

The Phenomenon of Homelessness and the Psychosocial Problems of the Homeless*

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Abstract. This study focuses on the case of homelessness in different countries and how the specific characteristics of homeless people differ in these countries. The data of the research based on the field survey were obtained via questionnaire form from the homeless living in Hungary, Italy, Austria and Turkey. According to the findings, homeless people started drinking between 0-17 years of age, higher in Italy, Hungary and Austria, while lower in Turkey. Again, the experience of divorce before homelessness is higher in Turkey compared to other countries. Addictive substances negatively affect the perceptions of the general health status of more than half of the homeless, especially in Italy. Although the phenomenon of homelessness, which is growing day by day in societies as a global threat, is triggered by similar factors, it is seen that the causes and results differ in the axis of factors such as culture, law, belief, social life, social problem, family relations at the local level. Low education level, alcohol and substance abuse, economic inadequacy, and problems related to family and social relations are common as homeless individuals' most basic problem areas. As a global problem, the issue of homelessness is an area that all societies should work on and produce common solutions for.

Keywords: Homelessness, the Homeless, Addiction, Social Support, Social Policies

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1. INTRODUCTION

The deep poverty processes created by neoliberal economic policies have revealed many marginalized, out-of-society segments considered an underclass. The phenomenon of homelessness is one of these problems. Homelessness is observed when an individual does not have a place to live in a healthy and safe environment. There are many different definitions of homelessness. In general, the point where these definitions converge is the state of being deprived of a permanent residence. The definition of homelessness includes problems such as poverty, unemployment, migration, urbanization, disability, inability to have an active role and function in society, and substance use (Genç, 2016). Although the problem of homelessness, which negatively affects the welfare and social development of societies and contains many risks, seems to be an individual problem, it is actually a social problem.

The individual living in the society needs a house that will enable her/him to obtain the basic needs (security, heating, shelter) necessary to maintain her/his development properly and to continue her/his life. The situation of not having the necessary housing causes the problems that people currently have and will have in the future to increase incrementally. At the beginning of these problems are alcohol and substance addiction, suicide, divorce, unhealthy diet, violence, poverty, social exclusion, unemployment, alienation, depression, and homelessness, making it difficult for a person to continue his life (Işıkhan, 2002; Genç, 2016). These problems are also among the reasons for being homeless. The most important reasons for being homeless are economic reasons, being unemployed and being financially poor. Being homeless and living on the streets is temporary for some people and permanent for others. In addition to economic inadequacy, reasons such as physical violence, emotional violence, sexual harassment, negligence, inadequacy, drug and/or alcohol use, emotional or behavioural problems, exclusion, family problems, and unwanted pregnancy can be listed as the reasons why especially young people leave their families and live on the streets (Genç, 2016, p.51). Today, the number of people, groups and families living as homeless is increasing day by day.

There are many definitions of homelessness in line with its perspective and meanings. Criteria such as residence to live, a place to sleep and maintaining family ties are the main factors affecting definitions of homelessness. The homeless are defined as those who don't have a stable, organized place to sleep at night. According to another definition, homelessness is the absence of suitable accommodation and social exclusion. Comprehensive definitions include all individuals at risk, such as those staying in single-room hotels, prison or substance abuse clinics, and hospitals (Türkcan & Türkcan, 1996). Marjorie Hope and James Young developed some parameters by developing a broader perspective on the definition of homeless in their study (Hope & Young, 1986, p. 53):

- Having no place to take shelter for a long time or having limited opportunities,

- People living under bridges, thresholds, cars and abandoned buildings, train stations, hospital waiting rooms, bus stops,
- Those who have to stay for a long time in cheap hotels and motels,
- Those who need to take advantage of religious organizations and public aid facilities but cannot take advantage of them for long periods,
- Those who can't provide a warm home environment and have to live in a crumbling place.

Homeless people can be isolated from society and excluded by their family and society, avoiding relationships with their environment because of shyness. On the other hand, poor groups are increasing day by day (İkizoğlu, 2000). Most homeless people experience various problems such as irregular nutrition, unemployment, illness and substance abuse. At the same time, homeless children often have poor health. Both the psychological and physical development of these children are frequently interrupted. Acute diseases are common among these children, while vaccines are less common. These people, who frequently suffer from diseases such as fever, diarrhoea, and asthma and are at social risk, face various injuries, regression in body development, and violence due to the unsafe environment. Polluted air, poor clothing and insufficient nutrition make homeless people an open target for skin and soft tissue infections.

Streetlife is itself a source of spiritual trauma. The process of homelessness and living in the street is a significant stress factor for the person. This situation not only causes an increase in the anxiety level of the person but also causes a decrease in the number of people with whom one has social relations, such as friends, relatives, family and neighbours, with the onset of living in the street. Thus, the homeless person gets a new circle of friends. This situation is accompanied by a narrowing of the private and secure living space. Individuals who have experienced similar psychological stress in the previous periods of their lives exacerbate the problems experienced in the past studies. These vacillations and searches cause the homeless to encounter other negative phenomena more quickly, pose a potential risk to other layers of society, and damage the social order.

A study determined that about half of homeless people have medical, chronic or psychiatric disorders. Diseases common among homeless people are mainly due to the natural and social factors arising from the lifestyle of these people, environmental conditions, inadequate basic needs such as shelter, food and clothing, poor hygiene, and their inability to benefit from adequate health services. Studies show that some diseases are more common in the homeless than in general. These diseases include oral and dental diseases, upper respiratory tract infections, nutritional disorders, liver diseases, neurological diseases and lung diseases (Morris & Gordon, 2006).

Society does not provide adequate social support to the homeless people who struggle to survive in the rubble corners, parks, streets and places of worship in very harsh conditions, day and night, during the summer and winter, exposed to violence, abuse, rape, cold, sick or freezing to death. A significant part of the homeless people struggling

to survive on the streets is not allowed into closed spaces because of their devastated clothing. In addition, they are sent out from places such as cash machines, hospital waiting rooms, bus stations, stations, terminals, places of worship. This is one of the most apparent indicators of the discrimination experienced by the homeless. Reflections of the phenomenon of homelessness assessed in the culture of poverty are often faced with negligence and abuse other than toward crime; use of substances that lead to addiction, exposure to violence or exposure; manslaughter, prostitution; face psychological problems; health problems; sexual harassment and rape exposure or exposure. In addition, in daily routines that require self-care, there are problems such as not being able to benefit from hygienic facilities, lack of opportunities to take a bath, clean and dry their clothes, shortage of food, and not being able to use public transport (Okumuş, 2012, p. 8). The homeless not only have to face and cope with these problems, but also face new problem areas caused by the current problems.

Today, it is observed that domestic problems and being away from home due to violence trigger homelessness and such individuals are at risk of losing their jobs. In addition to the reasons listed above, it is seen that there is an increase in the number of people who make a living in the street a lifestyle, even though they have economic and accommodation opportunities in Western societies. Despite all these reasons, sometimes, homelessness can be a choice. This selection is defined as the selection of homeless life due to interaction in the literature and is supported by various research.

Thus, the focus should be given to different policies to handle homelessness in different countries and how the specific characteristics of homeless people differ in these countries. Indeed, the approach to the phenomenon of homelessness in countries with different levels of development and the strategies and social policies developed to solve this problem can set an example for countries. In this research, studies in the literature on homelessness in the world and Turkey have been reviewed, and the problems of the homeless have been described. In the application part of the research, data and results were produced based on the opinions of homeless individuals obtained with the field study (survey) conducted in four countries (Turkey, Austria, Hungary and Italy) on their living conditions, problems and social support they received, and suggestions were presented. Within the scope of the project, of which this research article is a part, international education modules, social support networks and e-learning platform were developed and published in five languages for the homeless, their families and the professionals who serve them.

The Problem Of Homelessness And Practices For Homeless People In The World And Turkey

Although the results of studies on homelessness in the literature vary depending on the sociocultural structure of the countries, it has been noticed that the basic features are the same. According to the United Nations Human Rights Commission, it is claimed that there are 100 million homeless people worldwide (Akyıldız, 2017). While it is known that approximately 553 thousand people are homeless in the USA in 2018 data, it has

been determined in the report prepared by the European Union member countries (FEANTSA, 2017) that the number of homeless has increased in the last 1-5 years in 15 of 21 E.U. countries. In countries such as England, France, Greece, Germany and Italy, it is pointed out that homelessness increased, especially between the years 2014-2017, due to the devastating consequences of the economic crisis and the effects of the global crisis (Küçük, 2020). Although homelessness in the world has been continuing since the past, it has been drawing attention as a social problem in recent years that has attracted more attention and has been debated in America and Europe (Akyildiz, 2017, p. 71; Özdemir, 2010, p. 81; Türkcan & Türkcan, 1996, p. 9; Genç, 2016, p. 54). Although research on the homeless and homelessness is concentrated in western societies, homeless individuals are encountered almost everywhere globally.

In the last two decades in Hungary, 8-10 thousand homeless people have been reached every year in the research carried out throughout the country. According to the results of the data obtained, the age rate of the homeless people living in Hungary decreased especially after 2015 and 2016 (10% of the total homeless people are young people), the education level is relatively low, about 1/3 of the homeless people are Roma people and the health status of those staying in the centres is bad (49% have a chronic disease, 27% have a mental illness, disability, etc.), especially those living in temporary shelters. Half of the homeless people in Hungary live in the capital Budapest (Horváth Takács & Hajléktalankérdés, 2021).

Fisher and William (1991) found that 2/3 of homeless people had an alcohol addiction, and this situation deepened homelessness even more. While 52% of alcohol-dependent homeless people are men, 17% are women. According to the some old studies 69% of homeless people used alcohol in the last month; 50% of them used illegal drugs in the last month. It was stated that 44% of them stayed in the hospital due to the use of alcohol or drugs of mental, emotional, neurogenic origin at any time in their life (Küçük, 2020).

Studies on homelessness explain the cause of this problem according to different variables. These are the lack of treatment of people with mental illness, chronic poverty and unemployment, interruption of social support systems, change in family structure, loss of income among the elder people, insufficient economic opportunities, and young people running away from home as a result of neglect and abuse.

In the studies conducted, it is seen that the homeless are at the extreme points of poverty as a result of urbanization, there are more women and young persons among homeless people, the homeless adults are 10 times younger than before, and the exclusion of a large part of this population from social institutions and the inability of these people to benefit from the available opportunities are effective in the increase in the number of homeless people (Blau, 1992). Many researchers agree that the applications cause the increase in this number after the 1980s. Notably, the evacuation of institutions due to economic policies and the suspension of social welfare programs are important turning points. Stanisława Golinowska, a socioeconomic expert, says: "No

one is left homeless by choice in Poland. Rather, they become homeless as a result of various failures that lead to depression or loss of will to live." Homelessness seems to be a problem experienced by people who think that they cannot overcome their problems for various reasons. For example, some people released from prison in Poland find their homes destroyed by vandals. Others are being evicted from their homes. Many of them lose their homes as a result of natural disasters.

Studies to identify and prevent the causes of homelessness are carried out together with the necessary policy processes. In their constitutions and housing laws, many European countries have stated the obligation to provide housing for the homeless. Social benefits for the homeless are guaranteed by law. There is generally a transition from the step model to a housing priority model in European countries. While the previously common step model aims to provide long-term permanent housing for homeless people through certain stages, the housing priority model focuses on other stages (solving health and social problems, if any) after obtaining permanent housing as a starting point.

The priority in the policies produced by the European Union countries to manage the homelessness problem is to meet the basic needs of the homeless (shelter, food and health services). On the other hand, when it was discovered that homelessness is a widespread problem that has become increasingly widespread in recent years, strategies have begun to be sought to end homelessness completely. Many countries such as Ireland, England, Scotland, Wales, Northern Ireland, Finland, Portugal, Denmark, Sweden, the Netherlands, France and Hungary have developed integrated coordinated strategies. In 2008, the European Parliament published a declaration on homelessness and put the "Ending Street Homelessness" plan into effect. In the joint report of the European Commission and the Social Protection and Social Integration Council in 2009, it was underlined that homelessness is a form of social exclusion, and necessary studies should be carried out to solve this problem. In the commission report in 2010, it was called for member states to develop a holistic policy in the fight against homelessness. Following this work, the E.U. has proposed to prepare emergency action plans for the winter, which have been called for reconciliation with member states in the process of further development, offering a broader framework (Ending Homelessness: A Handbook for Policy Makers, 2010).

When the studies conducted in Turkey are examined, homelessness studies on urban populations come to the fore. Işıkhan's study conducted with 58 homeless people living in Ankara in 1995 found that 60% of them were women, and most of them were divorced for various reasons, and the average age of the homeless was 21. It has been observed that the homeless do not have a permanent place of residence in Ankara; they generally live in places such as apartment entrances, cash machines and terminals. It has been observed that 83% of the homeless use alcohol and addictive substances have health problems such as colds, rheumatism, lower back pain, ulcers and asthma. Many of them have poor mental health, unconscious behaviours and loss of balance. It has been observed that the rate of those who have inadequate or no income is high (89%), while

those with an income are found to earn their living by collecting waste. The data in Erbay (2013) also supports these findings.

In another study conducted with 206 homeless people in Turkey, the causes of homelessness were primarily expressed as domestic violence and substance abuse (Meneviş, 2006). In 2009, in the research on "Homeless Deaths in Ankara" by Yağan, the death examination and autopsy reports of 127 homeless people who died in Ankara between 1997-2006 were examined. It was stated that 91.3% of them were male, in the 31-60 age group. Attention was drawn to the high rate of alcohol-related deaths in the cases, and the places where they were found dead were determined as derelict buildings, constructions and closed places such as barracks.

According to the data of Şefkat-Der, which regularly conduct studies on homeless people in Turkey, there are between 7 thousand and 10 thousand homeless people in Istanbul and more than 70 thousand throughout Turkey (Şefkat-Der.,2010). It can be said that there is a strong resemblance between the socio-demographic characteristics in the studies reviewed.

Although services for homeless people are not wide-ranging in Turkey, it is possible to say that the awareness level of public institutions and organizations and local administrations is increasing. In particular, the appearance of homelessness, which is integrated with begging, has reached more visible dimensions with the migration experienced after the Arab Spring. Services for the homeless, which were first provided in Ankara in 2002, continued as an irregular practise until 2010, and small-scale services such as shelters were offered. Every winter, homeless people staying in the streets, closed ATMs, parks and bus terminals are reached, and they are accommodated in a hotel rented by the Ankara Governor's Office. In addition, homeless people over the age of 61 are directed to nursing homes or rehabilitation and care centres known as the House of the Nameless, and those who can work are directed to have a job through the Employment Agency (İŞKUR). In 2009, the shelter affiliated with the Ankara Metropolitan Municipality started hosting homeless people for a maximum of 2 weeks. In addition, the "Daily Shelter" with a capacity of 70, provided shelter, food, washing and clothing assistance to 9816 homeless people until 2018.

Another centre with a high homeless rate in Istanbul is "House of the Homeless", affiliated with Istanbul Governor's Office, Beyoğlu District Governor's Office. It started its service in 2003 and served to accommodate individuals over 18 who were forced to live on the street and meet their basic needs. The World Bank supported this project within the scope of the social assistance and solidarity incentive fund and the social risk mitigation project (SRAP) (Küçük, 2014, p.83). Again, 2964 homeless individuals were sheltered in the shelter for the homeless in Istanbul Esenyurt until 2019. In addition, there are shelters for the homeless in Istanbul and Kocaeli Metropolitan municipalities, and they continue to serve.

Considering the general legal framework in Turkey, the studies carried out for the homeless are quite inadequate. In addition to local governments, non-governmental

organizations also carry out activities for the homeless. Apart from non-governmental organizations such as Şefkat-Der, Umut Çocukları Derneği, Erdemliler Dayanışma Derneği, Çorbada Tuzun Olsun Derneği, Hayata Sarıl Derneği, it is undeniable that there are activist groups with different founding goals. These groups mostly provide services such as food and clothing assistance.

It is known that the culture of charity impacts the perspective towards the phenomenon of homelessness in Turkey, and this situation spreads to the social assistance systems with the approach of meeting the basic needs. However, it is clear that there is a need for broader social policies for homelessness as an increasingly widespread social problem. The literature studies on this phenomenon show a small number of studies on the models of countries. It has become necessary to present examples of different countries in terms of whether there are differentiating dimensions related to the phenomenon of homelessness from welfare countries to underdeveloped countries and in order to reveal the solution strategies that can be a model. In this direction, it is aimed in this study to focus on the psychosocial problems of homeless people living in Hungary, Italy, Austria and Turkey to reveal the differentiating aspects and to make suggestions for the development of solutions.

2. METHOD

In order to reveal the psychosocial problems of homeless people living in Hungary, Italy, Austria and Turkey, the data obtained in the field study via a survey conducted with 100 homeless people selected from 4 countries were analyzed with descriptive statistics. This also provides the basis for developing better policies for homeless people and recommending applications that can help reduce homelessness.

The study group has been established to establish the problem of homelessness in stakeholder countries and compare the countries' policies against homelessness. Participants consist of homeless people living in Hungary, Italy, Austria and Turkey. 100 homeless people were surveyed: 15 homeless people in Austria, 15 homeless in Italy, 15 homeless in Hungary and 55 homeless in Turkey. The homeless in the study group were reached through purposive sampling, one of the improbable sampling techniques. Data were collected on the basis of snowball sampling. Participants participated in the survey on a voluntary basis. The reason for 55 participants from Turkey is that Turkish researchers have reached more participants in the field.

Ethics committee approval for this study was obtained from the Ethics Committee of Sakarya University with the decision dated 01/12/2021 and numbered 40. The survey questions were reviewed and edited by representatives from each country. The questions were shaped in a culturally sensitive form.

The data were collected by the researchers using a questionnaire prepared in accordance with the literature. The questionnaire form was prepared by considering the characteristics of homeless individuals and the relevant literature. In the questionnaire

for the homeless, there are questions to measure the demographic characteristics of the respondents, questions to find out the reasons for being homeless, questions to determine the problems of homeless people related to addiction, questions to reveal their relations with social support mechanisms, and finally, questions about the general health status of the homeless.

The data obtained through the questionnaire applied to the homeless in each country were analyzed and interpreted with descriptive statistics such as frequency distribution and difference tests such as chi-square. Only tables with significant differences between them were used in chi-square tests. The chi-square distribution is often used to test two independent qualitative criteria. In this study, the relationship between being homeless with chi-square tests and criteria such as addiction, poverty, etc. was examined.

3. FINDINGS

This research article was produced from the data of the Erasmus+ project titled "Homecoming of People Living in the Streets via Rehabilitation and Mediation" abbreviated as "HOPE" which started at the end of 2019. The study focused on developing solutions by focusing on the levels of knowledge and sensitivity of homeless people about homeless, housing, health, economic and social support issues and family problems of insecurity. In this context, the infrastructure of the training modules and e-learning platform to be created for the homeless was established and grounded.

Demographic Features

Demographic characteristics of the individuals whose opinions were consulted during the fieldwork process are important in order to obtain healthy data from the research and to identify the main problems related to the homeless. The research was conducted in four different countries made it difficult to identify the participants and classify their demographic characteristics. Despite this, care has been taken to reach a common point in order to reach healthy data, and the following data has been reached.

Slightly more than half (55%) of the research participants are the homeless living in Turkey. The remaining are living in Austria (15%), Hungary (15%) and Italy (15%). These rates have been established in accordance with the project conditions. Combining the perceptions of different countries and the approaches of the homeless is important for the results of the research. The gender distribution of the participants was balanced, with 48% female and 52% male. These rates are significant in terms of respecting opinions based on gender. When the age category of the participants is examined, it is seen that approximately one fifth (21.2%) is between the ages of 18-25, one third (30.3%) is between the ages of 26-35, 28.3% is between the ages of 36-50, and one fifth is between the ages of 51-64. Only one participant can be classified as elderly in the age range of 65 years and over. The majority of the homeless respondents who were consulted are at the middle age level. It is thought that the data taken from this age group will yield more meaningful results, and these data will be more meaningful

nominally. It can also be said that this group will consist of people who own a home and that it consists of individuals who have faced many problems in life.

Table 1

Demographic Features

Age(%)		Country(%)		Gender(%)	
18-25	21.2	Austria	15.0	Female	48.00
26-35	30.3	Italy	15.0	Male	52.00
50	28.3	Hungary	15.0		
51-64	19.2	Turkey	55.0		
65+	1,0	Total	100.00		
Marital Status(%)		Educational Status(%)		Educational Status (%)	
I'm married	5.0	Illiterate/no diploma	6.0	High school dropout	7.0
My spouse died	11.0	Elementary school dropout	5.0	High school graduate	16.0
I live separately	22.0	Primary school graduate	24.0	University dropout	4.0
Divorced	28.0	Primary/secondary school dropout	14.0	University graduate	5.0
I have never married	34.0	Primary/secondary school graduate	19.0		
Total	100.0			Total	100.00

When the educational status of the participant profile is examined, it is seen that they experience a difficult education process. The ratio of those who could not complete the education process they started is around 30%, as 5% dropouts from primary school, 14% dropouts from primary/secondary school, 7% dropouts from high school and 4% drop out of university. It is seen that almost one-third of the participants left the education before finishing the education institution they started, and they are problematic individuals in the education process. 43% of those who completed the education they started (primary school, 24%, secondary school 19%) are basic education graduates, and their education level is low. It is an important finding that the education level of a significant part of the homeless people reached within the scope of the research is low. High school and university graduates, who can be considered

positive in terms of education level, are at the level of one fifth (21%). It is a fact that education has a significant role in the success of the life story of human beings and in making life meaningful by coping with its problems.

When the answers given to the question about the marital status are examined, it is seen that the family life of the participant homeless is quite problematic. It is seen that one third (34%) of the homeless people whose opinions were taken into consideration had never been married before, 28% were divorced, 22% lived separately from their spouses, and 11% had their spouses passed away. Individuals who have to live alone in some way prefer to live more quickly in the street and as homeless. Here, it is necessary to emphasize the importance of marriage, having a family, and living with one's spouse. Very few of the participants are married and live with their spouses. Here, a relationship between marriage and homelessness, which should be handled with a deterministic approach, draws attention.

Causes of Homelessness

Here, the opinions of the homeless people who participated in the research about the reasons for homelessness, the problems they experienced before being homeless, the age of when they first became homeless and their prison history are given.

Table 2

First Age of Homelessness

Age	%
0-17	5.0
18-25	30.0
26-35	21.0
36-50	32.0
51-65	12.0
Total	100.0

Almost all of the participants (95%) faced the problem of homelessness at the age of 18 and above. When the distribution by age is considered, almost one-third of the participants (32%) stated that they had experienced being homeless for the first time in the 36-50 age group. This is followed by 30% to 18-25 age range, 21% to 26-35 age range, 12% to 51-65 age range. The low rate of homelessness under the age of 18 can be explained by the provision of care and protection needs of children through institutional care and alternative models within the scope of child protection systems implemented in countries. On the other hand, it can be said that the lack of an effective struggle model

for adults against being homeless is efficient in their falling into homelessness and the solution to this problem is systemic.

Table 3

Events For The Homeless 12 Months Before The First Homeless

		Austria	Italy	Hungary	Turkey	Total
I have suffered a significant loss of income due to job loss, loss of social support or disability pension.	Event before homelessness	21.1%	21.1%	26.3%	31.6%	100%
	Country of residence	26.7%	26.7%	33.3%	10.9%	19.0%
I experienced a significant increase in my expenses such as rent, health expenses, etc.	Event before homelessness	40.0%	40.0%	0.0%	20.0 %	100%
	Country of residence	13.3%	13.3%	0.0%	1.8%	5.0 %
I broke up or divorced my spouse or ended a relationship with someone I was very close.	Event before homelessness	11.1%	5.6%	16.7%	66.7%	100%
	Country of residence	26.7%	13.3%	40.0%	43.6%	36.0%
The person I depended on for shelter, food or money didn't want to help me anymore	Event before homelessness	10.5%	5,3%	5,3%	78.9%	100%
	Country of residence	13.3%	6.7%	6.7%	27.3%	19.0%
I've been drinking and doing drugs a lot.	Event before homelessness	16.7%	50.0%	16.7%	16.7%	100%
	Country of residence	6.7%	20.0 %	6.7%	1.8%	6.0 %
I have had serious physical or mental health problems.	Event before homelessness	25.0 %	25.0 %	25.0 %	25.0 %	100%
	Country of residence	13.3%	13.3%	13.3%	3.6%	8.0%
I stayed in a hospital, prison, rehabilitation center or foster home	Event before homelessness	0.0%	14.3%	0.0%	85.7%	100%
	Country of residence	0.0%	6.7%	0.0%	10.9%	7.0 %
Total	Event before homelessness	15.0%	15.0%	15.0%	55.0%	100%
	Country of residence	100.0 %	100.0 %	100.0 %	100.0 %	100%

p=0.026

The participants' negative situations before they faced the homelessness problem are presented within the framework of the judgments in the table above. One year before facing the problem of homelessness, more than a third of the respondents (36%) said they faced divorce or separation. Loss of income (19%) and cessation of assistance from the dependent person (19%) were the other two issues that followed. The remaining events were expressed as experiencing health problems (8%), staying in institutional care due to health, crime or protection (7%), and severe increases in living expenses. When the answers are grouped among themselves, it is seen that the biggest denominator (43%) is financial problems, followed by emotional problems (36%). The remaining events were shaped around health and crime (21%).

The problems experienced before homelessness and the country questions were crossed, and the chi-square test was performed to determine whether there was a statistically significant relationship between the two data. As a result of the chi-square test, it was observed that there was a statistically significant relationship between the answers given to the questions ($p < 0.05$). It has been observed that homeless people living in Turkey (66.7%) have the largest share in the statement "I broke up with my spouse or divorced or ended my relationship with someone I am very close", where the participants gave the highest number of answers. Hungary followed Turkey (16.7%), Austria (11.1%) and Italy (5.6%), respectively (Table: 3). In addition, it was observed that the most significant share (43.6%) of the problems experienced by the homeless living in Turkey 12 months before becoming homeless was about divorce from their spouse or ending a relationship. The fact that the issue of divorce is a significant problem in both international and domestic comparisons indicates that there is an essential relationship between homelessness and divorce. It can be stated that financial situations such as loss of income and alimony payments in the process of sharing property and property are among the potential causes of homelessness after divorce. In addition, it can be thought that reasons such as delaying personal care and responsibilities due to not being able to cope with emotional problems and loss of work may also play a role. On the other hand, alcohol use and drug use were frequently stated as the most common event before the homelessness process in Italy. It is seen that Austria (40%) and Italy (40%) share the lead in terms of the increase in rent and health expenses, although an obvious issue does not come to the fore in other countries.

Table 4

After The Age Of 15 Prison Entry Status by Gender

	No	Once	Multiple Times	Total
Female Gender	95.8%	2.1%	2.1%	100.0 %

	Prison Entry Status	52.9%	11.1%	25.0 %	48.0%
Male	Gender	78.8%	15.4%	5.8%	100.0 %
	Prison Entry Status	47.1%	88.9%	75.0%	52.0%
Total	Gender	87.0%	9.0%	4.0%	100.0 %
	Prison Entry Status	100.0 %	100.0 %	100.0 %	100.0 %

P=0.037

In order to examine the relationship between homelessness and crime, the participants were asked whether they had a prison history. Within the framework of the answers given, it is seen that a significant majority (87%) of the people who have homelessness problems have not been involved in a crime that could be sentenced to prison. Following this answer, the rate of the participants who stated that they were imprisoned once was 9%, and the rate of those who stated that they were jailed more than once was 4% (Table: 4). In the light of these findings, it is seen that people with homelessness problems do not have a criminal history or have not been involved in crimes so severe that they would be imprisoned. As stated in Table 3, it is seen that homelessness is related to health, social and economic problems in a causal context, while delinquency remains in the background.

As given in Table 1, the gender distribution among the homeless is indicated as balanced. A Chi-square test was used to determine whether there is a statistically significant relationship between the balanced gender distribution and the prison history of the homeless. As a result of the test, it was seen that prison experience differed significantly according to gender ($p < 0.05$). Accordingly, the rate of those imprisoned at various times among women remains at the level of 4.2%, while this rate for men is 21.2%, which is five times higher than that of women. Considering that the gender distribution of the research participants is balanced, it is seen that the difference of more than five times is quite remarkable, and the risk of committing a crime and being imprisoned is higher for men.

Addiction Problem in the Homeless

Within the scope of the research, questions about alcohol and drug use were asked to the participants. The answers given to the questions, including the age of first alcohol use and the frequency of drug use, were turned into a table. In the table, there are findings regarding the ages of the homeless people who participated in the study when they used alcohol for the first time for six months or more. In addition, it was revealed to what extent the age of alcohol use differs by the country for the first time.

Table 5

First Alcohol Use Age

Country of residence		0-17 Age	18-25 Age	Total
Austria	Country of residence	100.0 %	0.0%	100.0 %
	First Alcohol Use Age	37.5%	0.0%	26.8%
Italy	Country of residence	93.3%	6.7%	100.0 %
	First Alcohol Use Age	35.0%	6.3 %	26.8%
Hungary	Country of residence	75.0%	25.0 %	100.0 %
	First Alcohol Use Age	22.5%	18.8%	21.4%
Turkey	Country of residence	14.3%	85.7%	100.0 %
	First Alcohol Use Age	5.0 %	75.0%	25.0 %
Total	Country of residence	71.4%	28.6%	100.0 %
	First Alcohol Use Age	100.0 %	100.0 %	100.0 %

p= 0.000

Considering the age of alcohol use for the first time, it is seen that almost three-quarters of the participants (71.4%) met alcohol in the 0-17 age range. This data shows that the effect of alcohol is high among the causes of being very risky and homeless. The decrease in the age of alcohol use will negatively affect individuals' education and development processes. It was revealed that the rate of participants who stated that they used alcohol for the first time in the 18-25 age group was slightly more than a quarter (28.6%). According to the survey study, no participant stated that they started using alcohol after the age of 25, and it was seen that 56 participants who stated that they used alcohol started between the ages of 0-25. This finding shows how important early ages are in the fight against addictive substances such as alcohol and the high rate of alcohol use among the homeless (56%). Based on these data, the fight against addictions has an important place in the processes and models developed to combat the problem of homelessness.

In addition, for the first time, in order to examine whether the age of alcohol use differs statistically from country to country, the data obtained with both questions were compared with the cross-table method and the Chi-square test was applied. In the resulting axis, the differentiation of alcohol use for the first time according to countries

shows statistical significance ($p < 0.05$). It is seen that the majority of the homeless people living in Turkey start to use alcohol after the age of 18, whereas the age of homeless people living in Italy, Austria and Hungary is in the range of 0-17. It can be said that this differentiation between countries is caused by legal regulations and/or cultural and belief differences regarding alcohol sales and use restrictions in countries.

It is known that there are many other addictive substances besides alcohol. Regarding the use of other substances by the homeless; The table below shows the data on whether they used cannabis, stimulants, tranquillizers, heroin, opium, angel powder, mind-openers, inhalants, etc., for at least two or more times, and their comparison at the country level.

Table 6

Drug Use Status

Country of residence		Very Often	Very Rare	A Few Times	No	Total
Austria	Country of residence	0.0%	40.0%	60.0%	0.0%	100.0 %
	Substance Use	0.0%	37.5%	56.3%	0.0%	15.0%
Italy	Country of residence	13.3%	13.3%	20.0 %	53.3%	100.0 %
	Substance Use	28.6%	12.5%	18.8%	13.1%	15.0%
Hungary	Country of residence	26.7%	46.7%	20.0 %	6.7%	100.0 %
	Substance Use	57.1%	43.8%	18.8%	1.6%	15.0%
Turkey	Country of residence	1.8%	1.8%	1.8%	94.5%	100.0 %
	Substance Use	14.3%	6.3 %	6.3 %	85.2%	55.0%
Total	Country of residence	7.0 %	16,0%	16,0%	61.0%	100.0 %
	Substance Use	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %

$p=0.000$

Accordingly, almost two-thirds of the participants (61%) did not use the drugs mentioned in the question at least two or more times. Participants who stated that they used the aforementioned substances, give the following frequency of use respectively; very rarely (16%), only a few times (16%) and very often (7%). The fact that there is a very high level of 39% drug use among the homeless is a thought-provoking finding. Considering the data in the previous table, it is understood how much alcohol and drug use should be prioritized when working with homeless people.

In order to examine whether the data on drug use among the homeless show a statistically significant difference at the country level, both questions were crossed, and the Chi-square test was performed, and it was observed that they differed significantly ($P < 0.05$). It is observed that almost all of the homeless people (94.5%) living in Turkey do not use drugs other than alcohol, and this is an important finding. On the other hand, all of the homeless people living in Austria (100%) and almost all of the people living in Hungary (93.3%) use these substances with varying frequencies, and almost half of the homeless people living in Italy (46.6%) appear to use drugs with varying frequencies. In explaining the situation in Turkey, the possibility of the participants abstaining from answering this question can be seen as a factor. In addition, belief and cultural structure can be considered among the determining factors. However, the frequency of using these substances by homeless people living in European countries is quite high. Considering the effects of drugs, it is an undeniable fact that homeless individuals will need professional support in fulfilling their personal and social responsibilities and in the fight against homelessness. At this point, providing psychosocial support services by relevant professionals will be an important step in the fight against homelessness.

Social Support Mechanisms

The fact that the homeless receive support from their families and refrain from seeking support is essential in terms of the homelessness process and the research problem/subject. Based on this idea, the opinions of the individuals evaluated in the study based on countries were needed, and the following data were obtained.

Table 7

Reason for Family Support

		Austria	Italy	Hungary	Turkey	Total
To have a good time	Family Support Reason	25.0 %	25.0 %	25.0 %	25.0 %	100.0 %
	Country of residence	6.7%	6.7%	6.7%	1.8%	4.0%
To provide me with food and shelter	Family Support Reason	50.0%	25.0 %	0.0%	25.0 %	100.0 %
	Country of residence	13.3%	6.7%	0.0%	1.8%	4.0%
To talk about myself or my problems	Family Support Reason	12.5%	12.5%	31.3%	43.8%	100.0 %
	Country of residence	13.3%	13.3%	33.3%	12.7%	16,0%

To show that she/he loves and cares about me	Family Support Reason	50.0%	25.0 %	0.0%	25.0 %	100.0 %
	Country of residence	13.3%	6.7%	0.0%	1.8%	4.0%
To accompany me to a doctor's appointment for emotional support	Family Support Reason	25.0 %	50.0%	25.0 %	0.0%	100.0 %
	Country of residence	6.7%	13.3%	6.7%	0.0%	4.0%
She/he does not provide any support	Family Support Reason	10.3%	11.8%	11.8%	66.2%	100.0 %
	Country of residence	46.7%	53.3%	53.3%	81.8%	68.0%
Total	Family Support Reason	15.0%	15.0%	15.0%	55.0%	100.0 %
	Country of residence	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %

p=0.000

More than two-thirds (68%) of the homeless people surveyed think that their families will not provide them with any support. The rate of the participants who stated that they could get support from their families for themselves or their problems was 16%. The proportions of the participants who said that they could get support from their family to have a good time, to provide food and accommodation, to see that they are loved and cared for, to accompany them to a doctor's appointment to provide emotional support, were equal to each other and at the level of 4%. From this point of view, it is seen that the vast majority of homeless people communicate with their families unilaterally or have mutual communication and agreement problems. Having problems with family members, which can be expressed as the person's closest source of social support, is an important issue that will have a negative impact on ending the homelessness situation or minimizing the effects of the difficulties experienced in the homelessness process.

In order to examine whether there is statistical significance in the distribution of the answers given to the question by country, the questions were crossed, and the chi-square test was performed. As a result of the chi-square test, it was observed that there was a statistically significant difference between the countries ($p < 0.05$). Accordingly, the rate of participants who stated that their families would not provide any support was at a very high level, 81.8% in Turkey. While this rate varies between 46% and 53% in other countries, the most important factor determining the statistically significant difference was the answers of the homeless people living in Turkey.

Table 8

Abstaining from Asking for Support from the Family

		Never	Seldom	Sometimes	Often	Always	Total
Austria	Country of residence	40.0%	60.0%	0.0%	0.0%	0.0%	100.0 %
	Abstaining from asking for support from the family	33.3%	33.3%	0.0%	0.0%	0.0%	15.0%
Italy	Country of residence	26.7%	33.3%	20.0 %	13.3%	6.7%	100.0 %
	Abstaining from asking for support from the family	22.2%	18.5%	23.1%	18.2%	3,2%	15.0%
Hungary	Country of residence	33.3%	46.7%	13.3%	0.0%	6.7%	100.0 %
	Abstaining from asking for support from the family	27.8%	25.9%	15.4%	0.0%	3,2%	15.0%
Turkey	Country of residence	5.5%	10.9%	14.5%	16.4%	52.7%	100.0 %
	Abstaining from asking for support from the family	16.7%	22.2%	61.5%	81.8%	93.5%	55.0%
Total	Country of residence	18.0%	27.0%	13.0%	11.0%	31.0%	100.0 %

Abstaining from asking for support from the family	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
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p=0.000

The table above shows the participants' answers regarding the level of hesitation when asking for support from the family and their distribution by country. One-third of the participants (31%) stated that they always hesitated when seeking support from their family, nearly one-fifth (18%) and one-fourth (27%) stated that they rarely hesitated, 13% sometimes hesitated, and 11% mainly hesitated. In the chi-square test conducted regarding the distribution of the answers given by country, it was observed that being afraid to ask for support from the family differed significantly according to the country of residence ($p < 0.05$). When the reason for the difference is examined through the table, it is seen that almost all (93.5%) of the participants who answered "always" to the situation of being afraid of asking for support from the family, and 81.8% of those who answered "mostly" to the related question were homeless living in Turkey. When the answers of the homeless people living in Turkey are evaluated within themselves, it is seen that 52.7% of the people "always" hesitate to ask for support from their families. It is noteworthy that the "always" and "mostly" answers to the previous question are much lower in Italy, Austria and Hungary.

Health Problems of the Homeless

Homeless people live in unhealthy and unhygienic environments, not being able to feed properly, irregular and unstable living conditions are especially subject to different diseases. It was aimed to ask them about their awareness of their problems in this matter and their own views based on their health status on the basis of countries. It was observed that almost two-thirds (61%) of the homeless people who participated in the study rated their health status as good or higher. On the other hand, the rate of homeless people who stated that their health status was moderate was 27%, and the rate of homeless people who stated that they were poor was 12%.

Table 9

Perception of Overall Health

Country of residence	Bad	Moderate	Good	Very Good	Perfect	Total
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Austria	Country of residence	0.0%	33.3%	66.7%	0.0%	0.0%	100.0 %
	Perception of Overall Health	0.0%	18.5%	21.3%	0.0%	0.0%	15.0%
Italy	Country of residence	26.7%	26.7%	20.0 %	20.0 %	6.7%	100.0 %
	Perception of Overall Health	33.3%	14.8%	6.4%	33.3%	20.0 %	15.0%
Hungary	Country of residence	0.0%	20.0 %	46.7%	26.7%	6.7%	100.0 %
	Perception of Overall Health	0.0%	11.1%	14.9 %	44.4%	20.0 %	15.0%
Turkey	Country of residence	14.5%	27.3%	49.1%	3.6%	5.5%	100.0 %
	Perception of Overall Health	66.7%	55.6%	57.4%	22.2%	60.0%	55.0%
Total	Country of residence	12.0 %	27.0%	47.0%	9.0%	5.0 %	100.0 %
	Perception of Overall Health	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %

p=0,038

According to the chi-square test performed to identify the relationship between the health status of the homeless and the countries they live in, it was observed that there was a significant relationship between the general health perceptions and the country they lived in, and the opinions differed ($p < 0.05$). When the details of the differentiation are examined, it is seen that the highest percentage (53.4%) of the participants who express their general health status as poor and moderate are Italians. Italy is followed by Turkey with 42.8%, Austria with 33.3% and Hungary with 20%. When the data for all countries are evaluated in general, it is seen that 39% of the homeless people have negative thoughts about their health status. This situation highlights that psychosocial support services should be supported by health services in the services to be provided for the homeless.

4. RESULTS AND DISCUSSIONS

The phenomenon of homelessness can be defined in a cyclical cause-effect relationship with many problems such as poverty, migration, urbanization, unemployment, family problems, and substance abuse. The person who finds herself/himself outside the shelter environment for various reasons tries to maintain her/his life by falling into a disadvantageous position in meeting her/his individual needs and fulfilling her/his personal responsibilities. Human nature emphasizes holding on to life and finding the

opportunity to live under all conditions. Since human clinging to life is limited by the means at her/his disposal, the methods of struggle s/he resorts to when s/he is not given enough opportunities may face new problems. Considering this ongoing struggle, advancing time and complex social problems, a new problem area emerges that needs to be systematically intervened. This study was carried out in order to present the current situation as a result of the expressed need and to present comparative data to the literature on the homelessness problem. In this study, important data were obtained from the participants living in Turkey, Italy, Austria and Hungary, who experienced the phenomenon of homelessness regarding the problems faced before and during the homelessness process.

In order to obtain healthy and useful results in research, the demographic structure on which the research is based is very important. The demographic profile of this study revealed the following result. Almost all of the homeless people who participated in the study became homeless after 18. In line with the provision of care for the child in the family and the child protection policies implemented in the 0-18 age period in partner countries, it is seen that the models such as institutional care and foster family prevent children from being homeless.

The fact that the rate of those who stated that they had their first homelessness experience between the ages of 18-25 (30%) indicates that the child faces problems in transitioning to a lifestyle in which s/he needs to stand on her/his own feet after family or institutional care. In support of this data, it was observed that almost half of the homeless did not complete primary education and had almost no university graduation. A significant part of these individuals left the school without completing the process in the educational institution they started. Such a personality structure indicates that other problems such as homelessness can be experienced more easily. Education is one of the most important pillars of one's self-sufficiency. The low level of education among the homeless is an important factor for homelessness between the ages of 18-25, which can be expressed as the transition period from dependent life to independent life.

A regular family, family relations and the continuation of the family are very important for a healthy and peaceful life. Situations, events and problems that cannot be achieved push the individual to break away from the family or not to/cannot establish a family. For this reason, family life is another important dimension for individuals who experience homelessness. The ratio of the homeless to the total homeless, excluding those who have not been married before, whose spouse has passed away, and who are currently married, is half. Thus, at least half of the participants are composed of people who have established family life but ended this process for reasons in their own hands and have family problems related to the cause or result of homelessness.

Another finding that supports the relationship between family problems and homelessness is that divorce and ending the emotional relationship have the most significant share among the events before the homelessness experience. It is a thought-provoking issue, especially in Turkey, that the divorce experience before homelessness

is higher than in other countries. As a matter of fact, the process that starts with being evicted from one's home or being suspended by a court decision, regardless of gender, brings issues such as alimony payments, problems in private and social life, and indirectly the loss of work, income and property. Therefore, taking into account family problems at the primary level in the process of combating homelessness and working with the homeless, and carrying out protective-preventive services and rehabilitation processes by relevant professionals should be among the most basic activities. With these activities, it should be ensured that the social support mechanisms of the person are strengthened and that indirect losses (job, income, property, health, etc.) that reinforce homelessness are not experienced.

From the perspective of health and addiction to the problem of homelessness, it is seen that most of the participants started drinking between the ages of 0-17 and 18. At this age, alcohol use is observed to be higher, especially in Italy, Hungary and Austria, than in Turkey. It is thought that the effect of legal, religious and cultural factors is determinant in this difference between countries. The fact that the age of alcohol use is so low for all countries shows that it is an issue that needs to be thought about, studied and taken precautions against. However, the fact that alcohol and drug use is in the first place among the homeless people living in Italy before the first homelessness experience shows that the fight against addiction should be included in the intervention plans in order to achieve results in the local strategies to be carried out in the fight against homelessness. Similarly, the fact that all of the homeless people living in Austria have experienced drugs with varying frequencies makes the issue of addiction a priority in the process of combating homelessness and empowering homeless individuals. As a result, when the effects of alcohol and drugs are taken into account, it becomes very difficult for a person to fulfil his individual and social responsibilities.

The effects of addictive substances on health are another factor. Addictive substances negatively affect the perceptions of the general health status of more than half of the homeless, especially in Italy. Even if the homeless express their general health status as good, it should be understood that these individuals are not aware of their problems when the environment they live in and the risks they carry are taken into account. In order for these individuals to return home and lead a regular life, and to be persuaded, they must first accept the negativities of the conditions they live in and raise their awareness.

The social impact of the homelessness problem is another important issue. Factors such as the position of family relations, the functionality of social support mechanisms, and the person's attitude towards his/her social environment are in a decisive position for the individual to cope with the struggles s/he experiences in the phenomenon of homelessness. On the axis of the data obtained, it is seen that the rate of homeless people who state that their family members will not support them is quite high (68%). It can be said that most of the homeless have weak family ties or even broken ones. It was observed that the largest share in this rate was among the homeless people living in

Turkey. Accordingly, it is seen that family relations and family support are effective in the process of facing the problem of homelessness or experiencing homelessness. Although the family institution and the value that people attribute to this institution in line with the cultural and social structure in Turkey are given great importance, it is thought-provoking that the homeless people living in Turkey have the lowest expectation of getting support from their families. This situation can also be interpreted as the homeless people living in Turkey having a reactive attitude towards their family members and even the family institution. So much so that divorce or ending the emotional relationship among the events before the homelessness process should be considered here. Contrary to Turkey, the attitude towards getting support from family seems much more positive in Italy, Hungary and Austria. At this point, it can be evaluated that the problem of homelessness develops outside of family relations compared to Turkey or that family relations are preserved at a certain level.

The fact that the homeless people living in Turkey exhibited the most negative attitude in the tendency to ask for support from the family shows how important local and cultural characteristics are in the problem of homelessness and the importance of localization in the fight against homelessness. From this, it can be concluded that people in western countries express themselves more easily and confront their families about homelessness. In particular, individuals who face the social environment or society about the problems that pose a risk in the society have a higher risk of insisting on experiencing the same negativity and experiencing similar problems more quickly.

With the comparative analyzes carried out in this research, the dimensions of the problems related to the phenomenon of homelessness have been revealed at various levels. In conclusion, although the phenomenon of homelessness, which is growing day by day in societies as a global threat, is triggered by similar factors, it is seen that the causes and results differ in the axis of factors such as culture, law, belief, social life, social problem, family relations at the local level. Low education level, alcohol and substance abuse, economic inadequacy, problems related to family and social relations are common as the most basic problem areas of homeless individuals.

It is thought that it will be important to focus on these dimensions in the processes of determining the policies to be followed in the fight against homelessness, the scope and delivery of psychosocial services, and the organization of education and health services.

The necessity and importance of developing international projects in the fight against homelessness, producing common solutions on the basis of countries and sharing different experiences come to the fore. In addition, it is necessary to produce local strategies by utilizing global experiences in the fight against homelessness, and thus to conduct extensive research on the profile of the homeless living at the local level.

This study shows that the phenomenon of homelessness is a problem that should not fall off the agenda of countries and should be addressed together with other major social problems. From here, governments should establish homelessness units and prepare

action plans to combat this problem. Cross-cutting problems (such as dependent-homeless, poor-homeless, homeless with loss of family) should be integrated in the social policy system. In the solution of homelessness, not only social assistance policy, but also protective-preventive mechanisms should be structured to empower the homeless. Non-governmental organizations and state bodies working on this issue should produce projects in cooperation. In addition, it is suggested that this issue should be brought to the fore in academic studies.

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Statement of Contribution of Researchers to the Article:

YG planned and modeled the study. YG and FA co-wrote the paper with HZK, ECY and YG who were involved in the collection of the data. HZK performed the data analysis of the study and contributed to the interpretation of the results. FA, ECY and SK contributed to the literature review and discussion section.

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