When chickens come home to roost. A failed attempt at public accountability: homelessness

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Abstract. After the restoration of democracy in Spain, the development of a public social services system (PSSS) represented a change in terms of the attention paid to homeless people. But almost thirty years later, this remains one of the least developed areas within the so-called fourth pillar, welfare. Using a socio-historical approach, this article analyses the limitations that this change has implied. Specific attention is paid to the lack of connection between the public social services system and other social policy areas, as well as to the scant development that has been achieved in respect of the former. There is finally an examination of the unequal participation and responsibility of the various public authorities with relation to homelessness.
Key words: public policies; homelessness; social services.

Summary: Introduction. The homeless: the least developed area of the Public Social Services System. 1. From policies of law and order to a (possible) social policy. 2. The (impossible) link with other areas of social policy. 3. Between the seams of the Public Social Services System. 4. The unequal involvement of Public Administrations. 5. Conclusions. 6. References.

Introduction. The homeless: the least developed area of the Public Social Services System

I think that within social policy, Social Services have been the duckling ugly, and within Social Services the ugly ducklings have been the homeless (…). In the central administration, social concerns, since the devolution of competences, evaporated. The great goal to make a state-wide law remained in the drawer, and was left there without being done. And from that mud come…[2]

Just a few years ago, in 2011, one of the people involved in the design and development of Spain's Public Social Services System wrote: "[Homelessness] is the least developed area within the process of the modernisation of Social Services" (García Herrero, 2011, p. 22). Faced with this situation, the Ministry of Health, Social Services and Equality instigated the drafting of a document which was intended to form the basis for a public social policy aimed at homeless people (hereafter HP)[3].

We will make a number of observations on the situation here, which at the time of writing continues to show a similar outlook, although

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[2]   This fragment is part of an interview with the head of a non-profit organisation in the context of other research (Rubio-Martín, 2016).
[3]   However, the proposal was never developed. Instead, on the 6th of November, 2015, the *Comprehensive National Strategy for Homeless People 2015-2020* was approved by the Council of Ministers.

in the section below data that help to draw a picture of the current state of things will be given. Currently in the Spanish state there is a network of centres and services for HP, yet it is insufficient and unevenly distributed throughout the country. On the one hand, the National Institute of Statistics (Instituto Nacional de Estadística, hereafter INE) (2016) confirms that in just two years (2014-2016) the daily average of people staying in care centres for HP increased by 20.5%. On the other hand, many nightly counts of people "with no shelter" also report substantial increases of people sleeping rough. All of which leads to estimates of HP exceeding 40,000[4]. For these people, the specific network of accommodation offers just 19,124 places. Also, as we have noted, this provision is not just insufficient but also unevenly distributed. Thus, while in the region of Extremadura there are 15.21 accommodation places per hundred thousand inhabitants, the region of La Rioja has 76.12 and the Basque Country 135.30 (our own data, compiled from INE sources, 2016).

In addition, the ownership of this network remains mostly private (73.1%). And while it is true that the greater part of it (76.8%) depends solely or mostly on public subsidies, it is also the case that stable mechanisms for public-private dialogue comparable to those in other sectors of social policy have not yet been created. These consultative mechanisms should guarantee a basic level of care throughout the national territory and establish minimum standards of quality (INE, 2016). In addition, we should note that the weight and influence of the Catholic Church in care for the homeless population continues to be substantial. Although from the 1990s (and especially following the implementation of the guaranteed minimum income), many non-confessional (i.e. non-religious) resources were created by non-profit organisations, their financial dependence on public funding (always insufficient and insecure) has meant that these have not been able to compensate for the deficit in public, non-religious resources here, which have been lacking for decades.

Ultimately, the commitment that local councils should have made effective, throu-

gh the principle of proximity, does not seem to have been fulfilled. Instead, public authorities continue to fail to assume their responsibilities here and instead to delegate them to the non-profit sector. So although in theory the care network for HP forms part of the Public Social Services System, in practice, since no minimum levels of care, coverage etc. have been guaranteed, the area always seems to be under-developed, and in a secondary position with respect to other areas.

Another significant fact, one that corroborates this underdevelopment, is that the sector continues to involve a percentage of volunteers (59.7%) unthinkable in other sectors (INE, 2016). Church and non-profit organizations represent the greatest concentration of non-paid staff. Yet it is indeed in the fact that these centres are more economical thanks to the voluntary help they enjoy[5] that we can find some of the reasons why many politicians continue delegating care for HP to such organisations, thus avoiding due public-political responsibility. On the other hand, although in recent years there has been progress towards the diversification of care for HP (flats, drop-in day centres, open-environment care programmes, occupational workshops, employment workshops, health care in the street, etc.), this is still focused on offering more traditional services, such as information and reception, accommodation, food and clothing (INE, 2016). Ultimately, and in our view, the necessary reform of the care network for HP is far from being completed, and its development is slow and insufficient.

Beyond the shortcomings of the network of centres and services, it also seems that there remains a certain dislike or distrust of Social Services by many HPs. And although opinions here have improved in recent years, nearly half (44.4%) of the country's HP appear to have received little or no help from such services (INE, 2012). No doubt, the over-saturation of work for primary care professionals in Social Services, as well as the excessive bureaucratisation of the current model (Parajuá, 2015), are obstacles in view of the needs and specific demands presented by a population in the most extreme situation of social exclusion.

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[4]   From 2014 data provided by the INE, a number of HP between 30,000 and 36,000 can be construed (Ministry of Health, Social Services and Equality, 2015a). If one takes into account the latest survey on accommodation centres (INE, 2016), and apply the extrapolations that are usually made from the number of accommodation places and people sleeping rough, it would not be unreasonable to estimate a figure of at least 40,000 HP.

[5]   Cabrera (2009) has calculated that the budget of each public centre is around 77% higher than private ones.

In this context the question arises as to why this is so. That is, why has a problem that is persistent over time, and indeed one which increases today, not has been addressed adequately by the public administration? To answer this question, this article analyses the present situation as the result of a process. In order to give an account of the current situation, we look at a period in Spain's recent history (the years of democracy) in which the implementation and development of the Public Social Services System was carried out. Within this socio-historical perspective, we present some key indicators of what has happened so far, as a means of disentangling the question of why HP have had so little relevance. The article first discusses the significant step of the inclusion of care for HP in the Public Social Services System, before moving on to explain the limitations and difficulties that have arisen here. In addition, it addresses the disconnection between this system and other areas of social policy, and the lack of development which has been achieved here. Finally, it explores the impact that all this has had on care for HP and the uneven participation and responsibility of the different public administrations on this issue.

1. From policies of law and order to a (possible) social policy

Once Spain had been established as a social and democratic state, the inclusion of care for HP within the Public Social Services System was a form of *dignifying*[6] a problem which up until then had only been understood and approached in terms of policies of public law and order[7]. During the first years of democracy, in addition to the forced rounding-up of "beggars",

which continued to be carried out, social care for HP was so meagre as to be paternalistic. In Madrid, for example, the Catholic Church had most of the resources (72% of places in shelters and almost all social canteens places) (FACIAM, 1984). And other than in rare exceptions, moral indoctrination (based on subjects essentially regarded as unproductive and immoral), the control of public spaces and the forced mobility of HP[8] constituted the matrix of such repressive political action.

The incorporation of care for HP into the Public Social Services System was, therefore, the transfer of *homelessness*[9] from a space of *law and order* to a *social* space, leaving behind a model of performance eminently centred on voluntary, moralistic and repressive measures[10]. It will be from the framework of Social Services that moves would be made towards professionalised social action for those who until that point had been called the "marginalized homeless" and then, in the nineties, "homeless people"[11]. However, this step would be accompanied by huge levels of inertia from the past in the secular sector, which would in itself be difficult to overcome. As an example, the fact that this sector was traditionally administered by volunteers, public institutions (for example, hostels) would not begin to incorporate professionals until well into the 1990s. As already noted, the sector remains very far from its intended professionalization.

Yet beyond these hindrances, the incorporation of *homelessness* (*sinhogarismo*) to the *social* space generated an opportunity for the possible formation of a public social policy directed towards this sector. This was in fact reflected in some documents of the time (Federación Española de Municipios y Provincias, 1986). However, the new approach

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[6] The word "dignify" appears in many historical documents of different public institutions and social organisations associated with care for HP. In our opinion, and as discussed below, the use of the concept is linked to the secular classification between worthy and unworthy poverty (*deserving/undeserving poor*).

[7] For example, the forced rounding-up of beggars, the repression of begging by municipal law enforcement agencies, trials for re-offending beggars under the Law of Miscreants and the Idle (and the subsequent Law of Social Danger), quasi-prison hostels, etc.

[8] Since the final years of the 1950s, this forced mobility was closely linked with the so-called "revolving door model", according to which shelter should be given to "transients" only for a few days, so as not to prolong their stay and not to develop a resistance to work. Then, from the 1990s this model was progressively substituted (in much of the care network for HP) by another one, called the "ladder model", based on longer stays, social support, introducing the person to more resources as he or she fulfilled objectives, etc. In this sense, a benchmark programme is the *Volver a Ser* (Return to Being) programme promoted by Cáritas (Nerín, 1996). Currently, the "ladder model" is the focus of much debate, not only in Spain but more widely in Europe, and in its place dis-institutionalising initiatives based on a housing-first strategy are gaining ground (*Housing led; Housing First*).

[9] The Spanish word sinhogarismo (without home-ism) is a literal translation of the English term homelessness.

[10] Without this subsequently involving a complete abandonment of coercive measures.

[11] Although old expressions such as "mendigo" (beggar), "vagabundo" (tramp, vagabond), "carrilano" (idler, rail-roader), "transeúnte" (transient), etc. never fell from popular use, particularly in the mass media (Contreras & Sánchez, 2009 ; EAPN, 2012).

from which the problem was understood (and presented), as well as its encapsulation in the Public Social Services System, hardly led to the development of measures, services and resources.

This new approach sought to replace old moralist and hygienist notions about beggars and tramps with others based on the psychosocial aspects that led to individuals becoming socially *marginalised* (Cáritas, 1984). However, although this new way of understanding the issue was a breakthrough at the time, it did not stop the focus being put on the more or less incapacitating individual aspects of subjects (disaffiliation, problems of personal maladjustment, addiction, etc.). At the same time it relegated to a very secondary position the socio-structural causes which lead to a person being homeless. Against this background, social attention was focused more on trying to rebuild personal deficits and the psycho-social skills of users, to prevent and address the problem through measures relating to access to and maintenance of housing, job insecurity and unemployment, effective access to health, migration flows, etc. From this individual-psychologising approach, the only policy since then considered as possible will remain anchored in measures to resolve *personal social inser-tion problems* managed mainly by Specialised Care within the Social Services, while measures related to the causes and structural factors that impact on homelessness have hardly been taken into consideration. Hostels, drop-in centres, some day-centres, social canteens, stays in bed and breakfasts, etc. would serve as the devices of an institutionalising model based on the principles of reception, social support and a relationship of help[12]. All of which would configure a very specific kind of care circuit (sometimes called a "circuit of HP"), one with little social efficiency, and which it is very difficult to leave given the almost non-existent resources to do so (especially public housing)[13].

2. The (impossible) link with other areas of social policy

If these very different conceptions of *homelessness* (focus centred on individual causes vs. centred on socio-structural causes) are related to the public policies from which the problem has been addressed (policies of law and order vs. social policies), we can better understand this step carried out since the 1980s with the creation and development of the Public Social Services System (Figure 1).

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[12] In the gestation and development of this overall care model a central role was played by the Catholic charity Cáritas Española, which created the *Volver a ser* (Return to Being) model (Nerín, 1996).

[13] The basic provision of accommodation has always been a very weak element in the framework of the Spanish public Social Services system. In this regard, the Memorias del Plan Concertado (Records of the Concerted Plan) can be consulted, in which this provision is barely accounted for economically. On the other hand, the almost complete disappearance of public social housing, from the second half of the 1980s, made it very difficult to articulate projects of insertion of HP through housing, which broke the well-known circuit and experience of HP (Malagón, 2008; Cabrera, 2009;).

Figure 1. The transition to a social policy focused on Social Services measures
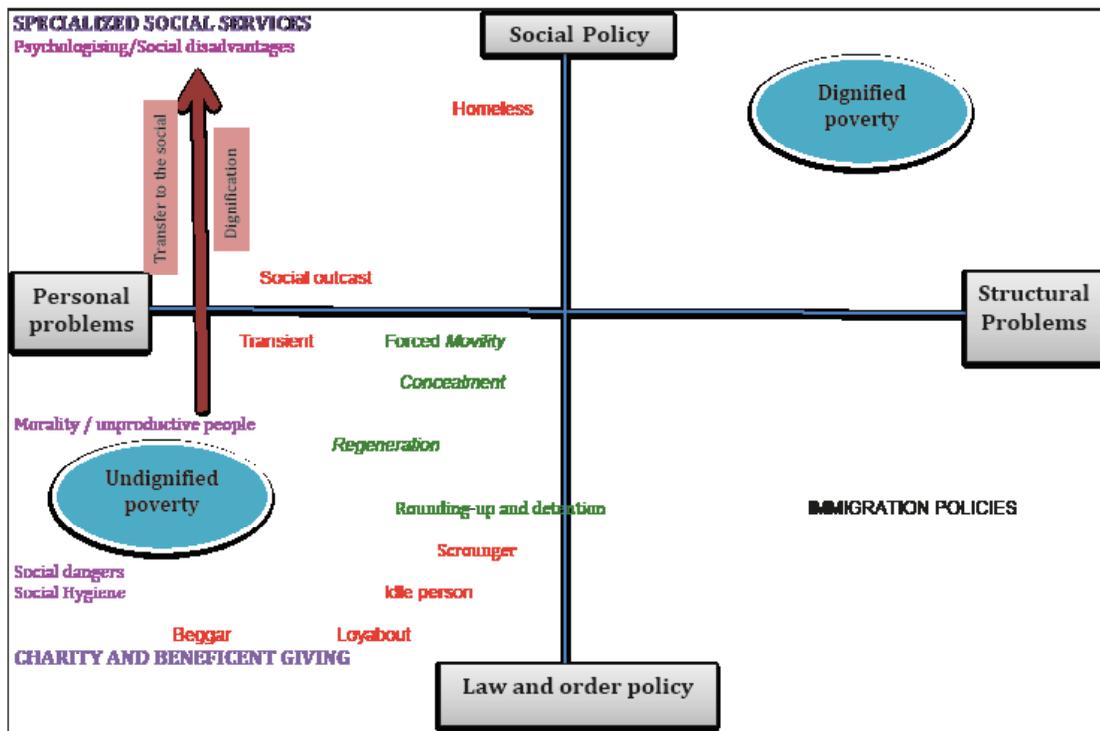
Source: Authors. This figure is inspired by Cabrera (2006).

The transfer of the problem (from the lower to the upper left quadrant) resulted in an unprecedented change, from the *public law and order* space to the *social* space. And in this sense it is true that it dignified care for HP. However, in that the focus was from a psychologising perspective, and was restricted to the Social Services without connecting it to other related areas (housing, employment, health, etc.), an overall equivalence was not achieved between such extreme homeless poverty and the other kind of poverty, which we might call "integrated" (in the upper right quadrant); namely, a form of poverty with effective access not only to social services but to other public policies[14]. As a result, what could have opened up a social policy for HP was reduced to mere measures and actions of personal recovery for insertion, and this from

within a narrow scope for manoeuvre within the Public Social Services System. This is an issue which we will deal with in the following sections.

In this sense it is important to note that still lacking is the move to genuinely *dignify* the extreme poverty of homelessness (a move expressed in Figure 2 by the dashed line), which would lead to the design of a comprehensive and integrated policy for the eradication of *homelessness* (and not merely its management), and which would have as a basis both a consideration of the structural causes of the problem (to prevent it) and the guarantee of access to basic social rights that all people enjoy (decent housing, health, education, guarantee of income, employment, etc.). Indeed, this is one of the key aspects of the problem: the need to advance and consolidate the idea that HP are

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[14] Indeed, for example, access to healthcare for HP has been always fraught with difficulties. Thus, in 2012, while 30.72% of HP reported having a chronic illness, only 61.6% of those with Spanish nationality had a health insurance card (INE, 2012). And significant difficulties are also appreciable if we turn to housing: people who have experienced situations of severe social exclusion have many more difficulties in accessing a home than other citizens. So, the lack of family wealth and the excessive cost of housing lead to an intergenerational repetition of residential exclusion (Sales, 2012). Job insecurity and lack of employment also represent very important risk factors. As an example, data from the HP Care Network from Barcelona (April 2016) show that just 11% had a contract of employment. And in some of the hostels in that care network (San Joan de Déu) that figure reached 35% (from: http://sensellarisme.cat/es/).

first and foremost citizens, and citizens who, regardless of their status, should have the same rights and obligations as others, this without them having to be subjected to second-rate care, nor to any kind of moral, social, or institutional paternalism.

Figure 2. The transition to a social policy focused on solving structural problems
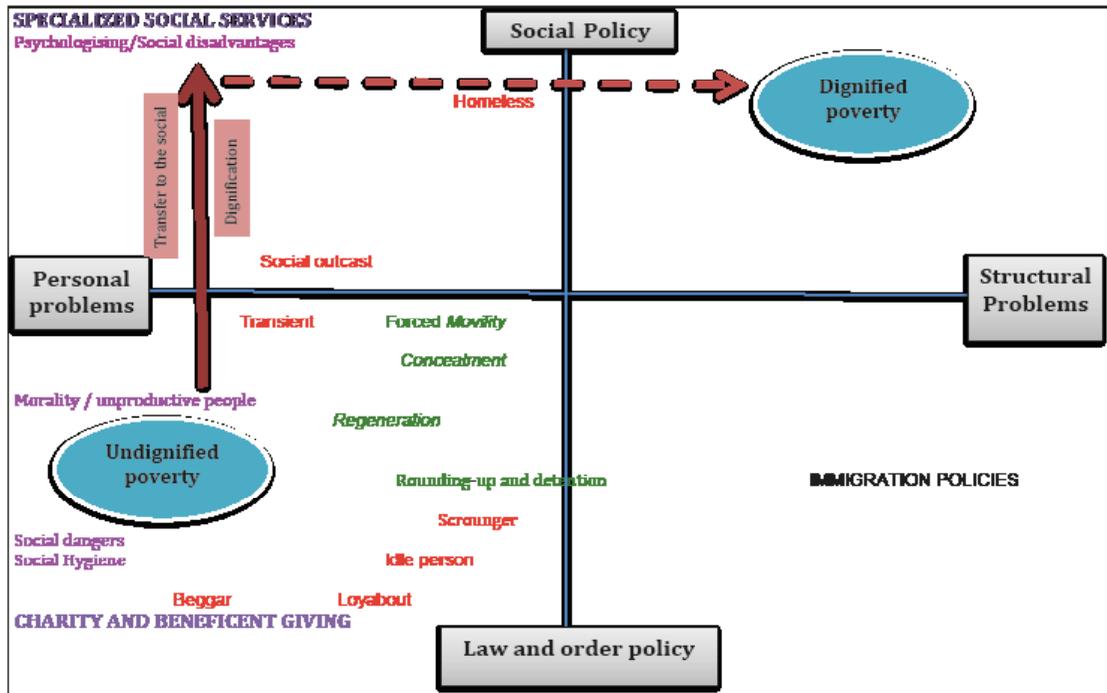
Source: Authors

In our view (and as reflected in the graphs below), the background of this failed attempt to initiate a social policy of care for HP has echoes of a past that can be summed up in the old dichotomy between "deserving" and "undeserving" poverty prevalent at the end of the 19th century, when tensions on social issue came to be cushioned by social reforms aimed at the working poor, the unemployed, orphans, widows (dignified poverty). While for the other groups of the poor (beggars, vagrants and others with 'maladjusted' lives) it was a matter of getting by on whatever scraps could be gleaned from charity and beneficence (unworthy poverty) (Himmelfarb, 1988).

But, in addition, in the Spanish state such a lack of approval of homeless poverty has to do with another question, one from a closer point in time: the benefit-assistance inheritance which fell away once democracy was restored.

And when, at the end of the 1980s the implementation of the Public Social Services System began, almost everything was still to be done (home care, residencies and day centres for seniors, addiction centres, nurseries, family planning centres, etc.)[15]. In this scenario, many local corporations avoided their responsibilities, leaving the problem of HP to continue its reliance on entities that had traditionally been involved (the Church Catholic), without providing more than the usual emergency assistance (bonds for the payment of food or a one-off stay in a bed and breakfast, tickets travel to another city, etc.). However, especially in the larger towns and cities, some local authorities tried to dignify social care for HP, but without any thought that this dignity had to do with the other pillars of Welfare: rather, attention to HP was seen as limited to Social Services. What's more, the situation was, paradoxically, the op-

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[15]   In Madrid, for example, until 1983 social assistance centres continued to distribute the few resources they had to the "solemn poor" from the register of the Poor Records. And medical and health care for the poor (those who did not have health insurance) was provided by public charities.

posite, with the hostel ending up being a deposit (a "dustbin"[16]) in which to throw everything that other areas of social policy were not able to deal with. In any case, it is worth recalling that this lack of connection with other areas of social policy not only has to do with the area of HP, but is a characteristic common to the entire branch of the social services (Rodríguez Cabrero, 2012; Casado, 2014).

A particularly significant area in this de-linking of homelessness from other fields of social policy is that of housing. Once, after the so-called second phase of Francoism, the Spanish housing market began to be liberalised, this ended up being seen as an element of development and economic policy rather than an instrument of social policy[17]. In this context, it is not surprising that the link between the housing and attention to HP became impossible and indeed unthinkable. The low levels of development that public housing achieved (Alguacil et al., 2013), as well as the difficulties that those with middle and lower incomes had in access to housing, meant the necessary connection between housing and *homelessness* could not be established.

3. Between the seams of the Public Social Services System

3.1. Regulations

As we have already noted, the inclusion of care for HP in the public Social Service system was a critical step in creating a social policy hitherto unheard of, but precisely by setting it in this area of social policy greatly conditioned the scope of measures that have been adopted. And this not only because it failed to connect the problem with other branches of social policy, but due to the scant development that the Public Social Services System itself enjoyed.

From what is stated in the Spanish Constitution of 1978 in the field of Social Assistance, and in the allocation of competences therein, it is the Autonomous Regions which have exclusive competence in this matter (art. 148. 20). On a lower level, taking into account the principle of territorial decentralisation and municipal autonomy, are the Local Authorities; these, despite having neither "titles or roles" in the Constitution, assume operational responsibilities here in order to provide solutions at the administrative level closest to the citizens (Casado, 2014). But how has this allocation of competencies affected care for HP?

The Laws of Social Services of the Autonomous Regions (both first and second generation) did not guarantee the right to the benefits and services of the Public Social Services System. On the one hand, because in them Social Services were not established as true subjective rights. On the other hand, because of the lack of legal development and specific concrete measures here, within the scope of the law, of the benefits and services of the system. Thus, for example, Portfolios of Benefits and Services were established from regulatory developments on a lower legal level (decrees or regulations), which resulted in a lack of guarantees of rights. So, unlike what happens in sectors such as Education (compulsory education), Health (within the relationship of guaranteed benefits) or Pensions for invalidity or old age, public administrations can design social service resources according to different variables, such as adequate budgetary provision, compliance with requirements with discretionary assessments, or the priority given at any time to the carrying out of various measures (Tornos & Galán, 2007)[18]. Finally, some Autonomous Regions (such as Navarre, Cantabria, Catalonia, the Basque Country, Galicia, Aragon, etc.) have, since 2006, created a new batch of laws (third generation) in which the subjective right to benefits and Social Services is recognised, although not all have done so in

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[16]   The expression "cubo de basura" (dustbin) appears repeatedly in many documents produced by different centres of attention for HP during the period that we are analysing. We have had the opportunity to access documents of this type (which the literature on social research tends to call "archivos" (files)) in other studies (Rubio-Martin, 2016, 2017).

[17]   In fact, during this *development*, and in the absence of a proper housing policy, many of those from the rural exodus would make use of hostels for HP.

[18]   The risk of ending up with a fragile and inadequate public Social Services system was palpable. The 1978 Constitution envisaged two different social protection mechanisms: Social Security, competence of the State (Basic Law and Economic Regime, art. 149,1,17 CE), and Social Assistance or Social Services, an autonomous/regional competence (art. 148, 1-29). While the former began to receive acceptable quotas of social security fees and developed some non-contributory mechanisms, the latter did not get more than "an weak development of social mechanisms" which in the end was "a resounding failure of the institutional system of protection against poverty"(Aznar, 1986, p.87).

the same way or have included the same elements within this right.

The fact is that this whole problem surrounding the right to Social Services, as well as to its availability and enforceability, has significantly hurt the HP sector. Traditionally served by charity and the municipal beneficence (as a problem of balance between compassionate support and civil order), the issue has been considered in a secondary way, and that when it has not been forgotten; that is, through delegating (by omission) attention from the problem to the traditional actors (Catholic Church and local corporations, mainly). Furthermore, it should be taken into account that HP have almost never had an active and demanding position (a "voice") in defence of their rights, which has been a handicap, from which they do not seize the opportunity to claim their already weakened rights.

For its part, the Spanish Law on the Foundations of the Local Government System (Law 7/1985, of 2 April 1985) allowed the establishment of a public municipal network of social services. Yet the establishment of the generic obligation to provide social services and to promote social reintegration (art. 25.2k), on a mandatory basis in the municipalities of more than 20,000 inhabitants (art. 26.1-c), without requiring the express creation and promotion of specific resources for HP, has ended up becoming a disadvantage. Only a resolute political will related to the accountability of public administrations when it comes to dealing with the problem would have made possible a network of centres and services for HP comparable to that in other areas. However, it did not happen in this way. And after the first attempts at public accountability (Cáritas, 1984; Spanish Federation of Municipalities and Provinces, 1986), the result was the construction of an uneven and inadequate network of attention concentrated mainly in the larger towns and cities. Thus, for example, in 2016 more than 72.8% of the centres and services were in cities with more than 100,000 inhabitants (Table 1). So a continued situation of neglect currently there exists of the rural homelessness caused by different demographic and social shifts (immigration, seasonal work, etc.), which has been a reality for decades (Cabrera & Rubio, 2006).

Table 1. Evolution of HP centres according to the size of the municipality (2006-2016)

	2006	2012	2014	2016
Less than 20,000	77	114	126	133
Between 20,000 to less than 50,000.	69	65	70	62
Between 50,000 to less than 100,000.	70	78	41	50
From 100,000 and over, and the capital cities of provinces.	382	480	557	657
TOTAL	598	737	794	902

Source: INE (2006, 2012, 2014, 2016)

Again, the lack of specificity of the laws has hurt the HP sector. With the obligation to create "shelters for transients" (Law of the Local Regime 1945 and 1953, then consolidated in 1955) having disappeared, nothing seemed to commit the municipalities to action. Stretched municipal finances relegated to the last place that which was least constructed socially and politically, and this minority had no voice, even in the field of citizens' claims and protests, nor in the programmes of political parties. In addition, the creation of centres and services for HP has always met with the opposition on the part of many citizens, who perhaps in some idealised way agree that all people should be cared for, but in practice resist the creation of centres near their own places of residence[19]. All of which resulted in a lack of a social policy beyond the big cities. Or, rather, in a "non-policy" that in fact serves as "a policy for HP" in the sense described by Dye (1975). Doing nothing means diverting

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[19]   This reaction, in which neighbourhoods reject the idea of prisons, hostels, centres for drug addicts, etc. is the same as the concept known in English as the NIMBY ("Not In My Back Yard") phenomenon.

the problem so that others assume it, with the consequent damage to those affected and for the municipalities that do indeed decide to deal with it.

More recently, after amendments in the framework of Law 27/2013, of 27 December 2013, on the Rationalisation and Sustainability of the Local Administration (LRSAL), municipal powers have been affected and reduced, and a transfer of competences has taken place to the Autonomous Regions, who assume control of the areas related to the provision of social services and of the promotion of social reintegration. Thus the municipalities may only exercise these competences if the Autonomous Regions transfer such powers. Although it is still too early to assess the impact of this law, it has given rise to numerous criticisms and warning about the uncertain future that can be expected (Almeida, 2013). The lack of definition and specifics of some concepts and obligations included in it, as well as the evolution of local spending on social services over the past years[20], make clear the possible negative impact on an already weakened sector of social care for HP in numerous municipalities.

3.2. The Concerted Plan of Basic Social Service Benefits in Local Corporations

As we know, the lack of agreement between the various political groups in Parliament and the ruling of the Constitutional Court, which on 13th August 1983 declared unconstitutional much the Law of the Harmonization of Regional Process (LOAPA), made unviable the creation of a state Social Services law. This law should have defined and specified both the rights and the basic features of the Public Social Services System based on the principles of equality and inter-community balance. As a means of solving, in part, the negative effects of the absence of that law, the General Directorate of Social Action of the Ministry of Employment and Social Security launched in 1988 the Concerted Plan for the Development of Basic Social Service Benefits in Local Corporations. The agreement between the three public administrations through administrative accords and economic and technical cooperation was intended to make of this plan the centrepiece of the construction of a municipal network able to guarantee basic benefits to all citizens on equal terms, regardless of the territory in which they were. The components needed to create this plan were of three types (Social Services Centres, Shelters, and Reception Centres). Thus, in principle, it seemed to establish a very basic provision for the attention of HP, such as the temporary accommodation.

In its beginnings, the Concerted Plan was designed to cover the entire population of the homeless within a maximum of 10 years. With that goal, the Ministry's forecasts were that from 1999, and once 100% of the estimated requirements had been covered, funding should decrease through consolidation into general budgets of the public administrations in their respective fields of competence, without needing other plans for the promotion of new services and infrastructures. However, the results of the Concerted Plan were in fact very different from what was expected. In 1988 only 10 hostels received funding from the Concerted Plan. Later, the highest point was reached in 1996, with 18 hostels. However, in 2009, that figure fell to 12, and thereafter continued to decrease until 2013, when only 9 hostels benefited from the Plan[21] (Table 2).

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[20]   Annual local spending on social services has decreased between €900 and €1,000 million in recent years (about 15%). In 2011 this expenditure reached €6,181 million, while in 2015 it was about €5,200 million. (Asociación Estatal de Directoras y Gerentes en Servicios Sociales) (State Association of Social Services Directors and Managers). Data from: http://www.directoressociales.com).

[21]   To get an idea of what these data convey, we might bear in mind that according to INE, in 2014 there were 16,684 accommodation places in the whole of Spain, with shelters funded by the Concerted Plan representing just 503 places.

Table 2. Shelters funded by the Concerted Plan (1988-2015)

1988	1996	2001	2009	2012	2013	2015
10	18	15	12	11	9	9

Source: Authors' own compilation of data from the Anuarios del Plan Concertado de Prestaciones Básicas de Servicios Sociales en Corporaciones Locales del Ministerio de Sanidad, Servicios Sociales e Igualdad (Yearbooks of the Concerted Plan of Basic Benefits of Social Services in Local Corporations of the Ministry of Health, Social Services and Equality).

That in the first year only 10 hostels joined the Concerted Plan seems understandable. With a whole Public Social Services System to build, many municipalities chose to devote resources to meeting those basic needs thus far unaddressed. But, as can be seen, after a small rise in the first years of the 1990s, the number of shelters decreased. Again, the HP sector would end up being handicapped by a Plan that would experience a number of issues, failures and severe blows. On the other hand, the insufficient financing of the Plan was becoming increasingly evident. Starting from 1996, the already declining economic contribution of the General Administration of the State was frozen, and clearly decreased from 2002. On the contrary, the Autonomous Regions increased their contribution to some degree. But, clearly, the only ones that increased funding with the passage of time were the local councils, from 41% initially to 60.61% by 2009 (Table 3).

Table 3. Evolution of economic contributions to the Concerted Plan (1988-2015)

Years	Central Govt.	Autonomous Regs.	Local Councils
1998	25.72	32.80	41.48
1996	16.47	24.28	59.25
2001	16.91	28.19	54.90
2002	15.55	28.44	56.01
2009	10.20	29.72	60.61
2010	6.69	50.33	42.98
2012	3.05	51.22	45.73
2013	1.99	50.39	47.62
2015	1.81	50.31	47.89

Source: Authors' own compilation from the Anuarios del Plan Concertado de Prestaciones Básicas de Servicios Sociales en Corporaciones Locales del Ministerio de Sanidad, Servicios Sociales e Igualdad (Yearbooks of the Concerted Plan of Basic Benefits of Social Services in Local Corporations of the Ministry of Health, Social Services and Equality.)

Although the Concerted Plan was created based on the distribution of funding among the three levels of public administration (33% each), public accountability has been very different. This not only supposes a breach of the initial agreement, but that the Law on the Foundations of the Local Government System of 1985, which recommended a concerted form of action in which the General Administration of the State should exercise the role of coordinator and of economic sustainability.

From 2010, and given the backdrop of the economic and financial crisis that began in 2008, the fall of the State's contribution in the budget of the Plan has been drastic. So, within the framework of the Law 2/2012, of 27 April 2012 on Budgetary Stability and Financial Sustainability, and Law 27/2013 (LRSAL),

the contribution of the General Administration has come to be considered a residual support[22], effectively dropping the notion of public responsibility that the Administrations legally assumed for covering the most basic needs of citizens in social care. In this scenario, uncertainty once again emerges as to how the HP sector will be affected.

4. The unequal involvement of Public Administrations

Faced with such a secondary position that the Concerted Plan has had, the Autonomous Regions and local councils have been forced to keep the policies of Social Services afloat. So what should have been a collaboration between the different public administrations for the consolidation of this fourth pillar of the Welfare State has, rather, proved to be an uneven amalgam of contributions, with fragmented, financially weak and poorly coordinated results (Rodríguez Cabrero, 2012).

Outside the framework of the basic benefits of Social Services, although finally included in it, at the end of the 1980s and in the early 1990s the Autonomous Regions implemented programmes of minimum income. Within the framework of these, attention to HP was promoted and renewed. For example, in many autonomous regions, starting from the point of the inability of Primary Care Social Services to incorporate HP to those programmes, the creation of non-profit social organisations was encouraged so that these could perform such a role. In addition, these new institutions introduced new forms of social intervention (work on the street, day centres, drop-in centres, some programmes of accommodation in supervised housing, etc.), which helped to update the traditional care offered by municipal shelters or other centres belonging to the organisations of the Catholic Church.

However, among measures for the care of HP in the Autonomous Regions, there are both points of light and dark. For example, if we take the very economic provision of a minimum income (the most specific public provision for HP), the truth is that after more than 20 years since its introduction, it is received by just 11.4% of HP (INE, 2012). In addition, its low amount in the majority of Autonomous Regions, as well as bureaucratic difficulties involved in processing it, raise the question of to what extent this provision has been an effective tool in the fight against homelessness.

Another of the dark points in the Autonomous Regions' policies here has to do with the lack of will and determination in creating their own social policy that address the problem not only in the large urban centres but in rural areas, semi-rural areas, and those belts of urban sprawl around the largest cities. And this despite the fact that in many Regions plans for Social Inclusion have been approved, although in these, care for HP has comprised little more than the kind of actions already foreseen in minimum income programmes, or in which not even structures of collaboration between the public administration and non-profit organisations were created. Thus subsidies have remained the main tool of the financing of the network. Here is another indication of that form of governing "undeserving" poverty, barely constructed within the social and political space , and which, precisely for this reason, does not enjoy the status of a *public problem* worthy of public accountability that ensures its supply and economic viability.

The General Administration of the State, for its part, has tried to cover the fringes of the system of Social Services with the National Action Plan on Social Inclusion (NAPin)[23], financed from 0.7% of personal income tax[24]. While these plans gave a boost to the multifactorial and multidisciplinary approach to the treatment of situations of social exclusion, with pilot programmes for the different groups affected (and that in those plans HP were always were considered as the "paradigm of extreme social exclusion"), the fact is that they propose only very generic measures, which will be evaluated with indicators of the same nature (Linares (2006).

Yet, as mentioned above, in 2015, and after being included as a measure to be undertaken in NAPin 2013-2016, the General Administra-

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[22]   The contribution of the General Administration of the State has been reduced, from €86,663,150 in 2011 to €46,361,619 in 2012; €27,593,730 in 2013 and €27,413,730 in 2014 and 2015 (Ministry of Health, Social Services and Equality, 2015b).

[23]   1986 saw in Spain the first Plan for the Fight against Poverty, and this continued with successive Plans until their conversion into National Action Plans on Social Inclusion (NAPin)within the framework of the guidelines of the European Union.

[24]   The programme of 0.5% of personal income tax was initiated in 1987 to finance cooperation with non-profit social organizations. Subsequently, the percentage was increased to 0.7% during the government of J. L. Rodríguez Zapatero.

tion of the State approved a *Comprehensive National Strategy for the Homeless* 2015-2020, which is concerned largely with taking up the major European recommendations on social care for HP (focus on rights, housing, prevention and early intervention, etc.). It is desirable that it is applied rigorously and that it serves as the impetus for a final recognition of the public accountability for the most extreme form of social exclusion: homelessness. Time will tell whether this measure has been effective.

5. Conclusions

Creating a Public Social Services System led to the passing of the problem of HP from a space of law and order to a social space. This was a first step in granting dignity to the care of those most excluded from society and the poverty in which they found themselves. However, the encapsulation of *homelessness* within that system, from which it has been dealt with using measures aimed at resolving personal problems of social integration, has not allowed either its standardisation with other kinds of more integrated poverty (which find a response with socio-structural measures, as well as in Social Services), or a true dignifying of the question. On the other hand, the weak development of the Public Social Services System and the scant connection of *homelessness* with other areas of social policy (housing, health, employment, etc.) have led to an underdevelopment of the care for HP. The continued provision of care for HP by the Catholic Church, as well as the lack of a strong and consistent commitment within some levels of the public administration, have meant that *homelessness* has never come to be regarded as a problem of public interest and accountability. This lack of the assuming of responsibility has still not been compensated for, either in economic terms or in organisational mechanisms and coordination. Formulas for funding hardly exist, and quality standards for facilities and services comparable to those in other areas do not exist. The sector's homeless population has ended up becoming the least developed sector of Spanish social policy, and this due to insufficient and indeed failed public accountability.

6. References

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