Transformations in the food practices of women experiencing severe homelessness: an analysis of experiences in a Communal Housing First project in Barcelona

Transformaciones en las prácticas alimentarias de mujeres en situación de sinhogarismo severo: análisis de experiencias en un proyecto de Communal Housing First en Barcelona

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ABSTRACT Food is often addressed in institutional responses to women's homelessness as a basic need to be met through standardized forms of assistance. While these interventions ensure subsistence, they may also restrict choice, depersonalize care, and reproduce relationships of dependency, overlooking the role of food practices in restoring autonomy, identity, and social relationships. This article examines transformations in the food practices of women living at Llar Rosario Endrinal, a feminist and intersectional Communal Housing First project in Barcelona that provides permanent, unconditional housing in a shared living environment for women with histories of severe homelessness. Based on in-depth interviews conducted in 2024 with nine residents, the article presents findings from the first phase of a longitudinal study. The participants' narratives show that the transition from street homelessness and emergency shelter services to stable housing with a private kitchen reshapes the material, embodied, relational, temporal, and decisional dimensions of well-being. The opportunity to store, choose, prepare, and share food supports the reconstruction of everyday routines and care practices, the reclaiming of domestic space, the restoration of affective relationships, and the strengthening of agency, autonomy, memory, and identity. The findings highlight the need to recognize food as a strategic dimension of recovery processes and of policies addressing women's homelessness.
KEYWORDS Women; Homeless Persons; Housing; Food; Well-being; Feminism; Spain.

RESUMEN En las respuestas institucionales al sinhogarismo femenino, la alimentación suele abordarse como una necesidad básica que debe resolverse mediante prestaciones estandarizadas. Aunque estas garantizan la subsistencia, también pueden restringir la elección, despersonalizar el cuidado y reproducir relaciones de dependencia, invisibilizando el papel de las prácticas alimentarias en la recuperación de la autonomía, la identidad y los vínculos. Este artículo analiza las transformaciones en las prácticas alimentarias de mujeres residentes en la Llar Rosario Endrinal, un proyecto feminista e interseccional de Communal Housing First en Barcelona que ofrece vivienda permanente e incondicional en un entorno comunitario a mujeres con trayectorias de sinhogarismo severo. A partir de entrevistas en profundidad realizadas en 2024 a nueve residentes, se presentan los resultados de la primera fase de una investigación longitudinal. Las narrativas muestran que la transición desde la calle y los dispositivos asistenciales hacia una vivienda estable con cocina propia modifica las dimensiones material, corporal, relacional, temporal y decisional del bienestar. La posibilidad de almacenar, elegir, preparar y compartir alimentos favorece la reconstrucción de rutinas y cuidados cotidianos, la reapropiación del espacio doméstico, la recuperación de vínculos afectivos y el fortalecimiento de la agencia, la autonomía, la memoria y la identidad. Los resultados evidencian la necesidad de reconocer la alimentación como una dimensión estratégica de los procesos de recuperación y de las políticas frente al sinhogarismo femenino.
PALABRAS CLAVES Mujeres; Personas sin Hogar; Vivienda; Alimentación; Bienestar; Feminismo; España.

Introduction

Homelessness is considered one of the most extreme forms of social exclusion in contemporary societies. In the case of women, this situation presents specific characteristics that have traditionally remained invisible in both research and public policy.[1,2] The literature primarily highlights the following features of women's homelessness: gender-based violence, family breakdown, forced migration, and motherhood under conditions of severe vulnerability.[1,3,4,5,6] These specificities shape the ways in which women experience homelessness in comparison with men and, likewise, give rise to distinct forms of engaging with both urban space and support services.[7,8,9,10,11] In light of this complexity, access to housing constitutes not only the provision of shelter but also a necessary condition for rebuilding the affective and community ties that have been damaged by homelessness.[12]

Among the range of responses to homelessness, the Housing First model, originally developed in the United States, has emerged as a prominent approach. It proposes unconditional access to housing as the starting point for processes of personal and social recovery, particularly for people with histories of chronic homelessness.[13] Communal Housing First is an adaptation of this model that incorporates community-oriented and relational dimensions while promoting autonomy, shared responsibility, and mutual care within non-institutionalising environments. It also enables the provision of intensive and ongoing support tailored to women with histories of violence and trauma. From a gender perspective, this model acknowledges the particular forms of exclusion and violence experienced by homeless women and proposes an intervention centred on their specific needs.[14]

More specifically, this article explores the complexities and potential transformations in the food practices of women who have experienced prolonged homelessness,[12] have mental health diagnoses and/or are actively using substances, and who currently reside at Llar Rosario Endrinal, a Communal Housing First project in Barcelona consisting of ten individual apartments with socio-educational support and grounded in a feminist perspective. The project is based on a broader understanding of recovery in contexts of severe homelessness and combines material, relational, and political dimensions from a perspective centered on the restoration of rights and citizenship. Recovery processes are centred on the possibility of overcoming the limitations of traditional intervention approaches through the guarantee of stable and unconditional housing. Specifically, the article focuses on changes occurring in the domain of food, understood as a situated and relational practice imbued with multiple meanings. On the one hand, it highlights the implications of leaving behind survival strategies and the fulfilment of basic needs within welfare institutions and/or under the precarious conditions of street homelessness. On the other hand, it examines how this type of project enables the reconstruction of everyday habits and care practices, the reappropriation of domestic space, the reorganisation of temporalities, and the reconfiguration of identity, agency, and autonomy.

This article starts from the premise that exploring food practices provides insight into the ways in which processes of subjective recovery, everyday reorganisation, and the resignification of care take shape, always from a situated form of knowledge grounded in people's own constructions and understandings of these experiences.[15,16] From a feminist and intersectional perspective, the study examines how food is connected to the construction of identity and life history, affective relationships, and the capacity for agency in managing everyday life within an environment that supports decision-making and the reconstruction of domestic space.[17] In this context, recovery is understood as a singular and non-linear process in which each woman defines her own goals, pace, and meanings in relation to well-being and her life project.

Transformations in theoretical approaches to homelessness

For several decades, research on homelessness has been characterised by structural and clinical approaches that associate the phenomenon with extreme poverty, the lack of affordable housing, and/or the presence of substance use disorders and mental health conditions. While these approaches have helped to highlight the structural dimension of homelessness, they have also reproduced an androcentric perspective based on the most visible and linear male trajectories, such as rough sleeping or the use of shelters and support services.[7,8]

More recently, the development of feminist and intersectional perspectives has challenged these reductionist views by arguing that women's homelessness takes more complex and less visible forms, and that understanding it requires careful consideration of the intersecting relations of gender, class, ethnicity, age, and health that shape women's experiences in specific ways.[4,9] Life trajectories marked by gender-based violence, motherhood under conditions of severe precarity, and forced migration lead women experiencing homelessness to develop survival strategies centred on avoiding public spaces for fear of violence and relying on informal support networks or relationships of dependency to ensure their survival.[2,18]

In this regard, it is important to recognise that women's homelessness trajectories are not only different from those of men, but are also rendered invisible by both support systems and official statistics, which fail to capture hidden forms of homelessness such as couch surfing, temporary occupation of accommodation, or forced cohabitation.[1,11] Moreover, women face greater

barriers in accessing services, experience higher levels of institutional violence, and encounter support systems that are less responsive to their specific needs.[5,6]

Within this framework, an intersectional perspective is essential for understanding the multiple and interconnected axes of inequality that shape women's experiences of homelessness. In the Spanish context, recent studies indicate, for example, that migrant women experiencing homelessness face a dual form of exclusion based on both their migration status and their gender, resulting in more restricted access to financial benefits, greater exposure to violence, and increased social isolation.[6,18,20]

This shift in the theoretical framework has facilitated a move away from pathologising and assistance-based approaches towards a perspective that acknowledges the nuances and complexities of this form of structural inequality.[4] From this standpoint, it is necessary to critically reflect on current intervention models and to effectively integrate the principles of rights, care, and social justice by incorporating the voices, experiences, and knowledge of the women affected.[1,20]

Accordingly, women's homelessness cannot be understood through categories presented as "universal" or "neutral." Rather, it requires theoretical approaches that recognise structural inequalities and women's situated experiences.[1,9] Within this perspective, food emerges as a key analytical dimension for understanding the diverse forms that processes of exclusion and recovery may take, by examining the material, symbolic, and relational aspects that make food a domain profoundly shaped by gender.[15] Far from being a secondary practice, food in contexts of homelessness constitutes a space marked by tensions between dependence and autonomy, institutional control and everyday agency, and survival and care, among others.

Women's homelessness and food

When examining the relationship between food and women's homelessness, particular attention should be paid to how food practices provide insight into women's processes of subjective and social recovery in all their complexity.

Food cannot be confined to the narrow boundaries of a biological or functional practice; rather, it constitutes a total social fact,[21] in which material, symbolic, affective, and political dimensions are articulated and intertwined.[22] Thus, eating entails not only nourishment but also the exercise of agency, the maintenance of social relationships, and the reproduction of—or resistance to—particular social structures. From this perspective, food practices are directly shaped by power relations, structural inequalities, and multiple forms of social exclusion,[23] particularly in contexts of extreme vulnerability such as homelessness.

In their analysis of the food trajectories of women experiencing precarity in Catalonia, Gracia-Arnaiz, García-Oliva, and Campanera[17] show how food becomes a relational practice, imbued with meaning and profoundly shaped by gender. The authors demonstrate that women generally develop food strategies that combine precarity, creativity, and resistance, and that cooking can become a space for symbolic reappropriation and the reconstruction of identity.

Food insecurity has a direct impact on both physical and mental health, particularly for women, as food is not only a basic necessity but also an essential component of subjective well-being and recovery processes.[24,25,26]

Within the European context, women experiencing homelessness face specific barriers to accessing food, including dependence on welfare services, limited food autonomy, and exposure to dynamics of institutional control.[26] Consequently, food emerges as a site of vulnerability but also of agency and transformative potential. Women experiencing homelessness often experience food as a practice characterised by stress, improvisation, and a lack of control.[27] At the same time, forms of resistance and care have been identified that enable women to rebuild their relationships with their bodies and with others, particularly when they gain access to their own spaces for cooking.[16,28]

For people experiencing homelessness, access to food that is adequate, regular, and culturally acceptable is severely constrained by limited financial resources, the absence of private spaces for storing and preparing food, and dependence on welfare services.[26,29] This situation not only undermines physical and mental health but also restricts individuals' capacity for decision-making, autonomy, and care practices.[27] In these contexts, food becomes an imposed and depersonalised practice, subject to institutional logics that reinforce subordination and stigmatisation.[25,28]

From a feminist and intersectional perspective, these dynamics are further exacerbated in the case of women. Women's homelessness trajectories—shaped by gender-based violence, motherhood under conditions of precarity, migration processes, and family breakdown[2,4]—influence both access to food resources and the ability to engage in their own care practices. Women experiencing homelessness often rely on informal networks or unequal exchange relationships to obtain food, exposing them to new forms of violence and dependency.[1,18]

Within this framework, food cannot be understood as a secondary dimension of recovery processes but rather as a central axis in the reconstruction of everyday life. The transition from the street or emergency shelters to an individual dwelling with a private kitchen represents a critical turning point, as having one's own space makes it possible to regain control over food practices.[15,17]

A study conducted within a participatory project in soup kitchens in the United States shows that women experiencing homelessness can actively contribute to

the redesign of menus and food services.[16] In this way, food becomes a tool for fostering inclusion, enhancing well-being, and restoring agency within institutional settings.

Although the kitchen has traditionally been associated with the reproduction of gender roles, it can also be re-signified as a space of subjective reappropriation, where women reconstruct their agency through everyday practices that had been denied or disrupted by the experience of homelessness.[3] This dimension has received limited attention in studies of social exclusion, which have tended to focus on structural or clinical variables while overlooking the everyday practices that sustain recovery processes.

Food and the dimensions of well-being among women experiencing homelessness

Within the European context, and particularly in Spain, recent research has documented a steady increase in women's homelessness, underscoring the need to develop public policies grounded in a gender perspective.[6,11] In cities such as Barcelona, the implementation of models such as Communal Housing First has created alternatives that place unconditional access to housing at the centre while simultaneously promoting forms of communal living based on autonomy, shared responsibility, and mutual care.[12,13,14] These models focus not only on residential stability but also on fostering the material and symbolic conditions that support subjective recovery, in which food plays a particularly significant role.

Understanding food as a total social fact makes it possible to recognise its role in the recovery processes of women experiencing homelessness and opens the way to rethinking public policies through a framework of rights restoration, care, and social justice.

The theoretical framework proposed by Fournier et al.[30] and McAll[23] on the dimensions of material, bodily, relational, temporal, and decisional well-being provides a robust analytical lens for understanding recovery processes among women experiencing homelessness through their food practices. These dimensions make it possible to capture the multiple ways in which food contributes to well-being beyond its nutritional function.

With regard to material and symbolic well-being, access to adequate food and a private kitchen enables women to regain control over basic resources, reducing dependence on welfare services and facilitating more autonomous forms of food consumption.[25,29] Symbolic well-being refers to the ways in which cooking and food allow women to reconnect with memories, culinary knowledge, and cultural practices that had been disrupted by the experience of homelessness, thereby supporting the reconstruction of identity.[3,24]

In terms of bodily well-being, the ability to choose what, when, and how to eat has a direct impact on physical and mental health, body perception, and relationships with pleasure and self-care.[27,28] Relational well-being is reflected in the ways that food, as a shared practice—whether in communal spaces or through preparing meals for others—facilitates the rebuilding of affective relationships, support networks, and forms of cohabitation grounded in mutual care.[15,16,27] Regarding temporal well-being, the organisation of meal times contributes to structuring everyday life, re-establishing routines, and planning for the future, all of which are key elements in processes of housing stabilisation.[17] Finally, decisional well-being refers to the ability to manage everyday life autonomously by making decisions about the organisation of daily routines and the use of time.

This multidimensional approach makes it possible to move beyond biomedical or assistance-oriented interpretations of food in contexts of social exclusion and instead positions food as a central element in processes of subjective, social, and political recovery.

Methodology

This article presents some of the findings from the first phase of the study *"The Recovery Process of Women at Rosario Endrinal: A Study Focused on the Communal Housing First (CHF) Model."* This is a three-year longitudinal study (2024–2027) aimed at analysing the recovery processes of women experiencing severe housing exclusion who were living at Llar Rosario Endrinal (Barcelona), a support model grounded in a feminist perspective. Although the study adopted a mixed-methods approach, combining qualitative and quantitative data, this article draws exclusively on findings from the qualitative component.

The study was informed by a feminist and intersectional perspective to understand the participants' experiences of food and housing as situated processes shaped by intersecting gender inequalities,[31] emphasising the importance of motherhood, experiences of violence, trauma, and agency. Exploring these life trajectories makes it possible to identify the interaction between structural factors and subjective experiences, revealing how gender inequalities, the stigmatisation of homelessness, and limited access to fundamental rights operate as key elements shaping these women's lives. This approach made it possible to understand the phenomenon of hidden women's homelessness,[32,33] characterised by prolonged, complex, and fragmented trajectories, often marked by violence, relational isolation, and institutional neglect.

Study population and sample

A purposive sampling strategy was employed, in accordance with the objectives of the study. The sample comprised nine women living in the programme. Of the 12

women who had participated in the programme since its inception in May 2024, two declined to take part in the interviews, one had died, and the remaining nine voluntarily participated in the study. The participants represented diverse profiles in terms of age, nationality, administrative status, educational attainment, family history, and health status. All had experienced prolonged processes of housing exclusion, as well as multiple forms of gender-based violence and institutional neglect.

Data collection techniques and instruments

The study included individual interviews with the women residents and group interviews with the professional support team. The findings presented in this article are based on the qualitative data collected during the first phase of the study through in-depth interviews with the participating women, conducted face-to-face in 2024. Before data collection, the participants attended a group information session during which the objectives of the study, confidentiality procedures, and their right to withdraw from the study at any time were explained.

The interviews with the women were conducted progressively, according to the timing of each participant's entry into the programme. This approach made it possible to capture their initial impressions as well as the emerging changes following access to housing.

The interviews were flexible and adapted to each participant's life circumstances and emotional condition, acknowledging the fragmented life histories and experiences of trauma that characterised their trajectories.[34,35] This approach enabled the collection of rich and in-depth narratives while respecting the participants' own interpretations of their life trajectories, as well as their individual rhythms and priorities. All interviews addressed the following thematic areas: personal background and life history; current situation and needs; experiences with the support system; expectations and perspectives regarding Llar Rosario Endrinal; and the potential contributions of the Communal Housing First model, with particular emphasis on its gender perspective, the creation of social support networks, and access to safe housing. Specifically, with regard to food, the interviews explored participants' food trajectories while living on the street or using welfare services; their experiences with food prior to homelessness; changes following entry into the programme; food purchasing, storage, cooking, and consumption practices; relationships with the body and health; affective ties; culinary memory; and perceptions of autonomy.

Data analysis

The interviews were transcribed and subsequently organised and analysed using the qualitative data analysis software ATLAS.ti, version 24. An open and axial coding process was undertaken to identify common themes cores and emerging patterns in the women's narratives, following grounded theory strategies.[36,37] During the initial stage, an inductive and iterative process was used to identify emergent codes related to participants' experiences, practices, emotions, memories, forms of care, and the meanings they attributed to food, as well as to cohabitation, the body, and housing. Subsequently, through axial coding, relationships between codes and narratives were explored using code co-occurrences and semantic networks in order to identify connections among categories and recurring themes.

Drawing on the constant comparative method,[36] the initial codes were subsequently reorganised into analytical dimensions related to material, bodily, relational, temporal, and decisional well-being,[23] enabling the progressive refinement of categories and their integration within a shared interpretative framework.[37] Coding decisions were discussed collectively within the research team, and iterative reviews were conducted to enhance reflexivity and the rigour of the analysis.

The analysis of the narratives identified three main analytical dimensions: food as a space of identity, affection, and memory; culinary knowledge and everyday agency; and the role of food in recovery processes. As the findings presented here correspond to the first phase of a longitudinal study, they should be regarded as preliminary. Nevertheless, they highlight the central role of food in the reconstruction of everyday life following the experience of homelessness.

Ethical considerations

This study received a ethics approval from the Bioethics Commission of the University of Barcelona (approval code IRB00003099 CER042403) and was conducted in accordance with its ethical and legal principles. In addition to complying with data protection regulations (Organic Law 3/2018 of 5 December on the Protection of Personal Data and the Guarantee of Digital Rights), the study ensured participants' rights to information, informed consent, confidentiality, and anonymity. To protect the identity of the women interviewed, all real names were anonymised and replaced with pseudonyms.

Given that the participating women had experienced severe housing exclusion, multiple forms of violence and institutional neglect, as well as extensive trajectories of institutionalisation, they could reasonably be expected to approach research processes with caution, reservation, or distrust. Accordingly, the fieldwork was conducted within a clearly defined ethical and relational framework aimed at avoiding distress, coercion, or revictimisation. For this reason, the interviews were conducted over more than one meeting, respecting each participant's pace, the rhythm of her narrative, and her emotional state.

Results

The narratives of the women residing at *Llar Rosario Endrinal* reveal a complex set of experiences, representations, and meanings associated with food that are deeply intertwined with their life trajectories, in which experiences of housing exclusion have affected multiple dimensions of their well-being. Their accounts of food-related experiences point to a clear distinction between life before and after entering the programme, illustrating how changes occur across the different stages of food procurement, preparation, and consumption. The food insecurity experienced prior to joining the project, together with the practices and strategies these women developed to survive on a daily basis, stands in sharp contrast to their subsequent food experiences. The participants emphasised the importance of the changes in their food practices for improving their health, caring for their bodies, and enhancing their overall well-being, demonstrating that food extends far beyond a biological necessity to encompass other dimensions of life, including temporal, decisional, and relational well-being (Figure 1).

As illustrated by the experiences of the women residing at *Llar Rosario Endrinal*, food is closely linked to recovery processes that do not follow linear or homogeneous pathways but are instead shaped by complex life trajectories. These processes should therefore be understood as inherently ambivalent and fragile, characterised by limitations, discontinuities, and contradictions. In everyday life, uncertainty and emotional exhaustion may generate tensions and dilemmas that interrupt or weaken recovery trajectories.

From the material dimension of well-being to the decisional dimension and autonomy in food practices

Women's experiences of homelessness are marked by a significant loss of agency, autonomy, and decision-making capacity, as evidenced by their inability to make decisions freely or carry out certain actions, since these are structured by institutional settings or by other people.[38] Having a space of their own has enabled the women to resume routines, manage their everyday lives, and make decisions about basic aspects such as cooking, organising their time, and maintaining adequate hygiene. This capacity for self-management represents a fundamental change compared with dependence on temporary support services or the use of public space as a refuge.

In the interviews, the women residents described how entering *Llar Rosario Endrinal* and gaining access to individual housing with a private kitchen and food represented an improvement in material well-being that went beyond meeting their basic needs and also entailed a reappropriation of their lives. The women described how having a home of their own allowed them to regain control over their food practices and reorganise their everyday routines. Thus, one resident emphasised: "*More than before. Since I have a fridge where I can store food, it's easier*" (Olga, Phase 1). The possibility of

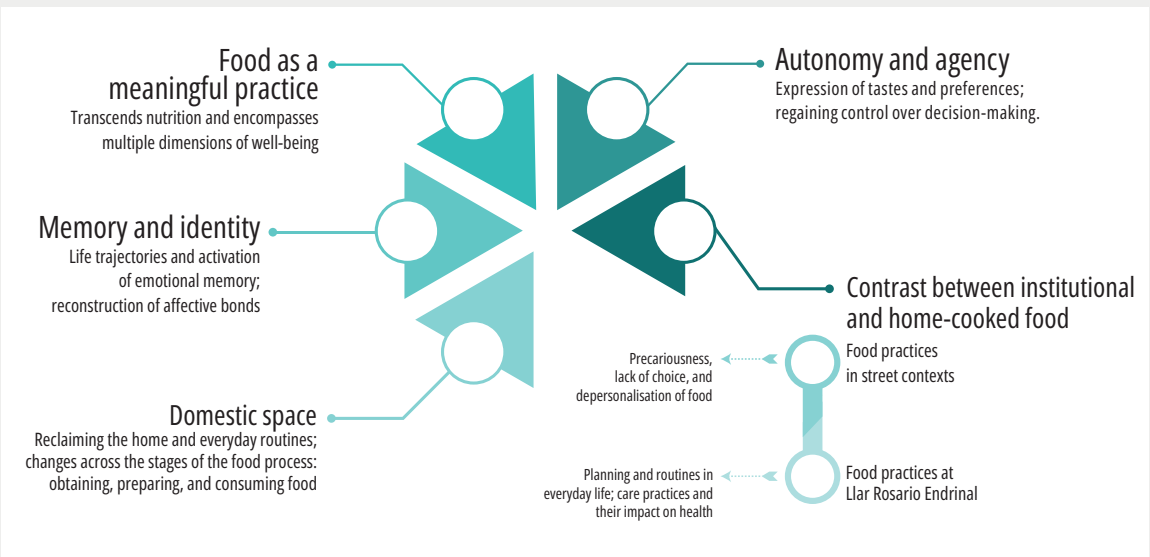

Figure 1. The role of food in the recovery processes of women experiencing chronic homelessness. Barcelona, Spain, 2024.

Source: Prepared by the authors based on participants' narratives.

storing, planning, and preparing food in a private and safe environment represents an opportunity to move beyond experiences of subsistence and enables new forms of care. As one of the women noted: "*I've made hamburgers with French fries and eggs. Well, everything, a bit of everything*" (Laura, Phase 1).

In their narratives, the women emphasised that having an appropriate personal space in which to carry out their everyday activities is a key element of their food practices and self-care. Having a refrigerator in their home allows them to organise their shopping, while having their own kitchen enables them to decide what to eat and how to prepare and cook their food. One resident noted that being able to prepare her own food helped her maintain a healthy diet and take care of her health:

> "*It has been really good for me to have my own home where I can cook my own food, because where I was before, everything was fried, and apparently that's why my cholesterol went up so much.*" (María José, Phase 1)

Being able to cook in their own homes using their own utensils often allows women to resume practices that had been interrupted by the experience of homelessness. One participant explained:

> "*What I've missed the most is paella. The paella from back home, my paella. But I've already made it here on two Sundays. I didn't dare, because—with the induction hob, I mean—I wasn't sure how it would turn out, but it actually came out really good.*" (María José, Phase 1)

Food can thus become a practice closely linked to personal autonomy. The women described how, since entering *Llar Rosario Endrinal*, being able to decide what to eat, when to eat, and how to prepare and consume food represents a way of regaining control over their lives. This autonomy is expressed through the ability to choose food, as well as how it is prepared and consumed—possibilities that were not available to them during their experiences of homelessness.

Likewise, one of the participants explains how the meals she consumed in the different soup kitchens before entering the programme did not accommodate her tastes, preferences, or subjectivities:

> "*I'm not someone who eats big plates...* [large portions] *I can't. I like to eat a little bit and then that's it. When I'm hungry, I eat as I go along, but eating like that, as if we're all being served the same thing, isn't really for me.*" (Teresa, Phase 1)

Her testimony highlights the importance of enabling each woman to develop a personal and subjective relationship with food, moving away from generalised and standardised forms of provision.

In their narratives, when referring to their experiences of homelessness, the women described food practices characterised by precarity, lack of control, and the imposition of external logics. Food appears as a need addressed through welfare-based provision, with no possibility of choice or adaptation to personal preferences or health needs. One of the women interviewed stated: "*Food is about survival. Because when I'm at home, it's not going to be like this, or there, or anywhere else*" (Teresa, Phase 1). This statement encapsulates an experience of depersonalisation that permeates the act of eating across different institutional settings, where rigid schedules, standardised food, and the absence of privacy characterise the food experiences of people experiencing housing exclusion within welfare services.

This newly acquired ability to make decisions about food since entering the programme is also reflected in the ways in which these women obtain and manage food. They develop strategies to supplement what they receive from the food bank with purchases made using their own money, seeking affordable products that are fresh and healthy. One participant explained:

> "*Here they give you things once a week. The thing is, they're running low now* [with little stock]. *For example, they give you one carton of milk a week. Today they gave me three yogurts. The only thing that really works well for me, to be honest, is that they give you meat. The beef they give is good; they gave us a carcass and some thighs, and I took them out to make broth. I do. I'm very much someone who makes the most of food.*" (Ana, Phase 1)

These accounts also reveal how the precarious circumstances experienced throughout their previous trajectories have left their mark on their food habits. This can be seen, for example, in the practice of making use of leftover food, with an emphasis on not throwing away or wasting any food.

Having a space of their own not only improves the quality of the women's food and diet, but also has emotional implications related to the possibility of enjoying the flavours of food and the pleasure of eating. One of the women expressed this as follows:

> "*When it comes to eating, I'm particular about how I do it. I don't eat just like 'bam-bam'; I like to eat peacefully. Of course, it's not the same. It makes a big difference. Eating quickly versus eating... It makes a big difference too, that's how I see it.*" (Teresa, Phase 1)

Even while living on the street, some women described how they organised themselves to cook for themselves, avoiding soup kitchens:

> "*What I did was go to [name of shopping centre], to the* [sports shop] *and buy a camp-*

> *ing stove and a saucepan. So that's what I did, I cooked for myself. I could cook, I could make meat, I could... I had my frying pan, I had my saucepan, I had everything I needed, and I cooked for myself there.*" (María José, Phase 1)

These practices show how food becomes a space of everyday agency, in which women exercise their capacity for decision-making and care, even under conditions of precarity. The kitchen becomes a space that is both personal and meaningful in contrast to institutional depersonalisation—a place where women can regain control over their bodies, their time, and their everyday lives.

The women also express autonomy in economic and household planning. Some describe how, since entering the programme, they organise their shopping, store food, and adapt their routines in order to maintain stability:

> "*I receive 600* [euros] *and I pay 116 here. And yes, I go to the food bank, but I also do my own online shopping, around 150 euros a month or so, and I've managed to save 112 euros this month.*" (María José, Phase 1)

Thus, the food process described by the women during this new stage, from obtaining food to consuming it, reflects a restructuring of their everyday routines. Food is obtained through purchases at supermarkets, online orders, or food banks; prepared in individual kitchens using their own utensils; and consumed primarily on an individual basis, although it sometimes extends to shared moments.

The bodily, emotional, and relational dimensions of food and well-being

The relational dimension of food is a central element in people's perceptions and everyday experiences. In this regard, it is significant to observe how women perceive food as a shared space that enables them to strengthen affective bonds. This relational dimension is expressed through the possibility of sharing food with partners, friends, or family members, and is also connected to autonomy, as access to an individual kitchen affects their ability to decide whom to eat with and their possibility of inviting others, sharing meals, or bringing prepared food to family gatherings. As one of the narratives illustrates:

> "*My daughter called me yesterday and said, 'Mum, why don't you come on Sunday and bring me some cauliflower au gratin?'... I remembered your cauliflower au gratin.*" (Ana, Phase 1)

Homelessness is associated with a progressive process of the breakdown of social ties and relational isolation,[39] as well as structural loneliness, learned distrust, and difficulties in rebuilding relationships following trajectories of violence.[40] In this regard, having a home can create the material and symbolic conditions necessary to initiate processes of reconnection, particularly when combined with a safe community environment.

Food thus emerges as an opportunity to share, to exercise hospitality, and to begin rebuilding affective bonds. One of the residents of Rosario Endrinal explains: "*For me, or sometimes my boyfriend comes to visit too, so it's for the two of us. But normally, just for me.*" (Olga, Phase 1). These food practices reinforce the relational dimension of food, presenting it as an act connected to care, affection, and emotions.

In the women's accounts, food emerges as a source of both bodily and emotional well-being. The women associate the quality of food with their health and emotional state. One participant describes how food affects her health and how the condition of her body depends on it:

> "*If you're well nourished, you think better, you feel better, your whole body is better. Of course, food makes a big difference. If you don't eat well, your body isn't well.*" (Teresa, Phase 1)

Thus, bodily well-being is reflected in the possibility of caring for one's body and health through a healthy diet. The women describe how access to their own kitchen enables them to follow healthier diets, avoid harmful foods, and take specific health needs into account.

With regard to the relationship between food and emotional and relational well-being, in some accounts food emerges as a source of pleasure and an element that contributes to an improved mood. The following excerpt illustrates how cooking and eating are associated with positive emotional states such as happiness and enjoyment, as well as with self-care:

> Teresa: "*I make myself an omelette, or chicken, or one of those boiled rice dishes, because I'm feeling a bit rough at the moment, so I make myself boiled rice with garlic and eat it, I eat it with the broth and that's it. Or soup too, or some* [brand of noodles] *things like that.*"
>
> Interviewer: "*Don't you feel too lazy to cook?*"
>
> Teresa: "*No, no, I like it. Since I hadn't made it for such a long time, now it even makes me happy to make it for myself.*"
>
> Interviewer: "*Does cooking for yourself make you happy?*"
>
> Teresa: "*It does for me. I enjoy myself.*" (Teresa, Phase 1)

Another participant describes how food insecurity during the period when she was living on the street was associated with states of weakness, fatigue, and emotional distress, emphasising that a lack of food affects not only the body but also emotional well-being, with food insecurity becoming a risk factor:

> "*When I've gone without eating and without getting enough rest, I've noticed it very quickly because there's a weakness in the body, and you don't think, you don't think in the same way, you don't act in the same way. If I'm eating and I'm rested, I'll think better than when I'm not.*" (Teresa, Phase 1)

The women describe how entering the programme and the improvement in their housing conditions enable them to adopt healthier food habits. Some explain that they have stopped consuming pre-prepared foods, incorporated fresh foods into their diets, and improved their eating habits. One participant noted:

> "*I've switched from cow's milk to plant-based milk, I follow a Mediterranean diet, and I cook for myself. I don't eat pre-prepared foods, I don't eat fatty foods, I have a Danacol every day* [a commercially available dairy drink enriched with plant sterols]. *It has been really good for me to have my own home where I can cook my own food.*" (María José, Phase 1)

Another woman explains that transforming her diet has represented a way of breaking with her past. At a certain point, rejecting certain foods becomes a way of marking the end of a stage in her life and an important element in her process of improvement and recovery:

> "*When I say, 'the day I get off the streets…', because even though I've been through that, I still considered myself to be living on the streets, I haven't eaten macaroni since, and I never will again. I've had enough of macaroni… When I go downstairs, 'Macaroni?' 'No, don't give me macaroni, or spaghetti, or macaroni.' Spaghetti is still okay, but I don't want macaroni. And I'm eating a lot of meat.*" (Ana, Phase 1)

The temporal dimension and food as memory, identity, and resistance to institutionalisation

Food is an intrinsic part of everyday life and is directly connected to the construction of one's identity.[41] It is linked to affective and territorial memories and therefore cannot be reduced to a nutritional or biological act; rather, it is imbued with cultural meanings that shape belonging and rootedness.[42]

This can be observed in the interviewees' accounts, in which food is constructed as an experience and practice connected to memory and identity. Their narratives include memories, culinary knowledge, food desires, and affective relationships with food that form part of their life trajectories and subjectivities. In the following excerpt, one of the residents recalls a home-cooked meal:

> "*The best food I've ever had was at* [name of soup kitchen]. *That's where you really eat the way you're supposed to. Because there's a woman who cooks there, she makes the food herself and she knows what she's doing; she makes the soups the way they're supposed to be, as if you were eating at home. That's real food. The shelters serve catering food; it's food for survival. Because when you're at home, it isn't going to be like that, or there, or anywhere else.*" (Teresa, Phase 1)

The narrative also draws a distinction between home-cooked food, associated with quality and care, and food provided by institutional services, perceived as repetitive, low-quality, and impersonal. Thus, the accounts reveal a rejection of the depersonalisation and homogenisation of food encountered across different welfare services. The women emphasise the lack of quality and appropriateness of the food offered in most of the soup kitchens they had used prior to entering the programme.

The following excerpt illustrates how, for many of the women, food provided by institutional services is perceived as a depersonalised experience, in which there is no possibility of choice or adaptation to individual preferences:

> "*I don't know, there are things that I don't find very humane. Like, you can't eat because five or ten minutes have passed while a tray of food has been sitting there, and it's just there to be thrown away, nothing else.*" (Teresa, Phase 1)

In response to this depersonalisation of food provision, in which personal preferences and possibilities are not taken into account, the women call for a kitchen where they can reclaim their own knowledge and prepare family recipes. In relation to this demand, one of the residents explains:

> "*I've been a cook and I've been a mother. I've run a household. I learned to cook on my own, to run a household on my own… So I can't… I'm very much a homebody; I really like being at home.*" (María José, Phase 1)

In these narratives about food practices linked to their life trajectories and memories, the possibility, since entering *Llar Rosario Endrinal*, of recovering their own recipes and culinary knowledge transmitted across

generations is considered an important element. This enables them to reclaim skills and knowledge acquired in the past and reproduce them in the present, adapting them to their new spaces. As an example, one participant explains how she prepares her lentils, highlighting natural cooking and inherited knowledge:

> "*I'm a grandmother's-recipe kind of person; I don't eat frozen food. I like all my vegetables fresh, I like cooking with everything fresh. In fact, the other day I made some lentils with just vegetables, because I have high cholesterol and I can't eat chorizo or anything like that. So I made them with vegetables, and a woman who works here came in just after I'd put the plate of lentils down and said, 'It smells so good,' and I said, 'Do you want some for dinner?' She said, 'Okay,' so I served her a plate. 'Oh, how tasty, how delicious,' she said. 'Did you add an Avecrem stock cube or something?' I said, 'I don't use that, dear.' I spend the whole afternoon simmering the vegetables over very low heat*." (María José, Phase 1)

The women's narratives also contain memories and emotions linked to moments from their past lives, such as childhood and family life, in which they recall the pleasure of flavours from the past and food-related experiences that evoke events from their lives. One woman recalls nostalgically:

> "*I've eaten a lot of seafood. I love seafood. When I was dealing and doing all those things, because I was making money, I never cooked; I would come to the restaurant. They already knew me at the restaurant, they knew what I wanted, and sometimes I would even take the same meal home. I'd take it home with a little bottle of wine and seafood to eat at home*." (Teresa, Phase 1)

In other narratives, cooking their own food involves not only preparing meals for nourishment but also reaffirming and valuing their personal history, memories, identity, and family ties. Thus, one of the residents describes:

> "*I boil the potato, sauté the onion, sauté the tomato, then I add the purée, and then I add mayonnaise and chopped egg when I have some, and I add a little bit of coriander, and then I mix it all together, and it turns out delicious*." (Gloria, Phase 1)

This process thus entails a reappropriation of space and time, transforming food into a practice through which women can enjoy cooking and preparing recipes that they remember and that connect them with their life trajectories.

Discussion

Women's homelessness remains largely invisible both in research and in the design of public policies, despite being one of the most extreme forms of social exclusion.[2,8,9,10] The trajectories of women experiencing homelessness are marked by gender-based violence, motherhood in contexts of high vulnerability, forced migration, and family breakdown, resulting in specific ways of experiencing homelessness.[4,5,11,18] In this regard, there is a need to adopt an intersectional approach that considers gender, class, ethnicity, age, and health,[1,4,9,17] and that accounts for the difficulties women face in accessing services, their greater exposure to institutional violence, and the limited extent to which available resources are adapted to their needs.[5,19] In addition, a significant proportion of women's homelessness takes less visible forms, characterised by prolonged, complex, and fragmented trajectories marked by strategies of concealment, relational isolation, dependency, and institutional neglect.[32,33] This specificity requires women's homelessness to be understood not only as a lack of housing, but as a process of exclusion shaped by power relations, violence, and the loss of rights, which has often remained outside the frameworks through which homelessness has historically been studied.[31]

The *Communal Housing First* model guarantees unconditional access to housing and introduces community and relational elements that promote autonomy, shared responsibility, and mutual care.[12] It also provides intensive and continuous support to women experiencing homelessness with histories of violence and trauma. In this regard, the model not only improves the material conditions of access to and retention of housing, but also opens up a broader framework for recovery that incorporates relational, political, and citizenship dimensions that go beyond more traditional welfare-based approaches. Thus, the *Rosario Endrinal* project provides a favourable context for the development of processes of personal and social recovery, including changes and improvements in food practices. However, it is important to bear in mind that, as noted above, these are ambivalent and fragile processes, characterised by limitations, discontinuities, and contradictions.

Food makes it possible to shed light on the iterative nature of recovery processes, as well as on the complexity of how women construct their well-being in everyday life. Taking these nuances into account, the results indicate that food practices encompass material, bodily, relational, and symbolic transformations, reflecting a transition from survival-oriented practices, both in street-based and institutional contexts, towards more complex forms of self-care, everyday organisation, and the reappropriation of domestic life.

Access to a private kitchen and the development of autonomous food practices may represent a turning point in processes of subjective and social recovery,

which are manifested through food and its different dimensions of well-being. Food, beyond being a biological or bodily necessity, encompasses other aspects of life, including emotional, decisional, and relational dimensions.[22,23,30] The results show that food constitutes a relational and situated practice, imbued with affective, cultural, and biographical meanings.[41] Choosing what to buy, cook, or share involves reconstructing a sense of belonging, identity, and control over one's everyday life. Likewise, flavours and culinary practices are connected to affective and territorial memories associated with forms of rootedness and recognition.[42] Thus, food desires associated with meals that take into account dignity, quality, quantity, taste, and cultural preferences constitute important dimensions of the food experience that tend to be overlooked by standardised welfare-based responses.[43]

The dimensions of well-being[23] provide a guiding theoretical framework for conducting an initial analysis of the information during the early stages of the research project from which the data discussed here were drawn. With regard to the material and bodily dimensions, having access to a better-quality and more varied food, together with the possibility of having a kitchen of their own, can improve women's material living conditions. Being able to choose what to eat and how to prepare food creates opportunities to improve physical and mental health. Likewise, cooking and eating at home fosters greater enjoyment of food and a reconnection with one's own body. Although these changes are significant, they do not mean that economic difficulties have disappeared; rather, women continue to develop multiple strategies related to obtaining, preparing, and consuming food.[15,16,28]

With regard to the decisional dimension of well-being, one of the most relevant elements emerging from the analysis is the recovery of certain levels of autonomy in everyday life through the ability to decide what, when, and how to eat.[17,22,23] The home becomes a space for care and personal decision-making. Having access to a private kitchen allows women, on the one hand, to organise their shopping in different ways and, on the other, to cook and eat at their own pace, thereby creating the possibility of re-establishing routines and a sense of organisation in everyday life. The decisional dimension is strengthened by the possibility of setting their own shaping their daily rhythms, in contrast to the experience of time imposed by the survival-oriented logic of life on the streets.[22,23,30] This is particularly relevant given that many experiences of women's homelessness are marked by a sustained loss of agency and decision-making capacity, produced by contexts of dependency, violence, institutionalisation, and control.[38]

Regarding the relational and emotional dimensions, the recovery and/or repair of affective bonds has enabled the women to partially reconstruct an identity damaged by their experiences of homelessness, as well as to gradually and, in varying degrees depending on each case, reconnect with their personal, family, and life memories. Rebuilding affective bonds is an extensive and complex process, as it involves re-establishing relationships that were broken under highly difficult and delicate circumstances, in connection with the condition in which the person found herself while living on the streets.[10,11,16,18] This is compounded by experiences of structural loneliness, learned distrust, and difficulties in rebuilding relationships following trajectories of violence.[40] From this perspective, the possibility of living in a safer and more stable environment can create the material and symbolic conditions necessary for rebuilding relationships through cooking, sharing meals, deciding whom to eat with, inviting others into their homes, or bringing prepared food to family gatherings.

From the perspective of the temporal dimension, food organises everyday time, making it possible to resume routines and structure the day around different activities and moments. This entails a new relationship with time, less marked by urgency. At the same time, food connects personal, family, and cultural memories. Resuming the preparation of one's own recipes reaffirms one's identity, reconnects women with their life histories, and enables them to recover flavours that evoke emotions and past experiences. Thus, moving beyond the fragmented and immediate logic of survival makes it possible to reconnect with one's own subjectivity and opens up the possibility of expressing who they are and where they come from.[17,22,23,30]

Conclusions

Based on these preliminary findings from an ongoing study, it can be argued that access to individual housing not only improves the material conditions of everyday life but also has an impact on processes of subjective and social recovery, particularly in relation to self-care, personal autonomy, and agency. This is especially evident when compared with experiences in traditional welfare services, which, according to the women's accounts, are perceived as depersonalised and rigid settings that restrict opportunities for choice and decision-making.[14] This article has explored how the lives of women participating in the programme are transformed in the specific area of food, understood as a field of vital importance that makes it possible to observe changes across the different dimensions of well-being.[23]

Finally, this type of research contributes to a better understanding of the complexity of women's experiences of homelessness and, consequently, to the design of gender-responsive public policies that incorporate a broader understanding of recovery and well-being while also recognising food as a strategic area of intervention in which processes related to health, dignity, autonomy, recognition, and the restoration of rights are at stake.

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AUTHOR CONTRIBUTIONS

Marta Llobet-Estany: Conceptualization; Formal analysis; Supervision; Writing – original draft; Writing – review and editing. **Araceli Muñoz**: Conceptualization; Formal analysis; Supervision; Writing – original draft; Writing – review and editing. **María Eugenia Piola-Simioli**: Formal analysis; Investigation; Writing – original draft. **Claudia Rocío Magaña-González**: Formal analysis; Investigation; Writing – original draft. All authors approved the final version for publication.

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