

## Food and social inequalities

### Food services for the homeless in Spain: Caritas Programme for the Homeless

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#### Abstract

Homelessness includes a wide range of people, from those living on the street (strictly homeless) to people living temporarily with relatives or friends because they have lost their home. Programmes for the homeless should design strategies aimed at encouraging insertion processes, thus considering the different dimensions involved. Within this framework Caritas delivers an array of assistance services for the homeless facing the stages of insertion. In Spain there are 315 centres offering meals for 20 000 people, most of them along with other services such as reception, residential premises or day-care centres. Caritas is responsible for 42% of them. Overall, it is easier to get a lunch than any other meal during the day, followed by dinner, while it is difficult to get a breakfast.

Social dining rooms are valuable places for a first contact (first stage of the insertion process) and even to start the second stage (personal recovery).

**Keywords**  
Homelessness  
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Food service  
Residential homes

Although there is no clear definition for 'homelessness' in Western countries<sup>1</sup>, in its fifth report the European Observatory on Homelessness stated: 'The homeless are people who can not have access to a personal, permanent and adequate housing, those who are not able to maintain it for economical reasons or any other social barrier, or people who cannot access or maintain their homes because they are unable to have an independent life and require care and assistance, but not to live in an institution'.

This is a broad definition that includes a wide range of people, from those living on the street (strictly homeless) to people living temporarily with relatives or friends because they have lost their home. Caritas' action plan has traditionally focused in the first group as an extreme poverty emergency situation, although there is a growing number of Caritas units that are broadening the field to other homeless groups (immigrants, mentally ill people without a family, etc.) or acting directly to prevent housing problems.

#### **Social exclusion, social insertion**

Within the Caritas framework for action, social exclusion is the undesired situation resulting from a process characterised by three disruptions<sup>2</sup>: economical vector (poverty), social relations vector (isolation) and life orientation vector (vital dynamism).

Three areas have been defined depending on the degree of disruption in each dimension: integration area, vulnerability area and exclusion area. Preventive actions should focus on vulnerable situations. Exclusion situations are characterised by need, missing links and dependence<sup>3</sup>.

Thus, insertion process programmes should design objectives and strategies aimed at the three vectors: against need, to have access and practise social rights; against missing links, restoring social networking and participation; and against dependence, to reinforce self-confidence and as much autonomy as possible. In order to achieve these goals, three simultaneous strategies must be set in place: personal reinforcement (personal construction); occupational actions (social usefulness); and work strategies (training, developing social skills, looking for a job, alternative jobs, etc.)<sup>4</sup>.

#### **Stages of insertion**

Insertion actions need to be tailored to individual needs, although there are five stages to follow in the process, as summarised in Table 1, along with key objectives to achieve in each. The Caritas Programme for the Homeless adds a sixth stage, so-called 'damage reduction', for people 50 years and older who have serious difficulties with plain insertion in the workforce or with having an

**Table 1** Stages of insertion and objectives to achieve in each stage

Stage	Objectives
Stage 1: Contact	To create links
Stage 2: Personal recovery	To set reference frameworks
Stage 3: Labour competence	To develop skills and working habits
Stage 4: Work insertion	To get a stable remunerated job
Stage 5: Autonomous life	To be able to develop and independent life

independent life. In this group of people, objectives to achieve are the following: to improve quality of life; to alleviate suffering; and to offer intermediate spaces, enabling access to social services provided for people 60 years and older when they reach retirement age (65 years)<sup>5</sup>.

Caritas' action for the homeless has planned an array of services and centres according to the objectives designed for each stage in the process.

1. Contact services – reception services; outdoors work; low requirement centres; dining rooms; premises for personal hygiene (shower, laundry, clothing); social emergency centres (1–6-day stays).
2. Personal recovery – temporary residential centres (7–90 days); day centres; occupational workshops.
3. Occupational training – insertion centres (up to 2-year stay); occupational workshops; other social resources (e.g. unemployment office, trade unions).
4. Workforce insertion – job workshops (paid for); insertion company; job advice.
5. Autonomous life – tutored homes.
6. Damage reduction – low requirement centres; tutored homes.

### Food supply for the homeless in Spain

According to a recent survey<sup>6</sup>, there are 113 dining rooms for the homeless in Spain, i.e. centres whose main objective is to provide meals for the homeless. The number is 315, if centres offering meals among other services such as reception, residential premises or day-care centres are included. Caritas is responsible for 42% of

**Table 2** Distribution of social dining rooms in Spain by meals offered a day

Meals offered	Percentage offering the service
Breakfast, lunch, dinner	45
Only lunch	19
Lunch and dinner	10
Breakfast and dinner	9
Only dinner	4
Breakfast and lunch	3
Only breakfast	2

them, most of them (63%) providing food plus additional services.

Table 2 summarises the distribution of dining rooms by number of meals provided a day. A high proportion provides three meals a day (breakfast, lunch, dinner), most of them under residential conditions; otherwise, lunch is the meal offered most often followed by two meals a day (lunch and dinner). There are limited premises available (2%) to have breakfast, unless in residential places.

Overall, it is easier to get a lunch than any other meal during the day, followed by dinner, while it is difficult to get a breakfast. Considering that the same people have their meals in the services available, of all the people having a lunch (approximately 20 000), 65% would have a dinner additionally and 45% would have a breakfast.

Apart from fixed places where people should go to have a meal, there are also moving services available. In this case, food bags, sandwiches, soup or other hot drinks are distributed on the street. In this way food is provided to people who do not want to go to dining rooms or are not able to do so.

In most cases (54%) there is a free access to meal services (for those clients who are willing to go), although up to 39% are derived from public social services. Despite the higher proportion of clients in these services being traditional 'homeless' people, old people with a low income (19%) is an important group of users and there is an increasing number of immigrant people (24%), young people 16–24 years (20%), women (13%), and even all family members (5%). Access is restricted for drunk or drugged people or those with an aggressive violent attitude in approximately 20% of the centres.

Municipalities and the public administration are responsible for a limited number of services. In most cases, this kind of service is provided by religious groups and non-governmental organisations. As a consequence, sustainability and continuity of the services provided are not guaranteed. Furthermore, a number of social dining rooms close on weekends or for vacation periods.

### The role of food provision services in the insertion process

There are two clearly defined kinds of food provision service. On the one hand are those places delivering meals in huge premises, organised in turns, where people should eat quickly and leave the place for the next group to come in. Undoubtedly, they provide meals to people who need feeding. From a sensible approach towards exclusion, a different kind of service is functioning as well. In this case, a number of additional premises are added to the dining room and the atmosphere is organised in a different way to enhance interaction<sup>4,5</sup>.

They have a waiting room inside the building with ample time schedules, where people can sit before and

after the meal if they wish, read the newspaper or have a coffee. There is an announcement board in different languages, and assistants or voluntary social workers, thus creating an atmosphere facilitating social interaction and access to other services. In many cases, they also offer hygiene services such as showers, laundry services or clothing, and sometimes offices for professional assistance (psychologist, social worker). Occupational activities are offered on some occasions (e.g. cookery, hairdressing and handcrafts). Different turns are organised for adults and adults with children.

Under this approach, the social dining room becomes a valuable place for a first contact (first stage of the insertion process) and even to start the second stage (personal recovery). Fortunately, two-thirds of all social dining rooms in Spain offer such services nowadays and are organised within this framework.

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