

Characteristics, Needs and Care Services for Homeless Adults in the City of Porto, Portugal

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Promoting mental health and preventing mental-ill health among the increasing groups of socially marginalized, in particularly homeless people, is a major challenge to European societies. There are various policies and services to achieve this in Europe, but information on what constitutes best practice is fragmented. Moreover, consistent guidelines do not exist and the services provided not always respond adequately to the needs and characteristics of the homeless citizens. The overall purpose of this study was to identify the typical characteristics and needs of Portuguese homeless in urban area of Porto, to review existing models of rehabilitation that are relevant to this client group and to characterise the support services that will assist intentionally this homeless in the rehabilitation and social integration process.

Methods

▪ **Participants:** 60 Portuguese homeless in Porto urban area, Portugal; 12 institutions specifically targeted for homeless people in Porto.

▪ **Methodology:** The study was based in qualitative semi-structured interviews, using interviews guidelines specifically developed for and on the targeted study population. These were structured with questions aiming to characterize the homeless profile, their physical and mental health, typology and satisfaction with social support, and support needs. The interviews to the institutions coordinators concerned on characterizing the available types of support and health care, as well as the articulation with other similar organizations

▪ **Procedures:** The interviews, both to the homeless and coordinators, were applied by the same researcher between April and October 2009, in a single contact. The majority of the interviews to the homeless were held on the street and during the night, having a "street support service" as the privileged link. Some interviews were held in the homeless hostels of two associations (the Associação de Médicos Internacional (AMI) and the Associação de Albergues Nocturnos do Porto). The researcher presented always briefly the study and referred the confidentiality and anonymity guarantees.

▪ **Data Analysis:**

Descriptive analysis were developed using SPSS 15.0, and complementarily qualitative data was analyzed with the resource to content analysis technique.

Results and Conclusions

Homeless sample (60 individuals):

- age: mean = 44 years (range 17 to 69)
- sex: 87% male (52) and 13% female (8)
- marital status: 58% single (35), 8% married (5), 30% divorced (18) and 3% (2) divorced
- deviant behavior: 3% prostitution (2), 30% delinquency (18), 47% aggressive behavior (28) and 38% victim of maltreatment (23)

- nationality: 82% Portuguese (49), 12% Africans (7), 5% east Europe (3) and 2% Brazilian (1)
- race: 87% Caucasian (52) and 13% black (8)
- educational level: 90% minimum (54), 10% medium or higher (6)
- last profession: 25% services or commerce jobs (15) and 75% non qualified workers (45)

Table 1. Health condition of homeless

		(N=60)	%
Causes	Unemployment	19	31,7
	Familiar rupture	11	18,3
	Drug abuse	9	15
	Familiar rupture + unemployment	11	18,3
	Familiar rupture + drug abuse	4	6,7
	Unemployment + drug abuse	6	10
Street permanency	Less than 1 year	25	41,7
	1 to 5 years	19	31,7
	6 to 17 years	6	10
	More than 18 years	3	5
	Don't answer	7	11,6
Survival strategies	Helping car parking	7	11,6
	Begging	7	11,6
	Thieving	2	3,3
	Doing small non formal tasks	13	21,7
	None	31	51,7

Table 2. Homeless history and survival strategies

		(N=60)	%
Physical Health	Cardiovascular diseases	6	10
	Infectious diseases	6	10
	Orthopedic conditions	8	13,3
	Metabolic Diseases (Diabetes...)	2	3,3
	Dermatologic disturbances	2	3,3
	Gastrointestinal disturbances	2	3,3
	Various diseases	10	16,8
	None	24	40
Mental Health	Mood disorders	15	25
	Anxiety disorders	7	11,7
	Schizophrenia and other psychotic disorders	5	8,3
	Sleep disorders	3	5
	Cognitive disorders	1	1,6
None	29	48,3	
Addiction	Tobacco	8	13,3
	Tobacco + alcohol	20	33,3
	Tobacco + drugs	9	15
	Tobacco + alcohol + drugs	18	30
	None	5	8,3

Table 3. Identified needs of homeless

		(N=60)	%
Basic needs	Without assurance of food and clothes	32	54
	With food and clothes assured	28	46
Housing	Living on the street	21	35
	Institutionalized	28	46,7
	Rented room	11	18,3
Economics	No income	33	55
	Social insertion subsidy	18	30
	Unemployment allowance	4	6,7
Familiar support	Retirement pension	5	8,3
	Contact with family	23	38,3
Social network	No contact with family	37	61,7
	Street colleagues	11	18,3
	Techniques + street colleagues	28	46,7
	Techniques + street colleagues + family	21	35

Table 4. Characterization of institutions

		(N=12)	%
Institution provides	Meals	11	92
	Clothes	8	67
	Personal care – including clothing management	3	25
	Nursing care	2	17
	Housing	4	33
	Professional and psychosocial inclusion	9	75
Team includes	Psychologist	7	58
	Social worker	7	58
	Doctor	5	42
	Mental health nurse	1	8
	Jurist	2	16
cooperation between institutions	Social well-fare	5	42
	Hospitals	2	16
	Local authorities	1	8
	religious	1	8
Type of institution	Other institutions	3	25
	Private	5	42
	Religious	5	42
	Private health	2	16

Professionals' considerations on needs:

- it should exist an articulated network (12 institutions in a city with 10.000 habitants with 2000 homeless estimated)
- there should be created multidisciplinary teams focused only on motivating leaving streets life
- there should be created more familiar, social, and professional reintegration support systems
- it should be created specific support on psychopathology treatment

- the existentialist perspective should be overcome, since it only sustains the problem
- it is a very difficult phenomena to eradicate since it has multiple causes
- homeless people have more needs than the answer capacity of the institutions
- autonomy it's not always a possibility to all the individuals

Qualitative data characterized the Portuguese homeless profile in urban area of Porto: single (Portuguese) men, around 40 years, low educated, long-term unemployed; the majority come from families that have been disruptive or dysfunctional in some way; underutilization of public entitlements; isolation from family, friends, and other support networks; and with a mix of addiction, mental and/or physical health problems. The Porto specialized homeless support system has articulation problems, insufficient resources and is organized to satisfy essentially basic needs (92% institutions guarantee meals and clothing; however, only 47% individuals have these basic needs assured). Strategies to improve treatment adherence, psychological support and rehabilitation are necessary to redesign lifestyles and to promote the effective social integration of these Portuguese citizens. This conclusion strengthens the Portuguese National Integration Strategy for homeless, established in March 2009.

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