

Homeless: Chronicity and Relations with Social Services

Senza Fissa Dimora: Cronicità e Rapporti coi Servizi

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Riassunto: Il fenomeno dei senza fissa dimora, soprattutto nelle grandi città, sta diventando un problema che i servizi sociali si trovano ad affrontare sempre più spesso. Un nodo centrale delle politiche orientate ai senza fissa dimora è evitare che si instaurino meccanismi che portano alla cronicità della loro situazione. Questo contributo si propone di analizzare le caratteristiche delle persone che vivono per la strada o nei dormitori pubblici da tempi lunghi e di confrontarle con quelle di coloro che sono arrivati sulla strada da poco e che mostrano ancora elevati livelli di progettualità, analizzandone tra le altre cose il rapporto coi servizi sociali. Una adeguata progettazione dei servizi offerti, infatti, può essere la chiave di volta per impedire che la condizione dei senza fissa dimora divenga uno stato permanente e irreversibile.

Keywords: Poverty, Social Services, Homeless, Correspondence Analysis.

1. Homelessness

In February 2005 the Local Authority for Social Policies, Charity and Non Profit of Veneto Region, together with the University of Padua, has conducted a sample survey on homeless living in the main cities of the region. Aim of this study is to describe the characteristics of homeless and their expectations about social services and social support. The interviews took place both in the dormitories and in the streets, to describe different life conditions; a preliminary analysis was conducted among social agencies operating on the streets, to define which parts of the cities use to host homeless. The sampling design is a systematic selection of units from lists which are built up on the field, i.e. homeless people present in the dormitories and in the streets were first counted and listed in an anonymous form, then one out of six was contacted and interviewed. The interviewers were joined by cultural mediators in contacting homeless and administering a paper and pencil questionnaire where most questions were of open-ended type. The final dataset contains the interviews to 148 homeless persons; among them 41.2% were interviewed on the street. The majority are men, and almost one half are Italian: women are 21.9%, while 21.9% come from a European country and 33.6% from an extra-European country. The median age is 44.5: 23.2% are at most 30 year-old, 33.1% are between 31 and 45, 12.7% are more than 60 year-old.

2. Chronicity

There is a continuing debate about the causes of homelessness and the reasons for the increase in the number of homeless in the past twenty years, also in the Italian society (see e.g. AA.VV., 1998; Guidicini et al., 1995; Caritas Italiana e Fondazione Zancan, 1997); however our focus is not causal explanation arguments for homelessness, but the processes whereby some people become chronic homeless or indeed successfully achieve secure and stable accommodation after being temporarily homeless.

In fact, since the data are collected on homeless, we do not dispose of data on people who were able to overcome homelessness, but the questionnaire surveys the duration of the homeless situation, and their personal opinion about if, when, and at what condition they will be able to find a solution. These questions, combined together, allow to define three groups of homeless:

- Chronic: homeless living on the street or in dormitories from more than 5 years (n=51);
- Critical: people living on the street or in dormitories from less than 5 years, who do not think they will be able to solve their problems in a short time (n=57);
- Temporary: people living on the street or in dormitories from less than 5 years, who state they will shortly be able to find a solution (n=40).

In order to describe the characteristics of these three groups, we apply a correspondence analysis (e.g. Greenacre, 1993), using the three groups as supplementary variables; active variables in this analysis are the main characteristics of homeless: gender, age, marital status, contacts with their own families and with the Municipality, working situation, place of origin, mental condition defined by the interviewer (clear mind, unsuited to the interview, or difficult), place where they are interviewed (street or dormitory) and the principal problems they reported during the interview.

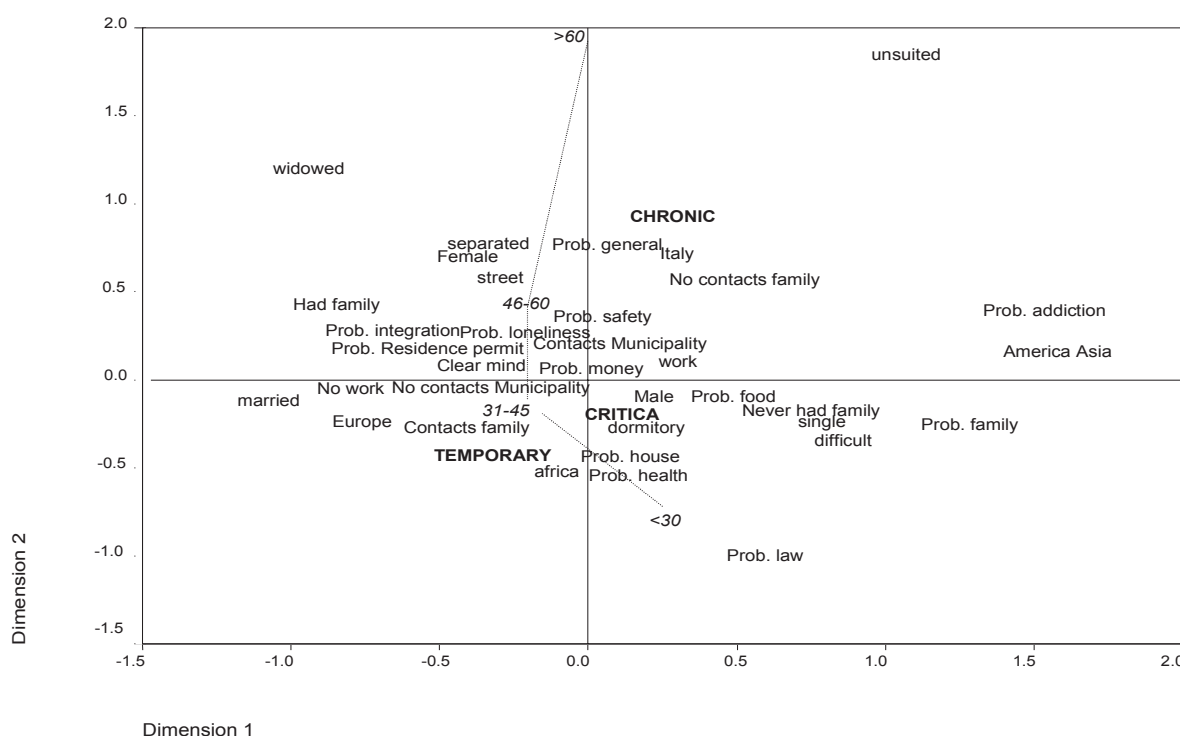
The first dimension explains 50.6% of Benzécri adjusted inertia, but it is almost completely determined by non-responses and by the definition of “unsuited do the interview” given by the interviewer, which comes to be associated to chronicity. Probably, most non-responses to easy questions like the marital status are due to the mental condition of the respondents; this result is in line with many authors who found mental illness or severe mental disorder to be one of the first causes for homelessness and chronic homelessness (e.g. Fischer and Breakey, 1991), but it suggests to repeat the analysis excluding the units who did not answer. The results are shown in Figure 1, and refer to the responses given in the 123 complete interviews.

Now the first two dimensions explain more than 60% of the Benzécri adjusted inertia (respectively, 32.9% and 30.8%), and their meaning is quite clear: the marginalisation process starts with the perturbation of a situation of social integration, and along the first axis we find different types of critical events which may erode stability and social links and establish a state of vulnerability: problems with drug and alcohol addiction (with the highest contribution to the inertia), problems with law and family breakdowns, opposed to the lack of a work and problems due to immigration (integration and residence permit). These problems have different impacts on the so-called “homeless career”, bringing to temporary or permanent hardships.

The second dimension is almost completely defined by the age: the line which connects the 4 age classes moves right along the vertical axis. Also mental problems (the “un-

suited to the interview” situation) give a strong contribution to the axis. This is the dimension that better explains cronicity: as mentioned, for old or mentally disturbed people it becomes particularly likely to adapt to homelessness as a “way of life”.

Figure 1: Correspondence analysis on the characteristics of a sample of homeless from Veneto, with chronicity as supplementary variable



The supplementary variable permits to outline the chronic homeless as old people, often suffering from mental illness and addiction problems, having scarce or no contacts with their families; this condition is more widespread among women and Italian homeless. On the other side of the display we can observe that temporary homelessness is associated with incidental problems, like house and health problems, and it is more common among foreigners (especially Europeans and Africans); this condition is well-characterised by the preservation of some contacts with the family.

3. The Role of Social Services

Social support, in its varied interpersonal and institutional forms, can greatly help with problems of daily living, particularly for homeless populations whose needs are considered acute. However, only a little more than one half of homeless have a constant contact with social services (Table 1).

The level of the recourse to social support is quite different in the three groups of homeless, indicating a higher dependence from social agencies for chronics. Moreover, social services are considered much more useful and even able to give a better life for people who have been living on the street for a long time.

Table 1: *Use and importance of social services for the three groups of homeless*

	Chronic	Critical	Temporary	Total
<i>Contacts with social support</i>	80.4	70.2	63.2	71.9
<i>Constant use of social support¹</i>	64.7	57.9	42.1	56.2
<i>Usefulness of social support</i>	80.4	66.7	63.2	70.6
<i>Better life due to social support</i>	41.2	28.1	29.0	32.9
<i>Crucial role of social support¹</i>	60.8	56.1	47.4	55.5

This is partly due to the fact that chronic homeless often suffer from multiple social and health problems, but the main reason probably lies in the fact that chronic homeless have surrendered: they stopped trying to change their situation and start a new life, because they have developed a self-identity as homeless persons.

4. Final remarks

The general scheme that comes out from the analyses points out a first dimension that indicates how different types of critical events have different impacts on the process that leads from social integration to vulnerability, while the second dimension reveals the progressive drift that conducts the homeless to the extreme isolation; in this respect, our findings are consistent with Castel's theory of disaffiliation (Castel, 1995).

Social services turned out to be a precious resource for chronic homeless, providing them the means of support, but the limited use by temporary homeless suggests that social services are probably intended to help in the last stages of homelessness. Maybe, the current organization favours the solution of vital problems (especially food and shelter), but it reveals a lack of support in helping people to change their condition.

In this sense it will be important to deepen the knowledge of this part of the population, outlining the "typical profiles" of homeless and their needs, so that different personal solutions can be found to help everyone, at any stage of the disaffiliation process. In fact, the new challenge of social agencies will be offering a continuum of support services for different types of homeless people and different stages of homeless career, and supported pathways out of homelessness for people who will otherwise remain homeless for a very long time.

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¹ These answers were given by the interviewer and the cultural mediator.