CONCEPTIONS OF THE HOMELESS POPULATION ABOUT THE DAILY LIFE OF LIVING ON THE STREETS

CONCEPCIONES DE LA POBLACIÓN SIN HOGAR SOBRE LA VIDA COTIDIANA

CONCEPÇÕES DA POPULAÇÃO EM SITUAÇÃO DE RUA SOBRE A COTIDIANIDADE DO VIVER

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ABSTRACT
Introduction: The Homeless Population (PSR) is defined as a heterogeneous population group that has in common extreme poverty, interrupted or weakened family ties and the lack of a regular conventional place of residence. **Objective:** To analyze the daily life of living on the streets in the conception of PSR in a capital in northeastern Brazil. **Methods:** Qualitative research carried out with 30 participants through interviews with a semi-structured script and a sociodemographic questionnaire, between November 2019 and January 2020. Quantitative data were analyzed according to descriptive statistics and qualitative data were subjected to thematic analysis. **Results:** Based on listening to PSR, thematic categories were constructed: Life and experiences of people living on the streets; Daily life of people living on the streets; The perspective of homeless people on public policies. **Conclusion:** It is believed that there is a desire to get out of this situation and that this is possible through public policies aimed at this population. It is highlighted that living conditions must be improved. The importance of multi and interdisciplinary work is emphasized based on intersectorality between social, health, social security public bodies, among others.
Keywords: Ill-Housed Persons; Social Vulnerability; Qualitative Research.

RESUMEN
Introducción: La Población Sin Hogar (PSR) se define como un grupo poblacional heterogéneo que tiene en común la pobreza extrema, los vínculos familiares interrumpidos o debilitados y la falta de un lugar de residencia convencional regular. **Objetivo:** Analizar el cotidiano de vivir en las calles en la concepción de PSR en una capital del noreste de Brasil. **Métodos:** Investigación cualitativa realizada con 30 participantes mediante entrevistas con guion semiestructurado y cuestionario sociodemográfico, entre noviembre de 2019 y enero de 2020. Los datos cuantitativos fueron analizados según estadística descriptiva y los datos cualitativos fueron sometidos a análisis temático. **Resultados:** A partir de la escucha de la PSR se construyeron categorías temáticas: Vida y experiencias de personas en situación de calle; Vida cotidiana de las personas que viven en la calle; La perspectiva de las personas sin hogar sobre las políticas públicas. **Conclusión:** Se cree que existe un deseo de salir de esta situación y que esto es posible a través de políticas públicas dirigidas a esta población. Se destaca que es necesario mejorar las condiciones de vida. Se enfatiza la importancia del trabajo multi e interdisciplinario basado en la intersectorialidad entre organismos públicos sociales, de salud, de seguridad social, entre otros.
Palabras clave: Personas con Mala Vivienda; Vulnerabilidade Social; Investigación Cualitativa.

RESUMO
Introdução: A População em Situação de Rua (PSR) é definida como um grupo populacional heterogêneo que tem em comum a pobreza extrema, os vínculos familiares interrompidos ou fragilizados e a falta de um local de moradia convencional regular. **Objetivo:** Analisar a cotidianidade do viver em situação de rua na concepção da PSR de uma capital do nordeste brasileiro. **Métodos**: Pesquisa qualitativa realizada com 30 participantes por meio de entrevista com roteiro semiestruturado e um questionário sociodemográfico, entre novembro de 2019 e janeiro de 2020. Os dados quantitativos foram analisados conforme estatística descritiva e os qualitativos foram submetidos à análise temática. **Resultados**: Diante da escuta da PSR foram construídas as categorias temáticas: Vivência e experiência das pessoas em situação de rua; Cotidiano das pessoas em situação de rua; O olhar das pessoas em situação de rua sobre as políticas públicas. **Conclusão**: Acredita-se que existe o anseio de sair de tal situação e que isso é possível por meio de políticas públicas voltadas a essa população. Releva-se que as condições de vida devem ser melhoradas. Enfatiza-se a importância do trabalho multi e interdisciplinar a partir da intersetorialidade entre órgãos públicos sociais, de saúde, previdenciários, dentre outros.
Palavras-chave: Pessoas Mal Alojadas; Vulnerabilidade Social; Pesquisa Qualitativa.

INTRODUCTION

The Homeless Population (PSR) is defined as a heterogeneous population group that has in common extreme poverty, interrupted or weakened family ties and the lack of a regular conventional place of residence. As a result, this population uses public places and degraded urban areas as a space for housing and sustenance, whether temporarily or permanently[1].

According to statistical data from the United Nations (UN), 150 million people live on the streets[2]. In Brazil, the Institute for Applied Economic Research (IPEA), linked to the federal government, estimated that, in 2022, there were 281,472 people living in these conditions. This estimate shows that there was a 211% growth in PSR in a decade, considering the time frame between 2012 and 2022[3].

It is noteworthy that the determination of rates relating to PSR is notably important due to a substantial point: adequate sizing is a strategic management element for public policies and, consequently, for the still persistent reduction of the social invisibility of this group[3-4].

The precariousness of work relationships, unemployment and social and economic transformations are some of the causes associated with the potential increase in PSR. It should also be added that, as a result of the dominance of the capitalist system, the processes of globalization and the intensification of social exclusion, individuals end up being blamed for their social and financial conditions, a conception in which the impact of these factors on individual reality and collective[5].

In association, it is revealed that impaired mental health is a risk factor for an individual starting and remaining on the streets. A study conducted in a Brazilian city showed that 71.4% of participants had common mental disorders. The analysis also showed that the presence of low resilience took root as an influencing factor in the manifestation of identified mental disorders. It is understood, therefore, that mental health not only plays a motivating role in leading the individual to life on the streets, but also influences their permanence in this context[4,6].

In relation to the operationalization of Brazilian public policies aimed at PSR, the Unified Social Assistance System (SUAS) stands out, created with the aim of guaranteeing social protection to citizens through the coverage network throughout the Brazilian territory. From this perspective, Specialized Reference Centers for PSR (Pop Centers) were created, which act as a gateway for this group into the SUAS medium complexity care network[7].

The activities of the Pop Centers are based on reception, specialized support and networking. They offer everything from essential services (bath, food, preparation of identification documents) to guidance for participation in social programs (such as Bolsa Família and the Continuous Payment Benefit – BPC), Youth and Adult Education courses (EJA) and professional qualification, in addition to making referrals for health care, such as the Consultórios na Rua (CnRua)[7-8].

CnRua is a mobile health resource that is part of the Primary Care Network and is dedicated to carrying out comprehensive health actions, including those aimed at psychosocial care. Its activities are developed by multidisciplinary teams and are in accordance with the principles and guidelines established by the National Primary Care Policy[8].

Given this context, when carrying out an analysis of the various psychosocial dimensions related to PSR, the importance of the work of a multidisciplinary team becomes evident. This approach aims to understand and listen in a qualified way to the experiences, conflicts and reasons that led these people to be in this condition. The focus is to establish a meaningful link with HP, aiming to promote mental health and social inclusion. This engagement seeks to offer support, attention and an authentic and respectful look[9].

It is believed that the articulation between social actors, represented by health professionals, government representatives, family members of homeless people and citizens in general, should contribute to the development of actions and strategies with the aim of bringing these individuals closer together. of society, carrying out interventions that prioritize their socialization, in individual and group care[10].

The present study aims to analyze the daily life of living on the streets in the conception of PSR in a capital in northeastern Brazil. In view of the above, the relevance of this research is justified by the importance of better understanding the advancement (or not) of public social and health policies aimed at preventing diseases and reducing the risks and vulnerabilities experienced by this public.

METHODS

This is a descriptive study, with a qualitative approach. Unlike the quantitative perspective, which is based on the manipulation and analysis of numerical data, the qualitative approach deals with the challenging reality of qualifying proposals, through a universe of meanings, emotions, motives, aspirations, values and attitudes[11].

The study was carried out in a Specialized Reference Center for the Homeless Population (Centro Pop), Specialized Social Approach Service (SEAS) and Municipal Hostel (Casa do Caminho), located in a capital in northeastern Brazil. The research comes from the macro project entitled "Use of alcohol and other drugs, common mental disorders and violence among the homeless population", developed by the Study and Research Group on Mental Health and Work of the Postgraduate Program in Nursing.

The population eligible to participate were people living on the streets. Those of both sexes and aged 18 or over were included. Those who had any verbal and/or hearing impairment were excluded, as well as those who were under the influence of psychoactive substances and/or in a state of crisis due to an apparent mental disorder. Sample closure was obtained by theoretical saturation[12].

Data collection took place between November 2019 and January 2020. To characterize the interviewed population, a sociodemographic questionnaire was used containing information regarding sex, age group, color/ethnicity, marital status, number of children, level of education, reason which guided him to the condition and time in which he lived on the streets. In addition, data on sources of income (retirement or social benefits) were also considered. The presence and types of violence suffered on the streets and the use of alcohol and other drugs were also questioned. The field diary was used by the researchers to record important observations.

For the interview, a semi-structured script prepared by the researchers was used, covering open questions relating to the experiences of living on the streets: "Could you talk about your life and experience as a homeless person? of street?"; "What is your daily life like on the city streets?"; "What does it mean for you to live as a homeless person?" and "What do you think could be done to improve the living and health conditions of people living on the streets?"

The system used for data collection was organized as follows: initially, prior contact was made with the service coordinators to present the research. The participants were then approached in the afternoon shifts, during individual consultations. They were presented with the objectives, destination of results and purpose of the research. Those who agreed to participate signed the Free and Informed Consent Form (TCLE) in two copies. The statements were audio recorded using an electronic device and lasted an average of around 30 to 40 minutes. The recordings were transcribed manually and in full. To guarantee the anonymity of the information received, the transcribed statements were organized using numerical coding.

Quantitative data were analyzed using descriptive statistics and qualitative data were subjected to thematic content analysis, which includes the analysis of information linked to human behavior, offering broad application possibilities[11].

The study received approval from the Research Ethics Committee of the Federal University of Piauí (CEP-UFPI) on February 18, 2019, with opinion number 3,152,268.

RESULTS

Characterization of participants

30 people living on the streets participated in the study. From the sociodemographic design, it was observed that the participants were mostly male (n=24; 80%), single (n=17; 56.67), aged between 40 and 49 years old (n=10; 33 .33%), mixed race (n=14; 46.67%), with incomplete primary education (n=17; 63.33%), had children (n=26; 86.67%) and received some type of benefit government (n=21; 70%).

Regarding PSR's perceptions about their living conditions, the majority indicated that the reason they took them to the streets was related to the use of alcohol and other drugs (n=12;

40%) and family conflicts (n=7; 23, 33%). Regarding situations of violence suffered on the streets, 46.67% (n=14) reported facing multiple forms of violence; while 20% (n=6) reported having been a victim of physical violence and 13.33% (n=4) of psychological violence.

Furthermore, for 63.33% (n=19) and (n=17; 56.67%) of the participants, living in these conditions and exposure to violence, respectively, were predisposing factors for the consumption of psychoactive substances.

For a better discursive delimitation of the experiences experienced by PSR in their daily life on the streets, three thematic categories were constructed: (1) Life and experience of Homeless People; (2) Daily life of people living on the streets; (3) The perspective of homeless people on public policies.

Life and experience of homeless people

It was found that the majority of those interviewed perceive the way of living on the streets as something negative, sad and dangerous, which impacts their dignity. This reality has resulted in a series of problems and challenges that cover economic, cultural, social and health aspects.

> Homelessness is not good [...] due to the consumption of drugs, drinks, everything. That's why I tell no one to go into the world of drugs and the streets. It is not good. (E08)

> [...] is living in the extreme. (E23)

> [...] the person gets lost. (E29)

> It's a terrible life. A life without morals and without a future. (E30)

During the interviews, feelings of sadness and disappointment emerged, especially when remembering life trajectories. These striking memories are associated with difficult daily life, exposure to violence, facing prejudice and the use of psychoactive substances.

> [...] very bad experience. The person is very humiliated. Society doesn't care about anyone, but there are people who help, give food at dawn, understand? There is a lot of violence, any word is a reason for death. (E09)

> A lot of bad things in my life came from the street. I lost my daughters. Use of drugs. (pause, teary eyes) [...] it's very bad, especially for women because there's a lot of violence. (E25)

Some, however, reported positive views regarding living in this condition, attributing this perspective to the help and support received, which allowed a feeling of welcome, although infrequent.

> Living on the street is good, very good. (E04)

> Some of it is good and some of it is bad. The good part is that there are many people who help us. The bad part is that it's dangerous at night outside, you can't sleep well. (E22)

> It is good. I don't think it's bad. I've been living on the street since I was nine years old, you know? So... there's danger, right? But no one regulates you. (E15)

I don't think it's bad to live on the street. I have nothing to say. But I don't have company on the street, I live alone. (E26)

Daily life of homeless people

From the reports collected, it was observed that the daily life of PSR is marked by social exclusion, consumption of psychoactive drugs, situations of economic deprivation and maintenance of low-income activities in an attempt to survive on the streets. Although leisure is very common among PSR, some informal activities that generate some type of income were mentioned: street vendors, sex workers and car guards were activities mentioned.

I have to prostitute myself to be able to support myself. [...] I have to turn around. I try to leave, but I can't. (E07)

I wake up and go watch cars. I guarantee lunch money. Like ''bullshit'' with what I receive. At night, I sleep in an abandoned house in the center. (E13)

I spend the day on the street, doing nothing, waiting to go to Casa Caminho (Hostel). (E14)

I live [....] selling cigarettes. (E17)

I sell tablets and I survive so I don't have to ask people. (E20)

I work a lot. I have lunch at the popular place, I sleep in Praça da Liberdade. (E28)

Many interviewees also mentioned the search for public initiatives aimed at serving this population and providing food/meals and spaces for personal hygiene and washing clothes, such as: Centro Pop, for food and other activities/services; CnRua, for health care; and Hostel, for overnight stay and food. These places play an important role in providing minimum dignity to this group by offering integrated basic activities and supporting necessary demands.

[...] I spend the day waiting for the time to go to Casa Caminho (Hostel). (E14)

I wake up early, have coffee, and go out to wait for Centro Pop to open to get the token from the tray. During this period I usually read or write. I do what I have to do. After eating, I start doing things along those lines, cultural things. I'm going to the craft center. I look for a TV to watch. I drink coffee. Then I'll come back here [hostel]. (E03)

I leave the overnight service at the municipal hostel, I go to the library, I go to Consultório na Rua, Centro Pop, I go to Pastoral de Rua. (E06)

[...] I have nowhere to live. It is on the street. I only have this house (Casa Caminho), from five in the afternoon to four-thirty in the morning. And I have this food there. (E24)

[...] then I go to the priest (Pastoral de Rua) then CentroPOP which is lunch. (E25)

It is important to highlight that the lack of laundry facilities, sinks and/or public bathrooms to serve homeless people is still a persistent gap in the city, which permeates difficulties in accessing basic hygiene activities in a broad and easy way.

Other points highlighted as predominant in the group's daily life were the consumption of psychoactive substances and situations of violence, which enter the daily scenario of PSR and remain threatening perspectives and risks to the physical, social and psychological integrity of this population.

[...] using drugs and drinks (E10).

[...] we spend the day asking each other (E05).

What I could be saying about the street is that there is a lot of violence, its own crimes, in fact... (stammers), its own laws, you know? This is mine, forget it's the public sector. Consumption of alcohol, illicit drugs, forcing sexual intercourse, that's what it is (E06).

In my daily life, as I am homosexual, I sleep in the hostel. When I don't sleep in the hostel, I have to prostitute myself to support myself. I've been stabbed, shot, but I have to turn around. I try to get away, but when I can't, this happens (E07).

[...] it's very dangerous. You don't sleep, afraid of violence, of rape. (E12).

The perspective of homeless people on public policies

With regard to public policies, participants recommended an intensification of government actions aimed at both improving the living conditions of PSR and providing subsidies that allow these people to permanently leave the streets. From the group's perspective, the creation of new programs aimed at the reintegration of this population should be a priority. Proposals such as offering literacy programs, vocational courses, and the implementation of assistance programs that offer employment and housing opportunities were mentioned as suggestions for intervention by the PSR.

There are a lot of people who don't have the opportunity. The person asks the government, service... if the [program] my house my life worked it would be very good. Education, more school. It would be really good. If this house [hostel] had a little class for people to learn how to read and write, that would be great. (E09)

[...] in fact, it was for public bodies to look more at homeless people. Releasing what we are entitled to, salary assistance, rent assistance. That if it were here I wouldn't be on the street, I'd be in rent. In Maranhão, there is São Luís. (E11)

The government should provide more opportunities for employment and courses. Therefore, I am a trained person. I have a good template. Because we who are homeless are shunned, ignored by society. I think the government should look out for us more. (E27)

It was observed that the lack of qualified professionals to serve this specific population constituted a limitation to the effectiveness of the policies and services offered. Many participants shared experiences of disrespect and mistreatment when seeking health services.

Attitudes of prejudice, discrimination and violence were reported.

> [...] is the service offered better, because the service has it, is it connected? The problem is that the people who work there are not trained to be there. At the Albergue, the staff forcefully throws us out at five o'clock in the morning, speaking in ignorance. Like the people at the office [CnRua] treat us well. Problem is that not everyone is like that (E12).

> [...] I think so, if the government gets together with you [CnRua], Centro Pop and CTA, with as many people as they can communicate with the residents and see the best ideas with Father JP [coordinator of Pastoral da Rua], because I can't have good ideas, but everyone together can make it work (E22).

DISCUSSION

The experience of people living on the streets highlights the remarkable complexity of this condition, permeated by the reflections of social fissures in society. It is observed that the street, originally a public space, is transformed into a home for this population, where daily challenges are faced. The accounts captured experiences marked by suffering, sadness and a variety of other problems, some of which may seem banal to the eyes of researchers, but carry deep meanings for these individuals.

The presence of violence is noted in different contexts, accompanied by humiliation, stigma and prejudice. However, it is clear that many maintain a resilient attitude in the face of these adversities, recognizing some donations received as benevolent acts on the part of the population.

In this study, the population indicated violence as a predisposing factor for the consumption of psychoactive substances, suggesting an intrinsic link between traumatic experiences and coping strategies. The reports of the consumption of psychoactive substances are recurrent in the speeches, which can encourage the construction of agreements and exchanges, being a source of income and, at the same time, a prerequisite for sociability.

It is believed that living in these conditions enhances consumption by serving as a substitute for absent affections and relationships, in an attempt to counteract the reality experienced and mediate the suffering and discomfort of such a condition. The feeling of fear and loneliness, in addition to the violence suffered, are also stimuli for use. As a result, the use/abuse of these substances can make it difficult to reestablish bonds for a possible escape from homelessness[13]. These outcomes highlight the complexity of the experiences lived by PSR, highlighting the need for comprehensive approaches in public policies and support services[9].

The daily lives of people living on the streets also reveal the continuity of violence, suffered or committed, in urban spaces. It is common to observe that violence can come from other social groups, such as, for example, public security agents, due to widespread distrust during interactions with PSR[14].

It becomes evident that violence is a frequent occurrence for this population, being directly linked to prejudices and stigmas associated with these people. These elements are reinforced by factors such as lack of hygiene, lack of appropriate clothing, drug consumption, negligence or poor appearance maintenance, in addition to manifestations of machismo.

It was also noted that women are the main victims of violent acts. All interviewees reported having suffered some type of violence in their daily lives on the streets, mainly physical or sexual. It is believed that intersubjective relationships experienced in the family environment can be triggering factors for the beginning of "living on the streets". Threats and suffering make some women see the streets as a way out of domestic violence[15].

Another point noted is the presence of informalization in the lives of this population. Generally, the activities are not characterized as jobs, but are work activities. It is interesting to note that, for the most part, the participants in this study did not engage in begging. For this population, informal work comes precisely from the need to escape begging and social contempt in an attempt to seek basic dignity even while living on the streets[16]. The most common informal activities included working as flannels, street vendors and sex workers. On the other hand, crimes and illicit activities, such as theft and sale of psychoactive substances, were also frequently cited as sources of income[4].

It is assumed that living in such a complex, hostile environment surrounded by violence and drug use/abuse has negative consequences for mental health. The feeling of not belonging socially can lead to depression, anxiety, a feeling of shame, low self-esteem, uselessness and a feeling of being discarded by society, "social trash"[17]. It is believed that psychological distress is difficult to resolve when treated exclusively within the scope of mental health, without integration with social demands. Therefore, support in the social context is necessary[16].

The search for public services is a common practice in the PSR routine. The social assistance services provided by the Specialized Social Assistance Reference Centers (CREAS), with emphasis on the exclusive service provided at the Pop Center, are essential for the reception, inclusion and social development and for the restoration of the Social Well-Being of this population. The objective of these services is to build new life projects, promote family reintegration, carry out socio-territorial tracking and facilitate access to social security and assistance benefits[17].

Establishments such as Albergue, Restaurante Popular and CnRua play important roles in meeting the social rights of this population. In addition to providing security and shelter for the night, protecting them from nighttime violence, they also guarantee access to food and health care, respectively[18]. In the municipality in question, the PSR also has the support of the Archdiocese of the Catholic Religion and the Pastoral de Rua, linked to this institution, which performs social services, such

as providing food, offering overnight stays and donating hygiene materials. However, in the speeches, there is still a lack of places that can offer basic hygiene to the group (such as sinks, laundry rooms and community bathrooms); as well as community centers and reception units. Such limitations hinder PSR's access to conditions that are also essential for a dignified life.

Despite the provision of services to PSR, some actions of disrespect for the uniqueness of the public in terms of their daily lives were observed in the speeches. This reveals how the services are not yet fully prepared to deal with this population and how there are still gaps in management and in adequate knowledge to carry out the assistance provided by the institutions[19]. These failures in service action can be characterized as institutional violence, due to the lack of quality of care provided, which characterizes a type of aggression[20].

In contrast, when carried out well, public actions with PSR are recognized as being aimed at improving the quality of life of these people. Many interviewees reported that health services, such as CnRua, establish trust and provide good service, which develops a feeling of gratitude for those served. Furthermore, they can access services outside of CnRua, such as referral to social assistance and the Health Care Network (RAS), which is of great importance in breaking stigmas and prejudices of other professionals in the network. It is clear, therefore, that bonding and active listening are essential pillars for serving this population[21].

To promote social cohesion, social assistance actions are necessary to increase and improve access to the services offered. This is established by building positive bonds between employees and users. Continuing Education, the behavioral strategies of professionals and the increase in the number of human resources in these services are also important paths in this journey[22].

The current gaps in the scientific literature available to support the discussion of the results stand out as a limitation of the study. Furthermore, carrying out the interviews "in the middle of the street" was also an obstacle found by the researchers, as there were no public security agents around the collection sites. This fact not only exposed the integrity and security of the researchers, but also compromised, in a certain way, the privacy of the interviewees to express their experiences more freely.

FINAL CONSIDERATIONS

The present study made it possible to understand the main aspects related to the daily life and experiences of PSR in the analyzed municipality, as well as knowledge about their experiences, expectations and needs. The perspectives that can and should be improved were also addressed, from the perspective of the population itself, in addition to the social risks to which this public is exposed.

It was shown that living on the streets is a reality permeated by violence and surrounded by contexts of inequities, poverty, social exclusion,

consumption of alcohol and other drugs, unemployment and fragility of emotional and family bonds. Despite being a city that can have social assistance centers, such as CentroPop and Albergue, it was observed that there is still insufficient provision of services that facilitate access to basic hygiene and safe coexistence.

It is also noteworthy that the PSR's positive perception of the CnR's multidisciplinary team and its performance shows the impact of multi and interdisciplinary work on the humanization of care and reiterates the importance of training professionals in these actions, as the stigmatization of this population makes it even more your search for health care becomes more difficult. Another highlight refers to the strengthening of integration with other social services, in order to develop intersectorality between public bodies, with the aim of expanding the demands of this public and reestablishing, within possibilities, their social well-being.

The results of this study allowed not only the analysis of a general overview of the main situations and experiences related to the daily life of the homeless population, but also the understanding of the current public policies offered and the dialogue on the expansion of assistance programs aimed at this group. It is therefore hoped that this study will encourage ongoing investigations into the situations to which homeless people are exposed on a daily basis and sensitize readers to the reality experienced by this population.

REFERENCES

1. Heerde JA, Patton GC. The vulnerability of young homeless people. The Lancet Public Health [internet]. 2020 [citado 12 jan 2024];5(6). doi: https://doi.org/10.1016/S2468-2667(20)30121-3 .

2. United Nations. United Nations Human Rights. Homelessness and human rights. Special Rapporteur on the right to adequate housing. ONU; 2023 [citado 2024 Jun 03]. Disponível em: https://www.ohchr.org/en/special-procedures/sr-housing/homelessness-and-human-rights?utm_medium=website&utm_source=archdaily.com.br .

3. Natalino M. Estimativa da população em situação de rua no Brasil (setembro 2012 a março de 2020). Brasília-DF: Ipea; 2023 [citado 2024 Jun 03]. Disponível em: https://repositorio.ipea.gov.br/bitstream/11058/10074/1/NT_73_Disoc_Estimativa%20da%20populacao%20em%20situacao%20de%20rua%20no%20Brasil.pdf .

4. Hungaro AA, Gavioli A, Christóphoro R, Marangoni SR, Altrão RF, Rodrigues AL, et al. Homeless population: characterization and contextualization by census research. Rev Bras Enferm [Internet]. 2020 [citado 2024 Jun 03];73(5):e20190236. doi: https://doi.org/10.1590/0034-7167-2019-0236 .

5. Ministério da Cidadania (BR). População em situação de rua no Brasil: o que os dados revelam? Brasília-DF: Ministério da Saúde; 2019 [citado 2024 Jun 03]. Disponível em: https://aplicacoes.mds.gov.br/sagirmps/ferramentas/docs/Monitoramento_SAGI_Populacao_situacao_rua.pdf .

6. Couto JGDA, Abreu DD, Botazzo C, Ros MAD, Mello ALSFD, Carcereri DL. Saúde da população em situação de rua: reflexões a partir da determinação social da saúde. Saúde e Sociedade [internet]. 2023 [citado 2024 Jan 12];32:e220531pt. doi: https://doi.org/10.1590/S0104-12902023220531pt .

7. Ministério do Desenvolvimento Social e Combate à Fome (BR). Secretaria Nacional de Assistência Social. Perguntas e Respostas:

Centro de Referência Especializado para População em Situação de Rua. CENTRO POP. Brasília-DF; 2011 [citado 2024 Jan 12]. Disponível em: https://aplicacoes.mds.gov.br/snas/documentos/02-livreto-perguntas-respostascentropoprua-impressao.dez.pdf .

8. Brasil. Portaria no 122, de 25 de janeiro de 2012: define as diretrizes de organização e funcionamento das equipes de Consultório na Rua. Brasília-DF: Diário Oficial da União; 2012.

9. Santos AR, Almeida PF. Coordenação do cuidado no Consultório na Rua no município do Rio de Janeiro: romper barreiras e construir redes. Rev Saúde Debate [Internet] 2021 [citado 2024 Jan 12];45(129): 327-339. doi: https://doi.org/10.1590/0103-1104202112906

10. Pedrosa TB, Cáceres-Serrano, P. Centro Pop e intersetorialidade: o problema da articulação com a rede de saúde mental. Ciência & Saúde Coletiva [internet]. 2022 [citado 2024 Jan 12];27(1):161-72. doi: https://doi.org/10.1590/1413-81232022271.19822021 .

11. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 1ª ed. São Paulo: Abrasco; 2010.

12. Fontanella BJB, Magdaleno Júnior R. Saturação teórica em pesquisas qualitativas: contribuições psicanalíticas. Psicol estudo [Internet] 2012 [citado 2024 Jan 12];17: 63-71. Disponível em: https://www.scielo.br/j/pe/a/JXwNwW649DsNBpFb5kZqGyH/?format=pdf&lang=pt .

13. Brito C, Silva LN. População em situação de rua: estigmas, preconceitos e estratégias de cuidado em saúde. Rev Ciência Saúde Coletiva [Internet]. 2022 [citado 2024 Jan 12];27(01): 151-61. doi: https://doi.org/10.1590/1413-81232022271.19662021.

14. Pimenta MM. Pessoas em situação de Rua em Porto Alegre. Rev Cevitas [Internet] 2019 [citado 2024 Jan 12];19(1):82-104. doi: https://doi.org/10.15448/1984-7289.2019.1.30905

15. Souza MMA, Abreu RB, Medeiros KQ, Taveira LM. Mulheres em situação de rua: uma análise sobre a violência e machismo estrutural. Rev Nursing [Internet] 2022[citado 2024 Jan 12];25(289):7918-23. doi: https://doi.org/10.36489/nursing.2022v25i289p7918-7929

16. Valle, FAAL, Farah BF, Junior, NC. As vivências na rua que interferem na saúde: perspectiva da população em situação de rua. Rev Saúde e Debate [Internet] 2020 [citado 2024 Jan 12];44(124): 182-192. Available from: https://saudeemdebate.emnuvens.com.br/sed/article/view/2896

17. Hamada RKF, Alves MJM, Hamada HH, Hamada JSF, Valvassori PMD. População em Situação de Rua: a questão da marginalização social e o papel do estado na garantia dos direitos humanos e do acesso aos serviços de saúde do Brasil. Rev APS [Internet] 2018[citado 2024 Jan 12];21(3):461-9. doi: https://doi.org/10.34019/1809-8363.2018.v21.16041

18. Sicari AA, Zanella AV. Pessoas em situação de rua no Brasil: revisão sistemática. Psicol, Ciênc Prof [Internet] 2018 [citado 2024 Jan 12]; 38(4):662-79. doi: https://doi.org/10.1590/1982-3703003292017

19. Cervieri NB, Uliana CH, Aratani N, Fiorin PM, Giacon BCC. O acesso aos serviços de saúde na perspectiva de pessoas em situação de rua. SMAD, Rev. Eletrônica Saúde Mental Álcool Drog [Internet] 2019 [citado 2024 Jan 12];15(4). doi: https://doi.org/10.11606/issn.1806-6976.smad.2019.151229

20. Minayo, MCS. Violência e saúde. 1ª reimp. São Paulo: Abrasco; 2007.

21. Sousa ACS, Pinho ES, Machado MDGG, Nogueira LEFL. Redução das vulnerabilidades como estratégia de cuidados do Consultório na Rua. Rev NUFEN [Internet] 2020 [citado 2024 Jan 12]; 12(3):103-15. doi: https://doi.org/10.26823/RevistadoNUFEN.vol12.n%C2%BA03rex.35

Magwood O, Leki VY, Kpade V, Saad A, Alkhateeb Q, Gebremeskel A, et al. Common trust and personal safety issues: a systematic review on the acceptability of health and social interventions for persons with lived experience of homelessness. Rev PLoS ONE [Internet] 2019[citado 2024 Jan 12];14(12):1-30. doi: https://doi.org/10.1371/journal.pone.0226306

Authorship criteria (author contributions)

Bruna Victória da Silva Passos: contributed substantially to the conception and/or planning of the study; in obtaining, analyzing and/or interpreting data; in the writing and/or critical review and final approval of the published version.

Márcia Astrês Fernandes: contributed to the writing and/or critical review and final approval of the published version.

Amanda Alves de Alencar Ribeiro: contributed substantially to the conception and/or planning of the study; in obtaining, analyzing and/or interpreting data; in the writing and/or critical review and final approval of the published version.

Eukália Pereira da Rocha: contributed substantially to the conception and/or planning of the study; in obtaining, analyzing and/or interpreting data; in the writing and/or critical review and final approval of the published version.

Olga Maria Castro de Sousa: contributed substantially to the conception and/or planning of the study; in obtaining, analyzing and/or interpreting data; in the writing and/or critical review and final approval of the published version.

Sandra Cristina Pillon: contributed to the writing and/or critical review and final approval of the published version.

Nanielle Silva Barbosa: contributed substantially to the conception and/or planning of the study; in obtaining, analyzing and/or interpreting data; in the writing and/or critical review and final approval of the published version.

Kauan Gustavo de Carvalho: contributed substantially to the conception and/or planning of the study; in obtaining, analyzing and/or interpreting data; in the writing and/or critical review and final approval of the published version.

Declaration of conflict of interest

Nothing to declare.

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