone to sleep when they're tired, eaten when they wanted to... Don't give them a soup kitchen meal at 1:15. (EP2)

06 Intervention challenges

These results suggest a series of challenges for homeless assistance resources and services, ageing assistance services and social protection systems as a whole. Below we identify and elaborate on seven of these challenges, which in turn guide the specific proposals outlined in the following chapter.

6.1. Transition support across services

We have found that the shift from homeless assistance services to services for elderly people is viewed as an opportunity, as well as a complicated time for the professionals and the people assisted. Assistance and cooperation among services has to be coordinated, with special attention to specifically addressing mental health. In this regard, it is essential to promote integrated assistance with multidisciplinary teams and to pay attention to the referrals from one residential space to another (group housing, household units, individual flats and residential centres) that entail changes in the designated social support service.

> ↳ I think that we have to create more cross-cutting services that also support the professionals at these centres so that they can assist these people properly. As the services are defined today, you can't have more and more people with mental health issues and not have the coverage or assistance of the CESMA (Adult Mental Health Centres) in the area, or a psychiatrist who will provide an assessment or an interconsultation with the nursing home. (EP4)

> ↳ If you have a complex background that makes it hard to create bonds, it's complicated, and if you've had a professional following up with you until now and they disappear and you get another one, it's not always so easy, and this adaptation period should be covered with the assigned professionals who made the referral. (EP8)

> ↳ The question is how we can develop this cross-cutting coordination and why we are fragmented. No, it's a health problem! No, it's a housing problem! No, it's a social benefit problem! No, it's a family matter! And the person goes mad. Why don't we make a coordinated, one-stop shop for people and their services? (EP4)

6.2. 'There's no right place'

Homeless assistance services are facing major limitations in terms of addressing the needs caused by ageing processes. At the same time, ageing assistance services do not have the resources to deal with the specific complexities of severe residential exclusion. The

outcome is that there are people who do not have a resource appropriate to their situation, either because of premature physical and cognitive decline, or because the ageing assistance resources pose challenges for their professional teams that are difficult to address with their usual tools.

> ↳ The criterion of being 'elderly people who need support for autonomy' is not enough, because there is a whole other series of factors that make a dependent person unable to go directly from a homeless programme resource to an assisted-living facility. A support and monitoring process is needed, but it doesn't exist now and it's not happening. (EP4)

> ↳ We are noticing that perhaps we have to decide on the terms and conditions of tenders in a different way in the future by setting support and social intervention times. The number of hours of social educators or workers should be increased so that we can better support all these people, because they need socio-educational assistance in addition to having a home, which is great. (EP3)

> ↳ In the field of homelessness, and in facilities with people who are not completely autonomous to engage in everyday activities, it would be worthwhile to hire geriatric support staff.

> ↳ We have to work much more with ageing networks, find out what they do and what resources they have, because I'm sure there are programmes that could really interest us.

> ↳ There is a specific team working with young people, and they're really good at that. There is a specific team working with children, and they know a lot. But we assist whoever comes to us, and when elderly people come we do what we can. There is no training designed for elderly people. (EP10)

Given this situation, many people with a long history of social and residential exclusion have no appropriate place to grow old. There are often social and behavioural problems that nursing homes feel they cannot deal with or that bother other users. This is exacerbated by the ownership of certain facilities, where private places exist alongside places subsidised by the government.

6.3. Supporting ageing

Generally speaking, homeless assistance services work with people with the goal of stabilising their personal, financial and residential situation. The idea is for the intervention to be temporary, and for recovery to entail leaving these services in order to use general services.

When people are supported in the ageing process, working, recovery and improvement plans have to be adapted to their stage of life. This stabilisation is very different to that of a person with the age and conditions to keep working or with the possibility of rebuilding family relations and a social support network.

Accepting that support and physical and emotional care will be permanent and have to be adapted to the last stage of life forces us to reconsider the role and goals of professionals and services.

> ↳ Now, to help us in this impasse at age 62-63, it would be great if the group housing resources were not always subordinated to the working plan, meaning improvement and integration objectives. (EP10)

> ↳ We have to be looser and apply criteria flexibly. You can't take the same approach to a lady who has lived in the Eixample and to a person with a background of living on the streets, drug use or mental health issues, etc. They have to be provided different kinds of support, and perhaps earlier support. (EP3)

This emotional care entails accounting for factors such as mourning the loss of autonomy or a worsening state of health, loneliness, nostalgia and the need to recover relationships that were lost earlier in life.

> ↳ I say that because the emotional issue of relationships with other people is not something we tend to work on; they're issues that have more to do with being elderly than with being homeless. With elderly people, you have to have a broader attitude towards care, more attention and more patience in the intervention. With young people, if you dig too deeply you'll drive them away. In contrast, elderly people need and ask for a great deal of sensitivity and more time so they can tell you their war stories. You have to promote a caring, safe environment. You have to address their loneliness and reassure them that they are not forgotten, that there's someone who is concerned about them. Many of them say: 'If I die, nobody will be there'. (EP8)

> ↳ So it's different, because until now we hadn't worked much with families. Families are groups of adults who are all in the same situation. But this work with families, when the families have a totally normal profile and the homeless person you are assisting is elderly, it's totally disruptive, and that's the work we usually do. (EP10)

6.4. Loneliness late in life

The professionals and people assisted noted that the perception of loneliness changes with age and becomes a core factor in the emotional well-being of people as they age. Nostalgia for past family relationships and friendships, the need for company and the decrease in activity because of physical and health limitations makes the residents of the centres express distress related to loneliness more often.

Even though there has been work in recent years on projects that foster autonomy and privacy in residential facilities for homeless people, and especially for people who have lived on the streets for a long time, the support should include measures to combat the perception of isolation associated with ageing.

> ↳ The issue of loneliness is very important. Supporting a person experiencing homelessness, with substance use issues, with language barriers, without a network and who is also ageing... all of this makes for a mix that is very difficult to address. I don't think there are enough resources to address and mitigate this suffering, and the support team visiting once a week isn't enough. And when supporting them, you have to kind of address this ageing and this loneliness with more frequent visits and with better trained or equipped professionals. In short, care has to be included in the support. (EP11)

6.5. Ageing and citizen rights. Elderly people with irregular legal status

Seventy percent of the people assisted in the homeless assistance services are foreign nationals, and this proportion has risen in the past few decades. The difficulties accessing housing are related to income instability and insufficiency —income from both the job market and social protection mechanisms— and the price of flats, houses and rooms. Those who come to Europe from low-income countries have several disadvantages in accessing a stable housing solution. Job precariousness and irregularity in employment situations exclude these people from protection mechanisms based on Social Security contributions. Without sufficient or stable financial resources, it is very difficult to access rental housing in the rental market.

Immigrants in the homeless assistance system who reach older ages have a history of exclusion stemming from their immigration process that impacts their ability to access social protection mechanisms or rebuild social support networks. Irregular status and limited citizen rights further aggravate this situation; given the inability to of joining the job market

and getting legal status, there is a higher likelihood of the homeless assistance services becoming targeted resources.

> ↳ To us, Can Planes is a hotchpotch where they take anyone we can't send anywhere else. But, of course, the places don't then open up, because it's understood that there is no other place for them. It's really complicated because people who have irregular legal status don't have the SAUV or assisted flats or this type of resource. So more options are needed. (EP10)

6.6. Income security and applying for benefits

One essential part of the social support that homeless people receive is support applying for assistance and benefits that help them maintain an autonomous residential setting and leave behind residential exclusion. The benefits they access the most frequently are the *renda garantida de ciutadania*, *ingreso mínimo vital* and non-contributory pensions, which provide relatively low income that becomes completely insufficient when these people are dependent or have a series of life experiences that lead them to need ongoing support.

The benefits associated with the Dependency Act, in turn, are subject to assessment mechanisms designed for people with a home and a baseline family network. These benefits are aimed at complementing the care provided by this network at times of physical and/or cognitive decline, such that many people with very complex needs are excluded for long periods of time.

> ↳ A person may spend a long time waiting for assistance and financial benefits, coupled with the degree of dependency, the assessments of the degree of dependency... If they have an obvious physical disease, no problem, they get it. But when the problem is social dependency, it's not part of the assessment. And here we have a problem with people who are ageing, who don't have habits, but whose degree of dependency is 1, so they are not eligible for a facility and we have to keep supporting them over time until they start showing signs of physical deterioration. (EP4)

6.7. Undiagnosed and hidden mental health problems

Some of the homeless elderly people assisted by XAPSLL services or ageing assistance services are suffering from cognitive decline associated with their old age and problems stemming from lifelong social and residential exclusion. However, the professionals warn that the label of 'cognitive decline' may actually be covering up undiagnosed mental health disorders.

> ↳ The goal is to organise all that and monitor all the health issues. They are people who come without having had medical check-ups. You have to reintroduce this and have them take their medication and go to doctors' appointments. Here all the volunteers who support the doctors also come into play. We also have to work with mental health and ensure there is close supervision by the professionals. (EP9)

07 Conclusions and proposals

In Barcelona, the number of people sleeping on the street was relatively steady from 2017 to 2022, according to successive counting surveys and data from the City Council's services for social intervention in public areas, but there has been a significant rise between 2022 and 2024. The number of people sleeping outdoors in the city rose from 1,063 in 2022 to 1,245 in 2024.

The number of people assisted in Barcelona Support Network for the Homeless accommodation services or residential programmes is 2,860. This means around 50 fewer places occupied and available than one year ago. However, more resources than ever are being allocated to offering emergency housing, temporary housing and residential solutions for people experiencing severe residential exclusion.

The counting survey conducted by XAPSLL services in May 2024 detected a minor drop in the number of people housed in flats, and the city's organisations report that it is becoming more difficult to support inclusion flats, shared housing and individual housing programmes for homeless people because of the increase in rental prices. The city government is offsetting some of the places lost with new group facilities and expansions in housing programmes, but the real-estate market dynamic makes it essential for the public institutions responsible for housing to not only work to increase the public housing stock but also to allocate homes to Housing First and Housing Led projects *(Sales, 2024)*.

Furthermore, the efforts of the organisations and social services have not managed to curb the increase in residential exclusion caused by the rental prices of housing units and rooms. The empirical evidence is clear here: the price of the cheapest residential solutions is a crucial factor in homelessness trends, especially homelessness on the streets (Desmond & Wilners, 2022). The difficulties faced by low-income immigrants in accessing housing is also crucial in explaining the increase in homelessness in European cities (FEANTSA, 2023). Their disadvantage in the job market, higher prevalence of poverty, lack of a social and family support network and discrimination by rental market operators are just some of the factors that explain the high level of social and residential vulnerability among immigrants (Ribera-Almandoz et al., 2024; Baptista et al., 2016; Fitó, 2021).

The updated data from the May 2023 and May 2024 surveys is complemented by qualitative research on ageing and homelessness. Approximately 256 people older than 65 are assisted by services that aim to combat homelessness (45 sleep on the streets and 210 are housed in XAPSLL services). Even though the proportion of people assisted by the services has remained steady in recent years, the professionals from the organisations and public services report that the interaction between ageing and homelessness is becoming increas-

ingly complicated. As in other countries, there is likely to be an increase in the proportion of people who reach old age without being able to sustain a stable, autonomous residential setting. Three structural are leading to an increasing number of people reaching old age without having a home: the lack of access to homeownership among cohorts that will turn 60 in the upcoming decades; precarious jobs and long-term unemployment that affect low-skilled workers in the last years of their professional lives; and the erosion and reduction of the scope of family support networks (Santos, 2020; Canham et al., 2022).

From the perspective of the social services and XAPSLL organisations, the approach to ageing has undergone substantial changes that are leading to increased concern over the predictable rise in the number of elderly people excluded from housing. A decade ago, turning 65 was seen as an opportunity for homeless people to access greater income stability and permanent or at least stable residential solutions, but today the insufficiency of non-contributory pensions and other benefits to defray the cost of a room is considerably transforming the perception of retirement as an opportunity to overcome exclusion.

Given these difficulties, the number of people assisted who are ageing while living in homeless residential facilities is increasing. Those with a background of social exclusion and life of the streets are encountering more and more difficulties accessing the ageing assistance services and getting the care they need.

Homeless assistance services find it very difficult to offer appropriate attention and care for people who are facing extremely complex situations stemming from the interaction between social exclusion, residential and ageing factors. At the same time, they're also finding an increasing number of people with problems accessing ageing assistance services because they are homeless. These obstacles contribute to fuelling the approach of providing the homeless assistance system — comprised of third-sector organisations and the municipal social services — with resources to create services targeted at homeless people with ageing-related needs.

However, this approach has several limitations. The three mentioned below are particularly relevant because they have guided discussions within XAPSLL in recent years.

Firstly, social services in general and those targeted at combating homelessness in particular have become the last line of defence against social problems related to inequalities, poverty and the failure of other public services to provide coverage. The most complicated situations end up reaching the social services, but there is no guarantee that they can offer effective resources for overcoming social and residential exclusion (Alarcón et al., 2023). The exacerbation of the factors that lead to this exclusion — the trends in the housing market and the lack of affordable housing, job and income precariousness and deficits in the reception of immigrants, among other issues — mean that the ad hoc resources created to address specific situations will likely soon become insufficient. Therefore, access to services and universal protection mechanisms must be guaranteed.

Secondly, the difficulties accessing — or maintaining a place in — a facility designed for people with a home reveals that not having one is a violation of the right to housing, which means that many other rights cannot be exercised either.

Thirdly, the specialisation and focus of social resources and services on problems that are part of the purview of other protection systems is a phenomenon that contributes to perpetuating stigmatisation. The idea is to turn homeless people into a group with common needs who require specific services unlike those of the rest of the population. This is particularly concerning at a time when residential exclusion is affecting a rising proportion of the population and more and more people are reaching old age without residential stability (Lebrusán, 2019).

Bearing these limitations in mind, and without giving up the possibility of allocating more resources and more capacity for assistance to the homeless assistance services, the proposals presented below aim to involve different actors and transcend a social services sector which has grown significantly in recent years yet is still constantly overwhelmed.

These proposals were developed based on the discussion of the results of the research carried out by XAPSLL organisations represented in the Analysis Committee in different working sessions held in July 2024.

1. Pay attention to transitions and reinforce coordination among the homeless and ageing assistance services.

At a certain point, people receiving social support in relation to past or current homelessness come into contact with protection mechanisms that address problems associated with ageing. The lack of housing or stable accommodations and income makes these resources (economic benefits or residential services) crucial in finding a solution to chronic cases of exclusion.

The transition between services requires specific resources to guarantee continuity of care and minimise the impact of a background of social exclusion in people's adaptation to services designed for people with a home.

Homeless assistance services professionals must be able to take the first step of connecting the person to the residential facility and then, once the person has settled into the facility, the case should be taken over by the local social services, given that the person is no longer sleeping on the streets. When the stable accommodation or residence is part of another protection system, these professionals must have the resources to work together with residential services outside the homeless assistance system (such as nursing homes for elderly people).

Sustained support requires resources, and contracts for services and facilities should explicitly state what often happens de facto: the people in charge are those that have built the bond and end up being asked to play the role of the main point of contact, even the role of a family member.

2. Create places in social-health facilities targeted at especially complex social situations.

The difficulty addressing highly complex social situations (the outcome of long histories of homelessness) in social-health facilities prompts a consideration of the need to create specific places where the length of the stay is flexible, and where specialised professionals are in charge of coordination between the health and social services.

The increased difficulty addressing the interaction between residential exclusion and ageing also calls for the creation of social-health facilities specifically for homeless elderly people.

3. Train ageing assistance professionals to address residential exclusion.

One of the goals of social intervention and support for homeless people is to normalise their relationship with the other protection services and mechanisms. However, homeless people tend to be assigned to a range of social and health professionals at the same time due to particularly precarious situations and life instability. In their relationship with public agencies and other institutions, the 'homeless' label tends to determine their course. All assistance and support professionals must share this normalisation goal.

4. Redefine intervention methodologies to address ageing and premature ageing.

Supporting homeless people when they have health problems or age-related limitations requires a specific methodological approach. The working plan geared at achieving a stable income and an autonomous residential solution ceases to be central, and the support goals and the resources available to the people assisted and professionals should be redefined.

When they no longer live on the street and have access to a residential facility, recovery and overcoming social exclusion has to be defined according to the person's stage of life. In the case of elderly people, combating loneliness, building new social networks and restoring bonds with family members should play a much more central role, always respecting the wishes expressed by each person.

The high likelihood of premature ageing among people who have been homeless should be borne in mind, and the methodological reviews should consider that life stages should not be determined by strict age thresholds that solely reflect administrative considerations.

5. Elderly people with irregular legal status: guarantee citizen rights

One of the main difficulties when supporting a number of homeless elderly people is their lack of a residency permit. The permanent exclusion from the job market that many of these people experience makes it impossible for them to aspire to become eligible for *arrelament* status. Even if permits are granted for humanitarian reasons in old age or when people are suffering from serious diseases that require lengthy treatments, the number of people with no chance of overcoming administrative exclusion is rising and will continue to do so in the coming years.

Prioritising people over the age of 50 in employment programmes that may provide a work contract and subsequent *arrelament* would make it easier for them to secure a residency permit and prevent administrative exclusion in old age.

The ability to register as a city resident without having a permanent address is essential in guaranteeing access to services and for subsequent *arrelament* processes. The municipality of Barcelona should have clear, streamlined procedures for registering as a city resident without a home and call on all other municipalities and supramunicipal authorities to always respect the right to be in the municipal register.

6. Facilitate the income security and benefit applications

One of the key tasks of the social support provided by the homeless assistance services is to help these individuals apply for benefits to overcome the difficulties caused by not having a home.

Given the difficulties verifying dependency and disability among homeless people and the impact of these difficulties in the process of applying for the associated benefits, organisations and professionals report that a priority is improving assessment systems and having them incorporate clear prioritisation criteria according to the vulnerability, urgency and complexity of the cases.

Many homeless people's lack of a family and social support networks means that professionals have to take on roles that people with a closer bond would normally cover. It would be useful if the other protection systems facilitated this role in order to avoid applications being held up.

7. Improve coordination with the healthcare system in diagnosing and treating mental health problems

An accurate diagnosis of mental health problems may be crucial in guaranteeing proper support and resources for people with long histories of social and residential exclusion. In the case of elderly people, social service professionals detect difficulties distinguishing between cognitive decline caused by life experiences and age and specific mental health disorders. The healthcare system must include collaboration with the professionals/social points of contact as a cornerstone of their intervention. When there is no family, social points of contact become the guarantors of rights. More accurate diagnoses (in the case of mental health problems) facilitate health and social intervention.

Final considerations

As emphasised in other analysis reports created and published by XAPSLL, reducing homelessness in the city of Barcelona requires public measures and policies that address its structural causes. Therefore, the foreseeable increase in the population reaching old age without access to a stable residential solution must be addressed through housing policies and social protection in the broad sense. It is essential to guarantee minimum income and the broadest possible coverage of ageing assistance services.

The role of social services and third-sector organisations involves improving the living conditions of homeless people, combating exclusion, helping them exercise their rights and restoring their autonomy and ability to be responsible or their recovery process. This support, developed to address violations of rights, should increasingly adopt a what is known as a 'person-centred care' approach (ACP, Department of Social Rights, 2023, pp. 15 and 16), which places people at the heart of the social intervention process, such that the resources offer flexible responses adapted to their needs and preferences. This model enables diversity, autonomy and self-determination to be addressed and guarantees respect for each person's dignity, values and experience. Therefore, it is a key intervention model in addressing homelessness because it strengthens people's ability to take decisions and to control and actively participate in the planning, implementation and assessment of their intervention and recovery process.

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