SOCIAL EXCLUSION AND COVID-19

The impact of the pandemic on the health, welfare and living conditions of homeless people

Faciam

Research report

“Social exclusion and COVID-19: the impact of the pandemic on the health, welfare and living conditions of homeless people”

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0 INTRODUCTION

On 31 January 2020, the first COVID-19 infection was reported in Spain. From that moment on, the rapid spread of the virus led the World Health Organisation (WHO) to recognise it as a global pandemic on 11 March 2020, with fundamental health and social consequences.

With the aim of controlling the growing rate of contagion and mortality, on 14 March 2020 the Spanish Government declared a state of alarm, limiting the free movement of citizens[1]. Under the slogan "stay at home", the population was confined and shops, leisure and catering establishments, educational centres, as well as any other non-essential activity were closed, adapting public and private services to a remote or telematic modality. In addition, different hygiene and safety measures were imposed and recommended, establishing the obligatory use of masks and the need for physical distancing[2].

However, these measures, although necessary to cope with the growing pressure of the health care system, were not a realistic or viable alternative for a significant part of the citizens residing in Spain (Cáritas Española, 2020). "Staying at home" and complying with hygiene, security and distancing measures was not possible without a suitable place from which to do so. Thus, the impact of measures to address COVID-19 led to social distancing, leaving individuals and families affected by inequalities in general, by homelessness and housing exclusion processes in particular, in a greater situation of risk and vulnerability.

CONCEPTUAL APPROACH TO HOMELESSNESS

Homelessness is a social, historical and cultural phenomenon (Sánchez Morales and Tezanos Vázquez, 2004) that affects around 33,000 people in Spain *(Estrategia Nacional Integral para Personas Sin Hogar 2015-2020; Gobierno de España, 2015[3]).* As an extreme form of social exclusion, this reality is driven by a set of social, coexistence, family, relational, care and personal factors (Sánchez Morales, 2010) that limit people's possibilities to fulfil their citizenship rights (Laparra and Pérez Eransus, 2008).

Homelessness is conceptualised as a continuum of different situations of housing exclusion, ranging from being homeless to the impossibility of accessing housing that, in a specific socio-cultural context, can be considered dignified and adequate (Daly, 1993). In this sense, the European Federation of National Organisations Working with the Homeless (FEANTSA) and the European Observatory on Homelessness (EOH) have developed the European Typology on Homelessness and Housing Exclusion (ETHOS)

1 Royal Decree 463/2020 of 14 March declaring a state of alarm for the management of the health crisis situation caused by COVID-19.

2 Law 2/2021 of 29 March on urgent prevention, containment and coordination measures to deal with the health crisis caused by COVID-19.

3 Integrated National Strategy for Homeless People 2015-2020; Government of Spain, 2015.

(Edgar and Meert, 2005). This typology is of fundamental value, not only because of its effort to try to give effect to a classification in a homogeneous manner in the European context, but also because it allows us to do so in a broad sense, placing the focus of attention on one of the fundamental factors: housing and, above all, on the social and relational dynamics that shape it (Somerville, 1992).

This study promotes the use of the term "people experiencing homelessness and housing exclusion" over other terms. This refers to the situation and structural conditions that lead people into a situation of social exclusion, thus avoiding the individualisation of people in such situations. Furthermore, the two main conceptual categories that shape the ETHOS typology, homelessness and housing exclusion, will articulate the construction of this work, as well as the conceptual approach to the reality under analysis. In this sense, we will use the abbreviation HLN to refer to "homelessness"; the abbreviation HE to refer to situations of "housing exclusion" and the abbreviation PsHLN to refer to "people in a situation of homelessness and housing exclusion".

HEALTH, PANDEMIC AND HOMELESSNESS.

The health situation caused by COVID-19 has had an unprecedented impact on the population in general, but especially on those population groups affected by processes of social exclusion (European Anti-Poverty Network; EAPN, 2020). In this way, the pandemic has reinforced the approach that health is subject to unequal distribution as a consequence of the existence of processes of group, social and structural nature, making it essential to look at the contexts in which this distribution takes place (Sánchez Moreno, De la Fuente Roldán, Gallardo Peralta, 2019). PsHLN have been a particularly vulnerable group in this regard. Sleeping on the street or staying in collective accommodation, living in inadequate or insecure housing, leads to a situation of risk.

Under this approach, the impact of the pandemic on the situation of homelessness is obviously related to health issues. As Leilani Farha (2020), UN Special Rapporteur, has pointed out regarding the right to adequate housing, housing has been the first line of defence against the Coronavirus. It seems clear that homelessness is a risk factor for the transmission of the virus. Living outdoors or in collective housing has made it difficult to have access to hygienic, safe and secure spaces. Likewise, the harsh living conditions faced by PsHLN generally cause them to suffer from worse health problems than the rest of the population, making them more vulnerable to infection by COVID-19.

However, according to the WHO in its 1946 Constitution, health refers to "a state of physical, mental and social well-being". In other words, health is not only the absence of disease, but must also consider its social and relational dimensions. This brings us to the importance of the concept of quality of life in order to better understand the impact that the pandemic - and the measures to deal with it - has had on the most vulnerable citizens.

The pandemic has thus reinforced the situation of structural isolation affecting PsHLN. In this sense, the way in which the health emergency has been dealt with has had a direct impact on the conditions and quality of life of these citizens, hindering the possibilities of participation, information and communication and transforming the trajectories that lead to homelessness and housing exclusion. Therefore, it is essential to tackle the impact that the current circumstances have had on the different dimensions of the quality of life of PsHLN (social relations, social support, economic resources, availability and quality of health and social care, opportunities to obtain information, access to leisure activities, among others; WHOQOL Group, 1995).

In conclusion, the following pages contain the results obtained from a study carried out with people in a

situation of homelessness and housing exclusion who are users of different resources of the FACIAM Network. The aim of this research was, on the one hand, to analyze the impact of the pandemic caused by COVID-19 on the health, quality of life and living conditions of PsHLN in Spain. On the other hand, the purpose was to study in depth the transformations generated by COVID-19 in the life trajectories that lead to homelessness.

DIMENSIONS AND VARIABLES OF ANALYSIS.

In order to examine in depth the impact of the pandemic on homelessness and housing exclusion, this research analyzes in detail seven dimensions which, in turn, are crossed by six cross-cutting variables and, for the most part, by three time points **(Figure 1).**

These dimensions are health, housing, support network and social support, digitalization and digital gap, aporophobia and victimisation, socio-economic and employment status and access to social protection systems:

• **Health.** It includes the analysis of issues related to physical health conditions, mental health conditions and self-assessed health. In addition, the barriers faced when accessing the health system. It should be noted that the 12-item version of the General Health Questionnaire (GHQ-12) was used to measure mental health (Rocha et al., 2011), an instrument whose original version was developed in 1978, has been validated in dozens of countries and is commonly used in national and international studies on psychological well-being and mental health. It is no exaggeration to say that thousands of studies have used the questionnaire. In fact, the GHQ-12 is part of the questionnaire used in the National Health Survey (ENS by its acronym in spanish) of the Ministry of Health and implemented by the National Institute of Statistics (INE by its acronym in spanish). This survey is aimed at the general population[4].

• **Housing.** It analyzes in depth the residential reality of the population that forms part of the research in relation to the place of residence and overnight stay, characteristics of these, its duration in this situation, changes of address and place of residence, characterisation of the HLN and the HE.

4 The ENC is available at https://www.mscbs.gob.es/estadEstudios/estadisticas/encuestaNacional/encuesta2017.htm

Figure 1. Dimensions, variables and moments.

DIMENSIONS
- Health
- Housing
- Support network and social network
- Digitization and digital gap
- Aporophobia and victimization
- Economic and employment status
- Access to social protection systems

VARIABLES
- **Housing situation**: homelessness/ housing exclusion
- **Gender**: man/woman
- **Origin**: Spanish, Latin American, African, European
- **Age**: 35 or younger, 36-50, 51 or older
- **Income**: with income/without income
- **Educational level**: primary education or lower, secondary education or vocational training, university studies

MOMENTS
- Pre-pandemic/ confinement
- During confinement
- After confinement/ present

• **Support network and social support.** It includes the analysis of the social support network of the interviewed PsHLN, the frequency and satisfaction with contacts, trusted persons and spirituality. It is important to note that a standardized measure of social support, the three-item Oslo Social Support Scale (OSSS-3), was included. This scale is a measure of social support and is used in the European Health Interview Survey (EHIS) led by Eurostat.

• **Spirituality.** Six items were included from the Daily Spiritual Experience Scale (see Blanco-Molina et al., 2019). This is a variable/process that is gaining importance in the literature and studies on health and quality of life, which is why a selection of items was made to be adapted to the people who participated in the present study.

• **Digitization.** It includes aspects about the access of PsHLN to ICTs, as well as the difficulties that exist around them regarding their role as an important element for the social inclusion of the citizenship.

• **Aporophobia and victimization.** Includes information on perceived discrimination and crimes suffered, as well as the reaction and consequences of these (complaints, medical care, etc.).

• **Economic and employment status.** Analyzes the origin and sources of income of the participating population with special reference to social benefits and labour activity.

• **Access to social protection systems.** It delves into the systems and resources in which PsHLN are inserted, as well as the barriers/potentials for their access, especially in the context generated by the health emergency situation.

In relation to the cross-sectional variables, these are the ones that guide the present study: residential situation (homelessness/ housing exclusion); gender (man/woman); origin (Spanish/ Latin American/African/European); age (35 or younger/36-50/51 or older); income (with income/ without income) and educational level (primary education or lower/secondary education or vocational training/university studies).

The time points across each of the above dimensions and variables take place are as follows:

• **Before pandemic/confinement.**
• **During confinement**
• **After confinement and up to the present.**

REPORT ORGANIZATION.

This report is organized in four chapters that analyze the results obtained through the questionnaire and the life histories.

The first chapter examines, in general terms, the impact of the pandemic on the situation of people affected by homelessness and housing exclusion. In this sense, it delves into how COVID-19 has specifically influenced this population, how the PsHLN have reacted to the pandemic and the measures to deal with it, as well as the aspects of the lives of these citizens that have been transformed. It also deepens into the housing situation of these people through the analysis of the housing dimension. In addition, it identifies, characterises and analyzes the transitions that, as a consequence of the health emergency situation and the measures taken to deal with it, point to the existence of mobility processes within the HLN and the HE.

The second chapter delves deeper into each of the dimensions that guide this work. Thus, a descriptive analysis of the sample is developed in terms of its socio-demographic composition, but also in relation to the dimensions of health, support network and social support, digitalization and digital gap, aporophobia and victimisation, and economic and labour situation. At the same time, a correlational analysis of these dimensions is carried out with the cross-sectional variables in order to study in depth the specific impact that each of them has on the aspects analyzed.

The third chapter describes the impact of the pandemic on the access to social protection systems through a descriptive and correlational analysis of this dimension. In addition, the results are contextualized in terms of their relevance for the social intervention and the development of specific social policies to tackle homelessness and housing exclusion processes.

The last chapter, by means of a summary, examines in depth the specific impact that the pandemic has had on certain population groups. In this way, an X-ray of the reality of homelessness and housing exclusion is developed on the basis of the variables of analysis in order to help understand what has been the impact of the pandemic on the situation under study.

1 THE IMPACT OF THE PANDEMIC ON HOMELESSNESS AND HOUSING EXCLUSION

The dynamics of the pandemic have shown that pre-existing social inequalities have played a central role both in the evolution and spread of the disease, as well as in the application and establishment of health measures. In the specific case of PsHLN, the situation of confinement was based on a pre-existing situation of inequality that increased the risk for their welfare and their vulnerability (Matulič et al., 2021). This leads to the conclusion that the pandemic has not spread randomly through the population. On the contrary, the health situation and the measures established to cope with it have had a greater impact on those already affected by socio-economic inequalities, and particularly by social exclusion. Given this unequal starting point, what has been the specific impact of the health crisis on homelessness and housing exclusion?

COVID-19 INFECTIONS AND COPING WITH THE PANDEMIC.

One of the hypotheses that became stronger since the confinement in the field of social protection was that the rate of infection among PsHLN, despite the living and habitability conditions they experienced, was low due to the isolation they lived in, something that was also pointed out by the participants themselves.

> *"In the environment where I have been, which was an environment of absolute poverty and poor hygiene, there was very little incidence. I saw very few cases of positives and I think that in the end it was because we didn't interact with anyone either. If you go out on the street and you're alone all the time... even if you sit on a bench, even if you eat a sandwich, no... there was no exchange, right? and it was more difficult.* **(Alonso. LH-1.8).**

However, despite such discourses, a 16.2% of the PsHLN participants in the study reported having had COVID (11.2% diagnosed and 5% undiagnosed) at the time of answering the questionnaire. Out of these, a 4.1% reported having been hospitalized. In December 2020, the Sociological Research Center (CIS by its acronym in spanish) asked the general population (survey 3305) about this circumstance. The percentage of people in a representative sample of the general population who reported having had the disease was 6.7%.

In addition, the 39.4% of the participants in our study indicated that they knew people close to them who had suffered from the disease. Similarly, a total of 13.4% said they had lost someone close to them due to COVID, a percentage similar to that of the general population (15.9% said they had lost a family member or friend, according to the CIS data).

Contagion could have been limited in the case of people who spent the hardest moments of the pandemic alone and on the streets. However, the comments made by people who were confined in a collective accommodation illustrate that this hypothesis of isolation is inadequate in many of the cases. Experiences such as that of Felix (LH-1.3), who was confined in an emergency resource, illustrate this:

> *For example, you were feeling sick. A fever of thirty-eight, right? Well, then... bang! You went to a room next to reception, where there was a sofa, and they left you there, right? The rest of the other people in the room, as they had had contact with him, they left us all in the room. And I said: if this guy has COVID, even if he has only infected one of the nine, the other eight of us will go ahead (...). In that room where they left us (...), the only thing they did was to put the typical blue fence at the door of the room and you could see all of us looking out, all together, and you passed by, without a mask. Well, it was... out of control.* **(Félix. LH-1.3).**

In other words, these results show that the living conditions maintained at the beginning, but particularly during confinement, have been an element of risk for infection and the prevalence of the virus in this population.

Given the constant risk situation, it is not surprising that the pandemic has had a significant impact on the emotional well-being of the population. In fact, a significant proportion of the population living in Spain has reported having experienced feelings of rage, worry, anger or loneliness (CIS, 2020). In the specific case of this work, when the pandemic and the confinement measures began, the most common feelings among the people who participated in our study were worry (23.7%), uncertainty (20.9%), fear (17.8%) and anger (9.2%). In the words of Daniel (LH-2.4):

> *Do you know what it's like to get out of here at six in the morning and not see anyone? (...) You go on the metro and you only see the stairs alone, you're alone! And in the metro, nobody! You're just on your own... Imagine the whole metro empty, all for you! It was awful (...) and when they said it was over, all closed and they started to close all the doors, I said... if this goes on for so long... we're all going to hell!* **(Daniel. LH-2.4).**

Chart 1. Feelings and emotions experienced during confinement..

	Percentage
Irritability	55.1
Sleep problems	56.2
Weight changes	49.1
Anxiety	63.2
Increased use of social networks and technology	54.4
Sadness	70.7
Loneliness	64.1
Boredom	69.0
Fear	49.8

Specifically, during the period of confinement, the emotions manifested among the MSW interviewed were sadness (70.7%), boredom (69%), loneliness (64.1%) and anxiety (63.2%). In summary, as shown in **chart 1,** around half of the participants experienced negative feelings during confinement (irritability, sleep problems, etc.).

This reality is illustrated by the discourses of Hannya (LH-1.9) or Rosana (LH-2.2) who point out that the pandemic has had an important psychological impact on the situation of the population in general, and of PsHLN in particular.

> *We spent the confinement here and... Yes, very stressful, really. A lot of fear, a lot of crying like a little girl. With fear, with a lot of fear (2), you know?* **(Hannya. LH-1.9).**

> *The first month I was at home and it was... it was something terrible. What a fear and what a sad way of seeing everything, I mean, I don't know how to*

describe it, but... I remember I was at my mother's house and you woke up and... I don't even know how to describe those crappy feelings. **(Rosana. LH-2.2).**

It is important to consider that the experience of confinement varies depending on the place where people were confined. In this sense, the experience considerably varied depending on whether they were on the street, in IFEMA, in an emergency resource, in a long-stay accommodation or in a shared apartment with conflictive relationships:

> *When I arrived here I said, what is this? I mean... after the emergency resource I mean... this was a 10-star hotel. Everything so... so clean and so... so... so nice.* **(Félix. LH-1.3)**

> *You see, the problem was, I mean, I went into the aparment.... andn after, they confined me there. It was an appartment, supposedly under guardianship, I mean, there were monitors and so on, and there were rules and I started the quarantine when I was doing an internship, and it was a hell that... parties all the time, nobody respected, I mean...* **(Elena. LH-1.7).**

> *What happened is that I uh... I needed accommodation. I looked for it in " Mil Anuncios" and... he spoke to me through "Mil Anuncios" because he told me that he had a room here where I could be alone and... then, well, he assaulted me... I had no alternative. My mother threw me out of the house (...) and I have no father, I have no... uncles, no cousins, I mean, I don't know them.* **(Reme. LH-2.1).**

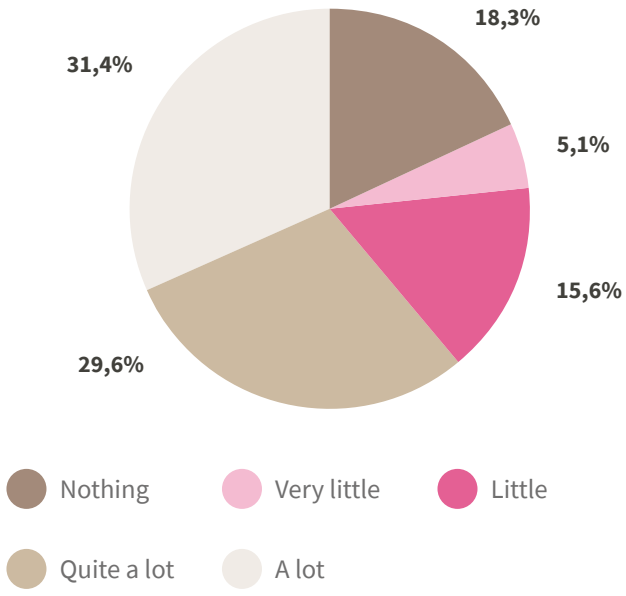
In the same way, the experience of confinement and the pandemic varies according to the consequences it has brought with it. As Rosana (2.2) and Elena (LH-1.7) point out.

> *Well, I've partly improved with the pandemic and partly... I've obviously got worse. Well, of course, it depends. I'm telling you, at least the situation with my ex-partner helped me, because he put... a barrier. He put some miles between us. If it had gone the other way round and I had stayed there with him, for example, isolated... I would never have got out of there.* **(Rosana. LH-2.2).**

> *Because... if it hadn't been for the pandemic, I mean... Last year, the three months that I was on the street I had a roof over my head thanks to the additional resources that the City Council had made available so that nobody would be on the street. So, if there hadn't been a pandemic and extra resources, I would have spent three months on the fucking street last year.* **(Elena. LH-1.7).**

The impact of the pandemic is also reflected in the fact that since the health crisis began, participants feel that their way of life is changing a lot (31.4%) or quite a lot (29.6%), as shown in **graph 1.** If these

Graph 1. Would you say that this pandemic is changing the way you live?



data are compared with those obtained in the CIS study 3305, referring to the general population, a significant difference can be seen in this respect, since the population in Spain perceived that their lives were changing a lot in the 34.3% of the cases and quite a lot in the 41%.

Specifically, according to the participants, these transformations are mainly having an effect on their social (38.5%) and family relationships (22.6%), on the imposition of difficulties in the labour market (35.6%), on the lack of freedom (35.3%) and, in line with the feelings mentioned above, on emotional aspects (32.3%).

> *The effect of the pandemic... Apart from the deaths, right? and the contagions, is that... everything is paralysed. That is to say that... we can't manage anything* **(Daniel. LH-2.4)**.

> *It has made it difficult for me to look for work because... it has... well, I mean, there are offers, but obviously, the volume has gone down and, I mean, although there still are, well, obviously, there are more people out of work because the pandemic has increased the unemployment rate and the debts that many people have* **(Elena. LH-1.7)**.

> *The impact has been... social distancing, hasn't it? I'm a person who likes to be with people, to go out... let's go for a beer or a coffee... you know? (...) The social part let's say, right?* **(Eduardo. LH-1.6)**.

> *Now you can't go anywhere. Just with a mask and this mask... it overwhelms you more... it stifles you more...* **(Hannya. LH-1.9)**.

Chart 2 summarises the results illustrated by the above statements. In the same table, we provide the results obtained in the CIS study 3305 of December 2020. As it can be seen, the impact of the pandemic is perceived by the people who participated in our

Chart 2. Dimensions of life being transformed by the pandemic.

	Participants in this study (%)	General population (%)
In family relations	22.6	8.8
In limiting social relations	38.5	33.9
In limiting leisure time	25.0	27.6
At work	35.6	10.7
In emotional aspects	32.3	6.2
In hygiene and safety measures	28.2	4.1
In everyday life	19.7	7.6
In lack of freedom	35.3	6.7

sample to be much more important in practically all the areas mentioned, with the sole exception of limitations in leisure, where it is the general population that points to this effect to a greater extent. The strong impact of the pandemic on social relations among the participants in our study is striking. The relevance of this aspect of the experience of people experiencing homelessness will be highlighted throughout this report.

In terms of lack of freedom, the 66.6% of the participants report that, since the beginning of the confinement in March 2020, they have seen their rights limited. This is especially relevant considering not only the limitation to the right of freedom of movement that the confinement imposed, but rather the right of the participants to be treated with dignity and respect. This idea is key and has to do with the dignification and humanization of the assistance to people affected by the processes of extreme social exclusion. The following discourses are particularly illustrative in this respect.

> *I: Have you felt, for example, (...) that they have taken away... some of your dignity?*
> *Beni: Yes, yes, I mean (...), I haven't hesitated for a second to answer you. In the same way that here [referring to the resource where he is currently staying] they have made me feel....*
> *I: Person, you were saying.*
> *Beni: Damn, what I've always been [laughs].*
> **(Beni. LH-2.3)**.

> *I'm sick and tired of this. I don't want them to disrespect me eh... I don't want them to... I don't want to go back to feeling that I'm a shit that... that when I get to that line instead of giving me what I deserve... (...) they show me that you... I give you and you're a shit* **(Camilo. LH-1.2)**.

That is to say, although the discourses of the participants deal with gratitude for feeling welcomed, there is also a need to generate forms of care for housing exclusion based on the recognition of rights that allow the reconstruction of the life project because *"(...) there are times when you have to open your mind a little, and say... the support has to go a little further (...) that in the end are very much related to dignity. It's as simple as that... it's as simple as feeling like a person" (Alonso. LH-1.8).* This has to do with the specific impact that the pandemic has had on social protection systems, especially on the PsHLN care network, something that will be addressed in Chapter 3.

The transformations and impact of the pandemic on the labour market are particularly relevant because of its importance as a safety net against poverty and social exclusion. However, as shown in the following chapter, the majority of people are unemployed and, moreover, most of them report having been in this situation since before the confinement (40.4%), which indicates the existence of labour precariousness and exclusion already present in this population, regardless of the health emergency situation.

Despite this, a 72.2% of the participants who are in a situation of ERTE say that they have been in this situation since June 2020 or later. In other words, since the start of de-escalation. Similarly, a 6.8% of people reported having lost their jobs when the confinement took place, and a 29.6% when the de-escalation began, which also shows the precariousness that the health emergency situation has generated in terms of employment. As Beni points out (LH-2.3),

> *I have been very comfortable... I was very comfortable on the thirteenth of March. I say I was very comfortable because I had my job (...) and... they arrive at six o'clock in the evening and say, gentlemen, this is the situation, so of course (...) I have lost my job, [laughs] and I have stayed.*
> **(Beni. LH-2.3)**.

This impact on access to the labour market is also observed if we consider population groups that are particularly vulnerable to job insecurity, such as young people or women. Specifically, at the end of 2020, the unemployment rate for people under 25 years of age was around 40%, while the unemployment rate for women was almost 20% (18.33%). This is the case of the experiences of Hamir (LH-2.8), a young man in his 30s, and Rosana (LH-2.2), another young woman for whom the pandemic has blocked her chances of entering the labour market.

> *I was working, I was doing very well, but when... the confinement started and so on, well, like everybody else, I wasn't prepared for that, you know? (...) I lost my job and that's it, the money ran out and I came back again.* **(Hamir. LH-2.8).**

> *Nothing. Nothing, I just haven't had anything... because... just before the pandemic I started a bartending course and just... the pandemic came, it closed and, from then on, I've never worked again.* **(Rosana. LH-2.2).**

CHANGES IN HOUSING SITUATION

In relation to the housing situation of the participants (before confinement, during confinement and currently), the following results were obtained. Considering the different housing situations shown in **chart 3,** there is an increase of more than 15 points in the number of people who lived in their own homes before confinement compared to the current situation. This may illustrate some processes of improvement in housing exclusion processes, although these data should be considered with caution and in more detail.

On the one hand, the number of people living in their own homes increased between the beginning of the pandemic and the present, while other situations of housing exclusion (forced cohabitation with relatives, friends, rooms or appartments,

Chart 3. Place of overnight stay (%)

	Before the pandemic	During confinement	Currently
In my home	21.8	18.6	37.1
On the street (including makeshift accommodation)	10.6	6.2	10.1
Drop-in centre	10.5	12.6	7.3
Shelter or emergency resource	21.8	28.5	30.0
Women's shelter/apartment	0.6	1.1	1.1
Guesthouse	2.8	2.3	2.8
Hut	1.2	1.2	0.6
Friend's or relative's home	7.2	8.1	0.9
In a room	10.5	9.4	3.6
Shared apartment	8.1	7.3	4.4
Other situations	4.8	4	1.6

for example) decreased. In addition, there is a reduction in the number of people living on the streets or in shelters and an increase in the number of people living in shelters or emergency centres, from 21.8% of the people interviewed before the pandemic to 30% at the present time.

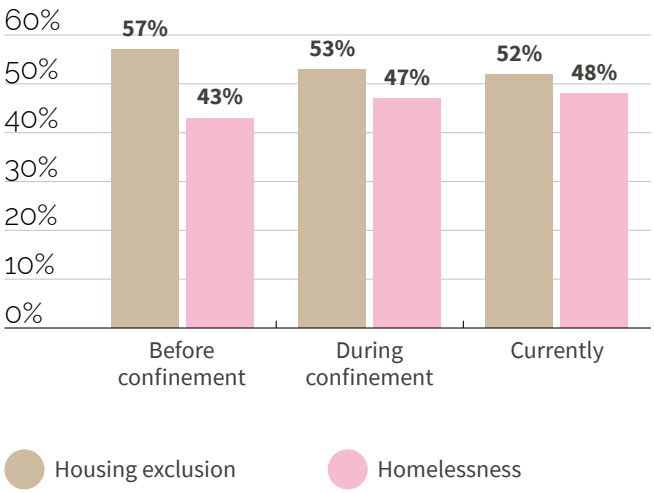
If we group these housing situations into the two main conceptual categories of the ETHOS typology, that is, homelessness (ETHOS 1 and 2) and housing exclusion (ETHOS 3 and 4), we find that, for the three points in time considered, the situations of housing exclusion have been progressively reduced since the beginning of the pandemic, as the situations of homelessness have increased (see graph 2).

These data confirm one of the fundamental characteristics of the social exclusion processes in general, and of the homelessness process in particular. That is, its intermittent and dynamic nature, with entries and exits depending on the existence of different social and structural processes, such as a migratory process that begins shortly before the health emergency, or the loss of employment as an immediate consequence of confinement.

> *I managed to get a few hours of classes at the academy. That is to say, I was already starting to... to get a job (...) but then Mrs. Pandemic arrived and the academy was closed... I mean, everything was closed...* **(Eduardo. LH-1.7).**

> *We arrived... we arrived in Portugal on the 10th of March and we had a bus to travel to Madrid on the 15th of March (...). We didn't travel or anything. We were stuck in Portugal until the borders opened and... and we spent it all. Everything we brought with us* **(Mamen. LH-1.6).**

Graph 2. Evolution of housing exclusion and homelessness situations (%).



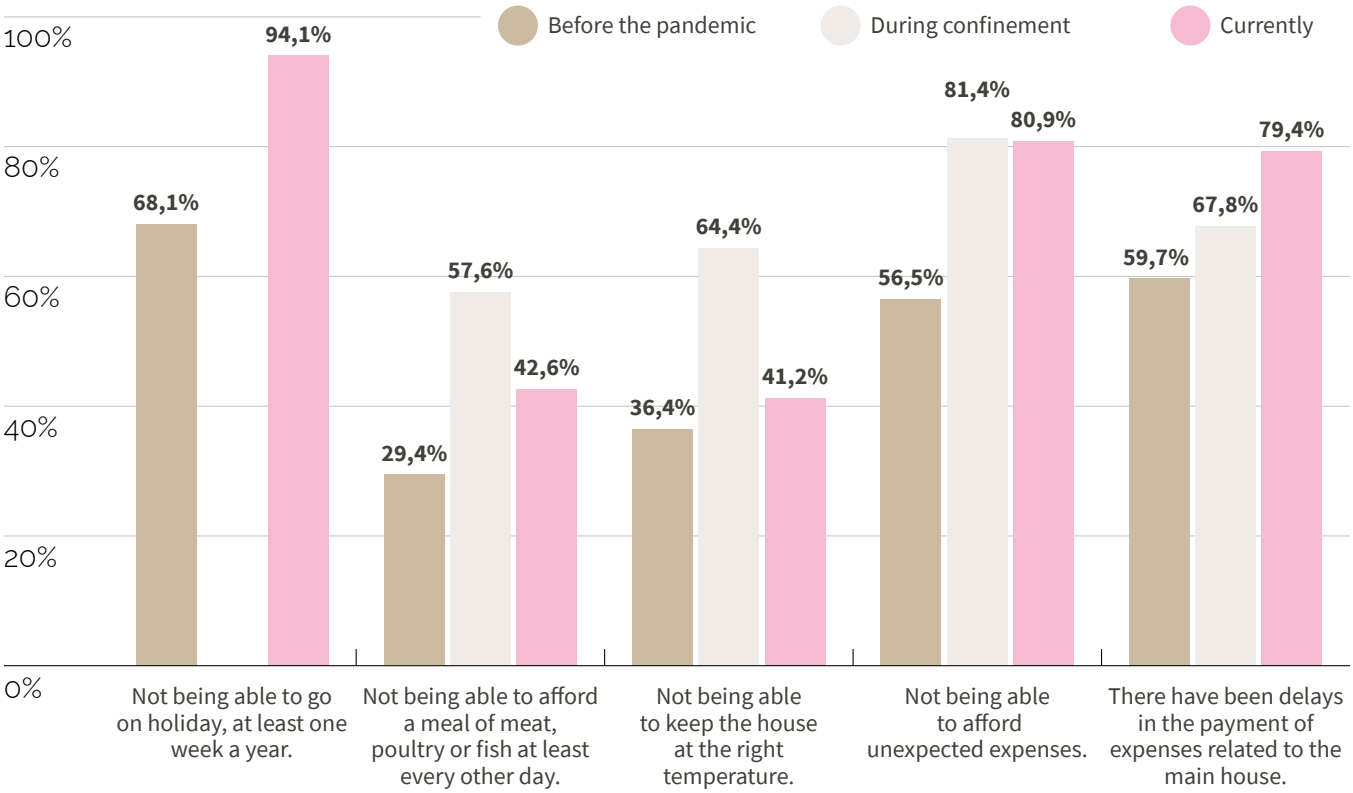
> *I come from being in a squat. Eh... then I've been in shelters, many, and finally... they transferred me, here, from... the women's centre.* **(Fanny. LH-2.6).**

In order to illustrate the impact of the pandemic on the socio-economic situation of the people who participated in this research, it is very illustrative to analyze some of the indicators of the AROPE rate considering its evolution before the pandemic, during the confinement and nowadays **(see graph 3).**

The pre-pandemic situation was not free of risk and vulnerability. The people who participated in this study, as mentioned above, started from a situation of vulnerability. However, what the pandemic has generated, as can be seen in the graph above, is that all the indicators of exclusion have been affected. In other words, since the start of the pandemic, the number of people who have difficulty paying housing costs, who cannot afford to go on holiday, eat certain foods, keep their homes at an adequate temperature or face unforeseen expenses has increased.

In this sense, the discourses in the interviews point to a fundamental impact of the pandemic on the

Graph 3. Evolution of some indicators of the AROPE Rate (%).



conception of the social exclusion processes. In other words, just as the 2008 crisis generated processes of downward social mobility, the pandemic is another reminder that the boundaries between integration and exclusion can be crossed:

> *(...) I have had a life... in fact, at the age of eighteen I left... I left home, I left with my wife and I had my job and... I rented my first apartment, I have my car, that is... I have lived, let's see, when I say I have lived well... (...) I have had my car, I have gone on holiday... well, like any other person. Like any other, who has had a job and has been able to save some money.* **(Beni. LH-2.3).**

> *Yes, but... but look, I mean, you have to be coherent. What you've lost, you can't get back. I mean, at my age I can no longer think about a huge house, about going on trips... about being the same (...). Since I started to fall, I fell, fell, fell, fell, and moreover, I was falling down knowing that I was not going to be able to recover, so I saw myself in a completely bad way.* **(Camilo. LH-1.2).**

> *I: What would you ask for to get ahead right now?*
> *Natalia: A job and to be a normal person. That I am normal, but to lead a normal life*
> *I: What is a normal life for you?*
> *Natalia: Well, renting a place, supporting yourself and living. I mean, having enough to eat, to go to work and... and having a salary. What everyone else has.* **(Natalia. LH-2.9).**

Moreover, although the current situation is generally better than that reported during the confinement, the data are not similar to those reported before the pandemic. This suggests that the health situation and the coping measures, probably the closure of care services and the paralysis of work activity, have

had a direct impact on the intensification of the processes of social exclusion. As Natalia (LH-2.9) pointed out, *"after all this, I don't know what's going to be left... I don't know what else can be taken away from us (...) Have you seen this? Have you seen these people? Can they be even worse off? Yes, it could get worse".*

In this respect, there is a fundamental question: the analysis of the mobility processes that have taken place among people affected by homelessness and housing exclusion processes. In this sense, how have these variations been in the overnight stay places? have the housing exclusion processes been intensified? has the housing situation improved for the participants?

When participants were asked if they stayed overnight in the same place where they were staying before the declaration of the state of alarm, a 28.7% (*n* = 184) reported having changed their place of residence. In other words, almost 30% of people, during their confinement, were forced to change the place where they slept. Similarly, with regard to the post-confinement residential situation, a 55.2% (*n*= 354) of the people interviewed reported sleeping in a different place than before the pandemic and during the period of confinement.

In relation to the conditions of the accommodation in which the people who stayed overnight in non-shared accommodation we have found the following **results (table 4).**

Chart 4. Equipment and housing conditions before the pandemic, during confinement and currently.

	Before the pandemic (%)			During confinement (%)		Currently (%)	
	Yes	No	DK/NA	Yes	No	Yes	No
Running water	95.5	4.2	0.3	95.8	4.2	96.7	3.3
Hot water	92.7	7.0	0.3	91.9	8.1	91.8	8.2
Electricity	95.8	3.8	0.3	96.1	3.9	95.7	4.3
Waste water evacuation system	95.2	4.5	0.3	96.1	3.9	96.2	3.8
Complete bathroom	95.5	4.2	0.3	95.1	4.9	27.5	1.2
Heating	66.5	32.9	0.6	62.9	37.1	64.7	35.3
Elevator	45.4	54.6	0	44.9	55.1	46.5	53.5
Equipped kitchen	91.1	8.6	0.3	91.2	8.8	90.2	9.8
Television	85.3	14.4	0.3	82.8	17.2	81.0	19.0
Telephone	49.5	50.2	0.3	50.5	49.5	43.8	56.2
Computer	36.1	63.3	0.6	35.6	64.4	21.7	78.3
Internet connection	59.4	39.6	1.0	60.4	39.6	50.8	49.2
Construction deficiencies	26.8	72.8	0.3	25.6	74.4	25.5	74.5
Unsanitary conditions	32.6	66.8	0.6	35.0	65.0	31.7	68.3
Barriers or obstacles hindering mobility	26.8	72.8	0.3	25.3	74.7	23.4	76.6
Access to common areas	71.6	13.1	15.3	83.6	16.4	85.4	14.6
Access to the kitchen	38.4	2.7	7.8	93.0	7.0	93.0	7.0

Chart 5. Housing transitions taking place at the beginning of confinement.

		%
No transition		56,3
From own home to… (3.9%)	Street situation	0.5
	Shelter / specific PsHLN resource	1.7
	Forced cohabitation	0.9
	Shared apartment/room or guesthouse	0.5
	Other situations	0.3
From Street situation to … (5.4%)	Shelter / specific PsHLN resource	3.7
	Forced cohabitation	0.6
	Shared apartment/room or guesthouse	1.1
	Other situations	0.3
From shelter/ specific PsHLN to… (2.1%)	Own home	0.2
	Street situation	0.2
	Forced cohabitation	0.6
	Shared apartment/room or guesthouse	0.8
	Other situations	0.3
From forced cohabitation to… (6.3%)	Own home	0.2
	Street situation	0.3
	Shelter / specific PsHLN resource	5.6
	Shared apartment/room or guesthouse	0.5
From shared apartment/ room or guesthouse to… (19.9%)	Own home	0.2
	Street situation	0.2
	Shelter / specific PsHLN resource	17.8
	Forced cohabitation	0.9
	Other situations	0.8
From other situations to… (5.7%)	Own home	0.2
	Street situation	0.3
	Shelter / specific PsHLN resource	0.9
	Forced cohabitation	0.2
	Shared apartment/room or guesthouse	4.1
TOTAL		100%

Specifically, considering the situation of the participants who stated that they had changed their place of overnight stay due to the confinement (*n*=184), we found the following transitions **(chart 5).**

As shown in the **chart 5**, it stands out that most of the mobility processes initiated by the confinement generate transitions of people moving from living in rented rooms/apartments to specific resources for PsHLN (17.8%). This again points to the intermittent and dynamic nature of homelessness and housing exclusion, which is reflected in the discourses of Hamir (LH-2.8) or Beni (LH-2.3).

> *(...) I said look, I'm going to get out of... out of the house. I don't have anywhere to go, you know? If you can... help me. Now I don't have money to keep paying for the appartment and... I have to go back.* **(Hamir. LH-2.8).**

> *(...) Eh... I was living in a pension, so of course, it turns out that... in a period of three or four days they start to close everything, to close everything, to close everything and of course, it turns out that in a week (...) I've lost my job, [laughs] I mean, and ended up on the street. I mean, because the guesthouse, of course, I couldn't stay in the guesthouse either.* **(Beni. LH-2.3).**

Also noteworthy are the transitions that take place among people who used to live in their own home (1.7%), experienced situations of forced cohabitation (3.7%) or on the street (5.6%) and moved to specific resources for MSW (5.6%). Transitions from other forms of residence to shared apartments/rooms or guesthouses (4.1%) also stand out.

The above results are summarised in **chart 6,** which shows the specific transitions that take place between the two main conceptual categories that guide this work: homelessness and housing exclusion.

Although with the beginning of confinement, in most cases, there is no mobility between these two categories (87.1%), it is observed that an 8.7% of participants who were in a situation of HE, move to a situation of HLN, as in the case of Beni (HV2.3) when he had to leave the guesthouse in which he was living. In the same way, a 4.2% of the people in a SH situation moved to a RE situation.

Chart 6. Transitions between HLN and HE during confinement.

	%
No change	87.1
From HE to HLN	8.7
From HLN to HE	4.2
TOTAL	100.0

In conclusion, it seems that, between the pre-pandemic situation and the arrival of confinement, no major mobility processes take place in the context of situations of extreme social exclusion. However, do these mobility and transitions increase if we consider the period between confinement and the present day?

As shown in chart 7, a 55.2% of participants reported that they currently sleep in different places than they did before the pandemic and during confinement.

As can be seen, almost 40% (39.1%) of the transitions take place from the situation of specific HLN care

Chart 7. Current overnight stay compared to before the pandemic and during confinement.

	%
I am still sleeping in the same place as during the confinement	43.4
I have returned to where I slept before the confinement	0.9
In a different place from the previous two	55.2
Don't know / No answer	0.5
TOTAL	100.0

resources. It is worth highlighting, above all other data, that a 24.2% of people move from situations of strict HLN by staying overnight in specific resources

Chart 8. Housing transitions taking place between confinement and today.

		%
No transition		34.3
From own house to… (7.6%)	Street situation	0.8
	Shelter / specific PsHLN resource	5.5
	Forced cohabitation	0.2
	Shared apartment/room or guesthouse	0.9
	Other situations	0.2
From Street situation to… (6.2%)	Own home	0.8
	Shelter / specific PsHLN resource	4.4
	Forced cohabitation	0.2
	Shared apartment/room or guesthouse	0.5
	Other situations	0.3
From Shelter / specific PsHLN resource to… (39.1%)	Own home	24.2
	Street situation	6.6
	Forced cohabitation	0.5
	Shared apartment/room or guesthouse	6.4
	Other situations	1.4
From forced cohabitation to… (3.9%)	Own home	0.2
	Street situation	0.2
	Shelter / specific PsHLN resource	2.5
	Shared apartment/room or guesthouse	0.8
	Other situations	0.2
From shared apartment/ room or guesthouse to … (7.1%)	Own home	0.8
	Street situation	2.0
	Shelter / specific PsHLN resource	4.1%
From other situations to… (2.1%)	Own home	0.2
	Street situation	0.5
	Shelter / specific PsHLN resource	0.8
	Shared apartment/room or guesthouse	0.6
	Subtotal	99.5
	Missing	0.5
TOTAL		100.0

for the care of PsHLN, to their own home. In addition, a 6.4% move to a shared apartment/room and a 6.6% to street situation.

Among the residential situations that, after the aforementioned, accumulate more transitions, we can highlight the change from street situations to specific resources for PsHLN (4.4%); from shared apartments/rooms to this same type of resource (4.1%) or from their own home also to specific resources for the care of PsHLN (5.5%). These types of transitions, which illustrate processes of deterioration in the housing situation, are particularly hard. In the words of Mamen (LH-1.5), who together with her daughter moved from living in a shared flat to a resource for PsHLN:

> *(...) sharing in an environment where we are not used to... from having privacy to this. There were people who were constantly fighting and arguing, you can't eat in peace. For me it was like an eternity and... it got worse. Those days I... I told the social worker here, I can't stay here, I have to look for... I have to look for a way to leave* **(Mamen. LH-1.5)**.

Similarly, Victoria, who lived in a shared apartment also points out:

> *After the pandemic the landlady raised the price and I couldn't afford it. So... I spoke to the social worker and she... sent me food for the week and with my illness and all that, she found me an apartment and... here I am now.* **(Victoria. LH-2.5)**.

The data shown illustrate, once again, the dynamic nature of the processes of social exclusion, but also how the pandemic and its sustaining has led to the depletion of citizens' resources. As Khamir noted (LH-2.7):

> *The truth is... that I was here before the pandemic, but I was... I was working. And... I saved a bit of money... and I was working in a bar and the pandemic hit. And I was... I had a room (...) and I was fine, paying for my room, buying my groceries and... working well... normal... until that... pandemic... and I was unemployed and the savings for about 8 months and... I have nothing left and I came here again.* **(Khamir. LH- 2.7)**.

In summary, a significant part of housing mobility within social exclusion takes place between confinement and the current situation. Moreover, among those who experience such transitions, a 24.3% move from HE to HLN. Also, 23.9% move from HLN to HE. Transitions between pre-pandemic and confinement in no case exceeded 9%. Now, however, these mobility processes between the two main categories are around the 24% **(chart 9).**

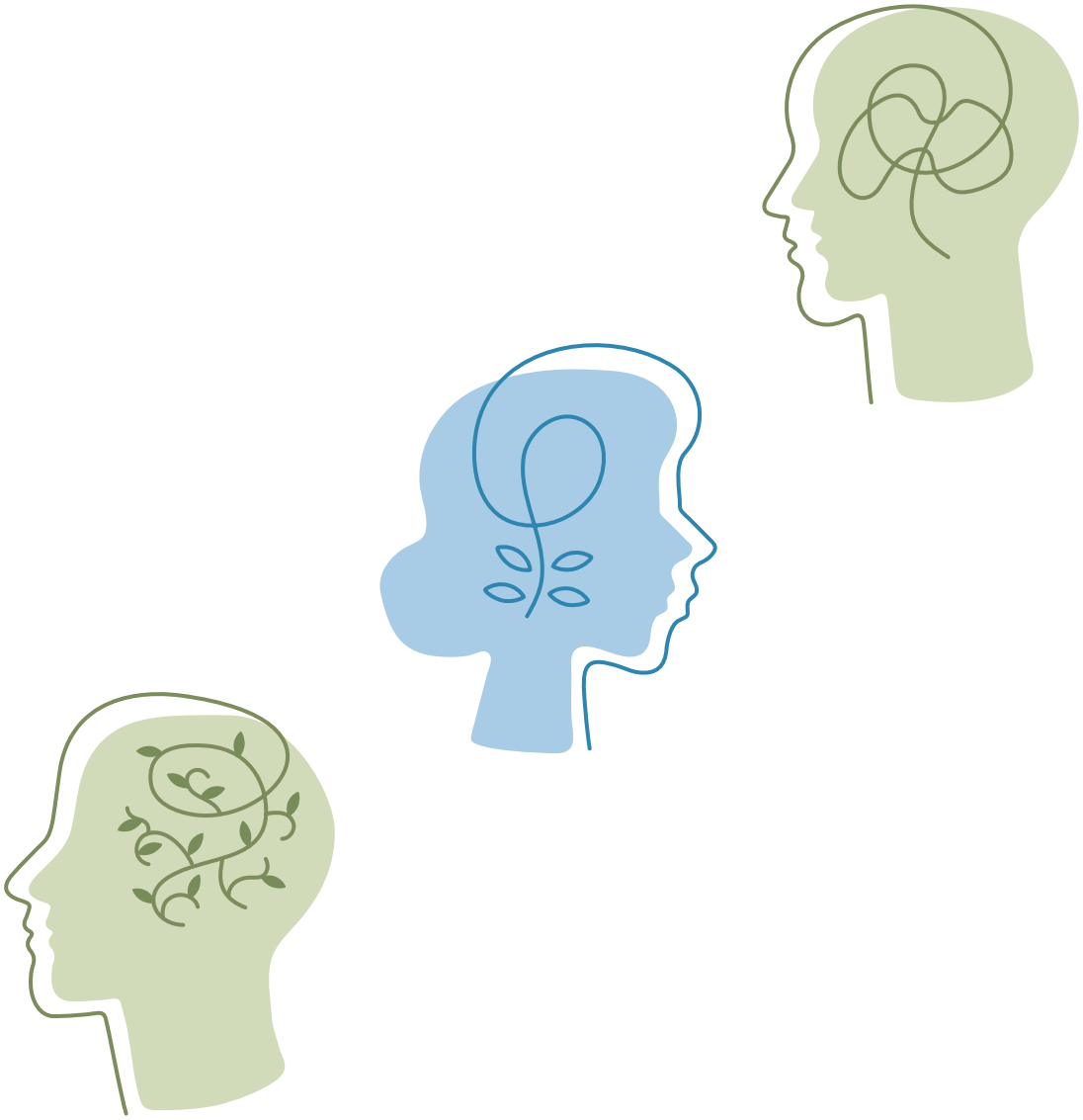
Many of these transitions are illustrated in Alonso's discourse (LH-1.8), which exemplifies the intensification of population mobility with the arrival of the progressive "normality":

> *In this last round, the IFEMA was not open or anything, it was... they arrived there one day and... and in fact the Pozo stayed open until they kicked us*

Chart 9. Transitions between HLN and HE during confinement and today.

	%
No change	51.3
From HE to HLN	24.3
From HLN to HE	23.9
Total	99.5
Missing	.5
TOTAL	100.0

out of the XXX. That is, they kicked everyone out afterwards, that is, when they closed... they kicked out the whole band. But there they arrived and uh... they relocated people to other... to one that I think there is in Atocha, which has beds like these... beehive, beehive type beds. Well, I got XXX and that's it and then, well, another relocation and... another one until... until the waiting list passes here. **(Alonso. LH-1.8).**



2 THE SITUATION OF HOMELESSNESS AND HOUSING EXCLUSION SINCE THE BEGINNING OF THE PANDEMIC

As mentioned above, in order to further explore the impact of the pandemic on homelessness and housing exclusion, this research focuses on several dimensions of analysis. Therefore, the following pages will analyze the reality of PsHLN in relation to health, support network and social support, digitalization and digital gap, aporophobia and victimization, and economic and labour situations (figure 2).

These dimensions will also be analyzed in relation to the cross-sectional variables: gender, nationality, age, income and educational level.

SOCIO-DEMOGRAPHIC ASPECTS TO BE CONSIDERED.

The research sample is characterised as follows considering the cross-sectional variables of analysis (chart 10).

The sample is made up of 64.9% men and 35.1% women. The average age is 46 years, with the following age ranges: the 47.3% are over 50 years old, the 24.7% are between 36 and 50 years old and the 28% are under 36 years old.

Figure 2. Dimensions of analysis.

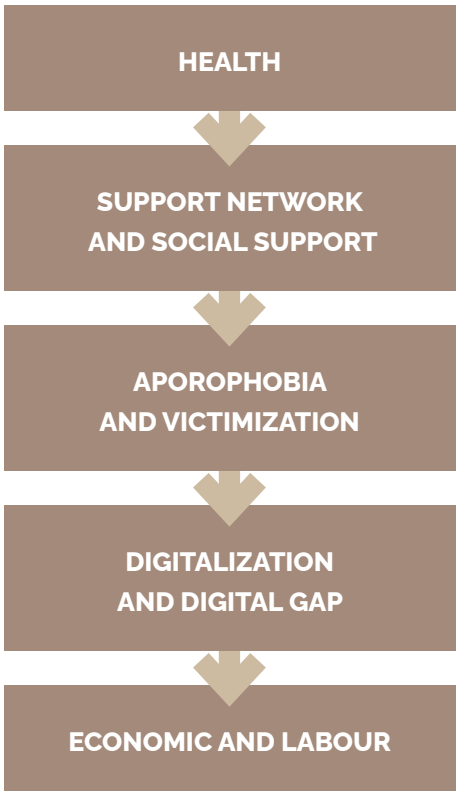


Chart 10. Description of the sample.

Socio-demographic variables		%
Gender	Man	64.9
	Woman	35.1
Age	35 or -	28.0
	36-50	24.7
	51 or +	47.3
	Average age	46 years (born in 1975)
Educational level	Primary school or less	30.7
	Secondary or VET	53.4
	University graduates	15.8
Origin	Spanish	37.9
	European	9.8
	African	21.8
	Latin America	30.4
Housing situation	Homelessness	47.6
	Housing exclusion	52.4
Incomes	With income	54.0
	Without income	46.0

In general, a medium level of education is observed. In this sense, the 53.4% have secondary education or vocational training, the 30.7% have primary education or lower, and 15.8% say they have university studies.

The proportion of foreigners is of 62.1% compared to the 37.9% of people of Spanish origin. Among the people of foreign origin, a 30.4% are of Latin American origin, a 21.8% of African origin and a 9.8% of European origin.

In terms of residential status, the 47.6% of people are placed in categories ETHOS 1 and 2 (HLN) compared to the 52.4% who report being in a situation of HE (ETHOS 3 and 4).

In regard to income, the 54% reported having a monthly income compared to 46% who reported having no income at all. In this respect, the majority of the sample is unemployed (62.2% unemployed and 2.8% in ERTE). Only a 10.1% would say that they are currently working **(Chart 11).** It should also be noted that a 15.6% of the participants said that they had worked during the confinement, although more than half (51%) without an employment contract.

Concerning the origin of the incomes of the participants, it is worth noting that the 46% of the participants stated that they had no income. In relation to the origin of income, the following results are obtained **(Chart 12).**

In general, most of the incomes come from social benefits (31.3%). It is remarkable that the 16.1% indicate that their income comes from some kind of work activity.

Among those who say that they receive some kind of social benefit, the most important are, in order, the Minimum Income (GMI), the Non-Contributory Pension (NCP), unemployment benefit, retirement pension, invalidity pensions and, lastly, the Minimum Living Income (MLI). These data will be discussed in greater depth in chapter 3, which analyzes the impact of the pandemic on social protection systems.

Chart 11. Employment situation of the participants.

	%
Working	10.1
Retired	6.6
Disability or incapacity	3.6
Studying (formal education)	4.5
I am attending a course (insertion, retraining, etc.)	4.8
ERTE or ERE[1]	2.8
Unemployed	62.2
DK/NA	5.3
TOTAL	100.0

[1] Stands for: Expediente de Regulación de Empleo. Downsizing Plan.

Chart 12. Origin of incomes of the participants.

	%
I have no income	46.0
Work activity	12.2
Atypical work activity (scrap metal, street selling, delivery, cleaning, care etc.)	3.9
Begging	2.2
Family/friends help	5.9
Social benefits	31.3
DK/NA	4.1

It is notable that there is no mention of unemployment benefit, or of the shortage of people receiving MLI. Perhaps it has to do with the enormous pressure that the pandemic has imposed on the State Public Employment Service (SEPE), as well as on the Social Security, where processing has also been halted and/or delayed by the measures adopted to deal with the pandemic (teleworking, closure of personal attention, etc.) and which once again illustrate the other dimensions, beyond health, that the pandemic has transformed. Such is the case of Victoria (LH-2.5), a woman diagnosed with multiple sclerosis who, just at the start of the pandemic, was beginning the procedures for the recognition of total disability.

> *I: Because you... with the pandemic it was delayed and you were going to apply for total disability, weren't you?*
> *V: Yes, and I had an appointment on... on 27 March last year [2020].*
> *I: And now they've sent you to October, haven't they?*
> *V: And... now they sent me back in October.*

It is necessary to consider something that, although obvious, seems to be forgotten: the moments of greatest risk and vulnerability or that lead directly to extreme social exclusion coincide with the moment of loss of employment and/or the depletion of a benefit, especially unemployment benefits. At that moment, the inclusion project is once again interrupted. This is illustrated by the discourses of Alonso (LH-1.8) or Khamir (LH-2.7).

> *I was working for a while and then I stopped working and applied for unemployment benefit... eh... then... I collected the subsidy and I... well, things were more or less fine. With that, unemployment, subsidy... you go on. But when it ends and there's no more work... then you go back to this wheel.* **(Alonso. LH-1.10).**

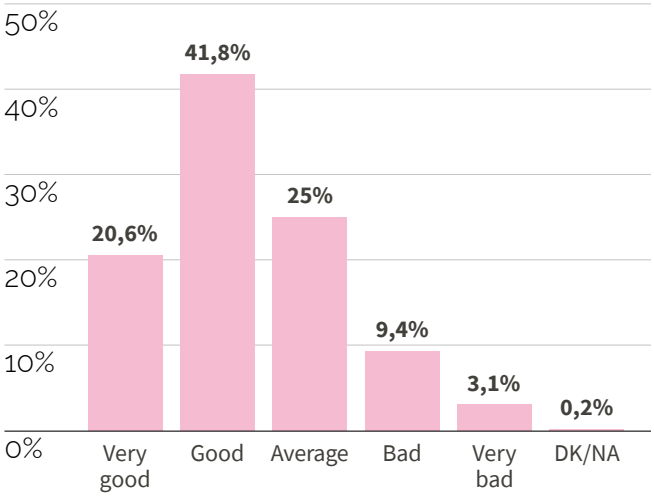
> *Well, I've known about the shelter since... I don't know if it was in 2014 or something like that. When my unemployment benefit ended, I was already in a bad situation and that's why I came here, but it wasn't long before that I found something and I went out to a room until the pandemic came and then I came back here again.* **(Khamir. LH-2.7).**

On the basis of discourses and experiences of this type, it is possible to understand how the pandemic has had a fundamental impact on the housing situation of people who, at different levels, were already affected by social inequalities in general, and by the processes of labour exclusion in particular..

THE HEALTH OF PEOPLE AFFECTED BY HOMELESSNESS AND HOUSING EXCLUSION

In relation to self-perceived health, as shown in the graph below, the majority of the people interviewed (62.4%) reported to be in good or very good health condition **(graph 4).**

Graph 4. Self-assessed health of participants.



The discourses obtained, moreover, are based on this positive conception of one's own state of health:

> *Physically I feel fine. I mean, I feel fine (...). But it is true that genetically or whatever it is... my body recovers*

quite well and I react quite well to the stories that have happened to me. (...). **(Alonso. LH-1.8).**

> *At the moment I'm... we're doing well. My blood sugar, my blood pressure is a bit... I always have it a bit high because of my nerves, but nothing...*
> **(Daniel. LH-2.4).**

Significant differences were found in self-assessed health depending onthe variables gender *(t* = 4.753; *p* = <.001), nationality *(f* = 8.943; *p* = <.001), age *(f* = 7.437; *p* = <.001), and educational level *(f* = 3.072; *p* = <.001) **(chart13).**

The differences are as follows: women (3.42; *SD*= 1.06) evaluate their health worse, as is the case for Reme (LH-2.1).

> *It's like I feel like I've even... I even have a disease or something, I swear. From the pain... from the accumulated bullshit... and from all the shit that's been happening to me... it's like there's a point, that my body... I swear to you... has stopped moving forward.*
> **(Reme. LH-2.1)**

In comparison with this type of discourse, people of African origin (3.98; *SD*= 0.88), people under 36 years of age (3.8; *SD*= 1.04) and people with higher levels of education (3.88; *SD*= 1.02) have a better self-perceived health.

When participants are asked to compare their current health status with the one they had before confinement, discourses such as Rosana's (LH-2.2) appear.

Chart 13. Self-assessed health of participants in relation to gender, nationality, age and educational level.

Variables		Average	Deviation
Gender	Man	3.81	0.95
	Woman	3.42	106.1
Nationality	Spanish	34.59	0.98
	European	36.03	0.98
	African	39.86	0.89
	Latin American	37.44	106.29
Age	35 or -	38.83	104
	36-50	37.22	100.24
	51 or +	35.27	0.96
Educational	Primary or less	35.79	0.98
	Secondary or VET	3.67	1.00
	University	3.88	1.02
	TOTAL	3.67	1.00

> *And... I don't know what has happened to me, but since March I feel like I'm creeping, that is to say... that I have no strength (...). I feel bad, like... with weight in my body and I feel like.... I mean, I feel like I have no energy. My legs hurt from the moment I get up and before... before I didn't feel like this.* **(Rosana. LH-2.2).**

In the same direction, Victoria (LH-2.5), who suffers from multiple sclerosis points out:

> *The thing was that... I haven't been moving, I mean... imagine a year without my gymnastics, without my horse therapy or... I did something at home, but... but it wasn't the same. Now I have a strong bout that I can't get rid of and it's that... it's a consequence of so much time at home and without... without going out to normality.* **(Victoria. LH-2.5).**

And the fact is that, in line with the previous discourses, 27% of the people interviewed stated that their health situation had worsened since the pandemic began and measures to deal with it were put in place. Chart 14 provides a comparison with the data obtained by the CIS in its study 3302, carried out in November 2020. The percentage of people reporting that their health has worsened is practically the same in both surveys. It is striking, however, that the percentage of people reporting that their health has improved is significantly higher among the participants in this study than in the general population (CIS).

Chart 14. Self-assessed health evolution.

	Study participants (%)	General population (%)
Has improved	16.4	4.3
Remains more or less the same	56.5	67.8
Has worsened	27.0	27.5
Don't know / No answer	0.2	0.3

Considering this evolution of self-perceived health, significant differences are found for the variables of gender *(x2* = 12.530; *p* = .002) and nationality *(x2* = 13.774; *p* = .032). As shown in chart 15, 35.4% of women report that their health has worsened since the start of the pandemic compared to 22.5% of men. Similarly, this perception is analogous for people of Latin American origin, where 30.3% believe that their health has worsened, compared to 17.1%

Chart 15. Evolution of health status during the pandemic according to gender and nationality (% of column).

Has your health improved? Is it the same as before or has it got worse?	Gender		Total	Nationality				Total
	Man	Woman		Spanish	European	African	Latin American	
Has improved	16.9%	15.2%	16.3%	14.9%	7.9%	20.0%	18.5%	16.4%
About the same	60.6%	49.3%	56.7%	55.4%	63.5%	62.9%	51.3%	56.6%
Has worsened	22.5%	35.4%	27.0%	29.8%	28.6%	17.1%	30.3%	27.0%
TOTAL	100%	100%	100%	100%	100%	100%	100%	100%

of the African population. Furthermore, in this case, 20% believe that it has improved.

In addition, 39.9% of the participants report being limited due to health problems in carrying out activities that they usually carried out before the pandemic (10.9% severely limited and 20% limited, although not severely). In this sense, Félix (LH-1.3):

> *I used to be an energetic person, I moved around and I didn't care... I didn't care about anything. I used to carry on day after day, putting up with everything, walking as many kilometres as I had to, but... now I can't, where am I going with this leg if they don't finish fixing it?* **(Félix. LH-1.3)**.

Despite reporting a good state of health, around the 30% (30.9%) of the participants reported having some kind of illness - physical or mental - diagnosed. These results are in line with other studies and reaffirm that the health status of PsHLN is, in general, deteriorated.

The illnesses suffered by the people interviewed are listed in chart 16. As can be seen, they are numerous and varied, but in order of representativeness, illnesses such as depression (8.7%), hypertension (5.3%), diabetes (4.5%), hepatitis (3.1%) and HIV (2.2%) stand out.

Regardless of the existence of a diagnosed disease, if the interviewees are asked in general about any physical and/or psychological problem they have, only the 36.6% of the participants say that they have none.

> *I have a heart problem, and in Venezuela, the cardiologist recommended a pill, because I wasn't sleeping and this, I mean, it gives me... it caused me arrhythmia and all that (...). So, well, I have to be very careful with that, because these days it caused me like tachycardia.* **(Mamen. LH-1.5)**.

Chart 16. Diagnosed diseases in the participants.

Disease	%
Depression	8.7
Schizophrenia	0.5
Dual personality	0.5
Bipolar disorder	0.5
Borderline disorder	1.6
HIV	2.2
Diabetes	4.5
Pneumonia	2.0
Anaemia	1.7
Cancer	1.4
Hypertension	5.3
Hepatitis	3.1
Epilepsy	0.8
Bronchitis	2.0
Gout	0.5
Arthrosis	6.4
Tuberculosis	0.3

> *Sometimes I have a little bit of gastric problems... sometimes reflux... when, when I eat something very... spicy, you know? What happens is that I am very greedy [laughs]. I recognise that. Very sweet-toothed.* **(Eduardo. LH-1.6)**.

Among the most common problems reported by survey participants were mobility problems (14.7%), followed by respiratory (11.6%), oral (11.4%) and/or mental (9%) problems.

Mental health and psychological well-being .

Mental health is one of the dimensions most frequently addressed when talking about PsHLN. Moreover, in the context of the pandemic, issues linked to psychological deterioration have gained an increasing importance, appearing as one of the main impacts of the pandemic and the measures developed to deal with it.

In the context of this work, the results regarding the mental health of the participants are as follows. As mentioned, this research used an instrument to measure general psychological well-being called the General Health Questionnaire (GHQ), described in the methodology. This instrument allows estimating the average score of the sample, so that higher scores imply greater psychological impairment. As shown in **chart 17,** an average score of 5.03 (*SD*= 3.41) was obtained in the GHQ-12. In order to contextualise this data, it is useful to note that in the 2017 National Health Survey carried out by the Ministry of Health, the average score for the general population was 1.40 (*SD*= 2.6). However, it is important to be prudent in assessing the magnitude of the difference, as the data for the general population is obtained before the COVID-19 pandemic.

In addition, the GHQ-12 average scores show significant differences with some of the variables such as gender *(t*= -6.085; *p* = <.001), nationality *(f* = 4.495; *p* = .002) and age *(f* = 4.2058; *p* = .015).

Indeed, the scores obtained on the GHQ-12 are worrying. This instrument makes it possible to establish a cut-off point that alerts us to the existence of a possible psychiatric case (person at risk of poor mental health). It is not a diagnosis instrument, but the international bibliography has shown the usefulness of this cut-off point (established at 3 or more points in the GHQ) as an instrument for assessing the mental health of the population. As can be seen in **chart 18,** out of the total sample, a 66.9% of the people surveyed are in the position of presenting a possible psychiatric case because they report high levels of general distress. That is, 429 people who participated in the study have total scores on the GHQ-12 that are higher than 3 points, which implies a risk of poor mental health. In the case of the general population (15 and over), the

Chart 17. Frequencies of the GHQ-12 in the sample according to gender, nationality and age.

Variables		Average	Deviation
Sample total	Total	5.03	3.41
Gender	Man	4.43	3.25
	Woman	6.17	3.44
Nationality	Spanish	5.16	3.54
	European	4.00	3.44
	African	4.44	2.91
	Latin American	5.59	3.47
Age	35 or -	5.39	3.34
	36-50	5.41	3.46
	51 or +	4.59	3.39

Chart 18. Possible cases of psychiatric disorder.

	%
No case	27.1
Possible psychiatric case	66.9
Total	94.1
Missing in the system	5.9
TOTAL	100.0

ENS estimated that the percentage in the same situation was 18% in 2017.

In line with what is shown in charts 17 and 18, the results point to a particularly significant difference in the case of women (6.17; *SD*= 3.44) as they have a much higher average psychological impairment than men (4.43; *SD*= 3.25) in the GHQ-12, which confirms that women who participated in this study have a greater psychological deterioration than men. In addition, the gender variable also correlates significantly with the presence or absence of a psychiatric case (variable "cut-off point 3" - $x2$ = 13.185; p = <.001).

In this sense, almost all of the women who participated in the interviews had their mental health affected, and in a greater degree than the men interviewed:

> *As a result of... also behavioural problems, that I have borderline personality disorder and (...) now what I am... starting to try to process the dual pathology issue again, which... would be after the summer for admission.*
> **(Arantxa. LH-1.4).**

> *Let's see in my case... I, in my personal case I have to thank the pandemic because... if it hadn't been for the pandemic, I mean... it's not the first time... I mean, this year has not been the first time that I have found myself in a street situation. I saw myself last year and... in fact, I tried to commit suicide because I didn't... see any way out.*
> **(Elena. LH-1.7).**

> *Reme: With the anxiety pill and... all this, they..., I swear, they let me..., I swear, they let me...*
> *I: You take anxiolytics, don't you?*
> *Reme: Yes... I take medication to stay calm and... so that I don't suffer these anxieties. So that I don't... feel bad.* **(Reme. LH-2.1).**

> *I have... borderline personality (...) so I have anxiety and depression...*
> **(Rosana. LH-2.2).**

Thus, as shown in **chart 19,** among all the women who participated in the research, the 80.5% have a possible case of psychiatric disorder. In the case of men, this figure is less than 70% (66.3%).

Chart 19. Presence or not of possible psychiatric case according to gender (% of column).

Possible psychological deterioration	Gender		Total
	Man	Woman	
No case	33.7%	19.5%	28.8%
Possible case	66.3%	80.5%	71.2%
TOTAL	100.0%	100.0%	100.0%

Regarding nationality, we also found significant differences in terms of the average scores obtained in the GHQ-12 and in relation to the presence or absence of possible psychiatric illness. Thus, in relation to average scores, the Latin American population (5.59; *SD* = 3.47) and the Spanish population (5.16; *SD* = 3.54) are those with the highest scores, showing higher levels of psychological distress.

Furthermore, significantly *(x2* = 12.877; *p* = .005), a 74.6% of the Latin American population, a 73.1% of the African population and a 72.2% of the Spanish population show a possible case of psychiatric illness. For the population of European origin the presence of mental illness is 51% (50.9%) **(see chart 20).**

Considering the age of the participants, a significantly higher average score on the GHQ-12 is found among those aged 35 years or younger (5.39; *SD* = 3.34). This confirms that people aged 35 or younger have higher levels of distress. This is especially remarkable, again, in the case of Reme (LH-2.1), Rosana (LH-2.2), Arantxa (LH-1.4) or Elena (LH-1.7), young women with discourses that show such psychological distress and, directly, the possible existence of mental illness.

Moreover, as can be seen in chart 21, 77.6% of people in this age range present a possible case of psychiatric illness *(x2* = 11.531; *p* = .003). That is, as age increases, the possible presence of psychiatric illness decreases. Therefore, the 76.2% of the participants between 36 and 50 years of age represent a potential case of poor mental health. This situation affects up to the 64.4% of people over 50 years of age **(see chart 21).**

It is difficult to know whether this reality regarding psychological distress is a consequence of the pandemic. However, although in many cases mental health was already affected, the pandemic has not made the situation any easier. As Mamen (LH-1.5)

Chart 20. Presence or not of possible psychiatric case according to nationality (% of column).

Possible psychological deterioration	Nationality				Total
	Spanish	European	African	Latin American	
No case	27.8%	49.1%	26.9%	25.4%	28.9%
Possible case	72.2%	50.9%	73.1%	74.6%	71.1%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%

Chart 21. Presence or not of possible psychiatric case according to age (% of column).

Possible psychological deterioration	Age			Total
	35 o -	36-50	51 o +	
No case	22.4%	23.8%	35.6%	28.9%
Possible case	77.6%	76.2%	64.4%	71.1%
TOTAL	100.0%	100.0%	100.0%	100.0%

noted, *"my mood was low and... I was emotionally bad. I felt very bad. I don't think I've ever felt so bad in a situation because, well, everything. The panorama changed completely".*

This is especially important considering the impossibility of adequately following up on processes already initiated in mental health services.

> *Let's see, here at the centre there is a psychologist and well, there are times when... she does make appointments for me to talk to her (...). Apart from that, I have my psychologist there at the hospital, but... she doesn't ask me for appointments and I don't talk much either, it's like... I don't know, they just prescribe me pills and without therapy... I hope I can get back to it soon.* **(Reme. LH- 2.1).**

> *[Sighs] Now I'm without anything... I've been without anything... Argh!, look, just in... I think it was in January 2021 that... after the... aggression of my... ex-partner I asked for, uh... psychological help. They called me in March and I never heard from them again [Interview conducted in June 2021]*
> **(Rosana. LH-2.2).**

> *During confinement I didn't have appointments, they suspended them. Then I asked for them again, they gave it to me with two months, I took it and... I was late and they didn't see me and from then on, I didn't ask for another appointment because... as my... my psychiatrist... (...). I told him, I don't feel well, I don't feel well um... I feel that the medication isn't working. I'll raise it, I'll raise it, I'll raise it, I'll raise it. And then, I stopped going because I say, every time I go, all he does is increasing my medication* **(Arantxa. 1.4).**

Health care and access to the health system.

When analyzing the impact of the pandemic on the health of PsHLN, it is essential to consider aspects linked to health care through the access to the health system. In this sense, beyond the issues linked to the virus, it is necessary to consider the impact of the pandemic on the care and follow-up of previous pathologies, as well as the importance that the pandemic has had on the access of PsHLN to health care and the difficulties generated around it.
For example, Natalia (LH-2.9), a diabetic woman diagnosed with neuropathy, and Victoria (LH-2.5), a woman with multiple sclerosis, say:

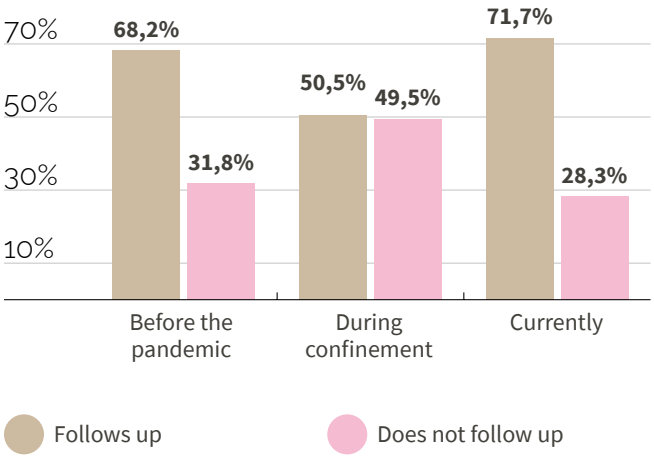
> *The other day I asked for an appointment for... for the endocrinologist, they gave me an appointment for November next year, so no way. I said, find me another medical centre and I'll go anywhere.*

> *And... I'm also late and... almost a year ago I had to have an MRI on my head and I still don't have an appointment [laughs]*
> **(Victoria. LH-2.5).**

Among those who have been diagnosed as suffering from an illness, a 81.8% of those interviewed said that they were receiving treatment, compared to 18.2% who said that they were not receiving medical treatment. Of those interviewed who reported being in treatment, a 95.7% said that the treatment entailed taking medication.

The 71.7% of the MSWPs diagnosed as suffering from an illness are currently under medical follow-up. Considering the period previous to confinement, medical follow-up of the diagnosed illness was present in 68.2% of the persons. Likewise, during the period of confinement, 50.5% reported that they followed up on their illness **(see graph 5).**

Graph 5. Evolution of medical follow-up.



In other words, confinement meant that the monitoring protocols of the participants in this study were blocked or paralyzed.

> *I don't know how long I have to wait. I mean, I have my insulin in my prescription, but... I haven't had my blood tests for... well, for two years. Two years living like this* **(Natalia. LH-2.9)**.

> *Uh... it has affected me from the point of view that... because of the previous appointment. Because of the fact that, I mean, I, for example, now I found out the last time I went to the pharmacy that they took away... in future prescriptions, for whatever reason, they have taken away my prescription for the hormonal treatment. Now, make an appointment, they'll give it to you for three weeks. Three weeks without hormones?* **(Elena. LH-1.7)**.

Although this is true for the general population, in Elena's discourse (LH-1.7) it is especially relevant for those citizens who tend to suffer worse health problems, such as PsHLN and people from certain groups, as is the case of the transgender women who participated in the research: both Elena (LH-1.7) and Arantxa (LH-1.4) have seen their transition process interrupted due to the health situation, generating situations of stress, anxiety and psychological distress.

> *I understand that it's like this... that mine is not that important, but... but for me it is. Imagine not recognising you when you look at yourself and... that everything takes so long to see you as you really are. Sometimes it's unbearable for me.* **(Arantxa. LH-1.4)**.

> *Um... I'm waiting for an operation... (...) for my Adam's apple. To remove my Adam's apple. Um... which obviously... has been delayed because according to what I was told last time... half of the operating rooms are out of order. Only half of the operating rooms in most hospitals are working* **(Elena. LH-1.7)**.

Although no significant differences were found with the variables of analysis, when the participants were asked if, when they feel unwell, they go to the health services, the results show that the 33.7% of people do not go to the health services if they feel unwell, compared to the 65.4% who report going for medical consultation. Moreover, since confinement, the 14.7% of the PsHLN have had to stay at least one night in the hospital. Of these, the majority have stayed in hospital for less than a week (94.7%). These experiences generally receive positive discourses. As Beni (LH-2.3), who was hospitalized because of COVID, or Camilo (LH-1.2), because of peritonitis, point out:

> *Yes, I was hospitalized. Um... I was there for about... ten days and (...) the truth is, I have not a single complaint, I mean, I tell you, they treated me like... like our health system is, right? It's wonderful.* **(Beni. LH-2.3)**.

> *I get sick all of a sudden and the reaction there is, in my life, in my life. I never... I had my Social Security card and I never used it, but now I've started to use it. And now is when I'm taking the shine off it. I remember, the first time, they took me to the hospital (...) a wonderful thing. I... I was amazed. At XXX Hospital, a treatment...* **(Camilo. LH-1.2)**.

Likewise, the 22.6% of the people participating in the study have had to use emergency services since the beginning of the confinement. Of these, a 12.4% said that they had not received the care they needed for various reasons, particularly because "it was not COVID":

> *I went there because... I was dying from the pain in my stomach... I couldn't stand it any more. I was on the street alone and I couldn't stand it any more and... I went to see if they would attend me in emergencies and... after 6 hours waiting, dying of pain, I left and they told me that it wasn't COVID and it wasn't a priority. They didn't even give me a paracetamol.* **(Fanny. LH-2.6)**.

Regarding the attention received from the Health Centres, since the pandemic began, a 26.7% of the participating PsHLN needed to go to visit their doctor, being impossible to do so for almost a 30% (29.8%). Félix (LH-1.4), with a serious knee injury, waiting for surgery, points out:

> *(...) Medical appointments... nothing, only by phone and when the doctor calls you, right? Everything by phone... well, nothing, I change your medication, I change your medication and I've been like that for almost a year. With different medications this cannot be cured.* **(Félix. LH-1.4)**.

Regarding the reasons, as can be seen in **chart 22,** the fact that the Health Centres were closed stands out (68.6%), followed by the self-assessment that the illness was not particularly serious (15.7%).

Chart 22. Reasons why participants were unable to attend health centers.

	%
Health centres closed	68.6
I didn't know where to go	2.0
I was afraid of contagion	2.0
I thought I would not be treated	9.8
It was not serious	15.7
Don't know / No answer	2.0
TOTAL	100.0

It should be noted that the discourses regarding the difficulties in accessing health care also vary depending on where people are housed, especially considering whether they are in an emergency or in a residential type of accommodation. Long-stay housing facilities usually have a medical/nursing service that acts as a first filter. In other words, it could be said that in many cases they have been used as a containment network, responding to health needs that could not be immediately attended to by the public health system.

> *Have you ever had a headache, diarrhoea, nerves... well here they attend to you perfectly and... they are always ready to help you and... and in that sense I have never needed to go because here, the sister assisted us without waiting a month for an appointment* **(Camilo. LH-1.3)**.

Also, the assessment of access to health care varies according to the starting point. That is, whether or

not there has been a need to use the health system since the beginning of the pandemic:

> *I haven't needed to go to a hospital, nor to a doctor... Man, if you've ever had a headache... well, here they attend to you perfectly and... they're always willing to help you and in that sense I've never needed to go. The health care here in Spain is wonderful. It's perfect. I'm happy to have paid taxes for thirty-three years.* **(Daniel. LH-2.4).**

Attention to basic needs

The precariousness that homelessness imposes generates a great dependence on protection systems in order to meet the needs of the population, including those of a basic nature such as hygiene or food. Therefore, when care services were initially closed down:

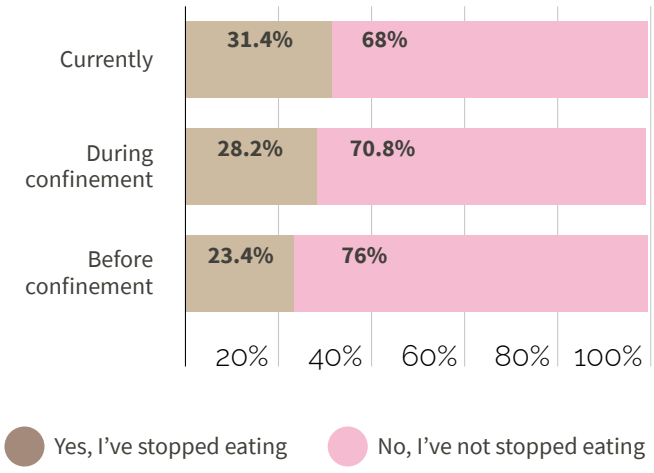
> *I think I spent a month or so without hygiene. No showers. At first everything was closed and then... I didn't know if they had opened it either and I felt that everything was chaos.* **(Arantxa. LH-1.4).**

> *I: Since the pandemic started, have you had... moments when you have been hungry?*
> *K: Yes, man...*
> *I: for not being able to pay...*
> *K: Yes, yes. Sometimes... yes. Many times.* **(Khamir. LH-2.7).**

In accordance with these discourses, the percentage of people who say that they have stopped eating some days, has been increasing with the beginning of the pandemic. As shown in **graph 6,** while before the arrival of the confinement this situation affected the 23.4% of the PsHLN interviewed, it reached the 28.2% during the confinement and the 31.4% at this current time. These data illustrate discourses such as that of Camilo (LH-1.2), which are more common than one might expect.

> *Because I said, imagine, without breakfast, without lunch, without... being able to change, or get dressed... you had to eat wherever you could and... and more than once I had to turn to... (to the trash, because it was the only way I could eat).* **(Camilo. LH-1.2).**

Graph 6. Evolution of access to food.



There are relevant and significant differences in the case of access to food at the moment and the variables gender *(x2* = 24.615; *p* = <.001), nationality *(x2* = 14.486; *p* = <.003) and age *(x2* = 12.475; *p* = <.002). Particularly relevant in this regard is the fact that the 44.1% of women versus the 24.9% of men report having stopped eating at some time during the day. This is similar for the 41.2% of people of Latin American origin and for the 39.5% of people under 36 years of age. We can therefore conclude that women, young people and people from Latin America seem to have more difficulties in meeting a basic need such as eating.

With regard to difficulties in accessing to food during confinement, significant differences were again found for the variables of gender *(x2* = 12.439; *p* = .000), housing situation *(x2* = 10.397; *p* = .001) and incomes *(x2* = 4.522; *p* = .033). Differences in relation to gender again show that, also during confinement, women had greater difficulty in

accessing to food. Arantxa (LH-1.4) or Rosana (LH-2.2) (who spent their confinement in the street) point out:

> *And to eat... either nothing or... there were times when I had to steal from the supermarket because... the soup kitchens were closed... there was... nothing... I had one meal a day... I couldn't return always to steal food from the same establishment because they remembered your face or it was suspicious... [takes a breath] and nothing.* **(Arantxa. LH-1.4).**

> *Well, nothing [laughs]... let's see, about eating... what I did was... I bought some sandwiches... and the same as I said, I saved them. I eat half one day, the other half another day... half one day, half the other half. And I had... I had... some cereals... some biscuits...* **(Rosana. LH-2.2).**

In the sense pointed out by Arantxa (LH-1.4) or Rosana (LH-2.2), a 37.3% of women compared to a 24% of men report having stopped eating at least once a day during confinement **(chart 23).** However, these data show that women had better access to food during confinement than at current times.

In relation to the housing situation and incomes, the results point in the following direction. The 34.6% of people in HLN compared to 23% of people in HE stopped eating at some point during the period of confinement **(chart 24).** Similarly, people who reported having no income (32.6%) reported having stopped eating at some point during confinement more frequently than people who reported having income (25%).

In terms of the frequency with which people's access to food has been limited, we find that a 50% of people have stopped eating daily or several times a week before confinement, a 56.3% during

Chart 23. Access to food during confinement according to gender (% column).

And during the period of confinement, did you ever stop eating during the day?	Gender		Total
	Man	Woman	
Yes	24.0%	37.3%	28.6%
No	76.0%	62.7%	71.4%
TOTAL	100.0%	100.0%	100.0%

Chart 24. Access to food during confinement according to housing status (% column).

And during the period of confinement, did you ever stop eating during the day?	Housing Situation		Total
	HE	HLN	
Yes	23.0%	34.6%	28.5%
No	77.0%	65.4%	71.5%
TOTAL	100.0%	100.0%	100.0%

confinement and a 54.8% currently do so (see chart 25).

Concerning the reasons why people stopped eating (chart 26), at the three points in time considered (before the pandemic, during confinement and currently), the most important reasons were economic (4.2%, 6.6% and 3.9% respectively), lack of appetite (8%, 13.6% and 19.3% respectively), poor quality of food (1.7%, 3.3% and 3.9% respectively) or the impossibility of finding a place to eat (1.6%, 3.9% and 2.5% respectively).

As we have seen, fewer people report problems in accessing food than those who report having had problems. However, the discourses around food are particularly important:

Chart 25. Evolution of the frequency at which people have stopped eating.

	Before pandemic (%)	During confinement (%)	Currently (%)
Daily or almost daily	24.0	25.4	28.9
Twice or three times a week	26.0	30.9	25.9
Several times a month	18.7	11.6	12.9
Occasionally	26.7	30.9	32.3
DK/NA	0.7	1.1	0
TOTAL	100.0	100.0	100.0

Chart 26. Reasons why people have stopped eating before the pandemic, during confinement and currently.

	Before pandemic	During confinement	Currently
You couldn't find a place to eat	1.6	3.9	2.5
The place where you could have eaten was closed or out of service	0.3	2.3	0.5
The place where you could have eaten was far away	1.4	2.0	2.8
You didn't know there were places where you could eat	0.8	1.1	0.2
The food was not good	1.7	3.3	3.9
You didn't have enough money to pay for the food	4.2	6.6	3.9
You had money, but you needed it for something else	0.5	1.4	0.8
You were not hungry	8.0	13.6	19.3
DK/NA	13.6	2.0	3.3

> *I mean, they're going to keep us here for fifteen days... twenty days... three months... I mean, giving us sandwiches morning and night? So, in fact, for the first few weeks we did have sandwiches morning and night, morning and night. Then a catering company came in.* **(Beni.** *LH-2.3).*

> *There came a time when... no more eating. I couldn't eat any more of those sandwiches. I had problems... with my intestinal tract (...). It was one problem after another...* **(Khamir. LH-2.7).**

> *And I feel really bad about throwing food away, you know? Because it's... a plate of food is not denied to anyone. But... what do you want? On top of that, they bring you something that you can see is bad, because you can see it's bad and... are you going to eat something frozen? Aren't you? So why are you going to put it in someone else's mouth?* **(Daniel. LH-2.4)**

In the same line as the previous speeches, when services were re-established and the population was once again being served, the participants pointed out that they had noticed the presence of fewer resources and a certain deterioration due to the increase in demand and hygiene and safety measures.

> *Of course, of course, that is, in the sense that if before it was... um... hitting a wall, now it is um... hitting the wall, but by phone, because we are not even going to attend to you anymore.* **(Alonso. LH-1.8).**

> *In XXX, in the old days we used to eat very well, you know? The thing is, of course, that with the pandemic, everything has gone... it's gone down a lot and... well... what I'm telling you, it's all sandwiches.* **(Daniel. LH-2.4).**

> *Well, for example, in the soup kitchens, it was noticeable. In all the soup kitchens they gave you a bag. They no longer gave out hot food. Nobody ate hot food anymore. Before, the soup kitchens opened and had a capacity for X people, but you could... sit down to eat like a person with cutlery, with... you know? It's very sad that they give you a paper or plastic or whatever tupperware to eat... but they don't give you cutlery. You have to eat with your hands, don't you?* **(Alonso. LH-1.8).**

This situation is particularly complex in the case of diseases requiring a specific and/or adapted diet or taking into account the health impact of an inadequate diet:

> *(...) Consider that I spent months, that is, I spent from... August until... I came here at the end of November... (...) that is, since (...) about five months eating only cold food, eating only sandwiches. I lost... more than twenty kilos um... no, no, no, no, no, you can't take care of yourself, you're not thinking about taking care of yourself because you can't take care of yourself* **(Alonso. LH-1.8).**

> *N: In a soup kitchen (...) they bring you a sandwich or something to warm up and nothing (...) I got to the room and there were four sticks of crab and... four... slices of chicken and man, with that...*
> *I: And what do you order, a sandwich?*
> *N: [Nods]*
> *I: And how is the sandwich for your diabetes?*
> *N: Well... bad, but what am I going to do? I have to have dinner* **(Natalia. LH-2.9).**

> *I don't eat or... what they give me. What am I going to eat? I can't eat sausage so the sandwiches...* **(Inma. LH-1.1.).**

> *Here you... here... we eat and we don't eat badly, right? Logically, there isn't a proper piece of meat... and I need to feed myself. As I said... they found a small tumour in my kidney and I have to be strong for whatever may come. So I need to get something that has substance... (...)*
> **(Camilo. LH-1.2).**

In most cases, these discourses are accompanied by a sentiment that focuses on the need to humanise and dignify the care provided. In the words of Alonso (LH-1.8):

> *Well, for example... on the subject of soup kitchens I noticed... In all the soup kitchens they gave you a bag, they no longer gave out hot food (...). Before, the soup kitchens opened and had a capacity for X people, but you could... you could sit down to eat like a person with cutlery, you know? It's very sad that they give you to eat a... a... a... a... a tupperware of whatever... but they don't give you cutlery. You have to eat with your hands, don't you? (...) And it's... um... self-esteem, dignity (...).*
> **(Alonso. LH-1.8).**

Alonso's discourse is also related to other dimensions of analysis that have been questioned since the beginning of the pandemic. Before the security measures and capacity controls, many of the resources for dealing with situations of poverty and housing exclusion acted as meeting places. Now, with limited spaces for sharing and contacts, what has happened to the already precarious support networks of PsHLN?

SUPPORT NETWORKS AND SOCIAL SUPPORT DURING THE PANDEMIC.

The issues linked to the analysis of the social support networks available for PsHLN are one of the most relevant aspects for analyzing the situation and the biographies of social exclusion that affect these citizens. Loneliness and the lack of adequate and functional social networks to give an account of the situation of risk and vulnerability of PsHLN constitute one of the fundamental axes for improving their accompaniment and the design of effective intervention programmes. The results obtained in this study are presented below.

Chart 27. Social support average among participants.

Average	7.80
Median	8
Deviation	2.57
Range	10.00
Minimum	3.00
Maximum	13.00

The questionnaire used in the research incorporated a standardized measure of social support, the Oslo Social Support Scale (OSSS-3), a three-item version. This questionnaire has been mentioned in the methodology of the study. As shown in **chart 27,** an average score of 7.80 (*SD* = 2.57) was obtained on the OSSS-3, with a maximum possible score of 13 and a minimum of 3.

Considering the variables of analysis in relation to the average social support, significant differences are found for the variables of housing situation (*t*= 2.406; *p* = .016), gender (*t*= -2.280; *p* = .023), nationality (*f* = 3.248; *p* = .022), incomes (*t*= -3.280; *p* = .001) and educational level (*f* = 9.558; *p* = <.001). In this way, as shown in **chart 28,** people in a housing exclusion situation (8; *SD* = 2.59); women (8.09; *SD* = 2.58); people with incomes (8.08; *SD* = 2.49); people of Latin American origin (8.13; *SD* = 2.51) and people with a university education (8.40; *SD* = 2.28) have higher averages of social support.

Chart 28. Average social support scores according to housing status, gender, income, nationality and educational level.

Variables		Average	Deviation
Housing situation	Housing Exclusion	8	2.59
	Homelessness	7.49	2.61
Gender	Man	7.58	2.61
	Woman	8.08	2.58
Income	No income	7.39	2.70
	With income	8.07	2.48
Nationality	Spanish	7.82	2.62
	European	7.37	2.48
	African	7.28	2.70
	Latin American	8.13	2.51
Educational level	Primary or less	7.12	2.78
	Secondary or VET	7.93	2.53
	University	8.40	2.27

Therefore, for example, the discourses of the participants of Latin American origin who were interviewed point in this direction of maintaining good relations:

> *Yes, today we were talking about the fact that we haven't spoken to, to my mother, for a few days and... poor thing, we are worried because... sometimes she has called and I haven't even answered because... um... talking to her is an hour... she wants to tell us everything and then... the credit runs out. So I say, well, I send a message to my brother, "tell my mum that we're fine".* **(Mamen. LH-1.5).**

> *Sure, at least this way I can see my mother... I love to talk to my mum. We make video calls... I mean, I'm here seven thousand kilometres away, but I can see her (...). I don't feel so far away, you know? I don't feel so lonely... Because sometimes, I confess, that I feel like [takes a deep breath and imitates crying] I want to go to bed... [imitates crying]* **(Eduardo. LH-1.6).**

The values obtained in relation to social support are outstanding. Like the GHQ, the OSSS-3 allows the sample to be classified according to the scores obtained, in this case in three categories (high, medium and low social support). As can be seen in **chart 29,** out of the total sample, more than a half obtained scores indicating the existence of low social support (55.7%). In fact, only 7.2% of respondents report high levels of social support.

For the different levels of social support, significant differences are only found for the variable of income *(x2* = 10.013; *p* = .007) and educational level *(x2* = 10.951; *p* = .027).

The differences in relation to the presence or absence of incomes, shown in **chart 30,** suggest that having no income is associated with lower levels of social support. In other words, people who report having some kind of income report higher levels of social support. Specifically, the 8.4% (compared to the 6.3%) report high levels of support; the 39.6% (compared to the 29.1%) medium levels of support; and the 52% (compared to the 64.6%) low levels of social support.

Likewise, the educational level is related to social support. As can be seen in **chart 31,** the higher the level of education, the greater the presence of social support. So an 11% of people with university studies report high levels of social support, compared to the 7% of people with secondary education or vocational training, and the 6.3% of people with primary education or lower.

In the case of the people interviewed, despite the notable scarcity of social and support networks, the discourse of people with higher education suggests that they enjoy higher levels of support. This is the case of Natalia (LH-2.9), Eduardo (LH-1.6) or Mamen (LH-1.5), who have higher education and report a wider support network than the rest.

> *Natalia: Since I went to the guesthouse... one of them is a civil servant and plays the piano and works in... in the conservatory. So she comes over... and we meet... she buys me some food (...). I: And do you have any other support? Natalia: I have two super friends.* **(LH-2.9).**

> *I have a friend called José who... has always been very supportive and... calls me... looks out for me (...). I have a girlfriend in France too, I have a friend in... well, two friends in England, in Europe I have some friends (...). You feel that if... in case of an emergency... they can support you, right? I mean, I don't feel alone, really* **(Eduardo. LH-1.6).**

Chart 29. Levels of social support present among participants.

	%
Low support	55.7
Medium support	33.5
High support	7.2
Total	96.4
DK/NA	3.6

Chart 30. Levels of social support according to income (% of column).

Levels of social support	Income		Total
	No	Yes	
Low support	64.6%	52.0%	57.8%
Medium support	29.1%	39.6%	34.8%
High support	6.3%	8.4%	7.4%
TOTAL	100.0%	100.0%	100.0%

Chart 31. Levels of social support according to level of education (% of column).

Levels of social support	Educational level			Total
	Primary or less	Secondary or VET	University	
Low support	66.7%	55.0%	50.0%	57.8%
Medium support	27.0%	38.0%	39.0%	34.8%
High support	6.3%	7.0%	11.0%	7.4%
TOTAL	100.0%	100.0%	100.0%	100.0%

When asked how many people are so close to them that they could count on them in case of serious problems, a 21.7% of the sample indicated that they had no one they could turn to. On the other hand, a 42.7% said they had one or two people, a figure of 26.4% three to five people, and an 8.3% six or more people.

> *Well, um... I don't... I don't have many friends, so... For example, here it's occasional, isn't it? Um... I let off steam with people passing by, you know? (...). Of course, I don't have someone I can go to whenever... no.* **(Fanny. LH-2.6).**

> *A girlfriend, but... I don't talk to her any more. No... I'm telling you, persons that pretend to be friends, that doesn't work for me. We are fellow countrymen (...). Each one to his own life, you know?* **(Hannya. LH-1.9).**

> *Yes, I have... I have a friend with whom I talk, to whom I tell my problems, who every day tells me, well, let's do it this way... let's try to fix it (...) I don't know, any story, you know?* **(Reme. LH-2.1).**

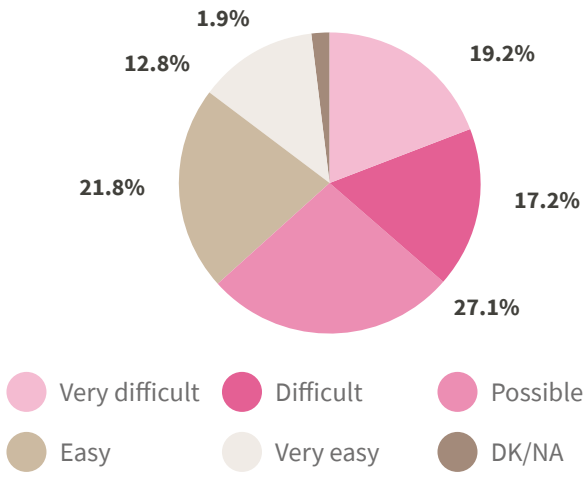
With respect to the interest that the participants perceive from their environment regarding what happens to them, the 42.9% say that their close environment shows little or no interest:

> *Let's not fool ourselves, nobody cares about this, I mean... like I told you. We are crap and... who looks at someone who is lying in the street, who smells bad, who... who is dirty... nobody.* **(Alonso. LH-1.8).**

> *I think that... it doesn't matter much, does it? [laughs]... have you seen? Well, like this.* **(Khamir. LH-2.7).**

Furthermore, considering the eassiness of getting help from the people around them in case they need it, the following graph 7 shows the results: more than a half of the people interviewed (61.7%) indicated that finding help would be possible, easy or very easy.

Graph 7. How easy would it be for you to get help from the people around you if you needed it? (%).



In other words, less than the 35% of the people who took part in the study consider that they could get help very easily or easily. At the other end of the scale, more than the 36% consider it difficult or very difficult. It should be noted that, on many occasions, it is not easy to get help because the people close to them are also in a precarious or distant situation:

> *(...) There are many... many people who can't help you with anything, so you talk to them, like... like... pouring water on flour. You know what I mean? No... it's no use, you know what I mean?* **(Khamir. LH-2.7)**.

> *Well, how can I ask her for help? She can't even support herself with her pension, I mean... my grandmother can't help me any more and if she could... she would, but... she can't help any more.* **(Inma. LH-1.1)**.

It is worth highlighting the discourse of those people who say that they have people close to them to whom it would be easy for them to ask for help, but they do not do so because they are not aware of the situation of exclusion in which they find themselves:

> *In fact... for my family... I go back to the same thing. For my family, right now, even with all the paraphernalia that has happened to us... obviously, I've been confined, I've... they know I've been receiving ERTE (...) but for them, at the moment, I have a job, I have a small apartment, and... and I'm carrying on. I'm also telling you, surely if they knew, me being the youngest of four brothers (...) common sense... Well, as it's said, they would look me in the face and they wouldn't give me two slaps as if to say, and you can't talk?* **(Beni. LH-2.3)**.

> *I'm in a bad situation, but I don't... I don't tell my friend, I don't... I don't tell anyone that I'm in a bad situation. If I am going through a bad time in a shelter, most of my friends who don't know that I am now, in it...* **(Hamir. HV.2.8)**.

> *And I have three friends... here in Madrid, but... they all live far away... one in Majadahonda um... far away (...). So, with them, when I go, I try to disconnect. I don't want to carry my suffering and... and I've already learnt to keep quiet (...). More than anything because they are the only friends I have and... being together is hard and, in the end, that friendship breaks down.* **(Arantxa. 1.4)**.

Despite the discourses in which they report having support networks, the data point to the fact that the social networks of the PsHLN are limited. The analysis of many of the interviews also supports the reality of isolation and lack of networks that so often characterises homelessness:

> *So far no... If I have a problem... I don't go to anyone. I don't have anyone* **(Victoria. LH-2.5)**.

> *I'm having a hard time because... since I've been in this situation it seems like people don't... you know? Like... if you had leprosy or something, I don't know.* **(Felix. LH-1.4)**.

> *All this has made me realise that... that I can't really trust anyone, I mean... you're on your own and that's it.* **(Elena. LH-1.7)**.

> *I had a friend for thirty-something years and we saw each other every Friday... everything was fine (...). One day I was already in bad shape, I was already... living in the car, but he didn't know it (...). The thing is... one day, I acted automatically... We*

were sitting in a park, he and I were chatting and I wanted to smoke and I didn't have any tobacco of course and... then I saw a butt - at that time I collected butts for smoking - I picked it up and lit it and smoked it and he looked at me in a way... Five minutes later he said to me, "Camilo, I want to leave, I don't feel well". OK, bye. And until now. **(Camilo. LH-1.3)**.

The discourses of Victoria, Elena, Félix and Camilo suggest the need to deepen our understanding of the dynamics and configuration of the network available for PsHLN when they need help. Thus, we also asked about the specific people to whom the study participants turn when they have a personal (non-material) problem.

In this case, as can be seen in **chart 32,** the fact that the main results are grouped into professional figures stands out. Specifically, referring to the moment of being interviewed, around a third of the PsHLN (34.3%) indicated that they go to the different professionals with whom they are involved in the intervention process. It is worth noting that this figure was 25.8% before the pandemic, where those who said they did not go to anyone (30.1%) were more prominent:

> *And every week my social worker calls me and every day if I want to ... Today she didn't call me because... that is, I didn't answer (...). She is always... she is my reference.* **(Inma. LH-1.1)**.

> *I count on them a lot and the truth is that I'm grateful because... whenever I need something they always lend me a hand.* **(Hannya. LH-1.9)**.

> *Of course, but it's not the ideal situation, but... I am very grateful to this resource for all the support they have given me. Juan and José have been very consistent with me and have supported me a lot, but... a lot.* **(Félix. LH-1.3)**.

Chart 32. Who do you turn to when you have a personal problem?

	Currently	Before the pandemic
No one. I don't have people who can help me	21.1%	30.1%
Family	17.9%	17.3%
Friends	19.4%	19.7%
Professionals of the resource where you are interviewed	23.4%	15.5%
Professionals from other entities/resources	6.3%	6.3%
Professionals from public social services	3.2%	2.4%
Priest/nun	2.8%	2.2%
Health professionals	1.4%	1.6%
Partner	4.5%	5.0%

In other words, in the sense of the previous discourses, despite the difficulties of care and adaptation that the resources have had to go through in order to be able to provide care in a context of a global pandemic, the professional figures have become elements of reference for more than a third of the participating PsHLN (37.1%). As Eduardo (LH-1.6) or Camilo (LH-1.2) said:

> *I really don't know what would have happened to me without them or... I don't know. It's that I think about it and... I get goose bumps. What they have helped me here to... to pull me through such hard situations, well... there are no words to thank them for it.* **(Eduardo. LH-1.6).**

> *So... from here I have contact with my daughter... a clean place, a shower, perfect for me... a bed, my God, if this... this is without giving anything in return. In other words, they have looked after us without asking for anything in return.* **(Camilo. LH-1.2).**

With regard to the frequency of the relationships maintained, the results available in **chart 33** are noteworthy.

The first thing to highlight is the paucity of social networks. In fact, most of the PsHLN interviewed reported not having them. Moreover, in general, relationships were more frequent before the pandemic than they are today. Specifically, the already scarce relationships with children, other family members and friends remain relatively stable. At the same time, the frequency of current contacts with neighbours and work colleagues is decreasing.

In fact, the limited family networks are a central element in the discourse of the participants. It is not surprising that the lack of family support is a fundamental element of risk and vulnerability, as the family is the main welfare institution against the loss or non-existence of social rights (Moreno, 2001). As shown in the table above, in the majority of cases, family relationships are non-existent and, in addition, as is reflected in the discourses, based on conflict:

Chart 33. Frequency of relationships now and before the pandemic (%).

	Currently						Before pandemic					
	I don't have	Daily	Several per week	Once a week	Less than once a week	DK/ NA	I don't have	Daily	Several per week	Once a week	Less than once a week	DK/ NA
Partner	77.5	12.8	3.4	2.5	2.3	1.4	70.3	18.7	6.2	1.6	1.9	1.4
Children	59.2	19.3	6.2	3.3	10	1.9	59.1	21.5	6.2	3.9	7.5	1.7
Sibling	38.7	13.3	12.8	12.5	21.8	0.9	28.5	15.6	14.5	10.9	18.9	1.1
Father/mother	55.8	13.1	10.8	7.8	11.5	0.9	55.1	15.9	9.8	6.9	11.4	0.9
Other relatives	57	4.1	7.6	7.8	21.5	2	55.4	5.1	8.7	7.3	21.5	1.9
Friends	20.7	23.9	25.3	11.9	17	1.2	25.6	25.9	29.0	10.5	12.2	1.4
Neighbours	67.5	10.8	9.8	3.7	4.8	3.3	63.7	12.6	11.4	4.1	5.3	3.0
Work colleagues	83.8	5.3	4.8	1.6	1.7	2.8	78	12.2	3.9	0.8	2.0	3.1

> *My mother didn't want to do anything for me. That's why I never had a good relationship with my family. Because I didn't trust her before. I mean, not enough affection and trust to tell her "this has happened to me [swallows saliva] and I feel bad... I need help" (...).* **(Rosana. LH-2.2).**

> *My family... my family isn't there. It doesn't exist... it's like they don't consider me and... I don't look for them anymore. I don't have any family. I have two sisters, but it's like I didn't have them. My parents died when I was quite young, so it's not... it's not something that hurts me anymore* **(Arantxa. LH-1.4).**

> *No, no, no, no, no. My sister... I want her to be well, I want nothing to happen to her, but she... she can live her life and I can live mine (...). No... we didn't get along well. She wanted one thing, I wanted another and... there was always something going on and when I'm being hammered, then no (...).* **(Daniel. LH-2.4).**

> *And well... that's it and... well, they told me if I had the option... if I had family or someone to house me... or someone to stay with... And no, because my mother is a person... my mother has been hitting me since I was little...* **(Reme. LH-2.1).**

In relation to the frequency of contacts maintained before the pandemic and at the present time, significant differences shown in chart 34 have been obtained.

Chart 34. Significant differences in the frequency of contact before the pandemic and nowadays with family members.

Relationship	Current contact frequency	Pre-pandemic contact frequency
Partner	Gender (x^2= 22.355; p= <.001) Nationality (x^2= 26.615; p= .032) Incomes (x^2= 13.814; p= .017) Educational level (x^2= 18.275; p= .050)	Gender (x^2= 18.373; p= .003) Age (x^2= 25.606; p= .004)
Child	Gender (x^2= 118.673; p= <.001) Nationality (x^2= 104.064; p= <.001) Age (x^2= 68.199; p= <.001) Incomes (x^2= 34.147; p= <.001). Educational level (x^2= 28.871; p= .001)	Gender (x^2= 120.958; p= <.001) Nationality (x^2= 111.571; p= <.001) Age (x^2= 81.365; p= <.001) Incomes (x^2= 27.909; p= <.001) Educational level (x^2= 39.914; p= <.001)
Sibling	Nationality (x^2= 108.213; p= <.001) Age (x^2= 22.252; p= <.001)	Gender (x^2= 12.545; p= .028) Nationality (x^2= 104.424; p= <.001) Age (x^2= 22.975; p= .011) Educational level (x^2= 19.643; p= .033)
Father/mother	Housing situation (x^2= 12.484; p= .029) Nationality (x^2= 116.046; p= <.001) Age (x^2= 216.219; p= <.001) Incomes (x^2= 30.949; p= <.001) Educational level (x^2= 26.364; p= .003)	Gender (x^2= 12.241; p= .032) Nationality (x^2= 118.845; p= <.001) Age (x^2= 208.069; p= <.001) Incomes (x^2= 30.949; p= <.001) Educational level (x^2= 30.031; p= .003)
Other relatives	Gender (x^2= 15.361; p= .009) Nationality (x^2= 50.359; p= <.001) Educational level (x^2= 24.044; p= .007)	Gender (x^2= 17.394; p= .004) Nationality (x^2=47.962; p= <.001) Incomes (x^2= 23.655; p= <.001)

Explanatory note: This chart includes only those variables for which statistically significant differences have been found. The x^2 and p-values correspond to the test by which the existence of such differences is established. The following text analyzes the significance of the differences found.

Women report a higher frequency of contact both before the pandemic and today with their partners, children, parents and other family members. For example, before the pandemic, the 42% of women had daily contact with their children compared to the 7.9% of men.

In the case of those interviewed who have family responsibilities, most of them are women. Hannya (LH-1.9), Mamen (LH-1.5) and Rosana (LH-2.2) are examples of three forms of motherhood and the impact of homelessness on it. Both Hannya and Mamen do well with their daughters. Rosana's (LH-2.2) reality is quite different:

> *"When I was twenty years old I got pregnant with my eldest. I left my friends, I left everything for my son [cries]. I had a natural birth, I had co-sleeping and breastfeeding. He didn't go to a nursery because I took care of him. I was one hundred percent, every day with my children [cries]. To go from being there every day looking after them, making their meals and bathing them to suddenly not seeing them. (...). I feel that the childhood of my children is being stolen from me [cries] because I can't see them (...). During the quarantine I thought, well, the truth is that they're fine, you know? And they're in the countryside, and they're having fun even though they're with my ex-partner...* **(Rosana. LH-2.2)**.

Rosana's words, separated from her children since confinement, highlight the need to generate resources capable of incorporating the relevance of support and family networks in the case of housing exclusion and homelessness affecting women, especially when they have family responsibilities.

It's also relevant to note that in the relationships with siblings maintained before the pandemic, there are no appreciable differences between men and women. Around the 15% of both men and women interacted with their siblings on a daily basis.

In relation to nationality, almost in general, it is found that before the pandemic and at present, the Latin American population has the highest frequency of contact with partners, children, siblings, parents and other family members. It is noteworthy that the 39.7% of Latin Americans maintain daily contact with their children, compared to the 6.6% of the African population, the 13.4% of the Spanish population and the 10% of the European population. Before the pandemic, a 44.3% of the Latin American population had daily contact with their children. Furthermore, before the pandemic, a 23.1% of people of Latin American origin interacted with their siblings on a daily basis, as well as a 23.2% of the African population. This is the case for Eduardo (LH-1.6) and Hamir (LH-2.8):

> *"Yes, yes here ... every other day. I talk to my mum and sister three or four times a week. We make video calls or I call them or... but I'm very attentive to my house, aren't I?* **(Eduardo. LH-1.6)**.

> *"Yes, with my family, with my siblings, with my mother... (...) Of course always, and with my mother always, I always talk. As we are not together, but... let's see, it doesn't fill you the same way, you know? It doesn't satisfy you in the same way, you know? It doesn't fill you, um... (...) something difficult to explain* **(Hamir. LH-2.8)**.

Another of the variables for which significant differences are found is the age variable. In this case, these differences are found in relation to the frequency of contact with children, siblings, parents and other relatives, both before and after the pandemic.

In addition, significance was observed for the frequency of contact with partners before the pandemic, so that younger people had more frequent contact. The 22.7% did so on a daily basis.

The 22.7% did so on a daily basis before the start of the pandemic, results similar to those found today, without significant differences. As Daniel (LH-2.4) pointed out:

> *Daniel: Yes, yes, yes, I go to see her every day, every... I: Where is she? Daniel: She is... she is in another resource (...) and well, we are there and... (...) every day I go to see her for a while, then we go and have a Coca-Cola somewhere... or whatever.* **(Daniel. LH-2.4)**.

In relations with children and siblings, those aged 36-50 (39%) are the ones who have the most contacts on a daily basis. These results follow the same logic for the frequency of contacts with parents today. However, it changes when asked about the frequency of relations before the pandemic. In this case, it is people under 36 years of age who maintained relationships more frequently (the 28.2% did so on a daily basis).

Incomes and educational level are other relevant variables. In relation to incomes, in general, it is the people who report having incomes who have a higher frequency of contacts at present (partner), or both at this moment and before the pandemic in both cases (children, father/mother and other family members). In the case of relations with parents, the dynamics change, and both now and before the pandemic, it is the people who report having no incomes who contact their parents more frequently (15.1% daily currently and 19.9% daily before the pandemic).

In relation to the level of education, the higher the level of education, the higher the frequency of contact with partners, children, parents, siblings and other relatives, both now and before the pandemic. This logic changes for post-pandemic relations with other relatives, where it is people with secondary/VT who report the most frequent contacts (5.4% on a daily basis).

Although in a very limited way, compared to relations with relatives, when asked about friendships, the response of not having friends or having them but not maintaining relations appears less frequently:

> *Yes, there are some people who... a Cuban friend of mine who... I worked with, you know? And he's been here for many, many years... and sometimes he calls me, he looks for a job for me... if there's an... extra, you know? (...) He advises me on that thing. But very few. Very few.* **(Khamir. LH-2.7)**.

> *I have a very nice little group, I mean, we go to the swimming pool together and... we started to meet for coffee and breakfast and... we are already friends. We are 5 friends and... they are important.* **(Victoria. LH-2.5)**.

> *These two super friends are... from always. Friends of the family from always and they always help me with whatever they can and... I see them all the time. They are my soul friends.* **(Natalia. LH-2.9)**.

In fact, compared to discourses such as Khamir's (LH-2.7), Victoria's (LH-2.5) or Natalia's (LH-2.9), the lack of friendship networks stands out once again:

> *All my friends then and now were... um... toxic friends or with those who were not toxic I maintained a kind of double life for a while, for quite a few years.* **(Alonso. LH-1.8)**.

> *Everything that had been friendships and so on, oof.... They disappeared along the way and then I didn't know where to go or what to do* **(Camilo. LH-1.2)**.

> *Well, the truth is... the truth is that it was very reduced. Very, very reduced. Very limited. Maybe I've... I've also wanted to be hermetic, to stay inside of... in my own world.* **(Félix. LH-1.3)**.

In relation to friendship networks, there are significant differences for the variables of nationality both at the present time *(x2* = 41.373; *p* = <.001) and before the pandemic *(x2* = 30.249; *p* = .011), as well as for the variable of incomes also at the present time *(x2* = 21.850; *p* = <.001) and before the pandemic *(x2* = 11.609; *p* = .041).

People of African, Latin American and Spanish origin report more frequent contact (daily or several times a week) with their friends. The data are very similar for both current and pre-pandemic moments, being around the 25%. In terms of incomes, people with lower incomes are the ones who most frequently say they have friends, but do not socialise with them. Specifically, a 14.4% of people with no incomes, compared to a 4.4% of people with incomes, make this statement with reference to the current time. The data are similar for the pre-pandemic period (12.4% vs. 5.6%, respectively).

With regard to neighbourhood relations, both now and before the pandemic, once again, the responses stating that they have no neighbours (40-50%) and if they do, they have no relations with them (20-30%) stand out. However, when contacts do exist, the significant relationship takes place with the following variables **(chart 35).**

Nationality, age and incomes appear as important variables both before and after the pandemic. With regard to nationality, Spanish and Latin American people are the ones who report the highest frequency of contact (a 12.6% Spanish and a 13.5% Latin American daily frequency at present and a 13.9% Spanish and Latin American daily frequency before the pandemic).

In terms of age, both before the pandemic and now, people between 36 and 50 years of age are those who interact with their neighbours more frequently (a 13.9% now and a 15.1% daily frequency before the pandemic). Finally, for the income variable, we find that people who report having incomes are the ones who report a higher frequency of contacts at present (a 25% daily or several times a week) and before the pandemic (a 27.6% daily or several times a week).

Chart 35. Significant differences in the frequency of contact before the pandemic and nowadays with neighbours.

Relationship	Current frequency of contacts	Pre-pandemic frequency of contacts
Neighbours	Housing situation (x^2= 13.374; p = .020) Nationality (x^2= 30.095; p = .012) Age (x^2= 24.502; p = .006) Incomes (x^2= 13.837; p = .017) Educational level (x^2= 18.716; p = .044)	Gender (x^2= 14.859; p = .011) Nationality (x^2= 29.007; p = .016) Age (x^2= 37.037; p = <.001) Incomes (x^2= 13.425; p = .020)

Explanatory note: This chart includes only those variables for which statistically significant differences have been found. The x^2 and p-values correspond to the test by which the existence of such differences is established. The following text discusses the significance of the differences found.

For the frequency of current relations with neighbours, there are significant differences for the variables educational level (the higher the educational level, the higher the frequency of daily contacts, for example, the 17.2% of people with university studies) and housing situation. Regarding housing situation, more people in HLN (12.6%) report having daily contact with their neighbours than people in HE (9.5%), although the latter have more frequent contact several times a week (the 13.2% compared to rhe 6.8% in HLN). Despite this, when people are homeless, this type of relationship is complicated and, moreover, in the terms used by Alonso (LH-1.8):

> *Um... this resource is in my neighbourhood and... um... the first major relapse I have happened there and... I don't want to go back to my neighbourhood... I don't even want to be near it because... [babbles] it's just that I feel bad.* **(Alonso. LH-1.8).**

Finally, for the gender variable, there are only significant differences when considering the frequency of contacts before the pandemic. The relation is established in the sense that men report a higher frequency of daily contacts (15%) and women more frequently "several times a week" (15.1%).

In relation to work colleagues, significant differences are observed for current relationships with the variable of gender *(x2* = 12.000; *p* = .035), nationality *(x2* = 33.408; *p* = .004), age *(x2* = 38.121; *p* = <.001), incomes *(x2* = 14.351; *p* = .014); as well as before the pandemic and age *(x2* = 28.198; *p* = .002) or incomes *(x2* = 15.059; *p* = .010).

Beyond the frequency of contact that respondents have with people close to them, it is crucial to consider the satisfaction they feel with the relationships they have had **(chart 36).** In this sense, people feel mostly satisfied with the relationships they maintain (very satisfied or somewhat satisfied with all the relationships they maintain).

Chart 36. Satisfaction with relationships (%).

	Very satisfied	Somewhat satisfied	Neither satisfied nor unsatisfied	Somewhat unsatisfied	Very unsatisfied	Doesn't have	DK/ NA
Partner	10.1	6.9	1.9	1.7	2.2	75.0	2.2
Children	23.4	7.6	2.8	5.6	8.3	51.0	1.2
Sibling	25.3	23.1	9.8	10.1	15.1	14.8	1.7
Father/mother	27.8	11.5	3.7	3.9	7.5	43.1	2.5
Other relatives	17.2	17.5	17.8	7.8	11.7	25.0	3.1
Friends	33.9	29.2	10.8	6.2	4.1	14.7	1.2
Neighbours	6.9	14.0	13.7	3.1	2.8	55.4	4.1
Work colleagues	6.9	4.7	3.0	1.1	0.6	80.3	3.4

In relation to satisfaction, we found very low levels. In the words of Camilo (LH-1.2):

> *No, what I have is not enough, I mean... I miss... how should I say? I miss a friend because I know what friendship is. And a family, because I know what it's like to have one. Now there are my children, but... but it's not the same as when everything was... it was normal.* **(Camilo. LH-1.2)**.

In the same way, Natalia indicates (LH-2.9):

> *I am satisfied with, with my partner... because I feel very well and he makes me feel very well, and he takes care of me, protects me and so on, but I am not well because I don't have what I want. I mean, what I want is a job and... I am not bad in the guesthouse, besides I am very grateful (...), but taking into account that I lived in an aparment alone in Pozuelo, with a swimming pool, parking space, and so on, well...* **(Natalia. LH-2.9)**.

Now then, how has the pandemic impacted on this? If we analyze the evolution of relationships in terms of their improvement or worsening from the beginning of the pandemic to the moment in which the PsHLN are interviewed, we obtain the data shown in **chart 37.**

It stands out that in general, the interviewees state that all their relationships have worsened, especially with siblings (59.3%), other family members (59.4%), friends (56.5%) and parents (37.3%). In accordance with what Victoria stated (LH-2.5):

> *Sometimes when I had the room my friends would go there to... to have coffee with me and we spent time like that. I was like that before the pandemic and now... during the pandemic I only talked on the phone... I might have seen my friends twice* **(Victoria. LH-2.5)**.

In the CIS study 3298 (conducted among the general population in October 2020) only the 2.4% of the sample indicated that relations with their

Chart 37. Evolution of social relations since the beginning of the pandemic.

	Improved (%)	Stayed the same (%)	Worsened (%)	None (%)
Partner	7.8	8.9	9.7	73.6
Children	11.2	8.0	28.7	52.1
Sibling	15.8	10.6	59.3	14.4
Father/mother	13.4	5.9	37.3	43.4
Other relatives	9.7	7.8	59.4	23.1
Friends	17.2	11.2	56.5	15.1
Neighbours	5.0	5.6	30.4	59.0
Work colleagues	3.4	2.2	11.2	83.2

partner had worsened, the 2.5% that relations with neighbours had worsened and the 4.5% that relations with friends had worsened. These differences should be taken with caution, but in any case they show how the deterioration of the social relationships of people experiencing homelessness is a fundamental axis for understanding their situation of social exclusion.

In relation to the evolution of social relationships during the pandemic, some significant and relevant differences were found, especially with regard to the housing situation variable with the evolution of the relationship with children *(x2* = 10.870; *p* = .004) and other family members *(x2* = 11.298; *p* = .004), as well as with friends *(x2* = 6.958; *p* = .031) and neighbours *(x2* = 6.663; *p* = .036).

The differences point in the following direction. People in HLN report more frequently that their family relationships have worsened since the beginning of the pandemic. Specifically, a 24.6% believe that their relationships with their children have worsened, a 14.8% that their relationships with other family members have deteriorated. Nevertheless, when it comes to relationships with friends and neighbours, the logic changes. Thus, for example, the 18.8% of people in HLN say that relations with their friends have improved compared to the 17.2% who say that they have worsened.

In the same way, the role played by the nationality variable stands out, especially with regard to the evolution of relationships with children *(x2* = 22.754; *p* = <.001) and siblings *(x2* = 38.341; *p* = <.001). It is noteworthy that, except for the population of European origin (relations with children and siblings have worsened for a 25% and a 10.2% respectively), all nationalities report more frequently the improvement of the relationships with children and siblings.

Finally, in the analysis of the perception of the evolution of relationships during the pandemic, significant differences were found between the relationship with siblings and age *(x2* = 15.280; *p* = .004). Although the presence of people reporting that relationships have remained the same is noteworthy, it is also true that improvements are more frequently reported in all age groups. This is especially true for people under 36 years of age, where the 24.3% report improvements in relations with their siblings compared to the 17.8% who report a worsening of relations with their siblings.

Age is also a significant variable in the case of satisfaction with relationships with parents *(x2* = 10.631; *p* = .031). In this sense, for all age groups, although the presence of people who report that relationships have remained the same again stands out, it is also true that improvements are more frequently reported in all age groups. This is especially true for people aged between 36 and 50, where the 26.6% report an improvement in relations with their father/mother compared to the 5.6% who report a worsening.

In short, these results suggest that, although the situation of isolation and lack of support existed prior to the pandemic, since the arrival of COVID-19 and coping measures, this situation has intensified. In other words, the pandemic has made it more difficult to create new networks and, above all, to maintain the few relationships that the participants had.

> *"With my daughter, yes. I can't see her very often because of the pandemic and so on. I have a very good relationship with her and I didn't want to mix her up either because... One day she came to see me there in Príncipe Pío and... (...). She went away very sad (...).* **(Félix. LH-1.4).**

Furthermore, it is essential to consider that the data from the questionnaire and the discourses of the interviews point to an increase in the conflictive nature of the relationships maintained. That is, the relationships, as we have seen, were already problematic and this was intensified with the arrival

of the pandemic, especially in those cases where there has been cohabitation since the beginning of the confinement. This is the case of Rosana (LH-2.2), Elena (LH-1.7), Inma (LH-1.1) and Reme (LH-2.1).

> *Yes, with my grandmother always... she was the one who raised me from the age of five... until I was eighteen, so of course, suddenly my mother appears and it's like... living with her was all day arguing... all day... obviously, we're going to clash and that's how it happened. My mother decided to kick me out, and my grandmother is... my grandmother is very bad.* **(Inma. LH-1.1)**.

> *Um... my mother... basically. I mean, my mother said, the day you stay on the street and die, you die, but you just don't come up to my house any more and she kicked me out of the house. That is to say, she answered me just like that* **(Reme. LH- 2.1)**.

> *I lived with my mother... we had a lot of problems. In fact, I entered, that is, when I was seventeen years old I entered child protection... and about two, three months ago... I was living with my mother and we had a... conflict. We mutually attacked each other and... I exploded and I reported her to the police... so I had to look for another place.* **(Elena. LH-1.7)**.

> *I mean, without the pandemic... my children would have been with me, I wouldn't have left home (...) because they had taken them to the other side of the world for nine months and so... and my mother threw me out. My mother took advantage of that moment to kick me out of the house... My mother, if the children had been with me, maybe she wouldn't have had the nerve to kick me out, for example...* **(Rosana. LH-2.2)**

DIGITIZATION AND DIGITAL GAP

Since the declaration of the state of alert, and during the subsequent development of the pandemic, the need for a more intense use of telematic resources became evident: education, public services and medical care began to be carried out remotely, so that electronic devices, the internet and social networks became central elements of leisure and free time, but also for maintaining contact and interaction with significant people in the social network. Thus, since the beginning of the pandemic, not having access to ICTs has been a key element in sustaining the social inequalities that affect the population, especially those in a situation of greater vulnerability. As Hamir (LH-2.8) pointed out:

> *In conditions like this, the mobile... being able to have a mobile is... important to be able to... well, not only for all the social networks, right? Music and so on, but also to be in contact with my country, with my mother.* **(Hamir. LH-2.8)**.

Regarding the time of their interview, the 93.9% of respondents reported having a mobile phone. Of these, 89.9% had internet access (a 36.2% via wifi and a 53.7% via mobile data).

Having an internet connection is significantly associated with the variables of gender ($x2 = 11.531$; $p = .003$), nationality ($x2 = 86.087$; $p = .000$), age ($x2 = 33.486$; $p = <.001$), incomes ($x2 = 33.532$; $p = <.001$) and educational level ($x2 = 26.776$; $p = <.001$). In this sense, the results show that the main connection problems appear in men (11.2%), with primary education (13.8%), over 50 years of age (15.1%) and of European origin (16.4%).

On the same line, when asked about access to ICTs during confinement, the 94.1% of the people surveyed reported that they had access to a mobile phone or similar device that allowed them to contact other people. This has been essential for people to keep in touch with the world and reality,

despite the difficulties in relating to others imposed by confinement.

In fact, the mobile phone has become for many people a kind of lifeline, a central element to occupy leisure time and also an element of escape. The participants' discourses point in this direction:

> *Um... Horrible! Because I isolated myself and I didn't... I didn't... I didn't talk to people. The truth is that it was a situation... it was a constant fear. I was in a panic that my mobile phone would be stolen... and I'd be cut off, I swear. To be cut off, to be left without memories. It seems silly, but you have your whole life on your phone. Not having anything to call with, not having... to entertain yourself or... everything.* **(Rosana. LH-2.2).**

> *Yes, Instagram... and all those things until... I also have Netflix, I have... Disney plus to watch films, series and... a bit of everything. I also have WhatsApp... Yes... I really don't get bored, the problem is (...), I mean, it all comes together a little bit, you know?* **(Reme. LH-2.1).**

Access to connection and technological devices is even more important if we consider that in today's society, it is a key element for labour and social inclusion, as in the case of Mamen (LH-1.5) or Fanny (2.6):

> *I discovered it by researching on internet, so... I applied to one of the workshops and then they called for a project and... I was selected (...). So, well, there I also met some... wonderful people (...).* **(Mamen.LH-1.5).**

> *Yes, and now... after sending 100 million curriculums over the internet, I have found a job, so, I don't know... At first it will be a forty-five day trial period, but I'm counting on the job... it's mine (...). You could say that I am... stabilizing [laughs].* **(Fanny. LH-2.6).**

The majority of the participants (88.9%) indicated that they were able to connect to internet during their confinement, either by wifi (37.1%) or by mobile data (51.7%).

In the specific case of those who did not have access to the internet during their confinement, the difficulties that this has generated in terms of interacting with others is the main focus of attention.

> *No, no, it was a huge problem... you see, when I was... I didn't have glasses either, um, um... I had nothing left. I had nothing, nothing. I mean, zero. Who did I talk to? Nothing. They told me, we'll bring you a book. Yeah, but I can't read without glasses, no, no... It was very hard. It was very hard* **(Félix. LH-1.3).**

> *When I was in confinement in the Pinar de San José, people spent their time with their mobile phones watching things. I didn't have anything... No, no, I didn't have a mobile phone, but it wouldn't have helped me either because without my glasses I couldn't see anything. Eh... I couldn't read.* **(Alonso. LH-1.8).**

In fact, the 42.6% of people who had access to internet reported that it has made communication very difficult:

> *I collected eight euros that... I bought a phone, but my phone burnt just the other day. It started to*

swell, swell, swell, swell, the battery started to swell. Well, that's it, dead, and that's it. I can't do it any more except through a friend... and that's it. So, my relationship with my children at that time was only by mobile phone. Imagine that! **(Camilo. LH-1.2).**

> *In fact, well, my sisters have had enough of telling me, do you want to buy a phone like people? [laughs]. She says, at least to send you pictures and so we can talk more.* **(Beni. LH-2.3).**

In the same way, although the use of social networks during confinement is in the majority (a 79.3% report having used them), not using them has made it difficult to maintain relationships for a third (33.8%) of the people who report not having used social networks during confinement.

Difficulties in maintaining communication and contact with other people are significantly associated with housing situation *(x2* = 5.462; *p* = .019), origin *(x2* = 10.856; *p* = .013), age *(x2* = 16.589; *p* = <.001) and incomes *(x2* = 9.683; *p* = .002). These difficulties are pointed out by the 49.7% of people in HLN compared to the 26% of people in HE; by the 55.7% of the population of African origin; by the 57.9% of people under 36 years of age and by the 50.9% of people who have no incomes.

If we analyze the evolution of the possibilities of connection since the beginning of the pandemic, the results point in the same direction, with significant differences for the variables of gender *(x2* = 11.677; *p* = .003), nationality *(x2* = 69.852; *p* = <.001), age *(x2* = 38.652; *p* = <.001), incomes *(x2* = 31.659; *p* = <.001) and educational level *(x2* = 27.874; *p* = <.001). In this way, the profile of people with more difficulties in accessing ICTs before and after the start of the pandemic is repeated (men 11.8%; 19.6% of European origin; 17.3% over 50 years of age; 15.3% with primary education). It is worth noting that, in both cases, access to ICTs poses greater difficulties for people over 50 years of age **(see chart 38).**

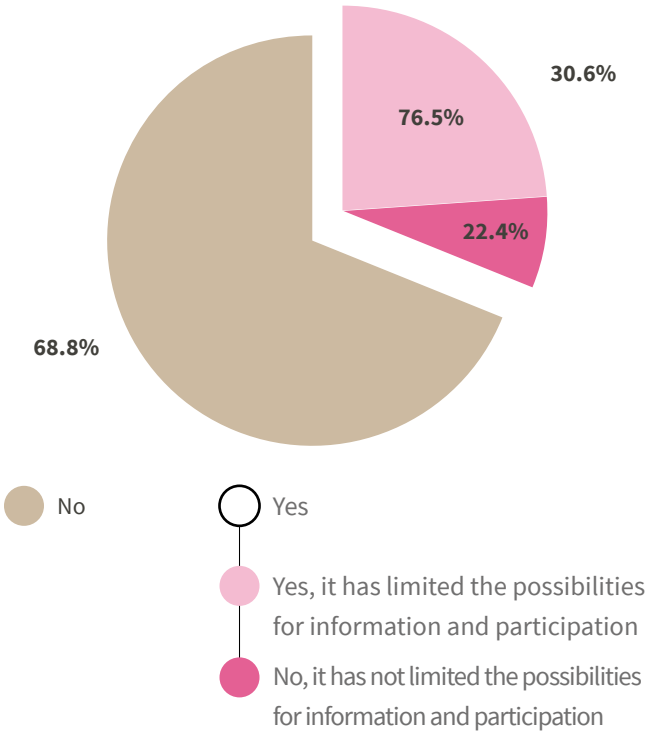
Chart 38. Availability of internet access currently and after confinement according to age (% of column).

Internet connection	Age						Total	
	35 o -		36-50		51 o +			
	Currently	After	Currently	After	Currently	After	Currently	After
Yes. But only if I access some wifi.	50.0%	49.4%	28.6%	30.4%	32.4%	33.6%	36.3%	37.4%
Yes. Also, I have data.	45.2%	44.8%	65.6%	65.5%	52.5%	49.1%	53.8%	51.9%
No	4.8%	5.7%	5.8%	4.1%	15.1%	17.3%	9.8%	10.7%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The above chart is relevant, especially if we consider the fundamental role of ICTs in the access to the labour market. Therefore, in addition to the difficulties encountered by people over 50 years of age in entering the labour market, the digital gap is another barrier. In other words, the digital gap can be a major constraint in ensuring social inclusion processes through access to the labour market.

There is one piece of information that is particularly relevant for a deeper understanding of the digital gap faced by PsHLN in the most complex moments of the pandemic. When people were asked whether they had problems accessing internet during their confinement, finding places that usually provided wifi and/or computers closed **(graph 8),** the 30.6% indicated that they did encounter difficulties. Of almost this third of participants, more than 75% (76.5%) say that these difficulties in accessing the places where they used to be able to connect have led to limitations in the possibilities for information and participation.

Graph 8. Difficulties in accessing ICTs due to not finding open services.



In relation to access problems due to the closure of services, significant differences were found for the variables of housing situation *(x2* = 3.343; *p* = .012), origin *(x2* = 13.313; *p* = .004), age *(x2* = 22.940; *p* = <.001) and incomes *(x2* = 15.485; *p* = <.001). Specifically, reporting these difficulties are significantly more prevalent among people in HLN (35.8%), people of African origin (41.7%), people under 36 years of age (44.4%) and people with no income (32.8%).

As pointed out by Arantxa (LH-1.4), who spent part of her confinement on the streets, or Hannya (LH-1.9):

> *A lot, because I couldn't... I mean, I was on the street and no TV or anything... I was cut off from all information. Maybe I could get a phone and it would last me a week and... where could I connect without money, and what about the battery? In other words, cut off from reality.* **(Arantxa. LH-1.4).**

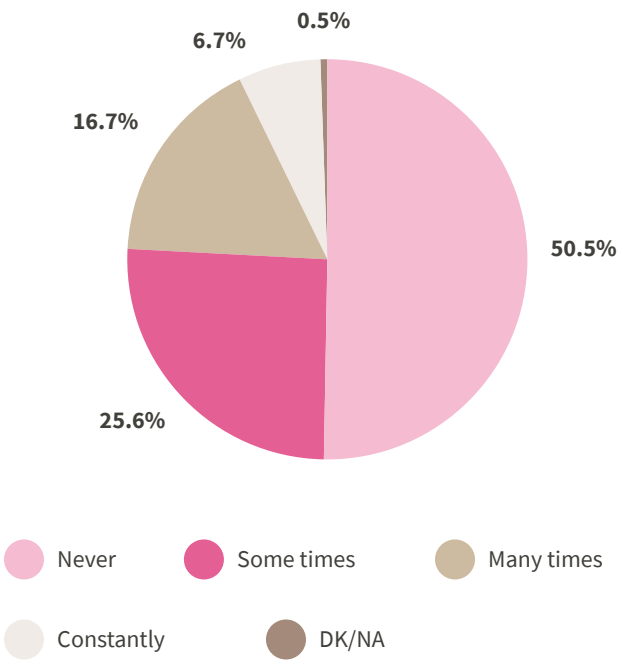
> *The thing is that here... there was no Wifi connection before and... of course, without being able to go out and without open things, well, the truth is that... with the family, not much [snorts].* **(Hannya. LH-1.9).**

Furthermore, if we consider that these difficulties have limited the possibilities of information and participation, we find significant differences with the nationality variable *(x2* = 13.980; *p* = .003) in the sense that the 91.4% of people of African origin have experienced this type of limitation due to difficulties in accessing to spaces where they could connect and which were previously open (the 78.9% of the Spanish population, the 68.9% of the Latin American population and the 55.6% of the European population).

APOROPHOBIA AND VICTIMIZATION.

Aporophobia, discrimination and violence are some of the main risks faced by homeless people

Graph 9. Since you have experienced homelessness, have you felt discriminated against for this reason? (%)



and affect around the 50% of the participants (graph 9).

Regarding the experience of discrimination for being in a situation of social exclusion, significant differences were found for the variables of housing situation and gender.

With regard to housing situation (chart 39), the 56.8% of people in HE have never experienced discrimination compared to the 44% of people in HLN ($x2 = 14.244$ $p = .003$). That is to say, people in HLN have experienced discrimination more frequently. Specifically, the 28.8% sometimes, the 17.5% many times and the 9.6% reported having experienced discrimination all the time. This is not surprising given the higher level of exposure that people in HLN face.

This, which has much to do with the level of exposure in which they find themselves, appears in the discourses of the interviewees in the following way:

Chart 39. Perceived discrimination due to homelessness according to housing situation (% of columns).

Since you have been homeless or socially excluded, have you ever felt discriminated against for this reason?	Housing Situaton		Total
	HE	HLN	
Never	56.8%	44.0%	50.7%
Sometimes	22.8%	28.8%	25.7%
Many times	16.2%	17.5%	16.9%
Constantly	4.2%	9.6%	6.8%
TOTAL	100.0%	100.0%	100.0%

> *Once a lady went out to take out the trash and as she was throwing out the trash... get out of here, you're bothering the neighbourhood and... and I simply arrived at night at one o'clock in the morning without anyone seeing me, I opened the car and went to sleep, because I couldn't just hang around in the street either, could I? (...). Almost, almost... as if to say "and be thankful that we don't put you in prison, that we don't send you somewhere else", right?* **(Camilo. LH-1.2).**

In relation to gender (see chart 40), the 51.8% of men compared to the 48.2% of women indicated that they had never felt discriminated against. So, women feel more discriminated against for facing situations of social exclusion *(x2* = 12.927; *p* = .005). The 22.1% sometimes, the 18.5% many times and the 11.3% constantly. This last figure is particularly relevant if we consider that the proportion of men who feel discriminated against constantly is less than 5% (4.4%).

This discrimination is also related to racist and xenophobic issues. Fanny (LH-2.6), a racialised woman, explains it as follows:

> *Yes, yes I have noticed... racism (...) there are many ways of... expressing racism. They don't necessarily have to call you a fucking nigger, or go back to your country. Um... look, I've been told things like... I still remember a girl in high school saying to me... "my father says that black women smell bad but that white men are attracted to that". So that's racism [laughs].* **(Fanny. LH-2.6).**

In the same line, Hannya (LH-1.9) notes:

> *Or they tell you... look at that Moorish woman... who... brings a lot of strange people from the street, this Moorish woman, I don't know what, I don't know what. Since I've been here, well, problems and now lately... I don't pay any attention, I don't pay any attention, but (...) there was a time when I couldn't stand it any more.* **(Hannya. LH-1.9).**

Chart 40. Perceived discrimination due to homelessness according to gender (% of column).

Since you have been homeless or socially excluded, have you ever felt discriminated against for this reason?	Gender		Total
	Man	Woman	
Never	51.8%	48.2%	50.6%
Sometimes	27.8%	22.1%	25.8%
Many times	16.0%	18.5%	16.9%
Constantly	4.4%	11.3%	6.8%
TOTAL	100.0%	100.0%	100.0%

On the other hand, considering the situation before the pandemic and during the period of confinement, when the participants were asked if they had been victims of a crime and/or assault, the following results were obtained **(chart 41).**

That is to say, before confinement, less than half of the participating PsHLN (44.3%) stated that they had been victims of some type of crime. This reality changes during confinement, as more than 70% (71.9%) say that they have not been victims of crime or aggression. These results seem logical in a context in which the presence of the population in the public space is practically totally reduced, including the PsHLN who, in most cases, spent the confinement in specific resources.

When considering people who report having been victims of crime before the pandemic, significant differences are found with the variables of housing situation, gender and nationality. Thus, people in HLN (49.7%), women (59.8%) and people of European origin (54%) are more likely to report having suffered a crime. This dynamic is the same when people refer to crimes suffered since the beginning of their confinement.

Among those who report having suffered a crime before the pandemic, and considering the type of crime, women are highly exposed.

Specifically, this variable is significantly correlated with having been a victim of physical aggression *(x2* = 21.067; *p* = <.001), theft *(x2* = 9.595; *p* = .002), insults *(x2* = 19.095; *p* = <.001) or sexual assault *(x2* = 56.151; *p* = <.001). Therefore, it is women on whom violence has a greater impact. Specifically, placing the responses in the context prior to the pandemic, a 31.3% of women compared to a 15.7% of men report having been victims of physical aggression, and the 29% (compared to the 18.4% of men) report having been robbed and the 36.2% report having been insulted (compared to the 20.3% of men):

Chart 41. Crimes suffered by the people who participated in the study.

	Before the pandemic	Since confinement
I haven't been a victim of any crime or assault	55.7%	71.9%
I have been assaulted	21.2%	9.8%
Theft of money, belongings, documents, etc.	22.2%	9.5%
I' ve been sexually assaulted in some way	4.5%	1.4%
I have been cheated	7.0%	2.5%
I have been insulted or threatened	25.9%	17.5%
DK/NA	1.2%	1.1%

> *I have been beaten up... yes. Many times when... well, the street is... it's a danger* **(Hannya. LH-1.9).**

> *Thefts well... how many times? Well... I don't know, but a lot. I mean... people like stealing and... you fall asleep in the metro, in a park or... you leave things somewhere you shouldn't and... I don't know how many phones have been taken from me* **(Arantxa. LH-1.4).**

As can be seen in **chart 42,** it is particularly dramatic to consider that the 13% (12.9%) of women who have faced some kind of crime have been victims of a sexual assault before the pandemic. This figure is 0% in the case of men.

These data are personalized in the stories of Reme (LH-2.1) or Rosana (2.2), survivors of gender-based violence and, moreover, of repeated sexual assaults, before the pandemic.

> *Let's see, I came to this house... um... because I was... sexually assaulted (...). Yes, I was in another centre and... and well, that's where the aggression was, in that centre. I mean, he was from that centre (...). That's the worst day I remember. I mean, remembering that man... I swear, it hurt me a lot. I mean, but because that assault was really... strong, I mean... I mean, I recognise that both assaults are strong, right? Because one was without, I mean, one... one of them was in a park and the other in his house, which is worse... I mean, worse than... I mean... on top of that I was screaming and nobody was listening to me.* **(Reme. LH-2.1)**

> *In January, as he hadn't had enough, well... he raped me. I just... I got used to it. It was ten years of abuse (...). I just couldn't bear my soul, I realised at that moment that, even if I tried to rebuild my life and he supposedly rebuilt his with another partner... he was always going to have me as a toy and... allowing him to do everything he had done before, of course.* **(Rosana. LH-22).**

If we consider the situation since the beginning of confinement **(chart 43),** gender is again a significant variable for all types of offences except robbery. In fact, theft becomes a more common reality for men:

> *Beni: just... let's see, I was robbed... Well yes, the last time I was robbed I was already in this resource. I was doing an extra and I fell asleep in the metro and they stole my phone. But well, that was my fault [laughs].*
> *I: Well, yours, yours... It was only the fault of the one who robbed you [laughs].*
> *Beni: If you fall asleep... if you fall asleep (...) that's it.* **(Beni. LH-2.3).**

Chart 42. Sexual assault according to gender before the pandemic (% of column).

Before the pandemic, were you a victim of sexual assault?	Gender		Total
	Man	Woman	
No	100.0%	87.1%	95.5%
Yes	0.0%	12.9%	4.5%
TOTAL	100.0%	100.0%	100.0%

> *I've been robbed, yes. Several times and... the last time it was in the confinement... they had a huge knife and... you can't trust anyone. They took all the clothes I had.* **(Daniel. LH-2.4)**.

In addition, since the beginning of the pandemic, although violence continues to be suffered mainly by women, the number of women suffering from these crimes seems to be decreasing. Thus, for example, the proportion of female victims of physical assault falls to the 13.4% *(x2* = 4.801; *p* = .028) and to the 2.7% in the case of sexual assault *(x2* = 3.990; *p* = .046).

Housing situation also seems to constitute an element of risk for violence, especially sexual violence. Significantly, the 7.6% of people in HLN compared to the 1.8% of people in HE stated that they had been victims of sexual aggression before the start of the pandemic *(x2* = 12.209; *p* = <.001).

These data are repeated if the time criterion is set from the start of confinement (a 2.6% of people in HLN versus a 0.3% of people in HE; *x2* = 6.224; *p* = .013). As was observed with gender, crimes also decrease, but it is confirmed that the housing situation, especially for people in HLN, is a significant risk element for being victims of assaults, thefts and/or insults both before and after the beginning of the pandemic.

Before the pandemic, origin or nationality was also a significant risk factor in terms of aporophobia, especially in relation to thefts *(x2* = 8.635; *p* = .035) and sexual assaults *(x2* = 19.826; *p* = <.001). In this sense, the 25.1% of the Spanish population, the 30.2% of the European population, the 14.3% of the African population and the 21.5% of the Latin American population reported having been victims of theft. Also, it is Latin American women who report having suffered more sexual crimes (a 9.2% of Latin American women compared to a 7.9% of European women, a 2.1% of Spanish women and a 0.7% of women of African origin).

Chart 43. Sexual assault according to gender from the beginning of confinement (% of column).

Since the beginning of the confinement, have you been a victim of sexual assault?	Gender		Total
	Man	Woman	
No	99.3%	97.3%	98.6%
Yes	0.7%	2.7%	1.4%
TOTAL	100.0%	100.0%	100.0%

Chart 44. Sexual assault according to age before the pandemic (% of column).

Before the pandemic, were you a victim of any kind of sexual assault?	Age			Total
	35 o -	36-50	51 o +	
No	93.3%	91.8%	98.7%	95.5%
Yes	6.7%	8.2%	1.3%	4.5%
TOTAL	100.0%	100.0%	100.0%	100.0%

In the case of nationality as a variable of relevance, once confinement has begun, significant differences were observed for the variables of physical assault (*x2* = 9.881; *p* = .020) and theft (*x2* = 10.018; *p* = .018). In this sense, a 9.9% of the Spanish population, an 19% of the European population, a 5% of the African population and a 9.2% of the Latin American population reported having been victims of theft.

In relation to sexual violence, age is also a significant variable both before (*x2* = 14.102; *p* = <.001) and once confinement has begun (*x2* = 11.279; *p* = .004). Before confinement **(chart 44),** the 8.2% of women between 36 and 50 years old reported having been victims of sexual assault.

In addition, for women under 36 years of age, where the women interviewed who report sexual violence are found, the percentage reaches the 6.7% of women, being reduced to an 1.3% in the case of women of 51 years of age or older. Once confinement takes place, it is the age range of women under 36 years of age who report the greatest presence of sexual assaults. Specifically, the 3.9% of women under 36 years of age reported having been victims of sexual assault once confinement began.

In short, the data show that there are significant differences for the variables of sex, age, nationality and housing situation both before and after the pandemic. Furthermore, it is observed that, although the dynamics of violence are similar, the difference imposed by the pandemic seems to point to a decrease in crimes perpetrated against the participants.

In the course of the interviews, a fundamental question arises regarding discrimination, racism and aporophobia that is exercised by the institutions. In this sense:

> *Now... I feel that Spain has taken a lot away from me. It has taken away my will to live, it has taken away my will to smile, I... um... I have had a terrible time. I started to feel racism when I left my city, but... administrative racism, as I call it. Not the racism of people who say "oh, you're black, you're white". Not that kind of racism, no, but administratively... you are an immigrant, you are an immigrant, you are an immigrant, you are an immigrant, you are an immigrant. Then when I go to look for all the help for immigrants, I'm not offered any. No legal assistance, no medical assistance, no work...* **(Arantxa. LH-1.4).**

> *In fact, I, the most violent thing that I have felt, and I say that I have felt is... one thing is what you can provoke, because of the image that you project, but as I have felt, um... I, for example, during those days [time spent in confinement on the street]... it was the institutions who mistreated me, that is... not the "balcony police". It was the police who ignored me, the protection system... they mistreated me.* **(Beni. LH-2.3).**

These speeches illustrate, as Camilo pointed out (LH-1.2) "there are moral blows that are much more... sublime. And here... much more continuous".

It is especially relevant to consider, in the case of the last crime and/or assault suffered, how the participants have dealt with the situation. Of those who have been victims, only the 35% say that they have reported it. The reasons for not reporting are shown in the following **chart 45.**

Chart 45. Reasons for not reporting the crime and/or assault suffered.

	%
I didn't know how to do it	2.6
I did it once and it was useless.	6.0
I don't think it is of any use	39.7
Because of my legal situation	1.7
For fear of reprisals	18.1
I tried to do it, but they didn't listen to me	.9
Others	31.0
TOTAL	100.0

In other words, almost 40% (39.7%) said that they had not reported it because they felt it would be useless, followed by fear or fear of reprisals (18.1%), and other reasons (31%). This feeling of ineffectiveness of reporting is expressed as follows:

> *Arantxa: I haven't reported... I mean... None because... It always happened when I was asleep with my medication.*
> *I: And if there has been aggression, have you reported it?*
> *Arantxa: No, never, I mean, what for? When I have done it was for nothing* **(Arantxa. LH-1.4)**.

> *Yes... when I was in the centre and I had a sexual assault... I reported it and I obtained for him a restraining order... he skips it as he pleases and... before coming here I was in another resource and... I met him when I went down for dinner and well, they transferred me here. I mean, I had a very bad time because... obviously he was an aggressor... I remembered, again, everything he did to me* **(Reme. LH-2.1)**.

> *The straw that broke... the camel's back, after... after... everything he put me through during the quarantine, after the violence and abuse before... he assaulted me again when I was just going to ask him for help. He raped me and... (...) I reported it, and it hasn't helped me at all. For nothing, it didn't help me at all that apparently um... that there is a medical report um... it's not worth anything (...). I went to the police station and said, "this has happened to me and it's been happening to me for so long and I can't take it anymore" and they told me, "ok, it's not a sexual assault, it's gender violence". And they denied me the restraining order on the grounds that... that my life is not at risk. It is not in danger.* **(Rosana. LH-2.2)**

From the experience of ineffectiveness felt by Rosana (LH-2.2) and Reme (LH-2.1), it is not surprising that in both cases, like Reme's, the second aggression was not reported on their own initiative:

> *I didn't report it or... I didn't go to the police station and report it, because at that moment I was drugged and... and he had already done it before and look, no restraining order or anything. At the hospital I asked not to report, besides, at that time I wasn't there, you know? I mean, I didn't speak...* **(Reme. LH-2.1)**.

Discourses such as these are especially striking if one considers the physical and emotional after-effects of this type of aggressions. In this sense, at least the 27.9% of the people who have been victims of aggression needed medical attention of some kind. In addition, almost the 5% (4.9%) needed assistance but did not seek medical attention.

It seems that, since the beginning of the pandemic, PsHLN have not experienced increased discrimination and/or aporophobia. However, during the course of the interviews, episodes are reported that can be considered acts of aggression, discrimination and/or aporophobia, although people do not define them in this way:

> *Actually, they never treated me badly... sometimes they didn't want to fill the water bottle or look at me... but I don't think it was because I was like this.* **(Hamir. LH-2.8)**.

> *Maybe at most some... who called me a faggot or something like that. But I'm over that, it doesn't offend me.* **(Arantxa. LH-1.4)**.

> *Well, sometimes I've noticed that I've been followed in the shopping centre, I mean, the security like... I don't know very well, but yes, they followed me, although, well, it's their job.* **(Fanny. LH-2.6)**.

> *I have been robbed, yes. A lot of mobile phones, but of course, it's normal. You're in the street and you conked out, so... normal.* **(Camilo. LH-1.3).**

> *Once a lady who was passing by the bank where I was waiting... invited me for a coffee. She left it paid for in the bar across the street and... they wouldn't let me in. I took my coffee outside and that was it. It was full, so maybe there wasn't room for anyone else or I don't know, because of the distancing thing.* **(Eduardo. LH-1.7).**

SPIRITUALITY

The questionnaire included a series of items on a scarcely tackled aspect of homelessness and housing exclusion: spirituality. In this regard, the following results were obtained:

As the chart 46 above shows, this is a sample with a high spirituality. In all the items, the majority of responses are concentrated on "always" (between the 50% and the 60%). In addition, the interviews reveal different ways of understanding spirituality and of connecting with the aspects collected in the questionnaire:

> *I have faith in humankind... I mean... because when I see the other faith, in God and so on... look, I don't consider myself an ignorant person... and I don't mean that those who have faith are ignorant, but I mean... all my life I have had a practical mind and... the most things I've done in my life have been by numbers, by accounts, by... operational processes, right? reason, reason, reason, reason.* **(Camilo. LH-1. 2).**

> *I think that all human beings should have a spiritual side because not everything in life is material. In fact, the day we leave this place we don't take anything with us, if anything, the clothes they put on us, and you don't even have the power to choose them.* **(Edward. LH-1.6).**

Significant differences were found between spirituality and the variables of gender *(t* = -3.330; *p* = <.001), nationality *(f* = 59.225; *p* = <.001) and age *(f* = 4.306; *p* = .014).

Chart 46. Some aspects of spirituality among homeless people (%).

	Always	Some times	Never	DK/NA
I find strength in my religion or spirituality	51.3	19.8	25.1	3.7
I find comfort in my religion or spirituality	48.5	19.0	28.7	3.7
I ask God for help in my daily life	58.3	14.8	22.9	3.9
I feel peace or inner harmony	54.8	27.1	14.5	3.6
My faith in a higher being or force helps me face the challenges in my life	53.8	16.5	25.4	4.2
I believe in a higher being or force that provides me with support and sustenance.	54.6	14.4	27.0	4.1

As shown in chart 47, these differences suggest that women (14.69; *SD* = 4.12), people of African origin (16.48; *SD* = 2.49) and people between 36 and 50 years old (14.47; *SD* = 4.17) have higher levels of spirituality.

In line with these results, considering each of the spirituality items in the questionnaire, we find the following significant differences.

In other words, as can be seen from the data in charts 47 and 48, the variables of gender, nationality and age play a fundamental role in spirituality. Therefore, women, people between 36 and 50 years of age and people of African or Latin American origin are significantly more spiritual. Thus, for example, the 81.8% of people of African origin say they always believe in a higher being or force that provides them with support and sustenance. Similarly, the 87.5% of these people report asking God for help every day:

Chart 47. Spirituality in relation to gender, nationality and age.

Variables		Average	Deviation
Gender	Man	13.42	4.57
	Woman	14.68	4.12
Nationality	Spanish	11.38	4.33
	European	12.93	4.85
	African	16.48	2.49
	Latin American	15.30	3.88
Age	35 or -	14.30	4.50
	36-50	14.46	4.17
	51 or +	13.32	4.50

Chart 48. Significant differences in some dimensions of spirituality.

Item	Diferencias significativas
I find strength in my religion or spirituality	Gender (x^2= 6.413; p = .040) | Nationality (x^2= 115.482; p = <.001) Age (x^2= 12.082; p = .017)
I find comfort in my religion or spirituality	Gender (x^2= 8.976; p = .011) | Nationality (x^2= 105.095; p = <.001) Age (x^2= 10.178; p = .038)
I ask God for help in my daily life	Gender (x^2= 17.714; p = <.001) | Nationality (x^2= 141.947; p = <.001) Age (x^2= 10.109; p = .039)
I feel peace or inner harmony	Nationality (x^2= 80.838; p = <.001)
My faith in a higher being or force helps me face the challenges in my life	Gender (x^2= 9.596; p = .010) Nationality (x^2= 127.980; p = <.001)
I believe in a higher being or force that provides me with support and sustenance.	Gender (x^2= 17.714; p = .008) | Nationality (x^2= 119.697; p = <.001) Age (x^2= 14.468; p = .006)

Explanatory note: This chart includes only those variables for which statistically significant differences have been found. The x^2 and p-values correspond to the test by which the existence of such differences is established. The following text discusses the significance of the differences found.

> *My therapy is God (...). In the end, um... you need to lean on someone, don't you? So instead of looking for help... [laughing] human help, so to speak, I... my help is more... (...), is to have a relationship with God.* **(Fanny. LH-2.6).**

> *Well it's that... we are all um... there is something more powerful than us. Maybe, the thing that is more powerful than us is God. You know that when you are in a difficult situation, you ask God to save you from that... things like that. Pray to God... things like that, you know? Who are you going to ask for help? Yes, we humans help each other, but there's... there's a limit.* **(Khamir. LH-2.7).**

> *God has been, has been my... my strength. Truly (...) and, what's more, whatever you ask God, in the name of his son Christ Jesus, if you ask in faith, it will be granted to you. So... and look, he has never failed me... Um, um,um, sometimes... in the most... the most desperate situations I have found myself! I lean on God and... he's helped me. Or I feel that he follows me.* **(Eduardo. LH-1.6).**

Despite the fact that the people interviewed turn to spirituality and religion to give an answer to their life processes, in the course of the interviews there also appear discourses which, in the face of the difficulties of their life trajectories, question spirituality, religiosity and faith. As Alonso indicated (LH-1.8):

> *Well, I've had to recover my faith too, eh? Because I also lost it in the... in the course of my life, I lost my faith. I lost it when I was... very young, moreover (...). It has been a process of... of talking to many people again, of going back to reading, of going back to... to meeting that part of me that I also missed, because that part was also part of me. So I'm not a practising person, but... but yes, I do believe... I'm a believer, yes...* **(Alonso. LH-1.8).**

3 ACCESS TO RESOURCES AND SOCIAL PROTECTION SYSTEMS. RELEVANCE FOR ACTION.

One of the most recurrent topics in the analysis of the impact of the pandemic on citizens has to do with the difficulties that the emergency situation has generated in social protection systems. So far, reference has been made to the difficulties in accessing the health system that participants have experienced since the beginning of the pandemic. This chapter will address the impact of the pandemic on other protection systems, especially social services, understood in a broad sense.

THE ENTRY POINT TO SOCIAL PROTECTION SYSTEMS.

As we have seen so far, the PsHLN represent a population already affected by the processes of social exclusion, which leads us to think that this is a sample linked to the network of entities, resources and existing mechanisms to deal with these situations. Despite this being the case for the majority, it is worth noting that the 36.7% of people state that the resource in which they are being interviewed is the first resource of this type to which they have attended **(chart 49).** In other words, for more than a third of the participants, the facility where they are is one of the entry points to the specific social protection network to deal with homelessness and housing exclusion. This first entry point is of fundamental importance:

> *"Of course, it was... it was very nice. I think that that first contact was fundamental because, from then on, well... then I went to the Red Cross... I went to Cáritas... I looked for everything I could to the point that I don't think I could have it any tidier [laughs].* **(Mamen. LH-1.5).**

Moreover, this is a recent entry, as in most cases (75.7%), they have been attending for about a year.

Besides, in relation to these questions, there are significant differences with the income variable ($x2 = 18.070$; $p = <.001$). As can be seen in **chart 50,** the differences point in the following direction:

Chart 49. Is this the first time you have used a resource of this type?

	%
Yes	36.7
No	63.3
TOTAL	100.0

Chart 50. First time in a resource of this type according to incomes (% of column).

Is this the first time you have attended to a recourse of this type?	Incomes		Total
	No	Yes	
Yes	45.4%	29.2%	36.7%
No	54.6%	70.8%	63.3%
TOTAL	100.0%	100.0%	100.0%

the 29.2% of people with incomes say that this is the first time they have attended a resource of this type, compared to the 45.4% of people who report having no income.

In order to understand the role of the entities participating in this research as a point of access to the network of specific care for PsHLN, it is essential to examine in detail whether the current resources in which people find themselves have enabled them to access to others. In this sense, out of the people who stated that the resource in which they were being surveyed was the first resource of this type they had visited, the 34.9% indicated that they had been able to contact other social care mechanisms from this resource **(chart 51).**

In fact, several of the discourses from the interviews point in this direction:

> *Thank goodness that... that I could get here, I mean... I don't know what I would have done... even to look for a job and all that. Even to be able to get my ID card... soup kitchen, transport... I've applied for the benefits... everything.* **(Camilo. LH-1.2).**

> *The thing is that from here you... you start to get to know everything... they tell you where you have to go and... ask for what you need. They don't always listen to you, but... but you go to the place where you have to go.* **(Felix. LH-1.3)**

> *That list of resources is usually given to you here when you arrive. It is a list of resources that is in all the institutions. That is, here... in the... Samur Social, anywhere. Um... the thing is that in the end you end up um... let's say you know them by heart. There aren't that many... and... so, well, you know them, don't you? Yes... if you've been in a street situation on some other occasion.* **(Alonso. LH-1.8).**

Chart 51. Access to other resources from the current resource.

	%
Yes	34.9
No	65.1
TOTAL	100.0

Chart 52. Way of contacting the current resource.

	%
On their own initiative	19.1
Through relatives/acquaintances	38.3
Through other entities / social services	33.6
Other	8.5
Don't know / No answer	0.4
TOTAL	100.0

However, how have these people accessed the specific resources for PsHLN in which they are? **(chart 52).**

The 38.3% have had access to resources through family members or acquaintances. In the words of the interviewees:

> *Apart from the fact that, well, you also know about it through... word of mouth. I mean, it is not only on the list of resources, but also, well, there are people who are in the same situation as you who are already in the resource, who come, and tell you about it, don't they?* **(LH-1.8)**

> *Well, because... I have a friend here in Spain who told me, look, this... so that you don't worry so much about the matter of food, I'm going to tell you that there are several here in Madrid... there are several soup kitchens... Go to this one, talk there... present your case (...). And well yes, I went, and they treated me very well, and... and they gave me my little card, and... all that, right?* **(Eduardo. LH-1.6).**

In addition, the 33.6% indicated that they had accessed the current resource through the mediation of other entities or social services, as is the case of Daniel (LH-2.4), Fanny (LH-2.6) or on their own initiative (19.1%), such as Mamen (LH-1.5).

> *Let's see, I arrived... I spent almost six months sleeping in a park. After that I was taken by Samur, by Samur Social ,they moved me to A, from A, they sent me to B and it was... it was all full here so until... yes, here in September.* **(Daniel. LH-2.4)**

> *I come from being in a squat. Then... I've been in shelters and finally... I was referred here, from the women's centre.* **(Fanny. LH-2.6)**

> *Let's say... information and search, we had already run out of resources, so... I saw that the information from Caritas, the closest one to where I lived and (..) well, it was a whole process of... of looking for where we could get... a complete assistance, because... we no longer had anywhere... to pay for a room, (...). So, it was almost a journey of a lot of calls... a lot of places (...).* **(Mamen. LH-1.5).**

With regard to how the PsHLN have accessed to the current resource, significant differences are found with the housing situation variable *(x2* = 17.852; *p* = .013) and nationality *(x2* = 38.008; *p* = .013). In the case of the housing situation variable, people in HLN refer more frequently to access through other entities and/or social services (43.6%), compared to people in HE, who refer doing it mainly through relatives and/or acquaintances (40.1%). This logic is maintained for people of European origin, where the 47.8% refer to acquaintances and/or relatives. In the case of access through other entities and/or social services, it is more recurrent in people of Spanish origin (45%).

Chart 53. Resources that have been used before the current resource.

Type of resource	%
Public social services	70.2
Soup kitchens	49.26
Wardrobes	30.30
Other NGOs	42.36
PsHLN Network	52.46
Others	10.34
DK/NA	0.7

OTHER RESOURCES OF THE SOCIAL CARE NETWORK.

Among those people who indicate that the resource in which they are is not the first of this type that they go to, the responses are varied in relation to the spaces of the social care network in which they participate. As shown in **chart 53,** social services (70.2%), other PsHLN resources (52.46%), soup kitchens (49.26%), other third sector entities (42.36%) and wardrobe (30.30%) stand out.

We are talking about a sample linked to social protection systems. In this sense, if we ask the participants what resources they currently use, we obtain the results of **chart 54.**

These results point, on the one hand, to the continuous transit through the resources

Chart 54. Resources to which the participants currently turn to.

Type of resource	%
Public social services	34.9
Soup kitchens	24.3
Wardrobes	13.4
Other NGOs	15.0
PsHLN Network	24.8
Others	12.0
DK/NA	28.7

implicit in the processes of social exclusion. On the other hand, they may illustrate a possible dependency on these resources, reaffirming the idea of intermittency inherent to the processes of social exclusion in general, and homelessness in particular:

> *Yes, and here I stayed... here in the shelter I have stayed for three years. The only thing is that I've left, I've come back, I've left, I've left, I've come back and... and well, in the CAD , health... the wardrobe... I think I've been through all of them. I've been to all (...). Well, from this situation... I also went to a resource, I was in a drug flat where I stayed for nine months and... like that.* **(Daniel. LH-2.4).**

> *I slept in the car and at six in the morning I took the first bus that passed by, going down to Madrid. I went to Jacinto Benavente Square and had breakfast there in a place that was for... for homeless people. I had breakfast there, then after breakfast I went to San Antón (...). At weekends they gave food, but not on weekdays and... the library or social services or... the day centre, there, I was there a lot* **(Camilo. LH-1.2).**

> *Um... yes, I already knew him because in November 2019 I had an argument with... this one, with my friend, so I went out and I spent about a week sleeping outside, in another squat [laughs] that I didn't know it was a squat and then I went to the Samur, I slept one night in the Samur and they sent me to the other side and from there... here, I ended up here.* **(Fanny. LH-2.6).**

Regarding the assessment of the help provided by these services, most of them have been very or quite helpful **(chart 55):**

Chart 55. Evaluation of the help received by the resources (%).

	Social Services	Soup kitchens	PsHLN network	Current resource	Other NGOs
None	21.2	10.1	23.7	1.1	13.3
A little	22.9	12.5	21.1	8.6	13.4
Quite a lot	23.6	23.7	28.7	28.2	15.4
A lot	14.7	21.8	39.5	60.2	10.0
Doesn't apply / Doesn't attend	16.5	30.3	84.6	1.6	43.2
Don't know / No answer	1.1	1.6	2.4	0.3	4.7
TOTAL	100.0	100.0	100.0	100.0	100.0

In the words of the people interviewed, especially in reference to the resource in which they currently are:

> *When I arrived here in November I had been... one, two, three, four... months, practically, in el Pozo, and... I already had suicidal thoughts... I mean, I was in a situation... at the limit. Here I find, for the first time, a place where there is calm, there is peace. I mean, when I get here, I am very surprised that... the absence of... shouting, noises, threats, arguments... I can finally go back to reading again. At last I can go back to reading again, to concentrate on... the things I like (...).* **(Félix. LH-1.3)**.

> *Um... apart from this resource that is getting involved, at least that's how I feel, um... for XXX I was a number. Just another number (2). We all had problems, we all had needs, but I was just another number (...).* **(Arantxa. LH-1.4)**.

> *I: What about here?*
> *Victoria: Yes, this um... this helps a lot, without this help I don't know what would happen to me, because in the apartment where I am there is no... we don't have a kitchen.* **(Victoria. LH-2.5)**.

> *No, no, it's better. Let's see, for me it's better than the street, let's not lie, and let's say that... it's not bad at all. For me, if there weren't these resources... It could be... I could choose another way, you know?* **(Hamir. LH-2.8)**.

Also noteworthy is the fact that, in reference to other resources, almost half of the people reported feeling that they had received little or no help (a 44.1% from Social Services and a 44.8% from other resources in the PsHLN network).

SOCIAL BENEFITS

As we have seen, only one third of people (31.3%) receive incomes from social benefits: GMI, NCP, unemployment benefits, retirement pensions, disability pensions or IMV. Despite this, the sample also had little access to two key benefits, the RMI and the more recent MLI.

In this regard, as shown in **chart 56,** the 23.4% of people have received GMI and only the 5.6% say that they have at some point received the MLI.

In relation to the receipt of the RMI, significant differences were found for the receipt of GMI and housing situation *(x2* = 17.164; *p* = <.001), nationality *(x2* = 35.250; *p* = <.001), age *(x2* = 25.024; *p* = <.001), income *(x2* = 33.483; *p* = <.001) and educational level *(x2* = 7.496; *p* =.024). It is worth noting that the GMI has been more received by people in HE (30.1%), people of Spanish origin (36%), people over 50 years of age (29.8%) and people with low educational levels (28.1%):

> *I have been collecting the GMI for... I don't know, but a lot and... when I went to... to the other city, well... I got caught and... and nothing, now I haven't been paid again.* **(Daniel. LH-2.4)**.

Chart 56. Have you ever received Guaranteed Minimum Income or Minimum Living Income?

	GMI (%)	MLI (%)
Yes	23.4	5.6
No	76.1	94.2
DK/ NA	0.5	0.2
TOTAL	100.0	100.0

> *And... I mean, yes, I receive the GMI, but, I mean... I don't know, the... I mean, the Spanish government thinks that with four hundred and something euros you live... No, no, no, no, four hundred euros exactly* **(Elena. LH-1.7).**

In line with Daniel's discourse (LH-2.4), the 57.3% of the PsHLN indicate that they no longer receive GMI. Among these, the 25.6% say that this is because they no longer meet the requirements, the 31.4% that they have started to receive another benefit, or for other reasons (33.7%). Regarding the MLI, a 38.9% of the people who claim to have received it, do not continue to receive it, alleging the reasons given in **chart 57.**

It is particularly important to know whether people who do not receive GMI or MLI have ever applied for it in an attempt to access these types of social benefits. The results are shown in **chart 58.**

Chart 57. Reason for ceasing to receive Guaranteed Minimum Income or Minimum Living Income.

	GMI (%)	MLI (%)
I no longer meet the requirements	25.6	35.7
I receive other benefit	31.4	21.4
I have a job	5.8	7.1
Other reasons	33.7	0
DK / NA	3.5	35.7
TOTAL	100.0	100.0

Chart 58. Have you ever applied for Guaranteed Minimum Income or Minimum Living Income?

	GMI (%)	MLI (%)
Yes	23.6	37.4
No	76.0	62.6
DK / NA	0.4	0
TOTAL	100.0	100.0

People like Camilo (LH-1.2) would be among the small percentage of PsHLN who have tried to request either of these two benefits:

> *I mean, I tried to apply for the minimum income or... at that time I don't know if it was called minimum income. Four or five years ago or so, yes? Well, ... that would be it. The thing... the thing is that I couldn't do it... I don't remember exactly why I couldn't request it (...). Ah! One was the... Municipal Register of Inhabitant, there it is. I didn't have a register and I never requested it (Camilo. LH-1.2).*

Results such as those shown in chart 58 point to the limited scope of social benefits, especially the recent MLI. In fact, among the respondents, only Hannya (LH-1.9) and Alonso (LH-1.8) have applied for this benefit.

> *Look, I applied for the MLI, and they rejected it, because I was in the tax authorities' databases, as the administrator of a company, which is something I did, many years ago. I seem to remember that I did it with one of my brothers. If this is what the tax office is referring to, which I still don't know... exactly what it is, but we must have done something wrong... because that company never worked at all.* **(Alonso (LH-1.8).**

> *Hannya: Well, for the moment... [laughs] nothing. I'm waiting for the minimum living, which was processed by... last year, to see if...*
> *I: the MLI, right?*
> *Hannya: yes, they sent me a letter and I'm waiting. I thought I was getting paid, but I still have to wait a bit.* **(Hannya. LH-1.9).**

In this regard, most of the participants who do not receive the GMI or MLI have not tried to apply for it either. Specifically, the 76% said that they had never applied for the GMI and the 62.6% said that

Chart 59. Minimum Living Income request according to gender (% of column).

Have you tried to obtain a MLI?	Gender		Total
	Man	Woman	
Yes	33.0%	47.0%	37.6%
No	67.0%	53.0%	62.4%
TOTAL	100.0%	100.0%	100.0%

Chart 60. Minimum Living Income request according to age (% of column).

Have you tried to obtain a MLI?	Age			Total
	35 o -	36-50	51 o +	
Yes	20.2%	47.2%	43.2%	37.5%
No	79.8%	52.8%	56.8%	62.5%
TOTAL	100.0%	100.0%	100.0%	100.0%

they had never applied for the MLI. For this variable and in relation to the GMI, there are only significant differences with incomes *(x2* = 4.472; *p* = .034), in the sense that the 72.4% of people with no income say that they have never applied for GMI. This is striking despite the precarious economic situation.

In relation to the application for the MLI, more significant differences are found with the variables of gender *(x2* = 11.039; *p* = <.001), nationality *(x2* = 37.018; *p* = <.001) and age *(x2* = 31.665; *p* = <.001).

As can be seen in **chart 59,** the 47% of women have tried to apply compared to the 33% of men.

Moreover, having ever applied for it is more common among people of Spanish origin, where the 50.4% of people who do not currently receive MLI have ever applied for it. This is also true for people aged between 36 and 50 (47.2%) **(see chart 60).**

When considering the reasons why participants have not applied for GMI or MLI, the following results are observed:

Chart 61. Reasons for not applying for Guaranteed Minimum Income or Minimum Living Income.

	GMI (%)	MLI (%)
I was unaware of its existence	23.2	23.8
I am not interested in this assistance	14.6	17.5
I don't think I am eligible	39.1	37.0
There is a lot of paperwork / bureaucracy involved	4.3	5.0
Other reasons	17.0	15.9
DK / NA	1.9	0.8
TOTAL	100.0	100.0

As shown in **chart 61**, one of the main reasons is the belief that they do not meet the requirements (a 39.1% of people who have never applied for GMI and a 37% of people who have never applied for MLI). In the words of Arantxa (LH-1.4) or Daniel (LH-2.4):

> *I: And have you applied for Guaranteed Minimum Income, Minimum Living Income or...?*
> *A: No, because I have to be registered on the Municipal Register of Inhabitant for a year before I can apply for it.*
> *I: And you are not registered*
> *A: No*
> *E: Nowhere*
> *E: Nowhere. Arantxa (LH-1.4)*
> *GMI and that doesn't... they ask you for... look, they ask you for the Municipal Register of Inhabitant, they ask you for I don't know what... I've been told that they ask you for a lot of things and... it doesn't seem to me... that doesn't help me at all. So... 400 euros, you tell me.*
> **(Daniel. LH-2.4).**

It also stands out that a 14.6% (GMI) and a 17.5% (MLI) of people say that they did not apply because they were not interested. The discourses in relation to this, point in the following direction:

> *I always say to Jesus... as long as I can work, I don't like that they give me 400 euros. I'm going to get used to be lazy (...) that I'm always going to wait for... the end of the month to get paid (...). You know what I tell you? I know my personality and if they give me that...* **(Khamir. LH-2.7).**

> *I wanted to work, yes, so when... I remember that they used to say to me "but apply for GMI" and I... I said no... Because I also saw it as a kind of... if I apply for GMI... I'm giving up. For me it had that meaning. If I accept this, I surrender. So it was like... no. I'm not giving up. No, I know my capacities. I know what I can do. I know what I can work on. Hell, I want to do this. I don't want you to give me the GMI. I don't want you to tell me to "just give up". I don't want to.*
> **(Alonso. LH- 1.8).**

> *(...) I've never... I´ve never been like that... a person who begs. I always worked and worked, and... I never was short of anything. Um... this was because of my effort, my work. I was supporting myself very well. I could even help my family, my mother... and I want that, not 300 euro payments*
> **(Victoria. LH-2.5).**

The number of people who have not applied for this type of benefit because they were unaware of its existence is striking. Specifically, the 23.2% of the PsHLN who have not applied for GMI and the 28.8% of the PsHLN who have not applied for MLI.

IMPACT OF THE PANDEMIC ON THE SOCIAL CARE NETWORK

If the participants are asked whether during the confinement they saw services and resources that were useful to them in their daily lives, closed, the 47.9% say they did, compared to the 50.2% who consider that they have not seen resources or services where they usually attended to their needs, closed. In the words of Beni (LH-2.3).

> *Well, look... being confined in the street, what I missed the most was... Of course! Everything was closed, even the toilets in the... I missed that [laughs]. Maybe it seems silly to you, but well, maybe for other people, it must have meant something else, but... hey, I'm used to take a shower every day [laughs].* **(Beni. LH-2.3).**

Discourses such as Beni's (LH-2.3) find significant differences with the nationality variables *(x2* = 13.462; *p* = .004). The 53.8% of the population of Spanish origin and the 52.1% of the people from Latin America indicate that they have seen services closed during confinement that they used to use to meet their needs **(see chart 62).**

Chart 62. Services closed due to confinement according to nationality (% of column).

During confinement, have you seen services closed that you used to use to meet your needs?	Nationality				Total
	Spanish	European	African	Latin American	
Yes	53.8%	29.5%	44.1%	52.1%	48.8%
No	46.3%	70.5%	55.9%	47.9%	51.2%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%

Chart 63. Services closed due to confinement.

Type of services	%
Libraries	41.69
Bars/restaurants	34.85
Public social services	32.57
Soup kitchens	32.25
Public toilets	22.48
Other NGOs	18.57
Call shops	12.38
Water fountains	10.1
Other	32.57
DK/NA	1.63

Chart 64. Services closed due to confinement and significant variables.

Type of resources	Significant variables
Libraries	Nationality (x^2= 8.498; p = .037)
Bars/restaurants	Nationality (x^2= 11.164; p = .011)
Public social services	Nationality (x^2= 15.384; p = .002)
Soup kitchens	Housing situation (x^2= 11.320; p = <.001) Gender (x^2= 13.032; p = <.001) Nationality (x^2= 10.063; p = .018)
Public toilets	Nationality (x^2= 10.742; p = .013)
Other NGOs	Age (x^2= 9.336; p = .009) Incomes (x^2= 4.667; p = .031)
Call shops	Housing situation (x^2= 8.058; p = .005) Gender (χ^2 = 4.940; p = .026)

In addition, of the 307 people who affirm that the confinement closed certain resources, the following stand out **(see chart 63).**

Correlational analysis finds significant differences between the services and variables listed in **chart 64.**

This impact of the pandemic on the closure of resources appears constantly in the discourse of the interviewees:

Beni: I mean one of the few soup kitchens that remained open... um... in the sense... Let's see

Explanatory note: This table includes only those variables for which statistically significant differences were found. The x^2 and p-values correspond to the test by which the existence of such differences is established. The following text discusses the significance of the differences found.

man, obviously you couldn't eat, but well, at least they gave you a bag with two sandwiches (...). And that was enough to get by. But I mean, one of the few, the few that there were, a lot of them were closed down.
I: And was there ever a day when you didn't eat because everything was closed?
B: Yes... yes... **(Beni. LH-2.3).**

> *So I asked for help... with the social worker and everything (...). Curiously, just... before the pandemic she called me and... I had the first appointment with the social worker... and we couldn't have the second one because of the pandemic. In other words [laughing], everything was a disaster.* **(Rosana. LH-2.2).**

Moreover, in many cases, these experiences and stories refer to the blockage of the inclusion processes that people had been working on. Continuing with Rosana's discourse (LH-2.2):

> *Just when the pandemic started... that left me without a course. I mean, first of all, without the kind of... without that kind of education that I was starting. And secondly, without the... the training that was afterwards, well... you work in a bar and it's an experience... and it helps you with your CV... or you don't need it, only for your CV, because if they like the way you work, they hire you in the centre itself.* **(Rosana. LH-2.2).**

In addition, this blockage is largely reinforced by the intensification of delays and waiting times:

> *I was applying for... I am also applying for total disability (...) and last year, in February, on 27 March, I had an appointment with the lawyer and [laughs] it just came the... this pandemic and the state of alarm and they gave me the appointment now for... October, more than a year waiting for my disability and to earn a little more money.* **(Victoria. LH-2.5).**

The 44.8% of people who participated in the research indicated that since the start of the pandemic they have had the need to turn to some resource to ask for help due to some situation generated by the health emergency:

In this case, significant differences are found with the variables of housing situation ($x2 = 10.681$; $p = .001$), gender ($x2 = 7.764$; $p = .005$), nationality ($x2 = 10.772$; $p = .013$), income ($x2 = 6.690$; $p = .010$) and educational level ($x2 = 9.831$; $p = .007$). This need is more common among people in HLN (51.7%), women (52.7%), people from Latin America (54.1%), people with no income (50.5%) and people with university studies (54.5%).

Among those who have been in need, even though the majority received care (81.9%), a 17.4% report not having been assisted. Moreover, among those who received care, almost all (89.4%) were able to have their needs met **(chart 65).**

Chart 65. Need for care and response received.

	Have you received care? (%)	Did they respond to your to your need? (%)
Yes	81.9	89.4
No	17.4	10.2
DK/NA	0.7	0.4
TOTAL	100.0	100.0

The reality experienced by those who did not manage to be attended or to access to the necessary assistance is particularly dramatic. This is the case of Beni (LH-2.3), who spent a good part of her confinement in a street situation, or Rosana (LH-2.2), who has her children living with her mother, who is very mentally unstable.

> *It's not only that she doesn't accept it, it's that... she takes everything as an attack. No matter how you explain it to her... she starts screaming hysterically. She's a super unstable person emotionally and mentally. So then, I said, "please, I need help, I need some kind of social assistance to come... and to incapacitate her mentally". But nothing, and so we carry on.* **(Rosana. LH-2.2).**

> *But as I have felt, um... I, for example, during those days, I remember one early morning, because I was already so... well, you burst and you say, this is it. One early morning I stopped the municipal police, I stopped the national police, I stopped the civil guard, I called 012 about ten times and... they were in a state of alarm. None of them know how to give me a solution, not even an answer.* **(Beni. LH-2.3).**

In line with these discourses that illustrate some of the difficulties that the pandemic has imposed in relation to social care, it is also important to know the resources that the applicants have requested and the situation regarding them. These results are shown in **chart 66.**

Chart 66. Resources requested and resources granted.

	Requested			Granted		
	Yes (%)	No (%)	DK/NA (%)	Yes (%)	No (%)	Not requested/ NA (%)
Housing	53.7	41.0	5.3	50.9	27.1	22.0
Attendance at a day centre	34.5	62.7	2.8	35.4	30.0	34.6
Attendance at a rehabilitation centre	4.8	93.3	1.9	3.6	48.4	48.0
Information. orientation. shelter	50.1	46.8	3.1	49.1	20.4	30.4
Catering/soup kitchen	47.4	47.6	5.0	48.0	23.9	28.1
Hygiene service	29.0	68.0	3.0	28.7	35.6	35.7
Wardrobe	31.4	65.4	3.3	31.2	33.7	35.1
Specialised social assistance	16.5	81.6	1.9	16.1	43.1	40.9
Economic assistance	44.1	53.5	2.3	18.3	54.0	27.8

Explanatory note: The "Granted" category in the table includes the entire sample, as there may be situations in which a service is obtained but not previously requested.

In this respect, there are significant differences (see chart 67) between having requested a housing resource and the housing situation *(x2* = 130.215; *p* = <.001), nationality *(x2* = 13.465; p =.004), age *(x2* = 24.842; *p* = <.001) or income *(x2* = 48.107; *p* = <.001). The differences are in the sense that people in HLN (81.1%), people of African origin (67.9%), people under 36 years of age (68.6%) and people with no income (72%) report more frequently requesting this type of resource/help. In the same sense, it is precisely these people who have been granted the most.

As can be seen in the **chart 67,** requesting access to a day centre is also associated with significant differences with the variables of income *(x2* = 8.070; *p* = .005) and educational level *(x2* = 7.126; *p* = .028). Thus, it is a resource more requested among people

Chart 67. Significant differences between resources requested and resources granted.

	Requested	Granted
Housing	Housing situation (x^2= 130.215; p = <.001) Nationality (x^2= 13.465; p =.004) Age (x^2= 24.842; p = <.001) Incomes (x^2= 48.107; p = <.001)	Housing situation (x^2= 104.147; p = <.001) Nationality (x^2= 18.557; p = <.001) Age (x^2= 23.003; p = <.001) Incomes (x^2= 36.631; p = <.001)
Attendance at a day centre	Incomes (x^2= 8.070; p = .005) Educational level (x^2= 7.126; p = .028)	Incomes (x^2= 11.900; p = <.001)
Attendance at a rehabilitation centre	—	Incomes (x^2= 6.410; p = .015)
Information, orientation, shelter	Gender (x^2= 6.895; p = .009) Age (x^2= 6.895; p = .002) Incomes (x^2= 15.215; p = <.001)	Housing situation (x^2= 4.229; p = .048) Gender (x^2= 11.179; p = <.001) Age (x^2= 19.093; p = <.001) Incomes (x^2= 12.924; p = <.001)
Catering/soup Kitchen	Housing situation (x^2= 8.108; p = .004) Gender (x^2= 6.871; p = .009) Incomes (x^2= 30.132; p = <.001)	Housing situation (x^2= 7.231; p = .007) Nationality (x^2= 13.935; p = .003) Incomes (x^2= 30.776; p = <.001)
Hygiene service	Housing situation (x^2= 53.301; p = <.001) Nationality (x^2= 18.454; p = <.001) Incomes (x^2= 27.959; p = <.001)	Housing situation (x^2= 52.056; p = <.001) Nationality (x^2= 19.046; p = <.001). Incomes (x^2= 28.534; p = <.001)
Wardrobe	Housing situation (x^2= 14.391; p = <.001) Nationality (x^2= 15.798; p = .001) Incomes (x^2= 11.379; p = <.001)	Housing situation (x^2= 15.670; p = <.001) Nationality (x^2= 9.970; p = .019) Incomes (x^2 = 16.523; p = <.001)
Specialised social assistance	Housing situation (x^2= 4.736; p = .030). Nationality (x^2= 8.119; p = .042) Age (x^2= 13.489; p = .001)	Housing situation (x^2= 5.745; p = .017) Gender (x^2= 4.308; p = .038) Age (x^2= 13.043; p = .001)
Economic assistance	Gender (x^2= 17.132; p = <.001) Nationality (x^2= 15.126; p = .002)	Gender (x^2= 4.509; p = .034) Incomes (x^2= 18.686; p = <.001)

Explanatory note: This table includes only those variables for which statistically significant differences were found. The x^2 and p-values correspond to the test by which the existence of such differences is established. The following text discusses the significance of the differences found.

with no income (41.4%) and by people with primary education (42.6%). In the same way, it is more granted in the case of people with no income *(x2* = 11.900; *p* = <.001).

With regard to information, guidance and shelter resources, the results show that this type of benefit is significantly more requested by women (58.9%), people between 36 and 50 years of age (61.7%) and people with no income (60.2%). It is precisely these people who also receive the most information, counselling and shelter benefits.

In turn, for the catering and food resources, the significant differences shown in chart 67 have also been found. In this sense, it is noted that it is a resource requested by the 56.1% of people in HLN compared to the 44.5% of people in HE. It is also more requested among men (54%) and people with no income (62.1%). Similarly, hygiene services are more commonly requested by people in HLN (43.9%) than by people in HE (17%). It is also remarkable that this type of assistance is requested by people of European origin (48.3%) and by people with no income (40.5%).

Regarding the wardrobe services, significant differences were again found with the variables of housing situation *(x2* = 14.391; *p* = <.001), nationality *(x2* = 15.798; *p* = .001) and income *(x2* = 11.379; *p* = <.001). Such differences point to a higher application from people in HLV (39.9%), people of European origin (43.1%) and people with no income (39.4%). Likewise, it is these people who have most commonly been granted social assistance.

The request for specialised social assistance also shows significant differences with the variables of housing situation *(x2* = 4.736; *p* = .030), nationality *(x2* = 8.119; *p* = .042) and age *(x2* = 13.489; *p* = .001). These differences, again, appear in the sense of being a resource more requested by people in HLN (20.6%), the Spanish population (20.5%) and people under 50 years of age (a 22.1% of people under 36 and a 22.2% of people between 36 and 50 years of age).

Finally, there are significant differences with regard to the application for economic aid. In this sense, the application for these benefits is more common among women (56.6%), and among people of Spanish (50.8%) or Latin American origin (49.5%).

4 THE CHARACTERIZATION OF HOMELESSNESS AND HOUSING EXCLUSION DURING THE PANDEMIC.

In the preceding pages, a detailed analysis of the impact of the pandemic on the reality of homelessness and housing exclusion has been carried out. In this sense, it has been confirmed that the health crisis generated by COVID-19 is at the origin of a deterioration in the precarious reality of these citizens. However, this impact has not been random. In other words, the results obtained suggest that, for certain groups, the impact of the pandemic has been greater or has had certain particularities.

On the basis of the dimensions of analysis that have structured this work and, above all, on the basis of the cross-cutting variables that shape the groups of citizens most affected by the pandemic, the following pages identify, as a summary, the profile of these groups. Thus, the aim is to find out what the specific impact of the pandemic has been on those aspects that stand out in the reality under study.

WOMEN'S HOMELESSNESS.

Women in a situation of homelessness and housing exclusion constitute one of the most invisible groups in terms of social exclusion. In this sense, female homelessness is a hidden phenomenon despite the fact that, as this study shows, it represents around a third of the participants (35.1%). Therefore, women seem to be more present in HE situations than in the more visible forms of HLN, such as the street or specific HLN resources (45.3%). In fact, one of the major impacts of the pandemic on women has to do with the transformation of their housing situation. In particular, before the confinement, a 73.2% of women were in the HE. Today, this situation has been reduced to a 54.7% of women.

Being a woman is a highly relevant element in order to understand the impact of the pandemic on homelessness and housing exclusion. Thus, the elements that characterise female homelessness in the context of the pandemic are the following.

In terms of health, women assess their state of health more poorly and, moreover, they report more frequently than men that their health has worsened during the pandemic. Particularly relevant are the issues related to mental health, as women show a greater psychological deterioration than men. In fact, the 80.5% of women have a possible case of psychiatric illness due to reporting high levels of distress. In addition to their more deteriorated physical and mental health, women suffer greater difficulty in accessing the fulfilment of some basic needs directly linked to health. Therefore, the difficulties of access to food, both before and, above all, during confinement and nowadays, have a woman's name. Specifically, more than a third of women report having stopped eating at least once a day during their confinement. The number of women currently affected by difficulties of access to food is almost double that of men (a 44.1% compared to a 24.9%).

The 80.5% of women have a possible case of psychiatric illness due to reporting high levels of distress. In addition to their more deteriorated physical and mental health, women suffer greater difficulty in accessing the fulfilment of some basic needs

If there is one central element in understanding the vulnerability and risk of women in homelessness and housing exclusion, it is that related to aporophobia and discrimination. Being a homeless woman is a clear risk factor for violence. On the one hand, women feel more discriminated against because they face situations of social exclusion. In fact, the 11.3% of women feel discriminated against all the time. However, the proportion of men who constantly feel discriminated against is less than a 5%.

Moreover, women are more likely than men to report having been victims of crime before the pandemic: almost a third of women report having been physically assaulted, robbed or insulted. Particularly dramatically, the 13% of women victims of some kind of crime, have been victims of sexual assault. This is especially important for women between 36 and 50 years of age and for young women, who are at a higher risk of suffering sexual violence.

On the other hand, there are some dimensions of analysis in which being a woman does not seem to constitute an element of risk. We refer to social networks and social support, as well as the impact of the digital gap and access to some aspects of social protection. Although the reality of isolation and scarcity of support networks continues to stand out, in this dimension, it seems that women present a situation of less isolation, obtaining higher averages of social support. In addition, women report a higher frequency of contact, both before the pandemic and now, with their partners, children, parents and other family members, friends and work colleagues.

Women are also less affected by the digital gap. Only an 8.1% of women report not having access to the internet at present (compared to an 11.1% of men). In the same way, if we analyse the evolution of internet access possibilities since the beginning of the pandemic, women are excluded from the profile of people with the most difficulties in accessing ICTs.

Women are more likely than men to report having been victims of crime before the pandemic: almost a third of women report having been physically assaulted, robbed or insulted.

Regarding the access to social protection systems and their benefits, women are more likely to request the MLI (47%) and other financial assistance (56.6%), as well as different information, guidance and shelter resources (58.9%). They also report a greater impact of the pandemic on the closure of resources, especially soup kitchens. Likewise, women, to a greater extent than men,

have had the need to turn to some resource to ask for help due to some situation generated by the pandemic.

In the same way, it seems that female homelessness is characterized by a high spirituality, so that women turn to religion and spirituality to find strength, comfort, help, support and/or refuge in faith.

PEOPLE OF LATIN AMERICAN ORIGIN.

The country of origin constitutes another of the articulating elements of the processes of social exclusion. In this sense, the results obtained suggest that the pandemic has increased and intensified the processes of social exclusion in the population of foreign origin. In this work, the situation of people of Latin American origin emerges with relevance. Thus, just like being a woman, being of Latin American origin has been a defining element of social exclusion since the pandemic began.

In terms of housing situation, people of Latin American origin, together with other people of foreign origin, tend to be more present in the HLN than in the HE ($x2 = 7.774$; $p = .051$). However, it seems that the pandemic has generated a transformation in this area, given that before confinement, 32.3% of people of Latin American origin were in SH. Today, HLN affects more than half of this group (50.5%).

Furthermore, although they do not have poor levels of self-assessed health, people of Latin American origin more frequently report that their health has worsened since the start of the pandemic (30.3%). It is important to note that the Latin American population is the one with the highest average levels of psychological distress. Specifically, almost the 75% constitute a possible case of psychological deterioration. Another element that helps to define and characterise this group is access to food. In this sense, access to food also seems to be more complicated for people from Latin America. In fact, the 41.2% say that, at present, they have stopped eating some time during the day.

Violence, aporophobia and discrimination is also an element that characterizes the homelessness of people of Latin American origin. In particular, it is one of the most frequently reported backgrounds to have been a victim of crime. Particularly significantly before the pandemic, Latin American women were the most frequent victims of sexual assault (a 9.2% of Latin American women).

As in the case of women, it seems that Latin American origin is no longer a risk variable in relation to social networks and social support and access to ICTs. The reality of people of Latin American origin is characterized by better averages of social support. That is to say, it seems that isolation is lower in the case of people from Latin America, maintaining a higher frequency of contact with their family, friendship and neighbourhood networks. In addition, Latin Americans very often report that since the pandemic began, some of their family relationships have improved (with children and siblings).

In relation to social protection systems, the Latin American population has limited access to social benefits, especially to the GMI, where only the 17% report having ever received it and more than the 65% state that they have not tried to obtain the MVI. Similarly, they are one of the groups for whom the closure of services since the start of the pandemic has had the greatest impact, and who report having

In relation to social protection systems, the Latin American population has limited access to social benefits, especially to the GMI, where only the 17% report having ever received it

had the need to go to some resource to ask for help in some situation generated by the health emergency. Specifically, this need is reported by the 54% of people of Latin American origin.

In relation to the impact of the digital gap, the homelessness of people from Latin America is characterized by the ease of access to ICTs. In fact, they are the least affected by the digital gap: only around a 3% have or have had problems accessing the internet since the pandemic and the measures to tackle it began.

Finally, homelessness among this group is also characterized by a high level of spirituality and, specifically, religiosity: almost the 80% of people of Latin American origin ask God for help in their daily lives.

YOUNG PEOPLE.

Another profile that emerges strongly in the analysis of the processes of social and housing exclusion is determined by age. For this variable, the results suggest a specific situation for two groups, that is, young people (up to 35 years) and the situation of homelessness of older people (over 50 years).

Young people are more visible in HLN than in HE ($x2$ = 12.348; p = .002), something that obtains similar values both now and before confinement (around a 50%). They are also characterized by better self-perceived health than other age groups. However, people under 36 years of age show a greater psychological deterioration: the 77.6% of people aged 35 or younger suffer from a possible case of psychiatric illness. In addition, young people have more difficulties in meeting their nutritional needs, age being a risk factor. In particular, almost a 40% of PsHLN under 36 years of age say that they currently stop eating sometime during the day.

The precariousness of social relations and social support networks is another of the elements that shape and define homelessness among young people. In fact, after people over 50 years of age, young people most frequently declare that they have no relations with their family, friendship or neighbourhood networks. In other words, this is one of the age groups most affected by isolation and the scarcity of networks, especially those related to the immediate family. In fact, around a 25% of young people in HLN report having no relationship with their parents. They only report a more frequent relationship with their partners, if they have one.

In terms of access to social protection systems, the reality for young people is marked by a low access to social benefits. Moreover, they are the age group that has least frequently applied for MLI and that least frequently receives GMI. However,

The precariousness of social relations and social support networks is another of the elements that shape and define homelessness among young people. In fact, after people over 50 years of age, young people most frequently declare that they have no relations with their family, friendship or neighbourhood networks.

it should be noted that they most frequently apply for housing resources (68.6%); information, guidance and shelter (54.9%); or specialised social assistance (22.1%).

At the moment, young people seem to be less affected by digital exclusion. Nevertheless, it is noteworthy that, after people over 50 years of age, it is the age group that had the most problems in accessing ICTs during the period of confinement. In fact, it could be argued that young people's homelessness since the pandemic began has been characterized by the impact of the digital gap. Furthermore, more than half of the people who were affected by internet access problems during confinement say that it limited their opportunities to maintain their relationships (57.9%). In addition, this is the age group that has been most affected by the closure of services and places where they could connect and access to ICTs (44.4%).

The aporophobia, violence and discrimination issues affecting young people outline a reality in which being under 36 years of age seems to constitute an element of risk for crimes of a sexual nature. In fact, once confinement takes place, it is the age range of women under 36 who report the highest incidence of sexual assaults (3.9%).

Finally, the situation of MSW under 36 years of age is characterised by being the age group with the lowest levels of spirituality and religiosity, both in global terms and in the majority of the elements analyzed in this dimension, after people over 50 years of age.

PEOPLE OVER 50 YEARS OF AGE.

People over 50 years of age have been a particularly visible group in the analysis of homelessness and housing exclusion. In this work, the reality of these citizens is outlined as follows. On the one hand, this group is characterized by being more present in HE situations ($x2 = 12.348$; $p = .002$), both before the pandemic and nowadays. On the other hand, people over 50 years of age have a worse assessment of their health status and, at the same time, have higher levels of psychological well-being. Thus, the reality of health in people aged 51 and over is in the opposite direction to that of younger people. In fact, the presence of a possible psychiatric illness due to high levels of distress is less than 70%, which is far higher in the other age groups. Similarly, the group of people over 50 years of age presents fewer problems of access to food, both at present and during confinement. In this respect, around the 25% of people aged 51 and over have had to stop eating sometime during the day.

One of the elements that outlines the reality of homelessness in people over 50 is the intense precariousness of social relations. In fact, although not significantly, this group has the lowest levels of social support. This is reinforced by the limited frequency of contacts with family networks, especially with siblings with whom there is very little contact, as well as with friends, neighbours and/or work colleagues. This is repeated both before the pandemic and today, pointing to the existence of conflictive relationships that lead to a situation of social isolation.

If there is another element that distinguishes the situation of people over 50 years of age, it is the limited access to ICTs. In fact, the digital gap is much more present in this group than in other age groups. Therefore, it stands out that both now and during confinement, access to ICTs presents greater difficulties for people aged 51 and over.

Considering the dimensions for which age has a special relevance in relation to access to social protection systems, the situation of older people

in HLN is outlined as follows. This is the population that most frequently receives GMI (29.8%) and that most frequently applies for MLI (43.2%). That is to say, this is the age group that seems to have the best access to social benefits but which is least likely to request housing resources (46.3%), information, guidance and shelter (44.5%); or specialised social assistance (11.1%).

Spirituality is characterized in this group by having the lowest levels. In addition, older people are those who least frequently affirm the different aspects included in the analysis of this dimension linked to faith, God, or the belief in the existence of a superior force, among other aspects considered. In other words, this is the age group with the least spirituality.

HOUSING SITUATION.

One of the relevant aspects of the results obtained points to a relative importance in relation to the differentiation and identification of residential situations. In other words, hardly any significant differences have been found considering the two main housing situations addressed: homelessness and housing exclusion. In spite of this, the housing situation of people in HLN is much more complex than that of people in HE, and it is outlined in the following way.

In relation to health, the housing situation is not a determining factor when analyzing self-assessed health, psychological distress and the possible presence of psychiatric illness or access to food before the pandemic. However, it is important when considering the feeding difficulties experienced by the PsHLN during confinement, so that the HLN (34.6%) poses more difficulties than the HE (23%) in attending to a basic and fundamental need such as food.

Hardly any significant differences have been found considering the two main housing situations addressed: homelessness and housing exclusion. In spite of this, the housing situation of people in HLN is much more complex than that of people in HE

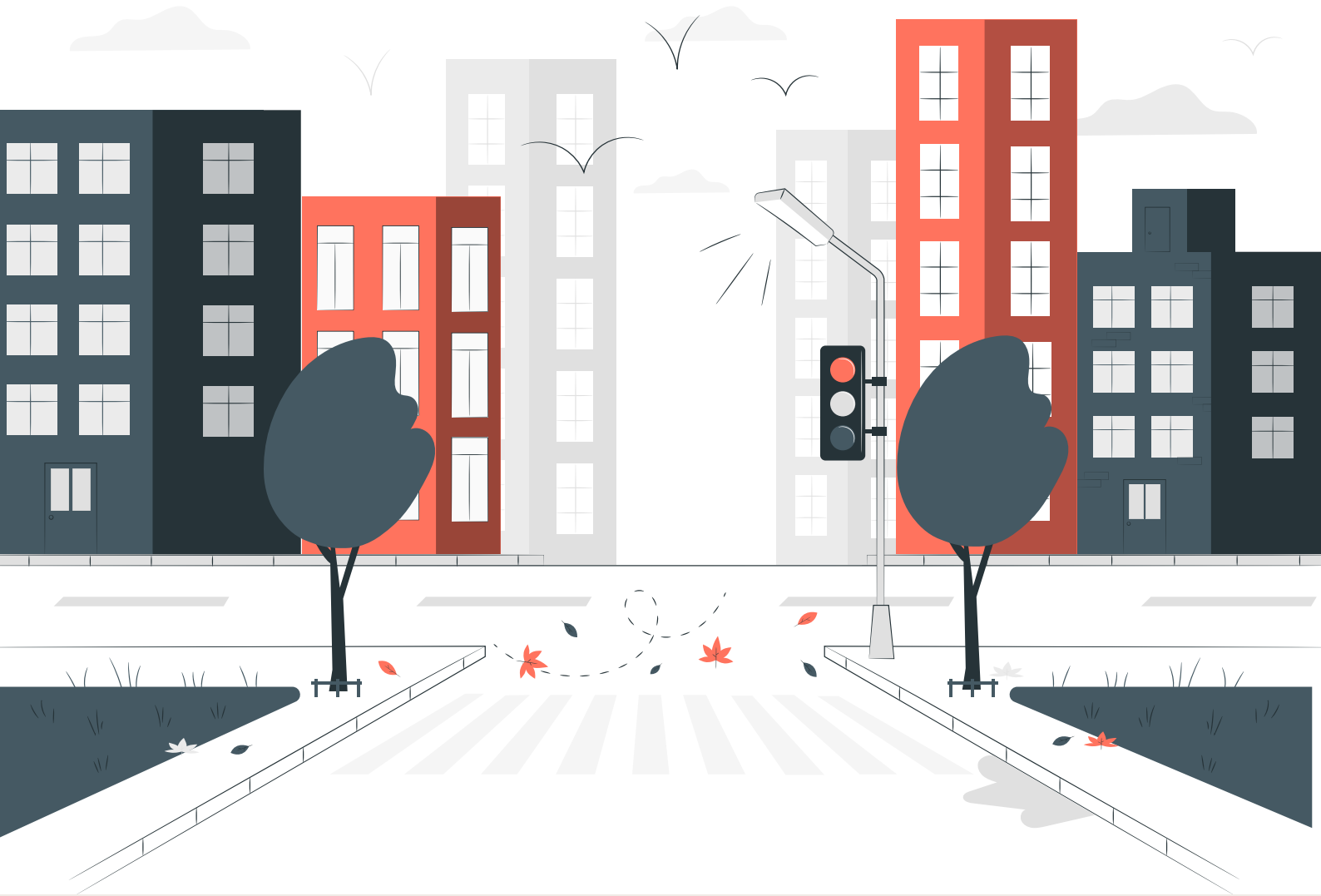
In relation to social networks and social support, the housing situation emerges as relevant in the following way. People in HLN are characterized by lower levels of social support than people in HE. In fact, in a particularly significant way, the current role of relationships with parents and neighbours marks an important difference between the two housing situations: people in HLN interact more frequently with their neighbours than people in HE. Also, they report that these relationships with their neighbours have improved since the beginning of the pandemic. However, it is more common for people in HLN to report not having relations with their parents and, if they do so, to do it less frequently than people in HE. In addition, people in HLN more frequently report that some of their relationships, such as those with their children and other family members, have worsened since the beginning of the pandemic (24.6% and 14.8%).

The digital gap impacts more strongly on HLN than on HE. This is especially true in relation to access to social networks and the impact of the closure of services and places through which they can connect. So, being in HLN entails greater difficulties in communication and contact with other people because of not being able to access social networks. Moreover, for people in HLN, the closure of services and places where they can access ICTs has had a greater impact.

With regard to social protection systems and their access, people in HLN tend to find out about resources through other entities (43.6%). In contrast, people in HE report doing so through family members and/or acquaintances (40.1%). In addition, people in HE are more likely to receive GMI. The precarious situation they face, makes people in HLN (51.7%) feel the need to turn to

some resource to ask for help for some situation generated by the pandemic more frequently. Moreover, they more frequently request resources for housing, wardrobes and specialised social assistance.

Finally, in relation to aporophobia, violence and discrimination, the weight of the housing situation points in the following direction: people in HLN experience more discrimination than people in HE. In fact, almost the 10% of people in HLN report feeling discrimination on a constant basis. Furthermore, it is more frequent that they have been victims of a crime (49.7%), especially of a sexual nature. Thus, it is confirmed that the living conditions imposed by HLN, especially those related to life in public spaces, constitute a fundamental element of risk.



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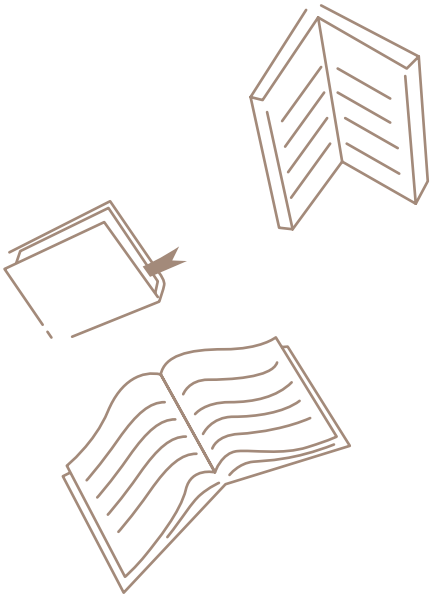

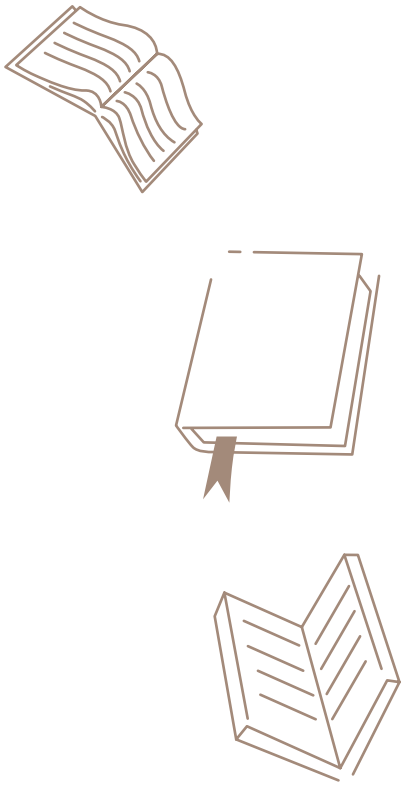

6 BIOGRAPHICAL PROFILES.

Below we provide a brief biographical profile of each of the 18 interviews conducted, describing the residential trajectories of the PsHLN participants in this research. The aim is to present an overview of how the trajectories of the participants have developed and, above all, how they have been impacted by the pandemic and the measures put in place to deal with it. In this way, the results presented in the previous pages can be better understood and contextualised.

Inma (LH-1.1).

Inma is a 20-year-old woman who is six months pregnant. She is the youngest of three sisters and has been raised by her grandmother since she was a child. Her mother has gone through many difficulties that made it impossible for her to take care of her daughters. Her father has been an absent figure and, when he was present, he mistreated Inma.

Inma's trajectory has included her going in and out of her grandmother's home and she has a very complicated relationship with her mother, who had already kicked her out of the house before, spending nine months between the street and different resources of the PSHLN care network.

Despite the constant coming and going from the family home, in December 2019, Inma returned to her grandmother's house, who lived with Inma's mother and one of her sisters. Given the initially conflictive relations, living together added more difficulties with constant fights and confrontations between Inma and her mother. Inma had a partner, who was homeless, and after a fierce fight with her mother, she decided to leave her grandmother's home in May 2020.

Since May 2020, Inma has been living with her partner in a squat. However, when she became pregnant in December 2020, she returned to her grandmother's house with her mother, who threw her out again in February 2021. Since then, she has been living on the streets. From the PsHLN care network, she has obtained a place in a resource for mothers in a situation of HLN. However, her partner is in Barcelona and she has decided to go there to live with him.

Camilo (LH-1.2).

Camilo was born in Peru in 1957, the penultimate of eight siblings. In 1975, when he was barely 18 years old, he arrived in a city in the north of Spain, where one of his sisters lived. In 1977 he moved to Madrid, where he has lived ever since.

The initial trajectory of Camilo, who has a son and a daughter born in 1998 and 2011 respectively, has been marked by attempts at survival, according to him, as is typical of someone who begins a migratory process. However, he managed to stabilize and educate, graduating with a degree in Business

Studies. In 1984, he got married and joined a large multinational company, where he worked as an auditor until 2010. Camilo says that up to that point, he and his family had lived without being limited by economic or employment difficulties.

However, in 2010, the Great Recession hit Camilo and his family hard. He lost his job and, trying to get ahead and overcome unemployment, he and his wife opened a Children's Leisure Centre, which closed just two years later. Due to the transformation of the family's living conditions, and the pressure of the economic difficulties, Camilo's family relationships became complicated, and they divorced in 2014.

At that time, Camilo left the family home and moved into different rented rooms and guesthouses. In 2017, with his new partner, he decides to go to Chile to rebuild his life project. Things didn't work out as he had expected and at the end of 2017 he returned to Spain, having lost the right to the unemployment benefit he was receiving. He found himself without housing and without resources, so he moved to live in a car in a town on the suburbs of Madrid where he had lived with his family, in order to be close to his children.

This situation lasted for more than two years. In October 2019, through the Social Services of the municipality in which he lived, he entered a programme of the Cold Campaign of the Madrid City Council through which he obtained a place in the housing resource in which he has been living since January 2020. It is in this facility where Camilo spent his confinement.

Félix (LH-1.3).

Félix is 62 years old and was born in the north of Spain. In 1984 he arrived in Madrid where he met his wife and mother of his two children, getting married in 1987. Two years later, in 1989, his eldest son was born. His daughter will arrive in 1998.

Félix is a cook by profession. He has been working as a cook since he was 14 years old and has maintained a stable job until 2018. This stability refers to the fact that Felix has had no difficulty in finding and changing jobs, moving house depending on where he started working. Thus, since his divorce in 2007, Felix has been moving house depending on the demands of his job.

In 2013, he started working in what was to be his last stable job, remaining there until 2018, when the restaurant closed and he was fired. Despite this, with sporadic jobs and unemployment benefits, although with difficulties, Felix managed to stay in his rented home. Félix stayed there until February 2020 when, after an argument with the owner of the house, he was forced to leave. For the first time, Felix spent five days on the streets.

At the end of February 2020, through the mediation of the Samur Social, Felix enters a facility of the Cold Campaign of the Madrid City Council, where he is when the State of Alarm is declared in March 2020 and where he spends the confinement. Since then, due to a fall, Felix has experienced different health problems, so he soon entered the waiting list for another housing resource. So, in November 2020, Felix managed to access the housing resource where he is at the time of being interviewed.

Arantxa (LH-1.4).

Arantxa is a 35-year-old transgender woman who was born in Morocco in 1986. At the age of three, she moved to Ceuta with her family. Her mother's economic difficulties and addictions meant that Arantxa ended up in a protection centre, separated from her two sisters.

Her parents died when she was barely 12 years old and Arantxa remained in an institution until she reached the legal age. Once she left the centre, she moved to Algeciras where she began a residential

trajectory full of instability, street situations, squats due to need and other situations of social and housing exclusion.

In 2016, Arantxa moved to Madrid and continued to live on the streets. However, for the first time, she came into contact with the PsHLN care network in Madrid, staying temporarily in a shelter.

In 2017, she moved back to Algeciras, where she intermittently repeated the previous process: she lived on the streets, in the homes of friends and other people she worked for in exchange for accommodation.

In 2018, tired of this situation of exploitation, she returned to Madrid. Once again, she alternated between living on the streets and forced cohabitation. In addition, that same year she was diagnosed of borderline personality disorder and decided to start the transition process.

In December 2019, she entered a resource of the Cold Campaign of the Madrid City Council, where she stayed until January 2020, when she started living with a family in exchange for doing different jobs. This situation, which had already happened in the past, put Arantxa in an extreme situation and at the end of March 2020, she left the house to be confined to the street.

She remained in this situation until August 2020, when she obtained a place in a resource to treat her mental illness. However, she continued to behave in a conflictive manner and was expelled, returning to the street and living with different families in exchange for employment. Arantxa will remain in this situation until May 2021, when she enters the emergency resource where she is interviewed. She is currently waiting, once again, for a residential place in Patología Dual.

Mamen and Sara (LH-1.5).

Mamen and Sara are a mother and a daughter of Venezuelan origin who decided to start a migration process in October 2019, arriving in Portugal.

In order to be able to come to Spain and have an income that would allow them to live until they found some job stability, the family sold all their belongings. The idea was to arrive in Portugal, where they had rented a room in a shared flat with another Venezuelan family. They wanted to try to find a job there and then move to Madrid, where they would resume their life project.

Mamen has a degree in Sociology and her daughter Sara would start her baccalaureate. Although Mamen quickly found a job when she arrived in Portugal as a private tutor, she lost it in just three months due to the pandemic. Unable to leave Portugal due to the closing of the borders, they run out of almost all the economic resources available. Mamen and Sara found themselves in a critical situation and in November 2020 they decided to travel to Madrid to see if their situation improves. With the few resources they had left, they rented another room in a shared apartment and, at the same time, applied for residency on humanitarian grounds.

The family stays in this apartment until May 2021, when they run out of resources to be able to continue paying for the room. Mamen turns to an association for help, where emergency housing is arranged for them in a specific resource for women. This completely new reality has a harsh impact on the family. Finally, the organisation Mamen came into contact with, arranged a transitional apartment for them, which Mamen and Sara moved into in May 2021 and where they are still living today. Sara is enrolled in high school and Mamen gets some occasional jobs. This, together with the financial and housing support they receive from the organisation, allows them to maintain themselves.

Eduardo (LH-1.6).

Eduardo was born in 1961 in Venezuela. Before arriving in Spain, as a graduate in English Philology, Eduardo worked as an English teacher and as a certified translator. However, due to the political and social situation, he decided to start a migration process, arriving in Spain in October 2019.

When he arrived in Spain, he started to live rented in the apartment of a friend who was working in another country at the time. From the beginning, he gets a job as a teacher in an academy. However, this brings him little earnings, so on his arrival in Spain Eduardo also starts, for the first time in his life, to contact different social care resources, especially catering.

In December 2019, Eduardo has to leave the house where he was staying. His owner has lost his job and has to return to Spain. Given this situation, Eduardo asks for help in the soup kitchen he attends, obtaining a place in the housing resource where he is currently staying. Thus, since January 2020, including the confinement, Eduardo has been living in a specific housing resource for PsHLN. At the same time, he teaches some private classes but has not yet regained the job stability he had in his country of origin.

Elena (LH-1.7).

Elena is a transgender woman born in 1998 in Madrid. Since she was a child, she has had conflictive relationships with her father and mother. In fact, when she was 14 years old, she entered, at her own request, the child protection system, where she remained under institutional care until 2016, when she reached the legal age.

From the first reception centre for minors, Elena moved to an emancipation apartment managed by an association, where she remained until 2018. From that year on, Elena began a pilgrimage through different residential resources that alternated with stays at her mother's home, with whom her relations continued to be complicated and violent.

In February 2020, Elena got a place in a shared apartment of an association for transgender people, where she remained throughout her confinement. In June 2020, after a confrontation with a housemate, Elena left the apartment and found herself in a street situation. Through Samur Social, she got a place in a guesthouse. That same summer, she entered a housing resource created to assist the HLN in a municipality on the suburbs of Madrid, where she stayed until November 2020, when the resource, created during the time of COVID, closed down. Elena then spent a few days in a shelter and at a friend's house until February 2021, when, after talking to her mother, she returned to the family home.

However, relations were very tense and, after having attacked each other, Elena's mother threw her out of the house, finding herself once again in a street situation. After a short time, Elena managed to find temporary accommodation in a resource for women in a situation of HLN.

At the time of the interview, Elena has been living for almost two weeks with her new partner, who, after leaving a PsHLN resource, has found a job and rented a small apartment.

Alonso (LH-1.8).

Alonso, born in 1961, has a history of precariousness linked to the consumption of addictive substances that began, intermittently, in 1978.

Despite this, Alonso maintained a stable job until the Great Recession hit. Together with his wife, he owned a bar which they were forced to close in 2009. The economic situation and the stress generated, and also made his marriage precarious and in 2010, Alonso separated from his wife. Since then, a process

of housing precariousness began. This situation was exacerbated by his addiction and the psychological discomfort it caused.

Alonso worked in different jobs as a cook and lived in shared housing until 2014, when he found himself on the streets for the first time. From the street, he accessed a temporary emergency resource and, from then on, he alternated accommodation in friends' houses with guesthouses, all depending on the economic resources available.

In December 2018, Alonso suffered a drug overdose. After leaving the hospital, he spent some time in a shelter and in August 2019 he entered a therapeutic community to treat his addiction, where he stayed for 6 months. After the therapeutic community, in February 2020, he enters a transitional apartment, where he spends the confinement. In this apartment, Alonso meets his former partner and, before the end of his stay, they both leave the apartment and go to live together in a room in a shared apartment. The relationship broke up in July 2020 and Alonso found himself back on the streets.

From that moment on, Alonso alternates stays on the street with the Cold Campaign facilities. He also returned to heroin use until he was overwhelmed and, in December 2020, he decided to start a methadone treatment and attend the addiction treatment centre on a regular basis. In parallel, he comes into contact with the soup kitchen where he is interviewed and, after being housed in a shelter, he finds employment as a head cook in May 2021. Since then, he has kept his job and has been staying in a guesthouse.

Hannya (LH-1.9).

Hannya is a 37-year-old woman of Moroccan origin who arrived in Spain in 1999, initiating a process of social and housing precariousness that, to a greater or lesser extent, continues to this day. The precariousness and difficulties she has experienced, together with her psychological distress, make it difficult to reconstruct her trajectory; Hannya illustrates the specific difficulties and risks faced by women in a situation of HLN.

Hannya has two daughters. Her eldest daughter, who is currently 17 years old, has been under the tutelage of the Community of Madrid since she was 4 years old. Her youngest daughter was born in 2019 from a relationship in which Hannya was a victim of gender-based violence. She currently has a restraining order against her ex-partner.

After going through different housing resources and spending a long time in a street situation, in 2016 Hannya got, through an association, a social rented apartment. This is the home where her youngest daughter was born and where, together with her, she spent the confinement and continues to live today. She is waiting to receive the MLI and has suspended the payment of rent until she has the financial resources to pay for her apartment again.

Reme (LH-2.1).

Reme is a 19-year-old girl who has spent practically her whole life moving from one institution to another. This began when she was 5 years old and was placed under the tutelage of the Community of Madrid, like her sisters.

Reme remains under tutelage in a centre until she reaches the legal age. At that time, she was transferred to another institution where, in 2018, she was victim of her first sexual assault. After filing a complaint and undergoing psychological treatment, in 2019 Reme returned to live with her mother, her grandmother and one of her sisters. However, in December 2019, relations became so complicated that her mother threw her out of the house.

Reme, who was working as a waitress, rents a room in a shared apartment where she spent the confinement and stays until January 2021. The man

she lives with, after drugging her, sexually abuses her, which is why she leaves the apartment.

Having nowhere to go, Reme spent a few days on the street until February 2021, when she entered a housing resource run by an association. In this resource, she coincides with her first aggressor, generating a situation of stress and anxiety that requires medication and also requires help in the search for new accommodation. In May 2021, she came into contact with the women's shelter where she was interviewed and where she is still at present.

Rosana (LH-2.2).

Rosana was born in 1993 in Madrid into a family whose mother has Diogenes syndrome. She has two children, the eldest was born in 2013 and the youngest in 2017. Both of them are the result of a troubled relationship in which Rosana has been a victim of gender violence. In addition, Rosana was diagnosed in 2004 as suffering from borderline personality disorder, which is currently untreated.

Until the arrival of the pandemic, Rosana lived with her children at her mother's house. At the time when the state of emergency was declared, Rosana's children were with their father in the country house of her ex-partner's family. Since then, Rosana has been separated from them.

Separated from her children, Rosana spends part of the confinement at her mother's house. After an argument, her mother throws her out of the house and with nowhere to go, Rosana moves in with her current partner and his family. Living together also becomes complicated and Rosana asks her mother to return; she refuses and ends up on the streets, staying in an abandoned building on the suburbs of Madrid until September 2020 when, desperate to see her children again, she asks her ex-partner for help, who sexually assaults her.

Once the de-escalation begins, Rosana's children return to their grandmother's home. However, Rosana's mother limits her opportunities to see them. In the meantime, Rosana gets accommodation in an emergency shelter for women and after that, in the specific Cold Campaign facilities until December 2020, when she obtains a place in the shelter where she is interviewed. Rosana is still separated from her children and trying to get a place in a resource for families in her situation.

Beni (LH-2.3).

Beni is a 52-year-old man who was born in a city in the south of Spain. In 1975 he moved to the Balearic Islands where in 1983 he started working as a cook in a large hotel chain, where he spent most of his working life.

In 1985 Beni married and moved with his wife to Madrid, where he still lives today. In 2008 he went through a stomach reduction operation and, in addition, he suffered a pulmonary thrombosis. This situation occurred at the same time as he lost his job in the hotel chain. However, despite the crisis, Beni soon found a new job.

The instability came when, in 2015, his wife died and Beni fell into a deep depression that caused him to quit his job and lose his home. For the first time, he finds himself homeless. After spending some time on the street, the police put him in contact with the Samur Social; then, Beni spent some time in the resources of the Cold Campaign and afterwards, for the first time, he entered the shelter where he was interviewed years later.

In 2017, Beni recovers and finds a job, which allows him to leave the resource for PsHLN. First, he rents rooms and then moves into a guesthouse, where he stays until the declaration of the state of alarm.

In March 2020, when the restaurant where he was working closed down, Beni lost his job and had to leave the guesthouse where he was living. This marks the beginning of his confinement on the streets. After three weeks on the street, Beni was admitted to a Cold Campaign facility. He then fell ill with COVID and after spending 10 days in hospital, he was put up in a medicalized hotel. Once he recovered, in April 2020, he was admitted to the PsHLN resource set up at IFEMA. After this, in July 2020, he went back to the shelter where he was interviewed and where he is still at present. Beni has also found a job and is trying to become stable before returning to independent living.

Daniel (LH-2.4).

Daniel was born in 1969 in Catalonia and soon left school to start working in livestock farming with his father. In 1987 his mother died and after a depression, he began to drink alcohol, something he would continue to do until 2019.

In 2003 Daniel moved to Madrid and began to work in different jobs which, although with difficulties, allowed him to maintain a certain housing stability. He began a relationship that lasted 6 years and, together with his partner, began to live in a rented house. However, in 2016 the relationship broke up and Daniel was forced to leave the house. With nowhere to go, he spends 6 months on the streets, and during this period he comes into contact with the PsHLN care network. It was in September of that year that he entered the shelter for the first time, where he was also interviewed years later.

In fact, since 2016, Daniel has not found residential stability. At the end of 2016, he left the shelter and moved between the street, emergency resources, prison and a community to treat his alcohol addiction. Currently, he has been alcohol-free since leaving the community at the end of 2019.

In December 2019, he enters an apartment to continue his treatment, where he is when confinement begins and where he will remain until August 2020. During the confinement, Daniel is hired for 6 months to reinforce the street cleaning and, when he finds himself with financial resources, he moves to a guesthouse with his partner, a woman he had met in the treatment apartment.

In a very unstable way, he remains in the guesthouse with his partner until, once his work contract ends and with it, his financial resources, in February 2021, he reapplies for a place in the shelter where he is interviewed.

Victoria (LH-2.5).

Victoria was born in 1970 in Paraguay. In 2006 she arrived in Spain and started working as a housekeeper in a family's domestic service. She kept this job until 2012, when she started working as a nursing assistant in a hospital in Madrid.

When she left her job as housekeeper, she had to look for a new place to live and started renting rooms in shared apartments.

In 2016 she was diagnosed with multiple sclerosis and although she was initially able to work, in 2018 her state of health became complicated and she began to be incapacitated, therefore, she applied for disability, dependency and, just before her confinement, incapacity benefits.

Despite these difficulties in finding a job, the pension she received, although with the help of other social protection systems and friends, allowed her to stay in rented rooms, where she spent the confinement. However, the economic situation and the depletion of friendship networks made it increasingly difficult for her to meet her expenses. As a result, in January 2021, Victoria began to live in an apartment run by an association, while at the same time obtained a place

in the catering resource where she was interviewed. Victoria is currently waiting for her disability to be processed and to start receiving dependency benefits, which is expected to improve her financial situation and, with it, her independence.

Fanny (LH-2.6).

Fanny is a woman who was born in 1988 in Spain into a Kenyan family. Fanny is the third of nine siblings, separated at a very young age after their parents' divorce. Although she spent time with her father, Fanny stayed with her mother, with whom she had a complicated and conflictive relationship.

Fanny maintained housing stability until 2018, when her mother leaves the rented house where they lived to go to Kenya and Fanny is left without a place to live. Given this situation, Fanny asked a friend for help and started living with him on a temporary basis until she found a job. At the beginning of 2019 she rents a room in a shared apartment.

In May 2019, she lost her job and was left without financial resources. After living with another friend, in November 2019 he moved into a squat, where she stayed for the duration of the confinement. When de-escalation began, tired of the squatting situation, Fanny entered a COVID resource for PsHLN and in July 2020, she entered a specific resource for women. At the end of her stay, in September 2020, she returned to squatting until January 2021, when she got a place in the accommodation where she was interviewed.

Fanny has now found a job as a kitchen assistant.

Khamir (LH-2.7).

Khamir was born in 1979 in Morocco and in 2007 he arrived in Spain, initiating a process of economic migration.

Shortly after arriving in Spain, Khamir started working in a carpentry factory, where he remained until 2011. Since 2011, coinciding with some of the most difficult years of the economic crisis, Khamir began to find greater instability. He got temporary and precarious jobs that hindered his economic independence and led him to an intermittent homelessness. Thus, in 2014, he accesses for the first time to a housing resource for PSHLN.

After three months at the resource, Khamir found a job again and started renting rooms. The precariousness of his situation led him to apply for food aid. With that, he remained stable until 2016; that year, he returned to the shelter and, once he left, he started again the process he went through in 2014. This time he maintains a certain residential stability until the end of 2019. At the end of 2019, he again applied for a place in a PSSH resource and just a month before the start of the pandemic, he left the shelter when he found a job, which he lost with the onset of the health crisis.

In March 2020 Khamir was working as a waiter and living in a room in a shared apartment; however, when the state of alarm is declared, Khamir, as said, lost his job. With his savings, he managed to stay in the apartment until October 2020, when, due to the lack of funds, he was forced to return once again to the housing resource where he had been in the past and from where he participated in the research.

Hamir (LH-2. 8).

Hamir is a 23-year-old young man who was born in Morocco in 1998 and arrived in Spain in 2016. Thus, at the age of 18, he began a process of migration on his own, which led him, shortly after arriving in the country, to come into contact with the network of resources for PsHLN.

In 2017, he accessed for the first time the resource where he was interviewed years later. He stayed there for a short time and in December 2017, he moved to Barcelona with a friend to look for a job. Things did not work out as he had expected and, given the lack of employment, he returned to Madrid in August 2018.

Once again, he was placed in another housing resource for young people in a situation of HLN, which belonged to an association. He only stayed at this association for a month, because in September 2019 he found a job in a hairdressing salon and rented a room in a flat shared with several friends.

It was in this place that he was confined. In March 2020, Hamir lost his job when the hairdresser where he worked closed down. The funds he had enabled him to stay in his apartment until June 2020, when he reapplied for a place in the housing resource for PsHLN where he was interviewed.

Hamir is currently employed in a hairdressing salon and stays in the housing resource for PsHLN in order to gain more stability, as a launch pad for independent living.

Natalia (LH-2.9).

Natalia is a woman born in 1966. She graduated in economics in 1995 and worked as an administrative assistant in different companies until 2014. In this sense, Natalia says that she has always had job stability until 2014, when she lost her last stable job. From that moment on, the unemployment benefit made Natalia unable to pay the mortgage. In 2015 she suffered a foreclosure, initiating her residential instability.

Between 2015 and 2020, she moved between different apartments and shared rooms depending on her employment situation. However, since the end of 2019, when she had her last job, she has not returned to work, making her situation very complicated. In fact, in March 2020 she was living in a room in a shared apartment, in which she remained during the confinement and all the time that the funds at her disposal allowed her to do so.

In June 2020, she entered a housing resource for the first time, as well as the catering resource where she was interviewed. She is currently residing in a guesthouse, waiting to enter a specific housing programme for elderly women in a situation of HLN.

7 METHODOLOGICAL ANNEX.

The research presented in the preceding pages has followed a mixed methodological design with the following fundamental research techniques: on the one hand, the questionnaire survey and, on the other hand, the life histories. This was supported by the analysis of secondary data from different sources of information.

In order to delve into the specific impact that the COVID-19 crisis has had on the health and quality of life of PsHLN, the research has set out the following general and specific objectives.

S.O.1. To analyze the impact of the SARS-CoV-2 pandemic on the health, quality of life and living conditions of PsHLN in Spain.

S.O.1.1. To delve deeper into the dimensions of quality of life that have been affected by the pandemic in the PsHLN attended by Red FACIAM.
S.O.1.2. To analyze the situations of health exclusion that have occurred in the lives of the PsHLN assisted by Red FACIAM in the context of the SARS-CoV-2 pandemic.
S.O.1.3. Identify the gender inequalities that the pandemic has generated in the health, quality of life and living conditions of the PsHLN attended by the Red FACIAM.

S.O.2. To analyze the transformations generated by SARS-CoV-2 in the reality of homelessness.

S. O. 2. 1. To reconstruct the experience of homelessness of the PsHLN assisted by Red FACIAM during the pandemic.
S. O. 2. 2. To describe the transformations that have taken place in the life trajectories that lead to the situation of homelessness of the people assisted by Red FACIAM in the context generated by SARS-CoV-2.
S. O. 2. 3. To identify gender inequalities in the biographical trajectories of the PsHLN assisted by Red FACIAM during the pandemic

QUANTITATIVE METHODOLOGY: THE SURVEY THROUGH A QUESTIONNAIRE

A questionnaire was designed ad hoc and administered to PsHLN who are users of different resources of Red FACIAM. The aim of the questionnaire was to analyze the impact of the SARS-CoV-2 pandemic on the health, quality of life and living conditions of the PsHLN assisted by Red FACIAM, looking in depth at the dimensions of quality of life that have been affected by the health crisis.

The questionnaire consisted of a total of 160 questions grouped into eight blocks/dimensions:

- **BLOCK A.** Homelessness and housing exclusion (33 questions).
- **BLOCK B.** Employment and socio-economic situation (12 questions).
- **BLOCK C.** Social services and social care network (26 questions).
- **BLOCK D.** Physical and mental health (45 questions). Includes the 12-item version of the GHQ-12 (General Health Questionnaire).

- **BLOCK E.** Discrimination and violence (6 questions).

- **BLOCK F.** Social support and networks (9 questions). Includes the OSSS-3 (Oslo Social Support Scale).

- **BLOCK G.** Access to technologies (12 questions).

- **BLOCK H.** Socio-demographic data (17 questions).

Sampling and quantitative sample.

The research followed a convenience-sampling scheme with quotas derived from the application of the following variables/processes:

- **Onset time of homelessness:** before the start of the pandemic / after the start of the pandemic.

- **Operational definition of homelessness:** Homelessness (HLN; ETHOS 1 and 2) and housing exclusion (HE; ETHOS 3 and 4).

- **Gender:** male/female.

- **Origin:** foreign/non-foreign.

A total of 641 questionnaires were collected with the participation of 13 facilities/devices of Red FACIAM. Of the 641 participants, the 64.6% are men and the 34.9% are women. In addition, a 62.1% are people of foreign origin; a 37.9% of the participants are of Spanish origin.

The average age of the participants is 46 years old (born in 1975), with a predominance of people between 45 and 65 years old (51.6%). The presence of young people stands out. In fact, almost the 19% of the people interviewed are under 30 years of age and the 22.5% are under 45 years of age.

Regarding the housing situation of the participants, the 52% reported being in a situation of HE (ETHOS 3 and 4) and the 48% reported being in a situation of HLN (ETHOS 1 and 2).

Questionnaire administration.

The questionnaire has been adapted to a digital version (online) using a specific web-based questionnaire design programme and has been applied by a member of the research team in the offices of the entities of Red FACIAM. In addition, support has been provided from the participating facilities by administering questionnaires and providing access to the sample.

QUALITATIVE METHODOLOGY: LIFE HISTORIES.

Homelessness has been tackled from a biographical approach by means of life histories of PSHLN users of Red FACIAM with the aim of analyzing the transformations generated by SARS-CoV-2 in the reality of homelessness. In this way, the impact of the SARS-CoV-2 pandemic on the health and the quality of life of PsHLN has been studied in depth, considering the dimensions and situations that have been most affected by the health crisis.

Sampling and qualitative sample.

The qualitative sampling was guided by criteria of socio-structural representativeness, being non-probabilistic, intentional and theoretical. It was based on the definition of four dimensions or sample inclusion criteria:

- **Onset time of homelessness:** before the start of the pandemic / after the start of the pandemic.

- **Operational definition of homelessness:** Homelessness (HLN; ETHOS 1 and 2) and housing exclusion (HE; ETHOS 3 and 4).

- **Gender:** male/female.

- **Origin:** foreign/non-foreign.

From the combination of these criteria, the trajectories of the people to be interviewed or, in other words, the sample of people participating in this study, have been designed.

Eighteen people took part in the study. In other words, a total of 18 life stories were developed. The description of the people who formed part of the sample, according to the criteria and dimensions considered for its design, can be consulted in table 1.

Development of the life histories

The life histories have been constructed on the basis of different interview sessions. These interviews were audio-recorded, ensuring anonymity and confidentiality of the information, and obtaining the informed consent of the participants.

In general, each person participated in two interview sessions lasting approximately 1.5 hours each. Each interview was transcribed and anonymized after the interview, respecting the maximum literalness of both verbal and non-verbal language.

Although the interviews were flexible and open, there was a thematic axis that guided the development of the sessions. As in the questionnaire, this thematic axis focused on the following dimensions:

- Information and personal project.
- Housing biography / homelessness.
- Work and training biography: before and after confinement.
- Physical and mental health.
- Aporophobia, discrimination and violence.
- Social support and support networks
- Migration project (if any).
- Access to social protection systems.
- Access to ICTs.

Both these dimensions and the interview sessions were crossed by two axes; the inflection and change points and the time criterion. The first refers to the consideration of the points of rupture and crisis in the person's life. The second is inserted in the consideration of each social reality before and after the beginning of the pandemic, but also during the confinement.

Qualitative data analysis.

The analysis of the life histories has been approached from a structuralist perspective (Santamarina and Marinas, 1995), illustrative with the aim of linking the life histories of the PsHLN to socio-historical situations and circumstances, specifically in the context of the SARS-CoV-2 pandemic. The analysis is the result of a combination of analytical proposals based on Bertaux's (2005) comparative analysis and thematic analysis.

The analysis has been developed using the computer tool ATLAS.ti 7 in its Windows version.

Table 1. Description of the qualitative sample.

BEFORE COVID								
LH	Pseudonym	Gender	Origin	Age	Studies	Confinement	Housing Situation	Current housing
LH-1.1	Inma	W	Spanish	20	Secondary	Cohabitation	Homelessness	Street
LH-1.2	Camilo	M	Spanish	62	University students	Shelter	Homelessness	Shelter
LH-1.3	Félix	M	Spanish	62	Baccalaureate	Cold campaign	Homelessness	Reception centre
LH-1.4	Arantxa	Trans	Foreign	33	Primary	Street	Homelessness	Emergency centre
LH-1.5	Mamen y Sara	W	Foreign	49 and 18	University	Cohabitation	Homelessness	Transitional apt.
LH-1.6	Eduardo	M	Foreign	60	University	Shelter	Homelessness	Shelter
LH-1.7	Elena	Trans	Spanish	23	Secondary	Association apt.	Housing Ex.	Cohabitation
LH-1.8	Alonso	M	Spanish	59	VET	Association apt.	Housing Ex.	Guesthouse
LH-1.9	Hannya	W	Foreign	38	Primary	Rented housing	Housing Ex.	Rented housing

Table 2. Description of the qualitative sample.

AFTER COVID								
HV	Pseudónimo	Gender	Origen	Age	Estudios	Confinamiento	Sit. residencial	Alojam. actual
LH-2.1	Reme	W	Spanish	19	Secondary	Rent	Homelessness	Emergency apt.
LH-2.2	Rosana	W	Spanish	28	Secondary	Cohabitation, street and cold campaign	Homelessness	Emergency apt.
LH-2.3	Beni	M	Spanish	52	Primary	Street and COVID Resources	Homelessness	Shelter
LH-2.4	Daniel	M	Spanish	52	Primary	Shelter	Homelessness	Shelter
LH-2.5	Victoria	W	Foreign	51	VET	Rented room	Homelessness	Organisation apt.
LH-2.6	Fanny	W	Foreign	33	Baccalaureate	Squatting	Homelessness	Emergency apt.
LH-2.7	Khamir	M	Foreign	42	Primary	Rented room	Homelessness	Shelter
LH-2.8	Hamir	M	Foreign	24	VET	Shared apt.	Homelessness	Shelter
LH-2.9	Natalia	W	Spanish	55	University	Rented room	Housing Ex.	Guesthouse

Executive summary

Studies on the phenomenon of homelessness are not very numerous in our country. Moreover, many of them refer to partial realities, specific aspects or have an excessively local character. Currently, as a result of the COVID-19 pandemic, numerous research initiatives have arisen regarding the effects of this pandemic on the Spanish population. However, there are no initiatives dedicated to analyzing its impact on people in homelessness. This is why FACIAM has developed a study that aims to highlight some of the aspects that affect one of the most invisible groups in the social reality of our country.

In this executive summary we provide the most general conclusions of the report "Social exclusion and COVID-19: the impact of the pandemic on the health, welfare and living conditions of homeless people", the result of the research carried out by FACIAM with the collaboration of the University Institute of Development and Cooperation of the Complutense University of Madrid.

The objective of this research is twofold. On the one hand, it analyzes the impact of the COVID-19 pandemic on the health, quality of life and living conditions of people experiencing homelessness and housing exclusion in Spain. On the other hand, it attempts to delve into the changes generated by COVID-19 in the life trajectories that lead to homelessness.

The following conclusions are the headlines drawn from the data set and the analysis of the Report. However, a complete reading of the report helps to understand the different shades that explain the current situation of homelessness and housing exclusion.

1 The pandemic has increased the number of people in situations associated with the most serious homelessness

From the beginning of the pandemic in February 2020 to June 2021, approximately one and a half years, the most severe homelessness (ETHOS categories 1 and 2 of the European classification of homelessness and residential exclusion) **has increased from 43% to 48%.** As homelessness has increased, the figures for residential exclusion (ETHOS 3 and 4) have simultaneously decreased from 57% to 52%.

This increase is **the result of two fundamental causes.** On the one hand, **the long blockade produced by the pandemic in the processes of integration and social participation** that people in situations of homelessness and residential exclusion were previously developing. A blockade related to the impossibility, paralysis or changes in procedures for using the resources on which they usually relied. On the other hand, the widespread deterioration of the most excluded sectors of our society, as indicated by other sources (EINSFOESSA, 2021), has had a significant impact on people in a situation of homelessness, **increasing the volume of problems and difficulties they have to face in order to survive.**

This increase in the population of people experiencing extremely serious homelessness points towards two future paths. One is the need for a **new reinvestment** in support and accompaniment resources from the programmes that are currently being developed. Another is **an evaluation** of the public policies of "last resort" that have been carried out in response to the pandemic in terms of their capacity to provide coverage for this group, which has been clearly insufficient.

2

Three out of four people experiencing homelessness and residential exclusion find themselves in front of the door of a social lift that is broken. The fourth, who manages to climb up the elevator shaft, comes across a person who falls down it and occupies his or her space

The processes of social mobility between homelessness and housing exclusion take place mainly from the "new normal". The transitions between pre-pandemic and confinement in no case exceeded 9%. It seems that, between the pre-pandemic situation and the arrival of confinement, no major mobility processes take place in the context of situations of extreme social exclusion.

However, **at present, these mobility processes between the two broad categories are around 24%.** The volume of these transitions indicates that 24.3% move from housing exclusion to homelessness and 23.9% move from homelessness to housing exclusion.

Social mobility within homelessness brings together a wide range of circumstances. Here are a few examples that explain **the impossibility of moving away from the "muddy ground".** Most of the mobility processes initiated by confinement generated transitions of people from living in rented rooms/flats to specific resources for homeless people (17.8%). Currently, 55.2% of people participating in the research report sleeping in different places than before the pandemic and during confinement. **The instability of access to a permanent housing resource again points to the intermittent and dynamic nature of homelessness and housing exclusion.**

Without permanent **public housing policies** it is not possible to stop the rise in homelessness and housing exclusion. The housing resources that are linked to the of public or concerted social service care networks cannot cover the need for **permanent private housing**.

3 Being a woman and being young exacerbates psychological and emotional distress and increases the possibility of poor mental health among homeless people.

The psychological and emotional well-being of people experiencing homelessness and housing exclusion is one of the realities that influences the most their social participation. Currently, several research studies have shown an increase in problems related to mental health, either directly related to the pandemic or to other aspects linked to the social reality of uncertainty that characterizes our time.

National pre-pandemic data available through the National Health Survey estimated that 18% of the general population had high levels of psychological distress, indicators of possible cases of mental health problems. Among people experiencing homelessness and housing exclusion, there are no global pre-pandemic studies, but the data obtained from this research are truly worrying. **A total of 67% of the participants are at risk of presenting a possible psychiatric case due to reporting high levels of distress.**

It is difficult to know whether this reality regarding psychological distress is a direct consequence of the pandemic. However, **although in many cases mental health was already affected (more than 9% of the participants have a diagnosed mental illness),** the pandemic has not made the situation easier, especially, given the impossibility of properly continuing the processes already initiated in the mental health services, the uncertainty associated with the services of basic need and the standstill linked to the processes of inclusion.

Specifically, **the deterioration of mental health is more pronounced among the women** who have participated in the research. **80.5% have high levels of psychological distress** that point to a possible case of poor mental health. **In the case of men, this percentage is 66.3%.** It is also noted that, as the age increases, the possible presence of psychological distress decreases. **77.6% of young people present symptomatology that is linked to poor mental health.** However, this situation affects 76.2% of people between 36 and 50 years of age, and 64.4% of people over 50 years of age.

With the secular weakness of our mental health care system, it is not possible to cope with the extent shown by the research. **Strengthening mental health resources** will be key in a future reconfiguration of homeless care networks. Generating dual services, training professionals in the health network or providing preventive health care tools to the resources of people in homelessness situations may be some of the strategies to assess.

4 The social isolation of homeless people has not had a protective effect against the pandemic. The living conditions have been a fundamental element in the transmission and prevalence of the virus

Since the beginning of the pandemic, it was considered that the prevalence of COVID infections among the population experiencing homelessness and housing exclusion had been lower due to the reality of isolation they face. Speeches such as the following, one fed this hypothesis:

> *In the environment where I have been, which was an environment of absolute poverty and poor hygiene, there was very little incidence. I saw very few cases of positives and I think that in the end it was because we didn't interact with anyone either. If you go out on the street and you're alone all the time... even if you sit on a bench, even if you eat a sandwich, no... there was no exchange, right? and it was more difficult.* **(Alonso. LH-1.8).**

However, **16.2% of the people experiencing homelessness and housing exclusion participating in the study, reported that they had had COVID, and 4% had been hospitalized as a result of COVID. Meanwhile, the prevalence reported by the general population was 6.7%.**

Transmission could have been limited in the case of people who experienced the hardest moments of the pandemic alone and on the streets. However, the discourses of people who were confined in collective accommodations or shared housing illustrate that this hypothesis of isolation is not valid in a large number of cases.

> *For example, you were feeling sick. A fever of thirty-eight, right? Well, then... bang! You went to a room next to reception, where there was a sofa, and they left you there, right? The rest of the other people in the room, as they had had contact with him, they left us all in the room. And I said: if this guy has Covid, even if he has only infected one of the nine, the other eight of us will go ahead.* **(Félix. LH-1.3).**

The previous health conditions (more than 30% reported having a diagnosed physical or mental illness) but, **especially, the living conditions during confinement have been a major risk factor for infection** and the prevalence of the virus among this population.

Rethinking collective housing alternatives in terms of greater privacy will be one of the lessons that the pandemic has taught us. Moreover, how to foster greater privacy that does not lead to greater isolation will be one of the challenges that social innovation will have to model and implement.

5 Aporophobia and victimization constitute a central element that increases the gender gap that makes women in a homeless situation a group at special risk and vulnerability... and particularly so if you are an immigrant woman

Aporophobia and victimization are at the core of the understanding of the lives of people experiencing homelessness. Women feel more discriminated against when facing situations of social exclusion. Among them, 22.1% sometimes, 18.5% many times and 11.3% constantly. This last figure is particularly relevant if we consider that the proportion of men who feel discriminated against, on a constant basis, is less than 5%.

Women are more likely to report having been victims of a crime, both before and after confinement. **It is remarkable that almost 13% of women report having been sexually assaulted before the pandemic.** Once confinement began, this reality affected 2.7% of women participants.

> *In January, as he hadn't had enough, he... raped me. I just... I got used to it. It was ten years of abuse (...). I was just completely shattered, I realized at that moment that, even if I tried to rebuild my life and he supposedly rebuilt his with another couple... he was always going to treat me like a toy and... of course, allowing him to do everything I had allowed before.* (Rosana. LH-22).

Gender-based violence is found in the most severe situations of homelessness and is so complex that it often exceeds the capacity of specialized resources to deal with it. We must propose more integrated working approaches where all the dimensions of exclusion are taken into account.

6 Social relations are key, as well as housing, for the design of any strategy for the eradication of homelessness. Three out of every five people surveyed have no one or, at the most, only one person to turn to in case of need

The family support, the support of the nearby environment, the support of the community of citizens where you live, etc., is crucial to guarantee the welfare, the protection and the development of the human being. The more support, the more opportunities. The more networks, the more protection. Therefore, the stronger the relationships are, the greater the prevention of social risks will be. **The pandemic has further problematised the social relationships and support networks of people affected by homelessness and housing exclusion.**

While the reality of isolation and lack of support was pre-pandemic (most people say they had weak social networks), **since the advent of COVID this situation has increased.**

Relationships were more frequent before the pandemic than they are at the present time. Thus, the pandemic has added difficulties in creating new networks and, above all, in maintaining the few relationships that the participants had. This means that **more than half of those experiencing homelessness and housing exclusion report low social support (55.7%).** In fact, only 7.2% of survey respondents report high levels of social support.

> *"All this has made me realize that... I can't really trust anyone... I mean... you're on your own and that's it.*
> **(Elena. LH-1.7).**

Only the 8.3% of the respondents say that they have someone close to them who they can count on when facing relevant problems. The 21.7% have no one at all, and the 42.7% can count on one or two people around them at the most. The social relations of people in a situation of homelessness and housing exclusion are almost null and linked to their referring professionals.

The most significant differences in terms of housing between those who are homeless and those who are in housing exclusion are basically those related to a greater digital gap; a greater risk of being victims of aporophobia, violence and discrimination; the possibility of accessing economic benefits and, above all, the type of social relations they maintain.

A model for preventing and tackling homelessness only based on the right to housing remains insufficient without the simultaneous development of **the right to have a community** (family, close social network) in which to live and develop.
The progressive individualisation of social relations, the reliance on models that seek the solution to homelessness exclusively in the provision of material tools, does not take into account the need to focus on **the mechanisms of socialisation** and **the fight against the psychosocial deterioration** suffered by these people.
This element, which is central to the study, should be **studied in depth, as a failure to work on the creation and improvement of social relations and support networks** of people in a situation of homelessness and housing exclusion could lead to the chronification of these people within the welfare networks or to the failure of inclusion and autonomy programmes.

7 Social protection mechanisms have proven to be weak and difficult to access for people experiencing homelessness and housing exclusion, especially during confinement

There are three main channels for social inclusion in our current social model. These are, the employment, the social protection mechanisms developed by social welfare states, and all those related to the opportunities and capacities of the social and personal environment in which one develops.

Among people in a situation of homelessness and housing exclusion, 16.1% have access to economic income through employment (precarious and marginalised); 31.3% are receiving some type of economic social benefit; 8.1% survive thanks to the help of family, friends or begging; and 46% have no income.

In particular, if we analyze income through social benefits, the 23.4% would be receiving a minimum income from the Autonomous Community and the 5.6% the Minimum Living Income, both considered to be the last mechanism of social protection through income available in our system. It is particularly important to know whether people who do not receive this type of income have ever applied for it in an attempt to gain access to this type of social benefit. A total of 76% said that they had never applied for a Guaranteed Minimum Income, and 62.6% reported that they had never applied for a Minimum Living Income. The non-take up effect is very high and the current regulatory, publicity and accessibility measures do not manage to reduce it. Believing that they do not meet the requirements, the lack of knowledge and not being concerned are the main reasons expressed.

> *E: And have you applied for Minimum Income, Minimum Living Income or...?*
> *A: No, because I have to be census-registered for a year to be able to apply for it.*
> *I: And you are not census-registered*
> *A: No*
> *E: Nowhere*
> *E: Nowhere.* **(Arantxa. LH-1.4).**

The efforts made by the different public administrations in terms of benefit policies have not been able to reach the group of citizens who could need them most. There are people in need beyond the ERTE and people entangled in the maze of administrative bureaucracy who are expelled from the protection system. The different governments, both central and autonomous, must advance in the **development of policies** of reliability towards potential aid beneficiaries, for instance, by responding quickly to the needs and allowing the justification of the requirements afterwards.

8 Young people are becoming more and more visible in homelessness

Young people are more visible in homelessness than in housing exclusion, a situation that has been observed since before the pandemic. It seems that the pandemic has not intensified the presence of young people, but it has maintained the trend.

Fundamentally, young people are found to have better self-perceived health than other age groups. However, **people under 36 years of age show a greater psychological deterioration.**

Moreover, another of the differentiating elements of homelessness in young people is the precariousness of their social relationships and social support networks. In fact, around the 25% of people under 36 years of age report having no relationship with their parents. They are also **the group that has the worst access to economic benefits and that most frequently requests resources for housing, information, counselling and shelter.**

The finding of the greater weakness of the relational frameworks is in line with other research that points to the inelasticity of family relationships, causing a significant effect of abandonment that cannot be compensated only by the existence of alternatives linked to housing. **The existence of a core of reference and relationship with other people is key to the prevention of youth homelessness.**

The data on economic vulnerability and the apparent lack of linkage with public resources both for obtaining social protection benefits as well as for care and health, are in line with the intervention data of the FACIAM Network and seem to configure a phenomenon of youth homelessness that needs to be carefully studied. It is likely **that the configuration of bridging programmes that consider the transition to adulthood, the coordination with other resources and services and a high-impact and comprehensive approach** are necessary ingredients of a specific treatment of this phenomenon.

9 The spirituality is shown to be a key dimension in the resilience processes when facing the adversities of homelessness and housing exclusion

This research explores spirituality, **an aspect of homelessness and housing exclusion that is rarely addressed. Between 50% and 60% of people experiencing homelessness and housing exclusion are people with a high need to rely on this dimension in order to cope with the difficulties they face.** Spirituality is understood, in most cases, linked to religion, but not only. Different ways of understanding it and connecting with the different aspects that materialise it, can be glimpsed. Spirituality tends to be basically the search for solace, strength and inner harmony.

> *I think all human beings should have a spiritual side because not everything in life is material. In fact, the day we leave this place we don't take anything with us, if anything, the clothes they put on us, and you don't even have the power to choose them.* **(Eduardo. LH-1.6).**

Specifically, women, people between 36 and 50 years of age and people of African or Latin American origin are considerably more spiritual.

The data obtained indicate **the need to regularly integrate the work in this dimension into the processes of accompanying people in situations of homelessness and housing exclusion.** A misunderstood secularism may be ignoring the needs of many people to consider spirituality as a dimension of social intervention processes.

10 Homelessness is characterised by an increasing complexity. It is the result of a set of processes which, in their interaction and combination, generate a significant heterogeneity in the reality of people in a situation of homelessness and housing exclusion

The aim is to emphasise the intersectionality that characterises the processes of social exclusion and to note that **the different "profiles" that we can identify within homelessness do not only derive from the degree of accumulation of social disadvantages, but also from the complex and specific interaction of processes that produce qualitative differences in the characteristics of homelessness.**

As detailed in this report (especially in chapter 4), the analysis of homelessness requires the simultaneous consideration of a broad set of socio-economic and biographical processes. Likewise, the consideration of certain socio-demographic characteristics (age, gender, nationality) implies the existence of distinctive features in the process of social exclusion associated with homelessness.

Considering this complexity will help to improve the processes and programmes of social protection and psychosocial support, avoiding an oversimplification of social intervention in homelessness situations.

It is particularly important to keep in mind that the multiplicity of causes and consequences of homelessness makes it extremely difficult to generate universally valid "recipes" to tackle and redirect the biographies of exclusion that characterise these citizens. In this sense, the specific features of homelessness among young people, migrants or women draw attention to the increased complexity that characterises the processes of exclusion, and suggest the need for specific studies and descriptions that address the intersectionality that characterises homelessness in contemporary Spanish society.

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