

Street outreach strategy – care for Ill-Housed and vulnerable people

Estratégia consultório na rua – cuidados para indivíduos em situação de rua e vulnerabilidade

Estrategia consultorio en la calle – cuidados para personas sin hogar y en situación de vulnerabilidad

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Abstract

Objective: To identify the challenges and strengths faced by the street clinic team in providing care and continuous follow-up for homeless and socially vulnerable individuals.

Methodology: This is a cross-sectional, descriptive study conducted with the street clinic team in the municipality of Bauru – SP, using an online questionnaire to gather data on feelings related to working with this population, perceived level of professional preparedness, as well as the main challenges and strengths experienced in care practices. **Results:** The responses highlighted the main challenges in providing care as the lack of user adherence, the difficulty in building bonds, and ensuring continuity of care. **Final considerations:** Although current policies represent significant progress for this population, they are still not entirely coherent, satisfactory, or sufficient to meet the realities of homeless and socially vulnerable individuals.

Descriptors: Social Vulnerability; Health care; Health Policy.

Resumo

Objetivo: identificar as dificuldades e potencialidades enfrentadas pela equipe do consultório na rua no cuidado e acompanhamento contínuo de indivíduos em situação de rua e vulnerabilidade social. **Metodologia:** Trata-se de um estudo transversal, de natureza descritiva, realizado com a equipe atuante no consultório na rua do município de Bauru – SP, com coleta de dados por meio de formulário online, a respeito dos sentimentos relacionados ao trabalho com essa população, do nível de preparo profissional percebido, bem como das principais dificuldades e potencialidades vivenciadas na prática do cuidado. **Resultados:** Os relatos obtidos evidenciaram como principais dificuldades no atendimento a falta de adesão dos usuários, a criação de vínculos e a continuidade dos atendimentos. **Considerações finais:** Embora as políticas vigentes representem um avanço importante para essa população, elas ainda não são totalmente coerentes, satisfatórias ou suficientes para a realidade dos indivíduos em situação de rua e vulnerabilidade.

Descritores: Vulnerabilidade Social; Cuidados de Saúde; Políticas de Saúde.

Resumen

Objetivo: Identificar las dificultades y potencialidades enfrentadas por el equipo del Consultorio en la Calle en la atención y seguimiento continuo de personas en situación de calle y vulnerabilidad social. **Metodología:** Se trata de un estudio transversal, de naturaleza descriptiva, realizado con el equipo del Consultorio en la Calle del municipio de Bauru, São Paulo, mediante la recolección de datos a través de un formulario en línea. Se investigaron los sentimientos relacionados con el trabajo con esta población, el nivel de preparación profesional percibido, así como las principales dificultades y potencialidades vividas en la práctica del cuidado. **Resultados:** Los relatos obtenidos evidenciaron como principales dificultades la falta de adhesión de los usuarios, la creación de vínculos y la continuidad en la atención. **Consideraciones finales:** Aunque las políticas vigentes representan un avance importante para esta población, aún no son completamente coherentes, satisfactorias o suficientes para la realidad de las personas en situación de calle y vulnerabilidad.

Descriptores: Vulnerabilidad Social; Atención sanitaria; Política de Salud.



INTRODUCTION

Living on the streets is a sad reality for many people across Brazil. In 2016, the Institute of Applied Economic Research (IPEA) estimated that there were 101,854 homeless people in the country, with 40.1% of them living in municipalities with more than 900,000 inhabitants and 77.02% in cities with more than 100,000 inhabitants.¹

The so-called homeless, popularly known as "street dwellers" or "beggars," represent a heterogeneous group who use public spaces and degraded areas as temporary or permanent housing. This group is generally associated with extreme poverty, abuse of legal and illegal substances, and fragile, interrupted, or nonexistent family ties, among other factors that influence this condition.²

Living on the streets and facing various social stigmas leads these individuals to marginalization and what can be called a form of "social invisibility," a hidden reality within society. Public sector attention to these individuals has been slow to consolidate, and although significant progress has been made, policies remain insufficient.³

After years of invisibility, Brazil instituted the National Policy for the Homeless Population (PNPR) with decree no. 7,053, of December 2009, which

brought a closer look at the needs of this population.² Since then, albeit slowly, progress has been made, particularly in the health sector. A major milestone was the creation of the Street outreach (CNAR) program by Ordinance No. 122 of January 25, 2011, as part of Primary Health Care (ABS). The program seeks to intersectorally integrate health policies with other public policies, aiming to meet the specific needs and demands of the homeless population.⁴

The Street outreach carries out mobile activities, including active search and care for users of alcohol, crack, and other drugs. The multidisciplinary team may include nurses, psychologists, social workers, occupational therapists, physicians, social workers, nursing technicians, and oral health technicians. This work aims to integrate the actions of Basic Health Units (UBS) and, when necessary, Emergency Services, Psychosocial Care Centers (CAPS), and other services, according to user needs.⁴

This research is justified by the lack of information and scientific productions on the reality faced by health professionals in serving this population, current public policies and the demands encountered, as well as the need to increase the population's knowledge on these issues.



METHOD

A cross-sectional and descriptive study was carried out with the team at the Street outreach in Bauru - SP, focused on analyzing the practices, challenges and perceptions of professionals in serving the homeless population. The research was carried out in the city of Bauru, in the interior of the State of São Paulo, located 326 km from the state capital; it has approximately 364,562 inhabitants (IBGE, 2014), covering an area of 673.488 km². The municipality has 18 Basic Health Units and 6 Family Health Strategies, 1 CNAR unit – Street outreach, 5 public Emergency and Prompt Care Units and Mobile Emergency Care Service – SAMU, 2 hospital units and a maternity hospital maintained by the State Government under the administration of FAMESP: Hospital Estadual Bauru which serves 68 municipalities in the region, Hospital de Base de Bauru which serves 17 municipalities and Maternidade Santa Isabel. It also has 3 private hospital units with Emergency Care.-care and maternity wards.

The study included all seven professionals from the Bauru Street outreach Strategy team: a nurse, two nursing technicians, a physician, a psychologist, a social worker, and a social worker. To answer the questions, and to maintain social distancing, digital platforms were used for data collection in July and August 2020. An online form containing nine questions was used on the Google Forms platform, to which the link was sent. The administration of the instrument did not interfere in any way with the progress of the service.

Participation occurred after agreeing to participate in the study by signing the Free and Informed Consent Form (FICF), according to Resolution 466/2012, of the National Health Council (Appendix A).

An online form containing nine objective and essay questions was used, with the aim to identify the challenges and strengths faced by the Street outreach team in the ongoing care and monitoring of homeless and socially vulnerable individuals. To gather sociodemographic and research-relevant data, participants were asked about age, gender, education and length of experience. Research questions included: whether the professional has ever worked with homeless individuals; how they feel about working with homeless and vulnerable



individuals; whether they consider the work carried out by the CNAR (in their municipality) effective; whether they feel professionally prepared to perform their work at the CNAR; whether they consider themselves to have sufficient and effective resources to provide services; which stage of their work they consider the most difficult; describe the main challenge encountered in the care/treatment provided; whether care policies for homeless and vulnerable individuals are coherent and satisfactory given the current social reality; and describe what is lacking (besides the CNAR) for comprehensive care for homeless individuals (Appendix B).

The collected data were organized and analyzed using electronic spreadsheets, allowing the creation of tables for better visualization and interpretation of the information obtained.

Data collection for this study began after approval by the Research Ethics Committee of the Sagrado Coração University Center – UNISAGRADO, Bauru – São Paulo with a substantiated approval report number 4,104,922 and by the Bauru Municipal Health Department (ANNEX A and B).

This study presents minimal risks, considering that completing the questionnaire may cause some

embarrassment to participants. However, no physical procedures will be performed, and the integrity of the data will be strictly preserved in accordance with research ethics principles. Based on the results obtained, it will be possible to describe the main difficulties and challenges faced by the Street outreach team in providing care and maintaining treatments for homeless individuals.

RESULTS AND DISCUSSIONS

The link to the survey (via Google Forms) was sent to professionals on the Bauru Street outreach Strategy team via social media from August to September 2020. Six participants completed the survey, as the medical professional was absent during data collection for administrative reasons, preventing the team from receiving the full seven responses.

The professionals who make up the Bauru team were interviewed, allowing us to establish their sociodemographic profile. It was observed that the team is composed entirely of women, aged between 30 and 52, and with experience at CNAR ranging from eight months to three years. The team includes a nurse, two nursing technicians, a psychologist, a community worker, and a social worker.

The predominance of female professionals in the healthcare field



highlights a sexual division of labor, especially in healthcare. Considering historical and social processes, it is observed that healthcare professionals, especially those in nursing, are predominantly women. This phenomenon is justified by the historical context of the profession's creation and recognition.⁵

Table 1 shows the data from the six questions answered by the professionals from the Estratégia Consultório na Rua team in Bauru.

Table 1– Participants' responses to the questionnaire applied about the street outreach strategy – care for homeless and vulnerable individuals, Bauru, 2020.

<i>Question</i>	<i>Variable</i>	<i>N</i>	<i>%</i>
<i>Have you worked with homeless individuals before?</i>	YES	2	20%
	NO	4	80%
<i>How do you feel working with homeless and vulnerable individuals?</i>	HAPPY	3	50%
	NORMAL	2	33.3%
	CHALLENGING	1	16.6%
<i>Do you consider the work carried out by CNAR in your municipality to be effective?</i>	YES	5	90%
	NO	1	10%
<i>Do you feel professionally prepared to perform your work at CNAR?</i>	YES	5	90%
	NO	1	10%
<i>Do you consider that you have sufficient and effective resources to provide services?</i>	YES	3	50%
	NO	3	50%
<i>Do you consider the policies for caring for homeless and vulnerable individuals to be coherent and satisfactory to social reality?</i>	YES	1	10%
	NO	5	90%

Source: Prepared by the author

When asked if they had previously worked with homeless individuals, the predominant response was “NO,” marked four times (80%). This reveals not only the prejudice and social exclusion faced by the homeless population, but also the lack of job openings and opportunities for this group. This is due to the recent implementation and limited scope of public policies aimed at this population, which explains the low number of professionals who have worked or work directly with these individuals.^{6, 7}

The data from the questions analyzed reveal significant perceptions of professionals regarding their work at CNAR. Regarding the question "how do you feel about working with homeless and vulnerable individuals," the predominant response was “Happy,” indicated three times (50%). Concerning the effectiveness of the CNAR's work in the municipality, the most prominent response was “Yes,” mentioned by five participants (90%). Similarly, when asked about feeling professionally prepared to perform their duties at the CNAR, the most prevalent response was “Yes,” indicated by five professionals (90%).

The workplace environment of street outreach clinics exposes professionals to occupational risks, as described by Lima (2019)⁸, who reports

that the workplace environment was described as one of tension, difficulties, and vulnerabilities, but also of personal growth.

Working with this population requires skills that go beyond technical and academic training. It's essential to break away from the technocratic model and adopt a holistic and comprehensive approach to the diverse realities these individuals face, thus providing truly appropriate care. Technical knowledge is essential for service effectiveness, but empathy and solidarity are also essential when dealing with this population. Although there are many challenges in healthcare work, the practice should promote well-being in a two-way street, benefiting both the user and the professional.⁹

When asked if consider having sufficient and effective resources to provide services, there is a balance between the YES and NO answer, marked three (50%) times each. When asked about their area of activity ("what you do"), three professionals described the activities they perform daily, while three others only mentioned their professions, which made it difficult to understand specifically the activities carried out by each one.

When it comes to resources, the issue becomes complex, as this population's

rights are frequently violated, including access to basic necessities such as water and sanitation. In the Street outreach strategy, this reality is repeated: although health care is supported by public policies, the lack of urban infrastructure geared towards the homeless population and the difficulty in connecting with the service network for continuity of care highlight a gap in the system. The fact that the service has equipment and supplies for care does not mean that there are sufficient resources to provide adequate care, especially considering the heterogeneity and diverse demands of this population.^{10, 2}

When discussing the most complex task faced by the team, the responses primarily mentioned challenges related to patient adherence to treatment. Difficulties cited included "adherence to the proposed treatment," "convincing patients to adhere to treatment," "convincing a patient to take care of their health," and "the first approach is the most stressful; even building a bond takes time." Other difficulties mentioned included "defining procedures in complex cases" and "welcoming psychiatric patients."

Regarding obstacles to patient care and treatment, the greatest difficulty highlighted again was adherence and continuity of care. Phrases such as "lack of adherence to treatments," "traveling

patients, when there is monitoring and need for medication, e.g., tuberculosis, which requires active search," and "patient adherence to treatment, coordination with the network" were reported. Furthermore, difficulties related to "understanding and accepting the implications and impacts of alcohol and drug use on the physical and mental health, as well as on the social life of patients," "network involvement in the treatment of psychiatric patients," and "the current absence of a physician on staff" were also identified by professionals as significant challenges.

Lack of adherence to treatment, combined with the need for persuasion and bonding with patients, were highlighted as the main challenges by professionals. Given the history of marginalization of homeless people, many feel threatened when encountering health professionals. Therefore, bonding becomes essential to facilitate care, considering that the Street outreach can be these patients' gateway to Primary Care.¹¹

The itinerant behavior of users negatively impacts the continuity of care, often requiring active outreach to maintain follow-up. This is compounded, in some cases, by a lack of understanding of these patients' life contexts on the part of health services. Thus, the principles of the Unified Health System (SUS)—

universality, comprehensiveness, and equity—are constantly challenged when it comes to this population.^{12,13}

When asked whether they considered care policies for individuals living on the streets and in vulnerable situations to be coherent and satisfactory to the current social reality, the predominant answer was NO, marked five (90%) times. Policies targeting the homeless population have been slow to be implemented, in part due to government neglect, which highlights the marginalization of this population, as well as a lack of understanding of their needs and recognition of their rights. It is clear that such policies still do not fully meet the current demands of the homeless population.^{12,14}

Although these policies are in place, they face a long and arduous path; despite some progress, several barriers need to be overcome to ensure comprehensive and universal care for this population. It is urgent that the government adopt a new approach that considers the real and current needs of these individuals, promotes social reintegration, and works to deconstruct the taboos and stereotypes present in the health system regarding this population, fostering the creation of dignity for all.^{12,14}

FINAL CONSIDERATIONS

Although this study has limitations related to sample size, it enabled a more in-depth discussion of the difficulties and potential of the Consultório na Rua team in Bauru-SP in caring for individuals who are homeless and vulnerable. The main difficulties include low adherence to treatment, forming bonds, and continuity of care, since the itinerant behavior of these individuals requires constant active search. Despite the challenges, professionals express confidence in the effectiveness of the work carried out in the municipality.

Although current policies represent significant advances, they are still not adequate to fully address this reality, highlighting the need for political and scientific deepening to ensure the maintenance, expansion, and creation of new rights. In addition, it is essential to educate the population about the reality experienced by these individuals and the role of health professionals. The study also highlights the lack of information and updated scientific research that addresses reliable sociodemographic and quantitative data on this population.



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RECEIVED: 06/05/2025

APPROVED: 07/05/2025

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APPENDIX A

FREE AND INFORMED CONSENT FORM - TCLE

You are being invited as a volunteer to participate in the research “STREET OFFICE STRATEGY – CARE FOR INDIVIDUALS IN HOMELESS AND VULNERABLE SITUATIONS”. This research aims to understand how it occurs and to identify the difficulties faced by the street office team in providing care and maintaining treatments for homeless and vulnerable individuals.

For this research we will adopt the following procedures: An online form containing 10 objective questions will be used, with the aim of identify the difficulties and potential faced by the Street outreach team in the care and continuous monitoring of individuals living on the streets and experiencing social vulnerability.

The risks involved in the research consist of minimal risks, considering the embarrassment that completing the questionnaire may or may not cause. However, no physical procedures will be performed on participants, while maintaining the integrity of the information under the researcher's ethics. Benefits include: research may contribute to make it possible to collect data, analyze and describe how it occurs and raise the difficulties faced by the street outreach team in providing care and maintaining treatments for homeless and vulnerable individuals.

There will be no cost to you for participating in this study, nor will you receive any financial benefit. However, if any harm resulting from this research is identified and proven, you are guaranteed the right to compensation. You will receive information about the study in any aspect you wish and will be free to participate or refuse to participate. You may withdraw your consent or discontinue participation at any time. Your participation is voluntary, and refusal to participate will not result in any penalty or change in the way you are treated by the researcher, who will treat your identity with professional standards of confidentiality. The results of the research will be made available to you upon completion. Your name or material indicating your participation will not be released without your permission.

You will not be identified in any resulting publication. This consent form is printed in two original copies, one of which will be filed by the principal investigator and the other provided to you. The data and instruments used in the research will be filed with the principal investigator for a period of five (5) years, after which they will



be destroyed. The researchers will treat your identity with professional standards of confidentiality, in compliance with Brazilian law (National Health Council Resolution No. 466/12), using the information solely for academic and scientific purposes.

This work is not linked to the Municipality of Bauru and the Municipal Health Department, which are exempt from any responsibility, including financial, which will be assumed by the researchers.

I, _____, holder of identity document _____, have been informed of the objectives of the research project “STREET OUTREACH STRATEGY – CARE FOR **ILL-HOUSED AND VULNERABLE PEOPLE**” in a clear and detailed manner, and my questions have been answered. I understand that I may request further information at any time and change my decision to participate if I so desire. I hereby declare that I agree to participate. I have received an original copy of this informed consent form and have been given the opportunity to read it and have my questions answered.

Bauru, _____ 2020.

Name	Participant signature	Date
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Name	Participant signature	Date
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If you have any questions regarding the ethical aspects of this research, you can consult:
CEP - Human Research Ethics Committee of the Sacred Heart University Center - UNISAGRADO

Name of the Responsible Researcher: Gabriel Xavier Santos and Prof. Dr. Márcia Ap. Nuevo Gatti

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PREFEITURA MUNICIPAL DE BAURU

SECRETARIA MUNICIPAL DE SAÚDE

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Bauru, 17 de agosto de 2020.

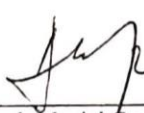
DECLARAÇÃO

Declaramos para os devidos fins que o Projeto de Pesquisa intitulado: **“ESTRATÉGIA CONSULTÓRIO NA RUA – CUIDADOS PARA INDIVÍDUOS EM SITUAÇÃO DE RUA E VULNERABILIDADE”**, de autoria de Gabriel Xavier Santos, sob orientação da Prof.^a Dra. Márcia Aparecida Nuevo Gatti, foi AUTORIZADO pela Comissão Científica da Secretaria Municipal de Saúde de Bauru – CCSMSB, a realizar coleta de dados junto a equipe do Consultório na Rua, no período de **17/08/2020 a 30/09/2020**.

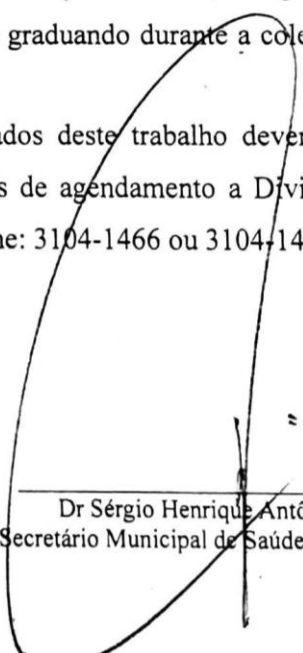
Para tanto, o pesquisador deverá entrar em contato com a gerência do respectivo serviço para agendamento da coleta (3214-3208/99112-2459 falar com Cibelle).

Será de responsabilidade da Chefia do Serviço de Saúde, designar um profissional capacitado para acompanhar o docente e o graduando durante a coleta dos dados na Unidade de Saúde.

Além disso, ressaltamos que os resultados deste trabalho deverão ser apresentados à Secretaria Municipal de Saúde, através de agendamento a Divisão de Gestão do Trabalho e Educação na Saúde através do fone: 3104-1466 ou 3104-1469.



Dr Deborah Maciel Cavalcanti Rosa
Presidente da Comissão Científica da Secretaria
Municipal de Saúde de Bauru
Portaria GS nº 182/2017



Dr Sérgio Henrique Antônio
Secretário Municipal de Saúde de Bauru