# Homelessness in Uruguay: A Trajectories Approach

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> **Abstract**_ *In Uruguay, particularly in Montevideo in recent years, the problem of homelessness has become very publicly visible. This has led to greater academic analysis, state-funded surveys on the populations living on the street and in shelters, and the development of a new 'Homelessness Attention Programme'. This paper seeks to explore homeless pathways in Uruguay through analysis of the residential trajectories of homeless people using night shelters in Montevideo, and to contrast these findings with European evidence.*

> **Keywords**_ *Homelessness, displacements, housing pathways*

## Introduction

There is widespread consensus in European and American literature on the importance of studying the trajectories of homeless people. The analysis of homeless pathways is often seen as a useful method for deepening understanding of the risk factors and triggers that lead to homelessness. The study of homeless pathways is also seen as a way of understanding different trajectories through homelessness, ranging from a single experience of homelessness through to multiple experiences of homelessness over time (Fitzpatrick, 1997, 2000; Anderson, 2001; Clapham, 2002, 2003, among others).

The last two decades have been characterized by the development of longitudinal and retrospective analyses that aim to understand the nature and dynamics of homelessness in a new way. These new methods emerged as a result of criticism

of limited cross-sectional studies that offered a static view of homelessness. Much of the literature maintains that homelessness is better understood as a process with different entry and exit (and re-entry) routes. Thus, life before, during and after homelessness needs to be understood in order to comprehend pathways through homelessness (Sosin *et al.*, 1990; Piliavin *et al.*, 1993, 1996; Pleace, 1998; 2000; Anderson, 2003; Busch-Geertsema *et al.*, 2010).

Some scholars argue that a proper understanding of homelessness means looking beyond the known trigger factors or focusing on the characteristics of homeless people; homelessness, it is argued, is actually the result of a complex set of adverse circumstances, which usually begin at an early age and cause changes in the residential situation of people (Ravenhill, 2008). Thus, advances in homelessness studies using longitudinal analysis are seen by some as a way of understanding at what stages of life the risks of homelessness increase, what type of events produce these risks, and which interventions can prevent and reduce homelessness (Fitzpatrick, 1997; FEANTSA, 2010; Quilgars *et al.*, 2011).

Therefore, the most recent research aims to work out how individual and structural factors interact in a way that leads to homelessness (Pinkney & Ewing, 2006; Busch-Geertsema *et al.*, 2010; Fitzpatrick and Stephens, 2013). Specifically, certain individual characteristics are identified, such as problematic consumption of psychoactive substances or alcohol, mental health problems, learning difficulties or brain injury alongside structural factors, such as failures of the housing or labour market and changes in family structure (Fitzpatrick, 1997; Anderson, 2001; Edgar *et al.*, 2007).

Over the years, these explanatory models acting in isolation have been subject to criticism due to their inability to account for why certain individual characteristics on one hand, and structural tendencies on the other, create a problem for some individuals but not for others. That is to say, they have been unable to explain why some people do not go through periods of homelessness while others who have similar personal characteristics (severe psychiatric disorders, substance abuse) or who share the same position in the social structure, do (Ravenhill, 2008; FEANTSA, 2010).

In this context, the study of the careers, trajectories or paths of people who go through periods or stages of sleeping on the street or in homeless shelters has become increasingly important. These approaches aim, from different theoretical perspectives and survey techniques, to understand homelessness and the experiences of homeless people.

This current understanding of the causation and nature of homelessness in Europe is heavily influenced by North American, and particularly US, analysis. However, the extent to which this work provides a satisfactory explanation of homelessness in Uruguay is debatable.

In Uruguay since mid-2000s there have been isolated attempts by social scientists to understand homelessness. Although some research has been done (Chouhy, 2010), knowledge about the processes that result in people entering homeless shelters or sleeping rough remains limited. This paper aims to deepen the study of homeless pathways in Uruguay using an analysis of the residential trajectories of homeless people inhabiting night shelters in Montevideo. In doing so, it critically assesses the utility of European and North American ideas about the nature of homelessness causation in explaining the experience of homelessness in the Uruguayan context.

First, the paper reviews the current European and North American literature, followed by an analysis of information on homelessness in Uruguay based on data taken from two censuses in 2006 and 2011. Third, a typology of the pathways of men and women who inhabit shelters for single people in Montevideo is presented. Finally, the paper reflects on the findings and the implications of state practices for addressing homelessness in Montevideo.

## Homelessness as a Process

The literature contains three sets of analytical models, which present pathways-based explanations of homelessness. An initial approach, called 'downward spiral', draws on theory from the interactionist approach to deviance (Becker, 2009) – i.e., changes of identity cause people to enter homelessness and to remain homeless. With slight variations, research from this perspective maintains that most people who start out on a homeless trajectory inevitably finish in a chronic state – that is, they accept and adapt to homelessness as a 'way of life' (Chamberlain and McKenzie, 2003; Johnson and Chamberlain, 2008).

A second approach centres on residential instability, which is associated with shelter use and living rough (Sosin *et al.*, 1990; Piliavin *et al.*, 1996; Kuhn and Culhane, 1998). These studies tend to use multivariate analysis on large datasets (Mayock *et al.*, 2008). Residential instability research suggests that homelessness is not a lifelong experience, but also that exits from homelessness may not be sustained. Some work suggests a pattern of increasing duration and periodicity of homeless episodes over time (Piliavin *et al.*, 1996), with homelessness becoming a semi-permanent state (Culhane *et al.*, 2013).

Finally, arising from criticism of the widespread conception of downward spiral and of quantitative research limited only to recording residential variability, the third perspective emphasizes that the study of homelessness must be explained considering the personal and residential history of individuals over time. This approach predominantly involves the use of qualitative survey techniques, such as in-depth interviews, life stories or biographical approaches (Pinkney and Ewing, 1996).

### Contributions from the 'life course' perspective

The analysis of homelessness across the life course requires the study of residential trajectories over time and in a comprehensive manner. Longitudinal analysis is necessary in order to contemplate the events and transitions that increase the risks of experiencing homelessness through the life course. At the same time, it allows us to observe movements within and outside of homelessness together with the factors that lead to it, individual decision-making when faced with trigger events, and the different perceptions associated with those experiences (Fitzpatrick, 1997; Fitzpatrick *et al.*, 2011).

The above-mentioned advances allow us to state that the problem stems from changes that operate at the macro level, which have a more severe impact on those with personal vulnerabilities of several types, and this would explain the concentration of people with support needs within the homeless population (Pleace, 2000; FEANTSA, 2010).

So, homelessness has been seen as a result of a complex combination of risk factors where the homeless situation is triggered when one or more traumatic events occur in the lives of the individuals (Clapham, 2003). Researchers distinguish between: i) 'risks', considered to be those characteristics related to the social context, individual relations and attributes that would increase vulnerability as a result of that experience and, ii) 'triggers', which impact differently according to gender and age and which are liable either to cause homelessness immediately or be "one more step in the 'career' that may result in that situation" (Fitzpatrick, 2000).

The life course approach (Elder, 1994) provides an analytical framework through which homelessness can be understood within a global understanding of the life stories of individuals, by reconstructing the trajectories of those who have experienced homelessness. The main theoretical contribution of this approach is that it shows the relational and independent nature of the different elements involved in the homeless trajectory (education, work, family, residential), which accounts for how certain events or transitions in one element impact on the other elements (Feijten, 2005).

'Transitions' are understood as changes in one's state, position or situation (e.g., leaving one's home, or entering or leaving the education system or labour market), which are closely linked to a normative system of (often) age-related expectations (Blanco, 2011). 'Events' are important occurrences involving a relatively abrupt change that may have severe and long-lasting effects (Settersten, 2003 cited in Hutchison, 2011). Hand in hand with this, the principle of 'interconnected lives' by which "social regulation support occurs through social relationships across the life span" (Elder, 1994, p.6) is one of the central aspects, alongside individual agency and capacity.

## Homelessness in Uruguay:
## The 'Homelessness Attention Programme'

Homelessness has become a more visible social problem in Uruguay in recent years, particularly in Montevideo. Two state surveys on the population living on the street and in shelters have been conducted, and a 'Homelessness Attention Programme' (PAST – Programa de Atención a los Sin Techo) was developed in 2005 under the auspices of Ministry of Social Development (MIDES). The statutory definition of a homeless person is anyone over 18 years of age (families and single people) who sleeps rough or in night shelters; it excludes people living in slums, hostels, guesthouses or in shanty towns (MIDES, 2012).

The *Homelessness Attention Programme* focuses on the provision of night shelters (PASC, 2013). Shelters are open from 7pm to 8am, 365 days a year, and are run by a multidisciplinary team of community workers, psychologists and social workers, among others. The programme also has a street outreach team designed to connect homeless people who are sleeping rough to the shelter system, and there is an additional night shelter operating under the auspices of MIDES and the Ministry of Security for people sleeping rough and breaking the 2013 Law 'Offence, Conservation and Care of Public Spaces'.

There are three types of shelters, all of which are managed by NGOs. Night shelters at level 1 are the point of entry to the system, and are designed for people who are entering homelessness for the first time as well as for those who have unsuccessfully used the shelter system before. In shelters at level 2, staff members facilitate a 'housing ready' training process for each participant, which aims to create stability in their living conditions, enabling autonomy for sustainable housing in the future (PASC, 2012). Shelters at level 3 are pre-discharge services. Homeless people are expected to consolidate the 'housing-ready' process they have been developing at previous levels, with the goal of being ready to live independently when they leave (PASC, 2012).

In summary, homeless people are expected to 'progress' in the shelter system until they reach the level of regular housing – i.e., Montevideo's homelessness system follows the staircase model familiar from Europe and North America (Sahlin, 2005).

Nevertheless, one of the main goals for 2016 is implementing an interinstitutional agreement between MIDES and the Housing, Land Planning and Environment Ministry (MVOTMA) to develop a supported housing service with 13 places available for people who inhabit night shelters but can live independently with a welfare benefit.[1] The form that the supported housing plan will take is still being decided.

### Descriptive analysis of the official census of people living in shelters in Montevideo

In 2006, the first count and census of people living on the street and in shelters in Montevideo was carried out by MIDES and the INE.[2] Preliminary data showed a total of 320 people sleeping rough and 419 individuals in night shelters. Five years later, the second count and census of homeless people 2011 was carried out – for the first time within the framework of the National Census of Population and Housing.[3] In this count, 1,274 people were found to be homeless across the country: 837 in shelters and 437 sleeping rough (MIDES, 2011).

In both cases, the point-in-time (PIT) technique was applied, taking a census of the population making use of night shelters and counting the population sleeping in the streets on the night of the survey in Montevideo (2006 and 2011) and outside of Montevideo (2011). Both surveys are essential to developing knowledge about the characteristics of homelessness in Uruguay. However, some limitations and information gaps are evident in the censuses. First, the fundamental limitation of the PIT methodology relates to the intermittency and mobility of different living arrangements that characterise actual experiences of homelessness (O'Connell, 2003 cited in Busch Geertsema *et al.*, 2010). That is, the total number of people sleeping in shelters or public spaces on one day in the year is only one part of the population that could be in this situation in a given period (e.g., over the course of a year).[4]

Secondly, it is important to highlight the absence of information on the prevalence of certain psychiatric disorders and problematic consumption of illegal drugs among homeless people. Gathering these data would have constituted a fundamental quantitative and qualitative leap forward. Finally, no data were collected in

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[1]   www.presidencia.gub.uy

[2]   National Institute of Statistics of Uruguay

[3]   According to the last census, the population of Uruguay is 3,286,314, with 1,319,108 people residing in Montevideo. See www.ine.gub.uy.

[4]   For a discussion of current techniques of enumerating homelessness in Europe, see Baptista *et al.* (2012) and Busch-Geertsema *et al*. (2014).

the 2011 census on the employability of homeless people. Having this information would have allowed comparison with the 2006 survey and increased understanding of the relationships between homelessness and the labour market.

A descriptive analysis of the quantitative information from both censuses is provided below to give a general overview of the more structural characteristics of the phenomenon at the local level, while also allowing observation of its evolution in the time between one census and the other.[5] The descriptive analysis refers to comparable variables between both censuses: age, sex, time on the streets, educational level; and for comparable populations: people over 18 who live in night shelters in Montevideo.

**Composition of the population in shelters by sex and age**
As previously mentioned, in 2006 the total number of people using shelters according to the census was 419 people (all over 18 and in Montevideo). In 2011, of the 837 people using shelters, 167 were in shelters outside Montevideo and 83 were under 18 (in Montevideo). Therefore, 587 people over 18 were sleeping in shelters in Montevideo on the night of the census. Regarding the gender distribution in Montevideo indicated by both censuses, Table 1 shows an increase in the male population, which exceeds the variation in the overall population. The number of women in shelters actually decreased slightly in absolute terms in 2011, but as the report indicates, the census showed a worrying quantitative increase in girls under 15 (1 in 4) (MIDES, 2011).

**Table 1. People over 18 in Shelters in Montevideo by Gender, 2006 – 2011**

| Gender | Year | | Variation Factor |
|--------|------|------|------------------|
| | **2006** | **2011** | |
| Male | 267 | 457 | 1.7 |
| Female | 152 | 130 | 0.9 |
| Total | 419 | 587 | 1.4 |

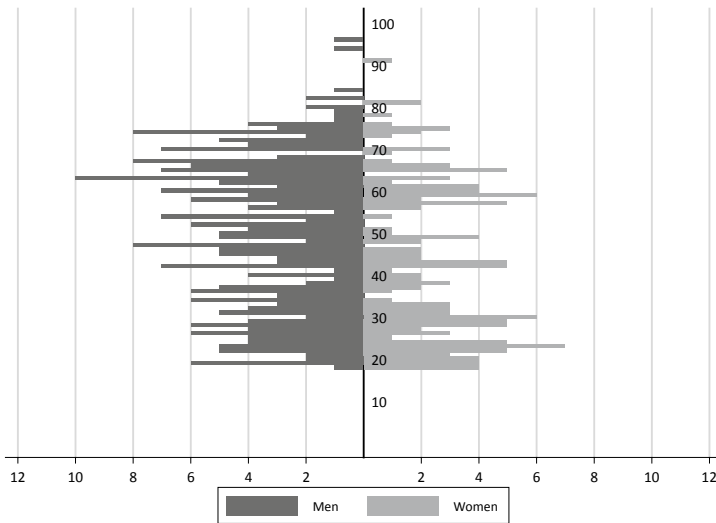Sources: Data from First Shelter Census (MIDES and INE, 2006) and Census of Homeless People (MIDES, 2011)

As can be seen in the pyramid graphs presented in Figure 1 below, the increase applies to all ages for both sexes, but mainly to men aged between 20 and 40 and middle-aged women (34 to 53). Similarly, a concentration is seen in one of the most extreme age categories (over 68 years old). However, the comparison between the two population pyramids shows an age shift that tends to include increasingly younger people, mainly males of reproductive age (and a significant number of women under 18).

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5   This is the first time that work has been done using both official empirical sources on people using night shelters.

As FEANTSA (2012) highlights, there has been an increase in youth homelessness in many European countries. The data also tell us that this trend should be considered when interpreting the different pathways through homelessness of young people to address not only the differential outcomes and trajectories, but also the multi-level factors that lead to homelessness in young women and men.

**Figure 1. Population in Shelters by Number of People**

**2006**



**2011**
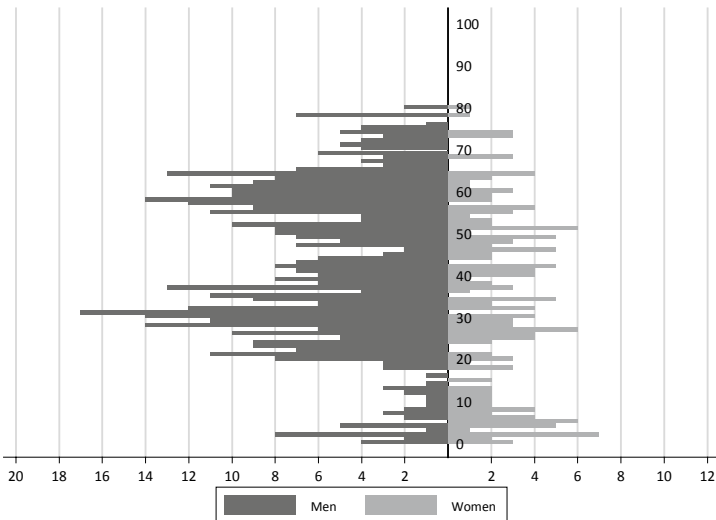


Sources: Data from First Shelter Census (MIDES and INE, 2006) and Census of Homeless People (MIDES, 2011)

**Time spent homeless by sex and age**

Table 2 shows data on time spent homeless disaggregated by gender. The table shows slight variations for the different groups with the exception of males with less than a year spent in that situation. The factor of variation indicates that the male population homeless for less than one year increased more than threefold between 2006 and 2011, which implies that the inter-census increase was highly concentrated in this group.[6]

**Table 2. Time Spent Homeless by Sex and Year: People over 18 in Shelters in Montevideo**

|  | 2006 | | | 2011 | | | Factor of variation (2011/2006) | | |
|---|---|---|---|---|---|---|---|---|---|
|  | **Men** | **Women** | **Total** | **Men** | **Women** | **Total** | **Men** | **Women** | **Total** |
| Less than 1 year | 70 | 50 | 120 | 218 | 60 | 278 | 3.1 | 1.2 | 2.3 |
| 1-3 years | 85 | 65 | 150 | 121 | 39 | 160 | 1.4 | 0.6 | 1.1 |
| 4-8 years | 55 | 24 | 79 | 63 | 21 | 84 | 1.1 | 0.9 | 1.1 |
| Over 8 years | 47 | 10 | 57 | 55 | 10 | 65 | 1.2 | 1.0 | 1.1 |
| Total | 257 | 149 | 406 | 457 | 130 | 587 | 1.8 | 0.9 | 1.4 |

Source: Data from First Shelter Census (MIDES and INE, 2006) and Census of Homeless People (MIDES, 2011)

In summary, the brief comparative analysis highlights some changes in the problem that deserve to be considered. It is worth noting that the trends indicated by both censuses are for large numbers of people spending relatively little time homeless (less than one year). Furthermore, we see that those who indicate having spent less than one year homeless are mostly young men – the group that accounts for almost the entire variation between 2006 and 2011.

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6   There is no information for this variable in 13 cases in 2006. As such, the total number of men and women surveyed according to time spent homeless presented in Table 3 drops to 406 cases.

## Pathways Through Homelessness

This section aims to present a typology of pathways leading to homelessness. Seventeen qualitative interviews (11 men and six women) were conducted with individuals who inhabited night shelters for single homeless people in Montevideo. The eligibility criteria for being interviewed were: time being homeless (two years or less) and being aged 18 years or over.

Three pathways to homelessness are distinguished according to: i) the intensity of housing displacement, considering events and transitions in such areas as health, relationships and work; ii) how the impact of serious events was dealt with; and iii) individual strategies to deal with critical scenarios.

This approach uses 'accommodation biographies' (May, 2000) – mapping the length of time for which individuals use different forms of accommodation in their homeless trajectories, as well as time spent sleeping rough. The personal history of the individual is also explored, looking at work, health and relationships in order to contextualize changes in accommodation and relate those changes to the experiences of the individual.[7] The testimonies of the respondents and the reconstruction of their biographies reveal the events and experiences that gradually led to their becoming homeless. This approach can also show the sequence in which these events occurred and how the interplay of different factors resulted in far-reaching and lasting changes in their lives. Displacements are defined as either voluntary or forced movements.

For each move, data were collected on when each living arrangement ended, the reasons they left, the next living arrangement they moved to, data on anyone who accompanied them, the type of employment (if any) held and any health problems. For the biographical reconstruction, the causes of homelessness that were perceived as important by respondents were defined as trigger events, with these being examined in the context of other information on their pathways through homelessness.[8]

### Commonalities and differences

While the pathways of the people interviewed were different, reflecting the heterogeneity of life situations, certain patterns of needs, characteristics and experiences appeared regularly in the biographical reconstructions.

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[7]   The interviews were carried out under the CSIC project: *Advances in the Typology of Homeless People in Montevideo* (Ciapessoni, 2009).

[8]   In some cases, information could not be included because respondents could not remember what had happened, usually as a result of psychiatric hospitalizations.

The first element to highlight is related to the markedly critical way the majority of the respondents spoke about the household in which they were raised (Chouhy, 2010). The testimonies of men and women of different ages reveal environments often characterized by bad relationships with their parents, partners or siblings, and with frequent references to acts of intra-family violence. Acute psychiatric disorders or severe problems with alcoholism in one parent were also widely reported. The second and third elements that became apparent when reconstructing the biographies were early school leaving and unskilled, low-wage labour. Formal schooling had often finished at around 11 years of age, and respondents had often only completed primary school and not resumed studies at a later time. In parallel, these individuals generally only entered the labour market with precarious, low-skilled, low-wage jobs with no social security protection or health insurance coverage.

Domestic violence, scant educational levels and early entry into the informal labour market are the main components which, for the majority of the respondents, lead to a process of residential instability from an early age and which gradually lead to homelessness.

### Pathway One

The first pathway can be described as the route into homelessness for men who share five characteristics: 1) the highest levels of residential instability in their trajectories; 2) high levels of work instability; 3) problematic substance use; 4) sleeping rough for a sustained period of time; and 5) deploying 'typical' street strategies such as begging, rummaging or cooking outdoors.

For this group of respondents, the first indications of residential instability occurred between 15 and 18 years of age. However, there were risk factors from an earlier age in the household: dysfunctional family environments, rapidly changing circumstances during childhood, severe alcoholism, acute psychiatric disorders, abandonment, etc. The testimonies reveal that family relationships – following the 'interconnected lives' principle of the life-course perspective (Elder, 1994) – were a long way from providing support in the early development of the respondents. In fact, this type of relationship planted the first seeds of ontological insecurity (Giddens, 2006), which gradually led to a marked instability that manifested itself in almost all areas of their lives.

In this context of precarious relationships, the first indications of residential instability were, for the majority, between the ages of 15 and 18. Two respondents in this group were displaced from their original home and onto the streets where they

remained for approximately a year, with the following year spent in a pension or shelter. In one of the cases, the move to the streets was the result of a relationship formed with "someone who worked and lived on the street".[9]

The remaining respondents left home in the context of one of the transitions to adulthood: marital relationship. In these cases, the residential transition is characterized by precarious, insecure or inadequate housing: squatting, or living with the family of a partner, in the home of close relatives or in a pension. Then, events such as a relationship breakdown, possibly leading in turn to progressive use of psychoactive substances, led to the progressive deterioration of physical and mental health:

> And this is not new: I escape, I relapse, I escape, I relapse. Because something happens to me, I have emotional issues, I look bad (…) I cut back but it's not easy, every now and again I stumble, I fall, I had cut it out for a long time, I had a good job and I relapsed due to a similar emotional situation [speaking of his separation], and I stumbled and I screwed up again, and that's how it goes, time passes and I am the same, I can't get out of this, but I am trying and I know I'm going to get out.[10]

Those who return to the family home could face situations of conflict or bad relationships, and recurrent, violent episodes that drive them out of that living arrangement. Following this, homeless people could spend time period of time in mental health hospitals.

Parallel to residential displacements that begin to increase in intensity, successive entries to and exits from the labour market occur. Intermittency in the labour market is not only associated with ongoing (re-) entries and exits (with repeated episodes of resignations, dismissals or prolonged periods of unemployment), but also with variations in the types of jobs accessed (short-term sheltered employment, seasonal work, low salary and unskilled), including the use of the workplace as an alternative living space:

> I lived in a workshop where I worked. I am a car painter and I had a place there and just stayed there (…) Later I came to Montevideo and unfortunately ended up sleeping in the Maciel[11]. *(Respondent 2)*

A common pattern in these trajectories is that the successive and rapid 'changes of state' caused or aggravated by critical transitions in relationships and health, reduce the ability to make commitments that could create more stable and/or

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[9]    Respondent No. 9, 38 years old. Second time in a shelter.

[10]    Respondent No. 4, 26 years old. Fourth time in a shelter.

[11]    Local hospital

lasting states in central aspects of life (Feijten, 2005, p.45). Moreover, in line with European and North American research on lone homeless men (e.g., Kuhn and Culhane, 1998; Fitzpatrick *et al.*, 2000), recurrent entries and exits from psychiatric hospitals, the shelter system and prison means that this group of shelter users experiences homelessness as a revolving door, which is the main reason these individuals do not become long-term shelter residents (Kuhn and Culhane, 1998).

### *Pathway Two*

The second pathway was that of women sharing the following characteristics: 1) high peaks of residential intermittency, although less so than in pathway one; 2) they had generally abandoned their home as a result of domestic violence and abuse by their partners; 3) they sleep rough intermittently or over a sustained period of time, 4) they have very little work experience; and 5) they deploy 'typical' street strategies.

Respondents had generally left home between 15 and 20 years of age, when the transition to life in a couple begins and women start a family. Women on this pathway often lived in situations of hidden or concealed homelessness with their partner's family, or lived in insecure and precarious conditions with a partner and other family members. Literature on homeless women has pointed out that women make greater use of family networks to avoid sleeping rough, which is known as hidden or invisible homelessness (Watson and Austerberry, 1986; May *et al.*, 1999).

Another critical stage is the violence and abuse that directly impacts the physical and mental health of these women while they are living in these situations. Those who suffer sustained abuse can also face, in some cases, sexual or attempted sexual abuse of their children by the partner, leading to abrupt departures with their children from that residential arrangement and to the homes of close relatives:

> Ten or twelve years… I was beaten a lot. I couldn't take it anymore and I left. I left, I went with my sister who lived in a pension [and then] to my brother's house… with my children. *(Respondent 17)*

As European studies on homeless gender based perspective highlight (Jones, 1999; May, 1999; Reeve *et al.*, 2007; Mayock *et al.*, 2015, among others), homeless women have been invisible in much homelessness research because homeless-ness has been perceived as mainly a male problem. However, there is a growing literature pointing out the critical condition of single homeless women in the homeless population. Consistent with European literature, those women's pathways show a pattern of running away from stressful and violent home environments in their youth and later from the households they move into as young adults. In our

case, these women's pathways indicate an intermittently hidden accommodation situation where they stay with friends or relatives before going into a shelter, as well as exits from and re-entries to night shelters.

The abuse and violence causes high levels of emotional stress, exacerbated for those who are mothers by separation from their children when they are placed in the care of child care institutions. The testimonies indicate that a lack of income prevented them from taking care of their children, and that residential transitions have such an impact on their well-being that they operate as highly distorting events in their trajectories. In this context, these episodes cause emotional instability with consequences for the living situation – leading to their return to the homes of family members, alternating with the use of pensions and, in one case, sleeping intermittently in the street.

In terms of working, the limited experience that these women have in the labour market is generally associated with two recurrent issues in the analysis of poverty and gender: 'pre-commercialization', understood to mean that the social wellbeing of women comes from family dependence (Esping-Andersen, 1990), and intermittent participation in the labour market, linked to family responsibilities. In addition, as with some respondents in pathway one, for some women who at some point in their trajectories have nowhere to live, performing tasks in family homes in exchange for accommodation and food allows them to tackle the absence of a roof.

Extreme material poverty, being victims of gender-based violence at home, low self-esteem associated with perceptions of their cognitive disabilities, and other traumatic experiences, as well as pathologies or illnesses suffered, make them one of the most marginalized groups within the homeless population. Their social exclusion is manifested also in the coping strategies they display:

> I took stuff from the dump trucks. The things they left hanging. I also checked. Yes the first time. Yes, in the bakery I asked for pastries. I beg now [for coins]. *(Respondent 18)*

### Pathway Three

The last of the pathways relates to men and women with: 1) the lowest peaks of residential intermittency; 2) high levels of job insecurity; 3) no episodes of sleeping rough, or sleeping rough for just a few nights; and 4) not using typical street strategies. Those with this pathway have varied life stories, but share, in addition to the characteristics above, the fact that it was their first time staying in a shelter.

For some, this pathway is characterized by displacement at an early age to childcare institutions, with a stay of approximately 15 years. For others, moving to a shelter is strictly linked to a precarious position in the labour market that leads, at some point in the life course, to the inability to access living arrangements other than a shelter.

For the majority of respondents, displacement to a shelter is the result of family separation and a precarious position in the labour market, both of which impede access to housing. In this sense, the risk factors appear to be on another level, where housing and labour market factors (access to low-skilled and temporary jobs) combine to exacerbate residential vulnerability at a certain stage of the trajectory. As Meert and Bourgeois (2005) stress from their research in Europe, there is a sub-group of the homeless population "structurally caught in a closed circuit" marked by housing insecurity and poor housing conditions. At some point, unemployment, separation or the death of a partner, and possibly having exhausted the option of doubling up with friends or relatives, leads them to a night shelter in Montevideo:

> We had built a shed to live in, but it rained; we had to fix the roofs, water used to filter through and we were always sick with the kids. We had to go to my parent's apartment (…) and then the rent went up, so I stayed in a pension with the kids.[12]

Finally, the respondents do not use typical street strategies over time nor do they use them while inhabiting the shelter. However, two very different behaviour patterns can be identified. One is where those with paid jobs – i.e., working homeless people – do not use the services on offer (meals and clothing) but organize their day around paid work. The other is where those who face homelessness by making use of the services offered by the system of shelters and day centres.

This paper has provided an overview of homelessness biographies or pathways into homelessness in Uruguay, revealing the impact of events and transitions on the lives of homeless people. Homelessness has become an important concern for public authorities and society in Uruguay. However, there is an enormous gap in the national academic research on its underlying causes, and a better understanding of the relationships between macro-level and individual factors in homelessness causation is still necessary.

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[12] Respondent No. 16, 40 years old. First time in a shelter.

## Conclusion

This article had as its main objective to assess critically the utility of European and North American ideas about the nature of homelessness causation in the Uruguayan context. First of all, in accordance with the current European literature, the complexity of homelessness in Uruguay appears self-evident, even drawing on the limited empirical information currently available. In Montevideo, homelessness is the result of a combination of factors operating on different levels: care, housing, health policies, fragile relationships, early victimization, income poverty, precariousness of the labour market. Additionally, homelessness cannot be reduced to a simple housing problem (Tosi and Torri, 2005), and the residential histories of the people interviewed indicate that their trajectories are marked by vulnerability and precarious living arrangements. As such, homelessness arises as the last stage in a continuum of residential vulnerability. The parallels with Uruguayan experience of homelessness and reports from European research are clear.

Secondly, as European research has shown, young people are particularly vulnerable to homelessness as a consequence of family breakdown and leaving care institutions (FEANTSA, 2012). In the case of Uruguay, the comparison of census data provides evidence of current trends and the fact that homelessness mainly affects young men and women of different ages. Furthermore, the qualitative analysis in this paper supports the European thesis that abuse and family violence are factors that trigger homelessness at an early age, aggravating drug abuse and problems of low self-esteem as a result of victimization (Fitzpatrick, 1997; 2000). The need to look at programmes like the UK's 'Positive Youth Accommodation Pathway' (Fitzpatrick *et al.*, 2011; FEANTSA, 2012) seems clear. This means using a comprehensive approach to developing homelessness prevention strategies for young people leaving care or unable to stay with their families.

Thirdly, the analysis of pathways has shown the profound impact of macro-level factors on homelessness, as well as on the recurrent use of shelters. This is particularly so for long-term homeless women and people with addiction problems, whose ability to access sustained housing solutions is systemically undermined. As some authors highlight, even countries with very extensive welfare systems experience gaps in social interventions that largely affect the most marginalised people and that are associated with lone adult homelessness (Benjaminsen and Andrade, 2015).

People with complex support needs and long-term homeless trajectories, as well as those discharged from institutions such as prisons, childcare and hospitals without support, are the most affected by failures in the welfare safety net. Consequently, shelter users become trapped in the 'revolving door' of homeless-

ness – between the criminal justice system, psychiatric hospitals and the shelter system – and fail to successfully re-enter the community (La Vigne *et al.*, 2003; Metraux *et al.*, 2008; FEANTSA, 2010; Quilgars *et al.*, 2011).

The Homeless Attention Programme has diversified, reflecting the changing profiles of homeless people and an increasing diversity of pathways into homelessness. Montevideo has day-centres, halfway houses, 24-hour shelters and temporary accommodation for women with children and for victims of domestic violence or abuse, and day care centres for mentally ill homeless people. However, the main response to homelessness is still the night shelters – more than 50 centres with over 1,500 places. The European and North American literature have shown the shortcomings of staircase or 'housing ready' models for accessing housing (see Busch-Geertsema and Sahlin, 2007; Sahlin, 2005). The European literature has also stressed the deficiencies of an extended shelter system that "does not facilitate independent living, conversely, it might entail opposite results: institutionalisation, secondary adaptation and stigmatisation" (Busch-Geertsema and Sahlin, 2007, p.87). This is particularly important for social policy since this preliminary analysis shows an absence of preventive and integrated strategies for people who are at increased risk of experiences of homelessness in Uruguay, as well as indicating adverse impacts from long-term use of the shelter system.

The Homelessness Attention Programme seems to follow European countries such as Austria, Belgium, Spain, Luxembourg and Italy, with strategies seeking to 'manage' homelessness rather than to solve it (FEANTSA, 2012). Most importantly, the shelter system seems to diminish the chances for homeless people to access regular housing.

To conclude, in order to provide a comprehensive and coordinated response to homelessness, the following would be extremely useful: sensitize and train shelter staff; incorporate international theories and methodologies; provide practical support; strengthen coordination among agencies and social services; and achieve a well-designed way to monitor homelessness in Uruguay. The crucial role of housing policy for the most vulnerable people at risk of homelessness seems clear. To prevent homelessness, it is necessary to take measures such as preventing evictions, ensuring housing and income benefits, and planning for discharges from the care system and prisons, taking into account the special needs and attributes of released people (FEANTSA, 2012). In relation to strategies to reduce homelessness, the successful approach of Housing First – providing early permanent housing solutions with social support and community reintegration (as in e.g., Sweden, Denmark, the UK and Finland) – also needs to be considered for use in Uruguayan homelessness policy.[13]

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[13]  See FEANTSA (2012); Pleace *et al.* (2015).

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