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Situation of Homeless People in Spain. Analysing the Evolution Between 2012 and 2022 Through the Spanish Survey on homeless people

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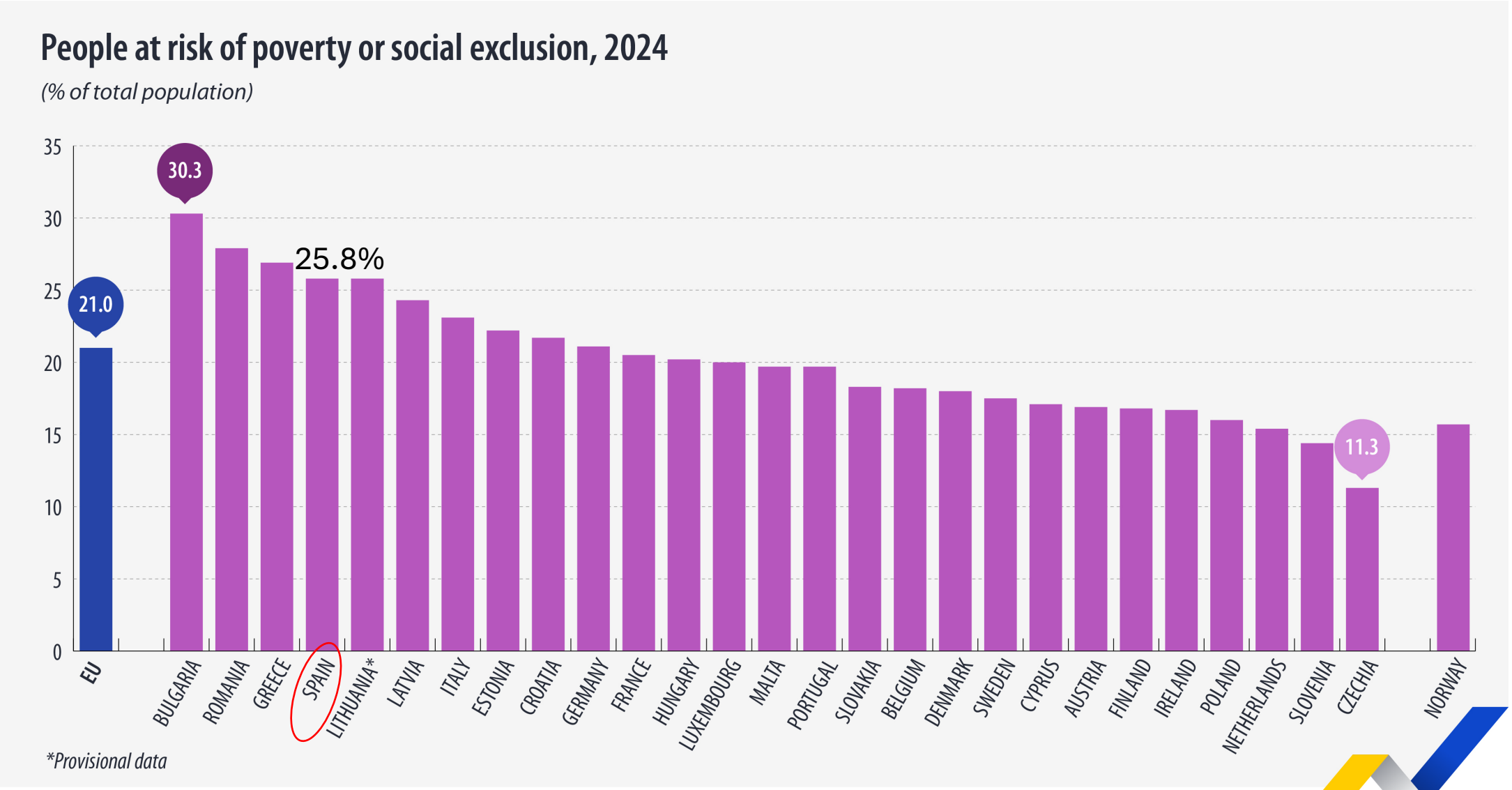
INTRODUCTION

Let's start with a comprehensive look at the SPANISH situation of social inclusion and poverty .



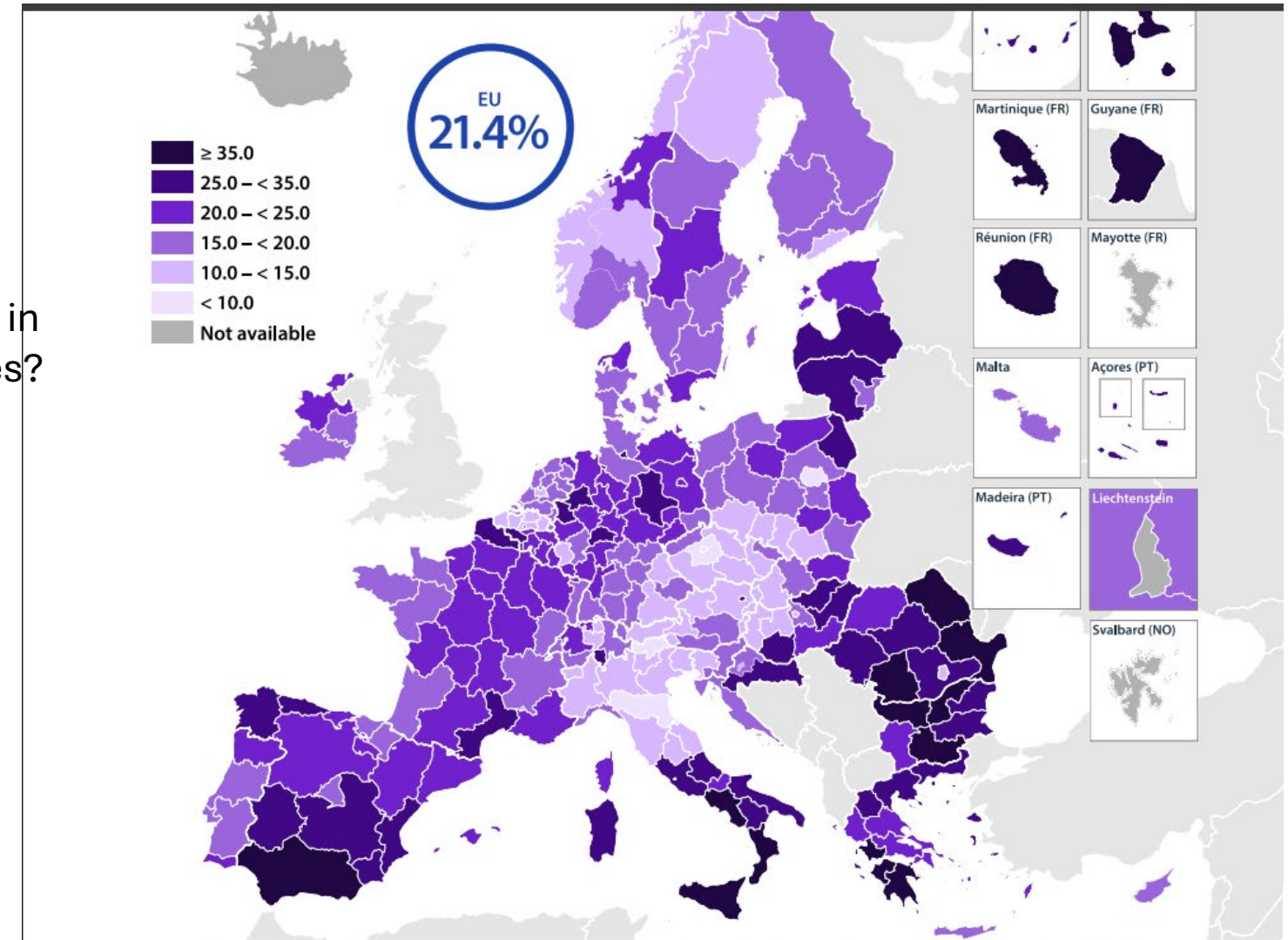
eurostat

AROPE (*At Risk of Poverty or Social Exclusion*):

Eurostat's online publication (2025), *Living conditions in Europe*

People at risk of poverty or social exclusion (% share of total population, by NUTS 2 regions, 2023)

Is this risk the same in all cities or provinces?
NO

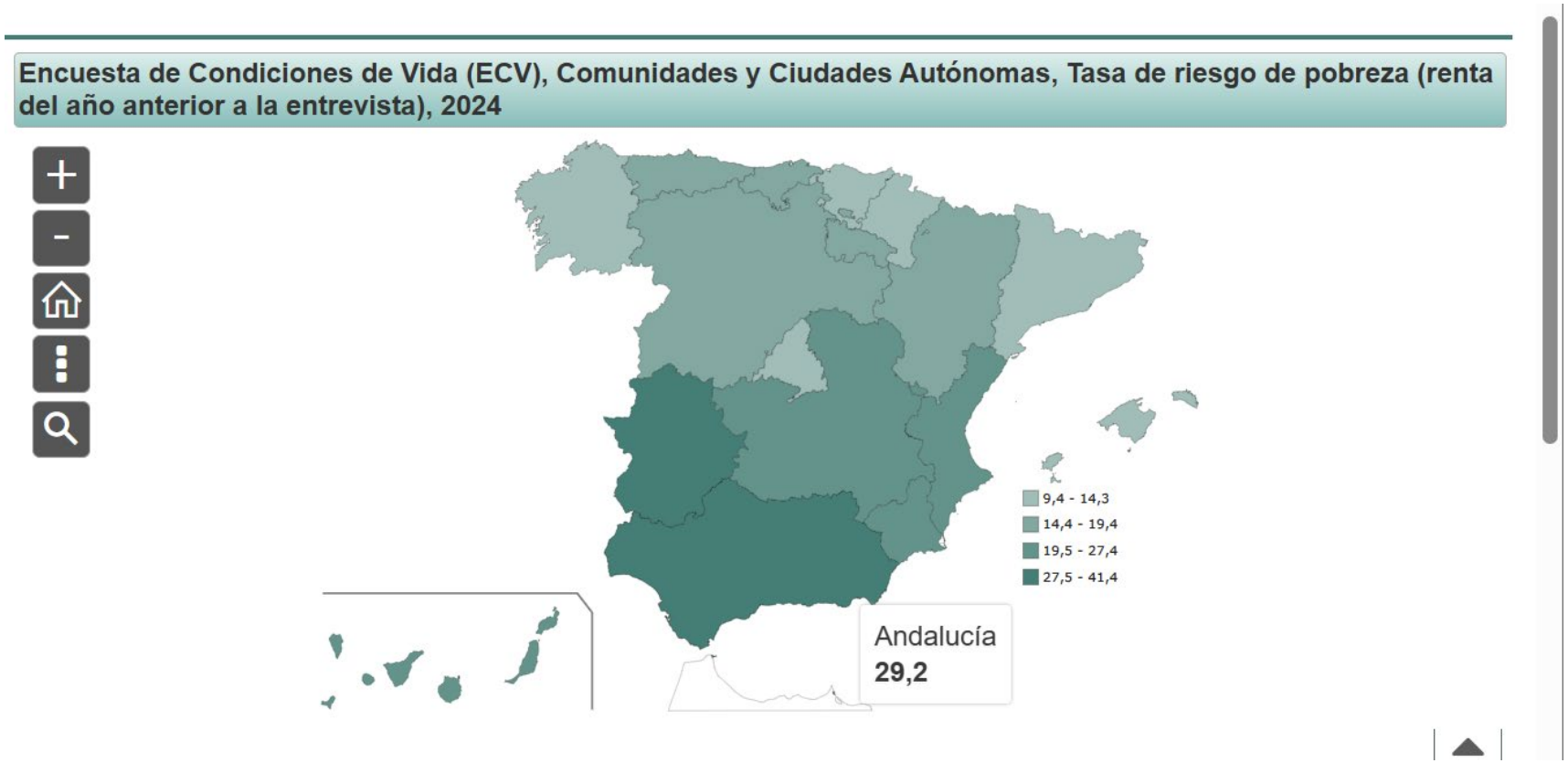


Note: Länsi-Suomi (FI19) and Åland (FI20) are aggregated (same value for both regions). CZ, FR, SK and CH: 2022.

Source: Eurostat (online data codes: ilc_peps11n and ilc_peps01n)

KEY FIGURES ON
EUROPEAN LIVING CONDITIONS
2024 EDITION

Living Conditions Survey (LCS), Autonomous Communities and Cities, At-risk-of-poverty rate (income in the year prior to the interview), 2024



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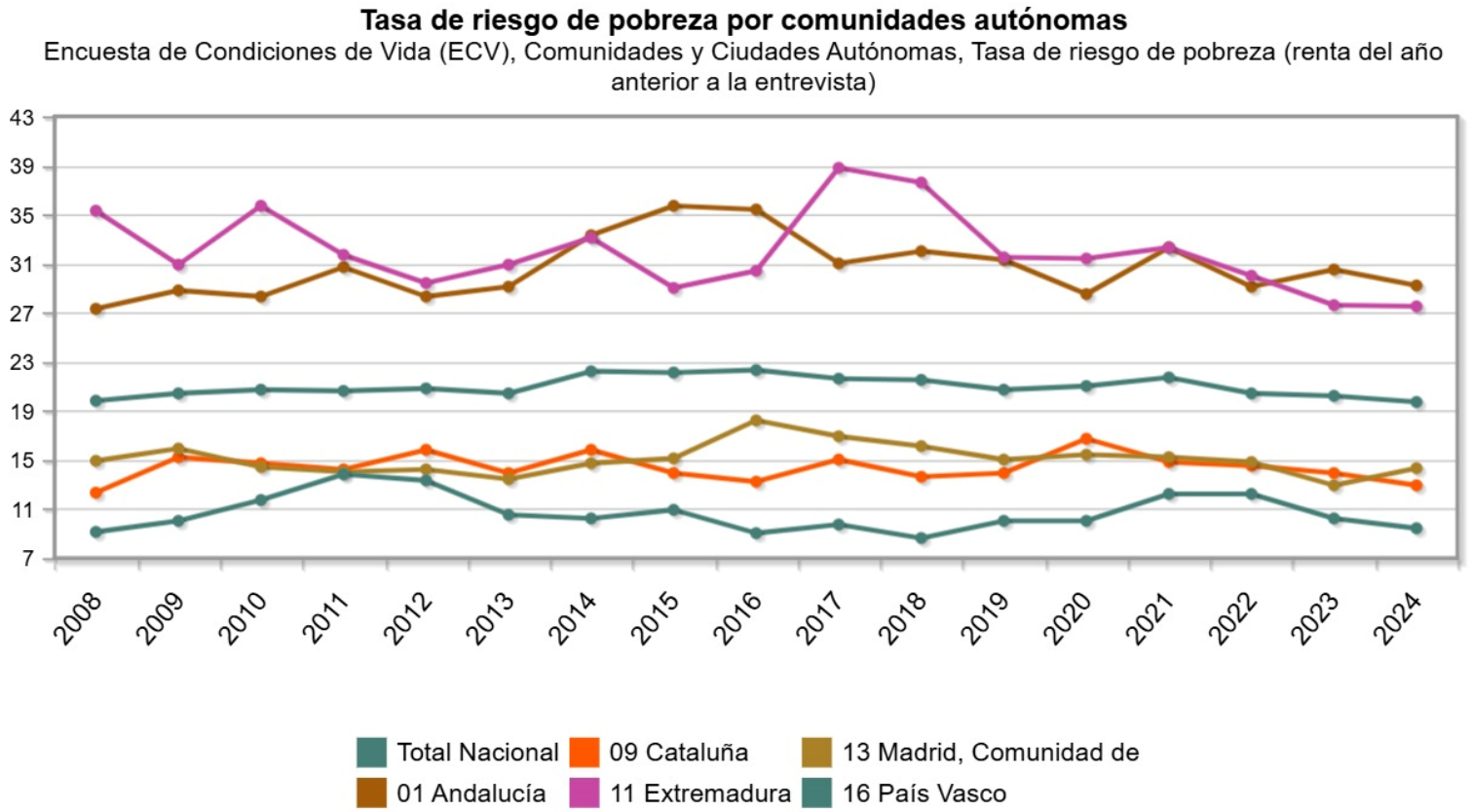
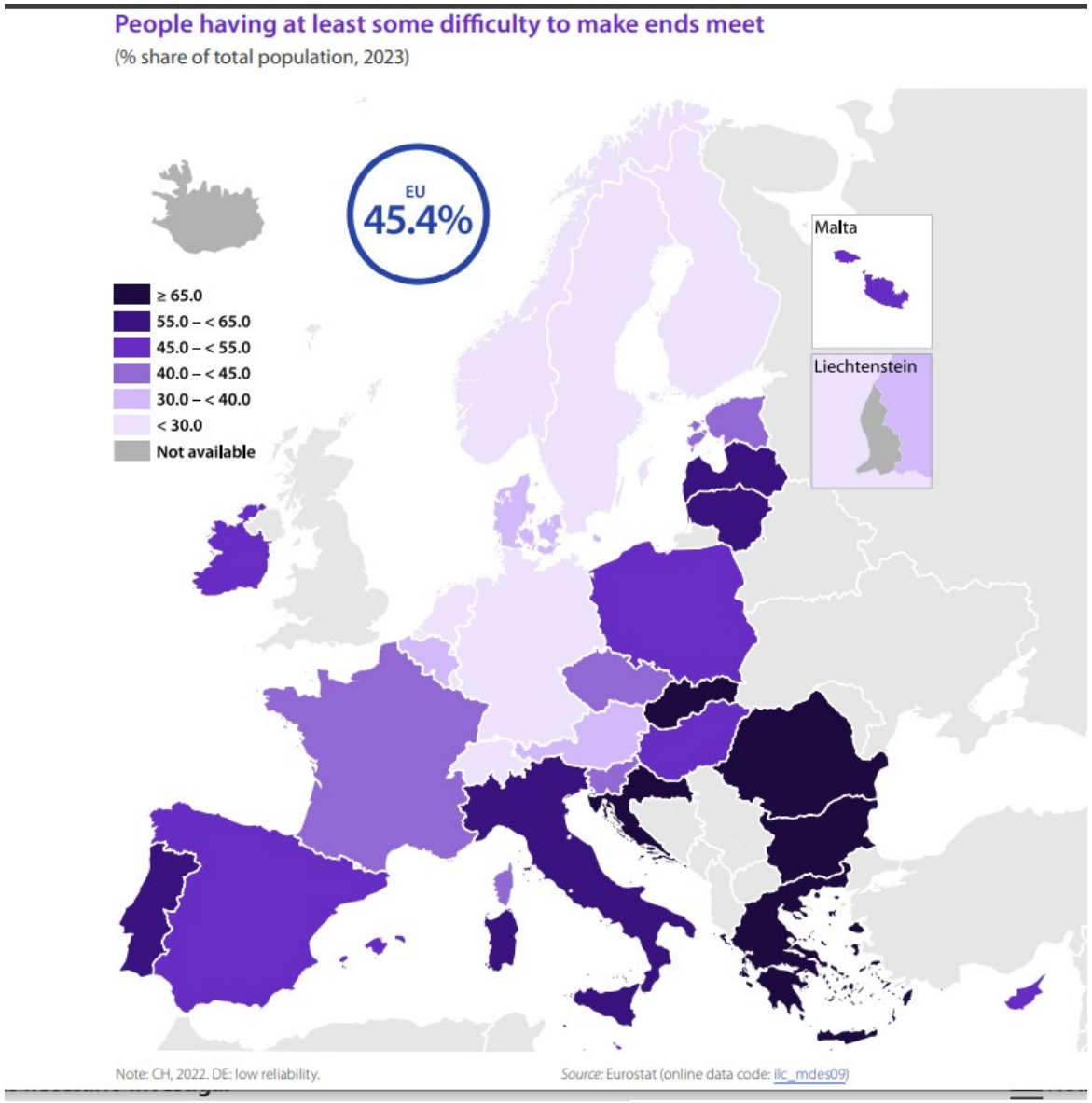




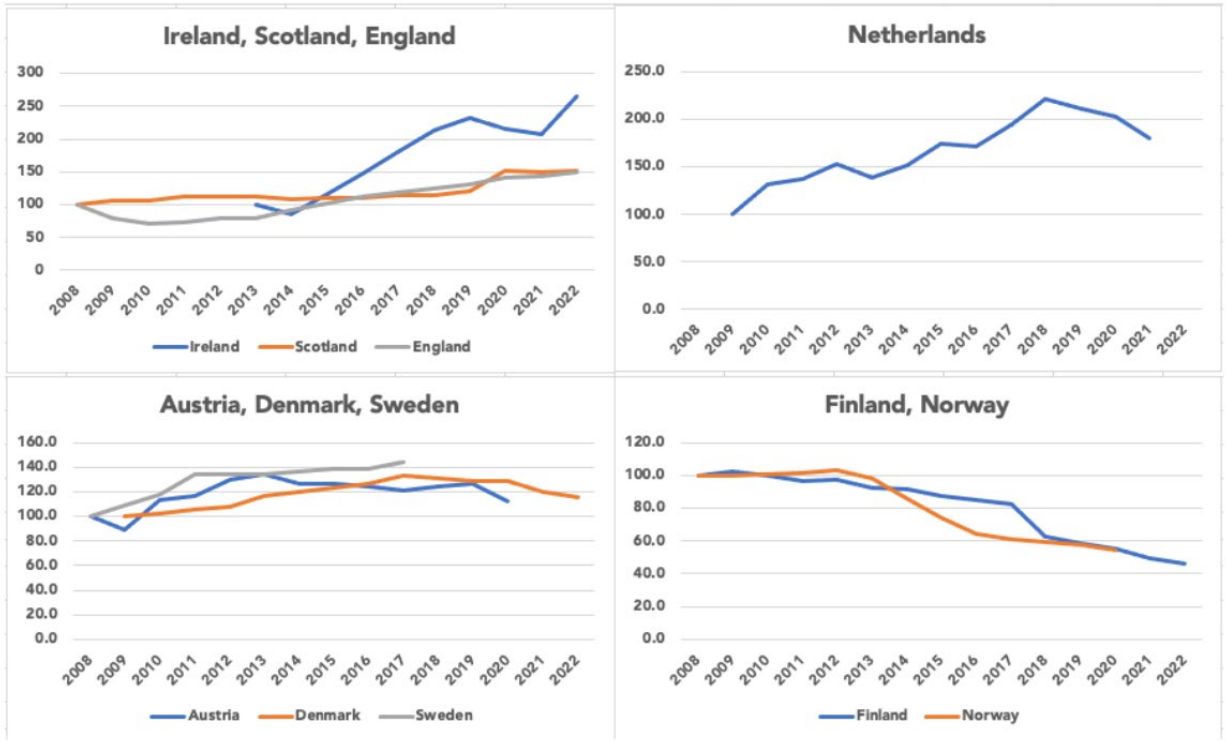
KEY FIGURES ON
EUROPEAN LIVING CONDITIONS
2024 EDITION

According to a survey carried out in 2023 by Ipsos and Secours... **10,000 Europeans in six countries** (Germany, France, Greece, Italy, Moldova, Poland, Portugal, Romania, the United Kingdom, and Serbia) **three in ten were living in difficult financial and material conditions**. An increase from the previous year (Feantsa 2023) where it was one in four people (FEANTSA, 2024).

Introduction

Trends in the **number of homeless** people vary across Europe, depending on the country.

Figure 1: Index of homelessness at a point-in-time in selected Member States, 2008-2022



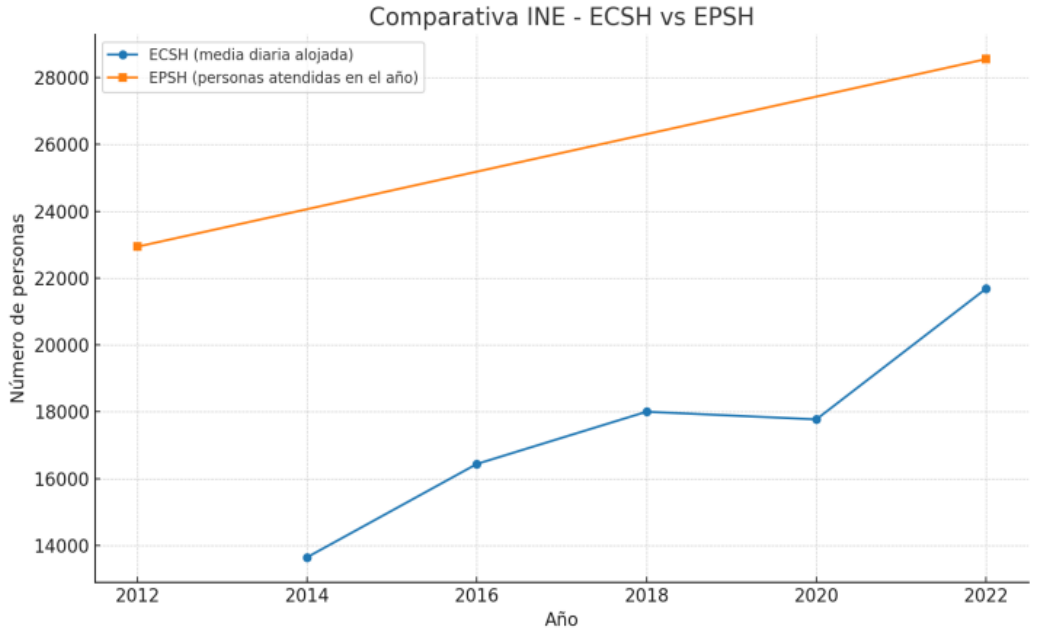
Taken from the document: European Parliament. (2023). *Homelessness in the European Union*. Policy Department for Citizens' Rights and Constitutional Affairs, European Parliament.

Introduction

Trends in the number of homeless people according to Spanish national surveys

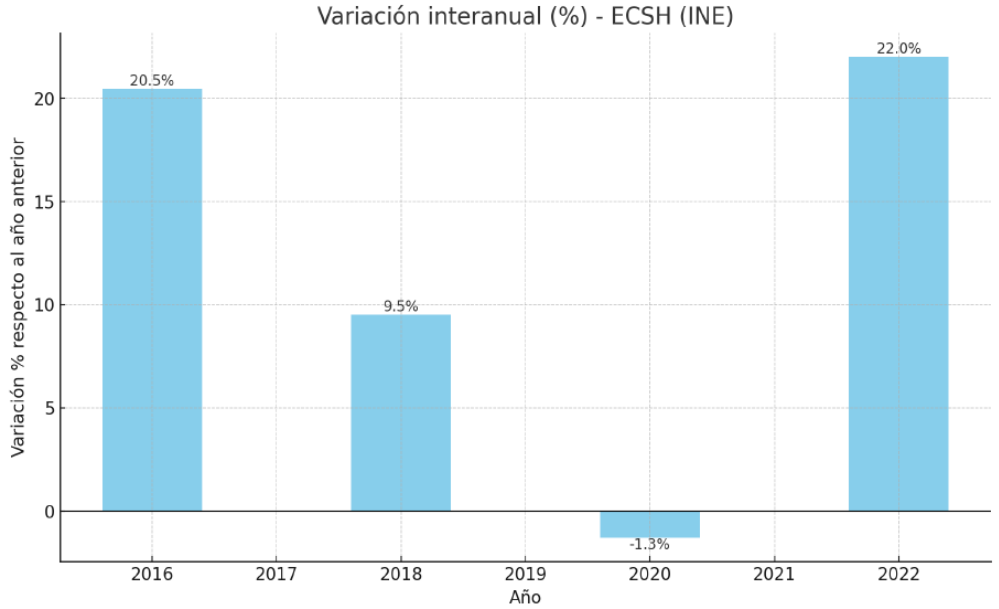
INE - Personas sin Hogar (EPSH & ECSH)

Comparativa ECSH vs EPSH



Own creation.

Variación interanual (%) ECSH



Fuentes: INE - Encuesta sobre Centros y Servicios de Atención a Personas sin Hogar (ECSH 2014-2022) y Encuesta sobre Personas sin Hogar (EPSH 2012, 2022).

Introduction

In Spain, in 2022, a total of 28,552 homeless individuals received assistance in Spain, with an average of 86.6 homeless people per 100,000 inhabitants. The latest Spanish Homeless Survey (2022) reports a **24.5% increase** in the number of homeless individuals receiving support in accommodation and catering care centres, compared to the previous survey conducted **in 2012**.

What changes can we observe between these two national surveys over the last ten years in terms of health, addiction, and social support?
To our knowledge, this is the first study with a Spanish national sample of homeless people that compares these variables between 2012 and 2022.

Introduction

Self-Rated Health (SRH) is based on the subjective assessment of health status, typically measured on a four- or five-point scale, which enables the analysis of risk factors associated with individual health status (Jylhä, 2009). Previous national (Castrro et al., 2007; Malmusi et al., 2012) and international studies have shown the high reliability of SRH as a measure of objective health (Dowd & Zajacova, 2007; Ilder & Benyamini, 1997; Lee & Shinkai, 2003).

Alcohol and drug abuse has a high number of negative health consequences (Fang and McNeil, 2017). For example, alcohol abuse is associated with pancreatic diseases, hypertension (Rehm et al., 2009) and breast cancer (Jung et al., 2016). Excessive alcohol use is associated with unstable housing (Keane, Magee, and Lee, 2015) as well as higher emergency department use (Holtyn et al., 2017). As well as the **use of tobacco**, which is associated with a higher prevalence of diseases in homeless people (see Cancerless project).

Social support: Across studies to date, higher scores on affective, confidant, and instrumental support correlated with higher physical and mental health scores. Strong, positive correlations have also been found between perceived social support and self-rated physical and mental health (Fajardo-Bullón et al., 2020). Some results, from the Basque Country Survey n 2018, showed how in homelessness (ethos categories 1 and 2), relationships with the family, using a day centre, and a sufficient and high perceived help of the social services were significant factors associated with good health. On the other hand, spending the day alone or using mental and health care services are associated with poor health (Fajardo-Bullón et al., 2021).

AIMS of the present study: to analyse changes in the health conditions, addictions, and social support of the Spanish homeless population surveyed in 2012 and 2022, alongside other general socio-demographic variables

METHODOLOGY

METHODOLOGY

Sample: Data will be collected from 3,600 respondents in 2022 (75.2% male; mean age: 42.8 years; *SD* = 14.99) and 3,433 respondents in 2012 (78.2% male; mean age: 41.3 years; *SD* = 13.86) in both Spanish Homeless Survey. Homeless persons were defined as, aged 18 years old or over, who use centres that offer accommodation and/or catering services, located in municipalities with more than 20,000 inhabitants.

Measures: Health status will be measured through self-rated health (SRH), a measure commonly used in European and Spanish surveys. Addictions will be measured through use of alcohol, tobacco, gambling and other substance use. Percieved social support will be measured through contact and support with friends, family and perceived help from social services.

Table 1. Demographics by year

	2012	**2022**
N	3433	3650
Female %	21.9	24.8
Age *(average)*	41.3	42.9
Nationality		
Spanish %	49	43
Foreign %	50	55
Dual %	1	2
Living situation		
Lives with a partner	7	10
Lives apart but has partner	9	14
Single	55	55
Single (separated/div/wid)	29	21
How long been homeless		
Less than a month	4	4
1-6 months	15	15
6-12 months	13	12
1-3 years	25	29
More than 3 years	43	40

METHODOLOGY

Procedure: Our analysis utilised data collected for the most recent Spanish Survey of Homeless 2022 and the previous one in 2012. Both are cross-sectional studies of a representative national sample of the Spanish homeless population. This survey was funded and carried out by Government of Spain and administered by the National Institute of Statistics, within the scope of the Spanish Statistical Office.

Data analysis: Using multinomial logistic regression models, this study will not only compare the situation in 2012 and 2022 but also explore the relationships between these variables and their impact on the health of homeless individuals.

RESULTS

Table 2: Heath measures and their association with year

	2012	2022	Effect size (year)	P-value	Robust P
Health in general (mean) (1-5, 5 is best)	**3.65**	**3.55**	0.078	0.000	0.044
Trouble sleeping (%)	44	45	0.014	0.252	0.541
Serious illness (%)	**30**	**37**	0.149	0.000	0.002
Circulatory (%)	5	6	0.020	0.094	0.181
Resp/digest. (%)	7	9	0.031	0.008	0.051
EMS (%)	6	7	0.022	0.070	0.125
Osteo-Myo (%)	**4**	**6**	0.046	0.000	0.009
Mental disorder (%)	**6**	**8**	0.038	0.002	0.001
Doctor last mnth (%)	**56**	**51**	0.056	0.000	0.031
Hospital last year (%)	23	25	0.021	0.074	0.278
Any recog. Disability (%)	**15**	**19**	0.053	0.000	0.042
Physical/sensory disab. (%)	11	13	0.031	0.009	0.225
Psych./Learning disab. (%)	7	9	0.031	0.009	0.053

➔ *marginally worse health in 2022*
(consistent pattern, albeit small in magnitude)

Table 3: Health measures, year, and demographics

	2012	2022
N	3433	3650
Mean poor health (all)	4.54	5.05
Age correlation	0.33	0.38
Mean poor health if…		
Female	5.0	5.7
Spanish nationality	5.9	6.7
Foreign	3.1	3.7
Dual	5.5	5.0
Lives with a partner	4.1	4.9
Lives apart but has partner	4.0	4.9
Single	4.1	4.6
Single (separated/div/wid)	5.6	6.5
How long been homeless		
Less than a month	4.0	4.5
1-6 months	3.8	4.3
6-12 months	3.4	4.2
1-3 years	4.1	4.5
More than 3 years	5.5	6.1

-> Worse health in 2022, stronger age link in 2022, otherwise same demog patterns for all.

Table 4: Consumption measures and their association with year.

	2012	2022	Effect size (year)	P-value	Robust P
Do you currently smoke? (mean, 1-4, 1=most)	2.1	2.2	0.101	**0.000**	0.072
Low content alcohol scale (mean, 1=most)	6.52	6.59	0.005	0.236	0.594
High content alcohol scale (mean, 1 = most)	7.66	7.63	0.077	0.315	0.369
Units est. for all alcohol intake (mean)	255	262	0.003	0.788	0.889
Category for all alcohol intake (mean, 0-4)	0.84	0.74	0.084	**0.001**	0.063
Ever used drugs (%)	35	37	0.022	0.069	0.596
In last month: Marijuana (%)	11	13	0.018	0.127	0.351
In last month: Cocaine (%)	**3**	**5**	0.041	**0.001**	**0.017**
In last month: Heroine (%)	2	2	0.005	0.669	0.766
In last month: Other drugs (%)	1	2	0.012	0.320	0.346
In last month: Any drugs (%)	13	14	0.025	0.034	0.234
Spends money on gambling (%)	**19**	**14**	0.080	**0.000**	**0.006**

Suggestions of small changes (more drugs, less cigs/ alcohol) - Hard to confirm changes as significant. 'Gambling' decrease may refer to question format (old-style methods)

Relationship between tobacco, alcohol, addictions and SRH.

The relationship remains the same in both surveys. Better SRH: The groups with the most positive effects are consistently those who have never smoked and do not use drugs. Light or moderate alcohol consumption in this group does not appear to have a significant negative effect.

Worse self-perceived health: The groups with the most negative effects are those that combine daily smoking with high alcohol consumption and/or drug use.

Most influential factors: Never smoking is the strongest predictor of good self-perceived health. **Daily smoking and drug use** are the strongest predictors of poor self-perceived health.

In summary, although the general trends remain the same (not smoking is good, smoking and drug use is bad), the negative effects of consumption habits became more pronounced in 2022, while the protective effect of not smoking became less strong.

In relation with the **services provided,** the influence of housing type on health depends on the location where it is produced. In other words, the same type of housing may have worse results in one city than in another.

Table 5: Social support measures over time

	2012	2022	Effect size (year)	P-value	Robust P
Living situation: Lives with partner (%)	7	10	0.127	0.000	0.000
Living situation: Lives apart bt has partner (%)	9	14			
Living situation: Single (%)	55	55			
Living situation (separated/div/wid) (%)	29	21			
Has a friend that can count on (%)	41	45	0.036	0.003	0.203
Contact score with a non-resident…					
…**Spouse *(score 1-3, 3=most)***	1.4	1.2	0.127	0.000	0.004
…Father	1.7	1.6	0.017	0.198	0.621
…Mother	2.0	1.9	0.033	0.008	0.318
…**Children**	2.3	1.6	0.358	0.000	0.000
…Sibling	2.1	2.2	0.036	0.003	0.134
…Other family	1.5	1.7	0.126	0.000	0.000
…Any family member	2.5	2.6	0.056	0.000	0.006
Contact in last year with a social worker (%)	86	85	0.016	0.179	0.742
How much social work helped (1-4, 4=most)	2.7	2.8	0.058	0.000	0.155

Slight evidence of modest change through time – more support but from more distant sources.

Social Support and other sociodemogrpahics conditions. Comparison 2012 vs 2022.

We found some results, using **multinomial logistic regression models.**

Being a **woman** means having poorer health in both 2012 and 2022. Over time (2012-2022), most patterns seem stable, but possibly smoking is more damaging in 2022, family contact is more positive in 2022 whereas social work contact is more indicative of problems in 2022.

In 2022, (**extended) family** contact became a more influential factor, with a significant and stronger relationship with self-perceived health and serious illnesses. In 2022, relationships with the extended family seem to take on greater importance than the nuclear family.

Having a friend, you can count on had a significant and positive relationship with serious illness in 2012, but by 2022 this relationship was no longer significant in the regression model.

Contact with a social worker did not have a significant relationship with health in 2012, but in **2022 it became a significant negative predictor** in all three dimensions of health (self-perceived health, serious illness, and hospitalization). This could indicate that people in poorer health are more likely to need this service.

Perceived **help from social workers** has a positive and significant effect on self-perceived health consistently in both years.

Discussion and Limitations

Discussion

There has been a 24.5% increase in homelessness in Spain over the last 10 years.

SRH worsened in the latest 2022 survey. The pandemic has probably had an impact, but this cannot be controlled. SRH, mental health, serious illnesses and the number of people with disabilities have increased in 2022.

The consumption of tobacco, alcohol, and drugs has not decreased; in fact, cocaine consumption has increased in 2022. With regard to the effects of tobacco, alcohol and drug consumption, health deteriorates significantly when all three are present, more so than with extreme consumption of just one of them. In other words, the presence of all three is more harmful than just one of them in extreme quantities. The use of drugs together with daily smoking has a significant impact on health.

Gambling should be studied in a better format. The decrease is contradictory to recent studies. Harmful gambling prevalence (including problem, pathological, and disordered gambling) in help-seeking samples of persons experiencing homelessness is high (16.5%) compared to the general population (approximately 1–7%) (Vandenberg et al., 2022). Perhaps it has not yet reached Spain?

Discussion

The effect of housing type on health varies depending on the city where one lives. There does not seem to be uniformity in the application of the models, or some factor causes them to have opposite effects.

The support received has changed from 2012 to 2022. More support is received from the extended family and less from the nuclear family and friends, with better impact on health or serious illness.

Being separated was more detrimental in 2012, family contact improved health in 2022, while contact with social workers was more indicative of problems in 2022. The help provided by social workers remained positive in 2012 and 2022.

FUTURE: We must analyse whether the National Strategy for Combating Homelessness (2023–2030) is having an effect on the rising figures and how to achieve the objectives. From the researchers' point of view and according to various international studies (Canada, UK, United States, Australia) and considering the overall situation of risk of social exclusion and poverty in Spain, **prevention will be the key.**

Limitations

The survey is aimed solely at users of accommodation or catering services. Taking the Valencian Community and the Balearic Islands as examples, the number of homeless people living on the streets could be higher than that recorded in the National Survey of Homeless People (2022).

It is necessary to analyse in greater depth the differences, especially in the case of women, between the data provided by the surveys and those obtained from the counts, in order to better understand the gender dimension of this phenomenon of homelessness. Nightly counts to be carried out in successive editions make it possible to record hidden homelessness - living precariously in the homes of relatives or friends.

Gobierno de España (2023). *Proyecto piloto de recuentos nocturnos de personas sin hogar en España 2023. Principales resultados y aprendizajes de los recuentos nocturnos llevados cabo en 27 municipios*.

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THANK YOU VERY MUCH.

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