



A STRENGTHS-BASED ASSESSMENT AND RECOMMENDATIONS FOR FUTURE SUCCESS

PREPARED FOR EL MINISTERIO DE DESARROLLO
SOCIAL DE URUGUAY

BY THE INSTITUTE OF GLOBAL HOMELESSNESS

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Acknowledgements

As part of Uruguay's recognition as a Vanguard Country by the Institute of Global Homelessness (IGH), Lydia Stazen, Executive Director of IGH and Julia Wagner, Program Director of IGH visited Uruguay from 27 July to 2 August 2023. During our visit, we met with the Minister Lema and the members of the MIDES team, Dirección Nacional de Transferencias y Análisis de Datos (DINTAD), and many other stakeholders. Site visits were organized by the MIDES team including: Viviendas con Apoyo en Euskalarría, Zorzal Centro de Ingreso de Mujeres con NNA, Centro Autogestionada Vilardevoz, Centro Medio Camino de Salud Mental Surpalermo, Centro de Capacitación Ceprodih, Geronimo Piccioli de Mujeres con Niños, Niñas y Adolescentes, Centro de Recuperación Tarara, Comunidad Terapéutica Bethania, Centro Nuestros Hijos Nos Esperan, Centro Primera Atención para personas en situación de intemperio, and Casa Medio Camino de UPD. IGH observed the biennial census on the night of 31 July. IGH also met with Juan Pablo Labat who a parliamentarian advisor, Walter Ferreira who is the coordinator of Colectivo NITEP, and Juan María Abal, who is housing economist and social impact bonds expert. We would like to extend our warm thanks to all the organizations and stakeholders we visited and talked with us.

We want to share our sincere thanks to Minister Lema, Fernanda Auersperg, Gabriel Cunha, Lorena Jones, and Wilson Ferreira Sfeir for their efforts to coordinate and execute our visit, as well as to our translators and drivers for their support.

Overview

The Institute of Global Homelessness visited our partners, the Ministry of Social Development (MIDES), from 27 July to 2 August 2023. During this time, we toured a range of services, shelters, workforce development, and housing. We also took part in the homeless census on 31 July. During our visit, IGH identified many strengths including strong leadership from the central government, a sense of urgency from MIDES, coordinated outreach, real-time data, a booking system that works to provide emergency shelter spots for 100 percent of the people who want them, and a zero-tolerance policy for children living on the street. We also saw use of innovation and human-centered design leading to diversified programs that can meet different and specific needs.

There are opportunities to build on current strengths to positively change systems and further improve outcomes. These include:

- Grow multi-sector collaboration and expand partnerships with other government agencies, NGOs, academia, and people with the lived experience of homelessness.
- Report on high level indicators at least once a year including conducting a point-time street census, and report on outcomes across homelessness programs including quality metrics, feedback from clients, retention in different housing options, and outcomes for people with marginalized identities.
- Continue to advance housing models to focus more on long-term housing, affordable housing, rapid rehousing, housing vouchers and subsidies, and less on emergency solutions.
- Expand prevention efforts to include housing management and policy, tenancy support, social safety nets, health and other services, eviction prevention, discharges from prison, and preventing recurrent homelessness.
- Improve supportive services for mental health and substance abuse using principles of trauma-informed care and harm reduction.

IGH has committed to supporting the homelessness work in Uruguay through our Vanguard Country Agreement. We value our partnership and look forward to continued collaboration including implementation of any report recommendations.

About the Institute of Global Homelessness and Vanguard Program

The Institute of Global Homelessness (IGH) drives a global movement to end homelessness. Our vision is a world where everyone has a home that offers security, safety, autonomy, and opportunity. Founded in 2014, IGH is the first organization to focus on homelessness as a global phenomenon with an emphasis on those who are living on the street or in emergency shelters. It is a partnership between DePaul University (Chicago, USA), and Depaul International (London, UK). IGH works with partners around the world including, the United Nations (UN), local, regional, and national governments, people with lived experience, civil society, and academia, speaking powerfully for how homelessness can be ended both within our countries and internationally. In our global advocacy, we call for clear, global measurement of homelessness; a shared goal to reduce and ultimately end homelessness; and support for a global movement to spread effective strategies across member states.

IGH launched the Vanguard Program in 2017 with key global strategic partners to begin pioneering work in 13 Vanguard Cities across 6 continents. Vanguard partners agree to define and measure homelessness, work with stakeholders across sectors to address homelessness, and exchange what

works with the Vanguard Community. Each city made a commitment to significantly reduce or end street homelessness in reflection of their local context.

Conducted by Heriot-Watt University's I-SPHERE and GISS Bremen the Vanguard Cities Evaluation investigated what works and what does not in addressing street homelessness across IGH's first cohort of Vanguard Cities. The 2022 study found that, "key enablers of progress in reducing street homelessness included the presence of a lead coordinating agency, and coordinated entry to homelessness services, alongside investment in specialized and evidence-based interventions, such as assertive street outreach services, individual case management and Housing First. Key barriers to progress included heavy reliance on large, communal shelters, solely focusing on immediate physiological needs, and a lack of emphasis on prevention. Aggressive enforcement interventions by police and city authorities, and documentary and identification barriers, were also counter-productive to attempts to reduce street homelessness."¹

Montevideo joined the Vanguard City program on 17 April 2018, setting a goal to reduce homelessness by 25 percent by 2020. In the Vanguard Cities evaluation, street homelessness in Montevideo had been reduced by 15 percent from a baseline from April 2019 of 1043 "unsheltered" person to 885 in July 2020. The evaluation also noted that the number of sheltered homeless people increased by two-thirds between April 2019 and July 2020 (from 995 to 1,668).

The evaluation stated that the number of shelter beds had been increased, as well as expanded housing options for people including self-contained accommodation for women and families. The evaluation recommended strengthening the role of civil society, expanding prevention initiatives, focusing on mental health services, and addressing prison inflows into homelessness. It also found that permanent and affordable housing was difficult to access, and that the central reception unit was closed down.

IGH has recognized Uruguay as a global leader on the issue of homelessness. MIDES and IGH agreed to broaden the partnership on a national level with Uruguay as a Vanguard Country. The agreement was signed on 6 September 2022 with Minister Lema from MIDES and Lydia Stazen from IGH as signatories.

Definition

In Uruguay, homelessness is defined as people who cannot access a regular residence and live outdoors or in spaces that are not intended for human habitation, and those who live in places of temporary accommodation, institutions, shelters, or hostels. "People living on the streets" are understood to be those who do not have accommodation of any kind, and "people living in street situations" include the former as well as people sleeping in temporary or emergency shelters.

Definitions of homelessness in Uruguay² align with the United Nations description of homelessness including:

¹<https://i-sphere.site.hw.ac.uk/ending-street-homelessness/>
<http://ighhomelessness.org/wp-content/uploads/2022/06/Acabar-con-la-indigencia-callejera-en-Ciudades-Vanguardia-de-todo-el-mundo-un-estudio-internacional-comparativo.pdf>

² As highlighted during our visit, there are specific nuances in the translation and definitions of homelessness or "street situations" in Spanish-speaking countries. In Uruguay, "People living on the streets" are understood to be those who do not have accommodation of any kind, while "people living in street situations" ("personas en

1. Category 1: People living on the streets, in other open spaces or in buildings not intended for human habitation
2. Category 2: People living in temporary accommodation or shelters for people experiencing homelessness

IGH recommends reporting on data from Categories 1 and 2, as well as reporting at the same time on people in long-term accommodation (Housing First, etc.).

Measurement

Measuring the scope and nature of homelessness is essential in addressing the challenge of homelessness. Quality and timely data allows stakeholders to make informed decisions regarding policies and programs by understanding trends and demographics, measuring the success of interventions, and allocating resources.

MIDES collects real-time data through its SMART web-based work tool. SMART is a “cross-cutting application portal for all programs and services of the ministry and offers a horizontal exploitation of information as well as a standardized registry of information.”³

MIDES’ combination of SMART and census data to understand both real-time and longitudinal trends aligns with international best practices and is one of the many strengths we observed in Uruguay. We recommend continued data collection and quality improvement efforts, as well as transparent reporting on program evaluation and outcomes, in order to drive future reductions in homelessness.

Current Numbers

- People experiencing unsheltered street homelessness rose from 920 in 2021 to 1,365 in 2023
- People experiencing sheltered homelessness rose from 1,295 in 2021 to 1,381 in 2023
 - People in the night shelters fell from 1,159 in 2021 to 837 in 2023
 - People in the contingency centers rose from 58 in 2021 to 492 in 2023
 - People in the misdemeanor center rose from 0 in 2021 to 52 in 2023⁴

Preliminary analysis indicates that overall street and sheltered homelessness increased by 24% or 531 people between 2021 and 2023. This is a trend seen in other countries around the world. After several years of decline, rough sleeping in England increased to 3,069 people sleeping rough in

situación de calle”) is defined as people who do not have accommodation of any kind and cannot access a regular residence and live outdoors or in spaces that are not intended for human habitation, as well as those who live in temporary shelters. Finally, the wider concept of homelessness (“sinhogarismo”) includes people that are in mid- to long- term assisted housing solutions. For the purposes of clarity in this report, we use the term “homelessness” to refer to people living in street situations.

³https://moodle.mides.gub.uy/moodle/pluginfile.php/519/mod_resource/content/2/Manual%20de%20Usuario%20ATC.pdf

⁴ Presentación de Datos del Relevamiento de Personas en Situación de Calle en Montevideo Agosto de 2023

November 2022, which was a 26 percent increase of the figure 12 months prior.⁵ In Ireland, the number of people in emergency homelessness accommodation increased by 26 percent to 11,754 in 2023.

As many of the initiatives and programs underway are new within the last few months, we recommend a 2024 census be conducted. If a lack of financial and human resources prevents another census, we recommend using SMART data to release numbers according to the same categories and timeline. This additional data reporting will give Uruguay's citizens, parliament, and incoming administration an appropriate understanding of the scope and nature of homelessness, after the new initiatives that MIDES has implemented have had more time to impact the issue.

Strengths

After experiencing such a comprehensive overview of Uruguay's approach to ending homelessness, we can say without a doubt that there are many distinct strengths that can be built upon in Uruguay and used as learning opportunities for other communities where IGH partners.

The MIDES Team

Chief among these strengths is the dedication, commitment, and urgency of the entire MIDES team. Anchored by the commitment of Minister Martín Lema, who declared at the joint press conference, that homelessness cannot be normalized and cannot be accepted in Uruguay, we observed an urgency to address the issue unlike anything we have seen in our global partnerships. The MIDES team quite literally works day and night to ensure that 100% of people on the street who want a place in the shelter have one and use the real-time data from SMART to pop up additional shelter beds as they are needed. The MIDES team knows who is on the street, has direct and warm relationships with many of them, and keeps their experience foremost in their mind as they work to create and implement solutions to homelessness. Witnessing this dedication, commitment, urgency, and data-driven decision making was truly inspiring and is one of the primary reasons that we firmly believe that homelessness can be ended in Uruguay.

Real-Time Data / SMART Web-Based tool

As described above in the section on Measurement, MIDES' commitment to collecting and using data at the client level and at the aggregate level are *key* to ending homelessness. SMART data is being used to drive daily decision making (e.g., popping up additional shelter beds when needed), to determine what types of new programs to implement, and to analyze and evaluate program outcomes. Having a centralized database with such a rich dataset is a true strength that should be relied upon.

Coordinated Outreach

In conjunction with the SMART web-based tool, MIDES has created one of the strongest coordinated street outreach programs we have observed across all our global partnerships. The coordinated outreach makes use of real-time reporting through a hotline number or WhatsApp, centralized dispatch system with GPS mapping, and responsiveness off the street team. The coordination and technological capabilities of this system can serve as a model for other communities.

⁵ https://www.crisis.org.uk/media/utehvxat/homelessness-monitor-england_report-2023_v11.pdf

Diversifying Programs with Human-Centered Design

Many of the programs and initiatives that we visited are new, from a few days to a few months. Each of these new programs is designed to meet the needs of a particular population - from people living with mental health issues after they have been released from healthcare institutions to people addressing their substance use issues, to people returning to society from the carceral system. There is no one-size-fits-all solution to homelessness, and working towards a comprehensive system that has specialized program offerings for people with unique needs is a real strength.

Zero-Tolerance Policy on Children Living on the Street

The government has been able to fulfill a zero-tolerance policy to children living on the street and has created policies and procedures that are coordinated and responsive. The coordinated outreach has prioritization protocols for children, dispatches teams quickly, and moves them immediately into accommodation including hotels and centers for women with children.

Opportunities / Recommendations for Future Success

Uruguay has a strong foundation that can be built upon to make significant progress in preventing, reducing, and ending homelessness in Montevideo and across the country. The following opportunities and recommendations are based on our global knowledge and evidence base, and we look forward to discussing them in depth and to partnering with you on any next steps.

1. Grow Multi-Sector and Multi-Ministry Collaborations

No one organization or agency can end homelessness alone. Homelessness is a complex issue that requires a whole-of-community response. While we observed and applaud the new public-private partnerships between MIDES and nongovernmental organizations (NGOs) including people with lived experience of homelessness such as Colectivo NITEP, we recommend strengthening and expanding these partnerships further. Other communities around the world have established regular stakeholder convenings, where government agencies partner with NGOs, academia, and people with the lived experience of homelessness to set shared goals and desired outcomes, co-create solutions, and hold each other accountable for discharging their unique responsibilities in those solutions. Strong multi-sector partnerships also provide sustainability for initiatives across funding challenges, leadership or administrative transitions, and changing community priorities.⁶

We also recommend a quarterly multi-ministry convening specific to homelessness. Again, because of the complexity of homelessness, MIDES alone cannot end homelessness. The Ministries of Housing, the Interior, and other key ministries should regularly meet with MIDES to develop an understanding of how homelessness interacts with their sectors, what policies and legislation exists that either strengthens or undermines efforts to address homelessness, what financial and human costs the issue of homelessness takes, and develop coordinated strategies and a shared pool of resources to address the issue of homelessness comprehensively.

One example of such a multi-ministry collaboration comes from the United States, which operates an Interagency Council on Homelessness (USICH)⁷. USICH consists of leaders from 19 national

⁶ https://ssir.org/articles/entry/collective_impact

⁷ https://www.usich.gov/about-usich/council/with_each_ministry

ministries including Health & Human Services, Education, Labor, Housing and Urban Development, Veterans Affairs, Agriculture, Commerce, Defense, Energy, Homeland Security, Interior, Justice, Transportation, and more. USICH elects a chair and a vice chair, meets four times a year, develops the national plan on homelessness, and focuses on aligning efforts to achieve the goals outlined within the plan.

2. Expand Housing Options

-Create Low-Barrier Emergency Shelters

IGH heard from rough sleepers and shelter users that shelters were avoided due the strict hours, restrictions about accessing shelters including not being able to shelter with a partner, and the distance of some shelters from services. There is an opportunity to shelter more people from the street by shifting the focus of some shelters to low-barrier with the principles of trauma-informed care and harm reduction.⁸

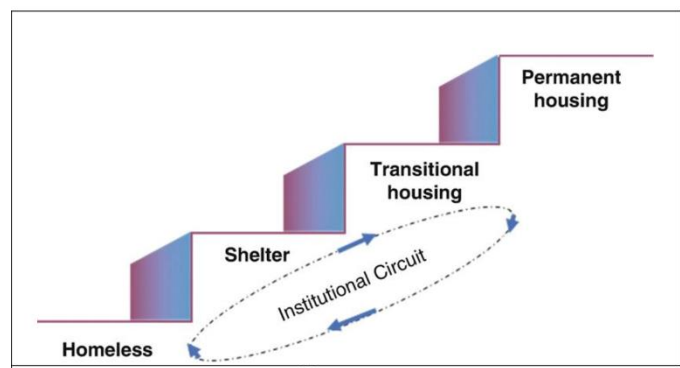
Having shelters that are night-only hinders the reintegration process for people experiencing homelessness and does not provide them with the comprehensive support or stability they need. Night-only shelters should be gradually scaled back. The international evidence is also conclusive in the need to move away from large-scale shelters. We recognize and applaud MIDES' work to date to reduce the size of shelters from 30 to 20 and encourage further progress in that direction. There are also mixed gender shelters that couples can go to but cannot sleeping in the same bed. If possible, shelters should provide access to self-contained accommodation including for couples.

-Focus on Housing-led Responses

In our visit, IGH saw a concerted effort by the ministry to diversify housing including accommodation for people with disabilities, history of mental health, and single mothers. MIDES has also worked to expand longer-term housing, which is aligned with international best practice. The number of people in shelters was 1,381 and the number of people of people in mid to long-term housing was 2,269. During IGH's visit, the Ministry of Housing committed to providing 100 additional units for people experiencing homelessness.

We recognize and applaud MIDES for expanding longer-term housing and we encourage growth in the direction of housing-led and Housing First models, to align with the conclusive international evidence base. Specifically, for longer-term housing, we recommend limiting or eliminating conditions to access housing and time limitations. When we visited a Housing First unit, tenancy was time-limited, with a review period every two years. Housing First is an intervention for people with multiple and complex needs and limiting conditions and providing stable, permanent housing is key to housing first fidelity.

The use of conditions and time limitations reflects the staircase model, where people cycle through an institutional circuit through living on the street, in shelter, and in transitional housing, and not exiting



⁸ <https://cceh.org/wp-content/uploads/2015/12/Shelter-Philosophy-Matrix.pdf>

homelessness.⁹ The staircase model focuses on a linear process of conditions in order for someone to be “housing ready.” The research and evidence on the effectiveness of the staircase model for people with complex needs and vulnerable groups is very weak. While shelters and temporary housing are an important part of the emergency response, we know that in order to truly end homelessness in Uruguay, more permanent housing, combined with a focused effort to move people onwards from temporary to permanent housing to ensure that they do not return to the street.

To address this, countries that demonstrate better long-term outcomes in reducing homelessness have moved to housing-led approaches. This includes Finland, Norway, and Scotland. Finland scaled-up their Housing First programs and worked to turn old shelters into Housing First accommodation. Y-Foundation research showed that the number of shelter and hostel beds in Helsinki fell from 2,121 in 1985 to 52 in 2016. During the same period, the number of supportive housing units in the city grew from 127 to 1,309, and independent rental apartments for people formerly experiencing homelessness increased from 65 to 2,433.¹⁰ They have worked to expand social housing to include offers to people experiencing homelessness and executed a national plan to end the use of night shelters.¹¹

MIDES has a wealth of data that can help design the right housing mix to meet the diverse needs of people experiencing homelessness. There is an opportunity for MIDES to improve outcomes by expanding housing offers including rapid re-housing and rental subsidies for individuals and families that don’t need intensive and ongoing support, and permanent supportive housing for people with complex needs. There are also opportunities for collaboration with other ministries including the Ministry of Housing to expand housing options. In order to provide monitoring for these housing programs, key performance indicators should be used to track outcomes, including the amount of people who remain housed after a certain period of time, and the reason for exits out of these housing options. Evaluations and research should also be done on the long-term effectiveness of these new programs including the Housing First Program, incorporating client feedback, examining fidelity to Housing First model, and tracking outcomes/indicators over time.

The housing-led approach has been more successful in stabilizing people in the long-term, and more cost-effective, particularly for people who have difficulties sustaining housing due to complex needs and who use a disproportionate number of homeless services.¹²

3. Broaden Prevention Efforts

In Uruguay, homelessness prevention efforts have started to address inflows into homelessness from prisons, increase mental health supports, and maintain tenancy in housing for people that have faced recurrent homelessness.

For long-term impacts on homelessness, prevention strategies can be expanded through cross-sector collaboration, policies, and diversion programs to support to support people imminently at risk of homelessness and the housing insecure. Administrative and census data can be used to

⁹ <https://www.semanticscholar.org/paper/Homelessness-and-Public-Health-in-Los-Angeles-Kuhn-Richards/733b974f615ca242c8e841d1947c2fded2a8dee5>

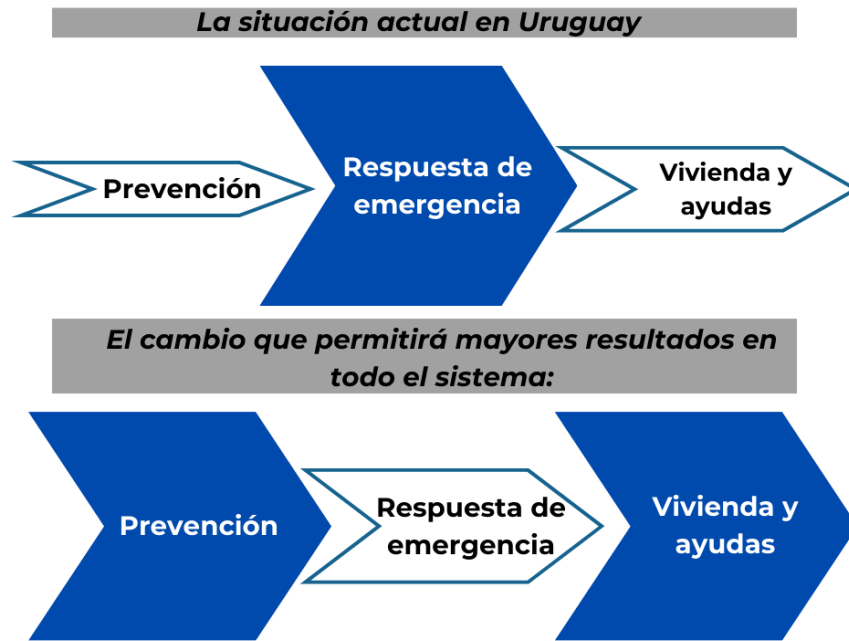
¹⁰ <https://www.huduser.gov/portal/periodicals/citysce/vol22num2/ch4.pdf>

¹¹ <https://homelessnetwork.scot/wp-content/uploads/2020/10/4.-Everyone-Home-Collective-Route-Map-1-Night-Shelters.pdf>

¹¹ <https://www.gov.scot/publications/ending-homelessness-together-updated-action-plan-october-2020/>

¹² https://www.rand.org/content/dam/rand/pubs/research_reports/RR1600/RR1694/RAND_RR1694.pdf

target inflows into homelessness, and widened prevention efforts should be used to turn off the taps.



Homelessness prevention includes three levels of focus: primary, secondary, and tertiary prevention. Primary prevention includes housing management and policy, tenancy support, welfare safety nets, health and other services, secondary prevention includes providing support to high-risk groups imminently facing homelessness due to eviction, relationship breakdown, being discharged from prison, etc., and tertiary: stopping recurrent homelessness.

Finland included primary, secondary, and tertiary prevention in its 2016-2019 homelessness plan, a multi-sector, comprehensive strategy including examining gender, youth and migrant homelessness, ways to secure people in current housing, preventing evictions, and expanding housing supply including social housing.¹³ Countries such as Wales, England, and Germany have national prevention strategies and housing prevention duties for people threatened with homelessness that have been incorporated into national laws.¹⁴¹⁵

A strength that Uruguay has over Finland, Scotland, and other countries, is the quality of real-time data. Administrative and service level data can be used to track the effectiveness of prevention programs by monitoring who uses services over time, and to see if inflows into homelessness are reduced, and if exits from homelessness are sustained by tertiary prevention programs including Housing First. Early prevention efforts are more effective and have less cost to the system.

¹³ <https://homelessnetwork.scot/wp-content/uploads/2020/10/4.-Everyone-Home-Collective-Route-Map-1-Night-Shelters.pdf>

¹⁴ <https://www.gov.scot/publications/ending-homelessness-together-updated-action-plan-october-2020/>

¹⁵ https://www.rand.org/content/dam/rand/pubs/research_reports/RR1600/RR1694/RAND_RR1694.pdf

4. Expand Trauma Informed Mental Health Programs and Track Outcomes

Mental health challenges are both a cause and a consequence of homelessness. A large proportion of people experiencing homelessness in Uruguay also live with mental health challenges. In 2021, 24% of people living on the street and 31% of people living in shelters self-reported having a mental health challenge¹⁶. In 2023, 36% of people in a street situation reported receiving mental health support and 20% were hospitalized for mental health reasons at some point in their life. Without access to mental health services, many people “self-medicate” through the use of substances, further exacerbating the problem. Homelessness will not be resolved unless trauma-informed mental health programs are offered to people at risk of homelessness, experiencing homelessness, as well as for a period of time after they are housed. Although we observed some mental health services, we recommend strengthening and expanding trauma informed mental health programs in partnership with other sectors and ministries. As many of these services are outside of MIDES’ purview, there must be greater collaboration with the Ministry of Health to implement mental health support services. We recommend regularly tracking both short- and long-term housing and mental health outcomes for clients to ensure that effective programs are expanded, and less-effective programs are adapted for better results.

5. Expand Substance Use Treatment Based on Harm-Reduction and Trauma Informed Care Principles; Track Outcomes

Similar to issues of mental health, substance use can be both a cause and a consequence of homelessness. A large proportion of people experiencing homelessness in Uruguay also use substances. In 2021, 85% of people living on the street and 41% of people living in shelters self-reported using substances¹⁷. In 2023, 91% of people reported consuming substances and 72% using substances on a daily basis.¹⁸ For future reporting, if it aligns with government reporting standards for drug use, we recommend separating alcohol use from other problematic substances, and/or quantify alcohol use by asking about number of drinks per day. Often substance use is criminalized, at a high cost to both society and to the individual, which does not address the root cause and leads to a street-to-prison-to-street revolving door. Evidence has shown that when a person is provided housing, they experience physical and psychological safety, and are more likely to engage in substance use treatment programs¹⁹. Again, we observed some substance use programs, several of which were new. We recommend strengthening and expanding substance use treatment based on the principles of harm-reduction²⁰ and trauma informed care²¹ in collaboration with the Ministry of Health and National Drug Board. We recommend regularly tracking both short- and long-term housing and substance use outcomes for clients to ensure that effective programs are expanded, and less-effective programs are adapted for better results. We recommend that people with substance use issues be entered into treatment programs rather than committed to jail or prison, in order to address the root cause rather than exacerbate it.

¹⁶ Evolución y caracterización de las personas en situación de calle en Uruguay Principales resultados de los relevamientos de personas sin hogar realizados en 2020 y 2021

¹⁷ Evolución y caracterización de las personas en situación de calle en Uruguay Principales resultados de los relevamientos de personas sin hogar realizados en 2020 y 2021

¹⁸ Presentación de Datos del Relevamiento de Personas en Situación de Calle en Montevideo Agosto de 2023

¹⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448313/>

²⁰ <https://hri.global/what-is-harm-reduction/>

²¹ <https://internationaltraumacenter.com/>

6. Decriminalize homelessness

The only thing we observed in Uruguay that gave us cause for concern was the criminalization of homelessness via the Ley de Faltas legislation. In many ways, Uruguay is not unique in this; many countries and cities criminalize homelessness. However, the evidence shows clearly that criminalization does not end homelessness; in fact, it exacerbates it.²² Criminalization may take people off the street for some number of nights, but they are less likely to trust government agencies to help them resolve their homelessness, they have a record of misdemeanors or prison time that creates barriers to their future employment or housing, and they inevitably find themselves back on the streets. People that have been incarcerated are also more likely to experience homelessness, and Ley de Faltas can further entrench this street to prison cycle.

We visited the Centro de Ley de Faltas and we were concerned to see the barbed wire, chained gate, and armed guards present. Although it is not technically a detention center, the feeling is more like a prison than a supportive environment and would undoubtedly compound the trauma of someone experiencing homelessness and make their case even more complex. We often recognize that people experiencing homelessness have “complex needs” and enforcing legislation like Ley de Faltas adds to that complexity.

Ley de Faltas also has the potential to increase negative interactions from the police. In many countries, interactions with people experiencing homelessness from the police can be aggressive and violent with people of marginalized identities more at risk. In 2023, 30% of people experiencing homelessness experienced some form of assault (either physical or psychological) by police. We recommend conducting sensitization trainings with police on how they can improve interactions and coordinate with MIDES. As part of the mobile dispatch work, social workers/street outreach workers could go out in partnership with police or as point of first contact.

From Uruguay’s data, we see a strong street-to-prison-to-street revolving door. In 2021, 50% of people living on the street and 25% of people living in shelters reported previous experiences with incarceration²³. In 2023, 53% of people in a street situation reported being in jail, with half of people being imprisoned up to 3 times.²⁴ It is clear that a strategy of criminalization is entrenching rather than resolving homelessness. A new way forward in this particular area is required for Uruguay to end homelessness. We recommend re-directing the resources currently spent on the implementation of Ley de Faltas towards evidence-based programs and services that are proven to effectively address the prison-to-homelessness pipeline.

7. Expand homelessness monitoring and evaluation

Monitoring framework with key performance indicators provide a better understanding of what is happening across key dimensions, simplify reporting nationally, and provide stakeholders across sectors with a common language and understanding of outcomes. The indicators allow for continuous quality improvement and performance benchmarks for stakeholders to strategize together on how to meet.

With the SMART system, high-level performance indicators can be pulled out and monitored on a regular basis to track the country’s progress, supplemented by point-in-time counts. Many high-

²² <https://www.tandfonline.com/doi/abs/10.1080/10530789.2020.1763573>

²³ Evolución y caracterización de las personas en situación de calle en Uruguay Principales resultados de los relevamientos de personas sin hogar realizados en 2020 y 2021

²⁴ Presentación de Datos del Relevamiento de Personas en Situación de Calle en Montevideo Agosto de 2023

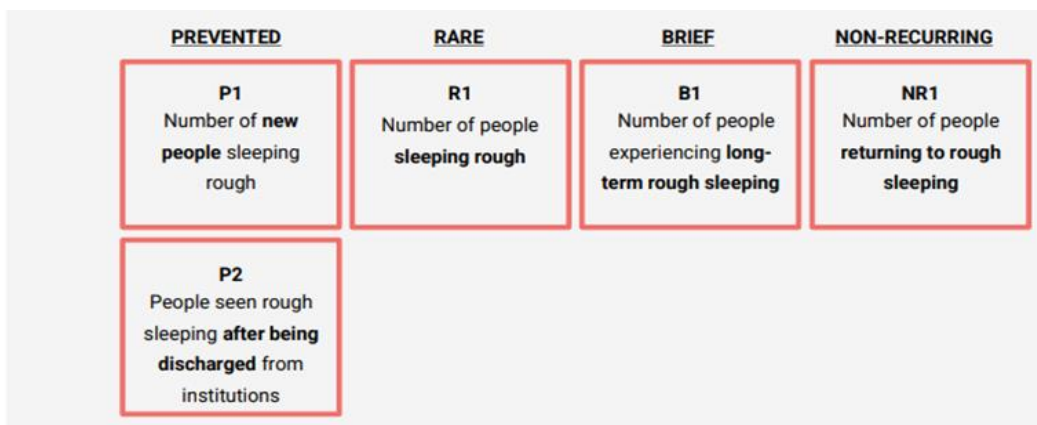
level indicators are currently reported on at through SMART dashboard, and we recommend regular public reporting on indicators at least once a year. These indicators should include:

- Number of rough sleepers
- Number of people in shelters/temporary accommodation
- Number of people who become homeless for the first time
- Number of people placed in long-term housing
- Percent of people staying in their long-term housing

Below are two examples of national monitoring indicators used in the United States and England. The United States Department of Housing and Urban Development (HUD) has seven key system performance measures:²⁵

1. Length of time persons remain homeless
2. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness
3. Number of homeless persons
4. Jobs and income growth for homeless persons in CoC Program-funded projects
5. Number of persons who become homeless for the first time
6. Homelessness prevention and housing placement of persons defined by Category 3 of HUD’s homeless definition in CoC Program-funded projects
7. Successful housing placement

Stakeholders in England have been working in 2022 to establish the Ending Rough Sleeping Data Framework, a national model to define success and measure progress towards ending rough sleeping in every local area in the country, tracking progress across five core indicators shown below.²⁶ Ending rough sleeping means preventing it wherever possible and, where it cannot be prevented, making it a rare, brief, and non-recurrent experience.



²⁵ <https://files.hudexchange.info/resources/documents/system-performance-measures-in-context.pdf>

²⁶ https://homelesslink-1b54.kxcdn.com/media/documents/Rough_Sleeping_Data_Framework_Webinar_Slides.pdf

Internal evaluation and external research should also be conducted to ensure that the programs are meeting their intended outcomes, and capture client feedback. People with lived experience should be consulted at several stages in the program implementation process.

Disaggregated data on marginalized populations should also be collected and analyzed to ascertain if outcomes are different for people with different identities. Using the data and client feedback, systems and programs should be examined if there is inequalities or discrimination, and how they can be addressed. This includes experiences of racism/discrimination/harassment in MIDES and other programs, for example, discrimination of people with Afro-descent, issues with accessibility for people with disabilities, and safety and inclusion for women and LGBTQIA+ individuals, and if outcomes differ.

Suggested disaggregation:

- a. Sex, age, type and size of household, geographic location, length of time person has experienced homelessness and health/disability status.
- b. Where possible: by sources of income, race, ethnicity, migratory status, causes of person’s homelessness including reason for loss for last settled home, health information, and other characteristics relevant in national contexts.

Review of Vanguard Country Goals

Qualitative Goals	
1. Improving the quality of care for homeless people through the diversification of care and reception responses.	Diversification of services has expanded as noted in this report. Further diversification should be considered including housing options with minimal conditions, permanent supportive housing, and monitoring and monitoring of outcomes and program quality.
2. Implementation of social innovation projects, with design and execution of evaluation and monitoring processes.	Civil society innovation projects have been started with a focus on diverse services including rehabilitation, workforce development, and housing
3. Development of a dialogue table between civil society, the national government and groups or delegates of homeless people.	Civil society collaborations have increased, as well as a project with people of lived experience. A stakeholder steering group should be developed and meet at least quarterly.
4. Development of secondary prevention policies for homelessness.	Prevention programs should be scaled up to address inflows into homelessness.
Quantitative Goals	
1. Increase the provision of stable housing solutions for homeless people by 100 places through strategies	Long-term housing options have been expanded. Many housing options have some conditions to access and even Housing First options are limited

<p>focused on housing, based on Housing First and Housing Led experiences. INDICATOR: number of people in long-stay housing solutions focused on housing / percentage of people in long-stay housing solutions focused on housing in relation to the total number of people using the care system devices.</p>	<p>to two-year placements that can be renewed. Housing First options should include longer term tenancy, and evaluation/research should be done on outcomes including retention, quality, and client feedback.</p> <p>A major step is the agreement with the Ministry of Housing for 100 units for people experiencing homelessness.</p>
<p>2. Reduce the number of people living on the street in the metropolitan area by 20% INDICATOR: number of people who spend the night outdoors and use night shelters, in relation to the baseline - 2021 census.</p>	<p>Street homelessness has increased by 48 percent from 920 in 2021 to 1363.²⁷</p>

Conclusion

We are grateful to colleagues at MIDES, Colectivo NITEP, and our other contacts who so graciously and transparently shared their work, knowledge, information, and networks with us. We were humbled and honored to have worked alongside you for a week, to call you partners in our global work together, and to have Uruguay as the first-ever Vanguard Country. We firmly believe that by enhancing multi-sector collaborations, expanding access to long-term housing, increasing mental health services and substance dependency treatment programs, and working to better support people leaving the carceral system, homelessness can truly be ended in Uruguay in the coming years. We look forward to continued partnership and knowledge exchange towards that end.

²⁷ Presentación de Datos del Relevamiento de Personas en Situación de Calle en Montevideo Agosto de 2023

Appendix

Overview of Programs Visited/Activities Conducted

MIDES arranged a comprehensive tour of its programs and services over the course of several days. Our itinerary included:

- Meeting with the Minister of Social Development, Martin Lema
- Meeting with the Dirección Nacional de Transferencias y Análisis de Datos (DINTAD) for an overview of the SMART web-based worktool
- Visiting *Viviendas con Apoyo en Euskalarrria*, a medium to long-term supportive housing program for individuals living in dispersed (scattered-site) units with up to 3 other people. Residents receive housing, case management services, and access to social supports such as cash transfers and housing vouchers.
- Visiting *Zorzal Centro de Ingreso de Mujeres con NNA*, an emergency, short-term housing program for women with children. Families stay in private or semi-private rooms with another family for up to three months while they wait for a more permanent housing placement. Families receive case management services, access to social supports such as cash transfers and housing vouchers, as well as all daily meals and children's programming.
- Visiting *Centro Autogestionada Vilardevoz*, a long-term collective housing program for 10 men and women with mental health and substance use dependency leaving the shelters. The community is self-managed, with the residents setting their own house rules and holding each other accountable. The community also manages a radio station, with many of the residents hosting their own radio programs ranging from podcasts to poetry to music.
- Visiting *Centro Medio Camino de Salud Mental Surpalermo*, a medium-stay supportive housing program for individuals living with mental health issues after they have been released from healthcare institutions. Individuals stay in semi-private rooms with up to 3 other people, receive daily meals, and receive case management services designed to access social supports such as cash transfers, housing vouchers, and placement into protected employment.
- Visiting *Centro de Capacitacion Ceprodih*, a partnership between MIDES and a non-governmental organization. The Centro provides a variety of employment training and entrepreneurship programs for women living in shelters or housing programs. Onsite childcare is provided. Women can select the type of training program they are interested in, from textile arts to hair styling to massage to computer certifications and more. For women interested in the entrepreneurship track, the Centro provides support in small business and financial planning. Women attend programs at the Centro for up to 12 months and receive an additional 6 months of mentoring support.
- Visiting *Geronimo Piccioli de Mujeres con Ninos, Ninas y Adolescentes*, a medium-term housing program for women with children. Families stay in private rooms, receive daily meals, and receive case management services designed to access social supports such as cash transfers, housing vouchers, and employment training.
- Visiting *Centro de Recuperacion Tarara*, a medical respite and nursing center for people with physical and mental health disabilities. Individuals stay in private rooms and receive health care services, including physical therapy, daily meals, and case management services.

- Holding a press conference on National Action in the International Context on People living in Street Situations
- Visiting *la Comunidad Terapeutica Bethania*, a medium-term community housing program for men with substance use dependency; an Uruguayan adaptation of Alcoholics Anonymous. The program is a partnership between MIDES and a non-governmental organization, with MIDES funding a portion of the available beds. Men stay in the community for up to a year in semi-private rooms, and receive individual and group counseling. Men receive continued support when they leave the community and integrate back into their home communities. Approximately 30% of participants remain sober after leaving the program.
- Visiting *Centro Nuestros Hijos Nos Esperan*, a medium-term community housing program for men returning from the carceral system. Men stay in the community for up to a year, in semi-private rooms, and receive case management services including family reunification support.
- Visiting *Centro Primera Atencion para personas en situacion de intemperio*, an emergency, short-term shelter for people taken from the streets for violating the Ley de Faltas legislation. Individuals are mandated to undergo a health examination. Individuals receive some case management services such as assistance accessing documentation. If an individual indicates that they would like a medium-term bed at a 24-hour shelter, they are assigned one.
- Attending the opening of the *Casa Medio Camino de UPD*, a medium-term community housing program for individuals who are addressing their substance use dependency. Residents stay in semi-private rooms and receive case management and substance use treatment services.
- Observing the bi-annual census, described above in the section on Measurement
- Meeting with Juan Pablo Labat, a former colleague of IGH's, now a parliamentarian advisor. The need for additional research and evaluation of homeless policies and programs specific to the Latin American context was underscored in this conversation.
- Meeting with Walter Ferreira, the coordinator of Colectivo NITEP, a collective with people of the lived experience of homelessness. The importance of partnering with people closest to the issue to co-create solutions was underscored in this conversation.
- Meeting with Juan Maria Abal, housing economist and social impact bonds expert. The housing gap and the complications of increasing the stock of affordable, adequate housing were highlighted in this conversation. He shared that as of June 2021, there is a quantitative deficit of ~60,000 homes and a qualitative deficit of ~170,000 homes. Housing stress is concentrated in the poorest 20% of the population.

Details on SMART and Uruguayan Census of People Experiencing Homelessness

Through the use of this tool, MIDES has access to client-level showing individual demographics, services and programs accessed, and case management notes. MIDES can also use the tool to provide aggregate-level analysis as well as program evaluation and outcomes.

MIDES also conducts a bi-annual census, also known as a “point in time count.” The census is held on one night during the winter, primarily in Montevideo. MIDES employees are assigned a zone of

the city, which they cover over the course of several hours beginning at 11pm until 6 am. People experiencing homelessness on the street are counted using a tally sheet or an in-depth assessment if they are willing to share their information. Any person experiencing homelessness on the street is offered water, meat empanadas, and, if requested, a place in a shelter that night was coordinated. If a person wants to access shelter, transportation is provided as quickly as possible. Shelters also report their numbers.

Details on Coordinated Outreach

There is a hotline number that anyone can call or WhatsApp which creates a pin on a map that alerts the central dispatch team to where people are on the street. The hotline caller is offered the option of receiving a report back the following day with a high-level result. The calls are prioritized based on level of urgency (e.g., whether there are children, whether the person was observed to have a disability or medical condition, whether the person was observed to be elderly, etc.), and a street outreach team is dispatched to the last known location. The street team offers first response assistance and encourages people to come into shelter. If the person indicates that they would like a shelter bed, the street team notifies the central booking team. The central booking team accesses SMART to understand any particular needs an individual has (e.g., if it is a woman who has experienced domestic violence who needs a women's-only shelter) and looks across the data from the shelters to see where there is an appropriate and open bed. That bed is then assigned to that person, with the shelter receiving immediate notice via SMART and the street outreach team receiving notice as to which shelter to take the individual. Reports are reviewed by the MIDES team the next morning and they can immediately adjust to add more beds as needed for that night.