

Local social services in the prevention of women's homelessness

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EN Abstract. This research aims to analyse the preventive role of primary social services against female homelessness through the analysis of semi-structured interviews with women living rough or staying in night shelters (22) and with social workers from non-government associations (7). The results show that gender-based violence, mental illness, childhood abuse, institutionalisation in juvenile or rehabilitation centres, or a conflictive relationship with child protection services represent high risk factors for women roofless. However, these problems tend to be presented in a disconnected way through the categorisations of professionals, the relationships that social services establish and the benefits and services available. The research also points that an institutional framework of scarce and inadequate resources, in an ideological context of individual accountability and patriarchy, may favour oppressive interventions and the re-victimisation of homeless women. In conclusion, public local social services must be organised to be more attentive to the multiple causes and manifestations of female homelessness. Social workers must be able to provide personalised and sufficient support. In addition, professionals should coordinate the different services at the local level to improve the comprehensiveness of the intervention (housing, employment, health and work-life balance). Finally, organisations must generate spaces for critical reflection and participation so as not to reproduce excluding and oppressive attitudes.

Keywords: homelessness; gender; social services; social exclusion; gender-based violence; social work.

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1. Introduction

According to a report by FEANTSA (the European Federation of National Organizations Working with the Homeless, by its French acronym) and the Abbé Pierre Foundation, it is estimated that there are approximately 1,287,000 homeless people in Europe, including those sleeping outdoors, staying in night shelters, or living in temporary accommodations (Horvat & Coupechoux, 2024). Despite the challenges and methodological differences in quantifying this issue, there has been a significant increase in housing exclusion and homelessness over the past decade. The same report highlights that the main factor driving this growth is the rise in housing prices and the shortage of affordable housing in major cities.

In the collective imagination, homeless individuals are often perceived as men living on the streets. However, women experience homelessness in social circumstances and manifestations that differ from those affecting men (Johnson, Ribar, & Zhu, 2018). When focusing on visible homelessness in public spaces, women are significantly underrepresented. Nevertheless, it is possible that the proportion of women is higher than observed by services due to the concealment strategies they adopt to avoid the additional risks they face because of their gender (Bretherton & Mayock, 2021).

Starting in 2005, FEANTSA proposed and promoted the use of the ETHOS classification (European Typology on Homelessness and Housing Exclusion) to describe all forms of housing exclusion, analyze its prevalence among citizens, and go beyond the reality that is visible on the streets. According to this classification, homelessness and housing exclusion are defined by the interaction of three dimensions: the physical, the availability of a space to live; the social, the provision of a private space where an individual or household can develop social, personal, and emotional relationships; and the legal, the possession of property ownership or a rental agreement for that space.

Based on the conditions of habitability, the ability to develop social life, and legal security over housing, individuals or households may experience four situations: “roofless,” “houseless,” “in inadequate housing,” and “in insecure housing.” According to this classification, roofless individuals are those who sleep outdoors or have access to a night shelter but must spend the day on the streets (FEANTSA, 2005; Edgar, 2012). Table 1 summarizes the situations described by the ETHOS categories.

Table 1. ETHOS Categories of Homelessness and Housing Exclusion (European Typology of Homelessness and Housing Exclusion)

Categories	Operational Categories
Rooflessness	1. Living in a public space or outdoors.
	2. Spending the night in a shelter and/or being forced to spend the rest of the day in a public space.
Houselessness	3. Living in shelters or centres for homeless people. Temporary accommodation.
	4. Living in women’s shelters.
	5. Living in temporary accommodations reserved for immigrants and asylum seekers.
	6. Living in a residential or detention institution with the perspective of being discharged within a defined period, without available housing.
	7. Living in supported accommodation for homeless people.
Insecure Housing	8. Living in housing with insecure tenure (e.g., living without paying rent).
	9. Living under the threat of eviction.
	10. Living under the threat of violence from family members or partners.
Inadequate Housing	11. Living in temporary or unconventional structures.
	12. Living in housing that is not adequate according to the law.
	13. Living in overcrowded housing.

Source: FEANTSA (2005)

According to data from the Public Space Homelessness Care Service (SASSEP) of the Barcelona City Council, women have never represented more than 15% of the individuals identified as sleeping on the city’s streets (Molar & Gómez, 2022). However, if we consider the number of people housed in services provided by social organizations and the City Council, the 2022 report by the Network for the Care of Homeless People (XAPSLL, by its Catalan acronym) indicates that 39% were women (Sales, 2023).

In any case, the lower percentage of women on the streets is not linked to lower risks of housing exclusion. Research conducted in European, American, and Canadian cities highlights the significance of “hidden homelessness” (Pleace, 2016; Bretherton & Mayock, 2021). This concept refers to the fact that female homelessness is more often experienced behind closed doors, alternating between situations of housing exclusion such as living in overcrowded apartments without a lease, staying in a rented room without legal security or proof of residence, or seeking refuge in the homes of relatives who are also in socially vulnerable situations, among other scenarios (AIRES, 2019).

Gender differences within the homeless population are also evident in the fact that women experience street homelessness less frequently than men but, on average, spend more time being homeless. In a survey conducted among individuals served by temporary accommodation services for homeless people in Barcelona during 2019, 51% of women stated they had never slept on the street, compared to 15% of men. However, when asked how long it had been since they had a place they considered their home, 62% of women reported being homeless for over three years, compared to 49% of men (Sales, 2022a).

Research conducted in English-speaking countries (Passaro, 2014) and within the Spanish context (Ginesta, 2017) highlights the subsidiary role of social services and non-profit organizations when individuals face difficulties in accessing or maintaining housing. Institutionalized support is only sought when social and family relationships fail, yet such support is not equipped to address this need effectively (Sánchez-Castiñeira, 2020a). In this regard, women demonstrate a greater ability to sustain and mobilize social and family networks when they become homeless (AIRES, 2019).

When discussions on addressing homelessness focus on people sleeping rough, the needs of women are rendered invisible and neglected. The creation of temporary accommodation spaces in shelters and residential centers, along with services aimed at the unsheltered population, represents a reaction to solve a problem visible in public spaces and to the general public. However, this policy fails to address the structural factors driving the growth of homelessness and overlooks the needs of the hidden homeless population, which includes many invisible women (Matulic et al., 2019).

Examining the trajectories of homeless women highlights the need for preventive policies and raises questions about the role of primary social care services in mitigating the risks of residential exclusion and homelessness among women. In a context marked by low citizen participation in public social services, this research draws on the external perspectives offered by users of emergency and temporary shelter services, as well as by professionals from non-governmental organizations working with these women. The study explores processes of residential vulnerability to identify the role of primary social care services in the trajectories of women's residential exclusion. It is worth noting that the research also points to actions taken by other municipal services addressing specific situations, such as social emergencies, immigration, gender-based violence, or child protection.

The findings are based on qualitative research conducted between November 2019 and February 2020, involving interviews with 22 women and 7 professionals. The study was initiated at the request of the Department of Social Rights, Global Justice, Feminism, and LGTBI of the Barcelona City Council, driven by the interest of technical and managerial staff in understanding the relationship between homeless women and municipal services. Specifically, the research focuses on analyzing the practices of services that can play a preventive role in addressing the most extreme situations of female homelessness.

2. Methodology

2.1. Design and method

The objective of this article is to explore the role that municipal social services have played in the trajectories of residential precariousness of women who live or have lived on the street or in emergency shelters (ETHOS category A). To achieve this, the experiences of homeless women and female professionals from third-sector organizations are studied. Analysing the processes of social vulnerability of homeless women and their relationship with various social services requires a qualitative research approach that prioritizes the narratives of those directly involved.

First, this population is hard to access and relatively small in number, making a closed questionnaire with homogeneous responses ineffective, as it would not yield sufficient data to produce statistically significant results. Second, the issue of female homelessness is underexplored in our context, and open-ended questions allow for the identification of themes that the research cannot anticipate based on prior studies. Third, the research aims to give voice to two groups silenced in public and academic spaces (Foucault, 1994): homeless women and female professionals from organizations who fight daily against female homelessness. The data produced using these methods is exploratory and expressive in nature (Ritchie et al., 2014), uncovering and illustrating the various dimensions of the relationship between female homelessness and municipal social services.

Finally, as this study demonstrates, female homelessness intertwines with experiences of abuse, exploitation, betrayal, shame, and abandonment. These are highly sensitive topics that require interviewers to possess strong interpersonal skills and to establish a respectful and trusting bond with the interviewees.

The homeless women interviewed were between 30 and 50 years old, with an average age of 44 years. At the time of the interviews, they were being assisted by one of the contacted organizations and were either currently living on the street or had been in the past but were residing in accommodation provided by the organization or municipal services at the time. The interviews were framed for the homeless women as an opportunity to share their knowledge of municipal social services with the aim of improving them. This approach, which explicitly acknowledges the expertise of these women, had the positive effect of making the interviews less threatening and more comforting compared to those conducted within social services, where the women often reported feeling judged (Sánchez-Castiñeira, 2020b). However, this participatory approach may have encouraged the women to focus their narratives on the more negative aspects of the services.

Table 1. ETHOS Categories of Homelessness and Housing Exclusion (European Typology of Homelessness and Housing Exclusion)

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	13. Living in overcrowded housing.

Source: FEANTSA (2005)

On the other hand, interviews with professionals from the organizations provided relevant data and insights regarding the functioning of municipal social services. This is likely due to their close relationship with the women they assist and their ability to offer an external perspective on municipal social services. These professionals were female social workers and educators from organizations in the city that supported women sleeping rough or provided them with shelter. Their ages ranged from 30 to 45 years, and they had an average of 4 years of experience working with homeless individuals.

This research explored the factors, circumstances, and experiences of female homelessness in relation to municipal social services' interventions during the processes of residential precariousness and housing loss. Semi-structured interviews were conducted and recorded using an audio recorder. Interviews with homeless women focused on delving into their experiences prior to becoming homeless and the role municipal social services played (e.g., methods of access, types and frequency of assistance, treatment received, and unmet needs). Interviews with professionals addressed the circumstances leading women to residential exclusion and analyzed municipal social services' efforts in preventing homelessness.

The interviews with homeless women lasted an average of 42 minutes, while those with professionals averaged 72 minutes. The recorded interviews were transcribed verbatim and summarized based on the research objectives. Personal references to the women (Mn) and professionals (Pn) as well as mentions of participating organizations were anonymized to protect confidentiality.

2.2. Fieldwork and Data Analysis

The fieldwork is based on 22 interviews with homeless women (conducted by the female author of the article) and 7 interviews with female professionals from third-sector organizations directly engaged with women in emergency housing services provided by the Barcelona City Council. The interviews were conducted between November 2019 and February 2020. The Department of Social Rights, Global Justice, Feminism, and LGTBI of the Barcelona City Council facilitated contact with organizations working with homeless women in the city. The professionals interviewed from these organizations sought permission from the homeless women to voluntarily participate in a research interview. Upon agreement, they either facilitated or arranged the meeting with the interviewer.

Before starting the interview, the interviewer presented and explained the contents of the informed consent form, which outlined the objective and topics of the interview, its independence from the various services, the anonymity of the data, and the women's right to withdraw from the study or request the deletion of their data at any time and without any restrictions. The interviews took place at the organizations' facilities or in cafés, ensuring that the locations were always comfortable, safe, and provided privacy.

The initial data analysis was guided by a literature review and focused on coding those segments of the interview transcripts and ethnographic notes that were significant for the research objectives. The codes were grouped mainly into the following categories of analysis: "Socio-familial circumstances", "Emotional-relational support", "Material-administrative support", "Housing support", "Support for gender-based violence", "Child protection".

3. Results

The results are structured based on the analysis categories mentioned above.

3.1. Socio-Familial Circumstances

The narratives reveal that poverty is experienced in a specific way due to being a woman. M7 explains that the situations she has endured over the years lead her to believe that being a woman and lacking money gives others the "license to treat you like trash." She recounts an incident with a man she had known for some time, who initially offered her work at his bar and a place to stay at his home, in exchange for cleaning tasks. This individual quickly assumed he also had the right to demand sexual relations. When she refused, he not only failed to pay her but also sealed the lock on her door with silicone, leaving her belongings trapped inside.

"I could only get in with the help of the *Mossos d'Esquadra* [regional police] [M7 breaks into tears]. And if I had done it [agreed to this man's sexual demands], I would have gone from refusing to being labelled as an opportunist or a prostitute. It's like you're always in the crosshairs, and sometimes your morale just hits rock bottom." (M7)

The harsh judgment that society imposes on women can also weaken family networks and even justify abuse. In the following case, a woman newly arrived in Spain had to leave her brother's apartment because of his judgment:

"My brother would say to me: 'You're a very dirty woman; if you were in my country, I'd kill you.'" (M1)

Certainly, some of the women interviewed reported having experienced institutionalization through children's residential centres, psychiatric facilities, or prison. These circumstances weaken their family and so-

cial ties and contribute to additional psychological challenges that are inextricably linked to their homelessness (Bretherton & Mayock, 2021).

On the other hand, the narratives highlight the additional challenges that losing a home can pose for women:

"I am not a victim because I am a woman. I am not a victim because I am poor. I am not a victim because I am homeless. But it's good that, because you're a woman, because you're homeless, and because you don't have money, they tell you, 'You have priority.' I'm not going to treat you like a child, nor as if you're just going through life with problems. But the reality is that if you end up on the street, it won't be the same as if this man ends up there. And that's the reality. Because that man probably won't have to face someone trying to rape him, touching his breasts while he sleeps, or urinating on him. [...] Many of my companions have experienced this." (M8)

3.2. Emotional-Relational Support

Primary social care services can represent a space of safety and trust for many users (Martínez-López & Sánchez, 2019). Most of the women interviewed for this study indicated that, at some point in their interaction with social services, the social worker made them feel supported and acknowledged:

"I went to the Red Cross, where the emergency social worker treated me very well. However, she had to refer me to the Social Emergency Centre, where a woman named [female name] assisted me. I cried a lot, and they treated me very well. She said to me, 'I don't need you to show me any documents; I need you to tell me what you need today.' I replied, 'I want to rest.' Ten minutes later, she had called a restaurant where I could have a proper meal because I was very hungry. Then they took me to a 'five-star hotel.'" (M12)

Likewise, a welcoming approach can have a de-stressing effect, which is fundamental for subsequent interventions:

"The social worker hugged me and said, 'Take it easy.' Her words helped me regain control." (M11)

However, it is most common for homeless women to have experienced various personal and family crises throughout their lives without receiving consistent or meaningful support from primary social care services:

"I'm lucky, and I don't go to social services because I already have a pension [...] I don't even want to see social workers. I asked for help a long time ago, when I was with my daughter; I asked for social housing, and they didn't give it to me [...] I went when my husband abused me, and I saw the psychologists, who told me that abusers are always abusers, that people don't change." (M4)

At times, purely instrumental support may have been useful in addressing a specific need, but it has lost its value because it was provided without considering the emotional and relational needs of these vulnerable women:

"When I was almost three months pregnant, I had a difficult decision to make and accept. I was alone and had no support. I went to social services, and they sent me to a center on [anonymized street]. It was like a slaughterhouse. When I woke up afterward, they treated me like a chicken." (M14)

3.3. Material-Administrative Support

Similarly, situations are identified within primary social care services where the low emotional quality of the support provided could diminish the effectiveness of the basic guidance offered. In the case of this newly immigrated woman, that initial interaction would influence her willingness to return to social services in future situations of need:

"When I arrived in 2018, I went to the social worker in my neighbourhood, but she told me she couldn't help me because I had arrived as an adult and that I should come back in three years to apply for residency. She didn't inform me about anything, not even Catalan courses. She was a bit rude in her tone, quite cruel [...] When I left the apartment and found myself on the street, I didn't go back to social services because they had already told me they couldn't do anything for me, so that was that [...] It was during the City Council meetings on immigration and regularization where they told me I needed to take Catalan courses and that they would help me so that after three years of being registered in the city, I could apply for residency." (M20)

Similarly, public social services can tend to adopt a highly bureaucratic character (Ginesta, 2017), often reducing their role to processing assistance applications. The case of M10, who had recently arrived in Spain fleeing a situation of violence that threatened her in Colombia, demonstrates how a social intervention can lose its value when it lacks emotional support, personal recognition, or even adherence to basic social norms of mutual respect (Morgen, Weigt, & Acker, 2009):

"The social worker is quite robotic with me. She's like, 'What do you want? What do you need? Transportation? Hold on, I'll give it to you now' [the woman mimics an inquisitive tone] [...] I said to her, 'Look, could you help me figure out which restaurant I can access the fastest? Because there's a waiting list,

but if you could find the one with the shortest waiting time.' And she replied, 'Well, go to all of them, figure it out, and let me know.'" (M10)

On the other hand, the scarcity of resources combined with a narrowly defined administrative interpretation of eligibility requirements often leads social services to condition material support on its use for "basic needs" (such as food and hygiene). This approach overlooks the interdependent nature of physiological needs and emotional and social recognition needs (Sánchez-Castiñeira, 2024). The following note, written at the conclusion of the interview with M2, highlights the importance of maintaining everyday activities that counteract the stereotype of a person "at risk of exclusion":

"When we went to pay at the hardware store, the woman asked if we were teachers. M2 smiled proudly. Later, she told me that, for her, the ability to blend in was a form of healing: 'I like going to a bar once a day. It makes me feel normal, having coffee in a cup and not in a plastic cup like the ones at the shelter.'" (Ethnographic note on M2)

Among the explicit proposals from professionals, a key point is that the complexity of situations faced by women at risk of losing their housing demands work plans that can "combine emergency response with strategy" (P3). In some cases, the support women need is merely punctual and informational (especially, but not exclusively, in the case of newly immigrated women) (Galán et al., 2022). In other cases, a connection with low-intensity social services may be required, but sustained over time, allowing women to receive practical advice, financial assistance, and emotional support as needed.

3.4. Housing Support

The lack of specific housing resources, along with the fragmentation and lack of coordination between housing systems and social services (SIIS, 2019), means that social and employment insertion interventions often overlook situations of residential vulnerability and homelessness. In the absence of alternative housing options, social services may, in part, actively shape situations of hidden homelessness through interventions aimed at alleviating extreme deprivation risks, but which normalize precarious housing situations:

We assume that intermediate solutions exist, we assume that if someone is in a rented room, it is a lesser evil. [...] We normalize room rentals, subletting, and even more so there are professionals who say, 'Lucky you found this room and are not sleeping on the street, that you found this man who you clean for and lets you sleep on his couch.' (P2)

The social services system establishes a clear dichotomy between services intended for "homeless people" and those that are not (Matulic et al., 2019). Women tend to avoid sleeping outdoors and present more fluctuating housing situations (Bretherton & Mayock, 2021). Therefore, a system that does not offer flexible responses to the continuum of homelessness situations disproportionately affects women. On the other hand, when the risk of homelessness becomes more apparent, the support received is clearly insufficient and may even carry moralistic overtones. M1 has been in Spain for only a few months, and it seems that social services' attention is already based on suspicion:

The social worker told me, "We're going to help you a little bit, not much, because you have to sort your life out" [...] The woman spoke with the director, and in the end, she said: "Well, we're going to give you three months, in three months you have to find a job or a place to live." And I was scared, and because I wanted to work in anything, I didn't want to stay on the street. (M1)

Beyond the scarcity of resources, homeless women refer to the lack of understanding they may receive from professionals who should be helping them. This woman insightfully points to the disproportionate responsibility often placed on them:

People who have all sorts of problems don't have the same reflexes or goodwill as someone who comes from their home, rests, and manages their problems differently. But "you [social services] are paid and trained to manage all of this." (M8)

3.5. Support in situations of Gender-Based Violence

Moreover, female homelessness is closely linked to gender-based violence (Feantsa, 2022). However, the institutional system has framed gender-based violence and female homelessness as separate areas of intervention, creating distinct services in terms of objectives and organization (Bretherton and Mayock, 2021). The following case illustrates how this fragmentation results in inadequate intervention:

I went to the PIAD [Information and Assistance Point for Women] in [District of Barcelona], and they informed me there, and I also spoke with a lawyer, but neither time did they offer me a shelter. If the social worker doesn't take action, what do I do? Because I told mine, and I showed her this [restraining order], and she told me nothing, to figure it out myself. She didn't provide a solution. (M12)

At times, social services may display a certain level of inaction in situations of risk related to gender-based violence, failing to sufficiently support women when it is time to file a report.

[Professionals] say: "the decision is up to the individual," but in reality, professionals have an obligation to protect; they cannot allow the situation of violence to continue. (P4)

In fact, professionals are deeply aware of the shortcomings of the institutional context for addressing gender-based violence (Matulic et al., 2024). Therefore, they might resist promoting so-called protective interventions that ultimately lead to new social risks for women:

Reporting gender-based violence can result in double punishment: she suffers gender-based violence and, on top of that, loses her home because she must protect herself. Sometimes women have to move to another province. (P7)

However, this lack of institutional protection may not prevent the loss of housing but merely postpone it. The case of M19 shows that containing the situation could lead to a more severe deterioration of the woman's circumstances by the time she gains access to residential resources for gender-based violence:

The police came to my house every day; it was a show. [...] And when I explained this to the social worker, she told me, "No, there's no space, there's no this, there's no that, we don't have resources." And I thought: "Well, I guess we'll just wait until he kills me, right?" And he broke my rib, and then I got into the shelter. (M19)

The system for protecting against gender-based violence represents a standardized and limited response that, for women, can become a false promise of safety and autonomy (Moriana, 2015). The following account from a professional illustrates how an ambitious institutional system, limited by insufficient resources, can function as part of the institutional machinery that fosters (hidden) female homelessness:

The response we give to women is: "You report your husband, leave your house, empower yourself, take charge of your life, and figure it out on your own." We are protecting the woman from her aggressor, but we are not protecting her in a way that offers her a real, autonomous, and empowering solution. Many women go back to their partners. Many. It's normal because, of course, they might realize and react in the moment, but later, when they see what's out there—when they're in a house with other women who've been in the violence circuit for four years—it's a different story. (P1)

The social and personal consequences of this lack of economic, residential, and social inclusion opportunities are worsened by the scarcity of resources in psychological support services:

The woman goes to the PIAD, where she's given an initial appointment that takes a month or a month and a half to schedule. At this first appointment, they tell her she does need therapy, but there's a waiting list of almost 10 months. (P4)

3.6. Child protection

Primary social care services operate within a complex organizational framework with diverse functions that, in a context of scarce resources, can appear ambiguous or contradictory (Sánchez-Castiñeira, 2024). For example, these social services are tasked with addressing the socio-economic and relational needs of women, as well as protecting and promoting children's welfare. In an ideological framework rooted in gender inequality, social intervention may lean toward neglecting women's needs and disproportionately holding them accountable in their role as "mothers" (Lister, 2006):

In many cases, they are given a resource because there are children. And the focus isn't on her. We encounter processes closely tied to the need to meet work plans related to their children. But no one has ever asked what she needs to move forward. (P6)

Among homeless women, mothers tend to be in particularly vulnerable situations (Vázquez et al., 2020). The following account highlights the recurring feelings of injustice and discouragement that child protection services can provoke in these women:

I know there are social housing options to help you get your children back, especially with the allowance they've given me. They can give it to me. But they say no. The only thing the DGAIA [Directorate General for Child and Adolescent Services] told me was that I was young and could have more children. That's what they told me. That it didn't matter, that I could have more children. I said, "No, that's not how it works." (M6)

This can occur when services aimed at supporting women are oriented toward fulfilling very specific functions (e.g., child protection) without the appropriate service network to address the social complexity of family situations (Brodin, 2007). M7's case again illustrates how women's needs (and potential) may not be considered in social intervention, as well as the lack of alternative or more comprehensive services to address their needs. Similarly, there seems to be no other services or organizations capable of defending these women's most basic rights.

They said something about 'neglect,' and I said, "What neglect? You took my last one from the hospital, and I... you didn't even give me the chance to prove whether I mistreat them." (M7)

The following professional articulates convincingly that, beyond the shortcomings some women may exhibit that justify the need for custody removal, the protection system fails to adequately support women through such a dramatic life process.

They think: “How am I supposed to trust a social worker who tells me not to associate with certain people, or if I do, they’ll cut my benefits? Or one who tells me not to buy things for my baby when I’m pregnant, saying, ‘No, don’t spend money on the baby.’ Because it’s assumed custody will be taken, and this woman will only have her baby for 20 minutes. It’s like saying, ‘I won’t say it outright, but I’m telling you not to buy anything.’ Are we seriously already labeling this woman as incapable of caring for her baby?” (P1)

There is a clear consensus among the professionals interviewed that uniform measures, hasty decisions, lack of material support, reductionist perspectives, or overemphasis on family responsibility have contributed to many homeless women feeling “violated and judged by institutions” (P1). Thus, interventions should take place:

With active listening, assertiveness, and empathy. Professionals must be prepared to understand the cognitive distortions that often characterize the narratives of homeless women, recognizing that they are part of the impact of years of sustained frustration and precariousness. For example, dichotomous thinking like ‘If everything isn’t perfect, then it’s a failure’; excessive generalization; tunnel-vision mental filters; disqualifying or undervaluing positive experiences; or hasty conclusions. (P2)

4. Discussion and conclusions

Research shows that the current configuration of municipal social services is unlikely to serve as a safety net capable of preventing female homelessness. Firstly, the residual nature of basic social services (Aguilar et al., 2012) means that women at risk of homelessness are often only attended to once their social and personal situation has deteriorated significantly. Secondly, the limited institutional attention given to female homelessness (Bretherton and Mayock, 2021) creates an environment in which social service professionals, overwhelmed by diverse social demands (Ginesta, 2017), struggle to prioritize this issue.

Moreover, social services that lack the time to adequately address complex situations may engage in ineffective or even oppressive actions toward users (Feldman, 2018). This reality manifests in various ways but is particularly striking in the case of women who have had custody of their children removed. In any case, this inefficacy or distortion of social intervention should not be attributed to the specific dispositions of the individuals managing social services but rather to an organizational and ideological context that lies beyond the professionals’ control (Ferguson et al., 2020).

This research identifies several limitations that, while partly due to a shortage of professionals and case overload, could be partially resolved by implementing effective protocols to ensure coordination between protection services and continuity of care (Martínez-López and Sánchez, 2019). Achieving this requires moving beyond the municipal level to develop metropolitan or regional policies (Sales, 2022b).

The accounts of both women and professionals highlight the need for a comprehensive approach that considers the interplay of various aspects of women’s lives, including employment, housing, family, emotional health, and relationships (Rubio-Martín, 2018). Identifying situations of abuse or gender-based violence is essential for establishing interventions from the outset that do not overlook the psychosocial effects of these devastating experiences, which are so common among women at risk of losing their homes. Additionally, professionals require further training, and more protective services must be available for women accessing the gender-based violence protection system.

Social interventions should also incorporate the personal histories of many of these women, which may involve experiences of institutionalization, abuse, child loss, or political persecution (Vázquez et al., 2024; Jones, 1999).

Finally, there is a need to conceptualize and measure hidden homelessness to develop more effective policies. Using the ETHOS classification and safe, practical data-sharing between different social services, female homelessness can be identified, quantified, and diagnosed. Likewise, the housing insecurity experienced by many women should be publicly recognized as a key dimension of “gender inequality,” enabling the politicization of the issue and encouraging the prioritization of measures to address it.

5. References

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