

# HOMELESSNESS IN PORTUGAL

## KEY STATISTICS

Up until now, there is no official data collection strategy for homelessness in Portugal. However, "Planning and Intervention for Homeless People Nuclei" (NPISA (see below)) and homeless services provide important information at national level. There is an attempt to consolidate and standardise the procedures for collecting information and data.

### Recent statistics

In 2009, a survey by the Social Security Institute identified 2,133 homeless people on one night in Portugal. Of these:

- 922 were sleeping rough (ETHOS 1.1);
- 1,088 were living in homeless shelters (ETHOS 2.1);
- 43 were institutionalised (in mental health centres and prisons) (ETHOS 6.1 and 6.2);
- 80 were uncatagorised;
- 63% of the people surveyed were located in Oporto and Lisbon.

More recent and comparable data can be reported regarding Lisbon. The entity responsible for social action in the city of Lisbon – Santa Casa da Misericórdia de Lisboa – performed two-night counts in 2013 and 2015, covering only categories 1 and 2 of ETHOS. The following table shows the main outcomes of these counts:

Homeless population in Lisbon (nr.) (%), 2013, 2015<sup>1</sup>

	2013		2015	
	Nr.	%	Nr.	%
People sleeping rough	509	59.7	431	52.7
People sleeping in overnight shelters	343	40.3	387	47.3
<b>Total</b>	<b>852</b>	<b>100</b>	<b>818</b>	<b>100</b>

The profile of the homeless population covered is identified as: "mostly men, Portuguese, single and with no income source".

### Key pull-out statistics

16% increase of homeless people supported by AMI (*Assistência Médica Internacional*)  
 2008: 1,445 homeless people  
 2013: 1,679 homeless people

NPISA Oporto provides data for 2013, reporting 1,300 homeless people in accommodation and around 300 homeless sleeping in the street per night.

In 2013, the organisation AMI (*Assistência Médica Internacional*) supported 1,679 people who were in a homeless situation, of which 546 were being supported by AMI for the first time. The majority were men (76%). 50% were aged between 40 and 59 years old, 20% were between 30 and 39 years old. Most of them were born in Portugal (79%), followed by PALOP countries (Angola, Cape Verde, Sao Tome and Principe, Mozambique and Guinea-Bissau) (12%), other European Union countries (3%) and other countries, including Brazil and India (2%).

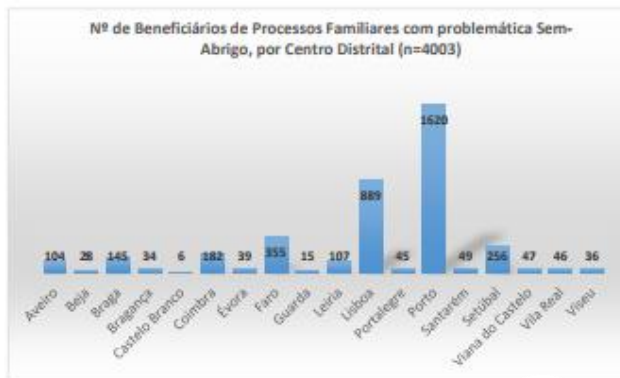
The Social Security Institute states that its official data from 2013 is still being compiled and handled. However, initial unapproved data shows that 4,420 people were recorded in "active homeless situations" over the year on the social security information system. This means that they had an open case, i.e. were receiving support from social workers. 76% were male and 24% female.

Because of lack of information regarding concepts and methodology used, it is not clear whether it is possible to make a direct comparison between these figures and the ones provided below.

The latest evaluation report on the implementation of the National Homelessness Strategy (ENIPSA) for the period 2009-2015<sup>ii</sup> indicates that the social security services registered in 2016 a total of 4,003 beneficiaries of "active homelessness case files" in Portugal.

These data refer only to the information collected by the information system of the Social Security, which does not include the data collected by the local homelessness units (NPISA), nor in the case of Lisbon, the data collected by the entity responsible for all the social action in the Lisbon municipality.

The figure below shows the geographical distribution of the beneficiaries according to the District Social Security Centre which collected the data.



## INCREASE/DECREASE IN NUMBER OF HOMELESS PEOPLE

The lack of up-to-date national data makes it difficult to describe overall trends. However, data collected about service use gives an indication of some trends. Between 2008 and 2013, the number of homeless people that AMI supported increased by 16% (2008: 1,445 homeless people; 2013: 1,679 homeless people). The number was practically the same in 2012. On the other hand, the number of new cases of homelessness decreased by around 15% in this period (2008, 640 new homeless cases; 2013, 546 new homeless cases) but increased by 8% (more 42 people) compared to 2012. The social services report a general increase of the demand for food support but that is also due to an increase of poverty, unemployment and reduction of the social benefits.

## CHANGE IN PROFILE OF HOMELESS PEOPLE

The 2009 survey by the Social Security Institute reported that 82% of the homeless people were male, 82% had Portuguese nationality, more than 60% were aged between 30 and 40, and 31% had received secondary education. 28% had problems related to drug addiction, 19% suffered from alcoholism, and 11% had mental health issues.

AMI has collected profile data on new clients in 2008 and 2013, and reports the following:

- 26% were women in 2013, the same percentage as in 2008
- 79% were born in Portugal in 2013, compared to 66% in 2008
- 10% were born in PALOP (Portuguese-speaking African countries) in 2013, compared to 13% in 2007
- 29% were under 30 years old in 2013, compared to 16% in 2008
- 14% were beneficiaries of the Social Inclusion Income (RSI) in 2013, compared to 20% in 2008

## NATIONAL STRATEGY

*National Strategy for the Integration of Homeless People (ENIPSSA) 2017-2023*

On July 25, 2017, the new [National Strategy for the Integration of the Homelessness People](#) (ENIPSSA 2017-2023) was published.

### Objectives

The new strategy is based on 3 strategic objectives:

1. Promoting knowledge, information, awareness raising and education regarding homelessness;
2. Strengthening intervention aiming at promoting the integration of homeless persons;
3. Strengthening coordination, monitoring and evaluation mechanisms.

The new revised policy plan, which was approved by the Portuguese Government, clearly promotes housing solutions for homeless people through programs that support access or maintenance of housing for individuals and families, and prioritises permanent housing solutions based on the Housing First approach.

The strategy will be implemented according to bi-annual action plans. The implementation plan for late 2017 and 2018 is [available online](#) (in Portuguese).

There are still no figures regarding the Strategy's budgeting. The implementation plan is currently being worked on. One of the issues raised is the need to identify budgets that will enable the implementation of the activities foreseen.

### Governance

The strategy is coordinated by the Institute of Social Security, a public institute created in 2001 under the aegis of the Ministry of Labor and Social Affairs. This institute was already responsible for the previous National strategy (ENIPSA 2009-2015, stopped in 2013). To develop the strategy, the former Inter-Institutional Group responsible for the first strategy's implementation has been re-established. It is constituted with representatives from public and non-profit social service providers. The group is now known as GIMAE (Implementation and Evaluation of the Strategy Group). For the local level, the representation of local homelessness units has been strengthened through the inclusion within the GIMAE. These implementation groups called NPISA (Planning and Intervention for Homeless People Nuclei) had been established for the previous strategy. Positive changes were observed as local responses to homelessness were reorganized in a coordinated and integrated way (Baptista, 2013).

Assessment work was in place by the ISS, the GIMAE and the local homelessness units, acknowledging some failures in the implementation of the previous strategy: lack of political endorsement, lack of institutional drive, lack of transparency in resource allocation, weak horizontal coordination, and a failure to implement monitoring and evaluation procedures. The new 2017-2023 ENIPSSA has been drawn from this assessment.

The bi-annual action plans are prepared by the GIMAE, in cooperation with the local homelessness units, and approved by a new entity, the Interministerial Committee.

## TARGETED PREVENTION

Preventive action in order to avoid situations of homelessness arising from eviction or discharge from institutions is one of the main policy actions set out in the national strategy. However, a new urban lease law has been approved under the EU-IMF Adjustment Programme, aiming at faster eviction procedures and introducing a sunset clause of five years for contracts currently under rent control. Eviction due to non-payment of rent in urban residential buildings rose by approximately 9.7% between 2008 and 2010.

In terms of discharge from institutions, people who leave psychiatric or therapeutic hospital centres tend to leave with planned accommodation. This is not generally the case for former prisoners.

## HOUSING-LED APPROACHES

Portugal has adopted a housing-led strategy, but it has not yet been operated. For the first time, the national strategy emphasises housing as a key response to homelessness for. It stresses that people should not stay in temporary accommodation for long periods and that permanent housing solutions should be found. Homelessness has traditionally been understood as a social issue, as opposed to a housing issue, so this was an important evolution. The challenge now is the implementation.

Housing First is an increasingly important intervention model. A Housing First project for 65 homeless people with mental health issues has been developed in Lisbon. A protocol was signed in 2009 between the Association for Research and Psychosocial Integration (AEIPS), the Higher Institute for Applied Psychology, Pathways to Housing, the Social Security Institute of the Ministry of Labour and Social Affairs and Professor Marybeth Shinn of Vanderbilt University in the US. €75,000 of initial funding was provided, followed by €225,000 in 2011 and a further €423,159 in 2012. The programme has achieved excellent results - 85 to 90% of residents have stayed in their homes since the project was launched. However, the initial funding was not continued after 2012. Fortunately, the Lisbon City Council Social Emergency Fund, with the support of other local institutions, will provide funding for the project. This project is also being implemented in Cascais with the support of Cascais City Council and Tourism of Portugal.

The Lisbon City Council has also financed the project “É UMA CASA” Mouraria, carried out by the association CRESCER NA MAIOR. This is a Housing First project in the Mouraria area where there is a concentration of homeless people, drug addicts and prostitutes. The purpose of this project is to support people who have been homeless for a long time and for whom traditional solutions have not provided a way out of homelessness.

## QUALITY OF HOMELESS SERVICES

There is no legislation or integrated policy to define the quality of the services provided to the homeless.

Although the service provision is far from ideal, the institutions working with homeless people have been working hard to improve the quality of the services they provide and the living conditions. However, these efforts take place under challenging financial constraints. Dormitories with excessive numbers of beds persist, but reducing their number would mean alternatives with no support and surveillance, like hotels/guest houses.

The quality of services in guesthouses without adequate support is very low. In the framework of the strategy, there has been an attempt to create new “lodging centres” to provide accommodation over the medium- and long term. However, this was never put into practice, and a lot of homeless people are still living in guesthouses.

Whilst social workers are generally well-qualified, the ratio of staff to service users is often too high. The national strategy set a target of 15–20 service users per case manager. Currently, the reality is more like 30–40, and more in some cases.

## REMARKS ON RESEARCH

One of the major objectives of the strategy has been to make policy more evidence-based. A series of studies commissioned and coordinated by the Social Security Institute (2004, 2005, 2009) provided a good basic diagnosis of the current situation, but they do not capture the full reality. Homeless service providers consider that the homeless population is larger than these studies indicate.

Several research centres and universities have produced research relevant to homelessness.

## REMARKS ON KEY POLICY DEVELOPMENTS

### Positive

- The introduction of the strategy has been an important step towards ending homelessness, even though progress on implementation is not currently being made.
- In certain local areas such Oporto, Coimbra, and Lisbon, civil society organisations remain mobilised around the strategy to find better ways to tackle homelessness.

### Negative

- The social policy has been relegated to the background, with the measures imposed by the troika. There have been cuts and decreases in the social support, like the RSI level or unemployment benefit.
- Other social help has been reduced in the several subsystems of the social security, including support for mothers.
- An increase in the poverty rate up to 18.7% in 2013, and unemployment up to 17.8%.
- There are now higher taxes on working people and access to public hospital services is also taxed at higher rate.
- The housing policies did not see improvements with the introduction of the rental law, which reduces eviction processes to three months.

## REFERENCES

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<sup>i</sup> II Diagnóstico Social de Lisboa 2015-2016, available at [http://www.cm-lisboa.pt/fileadmin/VIVER/Desenvolvimento\\_Social/DIAGNOSTICO\\_SOCIAL\\_versao\\_final\\_JANEIRO-2017\\_11\\_01\\_2017.pdf](http://www.cm-lisboa.pt/fileadmin/VIVER/Desenvolvimento_Social/DIAGNOSTICO_SOCIAL_versao_final_JANEIRO-2017_11_01_2017.pdf)

<sup>ii</sup> ISS (2017) Relatório de Avaliação da Estratégia Nacional para a Integração de Pessoas Sem-Abrigo 2009-2015: Prevenção, Intervenção e Acompanhamento, Lisboa, ISS, available at: [http://www.seg-social.pt/documents/10152/13334/RA\\_ENIPSA/f9a37599-3334-4ad3-861e-d3c165349c68](http://www.seg-social.pt/documents/10152/13334/RA_ENIPSA/f9a37599-3334-4ad3-861e-d3c165349c68)