

Identifying subgroups in the homeless population: a cluster analysis of individuals in transitional housing in Valencia

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San Juan de Dios
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Gloria Puchol-Ros & Juan Manuel Rodilla





Homelessness

Homelessness response:

- The structure of current responses often reflects an **oversimplification** of homelessness.
- However, research shows that **homelessness cannot be understood as a homogeneous social phenomenon** (Watson et al., 2024; Pleace, 2016; Fitzpatrick, 2005).

"One-size-fits-all" approaches are inadequate (Fowler, 2019)

- Interventions need to be **tailored to different subgroups**, reflecting the diversity of pathways into and out of homelessness.

Why identify subgroups?

- It is essential to avoid treating all individuals classified as “homeless” in the same way.
- We need **empirical evidence** to identify **homogeneous subgroups** within this diverse population to design **more specialized and effective interventions**.

Research gap in Spanish context:

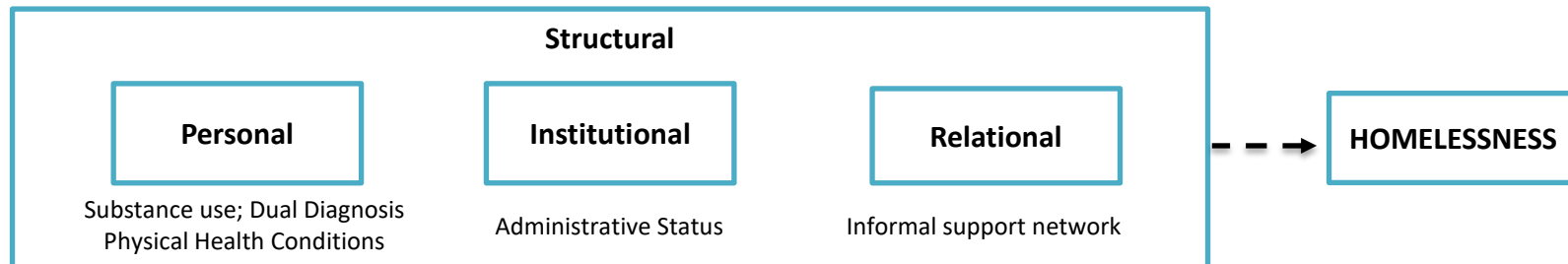
- Most intragroup studies use **point-in-time data** (street counts, INE surveys)
- **Lack of longitudinal data** limits understanding of homelessness trajectories and intervention outcomes

Objective:

- To identify profiles or groups of individuals with similar characteristics through a cluster analysis based on relevant variables related to homelessness,
- and to validate whether distinct patterns of exits from homelessness can be observed for each identified subgroup.

Research question:

What are the most significant risk factors influencing access to housing after exiting a transitional support service for homelessness?



Sample Description:

- **Total sample size:** $n = 451$
- **Population:** single adult experiencing homelessness
- **Accommodation type:** transitional center and transitional housing
- **Period of stay:** between 2018 and 2022
- **Average length of stay:** 6.4 months

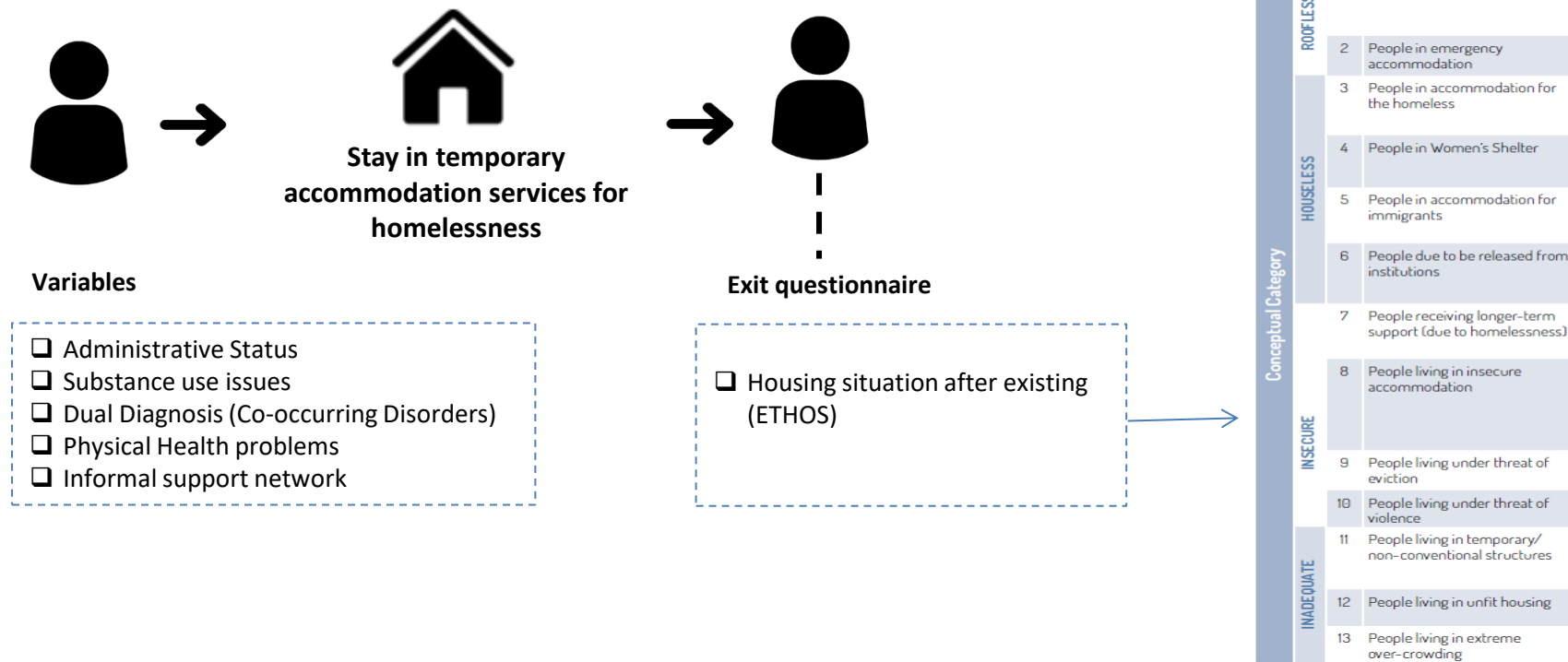
Category	Subcategory	Percentage
Sex	Men	96%
	Women	4%
Nationality	National	65%
	Foreign	35%
Age Group	18–34 years	21%
	35–49 years	31 %
	50–64 years	43 %
	65 years and older	5 %

Method

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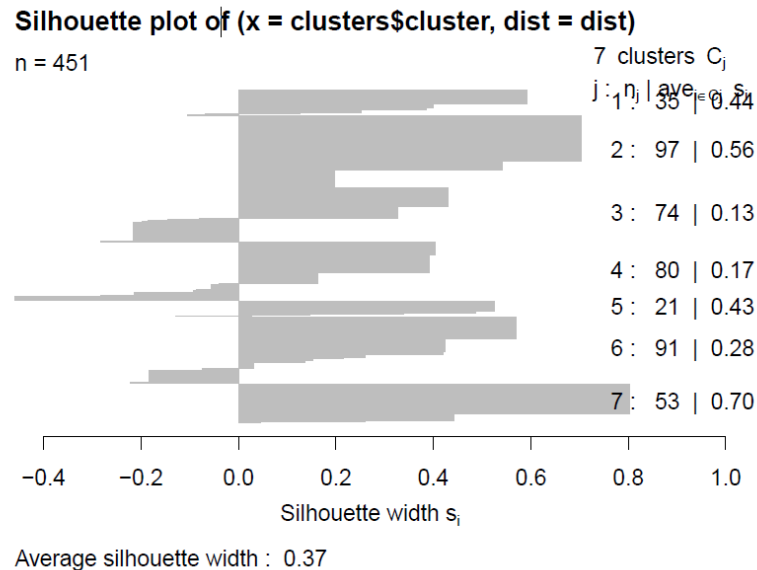
Source: service-based method



Cluster analysis using k-modes: 7 clusters

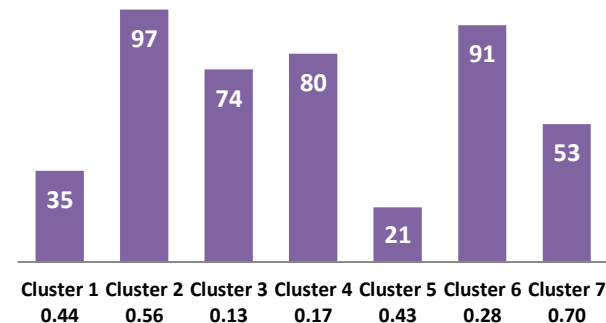
Some clusters (e.g., 2, 7 and 1) are well defined, while others may require re-evaluation or re-grouping for better segmentation:

- Cluster 7 shows the best cohesion and separation (average silhouette: 0.70).
- Clusters 3 and 4 have the lowest silhouette scores (0.13 and 0.17), suggesting weak internal consistency and possible overlap.



Cluster profiles:

		Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7
Administrative status	Regular	6%	100%	95%	91%	10%	87%	100%
	Irregular	94%	0%	5%	9%	91%	13%	0%
Substance use	No	83%	100%	76%	0%	67%	0%	79%
	Yes	17%	0%	24%	100%	33%	100%	21%
Dual diagnosis	No	100%	100%	100%	86%	100%	20%	98%
	Yes	0%	0%	0%	14%	0%	80%	2%
Physical Health conditions	No	69%	63%	0%	54%	86%	12%	96%
	Temporary	11%	13%	3%	26%	10%	8%	4%
	Chronic	20%	24%	97%	20%	5%	80%	0%
Informal support networks	No	100%	100%	37%	86%	0%	73%	0%
	Yes	0%	0%	64%	14%	100%	28%	100%



C1. Young individuals with irregular administrative status and no informal support networks.

C2. Individuals with no informal support networks.

C3. Individuals with chronic physical health conditions.

C4. Individuals with substance use issues and lacking support networks.

C5. Individuals with irregular administrative status, but with support networks in their current place of residence.

C6. Individuals facing both chronic physical health issues and substance use issues.

C7. Individuals with no identifiable risk factors.

Housing situation after existing (ETHOS)

	Housing Situation after service use	C1	C5	C4	C6	C3	C7	C2
Homelessness	People living rough	33%	21%	33%	20%	12%	16%	7%
	People living in accommodation for the homeless	20%	16%	3%	8%	13%	10%	2%
	People in accommodation for immigrants	0%	16%	0%	0%	0%	0%	0%
	People due to be released from institutions	3%	11%	1%	4%	4%	2%	0%
	People receiving longer-term support (due to homelessness)	10%	0%	0%	0%	1%	0%	4%
Out of homelessness	Rental housing or room	23%	11%	58%	58%	48%	60%	67%
	Permanent family housing	7%	26%	4%	7%	13%	12%	14%
	Permanent residential care home	3%	0%	1%	2%	7%	0%	6%

Discussion

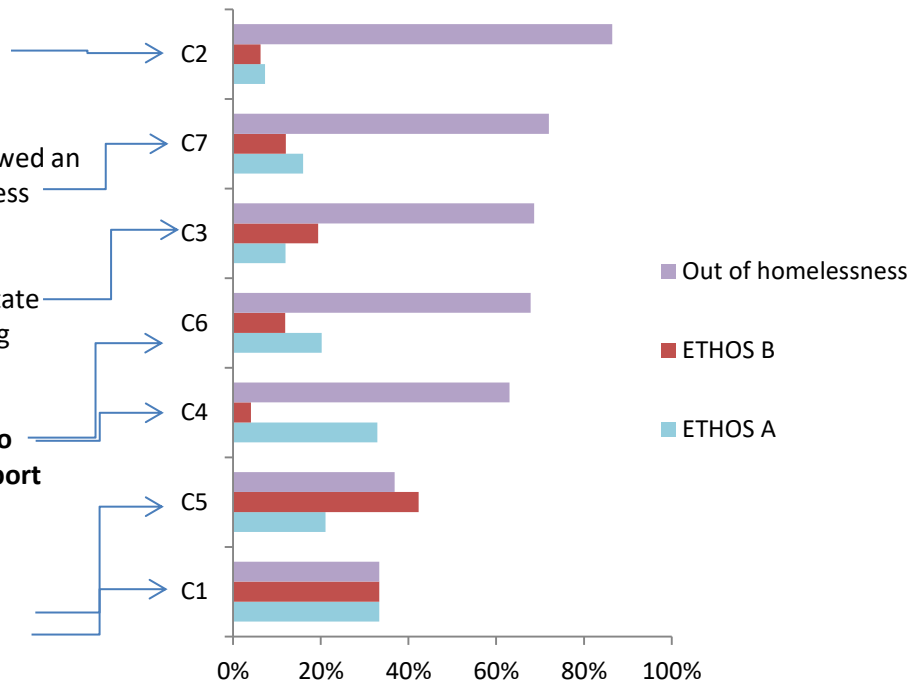
The cluster characterized by the **absence of informal support networks** had the **longest average stay** (6.6 months). This suggests that, in the absence of social support networks, individuals may require longer interventions to achieve stability.

Cluster with no identifiable risk factors (e.g., no limiting illness) showed an **average stay of 4 months**. This group likely reflects low need homeless population characterized primarily by poverty.

The presence of **chronic physical health conditions** appears to facilitate access to **formal social protection mechanisms**, possibly accelerating housing access through health-linked benefits or priority programs.

Individuals with **substance abuse issues** were more likely to **return to the street**, especially when combined with **absence of informal support networks**.

Irregular administrative status limits access to the housing market, trapping individuals in a cycle between **street homelessness** and **temporary support services**.



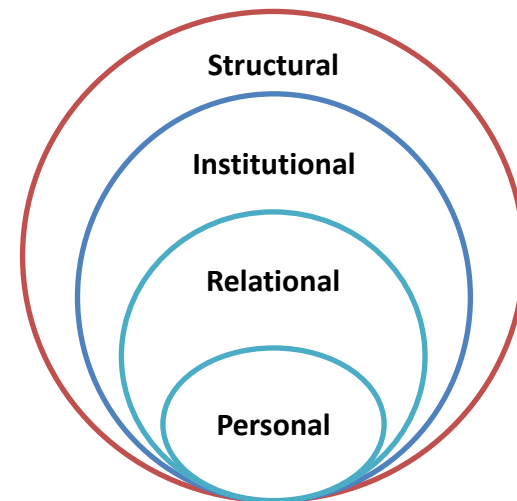
Research question:

What are the most significant risk factors influencing access to housing after exiting a transitional support service for homelessness?

- **Structural barriers** (e.g., irregular administrative status) are the most relevant factor limiting access to the housing market and sustaining homelessness.
- **Informal support networks** as protection factor:
When personal capacity is limited (e.g., due to substance use or co-occurring disorders), social ties can prevent street homelessness by offering alternative support.

Implications:

- Need for integrated approaches that address both substance use and social isolation.
- Need for coordination between housing and social protection policies.
- Longer stays for individuals lacking social support may improve housing stability.



THANKS



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For additional information:
gloria.Puchol@sjd.es Head of Research SJD Valencia

manuel.rodilla@sjd.es Director of Social Intervention &
Innovation SJD Valencia

**Personal
capacity**

**Informal
support**

Formal support



HOMELESSNESS

- Personal capacity: limiting illness, mental illness or substance abuse. Anything that limited someone's innate capacity to selfcare in a free market economy.
- Informal support: partner, family or friends if they were able to offer informal support.
- Formal support, from health welfare social housing systems and homelessness services. Access to formal support (homelessness services) not blocked but, access to housing market and labour market is blocked.