



Homeless and community-less: an action-research

Gioacchino Lavanco, Floriana Romano, Carolina Messina

Department of Psychology, University of Palermo, Italy.

Abstract

The major reasons and causes for homelessness as documented by many reports and studies (Main, 1998; Acosta, Toro, 2000) include: lack of affordable housing; substance abuse and lack of needed services; mental illness and lack of needed services; domestic violence; poverty, caused by many factors; prison release and re-entry into society; lack of affordable healthcare; natural disaster.

The project “La strada non è sola via” (The street is not the only way) realized one comprehensive system to manage the services for the homeless, their benefits, and their reintegration in to society. We recommend move towards a fully integrated system which would make delivering benefits and getting people off the streets more cost effective.

It has been reported that the types of assistance homeless adults felt they needed most were help finding a job, help finding affordable housing, and help paying for housing. However, the main types of assistance they usually received were clothing, transportation and help with public benefits.

Most people become homeless specifically because they are having a housing crisis, even though they may have other needs for services and increased incomes. It's important to realize that their needs are best met once the family is in permanent housing - not while they are in transitional housing or shelters. Housing must be first if they are expected to develop a sustainable, healthy lifestyle.

Key words: homelessness, street, intervention, empowerment.

1. Introduction

There are several terms used in literature nowadays to indicate people without house and living on the street, such as tramp, clochard, homeless; these terms that even if referring to the same subject, spread however a different meaning. The difference between the English expressions houseless and homeless is also interesting. With the term “houseless”, we usually refer to the lack of a house; with “homeless” instead we refer not only to the lack of a house but also to the lack of an environment of life, a shelter and the subsequent development of the self and own affective relationships.

An interesting result comes out from different researches (Bates, Toro, 1999; Dunlap, Fogel, 1998): homelessness is a mainly urban phenomenon. In fact,

while in the country the stronger presence of solidarity networks and social control diminishes the emergence of kinds of anomy and deviance, the city itself causes poverty and the losing of social relationships (Augè, 1992; Barnao, 2004). In particular, as in the Italian context, most of homeless are in the big cities of the centre and northern Italy, while in the small and medium centres of southern Italy, they would be few.

General traits of such phenomenon, measured on an international dimension and those more specific relevant to the Italian case are: a general tendency to the subject's self-isolation with particular regard to the primary social network; a strong correlation among the lack of a home, unemployment and the impact of chronic-degenerative diseases; a

progressive departure from productive reality, a widespread marginality (Bonadonna, 2005; Caritas Ambrosiana, 1996).

In the homeless' perception we can find an alteration both the time and the space.

Regarding the time, the daily time seems a fight, a continuous struggle to obtain the minimum necessary conditions for survival. Maybe this can be explained because in the homeless' life the day is the only temporal scanning; for all of us, on the contrary, there are working hours, weekly timetables, yearly deadlines, spare time, and so on. Time in the street is made up of boredom, apathy, empty moments or long waitings (waiting for the dormitory to open, waiting for a bench to be free, waiting to gather something to eat). For this reason, boundaries between past and present fade away, memories mix with present experiences, and without a chronological order the sense of own history is lost.

As regards the space, instead the urban space is mapped according to the distribution of supplies, so creates itineraries that will be walked down cyclically every day. Further more, these people act in public places as in a private one, showing a total lack of decency.

The reality of interventions in Italy can be summarized into three kinds of services (Guidicini, Pieretti, Bergamaschi, 2000; Lavanco, Romano, Messina, Croce, 2007).

A first typology of services concerns the satisfaction of primary needs such as food or a shelter for the night.

A second typology is oriented to the homeless' mental health, with the intent to provide a pharmacological therapy.

A third type of services intends to offer both help for primary needs and a psychiatric treatment; the aim is to contribute both improving the homeless' mental health and favoring the social integration in a general project of social rehabilitation.

2. The street is not the only way

The project "The street is not the only way" was realized in Palermo in the years 2004-2007 by some social private associations. The project originates from an experience of nightly community service, of relief aid for homeless people; this experience, born to satisfy primary needs in the coldest months, offered to welcomed people meaningful relationships with operators and the possibility to suppose together with them some ways of change.

Considering the homeless ones don't use to go to the community services, because they have many difficulties linked to a lack of information or to mistrust, we supposed and testify a project of "Street psychology" addressed to homeless people with mental disorders. To carry out this project, operators used to go to the train-stations and to the streets where they could have met potential users.

The project develops towards the building of a street-unit, which is the expression of the effort of going towards users and not just waiting for their arrival. It was also possible to realize a descriptive research to understand the needs of homeless people, to develop a systematic list of needs.

3. Participants

During the project operators met 126 homeless people. 15 were women, 38 were immigrants (11 of them were found without residence permits). The period of "contact" ranged from 3 days to 14 months, with obvious differences both in collecting information and in the real configuration of needs. For this reason we decided to use the information about only 66 individuals, whose period of contact was included between 3 and 14 months.

The average age of the involved group is about 47 with a standard deviation of 8,3 years. The 21,1% are single, 65,4% are married, 4,5% are separated or divorced, 4,5% are widows; for the remaining 4,5% it wasn't possible to gather precise information. 44 of them declared to have children. As regards the educational level, only 13 gave indications on the primary school course, 8 gave indications on the lower middle school course, 4 gave indications about the completion of upper secondary school, 1 stated he had got a degree in philosophy (as confirmed by the family); 51 stated they had done some jobs even if they didn't always have a working contract.

4. Results and conclusions

The project mapped the different approaches to help homeless, to move of refuges for the homeless: Outdoors: On the ground or in a sleeping bag, tent, or improvised shelter, such as a large cardboard box, in a park or vacant lot; Shantytowns: Ad hoc campsites of improvised shelters and shacks, usually near rail yards; Derelict structures: abandoned or condemned houses or buildings, abandoned cars, and beached boats, generally referred to as squatting; Vehicles: cars or trucks are used as a temporary or sometimes long-term living refuge; Public places: parks, bus or train stations, airports, public transportation vehicles, hospital lobbies or waiting areas, college campuses,

and 24-hour businesses such as coffee shops; City run homeless shelters such as emergency cold-weather shelters opened by churches or community agencies.

A psychological health care for the homeless is topic of project with integrate system outdoor and indoor.

The researcher attempts to make a distinction between: 1) why homelessness exists, in general, and 2) who is at-risk of homelessness, in specific.

Homelessness has always existed since urbanization and industrialization.

Various assertive outreach approaches, including a mental health treatment approach known as community treatment, have shown promise in the prevention of homelessness among people with serious mental illness.

Table 1 briefly describes the users' typology.

Table 1 – *Users' typology.*

Typology	Nr of Subjects	Requests	Resistances
Users with records of documented psycho-pathologic troubles.	16	Food-clothes-pharmacological help.	Spend the night in the centre; telling one's own story.
Users with records of self-ascribed psychopathological troubles.	5	Food-Clothes	Spend the night in the centre give indications on one's availability.
Users with alcohol addiction	14	Food-Clothes-Liqueurs-Money to buy them	Comply with the request of abstinence if they sleep in the centre.
Users with tobacco addiction.	41	Food-Cigarettes- Money to buy them.	Fix periodical meetings.
Users with no family –units.	49	Food- Clothes- Looking after	Spend the night in the centre; fix periodical meetings.
Users with records of drug addiction.	7	Food- Pharmacological help	Fix periodical meetings; telling one's own story.
Users with alternation of admission to hospital	45	Food-Clothes-Help during admission to hospital. Pharmacological help.	None
Users with records of detention and crimes against the person.	9	Food-Money-Help	Fix periodical meetings.
Users with unused domicile.	6	Food-Clothes- To be left on the street.	Give indications on one's availability.
Users with no domicile entrusted to Social services.	36	Food-Clothes- Being accompanied to services-pharmacological help.	None
Migrant users with no fixed abode because sent away from their birthplace..	22	Food Clothes Not to be sent to their birthplace.	Spend the night in the centre- Telling their own story.
Users meeting family members occasionally.	10	Being able to wash and dress before the meeting- Food- Have a space where they can meet them.	Give indications on one's availability.
Users refusing to meet their family.	35	Food-Clothes-To be left alone- No mortification of the family- No organization of meetings.	Spend the night in the centre- Socialization Telling one's own story.
Users living in the railway station or thereabouts.	20	Food-Clothes-Cartons	Confrontation with others- Refusal of involving their fellow creatures.
Users living in the street, far from the railway-station.	37	Food-Clothes (particularly shoes)-Possibility of temporary admission.	Fix periodical meetings- Give indications on one's availability.
Users living in public parks.	6	Food- Second-hand clothes- A warm place during particularly cold nights.	Spend the night in the centre- Telling one's own story.
Users living together with others with no fixed abode.	4	Food- Pharmacological help	Telling one's own story-

Requests often regard food, clothes, and other material things. While, as regards resistances, participants show resistances to give indications

about their availability, to meet their family, to talk about themselves, socialization.

In the future it will be better to investigate further these variables in order to plan useful strategies of intervention.

We conclude with a summarizing outline of suggestions which came out of the action-research. To better understand homeless needs, we asked themselves operative indications.

Consistently to previous results, as the table 2 shows, the main demands concerned the distribution of medicine and clothes, but also psychological help, such as more occasions to be listened, talking about own history. The highest percentage regards more help on the street; this result shows that the intervention on the street is the best one to diminish the distance between services and homeless people.

Table 2 - Operative indications emerged from the research-intervention¹

Indications of improvement	%
Enhancement of personal story	18
More information	13,5
More help on the street	40,5
Greater presence during cold nights	4,5
More numerous collection and help-points	9
Shorter distance between the centre and some areas	4,5
More distribution of clothes	13,5
More distribution of medicines	36
More numerous occasions of listening	18

A first step towards homeless' empowerment (Zimmerman, 1990) confirmed by our contribution should be to avoid labelling homeless people using a negative term like homeless and so to understand that the loss of the house is an experience attributing common traits to these individuals. The improving of empowerment in these individuals doesn't mean to persuade them to change completely their life (Tsemberis, 1999; Friedman, Levine-Holdowsky, (1997); they could rather continue to stay on the street, but to increase their own personal power and their possibility of being "nomadic people" within shared spaces.

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