

LISBON

Human and Social Rights Office

An aerial map of Lisbon, Portugal, showing the city's layout, including the Tagus River and various urban areas. The map is rendered in a light gray tone, serving as a background for the central text.

MUNICIPAL PLAN FOR PEOPLE IN STATE OF HOMELESSNESS

2024-2030

TECHNICAL SHEET

TITLE

Municipal Plan for People in State of Homelessness

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OPENING NOTE



The Councillor
Sofia Athayde

The City of Lisbon recognises the enormous complexity of the challenge of eradicating homelessness. With this Plan, it reiterates its commitment to helping eradicate this phenomenon.


We know that a multidisciplinary, integrated, and concerted intervention between central government bodies, the municipality and local institutions is unavoidable. Only the joint and articulated work of everyone can fulfil the objective of effectively and efficiently supporting the situation of those who 'fall into the street' in a timely manner.

This Plan will necessarily be integrated into the National Strategy, which is also currently being revised. It is up to the Central Administration to devise strategies and define national policies that, from a perspective focused on the fronts of response and prevention, integrate the various dimensions of the problem. Health in general and mental health in particular, addictive behaviours and housing, plus, in recent times, the growing phenomenon of migration and the difficulties generated by rising interest rates, go beyond municipal competences and make the challenges even more demanding, and a transversal approach is desirable.

It is in this sense that the CML has decided to add its efforts to those of the entities under the Administration that have these competences in Lisbon, Santa Casa da Misericórdia de Lisboa and Social Security Institute - In fact, CML already provides around 1/3 of the total number of accommodation responses in the entire city.

This renewed commitment is reflected more strongly in the new Municipal Plan for People in State of Homelessness 2024-2030.

Centred on the person, this plan seeks to respond to their primary aspiration, which is to seek a better life and to be able to live it with dignity.



It's about starting from each person's concrete reality and building a response with them that doesn't stop at welfare and integrates the training and autonomy that each person needs to fulfil their life project. This complex reality is more than just the problem of housing and getting people off the streets who, due to various circumstances, have become homeless.

In concrete terms, our commitment is reflected in this new Municipal Plan, which proposes 7 years of action to fulfil 23 objectives through 89 concrete measures on 5 fronts of intervention.

It's a truly innovative and ambitious plan.

It was innovative in terms of the methodology followed - for the first time in the design of the PMPSSA, more than 300 homeless people were heard and were able to participate effectively in the definition of municipal policies that directly affect their lives.

Innovative, too, in the concerted diversification of the type of responses it proposes - many of them completely new, never tried before in Lisbon.

Ambitious, firstly because it plans to increase the number of accommodation places provided by CML from the current 1.050 to 1.700. And, above all, because it proposes that this substantial increase in responses be embodied in the requalification and creation of new models of collective social facilities that will each accommodate a smaller group of people, offering each person a more dignified, closer, and more appropriate response to their life project. At the same time, the new Plan calls for more than half of the city's facilities to be individual or shared, transitional, or permanent.

A word of thanks to CML's PSSA Project Team, dedicated exclusively to working with these people, and to all the partners who, in conjunction with this team, accompany each person in this situation in our city on the ground and know them by name. 365 days a year. Thank you for your unique work, which is so important for the city.

This Plan embodies the deep conviction that, in these New Times, it is our purpose, in this and all matters - we believe all of us together - to find a way of looking at every human being as a unique and unrepeatable being, whatever their circumstances, and to always take them as the centre of our action. Because WE ARE ALL LISBON.



”

(...)

I know it would be possible to build the right way
of a human city that was
faithful to the perfection of the universe
That's why I keep starting over
from the blank page
and this is my craft as a poet
for the reconstruction of the world"

Sophia de Mello Breyner Andresen
"The Name of Things"
1977

INTRODUCTION

The Municipal Plan for People in state of homelessness 2024-2030 (PMPSSA 2024-2030) is outlined in this document, organised into different chapters, including the Framework of the phenomenon at European, national, and local level, the Characterisation of the phenomenon in the city of Lisbon, the Evaluation of the Municipal Plan for People in State of Homelessness 2019-2023 (PMPSSA 2019-2023) and the PMPSSA 2024-2030 and its construction methodology.

This Plan consolidates the intervention that the Municipality of Lisbon has carried out over the last few years in intervention related to people in state of homelessness (PSSA) and is structured into 5 Axes, 23 Objectives and 89 Measures, directly related to the need to respond to PSSA.

This Plan emphasises the approach to prevention, in terms of the policies and measures that the municipality is investing in to prevent new people from getting into this situation and to prevent repeat offences after leaving homelessness. Likewise, it is important to highlight the investment in qualification, diversification, specialisation, and an increase in accommodation responses with a progressive commitment to a housing led approach, the strengthening of intervention in the street context in its different dimensions, as well as the commitment to autonomy through access to professional training and/or employment.

The construction of PMPSSA 2024-2030 is based on a participatory process that involved around 500 people, including those who are directly in this situation, and 36 organisations, who contributed their knowledge and experience, as well as taking part in the various activities designed to guide municipal policies. This process resulted in 722 proposals for concrete measures that were considered in the process of building this Plan.

With the approval of PMPSSA 2024-2030, the municipality is committed to complementing the city's social response, consolidating the partnership with specialised civil society organisations and others with competence and responsibility in the area of intervention with people in state of homelessness (PSSA), expanding the resources and services for these people and strengthening the orientation of these services towards an inclusive, integrated and results-oriented intervention, increasingly centred on the person and focusing on the process of recovering full personal autonomy.

This Plan seeks to be in line with European, national, and local policy definitions in this area of intervention.

The municipality wants this to be a city strategy in which all the players (Central Administration, Local Administration, Civil Society Organisations, Entities with competence and responsibility in this area and Citizens) feel like central players and an integral part of the intervention.

CHAPTERS

1
FRAMEWORK

2
CHARACTERISING HOMELESSNESS IN LISBON

3
EVALUATION OF THE MUNICIPAL
PLAN FOR PEOPLE IN STATE OF
HOMELESSNESS 2019-2023

4
MUNICIPAL PLAN
FOR PEOPLE IN STATE OF HOMELESSNESS
2024-2030

5
FINAL CONSIDERATIONS

CHAPTER 1

FRAMEWORK

1.1 EUROPEAN

The European Union's (EU) intervention in homelessness is the result of a long journey that reflects a growing concern about this social phenomenon. Research published across the EU repeatedly describes people in state of homelessness (PSSA) as people having multiple and complex needs that require an integrated policy approach, combining prevention and stable housing solutions with other socio-economic and health support services that help people achieve stable living conditions and avoid entering or returning to a situation of social and housing exclusion (Eurocities, 2023).

The European Federation of National Organisations Working with the Homeless (FEANTSA, 2021) report "Investment in Affordable & Social Housing Solutions: Reaching the "Locked Out" in Europe" estimates that at least 700.000 people have experienced homelessness for at least one night in the EU. The number has risen by up to 70 per cent in the last decade and is likely to worsen because of the long-term impact of the crisis caused by the COVID-19 pandemic, the sharp rise in the cost of living and the housing crisis.

The 2019 report by the European Social Policy Network (ESPN, 2019) noted that in 24 of the 28 EU countries, experts reported substantial increases in the number of PSSA over the last decade (up to +389% in Latvia). Finland was, at the time, the only country to record a significant decrease, while Portugal achieved a stabilisation of its numbers, and Croatia and Poland showed mixed patterns. The report concludes that the number of people in state of homelessness (PSSA) is increasing in the EU and that the profile of those affected is broadening.

FEANTSA (2021) identifies that migrants, young people, women, and children are increasingly represented among the homeless population in different countries.

The same report also states that Europe is facing a housing crisis that unequally affects people with different economic resources, with households in poverty eight times more likely to be burdened by housing costs than others. According to the study, housing costs for tenants living in poverty increased in most EU countries between 2008 and 2018. The report concludes that a significant proportion of the EU population has difficulty accessing decent, affordable housing, with the problem being particularly acute for people affected by poverty and social exclusion (FEANTSA, 2021).

As far as prevention is concerned, a solid database shows that some groups are at high risk of homelessness, namely people living in poverty, migrants, victims of domestic violence and people going through a process of deinstitutionalisation in public bodies, especially the justice system and the child and youth promotion and protection system, so they should be at the centre of upstream prevention efforts. Prevention has received insufficient attention in policy and research due to the permanent emphasis on emergency responses (Eurocities, 2023).

Although homelessness and housing exclusion as described are not core EU competences, various frameworks create possibilities for action on these issues (FEANTSA, 2021; EU, 2021a):

- The Treaty on European Union, in its provisions on human and social values, the prevention of exclusion and discrimination [(articles 21 (d) and 3 (3))];
- The EU Charter of Fundamental Rights, in its article 34, on the right to social assistance and housing aid to ensure a decent existence;
- The European Pillar of Social Rights, in its principle 19 on housing and assistance for vulnerable and homeless people;
- The United Nations Agenda for Sustainable Development, in particular Goal 1 on poverty and Goal 11 on sustainable cities and communities, including access to housing;
- Porto Social Commitment, signed on 7 May 2023, in which the Portuguese Presidency of the European Council, the European Commission, the European Parliament, the European social partners and civil society organisations, made a joint commitment to the European Pillar of Social Rights for the development of public policies that, at the appropriate level, strengthen social cohesion, the fight against all forms of discrimination and the promotion of equal opportunities for all, including PSSA;
- Porto Declaration of 8 May 2021, in which European leaders committed themselves to reducing social inequalities, combating poverty and social exclusion, and addressing the risks of exclusion of particularly vulnerable social groups, including people with social exclusion.

The current European context presents significant challenges regarding the increase in the number of PSSA, and concrete and integrated measures need to be adopted to tackle this issue.

In the Lisbon Declaration signed in June 2021 at the Lisbon conference (co-organised by the Portuguese Presidency of the Council of the EU, the European Commission, and the European Federation of National Organisations Working with PSSA) the national ministers, as well as representatives of EU institutions, civil society organisations, social partners, and cities, committed to working together under the umbrella of the platform and carrying out actions within their respective competences.

In this Declaration, the objective of working to end homelessness by 2030 was assumed by all, to ensure that (EU, 2021a):

1

No one sleeps on the street for lack of accessible, safe, and adequate emergency accommodation.

2

No one lives in emergency or transitional housing for longer than it takes to move into a permanent housing solution.

3

No one should leave an institution (e.g., prison, hospital, health service) without being offered suitable accommodation.

4

Evictions are avoided wherever possible and that no one is evicted without receiving assistance for a suitable housing solution when necessary.

5

No one is discriminated against because of their PSSA status.



Following the Lisbon Declaration, the European Platform to Combat Homelessness (Platform) was launched as an instrument of the Action Plan of Principle 19 of the European Pillar of Social Rights, representing an important milestone in the European approach to homelessness, definitively placing it as a priority on its social agenda.

The creation of the platform was driven by the realisation that homelessness cannot be solved by member states alone but requires joint and coordinated action by all the countries in the European area and all the players involved. The Platform is based on a multidimensional approach, which covers not only immediate assistance to PSSA, but also identifying and combating its causes. It also realises that homelessness is the result of a complex combination of factors, including rising housing costs, an insufficient supply of social housing or housing assistance, low incomes and precarious jobs, job loss, ageing and family breakdown, discrimination, health problems and insufficient preparation for leaving institutional environments (EU, 2021a; Eurocities, 2023).

In this sense, the Platform seeks to develop and implement integrated strategies that address these factors and promote sustainable solutions for the reintegration of PSSA into society (Eurocities, 2023), with the main objective of promoting cooperation and exchange between Member States, non-governmental organisations and other relevant actors, strengthening their response capacity by sharing knowledge, good practices and resources, seeking to develop common policies and strategies, based on scientific evidence, to prevent and intervene effectively in the phenomenon (Eurocities, 2023).

The Platform's work programme was formally adopted during the Ministerial Conference on Combating Homelessness, organised by the French Presidency of the Council of the EU on 28 February 2022 in Paris. The work programme has three strands (Eurocities, 2023): data collection and analysis, mutual learning activities and access to funding.

In the strand of work on access to finance, the commitment of member states to invest a significant part of the European Social Fund Plus (ESF+) to support social inclusion and poverty reduction stands out. InvestEU also represents an opportunity to support investment in social infrastructure, including social housing (Eurocities, 2023).

The EU's intervention in homelessness has thus become, over time, a progressive and comprehensive response to a complex and ever-changing social problem. The creation of the Platform reflects and marks the EU's commitment to promoting social inclusion, solidarity, and human dignity by joining forces to effectively tackle homelessness across Europe.

1.2 NATIONAL

In Portugal, the first national strategy for intervention with people in state of homelessness was defined in 2009 (National Strategy for the Integration of Homeless People 2009-2015). The National Strategy for the Integration of People in state of homelessness 2017-2023 (ENIPSSA 2017-2023) is currently in force and was approved by Resolution of the Council of Ministers no. 107/2017, of 25 July, as amended by Resolution of the Council of Ministers no. 2/2020, of 21 January.

ENIPSSA is based on a vision of a "strategic and holistic approach to prevention and intervention, centred on people, so that no one has to remain on the street for lack of alternative responses", defining as an intervention model "the centrality of the person as a whole and in their life context, which is intended to be integrated and integral and aims to prevent new situations, close monitoring, and is based on the premise of qualification and making the most of human and financial resources, namely to avoid duplication of responses". (www.enipssa.pt/enipssa).

At the same time, the concept of "homeless" was redefined and adopted for "person experiencing homelessness", as the aim is to emphasise the problem not as a condition in a person's life, but as a transitory situation. In this way, ENIPSSA 2017-2023 conceptually considered a person experiencing homelessness (PSSA) to be a person who, regardless of their nationality, racial or ethnic origin, religion, age, gender, sexual orientation, socio-economic status, and physical and mental health condition, is homeless:

WITHOUT A ROOF

Living in a public space, in emergency accommodation or in a precarious location:

1 PUBLIC SPACE

Public spaces such as gardens | metro stations | bus stops | car parks | pavements | viaducts | bridges | others

2 EMERGENCY ACCOMMODATION

Any facility that immediately accommodates, free of charge and for short periods of time, people who have no access to another place to stay.

3 PRECARIOUS LOCATION

Places that, due to their condition, allow public use, such as: abandoned cars | stairwells | building entrances | abandoned factories and buildings | abandoned houses | others

WITHOUT A HOUSE

They are in temporary accommodation designed for this purpose, e.g., facilities that house people who do not have access to permanent accommodation and promote their integration.

ENIPSSA 2013-2023 defines its bodies and structures - the Interministerial Commission, the Consultative Commission, the Group for the Implementation, Monitoring and Evaluation of the Strategy (GIMAE), the Executive Centre and the Homelessness Planning and Intervention Centres (NPISA). The Executive Manager is responsible for managing ENIPSSA 2017-2023, coordinating the GIMAE and the GIMAE Executive Centre, as well as ensuring coordination between the Strategy's various bodies and structures (Council of Ministers Resolution no. 2/2020).

The creation of NPISAs at local level is closely linked to the impact of the phenomenon in each of the territories and they are set up within the Local Social Action Councils (CLAS). The NPISA are responsible for Planning: monitoring, planning, and reporting on activities, mobilising and identifying resources and needs, and Intervention: promoting and coordinating the entities that make them up, monitoring processes, promoting awareness-raising actions, and ensuring the implementation and monitoring of ENIPSSA 2017-2023.

There are currently 35 NPISA in operation in the country, most of which are located on the coast and in large urban centres.

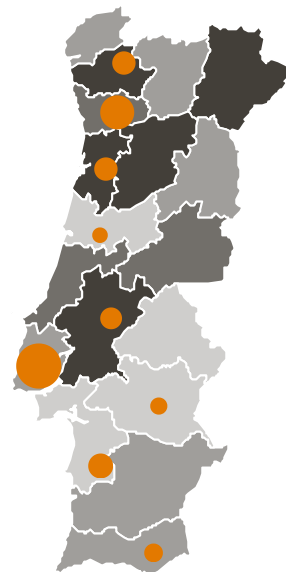
Barcelos, Braga, Gondomar, Guimarães, Matosinhos, Porto, São João da Madeira, Viana do Castelo, Gaia

Aveiro, Coimbra, Espinho, Figueira da Foz, Leiria

Almada, Amadora, Barreiro, Cascais, **LISBOA**, Loures, Odivelas, Oeiras, Santarém, Seixal, Setúbal

Évora, Beja

Albufeira, Faro, Lagos, Loulé, Olhão, Portimão, Tavira, Vila Real de Santo António.



Map 3 - Map of NPISA Locations Nationwide
Source: Prezi app

NPISA Lisboa was created in 2015 as a result of a strategy by the Lisbon Social Network, more specifically the Platform for Homeless People. NPISA Lisboa is led by a tripartite structure, like the Lisbon Social Network, made up of Lisbon City Council (CML), Santa Casa de Misericórdia de Lisboa (SCML) and Lisbon District Centre of the Social Security Institute (ISS, I.P.). CML is responsible for coordinating NPISA Lisboa.

About competences in the field of social action, it should be noted that, since 2020, with Decree-Law no. 55/2020 of 12 August, amended by Decree-Law no. 23/2022 of 14 February and Decree-Law no. 87-B/2022 of 29 December, the transfer of competences to municipal bodies and inter-municipal entities in the field of social action has taken place.

1.3 LISBON

CML's intervention, with the development of a series of initiatives, partnerships and projects with people in state of homelessness (PSSA), dates back several decades, with the growing awareness of the need to address homelessness as a political and social priority. The creation of partnerships with non-governmental organisations, social solidarity institutions and other relevant entities has been part of CML's fundamental strategy for pursuing its objectives and implementing projects, enhancing, and expanding its capacity for action.

Along the way, there were a few moments that marked a change in the municipal intervention strategy in this area:

- Until 2015, intervention in the area was already carried out in partnership with the third sector. However, the support provided by the local authority was based on a model of submitting annual applications, which did not guarantee the continuity of the projects, causing constraints for the organisations that managed them and consequently for the intervention carried out with the PSSA;
- In 2015, the creation of NPISA Lisboa marked a moment of change, proving essential in the reorganisation and optimisation of the resource network and the implementation of the integrated intervention model for all the city's agents who work directly or indirectly with the homeless population;
- In 2016, CML implemented its 1st Municipal Programme for Homeless People 2016-2018, approved by Resolution no. 629/2015 of 29 October. With the definition of this first Programme, the Municipality began to define and structure a city strategy, from which the articulation with entities and financial support for the execution of projects began to be implemented based on a municipal document that frames them from a city perspective;
- Subsequently, and in order to continue the work implemented, the Municipal Plan for People in State of Homelessness was created with a time horizon of 2019-2023, approved on 3 March 2020 by the Municipal Assembly, as proposed by the Lisbon City Council in its Resolution no. 926/CM/2019, of 19 December. This Plan is a guiding instrument for the municipality's intervention and investment, aligned with ENIPSSA 2017-2023, focusing on the city's territory, articulating the human, logistical and financial resources of CML, NPISA and the different partners;
- With the approval of the PMPSSA 2019-2023, Resolution no. 84/CM/2020 also approved the creation of the Project Team for the Implementation and Monitoring of the Municipal Plan for Homeless People (EPPMPSSA) 2019-2023 with the mission of implementing, coordinating, following up, boosting, and monitoring the PMPSSA 2019-2023.

The phenomenon in the city of Lisbon shows a heterogeneous population with diverse and constantly changing profiles, in line with what is seen in most European cities, and this progressive change in profile is associated above all with migratory phenomena.

On the other hand, it is characterised by high territorial mobility, which makes it difficult to keep track of people:

- Mobility within the city;
- The migration of people to Lisbon is linked to its attractiveness, both in terms of the quantity and quality of existing responses and resources;
- The perception of a seasonal flow, probably boosted by tourism, with an influx of young adults, especially in the summer period;
- The growing phenomenon of unregulated immigration of people in conditions of extreme social and economic vulnerability.

The context of the city of Lisbon differs from that of the rest of the country's cities in terms of the transfer of powers in the field of social action, since they have remained delegated to the SCML, an institution governed by private law and of public administrative utility, under the terms of its Statutes, approved by Decree-Law no. 235/2008, of 3 December, and amended by Decree-Law no. 114/2011, of 30 November and no. 67/2015, of 29 April, and by Law no. 53/2018, of 20 August. At national level, the ISS, I.P. retains responsibility for creating and funding accommodation responses.

Despite the lack of formal powers in the field of social action, the Municipality of Lisbon has been adopting social protection measures for its inhabitants, such as the Social Emergency Fund (temporary economic support for families or individuals in crisis), Municipal Housing Programmes or the Municipal Plan for the Homeless, complementary to those of the entities with powers in the field of social action.

NPISA Lisboa is the privileged platform for liaising with the organisations responsible for this issue.

Currently, in addition to the Tripartite Commission, NPISA Lisboa is made up of thirty-two partners from the public and third sectors, working in various areas, including Health, Justice, Security, Social Rights, Employment, Education and Research (Annex I).

NPISA Lisboa, coordinated by CML, is structured around 4 Strategic Axes: Planning and Monitoring; Intervention; Health and Prevention and its action is based on the drawing up of biannual action plans, the implementation of which depends on the vast and diverse network of partners, who are organised into different working groups: prevention, housing, employability, health, street technical teams, resource guide and food distribution.

This partnership network makes it possible to ensure the implementation of measures such as the monitoring of the phenomenon in the city, within the scope of ENIPSSA 2017-2023, the operation of the SCML's Homeless Care Unit (UAPSA), the creation of articulated and effective responses aimed at PSSA (Contingency Plans for Cold and Heat Waves, Vaccination Campaigns), the discussion and supervision of cases, among others.

In short, the Municipality of Lisbon's intervention with people in state of homelessness (PSSA) over time is the result of a lasting political and social commitment, in a reality that is constantly changing. Through an integrated approach, based on partnerships, centred on the person, and oriented towards human dignity, the Municipality has sought to meet the challenges of its homeless inhabitants, developing policies and programmes aimed at social inclusion and improving their living conditions.

CHAPTER 2

CHARACTERISING THE HOMELESS PHENOMENON IN LISBON

2.1 KNOWLEDGE AS THE BASIS FOR INTERVENTION

Prepared by Isabel Baptista, Researcher

The adoption of the National Strategy for the Integration of People in state of homelessness in 2009 was a unique foundational moment in the adoption of a strategic approach to homelessness. First and foremost, it established an official concept of homelessness - based on the European ETHOS typology - which would become an unavoidable reference in monitoring and characterising homelessness at both national and local level.

The operationalisation of the ENIPSSA guidelines at local level - particularly with regard to local governance models (e.g. NPISA) and intervention principles and methodologies - has fostered a territorialised, integrated and comprehensive approach, involving the diversity and multiplicity of responses and actors in the field.

However, the potential for change introduced by this gradual process of operationalising ENIPSSA's strategic guidelines at local level requires, from the outset, a consistent commitment to producing and using knowledge about the reality of homelessness.

The annual monitoring exercise coordinated by the Group for the Implementation, Monitoring and Evaluation of the National Strategy (GIMAE) has enabled effective progress to be made in the methods of collecting information and disseminating statistical data on homelessness in Portugal. At the same time, the regular nature of this monitoring exercise has raised the profile of the challenges faced by local organisations and structures in collecting information and has led to greater integration of efforts to improve the accuracy and consistency of the data collected.

NPISA Lisboa has regularly contributed actively to this nationwide exercise, which has allowed the phenomenon to be monitored in the city of Lisbon. Here too, the collaboration of NPISA's partners has been indispensable.

The scale of the phenomenon in the city of Lisbon and the number and diversity of organisations working to support the homeless population is certainly one of the biggest challenges in organising and carrying out this annual collection of information, particularly regarding the need to guarantee the consistency of the data and its "adherence" to reality.

This process of monitoring information at Lisbon city level has made it possible to respond to the indicators defined by GIMAE/ENIPSSA and has certainly contributed to greater integration of efforts between the different partners to improve the process of collecting information.

Having overcome some of these challenges, it is now important to promote in-depth reflection on any gaps in the information collected and/or analysed, on the effective appropriation of this knowledge by the different players and, not least, on the impact of the results obtained from this regular monitoring on the (re)definition of measures and policies that contribute to the effective eradication of the phenomenon. Once again, this reflection and analysis requires the involvement and active participation of all NPISA's partners.

Regular and continuous monitoring of homelessness allows for a better understanding of the reality, the critical analysis of this information should complement this collection effort, but above all it must contribute effectively to a constant rethink of the intervention, namely to the definition of realistic and driving objectives for action in the short, medium, and long term.

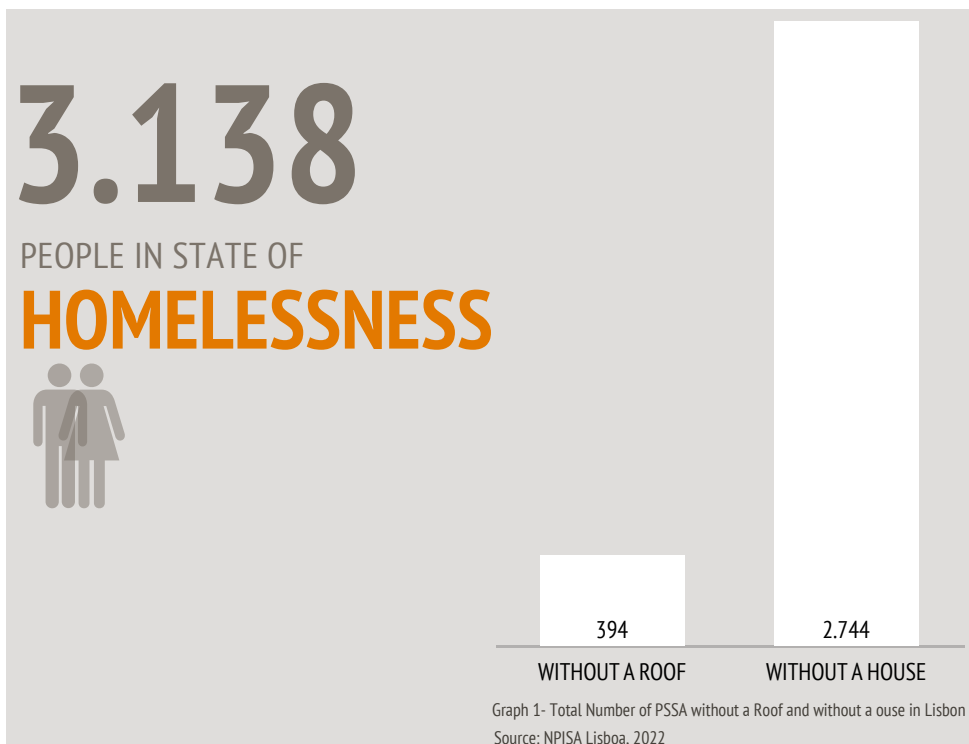
2.2 THE REALITY OF HOMELESS PEOPLE IN THE CITY OF LISBON

2.2.1 SOCIODEMOGRAPHIC DATA

As part of ENIPSSA 2017-2023, GIMAE, through the NPISA, is carrying out a questionnaire survey at national level, with reference to 31 December of each year, with a view to characterising people in state of homelessness (PSSA) and promoting knowledge of the associated phenomenon. The Municipality of Lisbon has played an active role in this process, aware of the importance of a close and systematised knowledge of reality in the design of interventions.

NPISA Lisboa is responsible for monitoring the PSSA phenomenon in the city of Lisbon, with the essential annual collaboration of its partners who intervene directly in the street and/or manage accommodation, CML, ISS, I.P. and SCML.

In this context, official data as of 31 December 2022 shows that there are 3.138 people in state of homelessness (PSSA) in the city of Lisbon, of which 394 are people without a roof and 2.744 are people without a house.



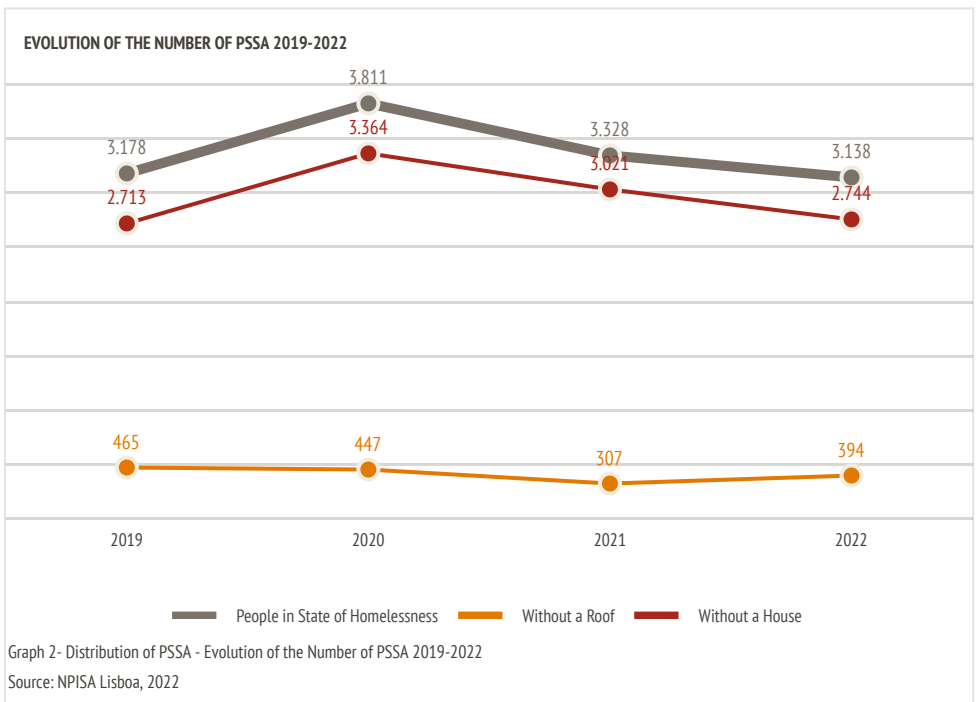
Graph 1- Total Number of PSSA without a Roof and without a ouse in Lisbon
Source: NPISA Lisboa, 2022

Comparing these figures with those at national level, it can be seen that:

- A national level, the data points to 10,773 PSSA, of which around 29 per cent (3138) are in the city of Lisbon.
- At national level, 5,975 PSSA are people without a roof, of which around 7 per cent (394) are in the city of Lisbon.
- At national level, the data points to 4,798 PSSA, of which 57 per cent (2744) have housing support in the city of Lisbon.

Analysing this data reinforces the idea of the high concentration of accommodation responses in the city of Lisbon (almost $\frac{2}{3}$) and, of course, the attractiveness of the municipality in terms of the mobility of PSSA in search of solutions and social support in the nation's capital. Conversely, the number of PSSA without a roof in the city represents only 7% of the national total.

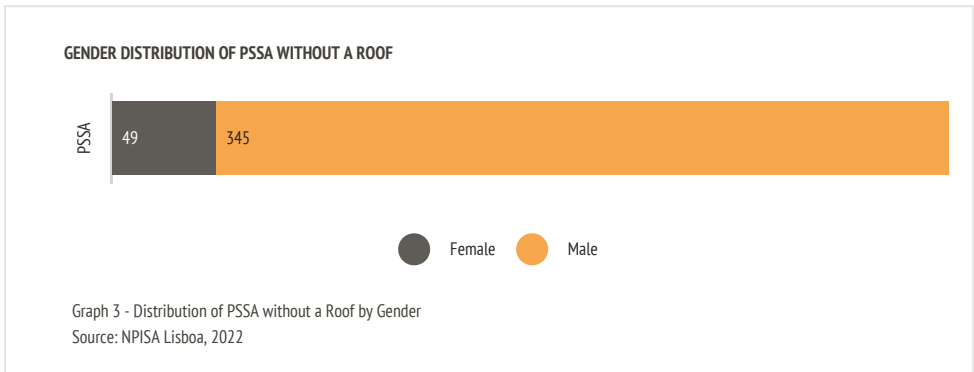
Compared to previous years, there has been an increase in the number of PSSA without a roof, partly due to migration phenomena. Around 43% (173) are migrants, many of whom are not regularised migrants, who arrive in the city of Lisbon already in an extremely vulnerable situation without any support structure, housing response or employment contract, and due to the economic and social instability caused by successive crises. On the other hand, there has been a decrease in the number of PSSA without a house, which is partly due to the significant reduction in the number of asylum seekers.



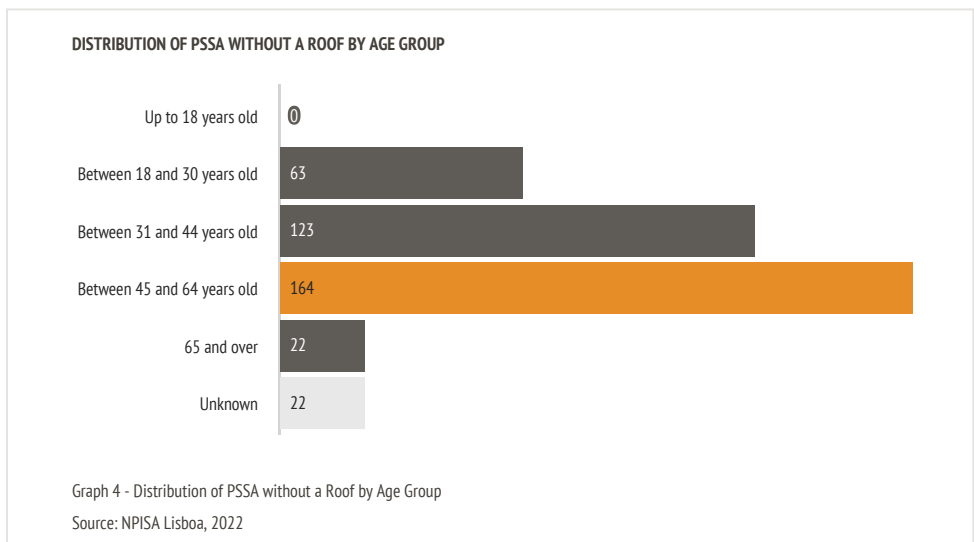
Regarding socio-economic characterisation and the characterisation of the homeless situation, the elements described in the following graphs were recorded in relation to PSSA without a roof and PSSA without a house, who help to deepen our knowledge of the phenomenon and consequently adapt the projects and intervention.

PEOPLE IN STATE OF HOMELESSNESS WITHOUT A ROOF

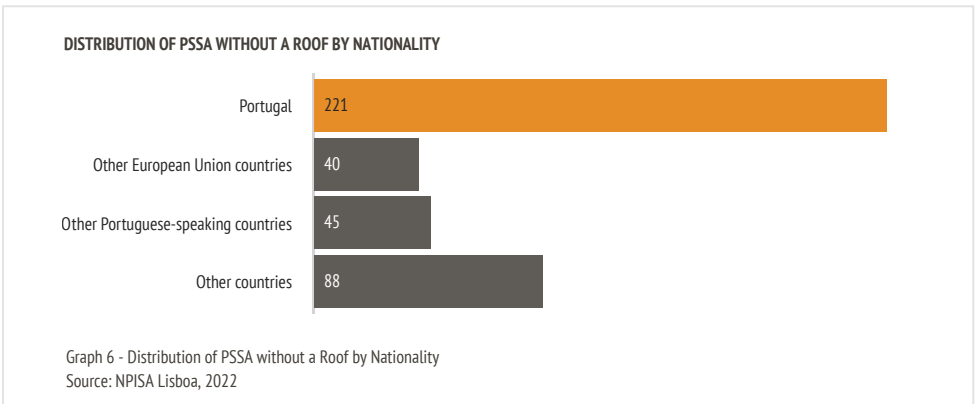
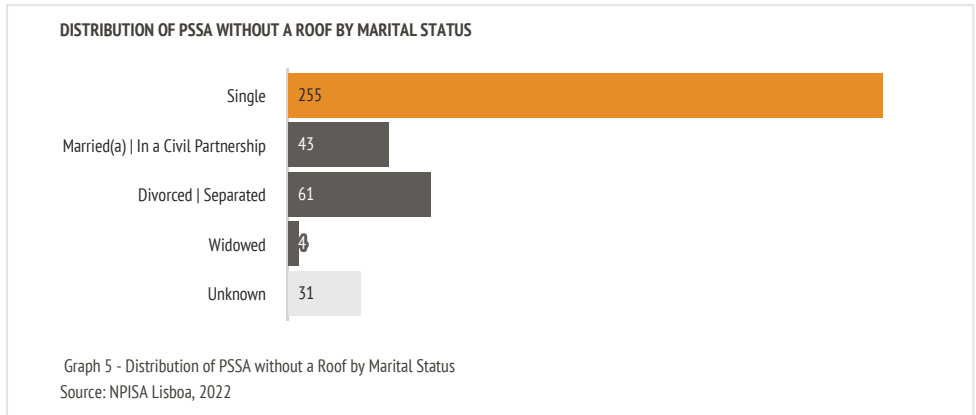
Of the 394 PSSA without a roof counted, 345 were males and 49 females, with no difference in the proportion of men and women compared to previous years.



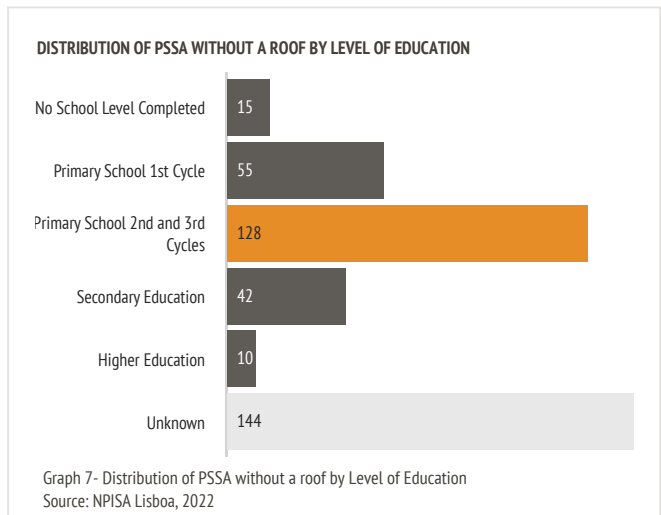
In terms of age, around 42 per cent of people were aged between 45 and 64, and they were distributed in the following brackets:



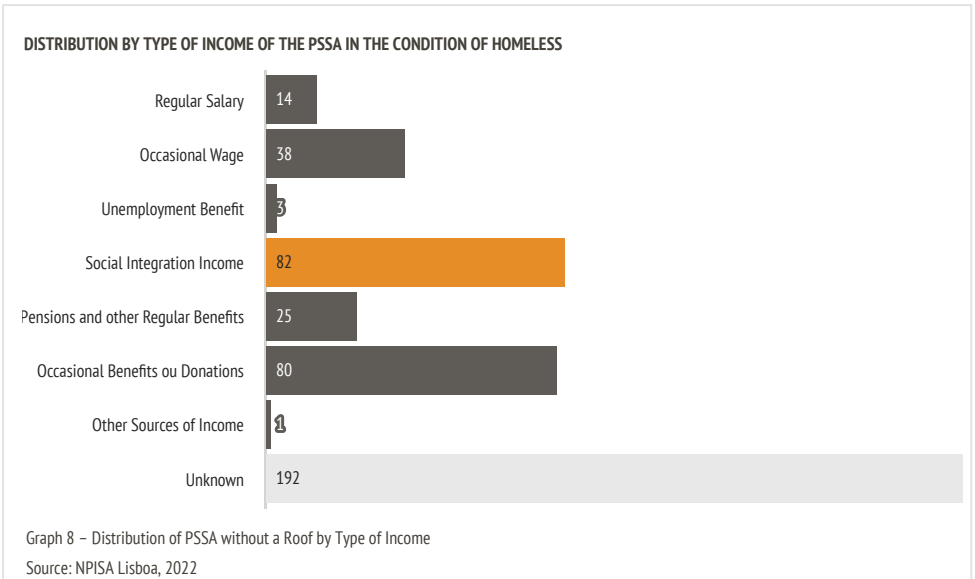
Regarding marital status, the vast majority (80 per cent) were single or divorced/separated.



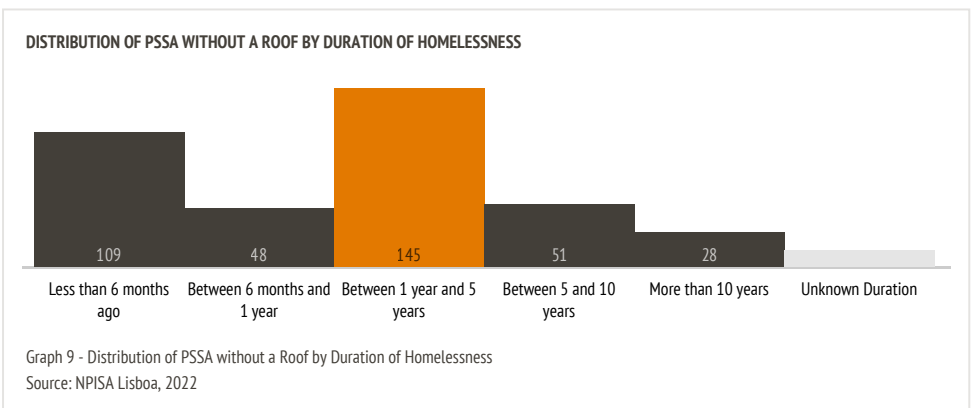
Regarding level of education, 15 people had not completed any level of education, 183 had completed some form of basic education, 42 had completed secondary education and 10 had completed higher education. It should be noted that it was not possible to identify the level of education of 144 people, as can be seen in the following graph.



Analysing the type of income, it is important to note that a person can accumulate more than one type of income, and it was possible to identify that the most frequent was not having any income (32%) or having an unknown source of income (16%).

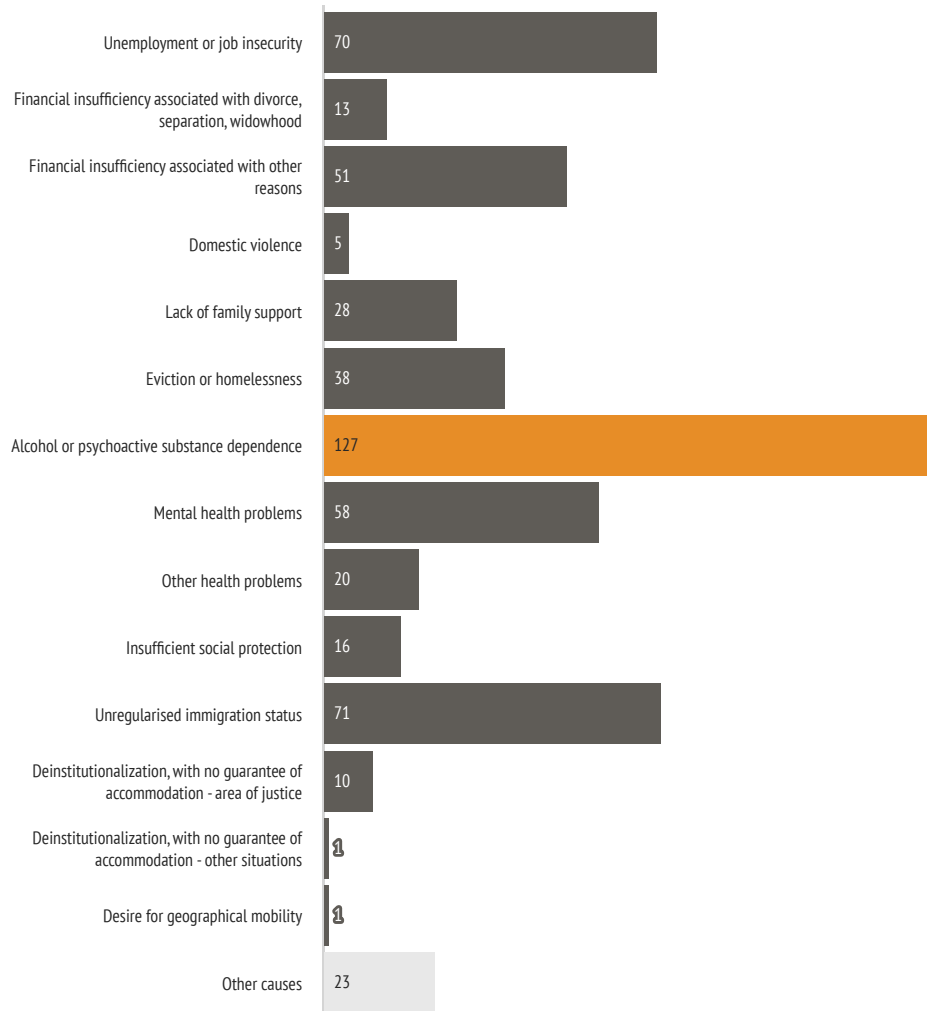


When characterising the state of homelessness, indicators relating to the duration and causes identified were considered. Regarding the length of time homeless, around 40 per cent of people had been in this situation for less than a year and 37 per cent between 1 and 5 years.



It is important to emphasise that the data presented on the causes identified is cumulative, i.e., a person may have one or more causes associated with homelessness. In this analysis, the causes associated with dependence on alcohol or other psychoactive substances, unregulated immigration status, unemployment or job insecurity and mental health problems stand out.

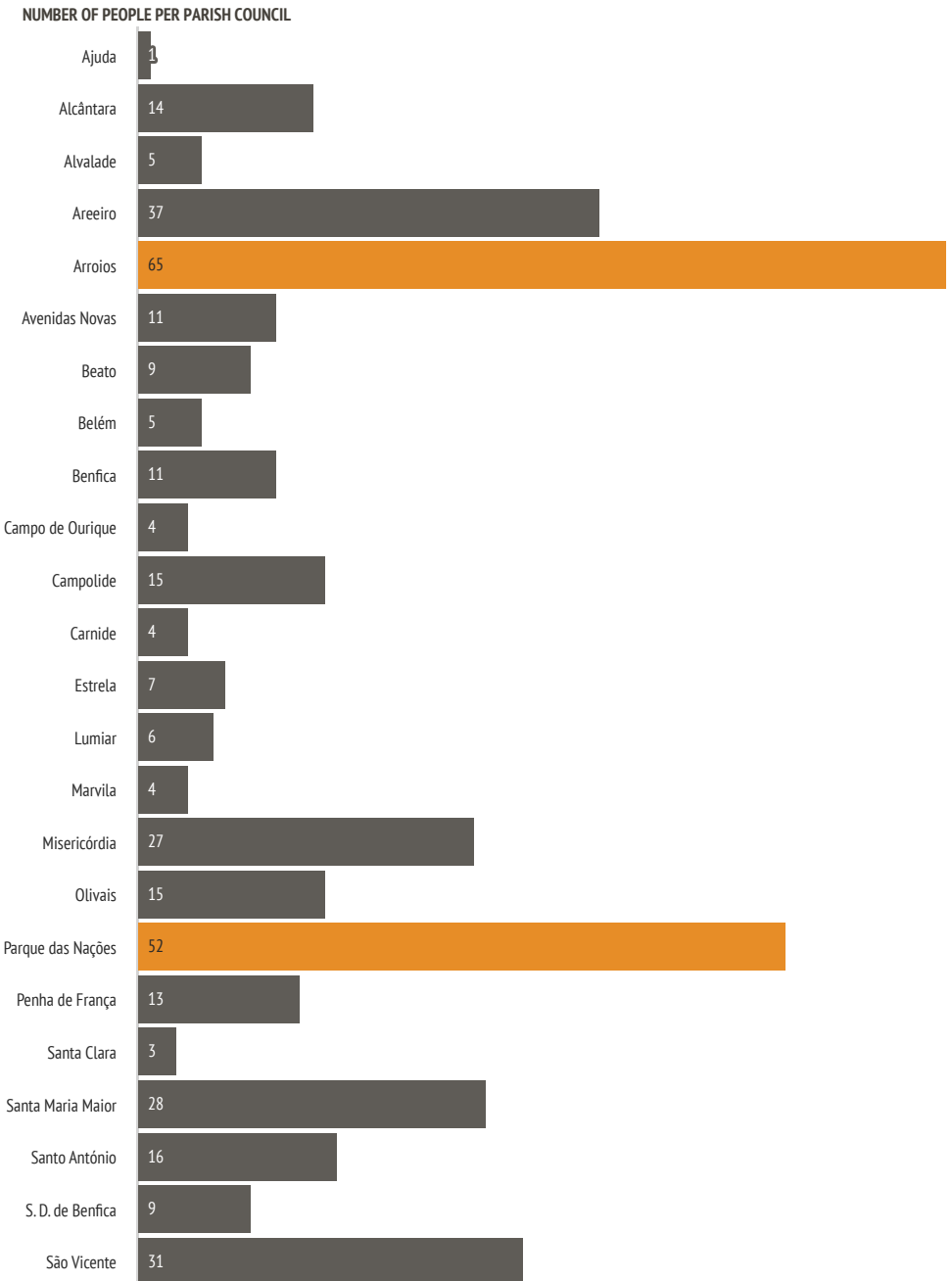
DISTRIBUTION OF PSSA WITHOUT A ROOF BY IDENTIFIED CAUSES



Graph 10 - Distribution of PSSA without a roof by Identified Causes

Source: NPISA Lisboa, 2022

Regarding where they spent the night, particularly in terms of parishes, it can be seen that those with the highest concentration of homeless people were Arroios (16 per cent), Parque das Nações (13 per cent) and Areiro (9 per cent).

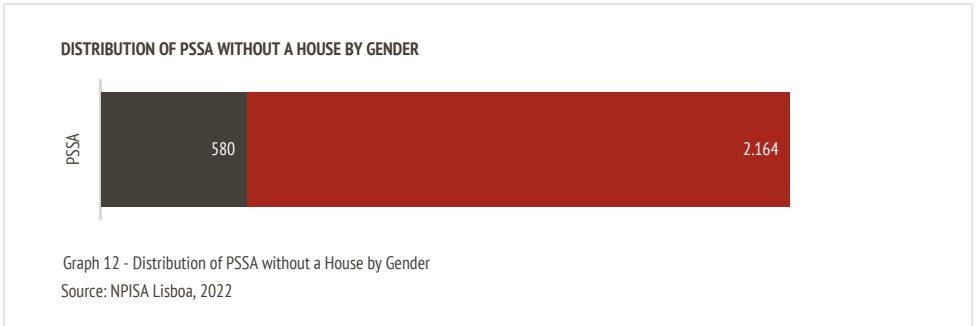


Graph 11 - Number of PSSA by Parish Council Source: NPISA Lisboa, 2022

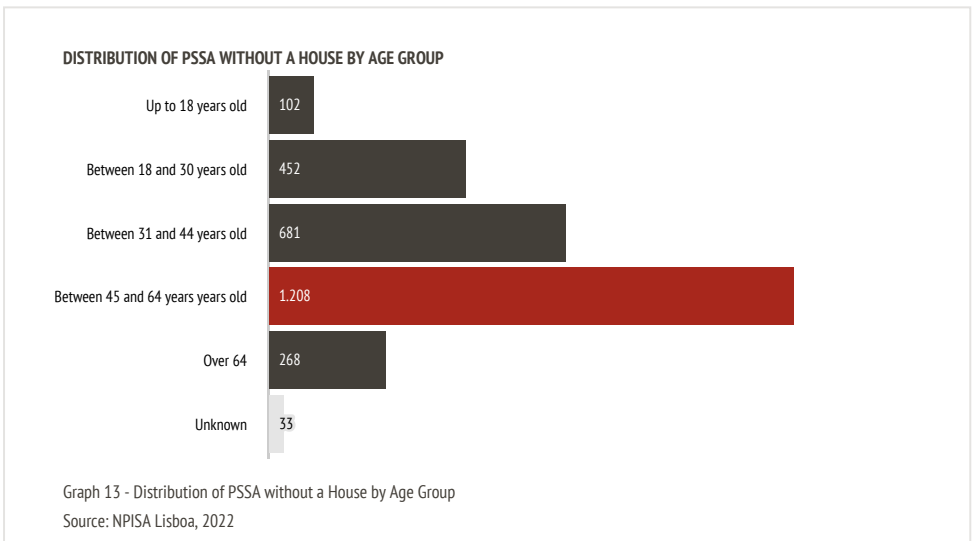
HOMELESS PEOPLE WITHOUT A HOUSE

The 2.744 PSSA without a house were distributed among temporary accommodation centres, the Housing First programme, transitional flats, rooms, and family homes.

Regarding the characterisation of the people counted in the without a house category, 2164 were male and 580 were female.



In terms of age, around 44 per cent of people were aged between 45 and 64, and they were distributed in the following age groups.



Regarding marital status, the vast majority (74 per cent) were single.

DISTRIBUTION OF PSSA WITHOUT A HOUSE BY MARITAL STATUS



Graph 14 - Distribution of PSSA without a House by Marital Status
Source: NPISA Lisboa, 2022

The analysis also considered the nationality of the PSSA without a house and in this respect the majority were Portuguese (61 per cent).

DISTRIBUTION OF PSSA WITHOUT A HOUSE BY NATIONALITY



Graph 15 - Distribution of PSSA without a House by Nationality
Source: NPISA Lisboa, 2022

In terms of level of education, the majority (42 per cent) had completed the 2nd or 3rd cycle of basic education.

DISTRIBUTION OF PSSA WITHOUT A HOUSE BY LEVEL OF EDUCATION

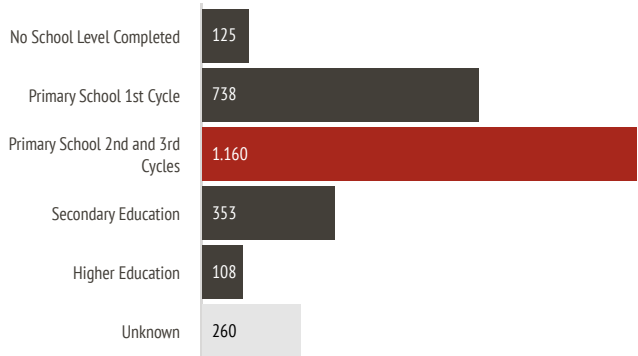
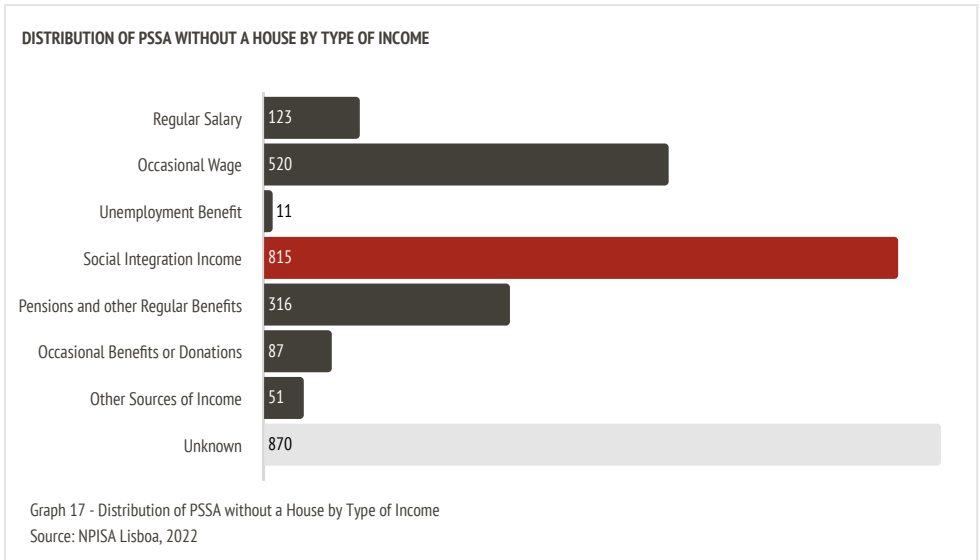


Figure 16- Distribution by Level of Education of the PSSA in the Condition of Homelessness
Source: NPISA Lisbon, 2022

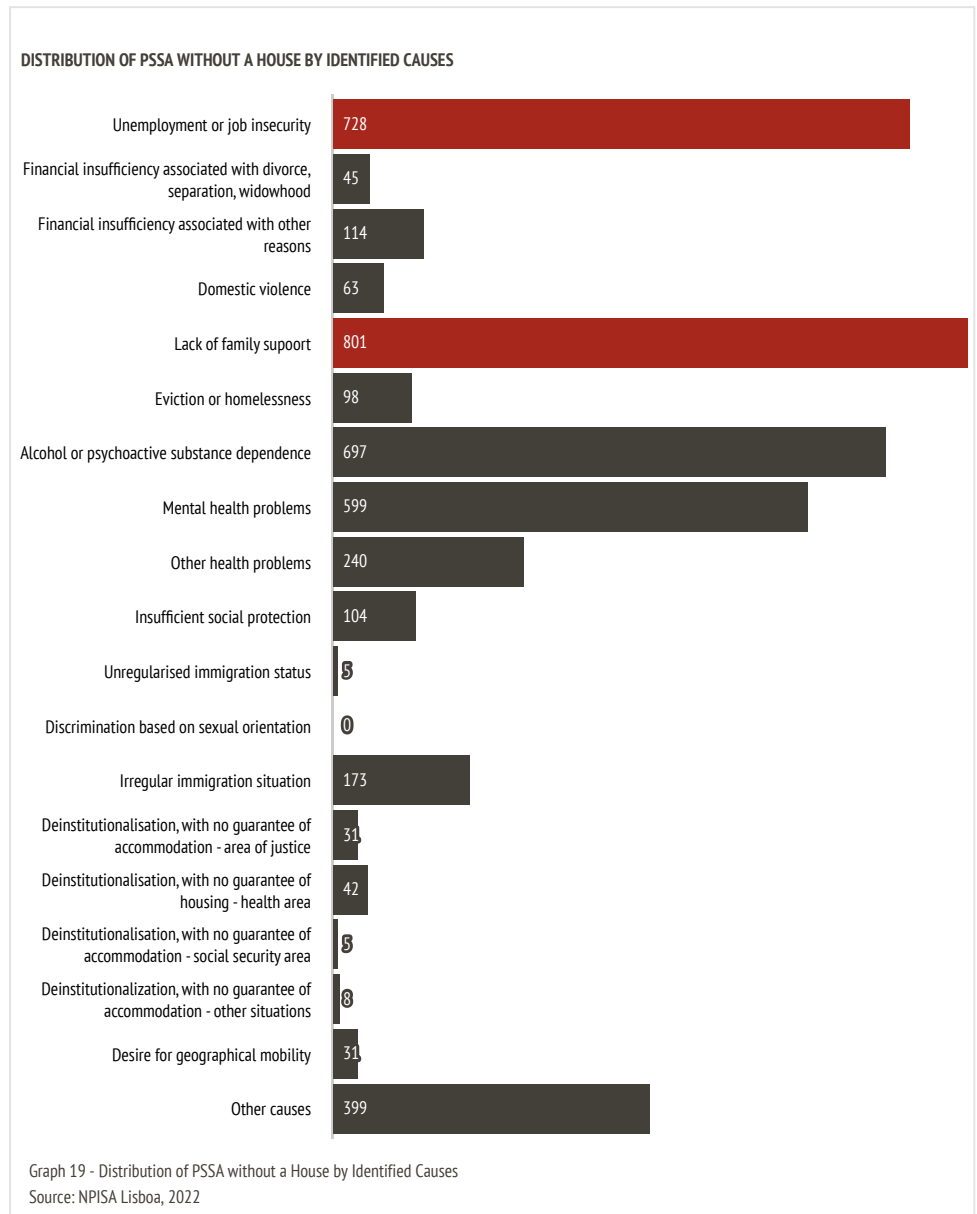
Regarding the type of income, this is a cumulative indicator, and it was possible to see that the most prevalent income was the social insertion income (30 per cent) followed by the existence of an occasional salary (19 per cent).



Indicators relating to duration and the causes identified were analysed. Regarding duration, it should be noted that around 35 per cent had been homeless for less than a year and 26 per cent had been homeless for more than five years.



It's important to stress that, as with the characterisation of the PSSA without a roof, the data presented on the causes identified is cumulative, i.e., a person could have one or more causes that led them to this situation. Of particular note are the causes associated with a lack of family support, unemployment or job insecurity, addiction to alcohol and other psychoactive substances and mental health problems.



2.2.2 EXISTING RESPONSES

In addition to the characterisation presented above, it is important, to understand the whole context of the City of Lisbon in this area, to describe the existing responses within the scope of street intervention, local support, accommodation, insertion and occupation and employability, under the PMPSSA 2019-2023.

STREET INTERVENTION

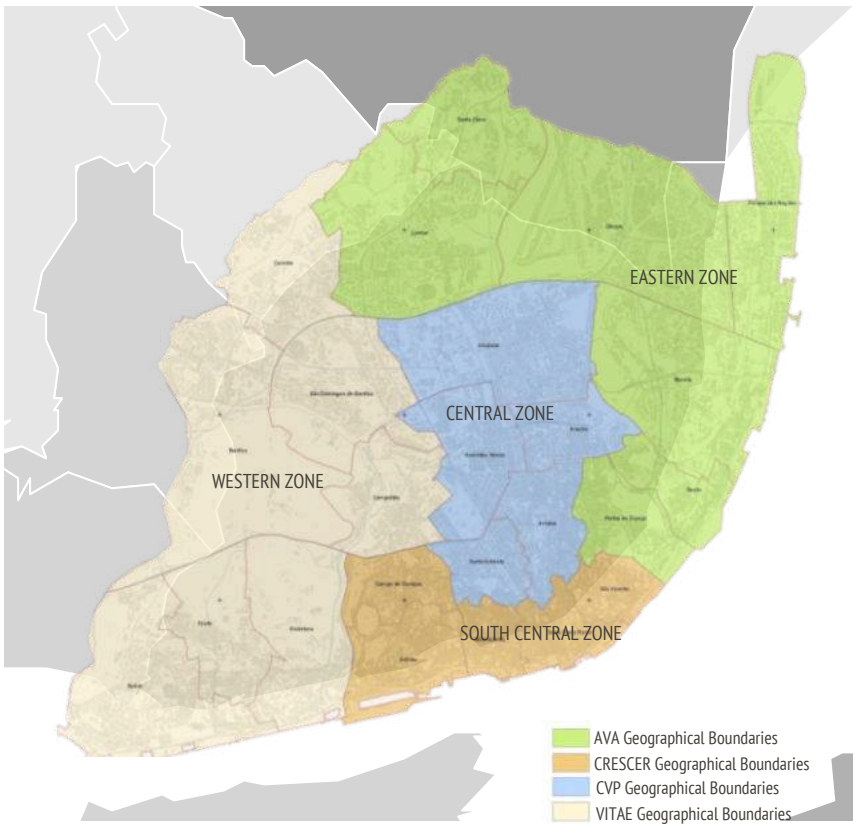


Figure 1 - Street Team - EPMPSSA

Source: EPMPSSA 2019-2023

In the context of street intervention, there are 4 Street Technical Teams (ETR) covering the whole of Lisbon, with the aim of providing close and continuous psychosocial support to all PSSA without a roof, to connect them to social services, health services and others deemed necessary, as well as providing referrals to a housing support response appropriate to their profile and needs.

Within the scope of street intervention, ETRs are divided into four areas in the city of Lisbon - Eastern Zone (parishes of Beato, Lumiar, Marvila, Olivais, Parque das Nações, Penha de França and Santa Clara), contracted with the Association Autonomous Life (AVA); Central Zone (parishes of Alvalade, Areeiro, Arroios, Avenidas Novas and Santo António), contracted with Community Life and Peace (CVP); South Central Zone (Campo de Ourique, Estrela, Misericórdia, Santa Maria Maior and São Vicente), contracted with Crescer na Maior - Association of Community Intervention (CRESCER) and the Western Zone (Ajuda, Alcântara, Belém, Benfica, Campolide, Carnide and São Domingos de Benfica), contracted with VITAE - Association of Solidarity and International Development (VITAE).



Map 5 - Geographical Boundaries of ETR's in the Municipality of Lisbon
Source: Prezi | EPPMPSSA

In order to complement the intervention carried out by the ETRs, there is a specialised ETR in the area of health, contracted with Association Doctors of the World, covering the entire territory of the city, 7 days a week, carrying out health diagnosis and screening, medical and nursing care, health education, medication support, prevention of Sexually Transmitted Infections, Risk Reduction and Harm Minimisation and referral to other social and health responses.



Figure 2 - Health Street Technical Team

Source: Médicos do Mundo

In terms of mental health, a protocol is in place with the Lisbon Psychiatric Hospital Centre (CHPL) that includes the psychiatric assessment of PSSA signalled by the ETRS and other Responses, in street, COID and accommodation contexts. This protocol also includes the training and supervision of the different teams working in the field, as well as the study and investigation of the phenomenon of psychiatric pathology of PSSA.

LOCAL SUPPORT

The Local Support Centre in São Vicente

The São Vicente Local Support Centre is run by Associação João 13 association and is a space that aims to reinforce the transition and reduction of street food distribution to decent places, helping to promote the exercise of citizenship and which, over the course of its operation, has expanded its services. It operates seven days a week, distributing dinners, providing changing rooms for showers, a laundry service and clothes bank, some primary health care and psychosocial counselling.

The development of this response is an asset for the homeless population in the area in question, as it ensures effective food support in a decent space, with hygiene and health conditions, in addition to other complementary services.

local support	Capacity
NAL + SÃO VICENTE	50 minimum

Table 1 - Local Support - Capacity
Source: EPPMPSSA 2019-2023

ACCOMMODATION

COLLECTIVE ACCOMMODATION RESPONSES

PMPSSA 2019-2023 covers collective accommodation, with a total of 577 vacancies, distributed as follows:

Beato Accommodation Centre

271 vacancies

Beato Accommodation Centre is the result of a tripartite protocol between CML, VITAE and ISS, I.P., with CML assuming 20% of its funding.

Beato Accommodation Centre, based on the "Gradualism Model", operates every day of the year, providing the following services:



Figure 3 - Beato Accommodation Centre

Source: VITAE - Association for Solidarity and International Development

- 24-hour Temporary Accommodation Centre, with capacity for 78 PSSA;
- 24-hour Men's Insertion Community, with capacity for 30 PSSA;
- 24-hour Women's Insertion Community, with capacity for 18 PSSA;
- Night Accommodation Centre with capacity for 145 PSSA, which has been open 24 hours a day since March 2020 due to the pandemic situation caused by the Covid-19 disease.

Integrative Unit

40 vacancies

The Integrative Unit operates in a municipal space in Quinta do Lavrado, currently managed by CVP, and aims to guarantee quality accommodation for 40 PSSA, including couples and pet owners, aged 18 or over, considering human dignity and integrity and meeting the minimum conditions for survival (food, personal hygiene, comfort, and safety).

The accommodation centre in question has a multidisciplinary team that ensures its operation on a permanent basis, 24 hours a day, 365 days a year, providing PSSA with psychosocial and health care appropriate to the problem(s) and biopsychosocial needs of each person and based on the Individual Development Plan (IDP).



Figure 4 - Integrative Unit
Source: CVP - Life and Peace Community



Figure 5 - Integrative Unit
Source: CVP - Life and Peace Community

Lisbon Solidarity Residence

25 vacancies

The Solidarity Residence is run by AVA, operates 24 hours a day, 365 days a year and aims to provide decent accommodation for 25 PSSA aged 18 or over, reduce housing and social vulnerability, promote the integration of its users into the community, encourage the active participation of residents in the recovery of daily routines and in the development of their life project, stimulate and strengthen the personal, social and professional skills of each person.

Residents play an active role in the running and dynamics of the residence, with supervision being the responsibility of the technical team.



Figure 6 - Lisbon Solidarity Residence
Source: EPPMPSSA 2019-2023

Lisbon's Night Shelters

15 vacancies

The Accommodation Centre, run by the Association of Lisbon Night Hostels (AANL), operates every day of the year on a nightly basis and, within the scope of the contract with the City Council, hosts 15 male PSSA.

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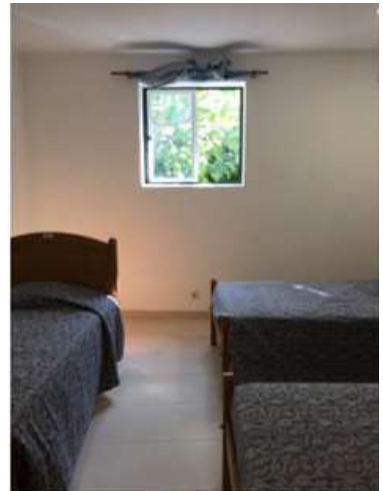


Figure 7 - AANL - Temporary Accommodation Centre
Source: AANL

Xabregas Temporary Accommodation Centre

75 vacancies

The Xabregas Temporary Accommodation Centre, run by the Salvation Army Social Centre, operates every day of the year, on a nightly basis, and has the capacity to accommodate 75 PSSA, 65 male and 10 female. CML will partially fund (up to 50 per cent) the centre, with the remainder being funded by ISS, IP.

Since January 2020, it has had a Daytime Insertion Occupation Centre (COID), which seeks to reinforce and complement the accommodation response, with a view to reintegrating the PSSA into society.



Figure 8 - Xabregas Temporary Accommodation Centre
Source: CML

Santa Bárbara Municipal Emergency Accommodation Centre

128 vacancies

Santa Bárbara Municipal Emergency Accommodation Centre (CAEM) is a municipal response, with tripartite management between CML, VITAE and Ares do Pinhal – Association for the Recovery of Drug Addicts (Ares from Pinhal), which began operating on 15 September 2021. This centre operates 24 hours a day, 365 days a year and has the capacity to accommodate a total of 128 people, including 17 females, 95 males and 8 couples. In addition, these people's pets can be accommodated.

The reception of PSSA consists of a strategic and holistic approach to prevention and intervention, centred on those who are homeless, whether they live in public spaces, precarious places, or are de-institutionalised from emergency shelters and/or temporary housing without having successfully activated the measures and support to guarantee a suitable place to live.

This response also has a "Community Integration" dimension, since it brings together a wide range of intervention areas - namely meeting basic needs, social support, employment, vocational training, capacity building, a space for various activities, legal protection, among others - to provide and mobilise a range of public and private entities for integrated and consistent intervention, to guarantee a better quality of service. It is worth highlighting the existence of a specialised response in health, with a particular focus on addictive behaviours.



Figure 9 - Santa Barbara Municipal Emergency Accommodation Center
Source: CML

Temporary Accommodation Centre "Graça Shelter"

23 vacancies

The Graça Shelter, run by the International Medical Assistance Foundation (AMI), operates every day of the year as a night shelter and has the capacity to take in 23 male PSSA who are in the process of becoming socially and professionally integrated.

This response aims to place people within a framework of integrated responses, specifically in the areas of Employment and Vocational Training, Citizenship, Health, and Social Security, promoting referrals to other spheres of competence whenever the situation requires it.



Figure 10 - Graça Shelter
Source: AMI - International Medical Assistance Foundation

COLLECTIVE ACCOMMODATION RESPONSES	VACANCIES
BEATO ACCOMMODATION CENTRE	271
INTEGRATIVE UNIT	40
LISBON SOLIDARITY RESIDENCE	25
TEMPORARY ACCOMMODATION CENTRE FOR NIGHT SHELTERS	15
XABREGAS TEMPORARY ACCOMMODATION CENTRE	75
SANTA BÁRBARA MUNICIPAL EMERGENCY ACCOMMODATION CENTRE	128
"GRAÇA SHELTER" TEMPORARY ACCOMMODATION CENTRE	23

Table 2 - Collective Accommodation Responses - Vacancies
 Source: PMPSSA 2019-2023

TRANSITIONAL HOUSING RESPONSES

Transitional Flats

12 vacancies

This project arose from the need to develop innovative and alternative responses to the characteristics of PSSA, which, due to the circumstances of the current situation, have different criteria from the traditional PSSA concept.

The Transition Flats are managed by Ares do Pinhal, operate 24 hours a day, 365 days a year and are located on dispersed municipal property. They are temporary residential spaces that promote a gradual and structured transition in a semi-protected regime towards integration into working life. As structured but flexible spaces with an open relationship with the outside world, they promote the conditions for the development and consolidation of the residents' autonomy on a personal, social, and professional level.



Figure 11 - Transitional Flats
 Source: Ares do Pinhal

PERMANENT ACCOMMODATION

Municipal Housing First Programme

400 vacancies

The Housing First Programme for PSSA being homeless aims to provide individualised housing that is integrated into the community, making rental support available and providing a diverse set of individualised support services 24 hours a day, 365 days a year, in the housing context and in the community.

The Housing First Programme in the city of Lisbon is currently funding 11 Housing First projects, managed by AEIPS – Association for the Study and Psychosocial Integration (4), Crescer na Maior – Association of Community Intervention (4), GAT – Group of Activists under Treatment (1) and VITAE (2), with a total of 400 individual homes spread across the city.



Figure 12 - Housing First Homes
Source: EPPMPSSA 2019-2023

PROGRAMA MUNICIPAL HOUSING FIRST	VAGAS	ENTIDADE GESTORA
HOUSING FIRST DEPENDENCIES I	30	CRESCER
HOUSING FIRST DEPENDENCIES II	50	CRESCER
HOUSING FIRST MENTAL HEALTH I	50	AEIPS
HOUSING FIRST MENTAL HEALTH II	50	AEIPS
HOUSING FIRST OTHER ISSUES I	40	AEIPS
HOUSING FIRST OTHER ISSUES I	40	CRESCER
HOUSING FIRST OTHER ISSUES I	40	GAT
HOUSING FIRST OTHER ISSUES I	40	VITAE
HOUSING FIRST OTHER ISSUES II	20	AEIPS
HOUSING FIRST OTHER ISSUES II	20	CRESCER
HOUSING FIRST OTHER ISSUES II	20	VITAE

Table 3 - Municipal Programme - Housing First - Vacancies
Source: PMPSSA 2019-2023

INTEGRATION AND OCCUPATION

DAY OCCUPATION AND INSERTION CENTRES

The main objectives of the Day Occupation and Insertion Centres (COIDs) are to promote the empowerment of PSSA in terms of acquiring and developing competences (personal, social, and professional), to guarantee ongoing psychological and social support on an individual basis, to promote group meetings, to liaise with the PSSA's case manager and to develop partnerships to provide new services

Each COID carries out different activities, structured in a different way, which enable various referrals, such as: social support; health structures; internal or external training, referrals to the labour market and/or internships. On a day-to-day basis, these projects promote personal and relational skills; active job search; occupational activities; specialised workshops and, in some cases, food distribution and access to a changing room.

There are currently 4 COIDs operating in the city of Lisbon, managed by the Salvation Army Social Centre, CVP, Orientar - Association of Intervention for Change, and STC - Serve the City Portugal.

OCCUPATION AND INTEGRATION	CAPACITY
OPEN SPACE FOR DIALOGUE OF THE LIFE AND PEACE COMMUNITY (EAD-CVP)	25 minimum
ORIENTAR PROJECT	25 minimum
ACADEMIA DE MUDANÇA DA STC	25 minimum
COID - SALVATION ARMY	25 minimum

Table 4 - Occupation and Insertion Centre - Capacity
Source: PMPSSA 2019-2023

EMPLOYABILITY

Job First - Open Door

This project is an employability agency, managed by Crescer, whose main objective is the effective socio-professional integration of people in vulnerable situations, such as the PSSA, through direct placement in the labour market (companies and organisations), attendance at certified training courses or non-certified training activities and participation in pre-vocational actions.



Figure 13 - Job First - Open Door
Source: EPPMPSSA 2019-2023

It's a Restaurant

The "É um Restaurante" (It's a Restaurant) project operates in a municipal space, managed by Crescer na Maior – Community Intervention Association and its general goals are to train PSSA and promote their vocational training, to contribute to their integration into the labour market, and to promote their integration and inclusion in the community.



Figure 14 - It's a Restaurant
Source: CRESCER - Community Intervention Association

The project covers five areas of intervention: a three-stage training programme (personal and social skills training, vocational training, and on-the-job training); a work placement; technical support; building a network of partnerships and managing the business side of the restaurant.

EMPLOYABILITY	BENEFICIARIES
JOB FIRST - OPEN DOOR	150 minimum
IT IS A RESTAURANT	40 minimum

Table 5 - Employability - Beneficiaries
Source: EPPMPSSA 2019-2023

CHAPTER 3

EVALUATION OF PMPSSA 2019-2023

3.1 OVERVIEW OF PMPSSA 2019-2023

Over the years, CML has played an important role in intervening with the PSSA. For those responsible for managing the city, this is a challenge of enormous importance, to which there are no unequivocal answers or definitive solutions. The urban scenario highlights the multiplicity of experiences and complex dimensions that characterise the phenomenon.

The accumulated experience has proved fundamental in planning and designing an integrated municipal intervention strategy, making it an imperative and priority for the municipality to strengthen social support and combat poverty and social exclusion, capitalising on the one hand on the vast existing social support network - with the main aim of promoting integrated and systematic planning, on the one hand, capitalising on the vast existing social support network - with the main aim of promoting integrated and systematic planning, leveraging synergies, skills and resources at local level - and, on the other hand, helping to promote the integration of homeless people, by creating and resizing responses that ensure an integrated intervention that can translate into a better quality of life, in order to prevent these situations from worsening.

PMPSSA 2019-2023, approved on 3 March 2020 by the Municipal Assembly, as proposed by CML in its Resolution no. 926/CM/2019, of 19 December 2019, published in the 3rd Supplement to the Municipal Gazette no. 1348, of 26 December 2019, is part of the continuity of public intervention and investment. This is a strategic document that took on board the guidelines and concerns emanating from the National Intervention Strategy for PSSA (ENIPSSA) 2017-2023 and its mission was to ensure that each PSSA has an adequate response focused on its situation, through the mobilisation of the multidimensional and inter-institutional response network, based on the creation of new responses and the exponential increase in existing ones.

It should be noted that the PMPSSA 2019-2023 represented a very substantial increase in the means and resources made available to this population and their qualification, constituting a significant driver for the development of action with the PSSA, in its different dimensions (support in the street context, health, housing, employment, and social inclusion).

It should also be noted that the political prioritisation of this area of intervention and the planned investment meant that the creation of a specialised team had to be considered within the framework of the Lisbon City Council Services. Thus, by means of Resolution no. 84/CM/2020, of 12 March, the EPPMPSSA was created with the mission of implementing, coordinating, following up, boosting, and monitoring the execution of the PMPSSA 2019-2023, focusing its action on the effectiveness and efficiency of its execution.

As this is a priority municipal strategy for the city, the timeframe for implementing the PMPSSA 2019-2023 has been extended beyond the current political mandate, seeking to ensure greater stability in the implementation of the planned projects and, after the local elections in 2021, to consolidate the new executive's knowledge, reflection and decision to continue the Municipal Plan in force, making the necessary changes/adaptations to deal with the socio-economic dynamics and challenges that have constantly arisen and that are typical of large cities, namely the COVID-19 epidemiological crisis as well as the War in Ukraine, which has led to a reconfiguration of society in terms of family dynamics, education and training, work and social relations.

In this context, as well as requiring a rapid adaptation of the objectives and targets stipulated in the PMPSSA 2019-2023, an increased effort was required to adapt the operating model of existing responses and develop new ones in order to ensure a full social response to the PSSA during the pandemic period, particularly in terms of preventing the spread of the disease, while guaranteeing the basic needs of many people who were on the streets without any means of subsistence due to the pandemic context.

In terms of structure, PMPSSA 2019-2023 was organised into five areas of intervention: Signposting, Emergency, Transition, Insertion/Autonomisation, and Prevention, which materialised in 54 responses and/or projects on the ground.

Regarding monitoring these projects and/or responses, the Municipality of Lisbon has contracted the management of responses and/or projects with different entities, such as Private Social Solidarity Institutions (IPSS) or Non-Governmental Organisations (NGOs). Thus, as of December 2023, EPPMPSSA is monitoring the following projects and/or responses:

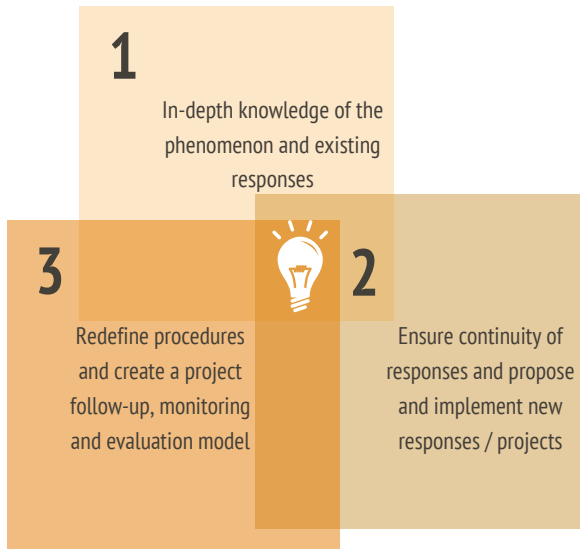
- Signposting: 4 ETRs | ETR specialising in the health sector | Protocol with CHPL;
- Emergency Axis: NAL São Vicente | CAEM Santa Bárbara | Beato Accommodation Centre | Centre of Lisbon Night Temporary Hostels | Integrative Unit | Lisbon Solidarity Residence;
- Transition Axis: Xabregas Temporary Accommodation Centre | Graça Shelter | Transition Flats | Housing First Programme (11 projects) | 4 COID | Job First - Open Door.

In turn, the Plan's implementation was the direct result of the involvement of 19 partner organisations:

ENTITIES PARTNERS OF THE MUNICIPAL PLAN	
	ACA - Associação Conversa Amiga
	AEIPS - Associação Para o Estudo e Integração Psicossocial
	AMI - Fundação de Assistência Médica Internacional
	AANL - Associação dos Albergues Noturnos de Lisboa
	ARES DO PINHAL - Associação de Recuperação de Toxicodependentes
	ASSOCIAÇÃO BAIROS - Rede de Associações para o Desenvolvimento Local
	AVA - Associação Vida Autónoma
	CASA - Centro de Apoio ao Sem-Abrigo
	Centro Social do Exército de Salvação
	CHPL- Centro Hospitalar Psiquiátrico de Lisboa
	CRESCER na Maior - Associação de Intervenção Comunitária
	CVP - Comunidade Vida e Paz
	GAT - Grupo de Ativistas em Tratamentos
	Instituto da Segurança Social, I.P. (Centro Distrital de Lisboa)
	JOÃO13 – Associação de Apoio e Serviços a Pessoas Carenciadas
	MdM- Associação Médicos do Mundo
	NPISA-Núcleo de Planeamento e Intervenção Sem-Abrigo de Lisboa
	ORIENTAR - Associação de Intervenção para a Mudança
	SCML - Santa Casa da Misericórdia de Lisboa
	STC - Serve the City Portugal
	Universidade Nova - Faculdade de Ciências Sociais e Humanas
	VITAE - Associação de Solidariedade e Desenvolvimento Internacional

Table 6 - PMPSSA 2019-2023 Partner Entities
Source: EPPMPSSA 2019-2023

The process of implementing this Plan began with three main concerns:



EPPMPSSA, aware of the importance of solidly building a team's identity as a fundamental foundation for intervention, had as its main objective to enable reflection and collective construction with all the partner organisations as a guiding compass for the demanding mission to be carried out in the city in favour of the PSSA.

In this context, and in general terms, proper follow-up, evaluation, and monitoring of ongoing projects was safeguarded by defining and stabilising monitoring and evaluation instruments, establishing regular monthly meetings, visits to the various facilities/projects, as well as planning and participating in integrated interventions with homeless people.

This process of permanent monitoring of the projects that made up the Plan resulted in the implementation of certain procedures and the execution of projects, some of which will be highlighted and described below.

CONSOLIDATION OF A MULTIDISCIPLINARY CML TEAM FOCUSED ON THIS AREA

The creation of EPPMPSSA represented the recognition of the importance that combating this phenomenon has taken on in the Municipality of Lisbon, creating and equipping the team with the human and technical resources necessary for the now more ambitious work objectives of closer and more rigorous monitoring of municipal investment in this area, the deepening of the monitoring and scientific knowledge necessary to accompany an ever-changing phenomenon in the context of a city undergoing exponential growth and development and an ever-increasing demand to share knowledge, experiences and projects on a European scale.

The transdisciplinary nature of the members of the EPPMPSSA was essential to ensure the proper implementation of the Municipal Plan and the close monitoring of each of the projects.

FINANCIAL REGULARISATION

One of the constraints identified was the length of time between the end of a programme contract and its renewal, which could jeopardise the implementation of the response and/or project, and it was crucial to safeguard its continuity so that the support provided to the PSSA by the contracted entities would not be interrupted.

On the other hand, the need to regularise payment deadlines was also identified, as stipulated in the tranches of the respective programme contracts approved at the CML meeting.

In response to these weaknesses, a series of procedures were adopted to improve the quality of the work carried out, in particular the definition of the follow-up, evaluation and monitoring model for projects and/or responses, as well as the creation of monitoring instruments (monthly monitoring grids, mid-term evaluation reports and final evaluation reports), based on correct financial planning, with the aim of making the entire contractual relationship process increasingly clear and objective for all those involved.

There was also a commitment to individualised, close monitoring by EPPMPSSA technicians of each of the projects that were part of the Municipal Plan. The combination of these factors and the commitment on the part of the entities to send the necessary information in good time for the correct assessment and submission of programme contracts has made it possible to significantly shorten these timings, a fact that was duly acknowledged by the partner entities in an anonymous evaluation survey on EPPMPSSA's performance after its first year of operation.

The human resources that make up the current team are the result of a process of assessing immediate needs and those that have arisen over the last four years, and which have become specific needs to respond to certain areas of activity in this organisational unit. The academic, professional, and personal background of each member of the team has made it possible to respond, for example, to the needs described in the previous point, but also to have a holistic view of the phenomenon, which has resulted in a more consolidated technical approach to a complex, dynamic phenomenon associated with multiple social dimensions.

CREATION OF A SIGNALLING SYSTEM

To make the response to these reports more effective and efficient, a report form was created on the CML website in July 2020, which allows any citizen to inform the municipality, in a structured way, of the need to intervene in the monitoring of any PSSA (<https://www.lisboa.pt/sinalizacao-pessoas-sem-abrigo>). This tool has made it possible not only to centralise, organise and identify the source of all the reports made to the municipality, but also to strengthen the monitoring of the phenomenon on the streets, the capacity to respond to reports and the close monitoring of the ETRs, through regular meetings and discussions of cases.

This set of procedures was the subject of a flowchart drawn up in liaison with NPISA Lisboa.

Figure 15 - Signalling Sheet for PSSA

Source: CML

STRENGTHENING NETWORKING

In street intervention, there is still a long way to go and many obstacles to overcome, and it is essential to take a holistic and strategic view of the city and the phenomenon. The effective promotion of an individualised, integrated, and articulated intervention is fundamental and requires a commitment from all those involved to serve a city plan that truly promotes the integration of PSSA.

As part of this Plan, the ETRs were strengthened, networking between these different teams to monitor the mobility of PSSA in the city of Lisbon (and in the country) and with the Parish Councils (especially those with a higher concentration of PSSA), which play a decisive role in this matter, as they know the reality and dynamics of their territory in greater depth.

Monitoring tools have also been created to track the evolution of the phenomenon monthly to act more quickly and sustainably, and to plan and adapt intervention in the city.

PSSA are extremely vulnerable. Most of the time, these people are in a chronic situation, carrying with them many years of being homeless in conditions of extreme poverty. The work carried out in this context must be centred on the individual and their needs, respecting each person's individual time and based on a relationship of trust. However, this work is undoubtedly difficult, demanding, complex, time-consuming, requires a great deal of resilience on the part of the technicians involved, does not always translate into visible results, and carries with it a huge responsibility and the need to find tangible answers and strategies to effectively respond to this huge problem and challenge facing society.



Figure 16 - Street Technical Teams

Source: EPPMPSSA 2019-2023

Faced with the constant need to act in complex situations in critical areas of the city, both because of the high number of reports and concentration of PSSA and because of the characteristics of the urban space, and based on the assumptions listed above, EPPMPSSA challenged the partners to jointly develop and implement concerted and integrated intervention actions in the street context, involving a specific set of players, according to the specific situation: Parish Councils, ETR, SCML, PSP, the relevant Municipal Services, namely the Department for Social Rights, the Department of Urban Hygiene, the Municipal Police - Community and Proximity Policing, Municipal Housing and Local Development and Green Spaces.

These actions presuppose a prior diagnostic assessment of the situation the person is in, so that the means and partners deemed appropriate and necessary can be mobilised. Often, these moments are opportunities to intervene with the PSSA, enabling them to be referred to emergency responses. On the other hand, they promote better communication, coordination, and co-operation between services and between services and residents.

This methodology has allowed us to deepen our knowledge of the territory, to have a holistic view and assessment of the situations in which the PSSA find themselves, to establish close relationships between institutions and between them and the PSSA, as well as to improve and streamline procedures.

CREATING A DATABASE | MAPPING

Analysing data is an efficient working tool and an important contribution to making assertive decisions. The use of this tool was one of the Plan's priorities, with a view to complementing existing resources and helping to guide action strategies focussed on the phenomenon of PSSA.

An efficient data structure and an analysis methodology associated with the theme make it possible to perform more effectively and with well-founded information. On this basis, the definition and analysis of various indicators, for example, the identification and monitoring of the number of PSSA in a homeless condition by areas of the city, the type of occupation in public space, the main problems associated with those who spend the night on the street, the total number of people in accommodation, among others, were possible to extract from the various sources of information on the projects covered by the Plan and, in turn, to produce thematic infographics and diagnostic maps based on crossing these indicators with spatial georeferencing which, in turn, allows for a better understanding of the territorial dynamics and behaviours of this complex phenomenon.

ANALYSIS OF THE COMMUNITY/ ADDRESS

December
2023

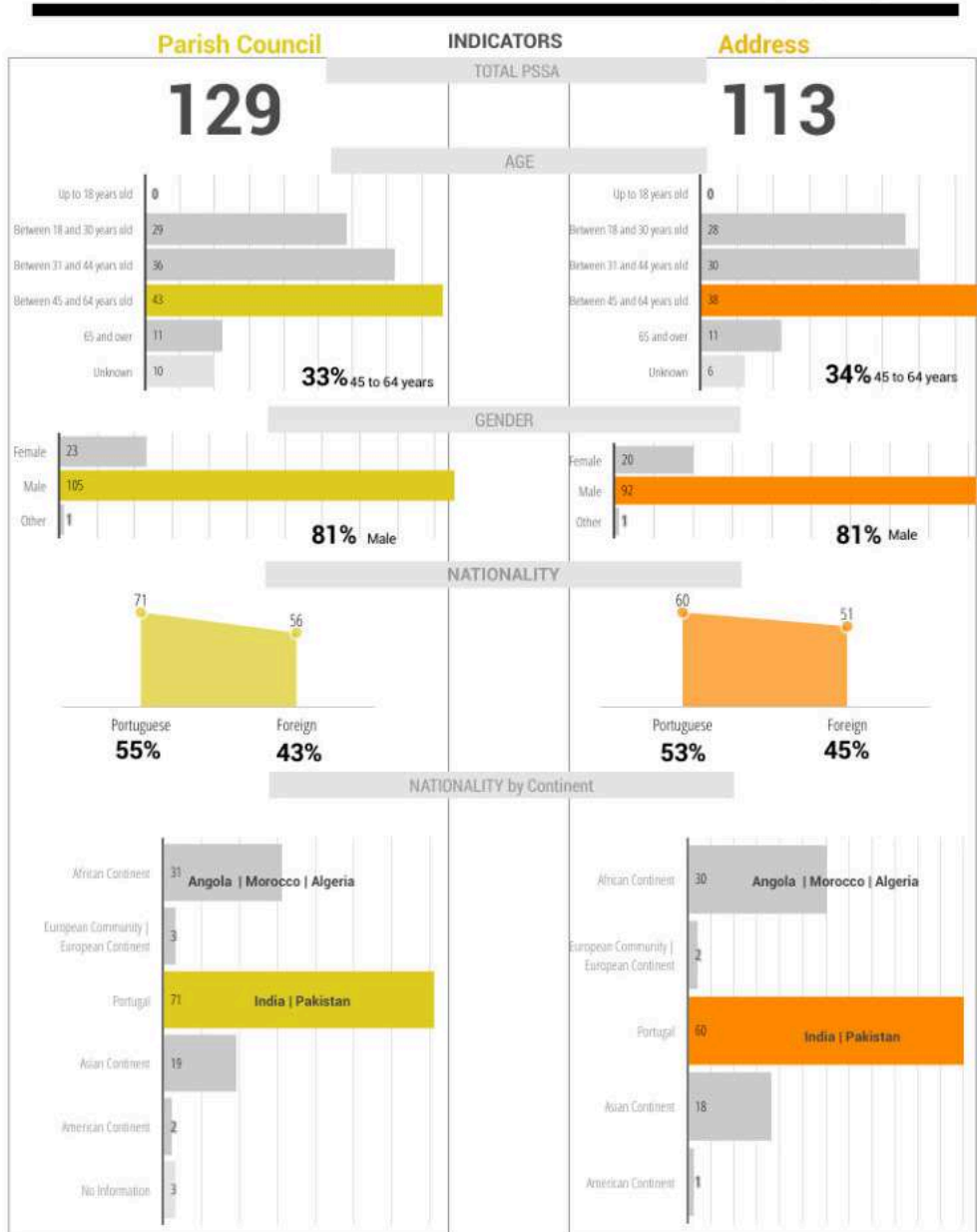


Figure 17: Infographic Source: EPPMPSSA 2019-2023

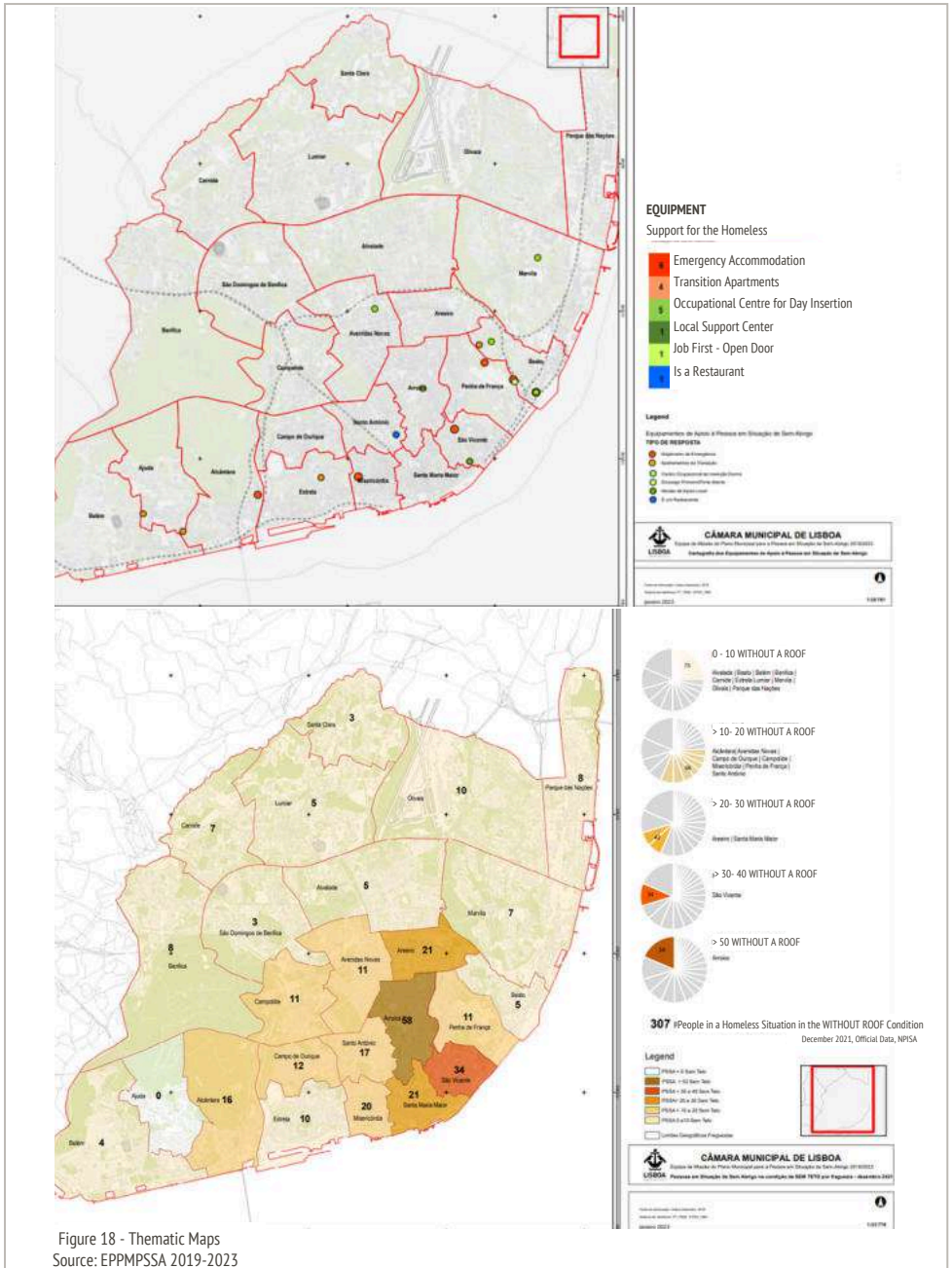


Figure 18 - Thematic Maps
Source: EPPMPSSA 2019-2023

The fact that these various infographics and thematic maps were produced for the first time, together with the process of building the Municipal Atlas for the PSSA, helped to adapt and define strategies for action in the field, and should therefore be seen as instruments to support planning, particularly for the next Municipal Plan.

INSTITUTIONAL REPRESENTATION IN NATIONAL AND INTERNATIONAL CONTEXTS

In the PMPSSA 2019-2023, there was a commitment to identify, implement and disseminate good practices and innovative national and international methodologies for intervention with PSSA. To this end, CML's participation in congresses, seminars and projects carried out in different contexts was extremely important and relevant.

It allowed work to be carried out based on an exchange of knowledge, ideas and experiences, promoting discussion and reflection on this issue, as well as identifying strategies that different cities can adopt to prevent these situations.

Participation in the National Housing First Network or in the various meetings organised by the Municipality of Lisbon or other municipalities in the country, including the autonomous regions; the possibility of sharing Lisbon's experience in the European Platform to Combat Homelessness, FEANTSA, EUROCITIES, Housing First Europe Hub; involvement in international ERASMUS + "Person First" or HOME-EU Consortium projects, among other initiatives of this nature, has taken on a framework and relevance within the scope of the work that has been carried out under the PMPSSA 2019-2023, with a view to continuously improving the responses implemented in the city of Lisbon and promoting access to the fundamental rights of the PSSA. It has therefore been seen as an added value for the Municipality, as well as an opportunity to publicise the projects and interventions that are being implemented here and which are already a benchmark for several Portuguese cities and for several European countries.



Figure 19 - EuroCities Article

Source: Final- report -Ending-youth-homelessness-in-cities.pdf (eurocities.eu) 2019-2023

INCREASE IN HOUSING SUPPORT RESPONSES

PMPSSA 2019-2023 provided for an increase in the number of accommodation places in the Emergency and Transition areas, as a result of reinforcing and reformulating existing responses, as well as creating and diversifying new individualised and collective responses, thus responding to a major challenge: removing people from homelessness so that the necessary conditions for (re)integration into society can subsequently be created and boosted.

As a result, there has been a strong investment in housing, currently totalling more than 1,000 vacancies in the city of Lisbon funded by the local authority. A large part of this investment is in the Housing First Programme with 400 contracted homes, which translates into a total annual investment of over €2,080,000.00.

This is an internationally recognised project and Lisbon has been one of the references and case studies for several cities around the world. These houses are for homeless people living on the streets and aim to provide individualised housing that is integrated into the community, offering rental support, and providing a diverse range of individualised support services 24 hours a day, 365 days a year, in the housing context and in the community.



Figure 20 - Housing First
Source: CML

RESPONSES TO EMPLOYABILITY AND SOCIAL INTEGRATION

In recent years, there has been growth in all projects linked to employability and social integration, both in terms of demand, the need for supported jobs and projects aimed at preparing for and actively seeking employment, as well as the credibility of these projects in the labour market and/or vocational training.

Within the scope of the PMPSSA 2019-2023, EPPMPSSA accompanied 2 projects linked to the area of employability: Job First - Open Door and It's a Restaurant and 4 complementary COIDs in employability, as they do not have the premise of referring people to the labour market: Espaço Aberto ao Diálogo, ORIENTAR, Academia de Mudança and COID Xabregas.



Figure 21 - COID activities
Source: CML



Figure 22 - COID activities
Source: CML



Figure 23 - Job First - Open Door
Source: BAIRROS



Figure 24 - COID Activities
Source: CML

Another important aspect of these projects is the possibility for anyone to develop their creative, social and cognitive skills, even if they are not prepared to accept a job with fixed hours and established routines. In this way, COID projects allow users to develop other types of activities, namely occupational, experiential, creative, among others.

On the other hand, Job First - Open Door has increased the model of paid occupational activities, which allows those who are not ready or can no longer join the labour market to carry out specific one-off activities with reduced hours. This model has proved to be a very important strategy for supporting the development of personal and social skills.

It is also worth highlighting the work that has been carried out in relation to the cultural dimension, as a contribution to social inclusion, such as some actions developed in partnership with CML's Department of Culture that have been an added value in the programming of activities, as well as in the right to access culture. Of particular relevance is the partnership with the Itinerant Library which, since September 2021, has been regularly at CAEM Santa Bárbara and the Integrative Unit, where it has developed activities complementary to consulting, donating and requesting books.

APPROVAL OF BEATO'S APPLICATION



Figure 25 - Beato Accommodation Centre
Source: CML

Beato Accommodation Centre is an accommodation centre run by VITAE and currently funded by CML and ISS, I.P. It is the largest accommodation centre in the country and operates in a municipally owned facility that has needed extensive renovation/demolition work for many years and does not currently offer the necessary conditions for quality accommodation for PSSA.

For these reasons, restructuring this facility was one of the priority projects in the Municipal Plan.

Through the Recovery and Resilience Plan, Ordinance no. 138-C/2021, of 30 June, Notice no.02/CO2i02/2021, which establishes the conditions and procedures applicable to funding acquired for the promotion of emergency or transitional accommodation solutions within the scope of the National Urgent and Temporary Accommodation Exchange (BNAUT), within the scope of Investment RE-CO2-i02 "National Urgent and Temporary Accommodation Exchange" of the Recovery and Resilience Plan, the Municipality of Lisbon signed a contract on 7 October 2022 with the Institute for Housing and Urban Rehabilitation, the purpose of which is to grant non-refundable financial support to finance the construction of the new BEATO "Social Emergency and Transitional Accommodation Centre", with an estimated total value of 5,014,106.56 €.

INFORMATION AND TRAINING SESSIONS

One of the objectives set out in this Plan was related to the need to deepen knowledge, sharing and information about PSSA, by holding formal discussion sessions that would identify weaknesses and potential, with a view to improving social intervention models, through specific training aimed at the municipality's employees and its partners.

To this end, during the period in which this Plan has been in force, it is worth highlighting the various joint reflection sessions to create an even more consolidated vision with the partners about intervention in this complex and challenging area, always based on the perspective of looking to the future without forgetting all the work and knowledge accumulated over the years.

In terms of training, for example, the growth of the Housing First programme in Lisbon meant that more partners had to be involved and new technical teams had to be set up. Considering that investment in the training of the Technical Teams was essential to ensure the quality of the ongoing projects, CML organised the first training course in Housing First methodology for the technicians involved in the different projects.

The EPPMPSSA organised clarification sessions on the procedures for accessing the different support programmes for the allocation of municipal housing since it was identified that many PSSA were unaware of the criteria and the possibility of accessing these instruments. Reference technicians were therefore given tools to help them optimise the screening process and support people in completing their applications.



Figure 26 - Poster for the Information and Awareness Session on Housing Programmes
Source: CML

ABILITY TO REACT TO THE CHALLENGES CAUSED BY THE PANDEMIC

2020 was an atypical year, marked by the context of the pandemic crisis. On 11 March, the World Health Organisation declared a state of public health emergency, caused by the virus known as SARS-CoV-2, as an international pandemic.

The pandemic caused by the COVID-19 disease has led to a reconfiguration of society, in terms of family dynamics, education and training, work and social relations.

The situation on the ground has effectively become an emergency, unstable and unpredictable, and the Lisbon City Council, within the scope of its legal powers and competences, has sought to provide a swift, adequate and adapted response to the new reality, protecting the most penalised and vulnerable, such as the PSSA, who find themselves in this condition due to the manifest failure of all previous possible protection solutions.

In this context, in addition to being required to quickly adapt the objectives and targets stipulated in the PMPSSA 2019-2023, four municipal emergency accommodation centres were set up in March 2020. These centres were set up to ensure a full social response to PSSA during the pandemic, namely the prevention of contamination with the COVID-19 disease, guaranteeing the basic needs of many people who were on the streets, without any means of subsistence due to the mandatory confinement.

These centres, open 24 hours a day, required constant specialised technical support from qualified professionals to provide services in different areas (social, psychological and health) to all PSSA. All of them were aimed at PSSA of adult age, advocating an integrated intervention model. Given its diversity, the population is characterised by its heterogeneity, namely homeless people, foreigners, LGBTI+ people, people with reduced mobility, couples, people with pets and people who use drugs, including alcohol.



Figure 27 - Municipal Emergency Accommodation Centre for PSSA COVID 19
Source: CML

This strategy made it possible to reach thousands of people directly: those who were homeless and who were accompanied by the ETRs, those who benefited from daily food support, those who were integrated into the various housing solutions, those who were integrated into the labour market, those who benefited from support in terms of basic health care, among others.

In summary, the 2019-2023 PMPSSA sought to resize the scale of the municipality's action in PSSA intervention, creating and diversifying accommodation responses, qualifying existing responses and specialised work.

As already mentioned, the city of Lisbon is home to around two thirds of the country's homeless PSSA. Despite demonstrating the capacity and concentration of responses in the city, the number of homeless people is increasing and the PMPSSA 2019-2023 alone will never eradicate the phenomenon.

The external evaluation of the 2019-2023 PMPSSA was carried out by NOVA University of Lisbon – School of Social Sciences and Humanities, an external organisation which, in partnership with the Municipality of Lisbon, established a model for evaluating the PMPSSA, which included consultation with the PSSA and the result of which was a report with recommendations for the construction of the next Plan.

There is still a long way to go. It is therefore imperative that a commitment is made, based on a concerted intervention strategy between various organisations, specifying the various procedures that guarantee the dignified accompaniment of these people and the respective referral to appropriate solutions for each of them.

Homelessness is the result of a complex interaction of risk factors and the longer a person remains homeless, the greater the technical and financial resources they will have to allocate to change this situation. Prevention and immediate intervention in this context are fundamental and tend to be the most cost-effective measures in the intervention with PSSA.

The question is: what can be done to prevent people from becoming homeless?

Prevention is a strategic axis whose development depends on identifying risk indicators, bringing together the various institutional players, and crossing/articulating different public policies, namely in the areas of Social Action, Housing, Migration, Employment, Justice and Health.

It is necessary to network, develop communication circuits, operationalise an intervention that is effectively articulated, integrated, and enables the sharing of information, concepts, and methodologies.

It's everyone's responsibility, central and local government politicians, directors, managers, technicians, health professionals and others, residents, all of whom, without exception, must internalise that this problem is not an individual responsibility, but a collective one. We need to set ourselves the challenge of doing more, better, and faster.

3.2 EVALUATION PROCESS – REFLECTION

Prepared by Professor José Lúcio - Faculty of Social Sciences and Humanities - NOVA University of Lisbon

The process of evaluating the Municipal Plan for People in State of Homelessness 2019-2023 took place between September 2022 and November 2023. Bearing in mind that the bulk of the work took place at an advanced stage in the Plan's implementation, it was essentially an ex-post evaluation process. The evaluation work therefore centred on three key areas:

a) Collection of information contained in studies, theses, dissertations, and other documentation from the Lisbon City Council, including, at this point, elements relating to the monitoring of the Plan, in terms of the implementation of responses by axes of intervention.

b) Preparing, launching, and analysing surveys and interviews to complement the information obtained in the previous point.

c) Construction of a Final Report with the dual aim of, on the one hand, systematising and summarising the information collected and analysed and, on the other, suggesting some avenues for the future 2024-2030 Municipal Plan.

The evaluation process benefited largely from a collaborative process between the Lisbon City Council (CML) and NOVA University of Lisbon (UNL). Methodologically, they opted for regular fortnightly meetings to assess the work done so far and lay the foundations for the next stages of the evaluation process.

We must praise the willingness of CML officials and technicians [1] to provide support at all stages of the studies leading up to the Final Evaluation Report. At this point we should also praise the two UNL students [2] who made an important contribution to the always time-consuming phase of processing the wealth of data obtained via surveys/interviews.

An important point to highlight in this context is the openness of the different stakeholders to respond to the interviews and provide data on their institution's activities. Only in this way was it possible to obtain a vast universe of information which, together with the data collected through the surveys of the homeless and unhoused population, made it possible to build a database that CML now has at its disposal, and which will certainly prove very useful in the future.

In view of the above, we believe that, of all the work carried out to prepare the Final Evaluation Report, the surveys of citizens who were homeless at the time the information was collected deserve to be mentioned.

To our knowledge, and on the scale of the city of Lisbon, it was the first time that such a vast and comprehensive survey of elements had been carried out to characterise, with some statistical relevance, the essential features of the population who, at some point in their lives, experienced what is known as street life.

Due to their characteristics of fragility, fear, pathologies and dependencies, the homeless population is generally a complex segment to access when it comes to collecting information in situ. We therefore believe that the successful collection of data from this population represents one of the most important results of the entire PMPSSA 2019-2023 evaluation process.

From the data collected, it was possible to conclude that the prevention/housing/employment/healthcare dimensions represent essential vectors for the success of a strategy geared towards supporting PSSA.

Therefore, a plan will have to consider that solutions aimed at housing, continued income generation and provision of health services will have to represent crucial vectors of investment in human capital, technical resources, and physical capital, to create better conditions for the success of the strategies that will be defined.

Finally, it is also important to launch a challenge for the future work of evaluating the Municipal Plan for People in State of Homelessness 2024-2030: due to the diversity of actions/responses, the multiplicity of actors involved, the time span of the strategies, we believe that an on-going evaluation exercise represents the most appropriate and potentially rewarding solution, since, among other advantages, it allows and promotes the adaptability of the whole process according to the demands and readings that, at a given moment, are made in the context of the implementation of the different responses.

It will therefore undoubtedly be useful if, at the same time as the new 2024-2030 strategy/plan is launched, work begins on the process of evaluating/monitoring what is implemented.

1] In particular Dr Paulo Santos, Dr Dina Manso, Dr Filomena Marques, Dr Patrícia Ribeiro and Dr Mónica Dias.

[2] Carlota Vilaça (Degree in Political Science and International Relations) and Sofia Mariano (Degree in Geography and Regional Planning).

CHAPTER 4

MUNICIPAL PLAN FOR PEOPLE IN STATE OF HOMELESSNESS 2024-2030

4.1 CONSTRUCTION METHODOLOGY

4.1.1. PARTICIPATORY PROCESS: MOMENTS AND ACTORS

The multi-causal and complex nature of homelessness, which involves multiple interconnected causes: homelessness, poverty, personal problems (psychiatric disorder, addictive behaviour and addictions) and/or family problems (trauma and history of violence or family breakdown), which obliges, in the design of a Municipal Plan for the Homeless Person, an integrated, holistic and participatory approach, with the effective involvement of all stakeholders, including PSSA, the community, political representatives and the public and private entities that work with them.



Figure 28 - Participatory Moments
Source: EPPMPSSA

Furthermore, given that this is a continuity project, the process of building this Plan must consider the experience learnt by everyone from the implementation of the previous Plan.

To this end, EPPMPSSA has favoured a participatory process in the construction of PMPSSA 2024/2030.

To realise this process, five face-to-face sessions were held during 2022 and 2023, attended by the PMPSSA partners; the NPISA Lisboa partners; the Parish Councils and the Project Team that implements and monitors the Municipal Plan, and written contributions were received from the Members of the 6th Standing Committee of the Lisbon Municipal Assembly (AML) and the CML's Elected Councillors.

It should be noted in this process that PMPSSA First Meeting, held in 2022, focused on analysing needs and thinking about the future, with the motto "Dreaming the Future". This was a preparation for the 2nd Meeting, with the same participants, but now with a propositional dimension, where concrete measures were requested, which were recorded and analysed, in line with the other participatory moments held in 2023.

I MEETING OF THE MUNICIPAL PLAN FOR PEOPLE IN STATE OF HOMELESSNESS 2019-2023

DESIGNING THE FUTURE

LISBON FORUM

May 2022

 **142** Participants- 23 Organisations

AANL; AEIPS; AMI; AML; Association João 13; Ares do Pinhal; ARSLVT; AVA; Bairros; CASA; CHPL; CVP; Crescer; General Directorate of Reintegration and Prison Services (DGRSP); Salvation Army; GAT; ISS, I.P.; Arroios Parish Council; MdM; Orientar; SCML; STC, and VITAE.

METHODOLOGY: World Café

The participants were divided into 13 tables, with 7 themes, to reflect on and discuss a specific issue related to areas of intervention in homelessness. Each table had a question to inspire the exchange of ideas and needs in this area.

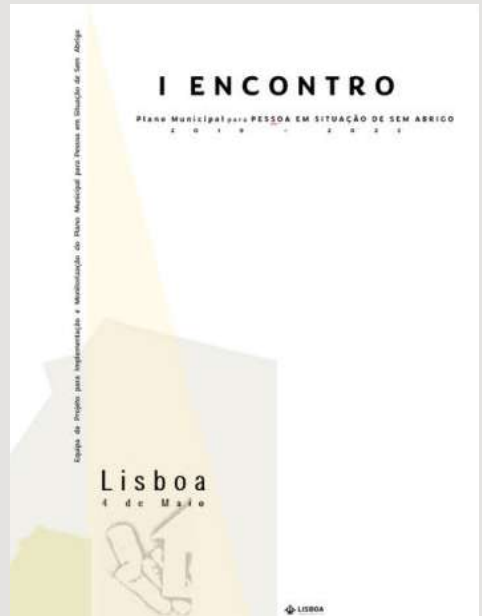


Figure 29 - Poster for the 1st PMPSSA Meeting 2019-2023
Source: EPPMPSSA



Figure 30 - 1st PMPSSA Meeting 2019-2023
Source: EPPMPSSA



Figure 31 - 1st PMPSSA Meeting 2019-2023
Source: EPPMPSSA

II MEETING OF THE MUNICIPAL PLAN FOR PEOPLE IN STATE OF HOMELESSNESS 2019-2023

DESIGNING THE FUTURE

SÃO LÁZARO CARPENTRY

May 2023

 **75** Participants- 18 Organisations

AANL; AEIPS; AMI; Ares do Pinhal; Association João 13; AVA; Bairros; CASA; Crescer; CVP; DGRSP; Salvation Army; GAT; ISS; MdM; SCML; STC, and VITAE.

METHODOLOGY Participatory Assembly

THEMES

STREET INTERVENTION
ACCOMMODATIONS
INSERTION RESPONSES



Figure 32 - Poster for the 2nd PMPSSA Meeting 2019-2023

Source: EPPMPSSA

Participatory assembly to debate 3 major themes, emphasising the propositional dimension: street intervention; accommodation and insertion responses. The participants were divided into three large "islands". The debate was first held on each "island" and then shared and discussed in the assembly. All the participants had cards to put their proposals on, as well as oral participation, which was also recorded. The content of the cards was displayed on boards during the session so that everyone could see them.



Figure 33 - 2nd PMPSSA Meeting 2019-2023

Source: EPPMPSSA




Figure 34 - 2nd PMPSSA Meeting 2019-2023

Source: EPPMPSSA

WORK AND REFLECTION SESSION

Mission Team for the Implementation and Monitoring of the Municipal Plan for Homeless People.

June 2023 MARIA ANDRADE STREET

 **12** Plan Team members

METHODOLOGY Participatory Assembly

THEMES

**STREET INTERVENTION
ACCOMMODATIONS
SOCIAL INTEGRATION
EPPMPSSA ACTION**

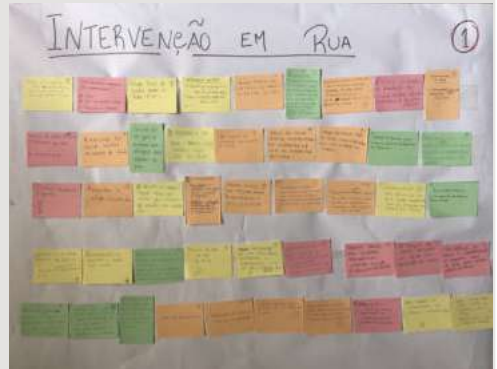


Figure 35 – EPPMPSSA 2019-2023 Work and Reflection Session
Source: EPPMPSSA

Participatory assembly to debate 4 major themes, emphasising the propositional dimension: intervention in the street context; accommodation, social insertion, and the action of the EPPMPSSA. Team members wrote their main proposals for each area on cards. The ideas were read out and debated and the cards were displayed by area during the session, allowing everyone to see them.

SESSION DESIGNING THE FUTURE

NPISA's Contributions to the Future Municipal Plan for Homeless People

COUNCIL CHAMBERS

July 2023

 **29**
Participants - 15 Organisations

AANL; AEIPS; Ares do Pinhal; AVA; CAIS; CASA; CVP; Crescer; Salvation Army; GAT; ISS,I.P.; MdM; PSP; SCML, and STC.



Figure 36 – NPISA Lisboa's contributions to PMPSSA 2024-2030
Source: EPPMPSSA

METHODOLOGY Knowledge Café

Inspired by the Knowledge Café, participants were divided into five tables to reflect on and discuss an intervention model applied to a specific case. Each table had a story/case as a challenge for reflection and the development of proposals for intervention in this area. The result of the reflection at each table was shared, debated, and refined by all the participants.

SESSION DESIGNING THE FUTURE

Parish Councils' contributions to the future Municipal Plan for Homeless People

COUNCIL CHAMBERS

July 2023

20 Participants - 12 Parish Councils

Avenidas Novas; Alcântara; Alvalade; Arroios; Beato; Belém; Campolide; Campo de Ourique; Misericórdia; Penha de França; Santa Clara; Santa Maria Maior.

METHODOLOGY Participatory Assembly

THEMES

HOW DO YOU FEEL ABOUT THE PHENOMENON IN YOUR AREA?

PROPOSALS FOR IMPROVING THE FUTURE PMPSSA



Figure 37 - Parish Councils' contributions to PMPSSA 2024-2030
Source: EPPMPSSA

The participants spoke openly in two rounds on the proposed topics and recorded their contributions on cards that were displayed on a board during the session. Oral participation was also recorded.

WRITTEN CONTRIBUTIONS FOR THE FUTURE PMPSSA

6TH STANDING COMMITTEE OF THE LISBON MUNICIPAL ASSEMBLY

CML COUNCILLORS

July - October 2023

THEMES

STREET AXIS

ACCOMMODATION AXIS

SOCIAL (RE)INTEGRATION RESPONSES

Figure 38 - Form - Contributions to PMPSSA 2024-2030
Source: EPPMPSSA

During the month of October 2023, four written contributions were received from the 6th Commission from the PAN, PS, MPT and IL parties, as well as a contribution from the CML's Office of the Councillor for the Free Political Party, totalling 47 proposals.



PARTICIPATORY PROCESS



130 PARTICIPANTS

32 ENTITIES



722 PROPOSALS

The entire participatory process described above involved around 130 participants from 32 partner organisations. This process resulted in 722 proposals, which are detailed in Annex 2.

OTHER PARTICIPATORY MOMENTS

There were also two consultations with PSSA, within the framework of ENIPSSA and NPISA Lisboa, which are described below.

Within the framework of ENIPSSA

Regarding Axis 3 - Coordination, monitoring, and evaluation of ENIPSSA, a consultation process was carried out with the PSSA between 15 April and 15 May 2023.

A total of 694 PSSA were heard nationwide, 290 of them from the city of Lisbon.

Through NPISA, people were invited to reflect on the main needs for intervention and what they would like to change to improve their living conditions. The results of this consultation were analysed and systematised by ENIPSSA to be used as input for the future.

Within the framework of NPISA LISBOA

The NPISA Lisboa Housing Models Working Group organised a meeting to discuss housing models for homeless people. This consultation/reflection was aimed specifically at people in collective and individual accommodation provided by NPISA Lisboa's partner organisations.

Firstly, internal discussions were held with users in each of the accommodation units on "Accommodation Models". During these sessions, a representative was appointed to be present at the second session - entitled "Conversations at the Table - Accommodation Models", held on 15 November 2023 at the "É uma Mesa" Restaurant (CRESCER). This second session brought together the results of the first session, which were debated using the "World Café" methodology. The session took place in an informal and relaxed atmosphere, with Peers as facilitators and elements from outside the Organisations as editors.

Twelve entities and 21 PSSA representatives from the Shared Apartments, Transitional Flats, Hostels, Temporary Accommodation Centres, Emergency Centres, Insertion Communities and Housing First responses took part.

The organisations that make up the NPISA Lisboa Accommodation Models Working Group are: AANL, Ares do Pinhal, AVA, CRESCER, Salvation Army Social Centre, CVP, GAT, AMI, ISS, I.P. / Lisbon District Centre, Jesuit Service to Refugees, Opus Diversidades, Orientar, SCML and VITAE.

The result of this consultation, together with the reflections of the technicians in this group, was also a contribution to the design of this Municipal Plan for the PSSA, to the ENIPSSA and to the construction of guidelines for housing responses in the city of Lisbon.

4.1.2. PARTICIPATORY PROCESS: SYNTHESIS OF THE PLAN'S RESULTS AND CHALLENGES

The diversity of organisations and policymakers consulted reflects different and complementary views on the phenomenon and the actions to be taken and is an element of great enrichment in this process.

The following table summarises the different contributions, organised into categories, the development of which can be found in Appendix 2.

ACTION PROPOSALS FOR THE FUTURE PMPSSA 2024-2030

PROPOSALS FOR ACTION FOR THE FUTURE MUNICIPAL PLAN FOR THE HOMELESS	PARTICIPATORY MOMENTS					TOTAL PROPOSALS SUBMITTED
	I PLAN PARTNERS	II EPPMPSSA	III NPISA PARTNERS	IV PARISH COUNCILS	V 6.ª COMITTEE AML AND COUNCILOR CML	
AXIS I - Intervention in the Street Context						243
Access to Services for the satisfaction of basic needs (food, hygiene, safety and documentation)	X	X	X	X	X	50
Human Resource	X	X	X	X	X	73
Material and Financial Resources	X	X	X	-	-	15
Accessibility to services and/or responses	X	-	X	X	-	53
Articulation between teams, entities, information sharing	X	X	X	X	X	52
AXIS II - Accommodation						245
Creation of Emergency Response	X	X	X	X	X	16
Transition (Collective Responses, Temporary Housing Centers)	X	X	X	X	X	63
Housing First and Shared Apartments	X	X	X	X	X	36
Requalification of existing answers	X	X	X	X	X	64
Access to social housing/ Rental Support	X	X	X	X	X	33
Responses at the level of the Lisbon Metropolitan Area	X	X	X	X	-	13
AXIS III - Employment and Social Integration						129
Human Resource	X	-	-	-	-	15
Articulation between Teams/ Entities/ information sharing	X	-	-	X	-	7
Accessibility to services and answers	X	-	-	-	-	19
Health promotion and personal development	X	X	X	-	X	20
Promotion and social and professional integration	X	X	X	-	X	70
Decentralization of responses	X	-	X	-	-	2
Training of Technicians	X	X	X	-	X	35
Others	X	X	X	X	X	71
TOTAL						724

Table 7 - Action Proposals for PMPSSA 2024 - 2030

Source: EPPMPSSA 2019-2023

The categories and subcategories that organise the content were created based on the three dimensions raised for analysis by the participants and the analysis of the contributions received and are shown in the table above and in Appendix 2.

To draw up the summary table, the number of proposals was counted, considering the categories and subcategories created, thus reflecting the areas of intervention that reflect the greatest concern on the part of those involved.

In an overall analysis, we can highlight that, in the context of Street Intervention, there was greater reference to Human Resources and Accessibility to Services:

- As far as human resources are concerned, the contents relating to the specialisation and multidisciplinary of teams to work with people at different points in their journey and with different problems stand out, as does the increase in the number of technicians to meet existing needs;
- Regarding Accessibility to Services, we would highlight health services (ensuring speciality consultations on the street and creating mobile units for mental health care and others), social services (SCML; ISS, IP.) and support services for people living in irregular immigration situations (SEF and Embassies).
- Access to services to meet basic needs and their dispersal throughout the territory were also mentioned as very important, as was the essential articulation between teams and organisations and the sharing of information.

The Accommodation category was the one with the highest number of references. Within this category, the two subcategories with the greatest expression are:

- Transition (Collective Responses and Temporary Accommodation Centres), mentioning the need for greater specialisation in intervention with certain target groups (addictive behaviours; women; couples; pets; dual diagnosis - addictive behaviours plus mental health; PSSA with work; young people; ageing users; people with disabilities);
- Requalification of existing centres, particularly in terms of reducing their size and making the rules and criteria for admission more flexible.

Regarding the third axis, Insertion, the following subcategories stand out:

- Promotion of social and professional integration - creation of sheltered and unsheltered employment exchanges, training activities, investment in various occupational activities and the creation of daytime community spaces;
- Health Promotion and Personal Development, with access to a range of social and health support appropriate to the process of social reintegration.

Finally, in addition to the categories analysed above, the need to create two more categories was identified because of the contributions gathered:

- Technician training, which brought together a significant number of participations, namely the training of technicians through supervision processes, inter-team case analyses and the creation of communities of practice;
- Others brought together important contributions which, despite their relevance for reflection on the future Plan, proved to be transversal to the different axes, with generic and/or imprecise wording and therefore difficult to systematise in the categories created.

4.2 MUNICIPAL PLAN FOR PEOPLE IN STATE OF HOMELESSNESS 2024-2030

PMPSSA 2024-2030 continues the intervention strategy adopted by the Municipality of Lisbon over the last few years, namely with the approval and implementation of the previous MUNICIPAL PLAN FOR PEOPLE IN STATE OF HOMELESSNESS 2019-2023, whose vision was to ensure that each PSSA has an adequate response centred on their situation, by mobilising the network of multidimensional and inter-institutional responses.

The Plan presented for the period between 2024 and 2030 integrates a preventive approach aimed at guaranteeing housing support and the (re)integration of each person, through the adoption and promotion of integrated policies that place the person at the centre of the intervention.

This approach is in line with the Major Planning Options 2023-2027, the current National Strategy for the Integration of Homeless People, and the various directives at European level.

The PMPSSA 2024-2030 aims to promote the commitment of public policies, through close coordination with other public and private institutions with competences and responsibilities in intervention with PSSA, to respond to each person experiencing homelessness and their different needs. This articulation and holistic approach to the phenomenon is essential if we are to see a turnaround in the increase of new homeless situations. This Plan is yet another contribution to be added to each of the interventions that must be guaranteed and articulated between the most diverse public bodies in central and local government.

4.2.1 VISION

PMPSSA 2024-2030 aims to reduce the number of homeless people in the city of Lisbon.

4.2.2 MISSION

The mission of PMPSSA 2024-2030 is to mobilise decisive public policy measures to ensure that each PSSA has an adequate response focused on its situation.

4.2.3 PRINCIPLES

The principles that guide this Plan are set out below:

HUMAN RIGHTS

Guaranteeing the fundamental rights and needs of all people experiencing homelessness.

PREVENTION

Ensuring that no one will have to sleep on the street for lack of safe and adequate housing support.

PERSON-CENTRED MODEL

Integrated, flexible, close, and individualised intervention that puts the person at the centre, respecting their dignity and autonomy, using multidisciplinary teams, and including peers.

PARTICIPATION

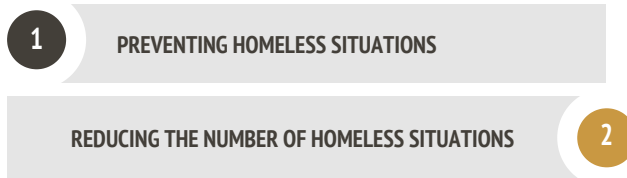
Involvement of people experiencing homelessness, as well as public and private bodies, civil society organisations and the community in general in the intervention process.

MONITORING AND EVALUATION

Monitoring and evaluation of the results and impacts of the Plan's policies and measures.

4.2.4 STRATEGIC OBJECTIVES

PMPSSA 2024-2030 has two major and ambitious Strategic Objectives:



4.2.5 AXES OF INTERVENTION

The Intervention Axes defined within the scope of PMPSSA 2024-2030 are the result of the experience of the work carried out by the Municipality of Lisbon and are intended to address the existing gaps identified in intervention with this population in the city of Lisbon, to achieve the proposed strategic objectives.

In this way, 5 Intervention Axes were set up: the Prevention Axis, the Street Intervention Axis, the Accommodation Axis, the Social Insertion Axis and the Knowledge and Communication Axis, with 23 Operational Objectives and 88 Measures, which are considered basic in the intervention carried out with this population.

4.2.5.1 PREVENTION AXIS

The current situation in society, in which access to housing in the city of Lisbon presents challenges in the context of public policies at national and local level, suggests an effective commitment to defining integrated strategic prevention policies.

The PREVENTION AXIS aims to respond to all those who have recently found themselves homeless and to promote ways of preventing a return to this situation of extreme vulnerability.



OPERATIONAL OBJECTIVES AND MEASURES

PO01 REDUCING THE NUMBER OF PEOPLE WHO BECOME HOMELESS

- 1.1 Promote the production of a document identifying the prevention measures being implemented by CML and their results.
- 1.2 Promote tools to publicise the prevention measures being implemented by CML, tailored to different audiences.

PO02 REDUCING THE NUMBER OF PEOPLE RETURNING TO HOMELESSNESS

- 2.1 To guarantee the psychosocial support of the person, according to their needs and potential, after they leave the network of municipal housing responses in the city of Lisbon.
- 2.2 Ensure that people who benefit from the municipal housing network are monitored during their period of institutionalisation (prison, hospitalisation, integration community, therapeutic community).

PO03 PROMOTE CONTINUOUS AND EFFECTIVE COORDINATION WITH THE DIFFERENT AREAS OF THE CENTRAL ADMINISTRATION - HEALTH, EMPLOYMENT, MIGRATION, SOCIAL ACTION, AND ENTITIES WITH COMPETENCE IN THE FIELD OF PREVENTION

- 3.1 Establish co-operation with the different areas of prevention in identifying and reducing obstacles and barriers to intervention.
- 3.2 Collaborate with ENIPSSA and NPISA Lisboa, actively participating in the field of Prevention.

PHYSICAL AND FINANCIAL EXECUTION

PREVENTION										
ID	Description	Estimated Annual Budget	2024	2025	2026	Timetable 2027	2028	2029	2030	Total
P001	Reducing the number of people who become homeless									
P.1.1	Promote the production of a document identifying the prevention measures being implemented by CML and their results.	- €								- €
P.1.2	Promote tools to publicize the prevention measures being implemented by CML, tailored to different audiences	- €								- €
P002	Reduce the number of people returning to homelessness									
P.2.1	To guarantee the psychosocial support of the person, according to their needs and potential, after they leave the network of municipal housing responses in the city of Lisbon.	150 000,00 €								150 000,00 €
P.2.2	Ensuring that people who benefit from the municipal housing network are monitored during their period of institutionalisation (prison, hospital, community placement, therapeutic community).	- €								- €
	Promote continuous and effective coordination with the different areas of Central Administration (health, employment, migration, social action, among others) and entities with competences in the field of prevention			150 000,00 €	150 000,00 €	150 000,00 €	150 000,00 €	150 000,00 €	150 000,00 €	900 000,00 €
P003	Promote continuous and effective coordination with the different areas of Central Administration (health, employment, migration, social action, among others) and entities with competences in the field of prevention									
P.3.1	Establish cooperation with the different areas of prevention in identifying and reducing obstacles and barriers to intervention	- €								- €
P.3.2	Collaborate with ENMPSSA and NPSSA Lisboa, actively participating in the field of Prevention	- €								- €
			- €	150 000,00 €	150 000,00 €	150 000,00 €	150 000,00 €	150 000,00 €	150 000,00 €	600 000,00 €
			- €	150 000,00 €	150 000,00 €	150 000,00 €	150 000,00 €	150 000,00 €	150 000,00 €	900 000,00 €

Table 8 - Financial Execution - PMPSSA 2024-2030 - Prevention Axis

4.2.5.2 STREET INTERVENTION AXIS

Intervention in the street context comprises a set of procedures to remove the homeless person from homelessness. It includes signposting, multidisciplinary diagnosis, definition of the individual integration plan and integrated monitoring of the person, to safeguard their health, safety, and their journey out of homelessness.

The work carried out in a street context is based on a person-centred approach, with the main tool being the empathetic, close, and trusting relationship established between the street team technician and the person.



OPERATIONAL OBJECTIVES AND MEASURES

RO01

ENSURE THAT PEOPLE WHO ARE HOMELESS AND WITHOUT A ROOF ARE MONITORED SO AS TO REDUCE THEIR TIME ON THE STREETS

- 1.1 Create a multidisciplinary Technical Street Team with different levels of specialisation in intervention (emergency, migration, peers, translators, health, among others).
- 1.2 Carry out psychosocial and health monitoring of people in state of homelessness in the city of Lisbon.
- 1.3 Grant that each person in a homeless situation is assigned a case manager.
- 1.4 Draw up a diagnosis of homelessness in Lisbon, updated monthly.
- 1.5 Maintain and improve the signalling system in operation.
- 1.6 Integrate the scale of prevention in response to urgent signalling within the scope of NPISA Lisboa.
- 1.7 Participate in concerted and integrated actions aimed at improving the conditions of people experiencing homelessness.
- 1.8 Ensure access to regular and emergency medical-veterinary services for the pets of homeless people who find themselves on the streets.
- 1.9 Collaborate with ENIPSSA and NPISA Lisboa, actively participating in the field of Street Intervention.

RO02 ENSURING THAT THERE IS A HEALTH RESPONSE IN THE STREET CONTEXT

- 2.1 Promote liaison with ARSLVT and different health structures operating in the city of Lisbon.
- 2.2 Maintain the Protocol with the Lisbon Psychiatric Hospital Centre (CHPL) in operation.
- 2.3 Collaborate with ENIPSSA and NPISA Lisboa, participating actively in the field of Health.
- 2.4 Ensure an increase in the number of mobile health units in operation and the extension of the health services they provide.
- 2.5 Extend the Lisboa 65+ Health Plan to Homeless People.
- 2.6 Prioritise the strengthening of mental health support for homeless people.
- 2.7 Create protocols with higher education institutions to strengthen the response and monitoring in the field of health.

RO03 CREATE AND OPTIMISE SUPPORT SERVICES TO COMPLEMENT STREET INTERVENTION

- 3.1 Keeping NAL São Vicente operational.
- 3.2 Identify and implement spaces that meet the conditions to be set up as complementary support services in municipal buildings, parish councils or others.
- 3.3 Dignify food distribution by identifying and implementing spaces in municipal buildings, parish councils or other areas.
- 3.4 Collaborate with ENIPSSA and NPISA Lisboa, actively participating in the field of Street Food Distribution.

PHYSICAL AND FINANCIAL EXECUTION

STREET INTERVENTION										
ID	Description	Estimated Annual Budget	Timeline							Total
			2024	2025	2026	2027	2028	2029	2030	
R001	Ensure that PSSA who are homeless are monitored to reduce their time on the streets.									
R.1.1	Create a multidisciplinary Technical Street Team with different levels of specialisation in intervention (emergency, migration, peers, translators, health, among others)	- €								360 000,00 €
R.1.2	Carry out psychosocial and health monitoring of homeless people in the city of Lisbon	- €								- €
R.1.3	Ensure that each homeless PSSA is assigned a case manager/ technician	- €								- €
R.1.4	Draw up a diagnosis of the phenomenon of PSSA in Lisbon, updated monthly	- €								- €
R.1.5	Maintaining and improving the signalling system in operation	- €								- €
R.1.6	Integrate the prevention scale for responding to urgent graffiti within the scope of NPSA Lisboa	- €								- €
R.1.7	Participate in concerted and integrated actions aimed at improving the conditions of homeless PSSA	- €								- €
R.1.8	Guaranteeing access to regular and emergency medical/veterinary services for the pets of homeless people who find themselves on the streets	- €								- €
R.1.9	Collaborate with ENPSSA and NPSA Lisboa, actively participating in the field of Street Intervention	- €	360 000,00 €	- €	- €	- €	- €	- €	- €	- €
										360 000,00 €
R002	Ensure that there is a health response in the street context									
R.2.1	Promote liaison with the ARSLUT and different health structures operating in the city of Lisbon	- €								- €
R.2.2	Maintain the protocol with DPL	- €								- €
R.2.3	Collaborate with ENPSSA and NPSA Lisboa, actively participating in the field of Health	- €								- €
R.2.4	Ensure an increase in the number of mobile health units in operation, as well as the extension of the health services they provide	- €								- €
R.2.5	Extend the Lisbon 45+ Health Plan to Homeless People	- €								- €
R.2.6	Prioritize the strengthening of mental health support for homeless people	- €								- €
R.2.7	Create Protocols with Higher Education Institutions to reinforce the response and monitoring in the field of Health	- €								- €
			- €	- €	- €	- €	- €	- €	- €	- €
R003	Create and optimize complementary support services for street intervention									
R.3.1	Keeping NAL São Vicente operational	65 000,00 €								65 000,00 €
R.3.2	Identify and implement spaces that meet the conditions to be set up as complementary support services in municipal buildings, parish councils or others	200 000,00 €								200 000,00 €
R.3.3	Dignify food distribution by identifying and implementing spaces in municipal buildings, parish councils or others	50 000,00 €								50 000,00 €
R.3.4	Collaborate with ENPSSA and NPSA Lisboa, actively participating in the field of Street Food Distribution	- €								- €
			65 000	165 000,00 €	165 000,00 €	215 000,00 €	205 000,00 €	315 000,00 €	315 000,00 €	1 265 000,00 €
			425 000,00 €	165 000,00 €	165 000,00 €	215 000,00 €	205 000,00 €	315 000,00 €	315 000,00 €	1 865 000,00 €

Table 9- Financial Execution - PMPSSA 2024-2030 - Intervention in the Street Context

4.2.5.3 HOUSING AXIS

Over time, CML has adopted an integrative vision, which allows for the coexistence of different housing and intervention models, focusing on diversifying responses based on the premise that each person is unique and that responses must adapt to people, becoming progressively more flexible and able to respond to their needs.

In this way, the Housing Axis covers different structures and emergency and transitional housing responses for the PSSA, whose mission is to remove people from homelessness. The aim of these responses is to satisfy their basic needs of safety, comfort, health, and food, as well as to support and promote the process of social (re)integration.

On the other hand, CML has gradually invested in a housing led approach, guaranteeing an increasing number of homeless people access to permanent and adequate housing, with specialised support, based on the assumption that housing stability is essential for the recovery, integration and social (re)insertion of PSSA.



OPERATIONAL OBJECTIVES AND MEASURES

AO01 CONTRIBUTE TO MAINTAINING THE EXISTING COLLECTIVE ACCOMMODATION NETWORK IN THE CITY OF LISBON

- 1.1 Keep Santa Bárbara Municipal Emergency Accommodation Centre operational (128 vacancies).
- 1.2 Keep the Temporary Accommodation Centre for Night Hostels running (15 vacancies).
- 1.3 Keep Xabregas Accommodation Centre operational (75 vacancies).
- 1.4 Keep Beato Accommodation Centre running (271 vacancies).
- 1.5 Keep Lisbon Solidarity Residence operational (25 vacancies).
- 1.6 Keep the Integrative Unit for the Homeless operational (40 vacancies).
- 1.7 Keep the Transitional Flats project running (12 vacancies).
- 1.8 Collaborate with ENIPSSA and NPISA Lisboa, actively participating in the field of Accommodation.

AO02 UPGRADING EXISTING ACCOMMODATION FACILITIES

- 2.1 Submit the PRR application for Beato Accommodation Centre (146 vacancies).
- 2.2 Refurbish the Temporary Accommodation Centre of the Shelter of Graça (23 vacancies).

A003 CREATE DIVERSIFIED AND SPECIALISED ACCOMMODATION RESPONSES

- 3.1 Submit the PRR application for Ourives Accommodation Centre (21 vacancies).
- 3.2 Submit the PRR application for Transitional Flats (54 vacancies).
- 3.3 Create Condado Municipal Accommodation Centre (50 vacancies).
- 3.4 Create a medium-sized municipal accommodation centre (60 vacancies).
- 3.5 Create a pilot project for a specific, permanent municipal housing response for homeless people over the age of 65 who are unable to adapt to existing standardised structures (20 vacancies).
- 3.6 Create a pilot project for a specific and innovative municipal housing response for homeless people with alcohol problems (12 vacancies).
- 3.7 Create a pilot project for a specific municipal housing response for homeless people with mental illness who cannot adapt to existing standardised structures (12 vacancies).
- 3.8 Create a pilot project for a specific municipal housing response for people who are integrated into training and/or work (14 vacancies).
- 3.9 Create a pilot project for a specific municipal housing response for people who have recently become homeless (24 vacancies).
- 3.10 Create 2 immediate overnight housing units with hygiene and food services (dinner and breakfast) for homeless people (200 vacancies).
- 3.11 Create Local Integrative Units.

A004 ANTICIPATE THE HOUSING FIRST PROGRAMME IN THE CURRENT MANDATE

- 4.1 Keep the 2 Housing First projects for people with mental health problems running (100 vacancies).
- 4.2 Keep the 2 Housing First projects for people with addiction problems running (80 vacancies).
- 4.3 Keep the 7 Housing First projects for people with other problems up and running (220 vacancies).
- 4.4 Bring forward the Municipal Housing First Programme by up to 400 vacancies this term, depending on CML's financial capacity, to respond each year to the increase in homeless people in Lisbon.

A005 EVALUATE AND STRENGTHEN THE MUNICIPAL HOUSING FIRST PROGRAMME

- 5.1 Evaluate the Municipal Housing First Programme using an external entity.
- 5.2 Increase the Municipal Housing First Programme by up to 400 vacancies, according to the results of the external evaluation.

A006 PROMOTING ACCESS TO MUNICIPAL HOUSING BY HOMELESS PEOPLE

- 6.1 Implement the measures set out in the Municipal Housing Charter, namely extraordinary granting of rental subsidies to homeless people in the process of becoming independent (20 by 2026).
- 6.2 Implement the measures set out in the Municipal Housing Charter, namely increasing housing solutions for homeless people on municipal property.
- 6.3 Disseminate the Municipal Housing Access Programmes to partners.
- 6.4 Promote access to Municipal Housing Access Programmes.
- 6.5 Facilitate identification of housing solutions in the private rental market.

PHYSICAL AND FINANCIAL EXECUTION



ACCOMMODATION									
ID	Description	Estimated Annual Budget	Timeline					Total	
			2024	2025	2026	2027	2028		2029
A001	Contribute to the maintenance of the existing collective accommodation network in the city of Lisbon								
A.1.1	Keep Santa Barbara Municipal Emergency Accommodation Centre operational (128 vacancies)	1 560 000,00 €							10 820 000,00 €
A.1.2	Keep the Temporary Accommodation Centre for Night Shelters operational (115 vacancies)	87 000,00 €							812 200,00 €
A.1.3	Keep Ladeira Accommodation Centre operational (75 vacancies)	2 750 000,00 €							1 420 000,00 €
A.1.4	Keep Beato Accommodation Centre operational (271 vacancies)	265 000,00 €							1 820 000,00 €
A.1.5	Keep Lapa Solidarity Residence opening (20 vacancies)	200 000,00 €							1 460 000,00 €
A.1.6	Keep the Integrative Unit for PGSA running (60 vacancies)	2 320 000,00 €							2 770 000,00 €
A.1.7	Keep the Transitional Units project running (12 vacancies)	100 000,00 €							700 000,00 €
A.1.8	Collaborate with EMPPSA and NPUSA Lisbon, actively participating in the Field of Accommodation.	- €							- €
			2 727 000,00 €	2 727 000,00 €	3 727 000,00 €	2 727 000,00 €	2 727 000,00 €	3 727 000,00 €	2 727 000,00 €
A002	Upgrading existing accommodation facilities								
A.2.1	Submit the PRR application for Beato Accommodation Centre (148 vacancies)	- €							- €
A.2.2	Refurbish the Temporary Accommodation Centre of the Shelter of Graça (23 vacancies)	180 000,00 €							1 260 000,00 €
			180 000,00 €	180 000,00 €	180 000,00 €	180 000,00 €	180 000,00 €	180 000,00 €	1 260 000,00 €
A003	Create diversified and specialized accommodation responses								
A.3.1	Submit the PRR application for Durães Accommodation Centre (21 vacancies)	- €							- €
A.3.2	Submit the PRR application for Translational Flats (94 vacancies)	- €							- €
A.3.3	Create the Corda Municipal Accommodation Centre (50 vacancies)	280 000,00 €							2 340 000,00 €
A.3.4	Create a medium-sized municipal accommodation centre (60 vacancies)	458 900,00 €							1 838 600,00 €
A.3.5	Create a pilot project for a specific, permanent municipal housing response for PGSA over 65 years old who cannot access to existing standardized structures (20 vacancies)	180 000,00 €							600 000,00 €
A.3.6	Create a pilot project for a specific and innovative municipal housing response for PGSA with alcohol problems (12 vacancies)	100 000,00 €							400 000,00 €
A.3.7	Create a pilot project for municipal housing specifically for PGSA with mental illness who cannot adapt to existing standardized structures (12 vacancies)	100 000,00 €							300 000,00 €
A.3.8	Create a pilot project for a specific municipal housing response for people who are integrated into training and/or work (14 vacancies)	110 000,00 €							770 000,00 €
A.3.9	Create a pilot project for municipal housing specifically for people who have recently become homeless (24 vacancies)	180 000,00 €							1 320 000,00 €
A.3.10	Create 2 immediate overnight housing units with hygiene and food services (dinner and breakfast) for homeless people (200 vacancies)	1 000 000,00 €							8 000 000,00 €
A.3.11	Create Local Integrative Units	- €							- €
			300 000,00 €	1 000 000,00 €	1 800 000,00 €	2 400 000,00 €	2 500 000,00 €	2 500 000,00 €	2 500 000,00 €
A004	Anticipate the Housing First Programme in the current mandate								
A.4.1	Keep the 2 Housing First projects for people with mental health problems running (130 vacancies)	768 500,00 €							6 365 500,00 €
A.4.2	Keep the 2 Housing First projects for people with addiction problems running (80 vacancies)	613 200,00 €							4 282 000,00 €
A.4.3	Keep the 7 Housing First projects for people with other problems running (733 vacancies)	1 888 300,00 €							11 804 000,00 €
A.4.4	Bring Forward the Municipal Housing First Programme by up to 400 vacancies this term, depending on CML's financial capacity, in order to respond each year to the increase in homeless people in Lisbon.	- €							- €
			3 064 000,00 €	3 066 500,00 €	3 066 500,00 €	3 066 500,00 €	3 066 500,00 €	3 066 500,00 €	3 066 000,00 €
A005	Evaluate and Strengthen the Municipal Housing First Programme								
A.5.1	Evaluate the Municipal Housing First Programme using an external entity.	75 000,00 €							75 000,00 €
A.5.2	Increase the Municipal Housing First Programme according to the results of the external evaluation	3 084 000,00 €							7 603 000,00 €
			35 000,00 €	25 000,00 €	25 000,00 €	788 500,00 €	1 533 000,00 €	2 050 500,00 €	3 086 000,00 €
A006	Promoting access to municipal housing by homeless people								
A.6.1	Implement the measures set out in the Municipal Housing Charter, namely extraordinary granting of rental subsidies to homeless people in the process of becoming independent (00 by 2026)	- €							- €
A.6.2	Implement the measures set out in the Municipal Housing Charter, namely increasing housing solutions for homeless people on municipal property	- €							- €
A.6.3	Disseminate the Municipal Housing Access Programmes among partners	- €							- €
A.6.4	Promote access to Municipal Housing Access Programmes	- €							- €
A.6.5	Facilitate the identification of housing solutions in the private rental market	- €							- €
			- €	- €	- €	- €	- €	- €	- €
			6 281 600,00 €	7 888 000,00 €	7 848 000,00 €	9 116 000,00 €	10 016 000,00 €	10 783 000,00 €	11 540 500,00 €

Table 10- Financial Execution - PMPSSA 2024-2030 - Housing Axis

4.2.5.4. SOCIAL INTEGRATION AXIS

The Social Insertion Axis aims to promote the development of the personal and social capacities and skills of PSSA, mobilising a wide range of intervention areas (health, employment, vocational training, education, empowerment, social protection, etc.), with a view to their full community integration and autonomy, as well as preventing a return to homelessness.



OPERATIONAL OBJECTIVES AND MEASURES

IO01 BOOSTING SOCIAL AND CULTURAL INCLUSION PROGRAMMES

- 1.1 Promote the access of homeless people to culture, sport, and other dimensions of social nature, according to their interests and needs.
- 1.2 Integrate homeless people into cultural and sporting events and practices.
- 1.3 Extend free access to public transport by homeless people.

IO02 CREATE A NETWORK OF DAYTIME CENTRES

- 2.1 Keep the "Open Space for Dialogue" Daytime Occupation and Insertion Centre operational.
- 2.2 Keep the "Oriente" Day Centre operational.
- 2.3 Keep the "Academia da Mudança" Day Centre operational.
- 2.4 Keep the Xabregas Daytime Occupation and Insertion Centre operational.
- 2.5 Reactivate the "Drop in - Espaço Âncora" Daytime Occupation and Insertion Centre.
- 2.6 Create 2 new Daytime Occupation spaces.
- 2.7 Collaborate with ENIPSSA and NPISA Lisboa, actively participating in the domain of Employability.

IO03 SUPPORT PROJECTS THAT PROMOTE JOB CREATION FOR HOMELESS PEOPLE

- 3.1 Maintain the transfer of municipal property for the implementation of projects (É um Restaurante | É uma Mesa) that promote the creation of jobs for homeless people.
- 3.2 Promote the transfer of municipal property for the implementation of projects that promote job creation for homeless people.

1004 BOOSTING THE JOB FIRST - OPEN DOOR PROJECT

- 4.1 Ensure the operation of the Job First - Open Door project.
- 4.2 Strengthen links with other projects, particularly RedEmprega.

1005 PROMOTE JOBS BASED ON THE SHELTERED EMPLOYMENT INTERVENTION MODEL

- 5.1 Integrate homeless people into jobs at CML, Municipal Companies and Parish Councils.
- 5.2 Integrate homeless people and their peers into jobs in civil society organisations.
- 5.3 Strengthen liaison with Employment and Vocational Training Institute (IEFP).
- 5.4 Reinforce human resources to help homeless people prepare applications and training in digital literacy related to job search.

1006 CREATE A BASIC AND VOCATIONAL TRAINING PROGRAMME

- 6.1 Create a Basic and Vocational Training Programme that includes training in areas such as languages, IT and related to trades and professions, particularly those linked to existing professional categories in Lisbon City Council.

PHYSICAL AND FINANCIAL EXECUTION

ID	Description	Estimated Annual Budget	SOCIAL INTEGRATION						Total	
			Timetable							
			2024	2025	2026	2027	2028	2029		2030
1001 Promote social and cultural inclusion programmes										
1.01.1	Promote the access of homeless people to culture, sport, and other dimensions of social leisure, according to their interests and needs.	- €							- €	
1.01.2	Integrate homeless people into cultural and sporting events and practices	- €							- €	
1.01.3	Extending free access to public transport by homeless people	- €							- €	
1002 Create a network of daytime centres										
1.02.1	Keep the "Espaço Aberto ao Dia" Daytime Occupation and Insertion Centre operational	40 000,00 €							280 000,00 €	
1.02.2	Keep the "Orienta" Daytime Occupation and Insertion Centre operational	40 000,00 €							280 000,00 €	
1.02.3	Keep the "Academy of Change" Daytime Occupation and Insertion Centre operational	40 000,00 €							280 000,00 €	
1.02.4	Keep the "Xabregas" Daytime Occupation and Insertion Centre operational	40 000,00 €							280 000,00 €	
1.02.5	Reactivate the "Drop in - Espaço Ânima" Daytime Occupation and Insertion Centre	40 000,00 €							280 000,00 €	
1.02.6	Create 2 new Daytime Occupation spaces	200 000,00 €							1 000 000,00 €	
1.02.7	Collaborate with EMPSSA and NPISA Lisboa, actively participating in the field of Employability	- €							- €	
			200 000,00 €	350 000,00 €	400 000,00 €	400 000,00 €	400 000,00 €	400 000,00 €	400 000,00 €	1 400 000,00 €
1003 Support projects that promote job creation for homeless people										
1.03.1	Maintain the transfer of municipal property for the implementation of projects (E um Restaurante / E uma Casa) that promote job creation for homeless people	- €							- €	
1.03.2	Promote the transfer of municipal property for the implementation of projects that promote job creation for homeless people	- €							- €	
1004 Boosting the Job First - Open Door project										
1.04.1	Ensure the operation of the Job First - Open Door project	150 000,00 €							1 050 000,00 €	
1.04.2	Strengthen links with other projects, particularly ReEmprego	- €							- €	
		150 000,00 €	150 000,00 €	150 000,00 €	150 000,00 €	150 000,00 €	150 000,00 €	150 000,00 €	1 050 000,00 €	
1005 Promoting jobs based on the sheltered employment intervention model										
1.05.1	Integrate homeless people into jobs at CM, Municipal Companies, and Parish Councils	- €							- €	
1.05.2	Integrate homeless people and peers into jobs in civil society organisations	- €							- €	
1.05.3	Strengthen liaison with the Employment and Vocational Training Institute (IEFP)	- €							- €	
1.05.3	Reinforce human resources to help homeless people prepare applications and training in digital literacy related to job search	- €							- €	
1006 Create a basic and vocational training programme										
1.06.1	Create a Basic and Vocational Training Programme that includes training in areas such as languages, IT and reflections, including those related to social professional outcomes in Lisbon City Council	- €							- €	
			350 000,00 €	350 000,00 €	500 000,00 €	500 000,00 €	500 000,00 €	500 000,00 €	500 000,00 €	3 400 000,00 €

Table 11 - Financial Execution - PMPSSA 2024-2030 - Social Integration Axis

4.2.5.5. KNOWLEDGE AND COMMUNICATION AXIS

The Knowledge and Communication axis is an intrinsic need, since knowledge, achieved through continuous evaluation, scientific studies, and the sharing of good practices, is essential for improving understanding, prevention and combating the phenomenon associated with homelessness, and consequently defining integrated and effective public policies. On the other hand, communication about this phenomenon is extremely important to prevent and reduce stigmatisation and discrimination against people experiencing homelessness.



OPERATIONAL OBJECTIVES AND MEASURES

CO01 IMPLEMENT AN EVALUATION AND COMMUNICATION SYSTEM FOR THE MUNICIPAL PLAN FOR HOMELESS PEOPLE 2024-2030

- 1.1 Create an internal evaluation and monitoring system for the Municipal Plan for People in State of Homelessness 2024-2030.
- 1.2 Create an external evaluation and monitoring system to assess the impact of the Municipal Plan for People in State of Homelessness 2024-2030.

CO02 HONOURING INNOVATIVE IDEAS AND GOOD PRACTICES IN THE FIELD OF INTERVENTION WITH PEOPLE IN STATE OF HOMELESSNESS

- 2.1 Collaborate with Eurocities Network, namely with the Working Group on Homelessness.
- 2.2 Collaborate with SMES Europe, namely in the Person First Project under the Erasmus+ programme.
- 2.3 Collaborate with ENIPSSA and NPISA Lisboa, actively participating in monitoring the phenomenon.

CO03 PROMOTE THE PRODUCTION OF KNOWLEDGE THE FIELD OF HOMELESSNESS

- 3.1 Participate in the preparation of scientific articles.
- 3.2 Collaborate and participate in meetings of best practice and mutual learning at national and international level.
- 3.3 Organise the PMPSSA 2024-2030 Annual Meeting.
- 3.4 Regularly communicate data on the phenomenon and the implementation of the Municipal Plan for People in State of Homelessness 2024-2030.

C004 HONOURING INNOVATIVE IDEAS AND GOOD PRACTICES IN THE FIELD OF INTERVENTION WITH PEOPLE IN STATE OF HOMELESSNESS

- 4.1 Award prizes to innovative ideas from the academy and the like in intervention with homeless people.
- 4.2 Award prizes, as part of corporate social responsibility, to innovative practices in the field of intervention with homeless people.

C005 ACQUIRE FUNDING IN THE FIELD OF INTERVENTION WITH HOMELESS PEOPLE

- 5.1 Identify credit lines in the field of intervention with the homeless people on different matters.
- 5.2 Submit applications to the Credit Lines Identified.

PHYSICAL AND FINANCIAL EXECUTION

ID	Description	KNOWLEDGE AND COMMUNICATION								Total
		Estimated Annual Budget	Consignments							
			2024	2025	2026	2027	2028	2029	2030	
CD01	Implement a PMPSSA 2024-2030 Evaluation and Monitoring System									
C.1.1	Create an internal evaluation and monitoring system for PMPSSA 2024-2030	- €								- €
C.1.2	Create an external evaluation and monitoring system to assess the impact of PMPSSA 2024-2030	10 000,00 €								10 000,00 €
			10 000,00 €	10 000,00 €	10 000,00 €	10 000,00 €	10 000,00 €	10 000,00 €	10 000,00 €	70 000,00 €
CD02	Participate in and collaborate with national and international networks in which CML is a partner									
C.2.1	Collaborate with the Eurocities Network, namely with the Working Group on homelessness	- €								- €
C.2.2	Collaborate with SME2S Europe, namely in the Person First Project under the Erasmus programme	- €								- €
C.2.3	Collaborate with ENPSSA and NPISA Lisboa, actively participating in the monitoring of the phenomenon	- €								- €
			- €	- €	- €	- €	- €	- €	- €	- €
CD03	Promote the production of knowledge in the field of homelessness									
C.3.1	Participate in the preparation of scientific articles	- €								- €
C.3.2	Collaborate and participate in meetings of best practice and mutual learning at national and international level	- €								- €
C.3.3	Organise the annual PMPSSA 2024-2030 meeting	- €								- €
C.3.4	Regularly communicate data on the phenomenon and the implementation of PMPSSA 2024-2030	- €								- €
			- €	- €	- €	- €	- €	- €	- €	- €
CD04	Highlight innovative ideas and good practices in the field of intervention with people in state of homelessness									
C.4.1	To award prizes to innovative ideas from the academy and the like, in intervention with people experiencing homelessness	3 500,00 €								3 500,00 €
C.4.2	To award prizes, within the scope of corporate social responsibility, to innovative practices in intervention with homeless people	- €								- €
			3 500,00 €	3 500,00 €	3 500,00 €	3 500,00 €	3 500,00 €	3 500,00 €	3 500,00 €	24 500,00 €
CD05	Acquiring funding in the field of intervention with the homeless people									
C.5.1	Identify credit lines in the field of intervention with the homeless people on different matters	- €								- €
C.5.2	Submit applications to the identified credit lines	- €								- €
			- €	- €	- €	- €	- €	- €	- €	- €
			13 500,00 €	13 500,00 €	13 500,00 €	13 500,00 €	13 500,00 €	13 500,00 €	13 500,00 €	114 500,00 €

Table 12- Financial Execution - PMPSSA 2024-2030 - Knowledge and Communication Axis

4.2.6. FOLLOW-UP, MONITORING AND EVALUATION MODEL

With the approval of this Municipal Plan, local policies to support PSSA are being reinforced.

CML, in close liaison with all the partners and beneficiaries, is responsible for evaluating and monitoring this Municipal Plan, which is why it is essential to implement a system for evaluating and monitoring the measures to be implemented, in a systematic and continuous manner.

It is CML's responsibility to assess whether the proposed measures have been implemented, their effectiveness and the results obtained, based on a continuous evaluation system, founded on the pre-definition of specific, measurable targets, achievable within a given timeframe, for each of the proposed measures.

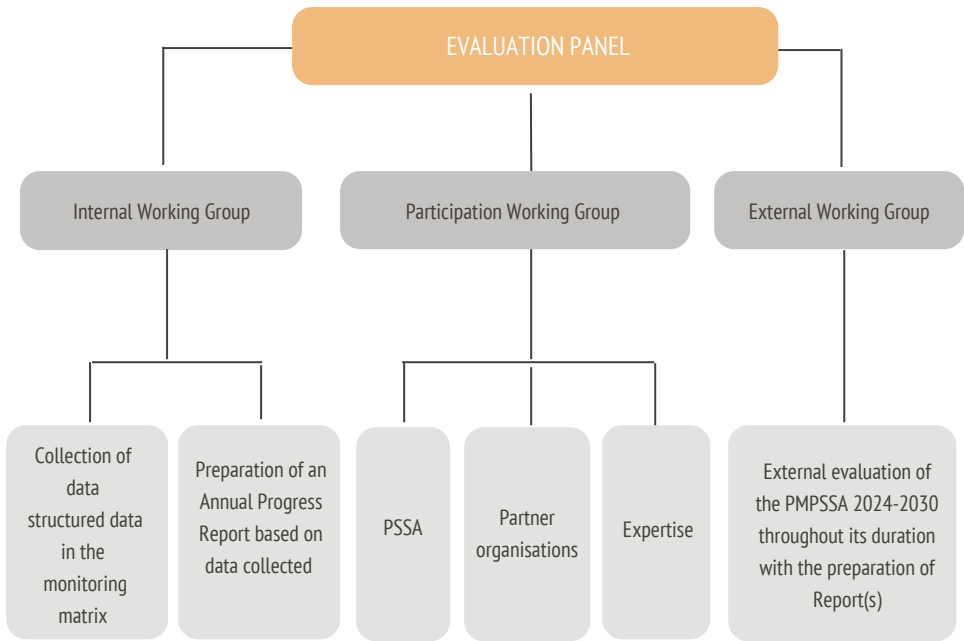
Indicators and their respective sources of verification should be identified to measure, over time, the level of implementation of each measure in relation to the target initially proposed, allowing, if necessary, for its adaptation in the light of developments in the phenomenon of PSSA, as well as the constraints and availability of existing financial and human resources.

At the same time, internal mechanisms must also be strengthened for the efficient and regular collection, processing, and dissemination of information, based on benchmark indicators that will allow knowledge of this phenomenon to be consolidated and consequently adapt and/or create new measures that have the capacity to mitigate the trends and challenges that arise daily.

It is also important to monitor the projects and their implementation on the ground, continuing and reinforcing close monitoring with the partner organisations carried out with the contracted entities.

This process should therefore be coordinated by the CML Organisational Unit responsible for implementing the Plan, in conjunction with the NPISA, which is the entity responsible for monitoring the PSSA phenomenon.

The assumptions described in the previous paragraphs should integrate two components - Internal Evaluation and External Evaluation - with the PSSA itself being consulted in parallel but in addition. The Evaluation Panel will be made up of three permanent working groups: an Internal Working Group (IWG), a Participation Working Group (PWG) and an External Working Group (EWG) with recourse to academy.



Flowchart 1 -Evaluation Panel

This is a process that will periodically create opportunities to listen to experts and PSSA and identify aspects that need to be improved and changed, through the dynamization of different dynamics that stimulate reflection and the confrontation of ideas between the different actors involved in the Plan - always with a view to complementing a quantitative analysis with a more qualitative perspective, the result of this type of consultation methodology.

The evaluation and monitoring methodology will therefore comprise two levels: the annual progress evaluation and the final evaluation. The IWG’s mission will be to carry out an annual assessment that will make it possible to gauge the progress of ongoing responses, based on the data collected and structured according to a monitoring matrix. This monitoring will result in the production of an Annual Report.

The aim of the EWG will be to produce an evaluation based on different dimensions of analysis (effectiveness, efficiency, impact, sustainability), which, based on selected indicators, will verify the results achieved in order to produce its conclusions and recommendations, which will be sent in the form of Interim Reports and a Final Report.

The evaluation is thus carried out systematically and accompanies the entire duration of the PMPSSA 2024-2030, since its approval by the competent bodies of the Municipality of Lisbon, the City Council, and the Municipal Assembly.

4.2.7. EXECUTION MODEL

As a result of the current socio-economic context, this is a reality that has worsened in recent years. It is therefore imperative for CML to reinforce the work carried out, complement social support and combat poverty and social exclusion by capitalising on the vast existing social support network, with the main aim of promoting integrated and systematic planning, leveraging synergies, skills and resources at local level, and contributing to promoting the integration of PSSA by creating and upgrading responses that ensure a better quality of life in order to prevent this phenomenon from worsening.

Therefore, and given the experience and expertise accumulated in recent years, the continuity of a municipal team within the framework of the complementary services is the model that best suits the implementation of this Plan, combining experience, specialisation, and transversality, and which best responds to the need for autonomy, cohesion and resource management.

In this way, CML is responsible for implementing this Municipal Plan in the terms presented in the previous chapters, and for monitoring its implementation and making any adjustments that may be deemed pertinent in the annual planning.

4.2.8. BUDGET AND IMPLEMENTATION ESTIMATES

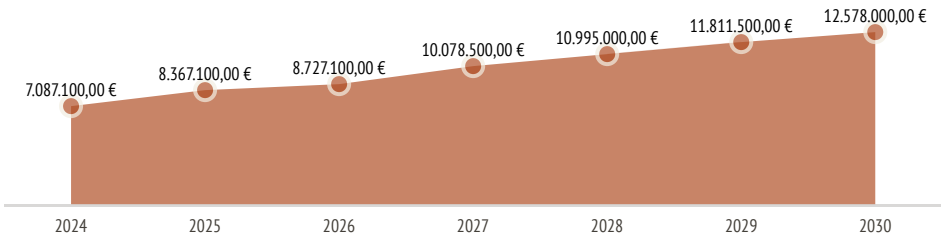
PMPSSA 2024-2030 has an implementation and financing timetable that runs until 2030 and is organised into axes, objectives, and measures (Annex 3).

This timetable outlines the time sequence for the implementation of each of the Plan's measures over several stages and the respective budget estimate required for this purpose. This tool will make it possible to manage, anticipate and plan the Municipal Plan more efficiently until its conclusion, safeguarding the necessary adaptations and readjustments to respond to possible uncertainties and socio-economic dynamics that will necessarily have an impact on this phenomenon.

The budget estimate presented was drawn up based on budgetary needs, where the implementation of the Plan's measures depends exclusively on the CML department responsible for this issue.

Overall, the implementation of this Plan represents a total budget estimate of €69,644,300.00 (sixty-nine million, six hundred and forty-four thousand, three hundred euros), broken down annually as follows:

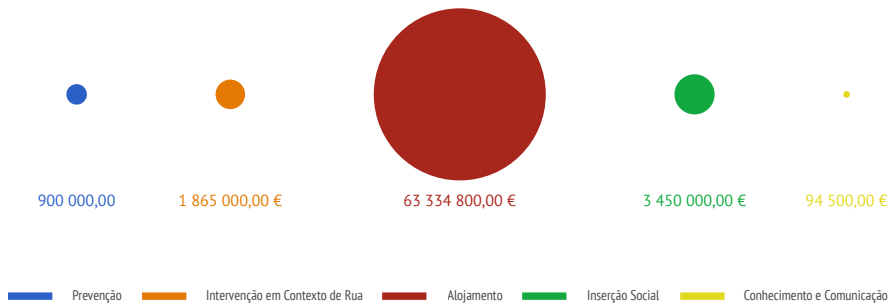
BUDGET ESTIMATE AND EXECUTION OF THE MUNICIPAL PLAN FOR THE PERSON IN A SITUATION OF HOMELESSNESS 2024-2030



Graph 20 - Estimated Budget and Implementation of the Municipal Plan for People in State of Homelessness 2024 - 2030
Source: EPPMPSSA

As can be seen in the graph below, the Accommodation Axis represents the largest investment during this period with an estimated 63,334,800.00 € (around 91% of the total investment).

BUDGET AND IMPLEMENTATION ESTIMATE BY INTERVENTION AXIS OF THE MUNICIPAL PLAN FOR HOMELESS PEOPLE 2024-2030



Graph 21 - Budget and Implementation Estimate by Intervention Axis of the Municipal Plan for People in State of Homelessness 2024-2030
Source: EPPMPSSA

As you can see, there are measures with no budget estimate for their implementation. The majority of these do not depend on direct investment by the department, but rather on optimising measures in terms of their effectiveness and efficiency, making the most of existing resources and strengthening institutional relations between the various entities that work directly or indirectly in this area.

Each of these measures is scheduled to be implemented on an annual basis. However, some of the measures, such as the creation of new responses (accommodation or others) are dependent on the allocation of space, which could necessarily influence the timetable for their implementation.

CHAPTER 5

FINAL CONSIDERATIONS

Over the last few years, Lisbon has seen a steady increase in the resources earmarked for intervention with PSSA.

This growth is reflected on the one hand, in the increase in the number of vacancies in facilities, in the qualification of responses, in the professionalisation of technicians, which translates into a more holistic approach to intervention, but it has also been accompanied by a growth in housing exclusion and consequently an increase in the number of PSSA.

To legitimately aspire to "eradicate" this phenomenon, an inter-ministerial and territorial political commitment is needed, which establishes preventive policies in their various dimensions and concerted to allow drastic reductions in the number of PSSA and combat the inequalities and poverty that persist in the city of Lisbon.

This is a plan based on knowledge, structures, and direct, person-centred intervention with PSSA, although it also aims to go beyond the perspective of care and situation management, incorporating prevention strategies through the need to coordinate efforts between local authorities and supra-municipal authorities with the aim of establishing structural prevention policies to respond where current general protection mechanisms are failing.

PMPSSA 2024-2030 commits Lisbon City Council executive to reviewing, improving and expanding the services that provide support to PSSA. The city plan approach also responds to the determination to give the municipality the role of facilitator in co-producing policies and measures with social organisations, which will govern their joint work in combating homelessness between 2024 and 2030.



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The human person is not just what he or she already is,
but it's a power to be,
a being on the way,
in the process of,
as if he or she was destined to be born.

José Tolentino Mendonça

GLOSSARY

SHARED APARTMENTS - A response that aims to provide shared housing for homeless people who have been referred by treatment or social structures and with whom there has already been prior assessment and reintegration work. The aim is for the beneficiaries to gain social skills and share their experiences with other residents.

TRANSITIONAL FLATS - Temporary accommodation, in flats of different types, for PSSA who meet the conditions for full reintegration into society on a personal, social, and professional level.

TEMPORARY ACCOMMODATION CENTRE - A social response, developed in equipment, which aims to accommodate adult homeless people for a limited period, with a view to referral to the most appropriate social response. Entry is subject to a careful interview to assess the individual's situation.

EMERGENCY TEMPORARY ACCOMMODATION CENTRE - A social response that allows for the immediate entry, if there is a vacancy, of a person, regardless of their problems, in which an individual plan is always established with a view to autonomy, which necessarily involves resolving pressing issues.

DAILY OCCUPATIONAL INSERTION CENTRE - A daytime response aimed at satisfying basic needs and the person's personal, social, and professional development through participation in socio-cultural, training, and therapeutic activities. It encourages autonomy and socio-professional integration.

SHELTECTED OR SUPPORTED EMPLOYMENT - Exercise of professional activity by people with some degree of disability or incapacity, which affects their ability to work, in specific structures on the labour market. Its aim is to provide these people with a professional activity and the development of the personal, social, and professional skills necessary for their integration, whenever possible, into normal work or supported employment on the open market.

PROJECT TEAM FOR THE IMPLEMENTATION AND MONITORING OF THE MUNICIPAL PLAN FOR PEOPLE IN STATE OF HOMELESSNESS (EPPMPSSA) 2019-2023 - Lisbon City Council's multidisciplinary Technical Team, created by resolution no. 84/CM/2020, with the mission of implementing, coordinating, following up, boosting, and monitoring the PMPSSA 2019-2023.

STREET TECHNICAL TEAMS - They carry out specialised psychosocial intervention work with the PSSA, providing social and psychological support in the street, with the aim of establishing a relationship of trust so that they can refer and accompany people according to their specific needs.

TECHNICAL STREET TEAM SPECIALISED IN THE HEALTH AREA - This team works closely with people in the street, in the context of health assessment and screening, health promotion and disease prevention, Risk Reduction and Harm Minimisation, primary health care and referrals to different National Health Service responses.

CASE MANAGER - A technician who is part of one of the partner organisations represented at the Homelessness Planning and Intervention Centre (NPISA). They are responsible for monitoring the entire process, will be the close and privileged contact for each homeless person and will define with them the stages to be planned in their integration journey, identifying the priority actions, at each moment, that could contribute to this journey, promoting liaison with the institutions and organisations that should be involved in it.

HOUSING FIRST - Recovery-orientated housing, not just aimed at resolving psychiatric symptoms or addictions to psychoactive substances. This model promotes direct access to individualised, stable, and integrated housing, providing a diverse range of support services in the housing context and links with other community resources. The intervention is defined according to the beneficiary, with a focus on improving living conditions, increasing social ties, improving health conditions, with support and treatment services being provided by existing community responses, helping to promote a sense of belonging and self-determination, boosting the beneficiaries' reintegration into the community.

SOCIAL INSERTION - In its broadest sense, it aims to empower the population in favour of the collective, so that everyone, without exception, can have access to information, food, health, education, housing, work, income and dignity.

GRADUALISM MODEL - The gradualism model for people in state of homelessness proposes a progressive and individualised approach to dealing with complex situations. This model advocates the implementation of step-by-step instructions, starting with the provision of emergency accommodation and access to basic services such as food and hygiene, and then developing personalised and participatory plans that address the underlying causes of the homeless situation/condition, providing the means and resources to improve their condition (addiction treatment, psychological support, professional training/guidance, and employment opportunities, etc).

LOCAL SUPPORT CENTRE - Spaces with predefined characteristics that ensure good hygiene and safety conditions, where meals are provided. They are spaces for sharing between users and institutional staff, where in addition to fulfilling their support function, they contribute to promoting the exercise of citizenship.

NPISA Lisboa - Created within the scope of the Lisbon Social Network, its mission is to create a single structure that centralises and optimises all the responses directed at the Homeless Population (PSSA), in terms of accommodation, food, psychosocial support, personal hygiene, changing rooms, financial support, intervention by technical street teams, in a logic of optimising resources, promoting networking.

PEOPLE IN A HOMELESS SITUATION - The concept of a person in a homeless situation, adopted by the National Strategy for the Integration of People in a Homeless Situation and by the Lisbon Social Network, considers a person in a homeless situation to be one who "regardless of nationality, age, gender, socio-economic status or physical and mental health condition, is: homeless, living in a public space, housed in an emergency shelter or with their whereabouts in a precarious place or without a home, in temporary accommodation intended for this purpose". This concept is used at national level by all public and private entities for the purposes of accounting for and characterising PSSA, as well as for presenting measures included in social development plans.

INDIVIDUAL DEVELOPMENT PLAN (IDP) - An Individual Development Plan is a tool used in people management to work on individual growth in the professional and personal spheres. It consists of an action plan that has a clear objective to be achieved and aims to promote and develop the skills and behaviours needed in a person's life project.

PREVENTION - The act of anticipating the consequences of an action to prevent its outcome, correcting and directing towards appropriate responses. Prevention implies identifying and intervening in the underlying causes of the situation. There are various classification models for the different actions to prevent homelessness. However, most of them consider a continuum of actions that range from preventing people from entering the situation with the community at large (for example, through housing or health policies) to preventing them from returning to the situation once they have (re)entered it.

SOCIAL NETWORK - A social structure made up of people or organisations, connected by one or more types of relationship, who share common objectives. Among the various fundamental characteristics in defining networks is their openness, enabling horizontal and non-hierarchical relationships between participants.

RISK REDUCTION AND DAMAGE MINIMISATION (RRMD) - A health approach that aims to promote change in addictive behaviours, with or without substances, to reduce the risks and damage to oneself and/or others, in cases where integration into other treatment programmes is not possible. It is based on the principle of not imposing abstinence.

SOLIDARY RESIDENCY OF LISBON - A collective accommodation project with single, double, and twin rooms, with shared spaces and services and permanent technical supervision. It aims to promote the active participation of residents in the running of the space and their autonomy.

HOMELESS WITHOUT A HOUSE - People living in temporary accommodation centres / hostels (includes families, refugees, asylum seekers), where overnight stays are limited / without access to long-term accommodation; People living in specific accommodation for homeless people / housing (e.g., transitional flats), where overnight stays are limited / without access to long-term accommodation. People living in boarding houses or rooms paid for by social services.

CARE UNIT FOR PEOPLE IN STATE OF HOMELESSNESS (UAPSA) - This is also known as the Emergency Unit (EU) and consists of a facility located in Cais do Sodré that is aimed at all people who find themselves in a situation of social emergency, with various services such as: social assistance, referral to accommodation, a clothing bank, and a changing room.

INTEGRATIVE UNIT - Emergency accommodation in the city of Lisbon, operating 24 hours a day, in a municipal building, with the aim of developing the autonomy and social and professional skills of the people supported, through the provision of personalised support.

EMERGENCY VACANCY - emergency accommodation and social care resulting from a sudden event, for occasional reasons or due to a serious social risk, in which the person is left without the means to meet their basic needs immediately. The time considered for an emergency vacancy is 72 hours.

LISBON

Human and Social Rights Office



MUNICIPAL PLAN
FOR PEOPLE IN STATE OF
HOMELESSNESS

ANNEXES

2024-2030



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ANNEX 1

NPISA LISBOA PARTNERS

TRIPARTITE COMMISSION

Câmara Municipal de Lisboa

Santa Casa da Misericórdia de Lisboa

ISS,IP./ Centro Distrital de Lisboa

- 1 ACA - Associação Conversa Amiga
- 2 ACSRMPF - Associação Sócio Cultural e Recreativa de Melhoramentos da penha de França os Fidalgos da Penha
- 3 AEIPS - Associação Para o Estudo e Integração Psicossocial
- 4 AMI - Fundação de Assistência Médica Internacional
- 5 ANNL - Associação dos Albergues Noturnos de Lisboa
- 6 ARES DO PINHAL - Associação de Recuperação de Toxicodependentes
- 7 ARSLVT - Administração Regional de Saúde de Lisboa e Vale do Tejo, I.P
- 8 ASSVOXLX - Associação VOX Lisboa
- 9 ATOS DE MUDANÇA - Associação de Desenvolvimento e Intervenção Social
- 10 AVA - Associação Vida Autónoma
- 11 CAIS - Associação de Solidariedade Social
- 12 CASA - Centro de Apoio ao Sem Abrigo
- 13 Centro Hospitalar Psiquiátrico de Lisboa
- 14 Centro Social do Exército de Salvação
- 15 Centro Social e Paroquial de São Jorge de Arroios
- 16 COMETLIS - Comando Metropolitano de Lisboa da Polícia de Segurança Pública
- 17 CRESCER - Associação de Intervenção Comunitária
- 18 CVP - Comunidade Vida e Paz
- 19 EAPN - Rede Europeia Anti-Pobreza
- 20 GAT - Grupo de Ativistas em Tratamentos
- 21 IIEFP - Instituição de Emprego e Formação Profissional
- 22 JOÃO13 – Associação de Apoio e Serviços a Pessoas Carenciadas
- 23 JRS PORTUGAL- Serviço Jesuíta aos Refugiados
- 24 MdM- Associação Médicos do Mundo
- 25 MUNDO A SORRIR - Associação de Médicos Dentistas Solidários Portugueses
- 26 NOOR'FATIMA - PROJETO NOUR Associação
- 27 OBRA GAY Associação - OPUS DIVERSIDADES
- 28 ORIENTAR - Associação de Intervenção para a Mudança
- 29 Procuradoria da República da Comarca de Lisboa
- 30 STC - Academia de Mudança - Associação Serve the City Portugal
- 31 Universidade Católica
- 32 VITAE - Associação de Solidariedade e Desenvolvimento Internacional



ANNEX 2

PARTICIPATORY PROCESS

CONTRIBUTIONS TO THE 2024-2030 PLAN

A - PARTICIPATORY PROCESS: MOMENTS AND ACTORS

As part of the construction of the Municipal Plan for People in State of Homelessness 2024/2030 (PMPSSA 2024/2030), the EPPMPSSA favoured a participatory process, gathering input from the partners of the previous Plan, NPISA partners, Parish Councils, the team members themselves and the political representatives of the Municipality.

This document presents the characterisation and description of the participatory moments and the contributions collected.

II Meeting of the Municipal Plan for People in State of Homelessness 2019-2023 with partner organisations - Designing the future

Date and place: 25th May 2023| St Lazare Carpentries

Participants: 73 participants (18 organisations): AANL; AEIPS; AMI; Ares do Pinhal; Associação João 13; AVA; Bairros; CASA; Crescer; CVP; DGRSP; Salvation Army; GAT; ISS; Doctors of the World; SCML; STC and VITAE.

Methodology: Participatory assembly to debate 3 major themes, emphasising the propositional dimension: street intervention; accommodation and insertion responses. The participants were divided into three large "islands". The debate was first held on each "island" and then shared and discussed in the assembly. All the participants had cards to put their proposals on, as well as oral participation, which was also recorded. The content of the cards was displayed on boards during the session, allowing everyone to see them.

Working and reflection session of the Mission Team for the implementation and monitoring of the Municipal Plan for People in State of Homelessness 2019-2023

Date and place: 5 June 2023| Rua Maria Andrade

Participants: 12 team members

Methodology: Participatory assembly to debate 4 major themes, emphasising the propositional dimension: street intervention; accommodation, social integration, and the work of the EPPMPSSA. Team members wrote their main proposals for each area on cards. The ideas were read out and debated and the cards were displayed by area during the session, allowing everyone to see them.

Session Designing the Future: NPISA's Contributions to the Future Municipal Plan for People in State of Homelessness

Date and place: 25th July 2023| City Hall

Participants: 29 participants (15 organisations): AANL; AEIPS; Ares do Pinhal; AVA; CAIS; CASA; CVP; Crescer; Salvation Army; GAT; ISS; Doctors of the World; PSP; SCML and STC.

Methodology: Inspired by the Knowledge Café Method, participants were divided into five tables to reflect on and discuss an intervention model applied to a specific case. Each table had a story/case as a challenge for reflection and the development of proposals for intervention in this area. The result of the reflection at each table was shared, debated, and refined by all the participants.

Session Designing the Future: Parish Councils' Contributions to the Future Municipal Plan for People in State of Homelessness

Date and place: 27th July 2023| City Hall

Participants: 20 participants (12 Parish Councils): Avenidas Novas; Alcântara; Alvalade; Arroios; Beato; Belém; Campolide; Campo de Ourique; Misericórdia; Penha de França; Santa Clara; Santa Maria Maior.

Methodology: Participatory assembly to discuss 2 themes:

- How do you feel about the phenomenon in your area?
- Proposals for improving the future of the PMPSSA.

The participants spoke openly in two rounds on the proposed topics and recorded their contributions on cards, which were displayed on a board during the session. Oral participation was also recorded.

The entire participatory process described above **involved around 130 participants from 32 partner organisations. It resulted in around 722 proposals, which are detailed below.**

During the month of October 2023, four written contributions were received from the 6th Commission from the PAN, PS, MPT and IL parties, and a contribution was also received from the CML's Office of the Councillor for the Free, totalling 47 proposals.

Following the request sent in July 2023, asking the Members of the 6th Standing Committee of the Lisbon Municipal Assembly and the City Council to submit their written contributions to the future Municipal Plan for People in State of Homelessness, divided into its three main Intervention Axes, namely Street Intervention, Accommodation and Social (Re)Insertion Responses.

B - Participatory Process: Contributions and challenges for the Plan

The contributions gathered at the different participatory events were analysed using the three questions put to discussion as the main guidelines: Intervention in the Street Context; Housing and Social Insertion, which came to guide the design of the 2024/2030 Municipal Plan in terms of defining three of the axes of intervention. The remaining categories and subcategories were created according to the content collected.

The categories and subcategories created are listed below:

Categories and subcategories and their coding

1 - STREET INTERVENTION

- 1.1 Access to services that meet basic needs:
 - 1.1.1 Food
 - 1.1.2 Hygiene
 - 1.1.3 Security
 - 1.1.4 Access to documentation
- 1.2 Human Resources
- 1.3 Material and Financial Resources
- 1.4 Accessibility to Services and/or Answers
- 1.5 Coordination between Teams/Entities/Information Sharing

2 - ACCOMMODATION

- 2.1 Creating Emergency Responses
- 2.2 Transition (collective responses, temporary accommodation centres...)
- 2.3 Housing First and Shared Apartments
- 2.4 Requalification of existing responses
- 2.5 Access to Social Housing / Rental Support
- 2.6 Responses at Metropolitan Area level

3 - INSERTION

- 3.1 Human Resources
- 3.2 Coordination between Teams/Entities/Information Sharing
- 3.3 Accessibility to Services and/or Answers

- 3.4 Health Promotion and Personal Development
- 3.5 Promoting social and professional integration
- 3.6 Decentralisation of Responses to the Metropolitan Area

4 - TRAINING TECHNICIANS

5 - OTHER (generic, inaccurate wording, cross-cutting proposals)

The results of each participatory moment are systematised by category and subcategory and organised by group of participants (Plan Partners; EPPMPSSA; NPISA Partners; Parish Councils and Political Representatives).

Participatory Process - PMPSSA Partners 2019-2023

Held on 25 May 2023 | Participants: 73 participants from 18 organisations.

1. STREET INTERVENTION

1.1. Access to services that meet basic needs:

1.1.1. Food

More physical spaces to enable meals at the table
More answers on food
More food answers (especially at lunch)
Creation of social restaurants, as a space for food, proximity, where various entities would work together
Need for more food support and different types of support (daily meals, hampers...)
Simplification of the donation, so that a restaurant that donates a meal can get the tax benefit
Adequate food support

1.1.2. Hygiene

More places for personal hygiene in all parishes
Creation of public shower rooms and social laundrettes in all parishes without access/payment restrictions
Distribution of hygiene and menstrual products

1.1.3. Security

Increase the number of lockers and safe places where PSSA can store their belongings
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1.1.4. Access to documentation

Support in regularising documents on the street
Mobile units to help with documentation, etc., for people who have a lot of resistance and mistrust in going to the services.
Facilitating access to regularisation for migrants, support at SCML for undocumented people
Faster access to healthcare, how to get an NHS number?
Greater involvement by consulates in the regularisation of their citizens
SEF involvement

In terms of legalisation, SEF is not "involved". Users have been trying to legalise themselves for many years
Easier access to SEF
Easier to liaise with SEF/Documentation!
Minimising irregular situations through greater SEF involvement
Direct transport from ETR to SEF
SEF officers on the street
Create direct communication channels with SEF services, Social Security, etc.
Creation of mail/receipt points
More co-operation and ease of communication with SEF and Embassies (which currently never give an answer) - have a direct way of communicating with them

1.2. Human Resources

More human resources in all intervention teams
Increase the number of street outreach workers
Greater technical involvement in the field
Increase in teams
Increase the number of street teams
A wide range of specialists in the street, on a regular or periodic basis, in the legal field, employment, etc.
Position fixed care services as references for PSSA, where there is a psychosocial team.
Support for street teams of people able to translate PSSA who don't speak Portuguese
Creation of groups within or outside the ETRs focussed on issues, e.g., first time situation/migrants
Creation of more street teams
Creation of mental health responses (more psychiatrists on the street and more housing responses)
Socio-cultural mediators - language interpreter
Greater cultural, linguistic, etc. diversity in ETRs
Reducing ETRs - transforming them into real multidisciplinary ETRs with effective street intervention
Peer selection/training for street intervention
Street tutors - peers integrated into street teams
The role of the street educator
Mobile vans with a multidisciplinary team for street intervention/psychologist, translator, doctor, social worker
Reinforcement of the ETR in view of the increase in the number of PSSA (psychiatrist/nurse)
More health street teams or technicians in place
Improving mental health care in the street
More regular presence of a psychiatrist in the street teams
Greater mental health support

Follow-up by a psychiatrist
More psychiatrists on the street
Increasing mental health monitoring
Mobile unit with psychological and psychiatric care
More technical outreach on the street (mental health)
Mobile drug testing unit
RRMD on the street
Education for safer consumption in the street and raising awareness of the use of supervised consumption units
Strengthening mental health and physical health street teams
More street teams for greater proximity and monitoring (physical and mental health)
Financing Mental Health HR in the Health Team
More technical proximity on the street (physical health)
Support drug administration
Mobile oral health unit
Mobile vans with a multidisciplinary team for street intervention/psychologist, translator, doctor, social worker
Open spaces for therapeutic care, multi-faceted responses
Technical teams to help you find accommodation (house or room)
Technical teams to help you find a house/room

1.3. Material and Financial Resources

More equipment with street team technicians
Create street care/mobile units
Provide more mobile units for effective liaison
Create quiet conditions for listening
Mobile units to provide healthcare support.
ETRs have funding for water, snacks, thermal blankets, etc.
Mobile units for easier and more effective access to mental health care
Financial support for the purchase of RRMD material, mainly for smoked consumption

1.4. Accessibility to Services and/or Answers

Services go to the people
Mobile units with various responses: Social Security (applying for RSI and Pensions), IEF, CML, SEF.
Services go to the street for 1st contact/intervention
UAPSA technicians on the streets
More spaces for decentralised services
Joint intervention by organisations in a street environment, taking advantage of food distribution for others to intervene

SCML's triage can also be done in a street context
SCML, SEF technicians on the street
Elements of different services monitoring/booking in a street context
Contact points throughout the city, where PSSA can find out that the manager wants to contact them or where they can ask the manager to contact them
The importance of being able to diagnose in a street context: decentralised consultations for psychiatry, infectiology, etc. in the street
Increasing street diagnostics: creating decentralised street-based consultations (infectious diseases, psychiatry, CAD, etc.)
Decentralised health services that meet users on the street, perhaps through mobile units with capacity for general consultations, women's health, dentists, etc.
DICAD technicians on the streets
Access to primary health care and effective support for bureaucratic issues related to access to health through "Taking Health to the Street" Mobile Units
A wide range of specialists in street contexts, on a regular or periodic basis, as treatment teams
DICAD Technicians on the street
Activities and occupation of the street together with the PSSA, events, art, culture, involving the community
Intervention with hospital emergency services to raise awareness of the best care and referral for this population
To enable the needs of the PSSA accompanied by medical services, among others, to be met.
Increase the capacity to resolve warrants for PSSA to be received at the hospital
Integrated health response

1.5 Coordination between Teams/Entities/Information Sharing

Close monitoring and liaison between teams
Improved coordination between street teams
Street teams need to establish more communication between all the technicians, more proximity, communications
Creation of an electronic and computerised platform that would be shared among the institutions that provide services
More dialogue between partners (who does what, when, how...)
Improved coordination between services with a view to working more effectively with the homeless population
Improved communication between the various partners - more regular meetings to discuss and exchange ideas
Better communication between teams and partners
Qualifying the articulation between ETR and Accommodation Responses
Optimising resources and sharing them between institutions
Linked database between associations and projects

Increasing structural networks, improving communication
National platform with access for technicians from the institutions to obtain additional information on the individual's situation
Information database to be filled in by different teams/entities
Clear and objective technical procedures for PSSA regardless of the associated problem - co-operative intervention plan
Creation of a resource guide for dissemination by street teams
A single platform that allows teams on the ground (street) to quickly access, locate and reach users
Create a common database for all ETRs
Greater liaison between the ETR and the technical case managers

2. ACCOMMODATION

2.1 Creating Emergency Responses

More small and differentiated emergency responses. Mental health/addictions/migrants.
Creation of an emergency accommodation centre without barriers to entry
Accommodation for basic needs only
Increase the number of responses to first-line accommodation. Immediate responses
Low-demand accommodation responses
Being able to provide immediate accommodation for people who want to join an accommodation centre (less than 24 hours)
Temporary accommodation/hostels with no strings attached for basic needs: hygiene, food, health care. For overnight stays

2.2 Transition (collective responses, temporary accommodation centres...)

More temporary accommodation centres with individualisation conditions.
More accommodation centres with more inclusive criteria (people without case managers, with animals, couples)
Accommodation centre for users with health/addiction issues, including users without a case manager, accepting couples and animals
More accommodation responses with fewer vacancies (smaller)
More medium-sized shelters with spaces for addictive behaviour
Smaller, more specialised shelters
Medium-sized shelters (60 people) with space for consuming licit and illicit substances
Creation of more accommodation centres with low capacity and rooms for less than 2 people
Creation of more accommodation spaces, and smaller spaces in terms of capacity, to make things more comfortable for everyone

More temporary accommodation responses (accommodation centres): women, mental illness, couples (with a multidisciplinary technical team)
More centres with less capacity and more technicians
More accommodation centres with fewer barriers to entry
Centres - Accommodation responses without rules
More accommodations so that follow-up is personalised and specific to everyone
More accommodation responses with fewer vacancies (smaller)
More individualised accommodation, rooms for a maximum of 3 people
Creating more housing for women
Creating responses for people with a dual diagnosis (drug and/or alcohol addiction + mental illness, in particular) whose referral is always a challenge due to the lack of responses
More medium-sized shelters with spaces for addictive behaviour
Shelter for victims of domestic violence, alcohol, and drug users
More targeted insertion responses for audiences with sporadic drug and/or alcohol consumption, with less stringent criteria
Diversity of responses (accommodation centres, mental illness, physical illness)
Smaller and more problematic accommodation for more specialised intervention
Appropriate responses for people with mental illness
Shelters for people with active consumption, where they can do it safely
Centres for mental illness
Accommodation for young people
Centres for people with active consumption
The creation of small accommodation centres to provide closer intervention. This creation could be specialised, for example there could be such centres for people with mental illness/young people/and the elderly.
Differentiated accommodation responses for different profiles
Create more diverse responses
A accommodation centre adapted for homeless consumers with a safe space to consume drugs and/or alcohol
Creation of accommodation centres for the different profiles of the homeless population. Homeless people, for example: elderly people who continue to use drugs, young people. There is a need to adapt structures to reality!
Answers for victims of domestic violence who use drugs
Responses adapted to mental health, as well as to users with dual diagnosis
More accommodation centres adapted to specific situations
Urgent and immediate housing for homeless people who find a job opportunity
Harnessing resources to create responses tailored to specific profiles (from mental health to migration)
Answers for people with CAD, animals, and couples!
Homes prepared for ageing users
Geriatric care centres tailored to older and frail PSSA
Adequate housing for the elderly

Accommodation for people with disabilities
Lack of response to people with mental illness
Lack of response for people of advanced age and active users or those on a methadone programme
More accommodation centres, as a way of starting a life project.
Creation of ERPI's for elderly people who use drugs, including methadone.
More housing for the elderly, so that there are more vacancies in the accommodation centres

2.3 Housing First and Shared Apartments

Creating more housing first projects
Increasing housing first responses, broadening, and diversifying the organisations to be implemented
Increase in the number of housing first projects, more houses
More funding for housing first
More housing first
Creation of housing responses (housing first, etc.)
In the housing first and shared flats processes more technical resources (HR)
Expand housing first responses
Increasing the number of housing first jobs
More shared flats, more housing first with criteria that cover homeless people in accommodation centres
More investment in shared flats
Increasing the number of shared flats with multidisciplinary teams: that can integrate different problems (mental illness, addictions, migrants)
More alternatives to shared flats
More transition flats (for people with substance abuse and mental illness)
People with stable consumption should be able to move into transitional flats.
Development of more individual accommodation responses
Individualised accommodation, technical support, skills activation
Creation of supported residences, with the support of a team that keeps track of the PSSA
Housing for people who are autonomous but find it difficult to live on their own, without the support of a team behind them to help maintain the level of organisation they have already achieved.
A housing response (in a flat context) for people with active consumption who need support to reorganise themselves.
Creation of intermediate/transitional responses for those leaving accommodation centres, who are autonomous at a professional level and still need supervision by technical teams.
Accommodation concept with single or even double rooms to provide a more personalised and personal environment. Providing comfort for the success of the intervention.
Accommodation for homeless people aged 60 and over - shared flats specifically for this population, for example.

2.4. Requalification of existing responses

Reduction in the number of individuals/citizens in each accommodation centre. Reduction in the capacity of accommodation centres.
Importance of responses that allow the integration of couples and/or pets
That the accommodation does not exceed 60 people, a technical team with at least 1 psychologist, 1 social worker, plus social educators.
Continuity of medium-sized accommodation centres (maximum 60 people), with space for the consumption of licit and illicit substances
Consumption room in accommodation centres.
More supply of aseptic consumables
Places watched/monitored for consumption
Space for CAD in hostels
Aseptic/safe consumption
Reduced impact on the community
Avoiding expulsions
RRMD
Harm reduction and risk minimisation for this population
Adapting accommodation responses to certain problems of the PSSA
More beds and simpler entry
Collective accommodation with a one-stop shops for services
More flexible responses, such as accommodation centres. Not conditioning people's routines according to the rules of the centres.
More diagnosis/end of dormitories.
Better infrastructure conditions
Intervene from a harm reduction perspective to avoid inappropriate referrals
Rethink housing models-adjust the answers to the people, not the people to the answers that exist
Create more partnerships to provide housing and hygiene conditions
Implement teams of social educators in shelters to promote a routine of socio-educational activities as a harm reduction strategy.
Greater focus on risk reduction and damage minimisation
More follow-up within the centres, with a focus on PSSA autonomy
Living space integrated into a personal journey
Dynamics that introduce liveability
More conditions in accommodations/Temporary Accommodation Centres (CAT) that are provided so that there is more dignity
Improve/increase transition follow-up with active technicians and/or Vol. For support
More diversity in accommodation responses
Responses and facilities that respect and value individuality. Institutionalisation leaves indelible marks on PSSA.

The existence of a specialised health team (doctors, nurses, social workers, psychologists)
Carpentry/plumbing workshops, etc.../Portuguese
Centres with occupational activities / paid training and workshops to produce products that people can sell and earn an income from. Create centres for occupational activities and/or training
There should be a waiting list system for vacancies in hostels and not just a system of calls at a specific moment in time.
Change the methods for evaluating "success" in the field of housing - e.g., length of stay of users in Temporary Accommodation Centres (CAT) > risk of fragile insertion process
Increasing accommodation responses due to increased signalling
Increase support for rooms, housing first, etc. in line with real rents on the property market
There needs to be a limit on the number of people taken in to better enable the teams to work on mediation and conflict management.
Psychological and legal support
Promoting access to healthcare - direct channel for speciality consultations: infectiology, psychiatry, stomatology.
Skills work programmes still in place in host families
Temporary accommodation: should provide systematic support for the user, enabling them to move on to a new phase of life and develop the skills necessary for autonomy.

2.5. Access to Social Housing / Rental Support

Upgrading empty homes and creating more supported rentals
Making SCML property available for accommodation
Revision of criteria for access to social housing - particularly for single-person households
Adequate financial support for the housing market
Allow access to houses in social housing neighbourhoods that are closed without tenants
Support for rent and housing to enable more effective integration into society
Affordable income more affordable
Decent rooms at affordable prices
Regulating the property market
More affordable housing responses to the reality of PSSA status
Greater accessibility to social housing/increase in the number of PSSA dwellings
Strengthening the availability of municipal assets
Greater access to social housing
Building bridges with the community
Survey of vacant equipment
Regularising the real estate market

2.6. Responses at Metropolitan Area level

Extending housing to intervention in the concept of a metropolitan area

Decentralise: offer PSSA accommodation outside the city, accompanied by services
Movement of housing responses to peripheral municipalities in a metropolitan consortium

3. INSERTION

3.1 Human resources

Involving more volunteers (complementing the process of trust, follow-up, support, life path, dignity, tutoring/mentoring, with adequate training)
On the path to integration, the importance of follow-up for a period of 6 months to 1 year, even if the person integrates outside Lisbon.
Preventive service > to prevent a return to homelessness. Post-discharge counselling
Follow-up, support/monitoring after discharge of responders
Effective monitoring of users by technicians. More technicians!
Technical transition team
Transition teams for follow-up
Creation of transition teams after leaving the accommodation response
Continued monitoring when there is room integration (more technicians)
Technical support for the user in a first job, to ease the user's stress and frustration.
Insertion pathway: ensure people's participation in the process (...) transition stage follow-up (...)
Housing intervention to reintegrate the user
Technicians who support the taking of daily medication at home (HF or SCML rooms)

3.2 Coordination between Teams/Entities/Information Sharing

Greater action and dialogue between different institutions to ensure facilitation
Plan co-operated with all the teams that work with the user (platform where all technicians have access to occurrences)
Improve liaison with the UDIPs, so that they monitor PSSA more and act in the field of prevention.
Dialogue between partners/respondents: who does what, when, where, and how.

3.3 Accessibility to services

Make it easier (reduce bureaucracy) for the migrant population to enter the labour market. The SEF is a backward step!
Prioritisation of PSSA in services such as the IEFP for access to training and employment
As necessary as it is, the existing bureaucracy makes it difficult to intervene in street contexts because of the waiting time.
Direct channel to SEF and Social Security

Easy access to services and bureaucracy
Ensuring that PSSA continue to receive social support when they enter the labour market. The transition period is essential for their successful integration. This is the only way to avoid a recurrence of situations of vulnerability.
Facilitating access to social services such as the AT, through another method of authentication and entry into the portal, as the processes of the migrant homeless population are delayed by the addresses they have in the system and can no longer access.
Reducing bureaucracy in processes with external institutions (SEF, AT, ISS, Employment, etc.) so that users' life projects can be better monitored.
Greater support for single-parent families, so that they are not solely responsible for childcare. Only in this way can they have financial, social, and professional autonomy. Especially the migrant population.
Better monitoring of PSSA with irregular documentation by the SS and SCML
Easier services
More access to mental health care. However, this does not necessarily mean greater medicalisation of these conditions.
Food support tailored to needs, in three dimensions: accommodation, street intervention and integration paths.
Exemption from criteria for integration into SCML hostels and support centres
Review of SCML's support criteria
Integration and support for irregular migrant PSSA
To enable the needs of the PSSA accompanied by medical services, among others, to be met.

3.4 Health Promotion and Personal Development

Promote training in emotional intelligence
Image work: oral health
Working on/training your own skills
Working on the person's competences
More vocational training, language learning training
Stimulate personal, professional, and social skills
Developing social, personal, and professional skills
Diversity of activities to encourage a taste for different areas (sport, music, and the arts)
Skills recognition system in partnership with the IEFP, for people in "formal" training but with experience.
Work on the person's emotional intelligence, with more incidence than the formal training sections
Incentives for training
More daytime insertion responses - working on skills
"Educate" (=accompany, train, think about practical workshops). Educating to be in a dwelling, accommodation.
Oral health answers, sports arts

A spontaneous demand service that includes not only psychosocial care but also socio-educational activities. In other words, daily socio-educational activities as a tool for harm reduction and social reintegration.

3.5 Promoting social and professional integration

Supported employment grants for PSSA.
Incentives to return to work
Protocols with companies that allow faster access to work.
More bets on the CEI+
More job replies
Open jobs that facilitate the promotion of each person's skills.
More employability centres that work on creating protocols with various organisations to facilitate the professional reintegration of PSSA, especially migrants, due to the difficulties they experience as a result of lack of documentation and delays in SEF bureaucracy.
Insertion: peers, workshops to make products for income, partnerships with companies/institutions.
Increased partnership programmes with employers to ensure the inclusion of PSSA
In terms of employment, more involvement from organisations. Because they often haven't worked for several years, have no skills, low self-esteem, low schooling. There is no investment.
Support from parish councils to support employment.
More partnerships for job placement, making the most of skills
Creation of sheltered jobs
More incentives to integrate homeless people into the labour market
Partnerships with employers to facilitate integration into the labour market
Community work to re-enter the labour market
Sensitising companies to accept people with homeless characteristics/pathways
There are more projects/companies to support job-seeking for homeless people
Paid occupational activities
Insertion path: Creation/experimentation of co-produced cultural projects
Promote links with community services and formal and informal support networks
Connecting the person to the community, so that they can have the freedom to choose what they want to do, without stigma.
More occupational activities, adjustment, or creation of spaces
Development of new integration responses and revision of current ones
Continuity of responses, the person's journey through the responses being associated with their autonomy. Going from low-threshold responses and "up the ladder".
Creating responses for PSSA who are of working age but unable to become autonomous.
Individuality: URPIC/Homes, return to country of origin, palliative care, day centres, employment, volunteering, completing studies, training.
Creating responses to support the autonomisation of the homeless population. Investing in follow-up.

Social centres for PSSA with food support, activities, education/training, access to social/health support.
Greater investment in the creation of transitional responses, with the aim of guaranteeing autonomy and reducing the likelihood of returning to homelessness.
Incentives for cultural and leisure activities
Flexible integration programmes that are not tied to rigid institutional models
Programmes tailored to the person's stage of life
Add sports and arts
Cross cultural pathways and create official mechanisms/policies for real integration
Partnerships with cultural and leisure institutions, for example, to set up occupational activities (with minimal pay) for older people.

3.6 Decentralisation of Responses to the Metropolitan Area

More responses outside Lisbon so that cases can be decentralised and there is less overcrowding.
--

4. TRAINING TECHNICIANS

Participation of the person in their intervention plan
Always respect the person's wishes, what they say!
Reinforcing the value of life story(s) (journeys)
Respect the rhythms and perceptions of PSSA
Avoid duplicating "life stories"
Valuing pre-diagnosis of ETR
Greater investment in technician training
Close monitoring (relationship) (person at the centre of the intervention)
Ongoing team training
Out-of-the-box training for technicians, e.g., effects of substances
Regular training and supervision of technicians
Forgetting a little of what you already think you know
Training of street technicians to work with the different PSSA profiles
Humanist training for technicians working in the field (SCML, CML and Parish Councils)
Continuous training for technical case managers and other authorities working with PSSA, to intervene without value judgements
Propose various paths, without labour being the only existing solution
Knowledge of the Municipal Plan, as well as the National Strategy (applies to all areas of General intervention) by the technicians on the ground.
Training of technicians
There is no cake recipe. Unique/individual projects are necessary.

Ongoing training for technicians in the areas of emotional intelligence, time management, stress...
Respect for the person's decision. Considering what they are experiencing at a given time.
Not making decisions for the people

5. OTHER (Generic, inaccurate formulation, cross-cutting proposals)

Housing project for people over 65, with active consumption and low income
Creation of a new concept of accommodation response, in the form of a "Global Village", a mini accommodation village, with all the necessary accommodation responses
Based on the creation of a census of the homeless population, create accommodation that corresponds to the diagnosed profiles and divide it up by these profiles.
More housing, more housing centres, more support for housing, more financial support for institutions
More accommodation responses to enable more conscious sorting.
Increasing the interaction of PSSA with the community, reducing stigmatisation, and increasing the dignity of PSSA
Living space integrated into the local community
There will always be people who prefer to be homeless: respect this and implement measures and resources adapted to this reality
(Re)integration families
Reallocation of Youth Day funds for more housing in Lisbon
Create new prevention responses and update current ones
It is necessary to carry out a municipal census of PSSA. Any intervention policy must be based on a field and mapping, and the profile of this public must be verified to implement actions.
The importance of prevention and reintegration. Street to street project.
Empowerment, self-determination, dream
Extending housing responses to squatters

PARTICIPATORY PROCESS -EPPMPSSA

Held on 5th June 2023 | Participants: 12

1. STREET INTERVENTION

1.1. Access to services that meet basic needs

1.1.2. Food

No proposals

1.1.3 Hygiene

Improved health and hygiene of people in the street/physical space
--

Shower rooms/WC with extended opening hours

Better health for homeless people on the streets
--

1.1.4 Security

No proposals

1.1.5 Access to documentation

No proposals

1.2 Human resources

Creation of an emergency response team for new cases
--

1 more CML team on the streets

More medical/psychiatric care on the streets
--

Multidisciplinary team with a monthly outing to support the ETRs
--

Single multidisciplinary team from various organisations for the whole city

CML ETR that articulates "exclusive" CML spaces

Replace protocols with external organisations with a multidisciplinary CML team

CML street team (multidisciplinary)

Single transdisciplinary/multidisciplinary street team
--

More technicians to intervene and provide more support in the street context
--

1.3 Material and financial resources

Street outreach centres with multidisciplinary teams
--

"All terrain" teams - e.g., basic materials such as water, blankets, books
--

1.4. Accessibility to Services and/or Answers

No proposals

1.5 Coordination between Teams/Entities/Information Sharing

Creation of a common intervention model

Articulation between ETR and Health (hospitals, hospitalisation, warrants, etc.)
--

2. ACCOMMODATION

2.1 Creating Emergency Responses

Immediate accommodation without criteria, per night

Low-demand night-time emergency accommodation on the cold wave model
--

Accommodation without criteria, on a rotating basis (you only stay 1 night)

2.2 Transition (collective responses, temporary accommodation centres...)

More answers for women

Appropriate responses for older people: health, accessibility, various services - Villages
--

Smaller and more diverse responses - co-management by CML

Pilot project for PSSA with mental health problems
--

Diverse responses to different needs

Pilot project for elderly PSSA

More accommodation with extended admission criteria (couples, animals, consumption...)
--

Continuing the "Santa Barbara" model

More accommodation without rules, timetables, with more freedom

Accommodation that is more specific to the needs and problems of PSSA

Pet-friendly accommodation centres

More answers for couples

24-hour response with various services - replicate "Santa Bárbara"
More transition answers
Progressive change in the type of housing financed by CML: + transitional housing, - emergency housing.

2.3 Housing First and Shared Apartments

Betting on + shared flats with follow-up
More focus on shared flats with accompanying teams
Shared flats
Greater investment in shared flats
Housing First also focuses on autonomisation

2.3 Requalification of existing responses

Evaluation of the HF programme
Building bridges with the surrounding community
Creating appropriate responses to needs

2.5 Access to Social Housing / Rental Support

More housing for PSSA integration
CML: housing programme monitored
Rent subsidy (adapt what already exists in CML)
More CML property rehabilitated to provide more accommodation
More partnerships or greater articulation so that more accommodation solutions can be found
Gathering information on vacant properties for possible accommodation

2.6 Responses at Metropolitan Area level

Metropolitan accommodation with vacancies paid for by local authorities

3 - INSERTION

3.1 Human resources

Teams that support the creation of social skills for PSSA
More technical support throughout the PSSA insertion process
Reinforcement of follow-up - teams for "high" responses
Maintaining the monitoring of situations in insertion, as a form of prevention
Follow-up/communication from PSSA member organisations

3.2 Coordination between Teams/Entities/Information Sharing

No proposals

3.3 Accessibility to Services and/or Answers

Guarantee free transport to the PSSA during the integration process
Free pass to PSSA

3.4 Health Promotion and Personal Development

Provide training in specific areas so that they can be more easily integrated
Art, culture, sport to work on skills

3.5 Promoting social and professional integration

Pilot project for people with integrated consumption at employment/training level
Strengthening the Job First Open Door
Training task circuits for autonomy at work
Community workshops for PSSA and beyond: Crafts/Arts
Working in partnership with the Job Centre as a way of getting them into the market world
Financing social businesses
Working in partnership with Associations/Partners to help with professional integration
CML supported employment exchange (full-time, part-time)
Spaces co-ordinated with Parish Councils to work on autonomy (open to the public/uncharacterised)
Socio-occupational activities for PSSA in cultural spaces (different stages of integration)
"Cultural Pass", for entry to municipal spaces, for PSSA.
Pilot project to train tutors in companies
Daytime spaces and community logic: socialising/ looking for a home, room, job/activities, etc.
+ Day Centres with activities, care, food
More Local Support Centres with different functions

CML's supported employment exchange for PSSA is effective
More daytime activities for the integration process to occupy them
Protocols with partnerships (Metro, Carris, Parish Councils) that support entry into the labour market through unspecified work
Open door exclusive for PSSA
Scholarships/job vacancies, for PSSA, at CML
Help build bridges between the community and the PSSA
Creation of CML occupational centres throughout the city (food, activities, etc.)
Work grant for PSSA at CML (gardens, outdoor spaces)

3.6 Decentralisation of Responses to the Metropolitan Area

No proposals

4. TRAINING OF TECHNICIANS

CML training plan for Street Team(s) + external supervision
Community of practice - reflection-action group
Supervision and training of technicians
Inter-team analyses of difficult cases to share
Training for all accommodation providers in the "trauma informed care" model
Team supervision

5 . OTHER (Generic, imprecise formulation, cross-cutting proposals)

Support and partnerships that can contribute to more accommodation in this context
Differentiated accommodation for immigrant PSSA and irregular/undocumented PSSA

PARTICIPATORY PROCESS - NPISA PARTNERS

Held on 25 July 2023 | Participants: 29 participants from 15 organisations

1. STREET INTERVENTION

1.1 Access to services that meet basic needs

1.1.1 Food

Need for more local responses

Free food and shower rooms

1.1.2 Hygiene

Urban Hygiene cleaning is necessary in conjunction with other organisations and services.

1.1.3 Security

Lack of information and training for the PSP to deal with the situation

Lack of lockers

Lack of places to store belongings

1.1.4 Access to documentation

Need for inter-ministerial coordination (e.g., SEF) to meet basic needs such as legalisation
--

A Migrants Fund is needed to support documentation - embassies do not support documentation.
--

Migration Fund: CML? SCML? (documentation)
--

1.2 Human Resources

Street teams should be emergency and multidisciplinary teams
--

The teams need to be competent to be able to assess the situation (e.g., multidisciplinary team). A diversity of backgrounds is important for a better reading of cases (e.g., social worker, psychiatrist, etc.).
--

Specialised technicians (who don't exist)

For the next Plan, the tasks of the street teams must be defined
--

Migrants: the need for specialised teams to intervene in this area
--

Need for a technical case manager
Lack of human resources
Placing "peers" in teams
We need more psychologists who know how to work with this population
Multidisciplinary team on the street: an ETR with psychiatry, nursing, psychology, a social worker, a peer, cultural mediators, translators, harm reduction specialists.
There is a need for more psychotherapy/psychiatric counselling for this population.
Cultural mediators for people from the Indian subcontinent
Separate teams: one to work with a PSSA who has been homeless for many years, the other to work with a person who has just "arrived" on the streets.
Creation of a rapid response team that can also act in prevention
Emergency situations (a few days on the street) vs. many years on the street: different intervention teams?
Integration of peers in the teams as elements that eliminate barriers in the relationship (with training and salary appropriate to the functions)

1.3 Material and Financial Resources

Lack of support for transport tickets
Libraries, places to charge mobile phones, internet
Providing and publicising support that people can turn to.
Emergency fund for migrants not supported by SCML
Medicines - Emergency fund Acquisition

1.4 Accessibility to Services and/or Answers

Protocols with the SEF are also essential
Difficulties in the health sector: user charges
Evening opening hours at SCML/UAPSA
ETRs need to accompany people to hospital, which shouldn't happen: hospitals should be sensitised to this problem.
Greater health monitoring - taking medication
Less bureaucracy
There should be standardised logistics / bureaucracy
Lengthy NHS service
Health centre oriented to this population
Discrimination against PSSA in health services.
Issues of language barriers and immigration.
Adapting services to people's needs

Support would be needed for people without a case manager, with consumptions and irregularities.
A health service geared towards this population (an example of success being the decentralisation of treatment for Hepatitis C to the TAO)
Existence of standard answers in all Parish Councils.
More vacancies in the NHS
Plan must create direct channels for intervention (e.g., Protocols). It must be the ARS and the Ministry of Health that create intervention channels/protocols to act on matters involving health.
Health centre for addiction problems

1.5 Coordination between Teams/Entities/Information Sharing

The Plan should include the identification/articulation of all the necessary resources in all areas of intervention;
You need a network that works effectively
The mechanisms for action and referral are all rusty: e.g., medical discharge without social discharge, which puts people at risk
Clearly define the moments of the intervention: who intervenes at moment 1? How do you intervene? When do you move on to moment 2? Who? How? etc.
Articulation between the various entities - It is essential to create a clear and concerted mechanism, schemes of action and clear responsibilities for each one.
The weakness is that there are many conflicting visions among entities in the field and the associations don't know each other's ways of working;
No feedback from institutions after signalling
You feel there are too many institutions, and you don't know where to turn. The person must seek help themselves.
Partnership is key
There are different perspectives in the analysis of cases by different entities: it shouldn't be like this
Training in the form of knowledge-sharing between institutions (increase the initiative already in place at NPISA)
Partnerships with SEF, embassies, IMMIGRANTS, greater agility
It is essential to create an effective protocol for hospital discharges, to avoid people going out on the street
Create communication and referral channels for mental health and addictions
Define the role of SCML and the role of CML
Involving parish councils and social security in the whole aid process

2. ACCOMMODATION

2.1 Creating Emergency Responses

We don't have emergency responses (these need to be created): places where people can just stay overnight, without demands, without thresholds, just sleep and rest.

Emergency Accommodation Centres (CAE) required for complex situations (elderly with consumption)

Creation of Overnight Centres

2.2 Transition (collective responses, temporary accommodation centres...)

Lack of an ERPI for people who use drugs

PSSA needed a temporary response that would allow for consumption

ERPI for the elderly with consumption

Assisted living for people over 50 who use alcohol and drugs

Answers for drug users who are victims of domestic violence

Creation of Day and Night Centres with assisted medication taking

Creation of smaller (but larger) responses adapted to needs (consumption, mental illness, age, employment, etc.)

Need for responses adapted to young people

Accommodation centre for victims of domestic violence and abuse

Accommodation centres for PSSA without case manager, undocumented, irregular, SCML support, Accept communities with alcohol and drug use

Accommodation for older people with substance abuse

Residences for older, independent people, with (lack of) consumption

Spaces for older, less demanding people, forever!

Answers needed for post-discharge

2.3 Housing First and Shared Apartments

Increase in Housing First vacancies

Creating long-term responses

2.4 Upgrading existing responses

People with a room don't have the same resources as people in a accommodation centre, so there are barriers to intervention and access to resources.

Stop thinking of answers in terms of "ladders" (e.g., housing with accommodation) and start from the principle of home - housing.
Social integration can and should be worked on in any housing response: Accommodation Centre, Shared Apartments, Housing First...
The timings of the projects (e.g., 6 months for autonomisation, not in line with the reality of the difficulty of finding housing).
Lack of parking spaces: it's different to be a man or a woman on the street, so there should be more parking spaces for women.
Improving existing responses
The pyramid should be inverted, with medium and long-term responses at the bottom and emergency responses at the top.
Greater flexibility in responses (CAEM Santa Bárbara model)
Greater flexibility for institutions in admission criteria and rules management (e.g., UIPSA)
More vacancies are needed to meet the needs of the PSSA

2.5 Access to Social Housing / Rental Support

At a macro level, more housing responses and more housing policies are needed
Lack of affordable housing.
Housing regulations
Faster housing/accommodation responses (council houses, lodgings, etc.)
More affordable housing

2.6 Responses at Metropolitan Area level

Creating prevention mechanisms at municipal level (e.g., housing policies, responses to young people leaving accommodation centres, etc.)
The responses are very territorialised
More decentralised responses are needed
Articulation between City Council and NPISAS - responses outside Lisbon (Lacking)
Responses relocated from Lisbon, with more valences/characteristics
Support network outside Lisbon
Responses need to be more uniform across the metropolitan area outside Lisbon.

3. INSERTION

3.1. Human Resources

No proposals

3.2. Coordination between Teams/Entities/Information Sharing

No proposals

3.3 Accessibility to services

No proposals

3.4 Health Promotion and Personal Development

Creating spaces to "listen" to PSSA

3.5 Promoting social and professional integration

Creating reintegration responses

Day Care Centres

3.6 Decentralisation of Responses to the Metropolitan Area

Searching for answers outside Lisbon, at national level, with agreements on labour, housing, hygiene and health.

4. TRAINING OF TECHNICIANS

Lack of supervision

Teams need time and greater specialisation

Good training for teams in human and social rights is important, particularly for migrant and LGBTQI+ populations.

Technical supervision of teams

Specialisation of ETRs (rapid response teams for people who have just arrived on the street)

Technical training

5. OTHER (generic, inaccurate wording, cross-cutting proposals)

Getting to the root of the problem (macro view) > prevention. For there to be prevention, the root of the problem must be understood (e.g., rising cost of living, increase and shortage of housing leads to...)
Agreements with parish councils.
Implementing a national immigration policy outside Lisbon.
Creating and improving prevention responses
Contributing to/preventing excessive inflows of migrants without answers
Projects with long-term contracts that allow teams to specialise
Creation of an observatory for shelter situations (whose identification does not re-traumatise the PSSA).
Reverse the pyramid: put prevention (focus on preventive responses) at the bottom of the pyramid, followed by focus on long-term responses, followed (at the top) by emergency responses.
A space for actively listening to the PSSA and taking their opinions/thoughts into account in the construction of public policies.
Continuity of programmes: renewal from year to year is not effective.
Impact assessment.
Creating an Observatory - understanding the numbers.
The phenomenon of migratory flows must be considered in this context.
The Plan must have diversified and adequate responses to get people off the streets
The Plan must have zero PSSA objectives
It is important to focus on qualitative and concerted evaluation.
You would need a patron in Lisbon to support you in this process and refer you to CNAIM or the Embassy.
There is a lack of a medium- and long-term plan, which should be considered every 10 years, not every 3. We need to think about the sustainability of the capital.
An immigration policy is needed: e.g., agreements with agriculture
LSM should be changed to allow PSP to intervene more quickly and in a wider range of situations
NPISA's role is to put pressure on the authorities
Enable specialised police teams to intervene with the homeless population. Enabling trust to be established with the "uniform".
ETRs need to sensitise the person to self-care and "relationship" with residents and other citizens.
Differentiate the answers according to the situation - e.g., someone who lost their house to the bank needs another home, not an accommodation centre.
What's missing are housing solutions and more financial support
Lack of answers

Lack of answers for LGBTQI+: discrimination by doctors.
Lack of answers / crowded
Lack of accommodation
"Looking" at responses with greater flexibility, diversity, and decentralisation
Diversity of responses
Answers scattered around the city instead of in a central mecca
Diverse answers with more technical quality.
Prevention. Effective and different responses for the homeless person who is on the streets for the first time and the person who has been on the streets for 20 years. Improved intervention. Differentiation.
There must be different responses to different situations
Smaller and more varied answers

PARTICIPATORY PROCESS - PARISH COUNCILS

Held on 27 July 2023 | Participants: 20 participants from 12 Parish Councils

(Avenidas Novas; Alcântara; Alvalade; Arroios; Beato; Belém; Campolide; Campo de Ourique; Misericórdia; Penha de França; Santa Clara; Santa Maria Maior)

1. STREET INTERVENTION

1.1 Access to services that meet basic needs

1.1.1. Food

Need to organise food distribution

Food Distribution Supervision

1.1.2 Hygiene

Impact: unhealthy public space, urban hygiene (tents), making it impossible for residents to use green spaces, unregulated food distribution, inappropriate behaviour/insecurity
--

It's important to create small spaces for showering and shaving. Answers that can serve more than 1 territory

Extended changing room hours

EPAL exempts public shower rooms from VAT

More health and safety answers: shower rooms, lockers, Temporary Accommodation Centres (CAT)
--

1.1.3 Security

No proposals

1.1.4 Access to documentation

No proposals

1.2. Human Resources

Reinforcement of street teams

Being multidisciplinary teams
Working with a multidisciplinary team and creating various partners: health, hygiene, food support, psychological support
Street teams should be reinforced, even more material should be provided.
Need for ETRs with French and English speakers

1.3. Material Resources

No proposals

1.4. Accessibility to Services and/or Answers

More connection and inclusion with health responses (health in general and mental health - psychiatry and drug addiction)
Decentralising responses, extending basic services to all parishes (shower rooms, support services, street teams)
Shower rooms and canteen services should be distributed
The distribution of resources should be improved (placing resources in a poorer, less touristic part of the city is not the best)
Lack of response to Mental Health referrals - general response, not just from the municipality
Need for emergency, health, and personal hygiene responses

1.5. Coordination between Teams/Entities/Information Sharing

A centralised platform for interventions would enable more effective coordination between entities
Common platform, so that the register is easily accessible and better articulated
Linked partners: state organisations, local associations, private individuals.
There needs to be a joint response between health and social services, with greater coordination (platform)
Support from SCML and Social Security must be articulated so as not to duplicate resources
Create a platform like Radar
Meetings with Mental Health teams (quarterly?)
Mapping and sharing existing responses
It is necessary to constantly promote the articulation of the Entities

2. ACCOMMODATION

2.1 Creating Emergency Responses

Need for emergency vacancies

2.2 Transition (collective responses, temporary accommodation centres...)

Create more specialised accommodation centres

More integrative units with decent services

Need to create a decent housing response
--

2.3 Housing First and Shared Apartments

Inspection of Housing First homes

Diversified responses (e.g., shared flats);

2.4 Upgrading existing responses

More flexible responses (less bureaucracy)
--

Reorganisation and evaluation of existing responses

Continuous follow-up work

Unlimited follow-up

There needs to be greater investment in existing responses
--

2.5. Access to Social Housing / Rental Support

More responses to housing, provide more responses at this level and the bureaucracy around it should be more flexible

More housing responses: integration and maintenance support

Integrating new housing responses for new populations

2.6 Responses at Metropolitan Area level

The need to create responses between municipalities.
--

It is essential to liaise with other responses and other municipalities (Supra-Council Platform).

3. INSERTION

3.1 Human resources

No proposals

3.2 Coordination between Teams/Entities/Information Sharing

Investing in inter-parish and interdisciplinary responses (accommodation, occupation, meeting basic needs)
--

Include parish councils in the evaluation and monitoring of responses (institutions that provide support to each parish)
--

Integrated health response: mental health, addictions

3.3 Accessibility to Services

No proposals

3.4 Health Promotion and Personal Development

No proposals

3.5 Promoting social and professional integration

Investment is needed in occupational workshops
--

Answers in the field of employment

Individualised and continuous support until possible independent living

3.6 Decentralisation of Responses to the Metropolitan Area

No proposals

TRAINING OF TECHNICIANS

No proposals

4. OTHER (generic, imprecise wording, cross-cutting proposal)

To publicise the work being done in this area.
City and country plan
There should be greater financial investment
A careful assessment is needed of the responses (Accommodation Centres/Food Distribution Centres) and where they are placed/installed
The homeless population a complex problem that I don't believe has a single solution.
More minimum services
Risk Reduction and Harm Minimisation (RRMD) Responses
Create more and more diverse responses
Lack of diverse responses
New answer: health plan for PSSA with CUF or Champalimaud Foundation
More answers to PSSA with Mental Health problems
It is necessary and urgent to create "atypical" responses, tailored to the current reality.

PARTICIPATORY PROCESS - 6TH AML COMMISSION AND CML COUNCILLORS

During the month of October 2023 | Participants: Parties PAN, PS, MPT, IL and Councillor's Office from Livre Party and Lisbon City Council (CML)

1. STREET INTERVENTION

1.1 Access to services that meet basic needs

1.1.1 Food

Reconciling the food distribution routes carried out by the various organisations and informal groups and improving coordination between them, to maximise the use of resources and avoid waste, meeting real needs.

Set up a network of restaurants and solidarity partnerships, seeking to ensure an alternative to the distribution of food in public spaces that creates conditions for a progressive increase in the quality of and access to healthy, regular, and decent food, in appropriate conditions;

Increasing the availability of services, teams and infrastructures that guarantee basic needs (food, clothing, personal hygiene, among others), considering existing units that are unused or unavailable.

1.1.2 Hygiene

Reinforcing the network of public toilets and shower rooms, as well as drinking fountains, in line with what LIVRE has already proposed at other times,

1.1.3 Security

No proposals

1.1.4 Access to documentation

No proposals

1.2 Human resources

Guarantee the assignment of a case manager to all homeless people in Lisbon

1.3 Material resources

No proposals

1.4. Accessibility to Services and/or Answers

Ensuring free transport and better access to health services for homeless people
Health: increase the number of mobile units available and the health services they provide/facilitate
Increasing support and monitoring of mental health, one of the factors that most influences homelessness
Protocols with the Lisbon Psychiatric Hospital Centre should be extended/strengthened
Strengthening access to primary and specialised healthcare (mental health, dental treatment, infectious diseases, addictive behaviours, and addictions), based on an integrated model of care and social intervention.
The homeless population from other parts of the world must have increased, (...) it is important to consider their specific needs, for example language difficulties.
To support projects whose mission is to ensure that people in vulnerable situations can access the social benefits that are legally provided for, the citizen's card, medical healthcare and help with finding rooms or housing, both private and public, with a view to practical apprenticeships.
Streamlining procedures for granting social support and reducing bureaucracy in terms of procedures and documentation when signalling and transitioning, considering the insertion of data on the various platforms and in the telematic service.
Prioritise the integration of homeless women into housing solutions

1.5. Coordination between Teams/Entities/Information Sharing

Reinforcing articulation and collaboration with partners such as Parish Councils, Ministries, NGOs and Private Social Solidarity Institutions (IPSS), Social Security, Santa Casa, etc.
Creation of protocols with Higher Education Institutions to strengthen support at various levels (e.g., in the various areas of Health)
Reinforced development of campaigns to raise awareness of the issue, seeking to broaden the network of partners, patrons and collaborators involved in the mitigation and attenuation of the vulnerabilities of this population, using infographics and other materials.

Establishment of agreements and partnerships to ensure that psychiatric medication is provided, administered, and monitored free of charge for local units

ACCOMMODATION

2.1 Creating Emergency Responses

Setting up and reinforcing alternative Emergency Accommodation structures

Small residential accommodation units with emergency spaces, open 24 hours a day

2.2 Transition (collective responses, temporary accommodation centres...)

Housing responses must be able to create safe, private spaces adapted to the specificities and needs of homeless women, children and LGBTI+ people.

Creation of accommodation centres with less capacity and greater flexibility in terms of opening hours

2.3 Housing First and Shared Apartments

Strengthen the Housing First programme (mainly through public housing), making it unequivocally the main response programme for people experiencing homelessness (PSSA) as far as housing is concerned.

Priority for Housing First accommodation for chronically homeless people with associated morbidities, psychoactive substance abuse, chronic illness, mental illness, hepatitis C, HIV, etc.

Shared flats

Strengthening the support provided by the teams that manage the various existing housing first programmes and widening access to people who are actually trying to join a rehabilitation and reintegration process (clinical, employment, among others);

2.4 Upgrading existing responses

These answers also cover people's pets.

Adapting accommodation to accommodate pets, considering people's privacy, intimacy and independence.

Ensure adequate conditions for access and permanence of pets owned by homeless people in all accommodation facilities

2.5. Access to Social Housing / Rental Support

Designing a network of housing and accommodation responses in the municipality, articulated with the housing strategy at municipal and national level, to respond to the different needs and stages of people in situations of greater vulnerability and exclusion.

Municipal grant for self-sufficiency flats.

Financial support for accommodation (rental of rooms and/or housing, with support in finding accommodation if requested)

2.6 Responses at Metropolitan Area level

No proposals

2. INSERTION

3.1 Human resources

No proposals

3.2 Coordination between Teams/Entities/Information Sharing

No proposals

3.3 Accessibility to services

No proposals

3.4 Health Promotion and Personal Development

Create more Drop-in spaces for an integrated response: social and psychological support, nursing care, psychiatric assessment, hygiene routines (e.g., bathing), wardrobe, Internet, telephone, computer training, Portuguese classes and guidance on training and employability.

Creation of occupational centres (with activities promoting personal and social development)

3.5 Promoting social and professional integration

Employment: to strengthen support for access to the labour market, by providing human resources technicians who can help PSSA look for jobs and prepare applications.

Create funding and technical support programmes for companies and entities that create jobs for people in highly vulnerable situations, such as those who are homeless, with or without the use of licit or illicit psychoactive substances, migrants in social exclusion or people in prostitution.

Creation of a specific local programme for socio-professional reintegration (possibly like the Vida-Emprego programme created in 1998). However, it is important to note that this programme should be aimed at people who have already reacquired some of the personal and social skills they have "lost" because of being homeless, otherwise they will not be able to adjust to the demands of the labour market);

Reinforcing the implementation of a personalised and individual plan in the field of health, social protection, citizenship, and integration, particularly in view of the increased and specific vulnerabilities of women, children, the elderly, and people with disabilities.

Partial reinforcement of the employability support component in IPSS and private institutions, with an equivalent reduction in the same component in CML, through a pilot programme for fixed-term and part-time employability. It is estimated that such a pilot programme could be started, on an optional basis, among the 12 beneficiaries and users of the transition flats.

Increased opportunities for training in Portuguese as a foreign or non-mother tongue.

3.6 Decentralisation of Responses to the Metropolitan Area

No proposals

3. TRAINING OF TECHNICIANS

Broad and integrated debate on good practices and opportunities to stimulate and improve the operationalisation of the Plan and the strategies, with particular emphasis on existing local and territorial dynamics.

4. OTHER (generic, imprecise training, cross-cutting proposals)

<p>They also need to be guaranteed access to veterinary care for the animals in their care</p>
<p>Include people experiencing homelessness in decision-making in various areas, such as housing, treatment, training, career choices, among others, based on collaboration and mutual listening, thus ensuring the appropriateness, adherence and thus the effectiveness of projects.</p>
<p>It is important to include in the new "framework" (specifically the "European framework") the objectives of the European Platform to Combat Homelessness launched on 21/06/2023 by the Portuguese Presidency of the Council of the European Union.</p>
<p>In general, we advocate reinforcing the budget allocated to this area to fund new projects and expand existing ones that are contributing to the eradication of this social scourge</p>
<p>Prevention measures: we believe that the next PMPSSA should focus not only on responding to situations that have occurred, but also on prevention (with reference to policies such as housing, for example).</p>
<p>Strengthening the monitoring, development, and speed of research into the phenomenon, expanding the units responsible for conducting and analysing studies and monitoring the observation carried out.</p>



ANNEX 3

**PHYSICAL AND FINANCIAL
IMPLEMENTATION OF PMPSSA 2024-2030**

PHYSICAL AND FINANCIAL IMPLEMENTATION OF THE MUNICIPAL PLAN

PREVENTION

ID	Description	Estimated Annual Budget	Timetable							Total
			2024	2025	2026	2027	2028	2029	2030	
P001	Reducing the number of people who become homeless									
P.1.1	Promote the production of a document identifying the prevention measures being implemented by CML and their results	- €								- €
P.1.2	Promote tools to publicise the prevention measures being implemented by CML, tailored to different audiences	- €								- €
			- €	- €	- €	- €	- €	- €	- €	- €
P002	Reduce the number of people returning to homelessness									
P.2.1	To guarantee the psychosocial support of the person, according to their needs and potential, after they leave the network of municipal housing responses in the city of Lisbon.	150 000,00 €								900 000,00 €
P.2.2	Ensuring that people who benefit from the municipal housing network are monitored during their period of institutionalisation (prison, hospital, community placement, therapeutic community).	- €								- €
			- €	150 000,00 €	150 000,00 €	150 000,00 €	150 000,00 €	150 000,00 €	150 000,00 €	900 000,00 €
P003	Promote continuous and effective coordination with the different areas of Central Administration (health, employment, migration, social action, among others) and entities with competences in the field of prevention									
P.3.1	Establish co-operation with the different areas of prevention in identifying and reducing obstacles and barriers to intervention	- €								- €
P.3.2	Collaborate with ENIPSSA and NPISA Lisboa, actively participating in the field of Prevention	- €								- €
			- €	- €	- €	- €	- €	- €	- €	- €
			- €	150 000,00 €	150 000,00 €	150 000,00 €	150 000,00 €	150 000,00 €	150 000,00 €	900 000,00 €

PHYSICAL AND FINANCIAL IMPLEMENTATION OF THE MUNICIPAL PLAN

STREET INTERVENTION

ID	Description	Estimated Annual Budget	Timetable						Total	
			2024	2025	2026	2027	2028	2029		2030
R001	Ensure that PSSA who are homeless are monitored to reduce their time on the streets.									
R.1.1	Create a multidisciplinary Technical Street Team with different levels of specialisation in intervention (emergency, migration, peers, translators, health, among others)	- €								360 000,00 €
R.1.2	Carry out psychosocial and health monitoring of homeless people in the city of Lisbon	- €								- €
R.1.3	Ensure that each homeless PSSA is assigned a case manager technician	- €								- €
R.1.4	Draw up a diagnosis of the phenomenon of PSSA in Lisbon, updated monthly	- €								- €
R.1.5	Maintaining and improving the signalling system in operation	- €								- €
R.1.6	Integrate the prevention scale for responding to urgent signalling within the scope of NPISA Lisboa	- €								- €
R.1.7	Participate in concerted and integrated actions aimed at improving the conditions of homeless PSSA.	- €								- €
R.1.8	Guaranteeing access to regular and emergency medical-veterinary services for the pets of homeless people who find themselves on the streets.	- €								- €
R.1.9	Collaborate with ENIPSSA and NPISA Lisboa, actively participating in the field of Street Intervention.	- €								- €
			360 000,00 €	- €	- €	- €	- €	- €	- €	360 000,00 €
R002	Ensure that there is a health response in the street context									
R.2.1	Promote liaison with the ARSLVT and different health structures operating in the city of Lisbon	- €								- €
R.2.2	Maintain the protocol with CHPL	- €								- €
R.2.3	Collaborate with ENIPSSA and NPISA Lisboa, actively participating in the field of Health	- €								- €
R.2.4	Ensure an increase in the number of mobile health units in operation, as well as the extension of the health services they provide	- €								- €
R.2.5	Extend the Lisboa 65+ Health Plan to Homeless People	- €								- €
R.2.6	Prioritise the strengthening of mental health support for homeless people	- €								- €
R.2.7	Create Protocols with Higher Education Institutions to reinforce the response and monitoring in the field of Health	- €								- €
			- €	- €	- €	- €	- €	- €	- €	- €
R003	Create and optimise complementary support services for street intervention									
R.3.1	Keeping NAL São Vicente operational	65 000,00 €								455 000,00 €
R.3.2	Identify and implement spaces that meet the conditions to be set up as complementary support services in municipal buildings, parish councils or others.	200 000,00 €								750 000,00 €
R.3.3	Dignify food distribution by identifying and implementing spaces in municipal buildings, parish councils or others	50 000,00 €								300 000,00 €
R.3.4	Collaborate with ENIPSSA and NPISA Lisboa, actively participating in the field of Street Food Distribution	- €								- €
			65 000	165 000,00 €	165 000,00 €	215 000,00 €	265 000,00 €	315 000,00 €	315 000,00 €	1 505 000,00 €
			425 000,00 €	165 000,00 €	165 000,00 €	215 000,00 €	265 000,00 €	315 000,00 €	315 000,00 €	1 865 000,00 €

PHYSICAL AND FINANCIAL IMPLEMENTATION OF THE MUNICIPAL PLAN

ACCOMMODATION

ID	Description	Estimated Annual Budget	Timetable							Total
			2024	2025	2026	2027	2028	2029	2030	
A001	Contribute to the maintenance of the existing collective accommodation network in the city of Lisbon									
A.1.1	Keep Santa Bárbara Municipal Emergency Accommodation Centre operational (128 vacancies)	1 560 000,00 €								10 920 000,00 €
A.1.2	Keep the Temporary Accommodation Centre for Night Shelters operational (15 vacancies)	87 600,00 €								613 200,00 €
A.1.3	Keep Xabregas Accommodation Centre operational (75 vacancies)	210 000,00 €								1 470 000,00 €
A.1.4	Keep Beato Accommodation Centre operational (271 vacancies)	260 000,00 €								1 820 000,00 €
A.1.5	Keep Lisbon Solidarity Residence running (25 vacancies)	200 000,00 €								1 400 000,00 €
A.1.6	Keep the Integrative Unit for PSSA running (40 vacancies)	310 000,00 €								2 170 000,00 €
A.1.7	Keep the Transitional Flats project running (12 vacancies)	100 000,00 €								700 000,00 €
A.1.8	Collaborate with ENIPSSA and NPISA Lisboa, actively participating in the field of Accommodation	- €								- €
			2 727 600,00 €	2 727 600,00 €	2 727 600,00 €	2 727 600,00 €	2 727 600,00 €	2 727 600,00 €	2 727 600,00 €	19 093 200,00 €
A002	Upgrading existing accommodation facilities									
A.2.1	Submit the PRR application for Beato Accommodation Centre (146 vacancies)	- €								- €
A.2.2	Refurbish the Temporary Accommodation Centre of the Shelter of Graça (23 vacancies)	180 000,00 €								1 260 000,00 €
			180 000,00 €	180 000,00 €	180 000,00 €	180 000,00 €	180 000,00 €	180 000,00 €	180 000,00 €	1 260 000,00 €
A003	Create diversified and specialised accommodation responses									
A.3.1	Submit the PRR application for Ourives Accommodation Centre (21 vacancies)	- €								- €
A.3.2	Submit the PRR application for Transitional Flats (54 vacancies)	- €								- €
A.3.3	Create the Condado Municipal Accommodation Centre (50 vacancies)	390 000,00 €								2 340 000,00 €
A.3.4	Create a medium-sized municipal accommodation centre (60 vacancies)	459 900,00 €								1 839 600,00 €
A.3.5	Create a pilot project for a specific, permanent municipal housing response for PSSA over 65 years old who cannot adapt to existing standardised structures (20 vacancies)	160 000,00 €								800 000,00 €
A.3.6	Create a pilot project for a specific and innovative municipal housing response for PSSA with alcohol problems (12 vacancies)	100 000,00 €								400 000,00 €
A.3.7	Create a pilot project for municipal housing specifically for PSSA with mental illness who cannot adapt to existing standardised structures (12 vacancies)	100 000,00 €								300 000,00 €
A.3.8	Create a pilot project for a specific municipal housing response for people who are integrated into training and/or work (14 vacancies)	110 000,00 €								770 000,00 €
A.3.9	Create a pilot project for municipal housing specifically for people who have recently become homeless (24 vacancies)	190 000,00 €								1 330 000,00 €
A.3.10	Create 2 immediate overnight housing units with hygiene and food services (dinner and breakfast) for homeless people (200 vacancies)	1 000 000,00 €								6 000 000,00 €
A.3.11	Create Local Integrative Units	- €								- €
			300 000,00 €	1 690 000,00 €	1 850 000,00 €	2 409 900,00 €	2 509 900,00 €	2 509 900,00 €	2 509 900,00 €	13 779 600,00 €
A004	Anticipate the Housing First Programme in the current mandate									
A.4.1	Keep the 2 Housing First projects for people with mental health problems running (100 vacancies)	766 500,00 €								5 365 500,00 €
A.4.2	Keep the 2 Housing First projects for people with addiction problems running (80 vacancies)	613 200,00 €								4 292 400,00 €
A.4.3	Keep the 7 Housing First projects for people with other problems running (220 vacancies)	1 686 300,00 €								11 804 100,00 €
A.4.4	Bring forward the Municipal Housing First Programme by up to 400 vacancies this term, depending on CML's financial capacity, in order to respond each year to the increase in homeless people in Lisbon.	- €								- €
			3 066 000,00 €	3 066 000,00 €	3 066 000,00 €	3 066 000,00 €	3 066 000,00 €	3 066 000,00 €	3 066 000,00 €	21 462 000,00 €
A005	Evaluate and Strengthen the Municipal Housing First Programme									
A.5.1	Evaluate the Municipal Housing First Programme using an external entity	75 000,00 €								75 000,00 €
A.5.2	Increase the Municipal Housing First Programme according to the results of the external evaluation	3 066 000,00 €								7 665 000,00 €
			25 000,00 €	25 000,00 €	25 000,00 €	766 500,00 €	1 533 000,00 €	2 299 500,00 €	3 066 000,00 €	7 740 000,00 €
A006	Promoting access to municipal housing by homeless people									
A.6.1	Implement the measures set out in the Municipal Housing Charter, namely extraordinary granting of rental subsidies to homeless people in the process of becoming independent (20 by 2026)	- €								- €
A.6.2	Implement the measures set out in the Municipal Housing Chart, namely increasing housing solutions for homeless people on municipal property	- €								- €
A.6.3	Disseminate the Municipal Housing Access Programmes among partners	- €								- €
A.6.4	Promote access to Municipal Housing Access Programmes	- €								- €
A.6.5	Facilitate the identification of housing solutions in the private rental market	- €								- €
			- €	- €	- €	- €	- €	- €	- €	- €
			6 298 600,00 €	7 688 600,00 €	7 848 600,00 €	9 150 000,00 €	10 016 500,00 €	10 783 000,00 €	11 549 500,00 €	63 334 800,00 €

PHYSICAL AND FINANCIAL IMPLEMENTATION OF THE MUNICIPAL PLAN

		SOCIAL INTEGRATION							
ID	Description	Estimated Annual Budget	Timetable						Total
			2024	2025	2026	2027	2028	2029	
I001	Promote social and cultural inclusion programmes								
I.1.1	Promote the access of homeless people to culture, sport, and other dimensions of social nature, according to their interests and needs.	- €							- €
I.1.2	Integrate homeless people into cultural and sporting events and practices	- €							- €
I.1.3	Extending free access to public transport by homeless people	- €							- €
			- €	- €	- €	- €	- €	- €	- €
I002	Create a network of daytime centres								
I.2.1	Keep the "Espaço Aberto ao Diálogo" Daytime Occupation and Insertion Centre operational	40 000,00 €							280 000,00 €
I.2.2	Keep the "Orientar" Daytime Occupation and Insertion Centre operational	40 000,00 €							280 000,00 €
I.2.3	Keep the "Academy of Change" Daytime Occupation and Insertion Centre operational	40 000,00 €							280 000,00 €
I.2.4	Keep the Xabregas Daytime Occupation and Insertion Centre operational	40 000,00 €							280 000,00 €
I.2.5	Reactivate the "Drop in - Espaço Âncora" Daytime Occupation and Insertion Centre	40 000,00 €							280 000,00 €
I.2.6	Create 2 new Daytime Occupation spaces	200 000,00 €							1 000 000,00 €
I.2.7	Collaborate with ENIPSSA and NPISA Lisboa, actively participating in the field of Employability	- €							- €
			200 000,00 €	200 000,00 €	400 000,00 €	400 000,00 €	400 000,00 €	400 000,00 €	2 400 000,00 €
I003	Support projects that promote job creation for homeless people								
I.3.1	Maintain the transfer of municipal property for the implementation of projects (É um Restaurante É uma Mesa) that promote job creation for homeless people	- €							- €
I.3.2	Promote the transfer of municipal property for the implementation of projects that promote job creation for homeless people	- €							- €
I004	Boosting the Job First - Open Door project								
I.4.1	Ensure the operation of the Job First - Open Door project	150 000,00 €							1 050 000,00 €
I.4.2	Strengthen links with other projects, particularly RedEmprega	- €							- €
		150 000,00 €	150 000,00 €	150 000,00 €	150 000,00 €	150 000,00 €	150 000,00 €	150 000,00 €	1 050 000,00 €
I005	Promoting jobs based on the sheltered employment intervention model								
I.5.1	Integrate homeless people into jobs at CML, Municipal Companies, and Parish Councils	- €							- €
I.5.2	Integrate homeless people and peers into jobs in civil society organisations	- €							- €
I.5.3	Strengthen liaison with the Employment and Vocational Training Institute (IEFP)	- €							- €
I.5.3	Reinforce human resources to help homeless people prepare applications and training in digital literacy related to job search	- €							- €
I006	Create a basic and vocational training programme								
I.6.1	Create a Basic and Vocational Training Programme that includes training in areas such as languages, IT and related to trades and professions, particularly those linked to existing professional categories in Lisbon City Council	- €							- €
			350 000,00 €	350 000,00 €	550 000,00 €	550 000,00 €	550 000,00 €	550 000,00 €	3 450 000,00 €

PHYSICAL AND FINANCIAL IMPLEMENTATION OF THE MUNICIPAL PLAN

KNOWLEDGE AND COMMUNICATION										
ID	Description	Estimated Annual Budget	Cronograma						Total	
			2024	2025	2026	2027	2028	2029		2030
C001 Implement a PMPSSA 2024-2030 Evaluation and Monitoring System										
C.1.1	Create an internal evaluation and monitoring system for PMPSSA 2024-2030	- €								- €
C.1.2	Create an external evaluation and monitoring system to assess the impact of PMPSSA 2024-2030	10 000,00 €								70 000,00 €
			10 000,00 €	10 000,00 €	10 000,00 €	10 000,00 €	10 000,00 €	10 000,00 €	10 000,00 €	70 000,00 €
C002 Participate in and collaborate with national and international networks in which CML is a partner										
C.2.1	Collaborate with the Eurocities Network, namely with the Working Group on homelessness	- €								- €
C.2.2	Collaborate with SMES Europe, namely in the Person First Project under the Erasmus+ programme	- €								- €
C.2.3	Collaborate with ENIPSSA and NPISA Lisboa, actively participating in the monitoring of the phenomenon.	- €								- €
			- €	- €	- €	- €	- €	- €	- €	- €
C003 Promote the production of knowledge in the field of homelessness										
C.3.1	Participate in the preparation of scientific articles	- €								- €
C.3.2	Collaborate and participate in meetings of best practice and mutual learning at national and international level	- €								- €
C.3.3	Organise the annual PMPSSA 2024-2030 meeting	- €								- €
C.3.4	Regularly communicate data on the phenomenon and the implementation of PMPSSA 2024-2030	- €								- €
			- €	- €	- €	- €	- €	- €	- €	- €
C004 Honouring innovative ideas and good practices in the field of intervention with people in state of homelessness										
C.4.1	To award prizes to innovative ideas from the academy and the like, in intervention with people experiencing homelessness	3 500,00 €								24 500,00 €
C.4.2	To award prizes, within the scope of corporate social responsibility, to innovative practices in intervention with homeless people	- €								- €
			3 500,00 €	3 500,00 €	3 500,00 €	3 500,00 €	3 500,00 €	3 500,00 €	3 500,00 €	24 500,00 €
C005 Acquiring funding in the field of intervention with the homeless people										
C.5.1	Identify credit lines in the field of intervention with the homeless people on different matters	- €								- €
C.5.2	Submit applications to the identified credit lines	- €								- €
			- €	- €	- €	- €	- €	- €	- €	- €
			13 500,00 €	13 500,00 €	13 500,00 €	13 500,00 €	13 500,00 €	13 500,00 €	13 500,00 €	94 500,00 €