Not having a home damages (a lot) health
Marta Plujà. Social investigation. Càritas Diocesana Barcelona

These days, when the global and globalized financial recession has devastated family economies and caused housing deprivation, the life conditions of many people attended by Càritas services are getting worse, creating a deep impact not only on their daily life, but also—and above all—on their health.

Càritas Diocesana Barcelona presented the Report “With a roof and without a home. The impact of insecure housing. Special mention to families with children”, at the campaign launched every year for Christmas. It was in 2010, and, although the situation has improved, the message displayed in the articles is still valid.

The report came from Càritas’ concern about housing. A concern which already existed long ago, as research and reports published on this issue since 2003 expose. On this occasion, though, a step forward has been made and Caritas has focused the assessment on how the lack of decent housing is affecting people’s health and life conditions.

It’s not a new topic. It’s a cyclic issue and at similar moments in time, when economic recession and migrant flows happen at the same time (six years ago, migration was still a notable issue), the solutions to the lack of housing have been very similar: hostels, sub-tenancy rooms, settlements, etc. Differences between the solutions adopted by our parents and grandparents are minimal in comparison to this generation.

What do a roof and a home mean?
According to the theory, a roof is basically a place to shelter from the weather conditions. ‘Roof’ can’t be defined as a home in a full sense, as a place where the sense of person is developed.

The roof determines a precarious way to live and is defined according to different levels of insecurity and residential exclusion: from the most extreme forms—living literally on the street or living in shelters or emergency accommodation—to sharing dwellings or living in overcrowded housing. These “under a roof” housing types have been categorized by FEANTSA (European Federation of National Organisations working with the Homeless)—a federation supported by the European Commission—in 13 categories (ETHOS1) as ‘situations of housing exclusion’ and the social policies at European level are currently based on this standard. These categories range from living in public spaces or lacking housing to situations of inadequate or insecure housing.

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1 ETHOS: initial of European Typology on Homelessness and Housing Exclusion that allows for the measurement of different types of inadequate housing.
On the other hand, a home is defined by the people and not by the roof protecting them. In the 2008 Homelessness Campaign of Cáritas Spanish Confederation, the following statement –very similar to our view– about the concept of home was exposed: “It’s about developing a sense of home, as a feeling and experience that lets me feel the warmth, since I belong and I feel protected, I can grow if I want, I can learn, share, dream, play; because, if I find myself without food or housing, this ‘warm-community’ surrounds me and supports me, and I can use it as a platform to start again. I’ve got a home because I’ve got supporting networks around me, and I interact and build ties the same way the people surrounding me also create bonds” (Olea, 2008: 9).

We can’t forget that, despite the fact that access to housing is a universal right stated in the Universal Declaration of Human Rights and also a civil right for the Spanish population, it is not a real right but rather what’s considered a guiding principal; meaning it’s not enforceable by law.

But we can’t be too ingenious and think that access to housing resolves all the problems, because it doesn’t guarantee integration on its own; what’s more, in particular circumstances (insecurity, precariousness, breakdown), it can trigger social exclusion. The physical conditions, accessibility and the context can determine whether it becomes a home or not.

It’s important to see whether the surroundings can influence the personal and social development of the people involved: poor areas remain poor unless they are invested in. Unemployment, drug abuse or school failure can perpetuate in some areas of cities and towns, creating ghettos where only a few of their inhabitants manage to climb socially and where the majority are condemned to reproduce the same life conditions.

This has a lot to do with the city’s design and how the use of public space is conceived: how these neighbourhoods were created, how they are designed, how they provide services, etc. But as well how they have been socially treated: social attention, health, schooling, cultural centres… The use of public space is becoming limited and poverty is being criminalized, favouring economic and political interests.

A way out in times of crisis
The common modality of tenancy and access to housing in Catalonia –and also in Spain– since the end of the 20th century and the start of the 21st is ownership. This tendency influences –a great deal– the precarious situations affecting mid and low-income populations regarding the quality of housing.

All the policies, institutional advertising, the entire framework have been geared towards the buying and selling of housing. Back in the years of Francoist liberalism policies, rapid industrialization and social inequalities (period known as desarollismo), housing was seen as a business opportunity and it hasn’t been addressed since then as a basic need, but as merchandise.

As is happening in most parts of Europe, renting is the most viable option. In this aspect there has been a change since the report was published, as at that time it was still possible to get a mortgage, but now it isn't for the majority of people in our country. The financial crash has wiped out easy credit, even though the Euro Interbank Offered Rate, the Euribor, is lower than ever. But high rent prices are still a barrier for accessing housing.
As can be seen in Graphic 1, we started in 2009 with a sharply rising trend, that became slightly moderated with the crisis, but is now skyrocketing back up.

Let’s focus on Barcelona. Although in 2015 the average rent is situated under the 2009 figure, from 2013 until now it has increased again by 8%, resulting in a decrease of 7% with regards to 2009.

These prices suppose a heavy burden for family economies if we take into account that the minimum wage has gone from 629€ in 2009 to 648.60€ in 2015, a 4% increase –still 1% below the minimum wage of 2013 (654.30€)–.

These days, housing access is very difficult for many people and families who find themselves economically on the edge. They are people and families without income, or whose salaries come from precarious, underpaid jobs or who are not allowed to work—or have lost the permission—and get scant pensions, especially old people or long-term unemployed.

Furthermore, those people who chose to buy at a time when the prices were relatively affordable and unemployment rates were low (especially in the building trade) found that their mortgages increased and they were laid off, so they find themselves with a flat they can't pay and at the risk of facing the street if they can't find a solution. A large part of the young population and families with small children are facing this situation in this country.

In this situation, the sub-tenancy rooms market is, on one hand, an alternative to hostels (which are usually more expensive) and, on the other hand, a business for some groups taking advantage of this modus vivendi. For other people, it simply means some extra money or the way to avoid losing their home.

In that context, social housing could prevent these housing conditions of many families from worsening and it would help to improve life conditions of other families.

But there’s little social housing being built and that which is available is insufficient. That’s the
reason why Càritas is committed to creating its own stock of housing available for rent at affordable prices.

During 2015 we had 309 single family dwellings—managed by the Social Housing Foundation promoted by Càritas—and 55 residential centres and shared flats, with 1,292 places in total.

**Roofs which are not homes: who lives under them?**
The impact that a lack of housing or insecure housing has is dependent on who is suffering the consequences. It's not the same for a single person or a couple without children as it is for a family with children.

When children are involved, the security of a propriety or rental housing unit is usually chosen, even though the financial difficulties to get and maintain it increase greatly. Despite this, it’s important to highlight that 20% of families with children attended by Càritas in 2009—the year we drafted the report mentioned—were forced to live in sub-tenancy rooms, sharing flats with other people. That a fifth part of families with children suffer this insecurity means the social impact in twenty or thirty years time could be huge. As is showed in Graphic 2, this rate has decreased considerably. Even then, it’s maintained at 11%.

Even more worrying is the increase of families that don’t have their own home. In this period, the percentage of families with children has doubled while those without have increased even more, from 1% to 7%.

We can’t point out a unique profile of person or family facing these situations of precarious housing as there’s a vast array of situations and collectives that are affected, with one common denominator: insufficient economic resources. And what’s more: the ongoing recession continues to change significantly this reality.

**Graphic 2: Types of housing tenancy according to types of home attended by Càritas Diocesana Barcelona. Comparison 2009-2015**

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<table>
<thead>
<tr>
<th>Type of Tenancy</th>
<th>2009</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home with children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apartment (rental and property)</td>
<td>78%</td>
<td>85%</td>
</tr>
<tr>
<td>Sub-tenancy rooms</td>
<td>20%</td>
<td>11%</td>
</tr>
<tr>
<td>No housing</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>Home without children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apartment (rental and property)</td>
<td>59%</td>
<td>60%</td>
</tr>
<tr>
<td>Sub-tenancy rooms</td>
<td>40%</td>
<td>33%</td>
</tr>
<tr>
<td>No housing</td>
<td>1%</td>
<td>7%</td>
</tr>
</tbody>
</table>

SOURCE: Own comparison based on the homes attended
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One of the collectives affected is the roofless population—who, according to the last city count in Barcelona (Romeu i Sales, 2015) is largely formed by men who have been on the street for two or three years, especially non-Europeans (47%) (20% without residence permission), and
Spanish (42%), suffering physical or mental illness without treatment, substance abuse, with no income (52%) or minimum income.

In 2009 we were still talking about the overcrowded rooms in flats of the old quarter of Barcelona, in precarious housing conditions; these days, there’s a higher rate of people taking refuge in friends’ or relatives’ houses. Nowadays, as the migrant flow has been reduced, the first phenomenon has almost disappeared, while the second is spreading to more sectors.

But the most serious and long-lasting phenomenon is the rooms rented mainly to foreign people without residence permission who’ve been living between one to three years in our country, but also to other profiles of people (and, as we have seen, also families with minors). They are mainly, according to cases known to Cáritas, single men and also now single women with children.

Other populations, like Maghrebians, usually choose to rent a flat or, out of necessity, share a flat with their extended family, also in the old quarter of Barcelona.

**Impact of the trigger factors of exclusion**

Exclusion risk factors, if perpetuated in time, can trigger serious consequences, since personal suffering is increased and relationships within families and their surroundings get damaged, but also on a social level, as conflicts rise and cohesion and coexistence gets compromised.

From Cáritas' point of view, the trigger factors are:

- Financial: lack of income or not having enough income to deal with housing costs and bills, which forces families to turn to social services and creates a debt spiral very difficult to break; housing access possibilities (mortgage non-payment leads to renting and renting leads to going back to a parent’s home or son or daughter’s home. It also feeds the housing black market and generates nomadic lifestyles, with a clear impact on access to health care and schooling as they depend on the inhabitants’ register);

- Health: physical illnesses worsen, somatised symptoms; mental health deterioration, chronic addictions, etc.

- Coexistence: loneliness, lack of family and social support, social alienation and disengagement. At a family level, marriage problems emerge and divorces and domestic violence increase. Neighbourhood conflicts also increase and coexistence and social cohesion get damaged.

- Employment and education: underground economy increases, along with precarious and underpaid jobs, periods of unemployment get longer. Young people lose the motivation to study which increases school failure and dropout, therefore professional quality decreases and, consequently, lower pensions.

- Social and civil rights: slow procedure of the dependency law and social benefits.

**Impact on daily life**

We have considered until now the general mid and long-term consequences, but living in such precarious conditions has a clear impact on daily life. ‘Normal’ and simple things like having a home where you can be registered can be the difference between integration and social exclusion, as this procedure determines access not only to health attention and social services, but also children's schooling.
Moreover, life under these conditions also leads to routines which impact (or will impact) on personal and family development: living with strange people, in tiny and overcrowded places, having no space to enjoy family moments or having inadequate living space effects the organization of daily life: how many personal objects we can have; how to keep them; how and when we can wash clothes, especially with children, when we can use the bathroom or the kitchen, how and where to do homework, who can take care of the children so the parents are able to work or look for a job. And not only that: living in a precarious situation also has serious health implications.

Through Cáritas’ experience, we have seen a direct connection between housing occupancy rate and some illnesses linked to health standards and hygiene, humidity and lack of ventilation, such as tuberculosis and other respiratory diseases like asthma or bronchitis, or infections caused by contact with bedbugs, fleas, cockroaches or rats. And other sicknesses which are more connected to eating habits: stomach problems, intestine disorders, development disorders, lack of proteins and vitamins, overweight and obesity. Problems that can also cause other conditions such as musculoskeletal problems, hypertension or diabetes.

Without mentioning those people who already have an illness and for whom it is difficult to keep up with medical appointments or their prescribed treatment.

If there is a common disorder in people who live under roofs which are not homes, then it concerns mental health.

The psychologist team of Cáritas’ mental health program warns that living in these situations doesn’t necessarily cause mental illness on its own, though it is a stressful factor leading to depression and many somatic symptoms. That is to say, living in inadequate housing conditions can trigger problems related to anguish and stress, depending on the person. Furthermore, the majority of people attended by Cáritas who live under these conditions are migrants, so they might suffer the Ulysses syndrome, which establishes a direct and unequivocal link between stress levels experienced by migrants and the appearance of psychopathology symptoms.

There’s no doubt that Ulysses syndrome\(^2\) would appear in the most extreme situations of cases attended by Cáritas: when the family is left behind, especially when there are children or old or sick relatives and, there’s no chance to go back not even for a visit in order to help them, along with a lonely life, with no family and no social networks, fighting constantly to survive in a harsh context.

**Greater impact on childhood and adolescence**

Among all the people, young people are the ones who feel most the effects of living in these precarious situations, as what they experience as children will influence them all their life. That’s why it’s so important to take care of their wellbeing and sense of security. That’s why they are a priority for Cáritas.

Children, teenagers and young people are dealing with situations that hinder their development, such as the lack of living space, which determines family relationships; the space for games and study; peer relationships. It also provokes inappropriate family routines: sleeping with their parents (in the same room and often in the same bed), being forced to live situations they can’t understand or assimilate. They are also exposed to insecure situations, as they often live with unknown people whom they don’t trust, in dangerous surroundings, or because their parents are ‘invisible’, that is, they spend hours alone with no adult supervision as their parents are working

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\(^2\) Described for the first time by the Doctor Joseba Atxotegi, Head of the Psychopathology and Psychosocial Attention Service for migrants and refugees at the Sant Pere Claver hospital in 2002.
long hours with impossible schedules or are looking for a job. Consequently, they become adults before their time. They also move from place to place a lot, so they change constantly from group to group and it can create conflicts with the family and of personality, especially in young people and teenagers. For children, changing school constantly can lead to cognitive and relationship difficulties, which are linked to alienation or socialization problems. But most worrying is the impact seen on the health of children, teenagers and young people. It's very probable that some childhood pathologies become chronic. That's the case, for example, of some respiratory conditions like bronchitis or asthma or some other skin-related issues, that can be caused by poorly ventilated housing with poor hygienic conditions. Other pathologies will be cured, but when they are suffered, they highlight the fragility of childhood. We're also speaking about sleep disorders: they can’t sleep properly, their sleep is suddenly disrupted several times, they have nightmares, insomnia... As a result, they get headaches, lack concentration, have cognitive difficulties (lack of memory, slower reflexes, etc.) as well as different symptoms like fear, anxiety, enuresis, encopresis, irritability and even depression. These have an impact on their relationships, especially at school and with the family, and will also have repercussions on their way of dealing with society in the future.

With respect to adults, childhood, teenagers and young people, while many trigger factors which cause health deterioration are difficult to control as they work internally (resilience, personal competences, social skills...), others are external and can alleviate the suffering and improve their quality of life: enabling access to decent housing, guaranteeing health care and social services, implementing family counselling measures, etc.

The health, social and economic cost which having a large part of the population in a desperate, vulnerable and precarious state will have on our society is difficult to predict. However, social services and health care centres for adults and children have already noticed an increase in demand.

**The impact on health: a comprehensive analysis**

The report “With a roof and without a home” which we refer to now was published in 2010, and its conclusions allow us to analyse in depth which are the health consequences on the people attended. On one hand, it's important to know in order to give an adequate response to their needs. On the other hand, this knowledge contributes to one of the main aspects of our institutional action: expose unjust situations.

With that goal in mind, the Barcelona Public Health Authority and Cáritas Diocesana Barcelona collaborated within the European Project Sophie’s framework (Evaluating the Impact of Structural Policies on Health Inequalities) in order to promote research on the health impact with regards to housing conditions and the policies which affected them. The first step was to analyse the social, financial and health features of a group of Cáritas users. The report, published in December 2013 and entitled “Health and housing in a vulnerable population”³ (Novoa, Ward et alt.; 2013), reported life conditions much worse than the general Barcelona population, as well as in comparison with people sharing the same social and economic status.

The situations of inadequate housing with infestation problems (mice, cockroaches, fleas, etc.), humidity, overcrowding and others were the most common features of the group of Cáritas First Support Teams (EAD) users where technicians had identified as a priority the need to improve the living conditions of these people, rehousing them in dignified housing units. A second group analysed was formed by individuals who were receiving support from the Housing Advising Service (SMH), which seeks to individually help people to deal with mortgage or rent payments.

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³ It was first published as the third chapter of a more extensive report entitled “Home, housing and health. Action and housing prevention”. Apart from focusing on health, the report assessed the social and economic context, Cáritas’ social base in Barcelona and the social action on housing affairs.
offering mediation between the owner and the person affected, regardless of it being a financial entity or a person. While the prospect of losing the housing is the main problem of this second group, some of the EAD’s users problems outlined also affected them, and vice versa. Two out of three interviewees from both groups thought he/she could lose his housing in the next two years.

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The same people were interviewed again after roughly a year in order to outline the changes in the social and economic conditions as well as housing and their impact on health.

This type of longitudinal research enables more reliable causal relations between Càritas services—especially rehousing—and the changes in housing and life conditions. It has also allowed causal links to be established between life and housing conditions and health.

While the previous report outlined comparisons between the sample group and data regarding to the general population of Barcelona, the second report (Amat, Malmusi et alt.: 2015), published in 2015, focuses on the comparison between people interviewed at the end 2012 and these same people roughly a year later, being supported throughout that time by CDB.

In this second round of surveys, 232 adults responded, 72% of whom were surveyed initially. The social and economic situation was still very precarious, despite some improvements in some subgroups, especially in the case of people rehoused by Càritas whose housing conditions (physical and financial) improved remarkably.

The health indicators were still much worse than the average indicators of Barcelona’s population, but a relative improvement is seen, mainly in mental health indicators with regards to both adults and children. Furthermore, mental health improved more in those people who had economic improvements (increase of income in the home) or housing improvements (like less risk of losing housing or problems attached to inadequate housing).

Graphic 4 displays a relationship between the increase in housing affordability and general improvement of health of the person interviewed. People considered to be in a better situation with respect to affordable housing (cost/income proportion has been reduced to under 50% or 30%) have enjoyed more frequent health improvements than people who remained in the same situation or worse.
It seems clear therefore that all policies and interventions aimed at improving the financial situation and access to affordable and adequate housing for people affected by the financial recession can improve not only their life conditions, but also their health.

Positive attitude
Càritas has prioritised for the coming years improving the quality of life conditions for children, a population group that suffers subsidiary consequences of poverty, and doesn't have the chance to fight against it.

Different objectives have been targeted. Some of them are internal actions aimed at protecting children: continue broadening the network of centres for young people and children; academic and schooling support, maternity support, increasing the number of nursery schools places or fomenting sports. Other objectives have been addressed to improve the single family or shared housing stock for different family situations.

Other goals are out of our control, as they depend on different municipalities and have to do mainly with current legislation:

- Guarantee a minimum level of income for the person’s dignity and self-sufficiency regarding habits (food) and financial capability, and housing stability. With special attention to families with children.
- Unify and simplify social benefits as civil rights, not dependent on Government budgets.
- Broaden the social housing stock and increase rental benefits with market-based rents.
- Reject the State Government decision to present before the Constitutional Court the law 24/2015, of the 29th July, known as Housing emergency and energy poverty, since that’s the only legal instrument we can currently use to prevent evictions and the later loss of housing.
• Reinforce the mental health attention network, especially for children and young people (reducing waiting lists and increasing the frequency of visits).

These measures can’t be ignored by Càritas and have to be demanded in line with –as explained above– one of their principle duties: to denounce. In this sense, reports like this are essential.

Bibliography

Amat, Jordi; Malmusi, Davide et alt. *Changes in housing and health of vulnerable people. Monitoring of a group of people attended by Càritas Diocesana Barcelona*. Barcelona: Càritas Diocesana Barcelona, 2015


