Street Office: experiences and feelings experienced by health care professionals

John Victor dos Santos Silva[1], Claudio José dos Santos Júnior[2], Waldez Cavalcante Bezerra[3], Thyara Maia Brandão[4]

ABSTRACT

Introduction: The Street Office is a Primary Care strategy in the Unified Health System (SUS), which aims to promote care for homeless people, being the health reference service for this population. Through actions that allow the construction of the bond of trust, professionals promote health care and care to the users' demands. Objective: Describing the experiences, stories and feelings experienced by the professionals of the Street Office of Maceió-AL. Methods: This is a descriptive-exploratory study with a qualitative approach, conducted with 13 professionals from the Street Office of Maceió, whose data production occurred from October to December 2018, through the semi-structured interview technique and records in a field diary. The data were analyzed by the content analysis technique, in the thematic modality, and discussed in the light of the literature on the theme of the Street Office. Results: From the interviews with the professionals emerged the following themes: 1) unique experiences; 2) stories that mark; and 3) feelings that transform. Conclusion: It can be concluded that the Street Office is shown as a work that generates rich experiences and feelings for professionals, allowing professionals to know the life histories of this population while they are affected in this process.

Keywords: Basic health services, Health care providers, Humanization of care, Homeless people, Qualitative research.

1. University of São Paulo (USP). Ribeirão Preto School of Nursing. Graduate Program in Psychiatric Nursing, Ribeirão Preto (SP), Brazil
2. State University of Sciences of Alagoas (UNCISAL). Center for Health Sciences. Medical School, Maceió (AL), Brazil.
3. State University of Health Sciences of Alagoas (UNCISAL). Center for Health Sciences. Occupational Therapy Course, Maceió (AL), Brazil.
4. State University of Health Sciences of Alagoas (UNCISAL). Center for Health Sciences. Nursing Course, Maceió (AL), Brazil.

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INTRODUCTION

Homeless people live in a complex process of vulnerabilization resulting from the structural inequalities of capitalist society, so that a series of ruptures and economic, social, cultural and relational weaknesses affect the lives of these people even before going to the street as a place of residence. This process is surrounded by prejudices and stigmatizations that need to be worked on so that it is possible to know the particularities that involve "living on the street", so that it is possible to reduce as much as possible the differences that exist between people who are homeless and other citizens, especially in access to social assistance policies, education, and health[1].

About access to social policies, specifically to health care, homeless people remained on the margins for many years, with no guarantee or right to universal access to the entire care network, limited only when accepted in the services to provide care, emergency or emergency care[2].

Homeless people suffer from the prejudice and social stigma that their condition causes, both by health professionals and other services users, whether in primary care or in specialized and hospital services and are often denied any care[2].

Given the context of precarious forms of insertion and participation of this social group and its exclusion of access to sanitary and social goods and services, there has been, over the years, a great social and political movement in the health sector, aiming to ensure that homeless people gain space and have their rights guaranteed through the Unified Health System (SUS, in Portuguese). Thus, several strategies emerged that were models and paths to what culminated with the institution of the service designated, in 2011, as Street Office, a service for Primary Care/Primary Health Care of the population homeless in the Brazilian territory[3].

The Street Office is a strategy of the SUS, part of the National Primary Care Policy (PNAB, in Portuguese) and that works dynamically, in various scenarios of cities, through the active search for homeless people to offer comprehensive care based on their health needs, free of prejudice or judgment[4]. Because the homeless population is a very heterogeneous group, with particular needs and characteristics, the Street Office, for the care of this public, is organized in multidisciplinary teams, working in an itinerant way, in different places and times, within its territory of operation[4].

The professionals who work in the Street Office carry out their work process in the external areas, such as squares, parks, wastelands, invaded buildings and sidewalks, using, at times, the environment and resources of the health units to which they are linked, specialized services, emergency units and hospital, especially when people in their situation need a more complete care. However, in the street, most of the health care happens, being performed the most diverse procedures, such as prenatal care, dressings, dental care and educational activities, among others[4,5].

Thus, working with the homeless population can bring professionals different experiences of conventional work in closed services such as health units, hospitals, and offices. Interactions with homeless people and their life stories can bring rich professionals experiences about life trajectories marked by diverse vulnerabilities that involve living on the street, causing the most varied feelings in the workers who care for this group[6]. The this study aimed to know the stories, experiences, and feelings experienced by the professionals of the Street Office during the work with their users.

METHODS

This is a descriptive-exploratory study with a qualitative approach. This approach, in its essence, allows, through the perceptions of the interviewees, the meanings and meanings attributed by them about the living, an investigation of the singularities and subjectivities experienced. It is identified with exploratory studies, widely used when one wishes to know the object of study exactly how it presents itself within its context, in its reality and perspective[7].

The participants were 13 professionals of the Street Office of Maceió-AL, through the saturation sampling technique[8], frequently used in qualitative health research and which points to the interruption of inclusion of new participants when information, experiences and experiences become redundant and repetitive, not bringing new meanings.

We included the professionals of the teams of the Street Office who worked in direct assistance to people in street situation and excluded those who were on any medical leave or leave. All consented to participate in this study, after presentation, explanation, delivery and signature of the Free and

Informed Consent Form (TCLE, in Portuguese) by the participants and researchers.

The scenarios where the study took place were the health support units where the professionals gather for work.

Initially, the researchers contacted the general coordination of the Street Office of Maceió-AL, which then made available the telephone contact of each team leader to schedule visits and interviews in the units, on a pre-established day and time. Each of the participants was invited in different days, times and places, but always during the work period, to reduce discomfort as much as possible and enable immersion in the context in which experiences, senses and stories occur.

Data production occurred between October and December 2018 through the semi-structured interview technique, guided by a previously elaborated script, containing 15 open questions regarding the specific objectives of the research. Audio interviews were recorded, with an average duration of 40 minutes, authorized by the participants, and notes were made in a field diary to record the particularities of the interview. The interviews were transcribed in full, receiving each participant as code the name "collaborator", following a number, distributed in the chronological order in which the interviews were conducted.

Data analysis occurred through the content analysis technique, in the thematic modality[7], which allows a detailed exploration of the materials, to find the meanings through the meaning nuclei of the speeches. This analysis took place in three stages, according to the technique: 1) pre-analysis: where there is a floating reading of all the material produced, in order to better approximate with data and start the construction of meanings; 2) exploration of the material: in this stage begins the stratification of the units of the speeches, groupings of the nuclei and attribution of themes; 3) data processing and interpretation: grouping of thematic nuclei, construction of results and interpretation according to the meanings presented by the nuclei7.

The study followed all ethical precepts established by the National Health Council, through resolution N 510/2016, with the authorization of the Municipal Health Department and the coordination of the office teams in Streets of Maceió, being submitted to the Research Ethics Committee (CEP) and authorized through the protocol of opinion N 2,737,153 and CAEE N 90815118.5.0000.5011.

RESULTS AND DISCUSSION

Of the 13 professionals who participated in this research, 08 were female and 05 male. All were between 22 and 35 years old. On the training and professional category, 07 were higher education professionals (02 nurses, 02 social workers, 01 psychologist, 01 physical educator and 01 occupational therapist), 06 of medium level (02 nursing technicians and 04 harm reductions). About working time in the Street Office, one of the professionals worked for less than six months and the others for more than a year.

Through the production and analysis of the data, the following thematic axes were established for the presentation and discussion of the results: 1) Unique experiences, 2) Stories that mark; and 3) Feelings that transform. The axes and results found were discussed in light of the current scientific literature on the subject.

Thematic Axis 1: Unique Experiences

The health care promoted by the teams of the Street Office strategy presents different conditions from the other services of the health care network. Aimed at the assistance of homeless people in the city, professionals are faced with the most diverse situations, performing the work, from guidelines to medical, dental and psychological care, as well as dressings, vaccines and collection of material for laboratory examination or rapid tests, among other conducts applicable on a case-by-case basis, always in the scenario where individuals are, be a square, be the corners[4]. To identify the care strategy, the first step is the approach, an approach in search of the construction of a bond of friendship or affective bond, only then is a singular project of care or care coverage elaborated.

The Street Office, as a component of Primary Care, develops the same work as the professionals of the Basic Health Units (UBS, in Portuguese), but in the place where the person in street situation is. Activities that are carried out in environments with waiting rooms and office, with a certain convenience and comfort, need to be improvised in streets, sidewalks, square benches, along with all movement and sound of a city and society in constant movement and turnover of people, with minimal privacy[9].

The performance of care in these different conditions was a challenge for the professionals interviewed, presenting themselves to them as unique experiences, never experienced in other health services in which they worked throughout their professional career and that only this work would provide, especially when dealing with the minimum conditions for care and safety in health care[10], as happened in our reality:

I never forget the first time I've seen a pregnant woman on the street. I never imagined what it would be like to follow prenatal care in the middle of the street until I was doing it. That's what we do! We must meet in the middle of the street and with the same quality as if it were inside the office, only in the street, sometimes in the sun, right, in a square. It was a unique experience, and I would only live if I were working here, right? (Collaborator 2, Nurse).

Although the teams support reference health units for care, it is not always possible to move the user to them, even under conditions that would justify such conduct, when, for example, there is a need for a consultation or complete procedure. However, even in situations of this type, there is still significant resistance on the part of homeless people to accept the going to the units, which is why assistance needs to be carried out on site.

I remember one time a man, a gentleman, had a very ugly wound, really ugly, in the foot. We wanted him to come with us to the unit, because we would have more materials there. Still, he didn't want to go at all, so the guys had to do it right there, and with the materials we had. I helped as much as I could, with the things that we had there, so we have to walk around with as much material as possible, because that's what's going to happen, we're going to have to take care of them there. (Collaborator 7, Damage Reducer).

The resistance presented by these individuals can be a consequence of several social and human aspects. One of them is related to belonging to the street world. Leaving the place where you are and moving to a health unit can mean the loss of that conquered territory and that is your reference, in addition to the risk of those belongings that you cannot carry with you[9]. Another aspect refers to the type of relationship and previously lived experiences with health services, which may have been of impersonality, retreatment or ill-treatment.

The study by Bezerra et al.[11] revealed that the processes of exclusion, violence and discrimination suffered by people in street situations occur in different ways and spaces, including those destined for health care and reception. Silva[12] points out that in addition to having been historically relieved of access to health, when they enter health services they are faced with prejudice and lack of training of professionals to meet their specificities, besides having to deal with various bureaucratic obstacles, such as the fact that they do not have a home address, identification document, SUS card and other documents required in the attendance or appointments, among others[13].

It can be seen, then, that care is mainly done in the territory of the streets. The teams always seek to be equipped with all the materials and resources necessary, moving with a support car from the health department to their places of operation. The teams, composed of professionals from various backgrounds and levels of education, worked together for more comprehensive care for individuals on the street, seeking to act to their needs, without reproducing institutional violence and prejudice[13].

Working together, as a team, is a very strong brand of this type of service, "never lived before":

Look, what we do here is different from what we do elsewhere, you see, we're a team right here, we help each other, we cooperate too much with each other here to do our job in the best way. If one is going to make a bandage, the other holds the material; if one will care with the pregnant woman, the others are doing an activity with her other children; some participate in the activity while others distribute water. The cooperation here is very great, I have never seen it elsewhere. (Contributor 1, Damage Reducer).

These experiences report the particularities of work and care in the Street Office, in many aspects so different from that work and care that occurs in other health services that make up the network, either by the specificities of the public or by the conditions and the way the work is performed, which, from the point of view of these professionals, make the job unique.

Thematic Axis 2: Stories marking

Another aspect evidenced in the statements of the professionals of the Street Office is the life stories of people who are homeless. During work, in contact with these people, professionals learn more about

their life trajectories and daily lives, which involves their routines and the reasons that made them go to the streets as refuge and home.

The uniqueness of each story not only marks the professionals of the teams of the Offices on the Street, especially when they manage to establish affective bonds with these residents, it also reveals the different reasons for going to the street, associated with different situations, but that promoted relational ruptures in the family, domestic or community context.

Everyone has a different story. Some people lost ties with the family because of drinking, the other took the brother's life and had to run away from the family, another suffered violence at home, there are so many things. There's a lot of things! Every citizen who lives on the street has a true history of it, right. And we get to know each other, but for them to open like that to us, sometimes it takes time. (Collaborator 2, Nurse).

The National Survey on Homeless Population[14], the first census that sought to know the characteristics of this population nationwide, conducted in 2009, showed that the main reasons why people started living and living on the street referred to "the problems of alcoholism and/or drugs (35.5%); unemployment (29.8%) and disagreements with family members (29.1%)"[14]. Bezerra et al.[11] also found that the fragility and/or rupture of the bonds of belonging within the family, for various reasons, are frequent in the life trajectories of these people, being one of the main reasons for entering the street situation.

It is also noted that access to these stories, as an important aspect to think about assistance with the person in street situation, is facilitated by the construction of the bond between professional and resident. People who are homeless tend to be trivialized, harassed and suffer all kinds of prejudice and violence on the part of society, in this way, as form of protection, they avoid approximation and contact, because they are surrounded by fear, insecurity and, mainly, a strong sense of survival and self-protection, including, because of the various forms of violence suffered. Thus, building trust is necessary for it to be possible to offer care, help and care[15].

When this link is established, professionals can understand and know more about the particularity of this social segment. Life stories are being shared between the professional and the subject, making them also establish, in addition to trust, affective bonds, in such a way that these people begin to see professionals as part of a limited personal support network, as individuals that they can count in various situations, as we can perceive in this story told by the Collaborator 12:

There was a 14-year-old that I was accompanying, I was his Referral Technician at the center, and he took a stab wound to the heart and when he arrived at (HGE, in Portuguese) [State General Hospital] *the first name he gave to the staff, to call, was mine. So, they went to try to locate who Rosa was* [fictitious name] *and found out that Rosa was from the Street Office, and I spent fourteen days going in the morning and afternoon there, visiting and staying with him and when he woke up from the coma he said he remembered me, a lot. Wow!! That was very remarkable to me, because he reminded him of someone who took care of him, and it was me.* (Collaborator 12, Social Worker).

These stories allow professionals to unprejudice the reasons that lead a person to seek the street as a refuge, and knowing these individual motives and stories, they begin to understand some attitudes that people in street situations take on a day-to-day life, such as measures to protect themselves from people or situations that may present a risk to them.

We once found a transvestite. She was all bruised, several marks, and we found her in the trash, right. She was all badly abused anyway. We took in, did what was necessary, and, on the other day, we met her again and I could ask why she was in the trash, right, and she said she was in the trash because she was the color of the garbage bag and thus no one could see, and she could be protected. That's when I could understand, you know? Some things they do, they do to protect themselves. (Collaborator 10, Nurse).

Each story, each person who receives the care of the teams of the Street Office, allows these professionals to realize that the health conditions are in fact multifactorial[10]. People on the streets, even with all the difficulties that living on the street, try to survive, not only to conditions such as lack of basic health and hygiene care, but also to situations of violence to which they are exposed daily, in addition to the lack of security, adequate food and water, both for drinking and for personal hygiene, among other aspects, which are considered primordial for human life[11,13,16].

Even in adverse situations, it is possible to reflect that the work of the teams of the Street

Office makes an important difference in the lives of people who are receiving care and attention from these professionals[17]. Thus, the complexity of the needs and demands of homeless people go beyond the specificities of the health sector and impose on the teams of the Street Office the challenge of intersectoral articulation. Thus, articulated with other sectors of social policies, such as education, social assistance, social security, the teams seek to trigger other services and professionals to enable broader assistance for these subjects, thinking about their social reintegration from the engagement in activities that enable the acquisition and exercise of new and different social roles.

I was very happy when, one day, passing through the neighborhood (...) I found that transvestite that we took care of, that we found in the trash, all injured, she was working in the beauty salon. I went through her, talked to her. It's great to see people's lives change. We spent about a month going there where she was, caring, guiding, helping as we could, giving advice. And today she's fine, working, that's very good. (Collaborator 10, Nurse)

It is observed, from the reports, that professionals, in addition to specific health care, also become agents of change in the reality of life of these subjects by facilitating minimum access to social rights and services, which can provide support so that they can find ways to improve their lives.

Thematic axis 3: Feelings that change

From what has been discussed up to this moment, it is observed that the work in the Street Office is permeated with feelings that arise or are enhanced through experiences, contact with life histories, singular and transformative situations experienced by professionals. A feeling quite evident in most of the professionals' statements is sadness regarding the numerous vulnerabilities and ruptures that marked the lives of homeless people and their current condition.

Wow!! The feeling of sadness, you know? I believe that everyone here has been through a very sad situation, by the situation of the person himself. We are here always working, but we never get used to this situation, so we give everything to do the best we can to help people within what we can do at work, right, not to be taking it home, but it is very sad to see how far the person has come, Right. (Contributor 8, Damage Reducer)

Not only does living on the street bring the disruption of family and social ties, but the breakup of these can also cause the person to have to live on the street as the only possibility. Unemployment, experiences of inadequacy and difficulties in overcoming emotional suffering can also lead the person to live on the street. These conditions favor the subject to live in the condition of social disaffiliation, characterized by the absence of significant relationships in the two main axes of social insertion: the world of work and interpersonal relationships[18,19].

Thus, the sadness felt by professionals is related to the fact that they see a human being in a more subjugated state, abandoned, and/or disaffiliation by the family, the community and society in general, often on the margins of even the sphere of public service, state social protection, which hinders the possibilities of change in their life trajectories. Social isolation is presented even in the final moments of these people's lives, in their death, and the team must assume the role that would be the role of family members[20,21].

I remember a lady we accompanied, she said she had been abandoned by her family, right. She said the family didn't want her at all and we tried to find the family, we even managed to find her, and she saw that the family didn't want her around, you know. That's very sad. She was getting worse, getting worse, because she carried all this sadness. And she passed away, we even talked to the family, but the family wasn't, so it was the team that stayed there at her funeral. (Collaborator 9, Occupational Therapist).

Professionals perceive this feeling of abandonment because of life situations that were chosen or imposed on homeless people, who have not always been in these conditions, making them forget their stories and life trajectories. Abandonment is quite evident in the stories of these people, who tell facts of their lives while professionals provide care. These narratives reveal a feeling that they have been forgotten, both by the family and society itself[20].

The sadness of seeing homeless people in a condition of extreme vulnerability triggers reflections among the professionals of the Street Office about their lives, their affective, family and work relationships[18]. Thus, given the reality of users, some professionals begin to question their attitudes and positions towards life.

Look, there was this gentleman, you know? It messed with me a lot. He had a doctor's son, a lawyer. The kids went to where he was, asked him to come home, but he wouldn't come back, saying he'd done something wrong and couldn't come back. Not even the children knew what he had done, but they said he would forgive him, but he didn't want to come back at all. After him, you know? To meet him, I began to reflect on everything in my life. Some things aren't worth it, you know? Sometimes you walk away from a family member, but then you see the value of family, of simple things, of the value of life, you know? (Collaborator 4, Physical Educator).

This feeling that life has another value is very present in the speech of professionals in the Street Office. They express that they began to look at life from another perspective, especially when it is perceived that people on the streets also smile, play, and appear happy, even during so many vulnerabilities and reasons to feel otherwise[22].

The professionals report that people who are homeless show a lot of gratitude and affection for work and teams, for all the care they receive, even if that care is part of the work function, they understand that if it were not for them, they would not be seen or receive any kind of assistance.

They really appreciate us. They're very grateful, right? I say it's my job, that I must do it, but still the way they look at people, how they thank them, I feel like I'm really making a difference in someone's life, right. And when I see them smiling, even though I don't try anything, even with the situation, they smile, they play. It's very gratifying! (Collaborator 1, Psychologist).

All these experiences, these life stories and feelings reported by the professionals of the Street Office show that the care of people in street situations entails constant challenges and learning, from the way of organizing and performing the work to the way of perceiving life, through other perspectives.

FINAL NOTES

This study sought to describe, from the perspective of those who work in the Street Office, some of the experiences lived and the feelings provoked by the most diverse circumstances that this work provides, in addition to the sharing of life histories of homeless people who mark the professionals of this area of health care. The characteristics of users, the work process, experiences and meanings of work are different from other health production services, given that the displacement of traditional spaces of assistance to the street environment as a workplace, with all the peculiarities that this involves.

Although it brings rich reports, this study merely described the perception of professionals from the teams of Street Office of a capital of the Northeast of Brazil and may present experiences and experiences different from those found in teams from other cities and regions. Thus, it is suggested that further studies be done to know more about the singularities of the work of the practice teams of Street Office and how it affects professionals and the people themselves in street situations.

REFERENCES

1. Mendes KT, Ronzani TM, Paiva FS, Mendes KT, Ronzani TM, Paiva FS. População em situação de rua, vulnerabilidades e drogas: uma revisão sistemática. Psicol Soc [Internet]. 2019;31:1-15. Disponível em: http://dx.doi.org/10.1590/1807-0310/2019v31169056.

2. Rosa AS, Santana CLA. Street Clinic as good practice in Collective Health. Rev Bras Enferm. [Internet]. 2018;71:465–6. Disponível em: http://dx.doi.org/10.1590/0034-7167-201871sup102.

3. Ferreira CPS, Rozendo CA, Melo GB. Consultório na rua em uma capital do nordeste brasileiro: o olhar de pessoas em situação de vulnerabilidade social. Cad Saude Publica [Internet]. 2016;32(8):1-10. Disponível em: http://dx.doi.org/10.1590/0102-311X00070515.

4. Timóteo AVG, Silva JVS, Gomes LKG, Alves ASS, Barbosa VMS, et al. Caracterização do trabalho e ações desenvolvidas pelas equipes do Consultório na Rua de Maceió - AL. Enferm em Foco [Internet]. 2020;11(1):126-130. Disponível em: https://doi.org/10.21675/2357-707X.2020.v11.n1.2757.

5. Simões TRBA, Couto MCV, Miranda L, Delgado PGG. Missão e efetividade dos Consultórios na Rua: uma experiência de produção de consenso. Saúde debate [Internet]. 2017;41(114):963–75. Disponível em: https://doi.org/10.1590/0103-1104201711423.

6. Paula HC, Daher DV, Koopmans FF, Faria MGA, Brandão PS, Scoralick GBF. Implementation of the Street Outreach Office in the perspective of health care. Rev Bras Enferm [Internet]. 2018;71:2843–1847. Disponível em: http://dx.doi.org/10.1590/0034-7167-2017-0616.

7. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 14. ed. São Paulo: Hucitec; 2014.

8. Minayo MCS. Amostragem e saturação em pesquisa qualitativa: consensos e controvérsias. Rev Pesqui Qual [Internet]. 2017;5(7):1–12. Disponível em: https://editora.sepq.org.br/index.php/rpq/article/view/82/59

9. Vargas ER, Macerata I. Contribuições das equipes de Consultório na Rua para o cuidado e a gestão da atenção básica. Rev Panam Salud Pública [Internet]. 2018;42:e170. Disponível em: https://doi.org/10.26633/RPSP.2018.170.

10. Silva FP, Silva EC, Ferreira AL, Frazão IS. Patient safety: within the reach of the homeless? Rev Bras Enferm [Internet]. 2020;73(5):e20190114. Disponível em: http://dx.doi.org/10.1590/0034-7167-2019-0114.

11. Bezerra WC, Firmino GCS, Javarrotti ES, Melo JVM, Calheiros PFF, Silva RGLB. O cotidiano de pessoas em situação de rua em Maceió-AL: rupturas, sociabilidades, desejos e possibilidades de intervenção da terapia ocupacional. Cad Ter Ocup da UFSCar [Internet]. 2015;23(2):335–46. Disponível em: http://dx.doi.org/10.4322/0104-4931.ctoAO0541.

12. Silva MLL. Trabalho e população em situação de rua no Brasil. São Paulo: Cortez; 2009.

13. Hallais JAS, Barros NF. Consultório na rua: visibilidades, invisibilidades e hipervisibilidade. Cad. Saúde Pública [Internet]. 2015;31(7):1497-1504. Disponível em: https://doi.org/10.1590/0102-311X00143114.

14. Abreu D, Oliveira WF. Atenção à saúde da população em situação de rua: um desafio para o Consultório na Rua e para o Sistema Único de Saúde. Cad Saude Publica [Internet]. 2017;33(2):e00196916. Disponível em: https://doi.org/10.1590/0102-311x00196916.

15. Brasil. Ministério do Desenvolvimento e Combate à Fome. Rua: aprendendo a contar. Pesquisa nacional sobre a população em situação de Rua. Brasília, 2009.

16. Oliveira DM, Expedito AC, Aleixo MT, Carneiro NS, Jesus MCP, Merighi MAB. Needs, expectations and care production of people in street situation. Rev Bras Enferm [Internet]. 2018;71:2689–97. Disponível em: http://dx.doi.org/10.1590/0034-7167-2017-0612.

17. Cervieri NB, Uliana CH, Aratani N, Fiorin PM, Giacon BCC. O acesso aos serviços de saúde na perspectiva de pessoas em situação de rua. SMAD Rev Eletrônica Saúde Ment Álcool e Drog [Internet]. 2019;15(4):1–8. Disponível em: http://dx.doi.org/10.11606/issn.1806-6976.smad.2019.151229.

18. Santana JP, Raffaelli M, Koller SH, Morais NA. "Vocês me encontram em qualquer lugar": realizando pesquisa longitudinal com adolescentes em situação de rua. Psico [Internet]. 2018;49(1):31-42. Disponível em: https://doi.org/10.15448/1980-8623.2018.1.25802.

19. Cunha JG, Garcia A, Silva TH. Novos Arranjos: lançando um olhar sobre os relacionamentos interpessoais de pessoas em situação de rua. Gerais, Rev Interinst Psicol [Internet]. 2017;10(1):95–108. Disponível em: http://pepsic.bvsalud.org/pdf/gerais/v10n1/10.pdf.

20. Castel R. Da indigência à exclusão, a desfiliação, precariedade do trabalho e vulnerabilidade relacional. In: Lancetti A. Saúde e loucura. São Paulo: HUCITEC; 1993. p. 21-47.

21. Zandomingo MNP, Oliveira JF, Silva DO, Porcino C, Suto CSS, Oliveira DS. Poverty, hunger, and abandonment: representations of the nursing team about homeless persons. Rev Bras Enferm [Internet]. 2020;73(1):e20190338. Disponível em: http://dx.doi.org/10.1590/0034-7167-2019-0338.

22. Lawall VFAA, Francisco FB, Nivaldo CJ. As vivências na rua que interferem na saúde: perspectiva da população em situação de rua. Saúde debate [Internet]. 2020; 44(124):182-192. Disponível em: http://dx.doi.org/10.1590/0103-1104202012413.

23. Biscotto PR, Jesus MCP, Silva MH, Oliveira DM, Merighi MAB. Understanding of the life experience of homeless women. Rev da Esc Enferm [Internet]. 2016;50(5):749–55. Disponível em: https://doi.org/10.1590/s0080-623420160000600006.

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Autor Correspondente:
John Victor dos Santos Silva
john.setedejulho@gmail.com

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