

STREET SUPPORT PROJECT

Spain



Pilot intervention
local

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The implementation of four Local Pilot Interventions has been a fundamental element within the Street Support Project. With a focus on social inclusion and public nuisance prevention, each of the organization partners developed and tested an innovative approach with which to support people experiencing homelessness and/or who consume drugs/alcohol in public space.

The report that you have in your hands is a compilation and documentation of the development, implementation, and evaluation of these interventions. Our intention behind opening up and sharing these processes is double folded.

On one hand, by showcasing these interventions we hope to offer service providers, policymakers and other professionals a body of knowledge that evidences the impact that inclusive interventions have in the life of marginalized communities. Complementing the other Street Support Publications, this report allows professionals to connect more in-depth with other service providers experiences, successes and challenges, and to learn from them.

On the other hand, with these reports, we would like to share with the reader a methodology for the development of inclusive interventions targeting people who experience homeless and/or use drugs/alcohol which is effective, essential and easy to contextualize to local needs.

For more information about the other Local Pilot Interventions, the Street Support Project, or any of its intellectual outputs, please visit www.streetsupport.eu

1. Overview of the situation

1.1 SOCIAL, HEALTH & HOUSING EXCLUSION IN CASTELLO

In Spain, using the categories one and two of the ETHOS definition (by counting the most vulnerable homeless and the homeless), according to the FePsh¹ there are between 30,000 and 40,000 people experiencing homelessness.

The INE has carried out two surveys in 2012² and 2016³ that also provide data on the situation of the homeless in Spain. The 2012 survey reveals the existence of 22.938 people in a homeless situation, but since the data was extracted from the centers and services for homeless people, not all people who do not access the network of services are counted. In the same survey, it is stated that in the Valencian Community there is a 5,3% of all the homeless people in Spain, about 1.215 people. In relative data, in the Valencian Community for every 100.000 inhabitants, there are 32,8 people in a homeless situation.

The INE survey of 2016 facilitates the data of the number of places of accommodation available in the Valencian Community, 1.069 with an 86'6% of average occupation.

In the Valencian Community, the FOESSA Report⁴ states that one out of every three people in this territory is affected by factors of residential exclusion (accessibility, adequacy, habitability, and stability of housing), thus increasing the possibility that a greater number of people become homeless. The Valencian Community is one of the autonomous communities with the greatest risk of poverty and social exclusion in Spain.

In Castelló we can provide the data of the centers and services with accommodation places:

- Mare de Deu del Lledó Temporary Shelter Center, municipally run by Caritas Diocesana. 1.015 people stayed in 2014 and 927 in 2015. The Welcome Center has a capacity of 39 places, 31 for men and 8 for women. It also handles daily emergency situations, can expand up to 5 seats, and emergency service due to inclement weather, expanding coverage in 25 places.
- Sheltered homes of Diocesan Caritas, with a capacity of 11 places. In 2014, 21 people lived in houses and 22 in 2015.
- Family homes of Cáritas Diocesana, with a capacity of 20 beds; in 2015, 20 people, including adults and children, inhabited the houses.
- Low Threshold Center, run by the Health and Community Foundation. In 2014, the center provided care for 304 people and 273 in 2015. The Center has an overnight capacity for 14 people.
- The Daughters of Charity in Castelló, at the service of people in a situation of homelessness, offer two projects:
 - The Marillac Social Center for convalescent homeless provided care to 57 people in 2013 and another 57 in 2014. The center has 20 residential places for men and women between 18 and 65 years.
 - In the Bridge Accommodation Project for single people or families with difficulties in accessing housing, it was provided support for 33 people in 2013 and 38 in 2014. The project has 5 homes out of a total of 20 places.
- Red Cross in Castelló since 2013 has a specific project for homeless people. In 2014, 88 people were served and in 2015 there were 132. Since the project started, among other activities, there have been processed housing benefits to 19 beneficiaries in 2014 and 44 in 2015.

We don't have specific data of the human and social costs related to the homelessness situation in the city of Castelló. However, by experience, we know that these are very high in comparison to other regions in Spain⁵. This would refer to psychological and health costs, social skills, loss of employment, breakdown of social relationships on a personal level and costs for society as a whole. These would include costs derived from non-economical contribution (direct and indirect taxes, employability contributions,...), cost originated from the inadequate use of health services and costs in social resources (benefits, accommodation, food...).

A short time in a homeless situation can already diminish a person's possibilities of reintegration and can lead to a rapid deterioration of physical and mental health, employability and social skills. The long-term consequences may require very long and very intense intervention processes, and a high investment of both human and material resources to ensure inclusion and re-integration.

Other elements that have made homelessness rise are an increment in the cost of housing, intra-European mobility, and global migration flow, aging and changes in the family structure, such as the growth of single-person households, and long-term health problems. Family crises and deinstitutionalization, without adequate follow-up support, are also one of the causes.

The condition of migrant and/or refugee is also a fundamental element in homelessness, especially in urban areas. The economic crisis has affected the migrant population seriously. In particular, the employment rate in sectors where less qualification is required, such as construction and agricultural tasks, in which many immigrants used to work, was reduced by the crisis. The province of Castelló is a clear example of how long-term unemployment has affected the construction sector.

People in Castelló who leave social institutions such as prisons, hospitals, mental health institutions, and juvenile centers may be especially vulnerable to homelessness if there is no adequate preparation for their afterlife or if they do not receive enough follow-up help such as to find housing. Many people who leave these

institutions do not have a family home to return to, they have lost their own home during their stay in the institution or they cannot find a suitable new home.

Last but not least, homelessness in Castelló is an example of a gendered phenomenon. The majority of the disadvantaged people are men. However, the number of women experiencing homelessness is growing, and this raises up concerns about the specific reality they face.

On one hand, women experiencing homeless find themselves more often in an unsafe or inadequate home than men experiencing homeless. Further, women also tend to spend longer periods in shelters or specialized centers than men. On the other hand, women experiencing homeless face more serious levels of exclusion. Often women experience both homelessness as a result of gender violence, and violence due to the vulnerability they encounter while living on the street.

In summary, as we have argued in this chapter from the observations of the study carried out in 2015 in Castelló, homelessness is usually triggered by a "complex interaction of structural, institutional, relational and personal factors".

1.2 STRUCTURE OF SUPPORT IN CASTELLO

In Castelló structured support for people experiencing homeless begins to develop the 80s as the result of the collaboration of social organizations with local and regional administration. Currently, 6 municipal social services centers connected to the City Council offer support to those people experiencing homeless who are registered in the municipality.

Their technical work is carried out through intervention plans and social monitoring, aiming at promoting social inclusion. People seeking help from the City Council are linked to the Shelter, the

Social Dining Room, the Shower Service or the Day Center, if applicable.

For people experiencing homeless who are not registered in the municipality, support is provided by Cáritas Diocesana Segorbe Castelló. These services are structured by an agreement with the City Council.

In 1997 Fundacion Salud y Comunidad launched the first - and still only one - harm reduction program in Castelló. Excluded people due to their dependence on drug and/or alcohol were offered temporary accomodation. In 2010, this program became CIBE - a Low Threshold Center. This program receives funding from the Department of Universal Health and Public Health, the City of Castelló, the Ministry of Social Affairs and the Diputació de Castelló.

Nowadays CIBE offers support to people who use drugs and/or alcohol experiencing high vulnerability. This refers to personal, familiar and/or social deterioration. In many of these cases, CIBE it is the first resource they have access to. For this reason, it acts as a link between patients who are reluctant to seek help and general healthcare resources.

At the moment, Castelló requires a renewal of the strategies of social intervention as a means towards meeting the actual needs of marginalized communities who live in the city. Housing and accomodation are one of the strongest needs.

Following the description of the ETHOS categories, the existing resources in Castelló for people experiecing homeless are:

RESIDENTIAL SITUATION	FACILITY
1. People who live in a public space (rough sleepers)	Street Social workers
2. People sleeping in a night shelter and / or forced to spend several hours a day in a public space	Low Threshold Intervention Center (CIBE Castelló), Health and Community Foundation*
	Benefits Red Cross*
3. People who live in shelters and centers for the homeless temporarily	Municipal temporary reception center Mare de Deu del Lledó, managed by Cáritas Diocesana *
	Marillac Center Daughters of Charity*
	OSIM*
4. People living in support centers for women	Inclusive Recovery Center for women victims of violence (CRI), Equality and Inclusive Policies councillorship.
	Sheltered housing for women in social exclusion.
5. People who are living in temporary shelters reserved for immigrants and asylum seekers	Refugee apartments ACCEM
6. Persons who in a definite term are going to be dismissed from residential or internment institutions	Centers for Minors. Council for Equality and Inclusive Policies
	Castellón I and II Penitentiary Centers
	General Hospital and Provincial Hospital
7. People who receive accomodation with sustained support due to their condition as a homeless person.	2 Cáritas Diocesana sheltered housing for people with serious social exclusion *
	4 vulnerable families Cáritas Diocesana flats
	5 Housing Alternative accommodation Proyecto PUENTE Hijas Caridad*
	UDR Project Amigo + 1 floor

* Of specific attention to homeless people, the rest are resources whose first definition or specialization is for other reasons, although people also suffer the homeless situation.

These facilities are complemented by the following network of support:

- Municipal Social Centers.
- Cáritas Diocesana Welcome and Accompaniment Service.
- Service of Day Center Mare de Déu del Lledó municipal, managed by Cáritas Diocesana
- Shower, laundry and municipal wardrobe service, managed by Cáritas Diocesana.
- Comprehensive care for the homeless, Red Cross
- Integral reception of immigrants, Red Cross
- Attention to vulnerable people in settlements, Red Cross
- Social, health, training and leisure programs of the CIBE Castelló, Health and Community Foundation.
- Social integration workshops El Faro, Daughters of Charity.

Nowadays, the Ministry of Equality and Inclusive Policy of Castelló develops actions in the field of social action from its configuration in the regional administration, assuming the competences of the organizations and agencies transferred from the central administration of Spain.

1.3. NEW DEVELOPMENTS: CREATION OF THE HOMELESS BOARD

The Technical Board is composed of professionals in the field of social action, both private and public organisations. which, based on reflection, propose actions for continuous improvement in social intervention with the group of people in a situation of homelessness through the cooperation, fostering cohesion and coherence of

actions. So it's the place to introduce new proposals and innovative and collaborative actions. The Technical Board is integrated by:

- Cáritas Diocesana de Segorbe-Castelló.
- Spanish Red Cross.
- Social Action Daughters of Charity of Saint Vincent de Paul (Obra Social Marillac).
- Health and Community Foundation
- City Council of Castelló.
- Conselleria de Igualdad y Políticas Inclusivas (Generalitat Valenciana).

Plans for three accommodation units.

In mid-2017, the sub-directorate of the Health and Community Foundation (FSC) made a visit to the director of the CIBE of Castelló together with the Street Support project coordinator. From that session came the idea to start a Housing First (HF) program and it was presented to the Department of Social Welfare of the municipality.

The idea was well received by the administration, so the entity was eligible for a grant to carry out the start-up of three flats within a HF program in the municipality, which is scheduled to begin in January 2018. For this first year, the plan is to open three floors for three people (one per flat) with chronicity profile in the street residence situation, although many of them are or have been linked to different services of the network.

Support Needed for the Development of this Strategy.

With the starting point of start a local plan for improvement and action in the field of homelessness came a request from the management of the low threshold centre CIBE in Castelló, who at

the same time manages the implementation of the HF program in the same municipality. This request corresponds to a need to expand and improve knowledge for an adequate implementation.

Theoretical & Methodological Tools

One of the key strategic lines for this action plan involves building up the capacity and expertise of professionals. To do so, the theoretical and methodological resources generated by the Street Support Project will be activated. Specifically, the results of Desk Review process will become the main source, complemented by the other intellectual outputs of the project (National & European Reports, Good Practice Collection and Toolbox).

An integrated approach towards social & health inclusion

The theoretical and methodological resources oriented to a health and social approach, as an inclusive method for the user through the whole evolution of the intervention. All these contributions and knowledge must facilitate access to health services and social care in an optimal way, guaranteeing access rights to these services and good care offered by care providers.

Client centered, foster empowerment and self-reliability

In the HF methodology, the action process belongs only to the clients they are the ones who decide on their present and future. Consequently, an organization managing an HF program will take a supportive and informative role regarding the possibilities of a client.

Considering that the CIBE leadership is acquainted with the HF methodology, our contribution will make sure these values are maintained and reinforced. In addition, the case tracking tools (Self Sufficiency matrix and case evaluation meetings of the CIBE technical team) will play a very important role along with the assimilation of the guiding principles of the HF.

Holistic approach - Supporting collaboration between stakeholders

Aiming at strengthening a community-based approach, we will support sharing the progress of this local plan, and all the inputs received by the CIBE and the HF program, to the municipality's homelessness desk (see section 1.2.1). Thanks to this contribution, we aim to motivate the representatives to organize more actions, to meet more frequently, and to make the action plan visible.

Monitoring Tools

All of the above tools can contribute to present the results of the interventions to the administration, to other colleagues of the profession, to the subsidizing bodies, to the Street Support project itself, or to the same board of health or homelessness, and even to encourage evaluation studies about the interventions made.

Public Nuisance

With our local plan, we also aim to inform and sensitize the municipality about the importance to have a clear picture of the extent and nature of public nuisances in Castello. Towards this end, we will propose to the Homelessness Board to collect information with outreach work through three specific indicators. Specially, the Red Cross can be of special importance as this is the organization working in the hotspot of public nuisance in the city.

Other tools of interest

Screening and selection reports of the HF service will improve the selection of those users, recording the actions made in case a revision is necessary.

The results of the SSM matrix can be used as a reflective tool with the client. In this way, the person could clearly see where they need to intensify their actions to get better. Further, the SSM would allow other stakeholders to understand the impact of the HF service on the improvement of a person's life.

The pre-post evaluation of the cases that are referred from CIBE to HF, in addition to a good number of cases who are only in CIBE. In this way, we can compare if there is an improvement in having a house, first, and not conditioned to the treatment.

In addition, of course, favoring the early detection of problems by improving the interpretation and follow-up of cases through SSM.

1.4. HOUSING FIRST

In Spain, the first HF experiences were implemented in 2014 in Madrid, Barcelona & Malaga through the HABITAT Program. One year later, the first positive results were already observed.

Thanks to the impulse provided by the Spanish National Strategy for Homeless People 2015-2020, the HF model has been progressively implemented through its own specific strategic line.

HF as an inclusive strategy

According to some studies (Pleace and Bretherton, 2013), there is enough evidence to claim that an approach based on housing is very effective to reduce homelessness among the groups with more need for support.

Systematic results from evaluations and studies of the application of HF programs in Europe have proven:

- Effectiveness of programs
HF programs are more effective than “staircase model services” when it comes to improving the needs of people experiencing homelessness, including people who suffer this situation chronically or episodic.
- Economic efficiency:
When compared with “staircase model services”, HF programs are oftentimes more cost-effective. This is related to their effectiveness in tackling homelessness. According to the article Housing First. The right to housing for the most vulnerable Evaluations, people who benefit by Housing First programs use less often expensive services like psychiatric in-patient treatment, shelters, and police or justice proceedings.

However, this argument needs to be treated with caution as savings may vary depending on the individuals involved in an HF program

2. Profile of the target group

The survey¹, carried out in 2015 in the city of Castelló used the survey nights' method to identify the number of rough sleepers and people sleeping in shelters.

Castelló has 171.669 inhabitants (2015 data).

	Castelló 2015
Rough sleepers	21
People sleeping in shelters	114
Total homeless people	135
Rate for 1000 inhabitants of rough sleepers	0,12
Rate for 1000 inhabitants of homeless people in shelters	0,66
Total rate for 1000 inhabitants	0,79
% of rough sleepers on total homeless people	15,6%
% of people in shelters on total homeless people	84,4%

Looking at the data of that study of 2015, we also can point that:

- They are mostly men.
- Women face higher levels of exclusion. Gender violence is present before and after becoming.
- Age most frequently found is 60 y/o.
- Immigrant people are most likely to become homeless, compared to local population.

¹ The next survey to assess the homeless population is planned for 2018-2019. The local strategy is currently focused on the opening of the new facilities (Housing First flats and the new shelters)

- There is a high rate of immigrant people who are not registered as legal residents in the city, although they sleep on the streets.
- Of the 60% who have been in Castelló for more than one year, 21% are not registered as legal residents. The lack of legal register can be an exclusion factor since it does not allow people to have citizenship rights.
- 72% intend to settle down in the city.
- 62% live on the street for more than one year.
- Basic and low-threshold services are the mainly used by those who live in the streets.

It is expected that, once the basic needs are covered, a more specialized and diversified support is needed.

Health problems

- 17% lack access to health services, which increases their vulnerability.
- 25% do not receive treatment and medication for health problems, have no health card, and cannot afford to pay for treatment.

3. Overall aim & specific objectives

3.1. OVERALL AIM

The Local Intervention aims to reduce homelessness among alcohol and drug users, as well as alcohol and drug-related nuisance in the city of Castelló.

Prevent & reduce homelessness among the users of CIBE in Castelló de la Plana

Our goal is to reduce chronic street homelessness among people who use drugs and/or alcohol, with or without comorbidity of mental illness.

By reducing the length of stay on the street, our target group will have the opportunity to better manage their drug consumption. It is for this reason that we prioritize home stabilization before initiation of any other intervention.

Improve access to health and social services for the users of CIBE Castelló de la Plana

People experiencing homelessness that use drugs and/or alcohol have difficulties accessing social and health services, as well as maintaining this access.

In Castello, these services are not prepared yet to reduce the threshold generated by their normative and administrative systems. For example, by developing more flexible opening hours, improving the care and treatment plan after diagnostics, enhancing the monitoring systems, or building the capacity of staff to work for this specific target group.

Reduce alcohol and drug related nuisance in the areas nearby the CIBE and the HF floors in Castelló de la Plana

We aim to reduce alcohol and drug-related nuisance, and improving the relationship with the neighborhood through an HF methodology. HF encourages and supports people becoming involved in their communities, and society at large. Through access to services, activities and the structure they provide, social relationships are fostered and maintained. As a result, a new relationship with daily life in public space occurs.

Complementing this, we will promote the implementation of a monitoring system for alcohol/drug related inconveniences in public space, and foster communication with the homeless board and the health board.

3.2. SPECIFIC OBJECTIVES

To develop and implement a housing program for people living rough and in emergency shelters in Castelló.

To achieve this goal, we will provide theoretical and practical support to CIBE low threshold center in Castelló, coordinator of the future Housing First program. Specifically, we collaborate with the director of the program and the mentor who will follow the HF cases.

To develop an early detection system for people in risk of social exclusion in Castelló.

To achieve this goal we will implement a structural use of the Self Sufficiency Matrix (SSM), an instrument that allows a comprehensive and inclusive understanding of the evolution of a person's situation. By mapping a set of life domains, this tool will be used as a method for detecting risk situations.

To support these tasks, evaluations of the SSM analyses will be carried out during the coordination meetings of a technical team composed of six professionals: practitioner, psychologist, two social workers, and two nurses.

Capacity building of Castelló's Social Services [specific ones CIBE, ...]

To achieve so we will provide training on the SSM to those professionals who will employ this tool. To support this, we will participate in a pilot study through which to reserach the viability of a translation into Spanish of the tool. This would be developed by the institution Avedis Donabedian Research Institute – Universitat Autònoma de Barcelona, in collaboration with Diputació of Barcelona, the regional government of Barcelona's province (see chapter 6. Involved Stakeholders).

Next to this, we will train the staff members on HF methodology. This includes not only those directly involved in the program, but also the aforementioned technical team.

Implementation of new / improvement of existing monitoring systems

The goal is to provide professionals, the homelessness board and the health board of Castello with timely and relevant information regarding clients development and drug/alcohol related nuisance in public space.

To achieve so, we aim to foster collaboration between all the involved stakeholders - including law enforcement services and health centers.

Considering that at the moment there is no monitoring system for public nuisances, we aim to develop one around the following three indicators:

- The number of arrests due to alcohol consumption (optional: other drugs).
- The number of emergencies of people in situation of homelessness due to the consumption of alcohol or other drugs.
- The number of robberies or thefts committed in public space by people in a situation of homelessness.

4. Expected results of the intervention

What are the results of the intervention? <i>What do you expect to change (please indicate shortly, based on the specific objectives and the expected results).</i>	Why is change expected? <i>Why do you expect that the intervention will lead to change /no change (please indicate shortly)</i>	How can you measure this change? <i>Indicate if this can be measured with the SSM or through interviews, focus groups...</i>	How often and when will you measure? <i>Number and moments for measurement</i>
<i>Increased housing stability</i>	<i>Target group will be supported in housing</i>	<i>SSM</i>	<i>2x (April'18-June'18 and July'18-September'18)</i>
<i>Increased access to health services</i>	<i>Educational accompaniment and HF engagement allow for better access to health services</i>	<i>Anamnesis and Physical health status, mental health and social status (SSM)</i>	<i>2x (April'18-June'18 and July'18-September'18)</i>
<i>Reduction of substance use or reduction of risks associated with substance use</i>	<i>Target group can use substance in secure environment so it is possible to start a reduction of consumption and a less risky use</i>	<i>Substance use (SSM) and</i>	<i>2x (April'18-June'18 and July'18-September'18)</i>
<i>Increased knowledge of the nuisance situation in the city through the members of homelessness board</i>	<i>The nuisance indicator is not common in the city; the tolerance of nuisance is very high. Knowing more of nuisance can allow future innovative interventions.</i>	<i>Number of arrests due to alcohol consumption (optional: other drugs). Number of emergencies of people in situation of homelessness due to the consumption of alcohol or other drugs. Number of robberies or thefts committed in public space by people in a situation of homelessness.</i>	<i>2x (April'18-June'18 and July'18-September'18)</i>

5. Action Plan

Objectives	Activities	Indicators	Bottlenecks / Solution	Timeline
Housing Inclusion	Signature of the agreement	Time by months of the agreement. Number of houses agreed.	Delay of the signature or only verbal agreement achieved.	November'17 October'18
	Agreement on the Internal Regulations of the Pilot House	Number of rules agreed.	Rejection of the rules by the clients / Agree standards with clients.	January'18 March'18
	Phase 1 – Opening 1st Pilot House	Number of people starting the program (one per flat).	Difficulties searching the floors. Bad attitude of the clients respect the neighbourhood.	February'18 March'18
	Selection of Candidates	Number of candidates. Number of selected clients for the Housing Inclusion.	Lack of HF flats for too much demand / Refer the clients to the shelters or other services of the city meanwhile we create more floors within the HF program.	January'19 March'18
	Evaluation	Time in Housing. Average months of stay in the houses. Number of escapes & renounces.	Lack of coordination-communication. No supervision or low supervision of the floors, for example visiting clients less than one occasion per week.	April'18
	Phase 2 - Opening 2nd and 3rd Pilot houses	Number of people starting the program (one per flat).	Difficulties searching the floors. Bad attitude of the clients respect the neighbourhood.	April'18 September'18
Early Detection	Screening with SSM	Number of cases registered. Number of basis case registered. Number of follow-up registers.	Lack of coordination-communication / Organize more visits with work sessions in Castelló. Bad implementation of the SSM matrix / Organize a second training. Commitment to use the tool but finally lack of use of SSM / Increase sensitization of the benefits to use the tool (more coordination meetings). Be available all time for doubts and follow up all process to guarantee a proper use.	January'18 March'18 April'18 June'18 July'18- eptember'18
	Refer to Health / Housing / department	Number of cases referred to health care services.	No available data of the coordination among services, or not registered carefully.	February'18 October'19
Capacity Building	Training SSM for CIBE	Number of participants of the training. Number of trainings.	Low participation at the training for external conditions, no interest or overloading of the workers.	February'18 March'18
	Follow-up SSM - CIBE	Number of advices from the trainers. Number of questions from CIBE-HF. Number of coordination meetings between CIBE and SSP. Number of entries into the SSM app. Number of outcomes reports.	Loss of fluid contact between the CIBE management and the SSP team. Problems with the application database provided by Avenis Donabedian Institute.	February'18 September'18
	Training Housing First for CIBE	Number of participants of the training. Number of trainings.	No interest from the technical staff of the CIBE to learn more about this strategy.	February'18 April'18
Monitoring	Clients screenings	Number of nuisance indicators agreed to collect. Number of cases registered. Number of nuisance events registered	No interest from the Homelessness board to collaborate. Difficulties to involve the chief police and the chief of cleaning services.	March'18 Desember'18

6. Partners involved

Name organization	Focus of the organization	Role during the intervention
<p>Mesa Técnica de personas sin hogar de Castelló. Ayto. Castelló</p> <p><i>[Homeless people technical Board. Castelló town council]</i></p>	<p>The board's mission is to strengthen the capacity of organizations and networking among all the different services that work with homeless in the city.</p>	<p>Disseminate to the other areas of the council the needs to invest and improve this line of work (HF + SSM). There are some entities represented which can collaborate with gathering nuisance data collection. Also to start planning the next study of the population of homelessness on the city.</p>
<p>Generalitat Valenciana. Vicepresidencia y Conselleria de Igualdad y Políticas Sociales</p> <p><i>[Valencian Government]</i></p>	<p>Regional Council</p>	<p>GENVAL gives CIBE's grants, but it is not expected any technical collaboration as experts on the issues.</p>
<p>Ayuntamiento de Castelló Castelló</p> <p><i>[Town Council]</i></p>	<p>Local Council</p>	<p>The local council is the key factor for starting the HF program with their funds and a voice in the board of homelessness in the city.</p>
<p>Fundació Salut i Comunitat (FSYC)</p> <p><i>[Foundation Health and Community]</i></p>	<p>Low Threshold centre for drug dependents. They try to cover the most basic needs - mainly night shelter, food and other basic needs – targeting vulnerable groups</p>	<p>FSC is the entity responsible to manage the harm reduction services, specifically a low threshold day and night centre. Also is the responsible to run the new Housing First program in Castelló.</p>
<p>Avedis Donabedian Research Institute – Universitat Autònoma de Barcelona</p>	<p>Act as a meeting point and as a nexus of collaboration and rapprochement between the university and academic world, citizens, professionals and centers and the Administration for the improvement of quality in health and social care.</p>	<p>Avedis Donabedian is the entity responsible of the translation of the SSM matrix into Spanish and Catalan language. As experts in methodology and quality assessments, they work for the Diputació de Barcelona.</p>
<p>Diputació de Barcelona</p>	<p>The Diputació of Barcelona is a local government institution that promotes the progress and well-being of citizens in its territorial area; the province of Barcelona -311 municipalities in the network-, which represents 24% of the total area of Catalonia and 74.4% of the total Catalan population (more than five and a half million people).</p>	<p>This administration is the main partner of the consortium involved with the cultural translation of the SSM matrix. They allow us to use it because they are leading for the moment the process of testing the tool. We will use the tool in return for giving them the results of our evaluated cases.</p>
<p>Hijas de la Caridad</p> <p><i>[Daughters of Charity]</i></p>	<p>Marillac Drop-In for health and social support.</p>	<p>Member of the homelessness board.</p>
<p>Cruz Roja Española. Asamblea local. Castelló</p> <p><i>[Red Cross. Castelló]</i></p>	<p>Shelter, food, basic needs; provides travel fees for working in other provinces. They have a care program in open environment in the Ribalta Park (Coffee, food and talking with rough sleepers)</p>	<p>Member of the homelessness board. Member of the homelessness board. They have to participate collecting information of nuisance in Castelló, cause they are the ones who intervene in Ribalta park.</p>
<p>Cáritas Diocesana de Segorbe-Castelló</p> <p><i>Caritas in Castelló</i></p>	<p>Shelter services to support the individual development, including participation, responsibility, and empowerment.</p>	<p>Member of the homelessness board.</p>
<p>Mesa de Salud</p> <p><i>[Health Board of Castelló]</i></p>	<p>Board of Health organizations NGO of Castelló that wants to know the reality of the municipality and improve coordination and knowledge sharing opportunities. Coordination with ONUSALUD (Observatorio del Derecho Universal a la Salud de la Comunidad Valenciana).</p>	<p>Disseminate to the other areas of the council the needs to invest and improve this line of work (HF + SSM)</p>
<p>UCA unidad de conductas adictivas</p>	<p>Healthcare outpatient facilities for the drug users.</p>	<p>The UCAs carry out the drug treatment of the clients of both the CIBE and the HF apartments:</p>
<p>Unidades de Salud mental (USM)</p>	<p>The Mental Health Units (3 in Castelló), are the care axis and have a direct interrelation with the Primary Care Teams, the Psychiatric Hospitalization units, and the rest of community care devices.</p>	<p>In case of comorbidity of addiction with mental illness the clients will be cared by USM in coordination with the other facilities or public resources of the city.</p>
<p>Trabajadores Sociales de Servicios Sociales</p>	<p>Basic, comprehensive and generalized attention is provided to all types of population: families, minors, elderly people, immigrants, ethnic minorities, people with disabilities, etc.</p>	<p>Management of benefits and mobilization of available resources to solve the needs presented by the user. Offer information, guidance and advice about the social rights of people, benefits and existing resources by facilitating the access of citizens to them, the procedures to be followed, as well as existing alternatives to a situation of particular need. Coordination with other professionals in the field of Social Services, education, health, non-profit organizations, etc.</p>

7. Implementation report

7.1. GENERAL OVERVIEW

On average, during the period of intervention 133 people were attended in CIBE, and 3 individuals in the Housing First program. Of these, 33 people were screened with the Self Sufficiency Matrix [30 CIBE, 3 HF]. This process happened three times in the HF program – at the starting point of the intervention, 6 months and 1 year later –, and twice in the CIBE – at the starting point, and 6 months later-.

The implementation of the local plan was partly carried out as expected. We are satisfied with how the SSM tool was received by the CIBE team, and the training was very profitable and well appreciated by both the team and the CIBE management. On the other hand, a good number of SSM records have been made, 30 of the average of 133 people assisted monthly. In addition, we could make a complete one-year evaluation for the people in the HF program.

The outcomes of the evaluations have been satisfactory, with improvements in the level of housing stability, in mental and physical health, in the use of substances, the capacities to carry out the activities of daily life, social relations and with the community, the legal situation and even the labor and economic situation. These changes have been significantly improved in the Housing First program, but also in the follow-up of CIBE clients.

Therefore, the SSM tool is very useful for monitoring both the clients of a low threshold harm reduction service such as the CIBE, or an innovative program such as Housing First. The SSM has been easy to apply, without generating extraordinary workloads, and has encouraged professionals to work more with each other, communicate more in relation to cases. There has been an improvement in the follow-up of the people served, both in the CIBE and in the flats.

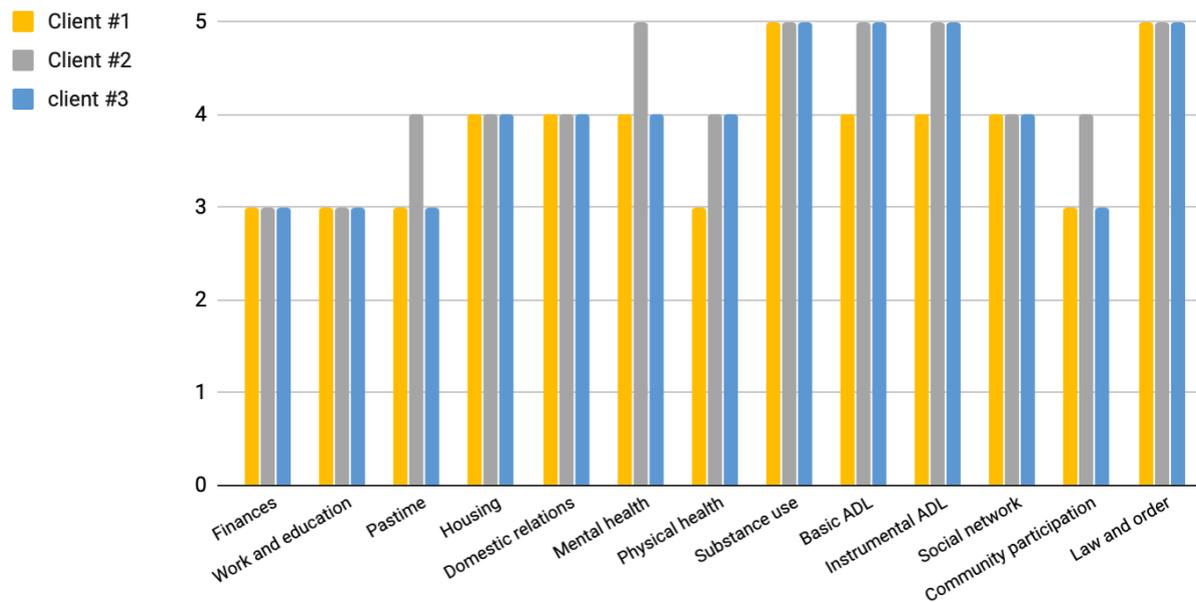
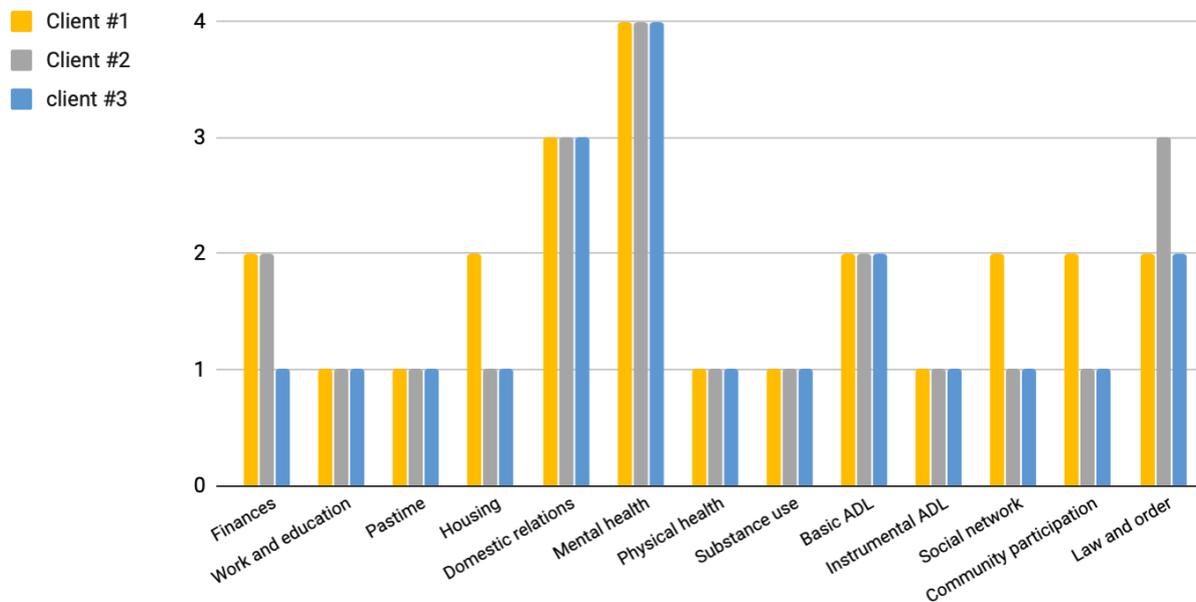
On the other hand, the training of the SSM carried out by the SSP team was so well received that it was asked to do it in a low threshold service similar to the CIBE but located in another city, in Valencia. Moreover, now it is being studied to repeat this training in Alicante and to prepare a form and database for the collection of information that could be used for the services of the whole area of Harm Reduction of our entity.

The weak point of the implementation has been the collection of qualitative information, on the one hand, and the influence of the Street Support project to carry out concrete actions to reduce the nuisance of the municipality on the other. It has not been possible to hold meetings or focus groups with the neighboring communities of the HF apartments because it has been technically assessed that they could generate too much noise or alarm among neighbors and that it was better to normalize the arrival of the new tenants. In addition, some interviews have been scheduled with references from entities of the municipality and the mayor government of Castelló, but due to the slow communication between the SSP team and the Castelló team, and the consequent delays in the scheduling of these interviews, it has not been possible to do them.

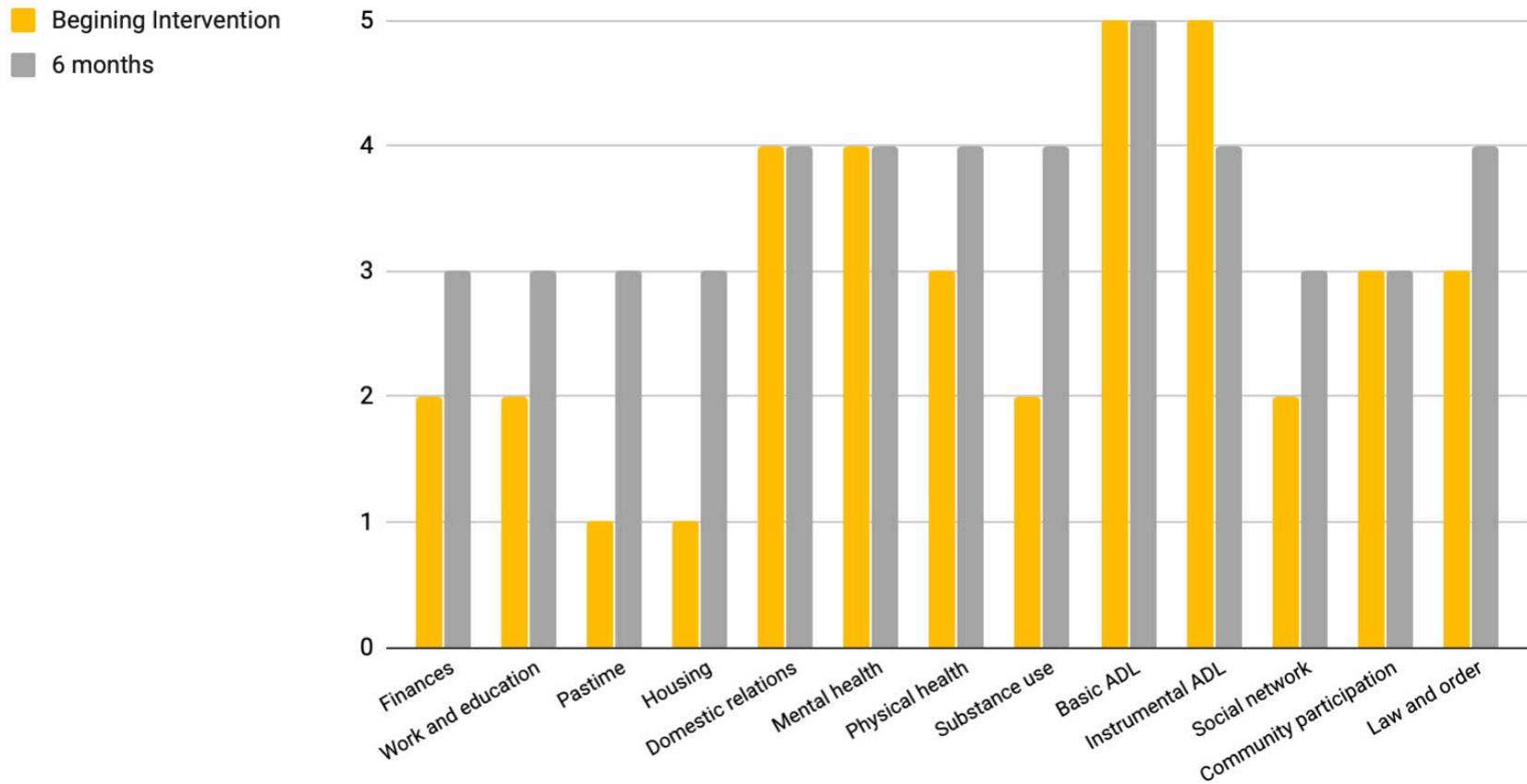
However, this weak point has served to promote the celebration of the Multiplier Event of dissemination of the local plan, which was a resounding success of participation of entities and with the assistance of the regional health council and the municipality of Castelló. Such was the success that is expected after the event to hold an annual social action day led by the Health and Community Foundation and the other entities of the homeless table.

One of the actions of influence at the local level that was to be carried out was to introduce three indicators related to the nuisance in the homelessness table, so that the entities and people in charge of the town hall began to collect them, but this objective could not be completed. However, it has been possible to reactivate the study carried out in 2015 to make an account of the homeless people.

Likewise, the proposal to collect information on indirect indicators of nuisance is on the table to be able to understand it later.



Self-Sufficiency Matrix measurements showing the improvements in different areas of the three clients participating in the Housing First program. Above: beginning of the intervention. Under: one year after the beginning of the intervention



Self-Sufficiency Matrix measurements showing the improvements in different areas of the CIBE clients. Data shows the average data of all registered clients.

7.2. SPECIFIC INFORMATION ON THE INTERVENTION

Expected results	What did you achieve?	How did you measure this?	If you could not reach the expected results, why is that?
Increased housing stability	<i>With a one-year implementation of Housing First program, we achieve stability for three individuals who were attended in CIBE and were living on the street before starting the program.</i>	<i>The method for measuring it has been the SSM (see graphic 1, 2 and 3), reaching a score of adequately self-sufficient at 6 months and at one year follow-up evaluation, from an initial score of acute problems of housing (2 cases) and not self-sufficient (1 case).</i>	<i>As we see at graphic 4 and 5, the differences in housing stability for the 30 people evaluated from CIBE are not relevant. They can stay and sleep at the facility during the nights but this is not a stable solution from them, so they use the service occasionally and irregularly.</i>
Increased access to health services	<i>Once the housing solution was stable, we improved the mental and physical health of the three individuals who participated in the Housing First Program, and also the people attended in CIBE and monitored during 6 months. The key factor has been the increased capacity to follow up treatments, and the better health situation (sleep, feeding, healthiness conditions, etc.) to give the real chance for the clients to attend the medical visits and continue with medication guidelines and cures.</i>	<i>With the intervention of clients of CIBE we can observe at the graphics 4 and 5 a slight improvement as a consequence of the better access to health services and the monitoring of health status in CIBE. At the starting point of the evaluation were 6 people in not self-sufficient mental health status, but after six months only three were no self-sufficient. Meanwhile, 10 people were adequate self-sufficient after 6 months in comparison to the 6 people at the starting point. The improvement in the physical health indicator had been notorious, because at the starting point we had 12 people with acute problems and 6 people not self-sufficient, in comparison to 7 people barely self-sufficient and 17 adequate self-sufficient (3 barely and 3 adequate at starting point).</i>	
Reduction of substance use or reduction of risks associated with substance use	<i>The use of alcohol and other drugs has been one of the prior aims to be tackled with the new Housing First program. The outcomes for the three people in the program are excellent and also significant for the 30 people monitored in CIBE.</i>	<i>With the SSM we achieved a complete successful (completely self-sufficient) of the 3 clients who started the Housing First program and had acute problems at the starting point. These abstinence and self-management of the use of substances was sustained one year after. Regarding the 30 people of CIBE monitored during 6 months, we observed slight improvements: 12 people with acute problems and 18 people not self-sufficient at starting point, in comparison to 11 individual barely self-sufficient, 5 adequately self-sufficient and 11 completely self-sufficient.</i>	
Increased knowledge of the nuisance situation in the city through the members of homelessness board			<i>Although we have tried to be invited to the homelessness table to explain the Street Support project or, at least, to transfer the indicator collection proposal to the board, this purpose has not been achieved. The reason lies in the overload of work of the management of the CIBE and in the lack of flexibility to deal with proposals of this type. In fact, it has not been possible for us to have a presence as a work team in the municipality of Castelló, with the only exception of the two formations to use the SSM that have been programmed and carried out.</i>

7.3. FOLLOW-UP ON THE INTERVENTION

After these years of collaboration between the SSP team and the CIBE of Castelló, we plan to continue with the Housing First program, allowing people already supported in the CIBE to have a home. Further, at the moment, a fourth flat is already being sought to have more numerous places in the program. The economic support of the program will be provided by the municipality of Castelló. However, there is no continuity ensure from their side on a medium or long term.

The intervention in the CIBE will remain the same. The only difference is that there will be a program to give a home to people with chronic diseases in the situation of homelessness. The Self-Sufficiency Matrix will continue been implemented twice per year.

7.4. CONCLUSIONS

As evidenced before, the local pilot intervention has brought many benefits for both service users. Similarly, a positive impact has been observed for the organization as well. Through this intervention, our organization has been able to make itself and its work known to other organizations at both a local and European level. As a result, this opportunity has allowed us to gather new information with which to get inspired and to improve our services.

Thanks to Street Support's local intervention plan, the first Housing First program in the municipality has opened its doors. Although The Housing First methodology was not strictly new to us, we still have been able to learn about new applications or variations to its classic approach. For example, we have investigated how substance consumption evaluations are doing in the field of work with homelessness people.

Through the evaluations carried during the pilot intervention, we have been able to raise awareness on the need and importance of monitoring activities, as well as on the importance of information exchange among professionals.

Complementing this, through the use of the Self-Sufficiency Matrix, we have shown the importance of having simple evaluation tools. With the generated data, organizations can also communicate their results to the financing administration. Further, these evaluations can be included in future research as well.

Although the results of this one-year intervention need to be approached with caution, they confirm that housing programs have a positive short and medium impact on the lives of people living in public space. Our experience is that their substance consumption patterns, their general health and their relationship with the community are improved.

SOURCES:

- ¹ Federation of Support Entities for Homeless in Spain.
- ² National Institute of Statistics. Survey on Homelessness: 2012
- ³ National Institute of Statistics. Survey on Homelessness: 2014
- ⁴ VII Foessa Report on social exclusion and development in Spain. Social Studies and Applied Sociology Fundation.
- ⁵ Technical Board of Homeless People of the city of Castellon de la Plana. Study of people in an homeless situation in Castellon de la Plana: 2015

An aerial photograph of a residential complex, likely a public housing estate, featuring several large, interconnected buildings with flat roofs and a central courtyard area. The buildings are arranged in a somewhat circular or semi-circular pattern around a central open space. The overall color palette is muted, with greys, browns, and greens.

Drug- and alcohol-related nuisance is an important policy issue in nearly all smaller, medium-sized and bigger cities. Experience and research has shown that this is a pan-European problem which many local and municipal authorities are struggling to address in an effective manner.

A broad range of participatory interventions and prevention activities have been developed to prevent nuisance among youngsters. Intervention, targeting adults however, are limited and mainly based on repressive and sanctionary acts, including arrests, restraining orders and fines. Less is known about inclusive strategies and adult learning opportunities, which provide daily structure and support to this specific group.

The Street Support Project is built on the idea that each person has the potential to learn and to do something meaningful. Adult learning, work and other activities can play a vital role in this context, as long as it is adapted to the specific needs and living conditions of the target group.