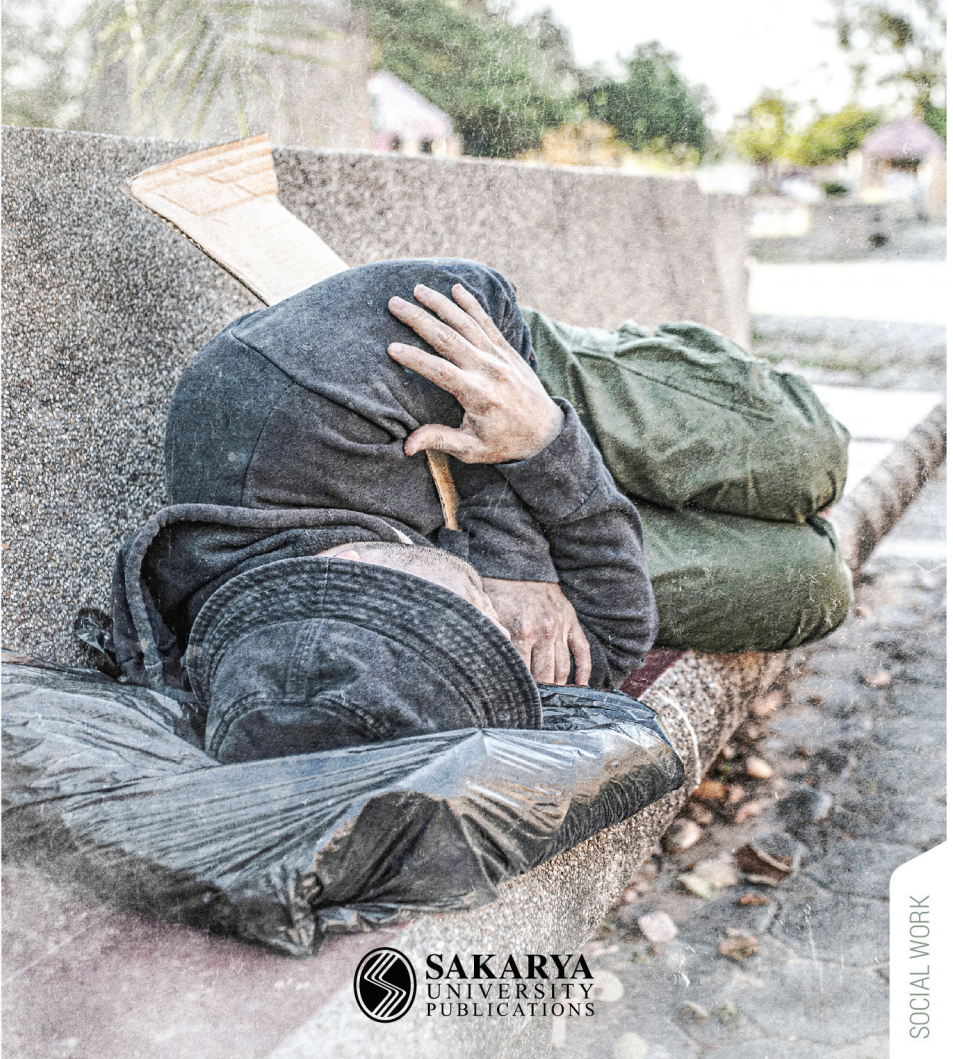


THE OTHER SIDE OF THE STREET: HOMELESSNESS

Cases of Turkiye-Austria-Italy-Hungary

Editor
YUSUF GENÇ





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ADDRESS AND CONTACT

Sakarya University
Scientific Publications
Coordinating Board
Esentepe/Serdivan/Sakarya/
Turkey

Tel: +90 264 295 7465

Fax: +90 264 295 5352

sauyayin@sakarya.edu.tr

twitter.com/sakaryauniyayin

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EDITOR: YUSUF GENÇ

TRANSLATOR: DR. ÖZDEN ŞAHİN ER

AUTHORS: YUSUF GENÇ, İSMAİL
AKYÜZ, UMUT SOLMAZ, HÜSEYİN
ZAHİD KARA, CENGİZHAN AYNACI,
ZEYNEP ATALAY,
MUSA ZOR, AHMET HAMARAT

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İSMAİL AKYÜZ	ZEYNEP ATALAY
UMUT SOLMAZ	MUSA ZOR
HÜSEYİN ZAHİD KARA	AHMET HAMARAT



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UMUT SOLMAZ MUSA ZOR
HÜSEYİN ZAHİD KARA AHMET HAMARAT



YUSUF GENÇ

Born in 1965 in Trabzon, Vakfikebir, Genç graduated from Trabzon Imam Hatip High School in 1982, from Anadolu University Faculty of Economics in 1989 and completed his undergraduate degree in Sociology at Sakarya University. He completed his master's and PhD (Germany-linked) studies at Sakarya University Institute of Social Sciences. He has been working in civil service for a long time and worked as a teacher, education specialist in Haseki Education Center, Head of Department in Kocaeli Metropolitan Municipality and Minister Consultant in the Ministry of Family and Social Services. He has been working as a faculty member in Sakarya University Social Work Department since 2008. He has studies in the fields of child welfare, adolescence and youth, disability, old age, violence, addiction, migration, family and women problems, social policy, communication, Roman problems and care services. In these areas, he has approximately forty national and international projects, more than thirty international articles, book and book chapters, seven book editorships and more than forty conference papers. In addition, he serves as president, board member or member for many non-governmental organizations. Yusuf Genç currently serves as the Head of the Social Work Department of the Faculty of Humanities and Social Sciences at Sakarya University.

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FOREWORD

Today, when the world has unlimited resources and opportunities, no one can benefit from them equally and fairly. Such an imbalance creates many social problems in society. Homelessness, which is an ancient issue with a long history, is an important social issue that has been/has been the topic of every society from the past to the present and is seen in different forms today. Studies on this subject have brought valuable intellectual contributions to scientific literature, which will be a road map for those after them. Based on such a prerequisite, this book and the project that led to the preparation of this book have been prepared to offer different perspectives and solutions on homelessness and the return of homeless people to their homes by benefiting from the accumulation of previous studies.

This study, which was created from the outputs of the Erasmus+ KA204 “Returning Home to Street People through Rehabilitation and Mediation (HOPE)” project, under the main coordination of Sakarya University with the partnership of Bolu Abant İzzet Baysal University, Disadvantaged Groups Understanding and Social Support Association, Arihan Private Education Company, Sakarya Provincial Directorate of Family and Social Services (Turkiye), ARES Compobassa (Italy), Human Profess Kozhasznu Nonprofit Korlatolt Felelossegu

Tarsasag (Hungary), Austrian Association Of Inclusive Society (AIS) - Verein Fur Eine Offene Gesellschaft (Austria), has discussed the appearances of homelessness, which is one of the chronic problems of the world, in different countries and the data obtained are presented to the readers comparatively. Since social problems do not belong to single geography and cannot be understood from a single perspective, the subject's situation in different countries is considered valuable in terms of solutions to the problem of homelessness.

Although almost everyone has something to say about homelessness, it is difficult for these discourses to gain a scientific identity. Because access to the studied target audience does not always allow the findings to be transformed into information. What makes this study different is that it has been worked with homeless groups and families with homeless individuals living in four different countries. In the literature, studies on this problem have been carried out only with the homeless living in a limited area. For this reason, the original aspect of our study is that it has a transnational identity, that various groups (from different cultures) have been accessed and that the homeless are designed to include not only themselves but also their families and social environment. We are happy to have brought such a comprehensive study to the scientific field.

The main purpose of our study is to determine the bio-psycho-social problems of the homeless and families with homeless individuals, to develop appropriate solution strategies for these problems and to contribute to the return of the homeless to their homes through rehabilitation. Within the scope of our study, in which teamwork, coordination and discipline words came to life, the current status of the homeless and families with homeless individuals was determined, and inferences were obtained. The relevant project outputs, in which training modules for the homeless, their families and professional staff working in this field were developed, were

made available online through the e-learning platform in Turkish, English, German, Italian and Hungarian languages.

This scientific research book, which consists of six main chapters, has been prepared with the meticulous, efficient, in-depth, objective and reputable contributions of our academic colleagues who conducted important studies in the field of social problems. In the first part, a theoretical framework was created with basic issues such as the conceptual framework of the homelessness phenomenon, its historical background, theories about homelessness, the problems experienced by the homeless, the causes, types and classifications of homelessness, homelessness culture and homelessness research in the literature. In addition, the theoretical infrastructure was supported by practical information by including quantitative data on homelessness both in the world and in Türkiye. The second part deals with the effect of homelessness on different social groups. Since the roles and functions of each social group in society are different, the degree of being affected by a problem such as homelessness is also different from each other. Therefore, the situation of social groups in this process is considered important.

In the third section, where social policies for the homeless are discussed, policies and practices on homelessness worldwide are evaluated by giving examples in various countries and institutions. Social policies are roadmaps for identifying and resolving social problems. In an issue such as homelessness, countries need to produce and develop social policies in accordance with their characteristics. Under this heading, information about all these processes is given. In the fourth chapter, scientific research on homelessness and the homeless in Türkiye and the world is discussed by giving examples. During the research process, it was observed that the studies on homelessness / the homeless (except for the recent past) were very few. This is why this work will inspire those who come after it with reference to those who came before it.

The fifth part of the research is related to methodology. Descriptive information about the study group, pattern, data collection tools and analyzes were included in the section content. The last part of the findings, starting with the descriptive information of both the homeless and their families, includes outputs such as problems encountered during the homelessness process, social support needs, attitudes towards homelessness and their desire to participate in life, acquiring and maintaining bad habits during the homelessness process, and social environment relations during the homelessness process. The data from the countries included in the study comparatively revealed the situation of four different countries on homelessness. This comparison has enabled the subject to be viewed from different perspectives. All these findings have enabled broad and valuable information to emerge and meet with readers in accordance with the research objectives.

**On behalf of all authors,
Prof. Dr. Yusuf GENÇ**

INTRODUCTION

People have constantly been struggling to survive and develop since prehistoric times. During this time, human beings have become both the subject and the object of events and processes that deeply affect themselves and society. Every development that human beings created or are affected by is a prerequisite for the previous one, but it has also formed the steps of the succession of events after him. Survival and acquiring a place, one of man's most basic needs, have been discussed as the basic social issues of every age. On the contrary, not having a place and not being able to have a permanent home have become one of the important problems of societies. The fact that each individual has his own private living space contributes greatly to protecting himself from external threats.

It is very difficult to talk about phenomena such as private ownership, heritage transfer or having any assets before people enter the settled order in groups and produce activities that meet their basic needs (Swain, 2005: 175). From this point of view, it would not be wrong to say that one of the basic breaking points of the human being's owning a property and acquiring a place for himself was by switching to a permanent settlement. With the permanent settlement, people have belongings that they can identify as their own. One of these

objects, “houses” emerged as the most important structure of private property. After these developments, societies have built their own structures and the concept of “home” has become an important subject for humanity.

After these processes, the world witnessed many positive and negative developments and people experienced events that seriously affected them. Many macro events such as drought, migration, war and natural disasters have changed the course of history and this situation has led to the emergence of many social problems. The continuous movement of the masses, the insufficient resources in the places people wandered and the increase in the need for shelter have changed the view of the “house” phenomenon. The inability of certain segments of society to reside in a regular place paved the way for a new concept called “homelessness” to gain identity.

Homelessness, an ancient subject as old as human history, is very difficult to investigate. Because many studies on the subject have expressed many ideas about the beginning or breaking points of homelessness. However, since private property is seen with the transition to settled life, evaluations regarding the concepts of home/homelessness can be made by referring to these dates. Certain periods of change are used for this social problem that every country or civilization faces on a large or small scale. Since each of these periods reflected its own characteristics, the view on homelessness differed. As mentioned above, the first period can be expressed as the period of transition to settled life and the preindustrial period (Blou, 1992: 10). In this period, homelessness / the homeless is quite different from today’s definition and content; shelters are quite a few. The second period is industrialization, which took place in the late 18th century and had an impact all over the world, changing the face of the world. The Industrial Revolution, as one of the most important turning points in human history, has brought about deep results for both the individual and society.

The Industrial Revolution, a common manifestation of the increasing needs of society and technological developments, has been seen as one of the milestones of the historical scene with an identity that has effects that are not similar to the previous periods. While this period changed the face of society and raised new hopes for the provision of needs and social welfare, it also caused class differences to become more evident, social imbalances to emerge, and people to be deprived of their basic needs.

While increasing production demands reveal the need for more manpower, labor exploitation has become a part of society. However, sharing and using social resources has become difficult, and some social groups have been deprived of them. The fact that countries adopt liberal policies instead of welfare state models, the strengthening of the free market economy and the increase in privatizations have caused the social balance to be shaken. The great change in the face of urban life has made shelter an important social issue with the increasing population. As a natural result of this situation, the problem of “homelessness”, not only being deprived of a need but also a lifestyle, has emerged and its basic characteristics have begun to emerge.

Although the penetration of homelessness into society in a way that affects large masses and how it is perceived today became evident with the Industrial Revolution, it is known that it is an ancient social issue that is as old as human history. Because in every society, it is impossible to provide every vital need in a short time or permanently. Therefore, some groups may face homelessness due to the effect or cause of other problems for various reasons.

It can be said that the third fracture was experienced together with colonization activities (Blou, 1992: 10). While bringing people to Europe and America through exploitation from Asia and Africa caused serious changes in the current population, the increasing number of people started to not fit

into existing housing, which caused a social problem such as homelessness.

The fourth period was seen with the development and spread of industrialization (Blou, 1992: 10). Although it takes time for industrialization to spread all over the world, it is a reality that it has a global effect. While industrialization, which has developed over a period of almost a hundred years, has revealed capitalism, global mobility, which started with the migration of masses to cities, has fuelled all social problems as well as increased homelessness. There are even theories claiming that homelessness increased the most in this period.

Finally, the fifth period is the market economy that entered people's lives in the 1980s (Blou, 1992: 10). With this economic model, investments in social welfare programs and goals have decreased, wages of employees have decreased, and state institutions have been delivered to the monopoly of private enterprise and low-wage working conditions have emerged. In this period, when almost all of society was left to the mercy of private enterprise, the extremely bad socio-economic situation was one of the developments that triggered homelessness. The fact that the money obtained in this period could not meet the living standards caused the problem of people not being able to acquire property in the process.

With its historical heritage from the past, homelessness had become the addressee of almost every social discipline, especially in the 80s, when the world became a global village, subjected to different conceptualizations. The technological leaps with this date and the unlimited movement of things worldwide paved the way for discussing, researching and applying new and different dimensions of homelessness in macro areas. Although relevant scientific research has uncovered new materials and presented new perspectives on homelessness, it has brought with it some challenges related to homelessness and the homeless. The fact that the concept is difficult to frame and there is no specific method related to the

subject has caused the activities to be applied for the relevant persons to become multiple and complex (Özkazanç-Dinçer, 2020: 69).

The phenomenon of homelessness, which is likely to be seen in every society at this point today, has gained placeless characteristics, like people who have experienced this problem. Although it is seen in different forms in every society, it has different effects on the homeless who live their lives due to different reasons. Therefore, it can be said that both homelessness and the homeless change or transform according to historical, socio-economic, political and cultural factors (Hopper, 2003: 15-17).

Many texts, policies and practices related to homelessness are organized and implemented on local or international grounds worldwide. Before starting the practices related to homelessness and homelessness, the concepts must be clearly defined and chronologically ordered. The only thing that a consensus is achieved on homelessness and the homeless is that it's very difficult to draw the line between ambiguity and the subject. For this reason, the conceptual framework and historical background of homelessness / the homeless will constitute the basic foundations of the research.

CHAPTER 1

HOMELESSNESS AND THE HOMELESS

1.1. Definition and Contents

Homelessness is a social issue that exists in almost every society today. Homelessness, a social phenomenon deeply affecting societies, also contains many difficulties. However, while these difficulties are more visible in some societies, the situation is completely reversed in others. Although it is an important social problem, there is no general definition of homelessness. The lack of a general definition causes social scientists to disagree on homelessness. This situation causes homelessness to gain a unique identity in every geography. Because the countries' material and moral values are different, it is natural for homelessness to manifest differently in these geographies. However, in the most general terms, homelessness can be defined as the deprivation of the right to shelter, which is one of the person's basic needs.

Although there are uncertainties about the definition of homelessness, it is seen that different scientists give different definitions for this problem. Considering that homelessness is a deprivation of something, it is understood that the concept is based on the word "home". Thus, the conceptual framework can be explained more easily. In its most general definition, "home" is the environment in which the needs of individuals are met, feelings of belonging are sprouted and the first steps

of the processes and practices related to personal development are taken (Somerville, 1992: 532-534). The house, which is the main center of every action that will contribute to people's material and spiritual development, includes many psychosocial, economic and/or cultural factors (Ravehill, 2008: 12; Arnold, 2004: 60).

"Home", is not only an environment that meets the security needs of people but also allows people to recognize and express themselves (Smith and Ravenhill, 2007). Individuals plan their lives and organize their actions in this environment. Thus, social relations are acquired and developed (Rossi, 1989). Considering that people who own any house are the direct addressees of all mentioned activities, it is obvious that individuals defined as "homeless" will be directly affected and deprived of all these processes. As a matter of fact, the definition of "homeless" points to this and "homeless" is defined as people or groups who do not have a regular place to live their lives and try to meet their needs from various social areas (FEANTSA, 2002: 10). These people lead an isolated life from society and are therefore more likely to contract diseases. In addition, their social relations are very weak, and they are very passive in terms of benefiting from social resources (Acar and Erbay, 2013: 9). Generally, these definitions show that almost every homeless person has common characteristics.

It is seen that different institutional authorities also define the issue of homelessness / the homeless. The United Nations Committee on Economic, Social and Cultural Rights (UNCESCR) has taken as a reference the criterion of having adequate housing in defining homelessness. According to the committee's definition, homelessness means; "Sufficient shelter, sufficient privacy, sufficient space, sufficient security, adequate lighting and ventilation, sufficient basic infrastructure and work and reasonable prices, sufficient space." (UNCESCR, 1991: Article 11). In US law: "People who have no home or residence, live on streets and streets, have no suitable place

to sleep at night, stay in places that provide temporary living conditions such as hotels, mass housing, prisons and temporary places for mental patients, and live in controlled social housing are defined as "homeless", and the situation arising from this process is defined as "homelessness" (Yağan, 2009).

According to Robertson, Roper and Boyer (1984), homelessness is the absence of a permanent residence, a device to receive mail and a place to sleep. Although this definition focuses on the physical dimension of homelessness, the related problem is not only the lack of housing. For example, one can live in a one-room house or live next to someone else. However, in this case, homelessness should be addressed depending on living standards (Wolch, Dear and Akita, 1988, p. 442). Springer's (2000: 479) definition indicates this situation, and homelessness is expressed as the person not having a special minimum standard of living.

Another issue on which consensus could not be reached is homelessness and residence/inability to reside, which emerged with migration movements. According to Baum and Burnes (1993: 14), immigrants should not be confused with the homeless because immigrants do not have permanent residence permits. Although this situation prevents property acquisition, these people maintain their relations with their families and society.

On the other hand, homelessness can also be explained by the variables of "marginalization", "alienation," and "social exclusion". The concept of marginality refers to "the situation of people who establish dialectical relationships with the terms of otherness, exclusion and cultural identity in themselves and who are excluded from the social environment due to the dominant culture or power mechanisms" (Zengel and Kaya, 2003: 17). The homeless are often among the marginalized groups of society. These individuals, on the one hand, lack the housing to meet their housing needs. On the other hand,

they have problems with social participation. However, when the relevant issue is considered, different opinions emerge. According to these, the homeless prefer their current lives themselves and refuse to work and leave their livelihood to the mercy of society. Although there is such a general acceptance in both society and the literature, the number of homeless individuals who run away from working life is quite low, and even these individuals are quite willing to participate in working life (Lovell, 2007: 160).

Although definitions, dimensions and criteria change and different perspectives are presented regarding the concept, the most basic features of homelessness are that it damages the dignity of the individual, deprives him of all kinds of security and makes him feel disadvantaged in society. Fitzpatrick, La Gory, and Ritchey (1999: 439) evaluated homelessness from the aforementioned broad perspective and stated that homelessness is much more than a lack of physical shelter. It stresses individuals and makes them unidentified and impersonal. In addition, they stated that the related problem paves the way for the emergence of violence and threatens both people and society.

As can be seen, there are different definitions and approaches to homelessness, and each provides a framework for the subject. Based on these, it is possible to address the subject differently and diversify the research.

1.2. The Historical Background of Homelessness

Behind each concept is a historical background. When this background is considered, the dimensions of the relevant problem, how the perspective of society differs, and solution suggestions can be seen. For this reason, the historical flow should be considered when addressing homelessness. Because today, homelessness, like every concept, is shaped within the limits and conditions it is located in. Therefore, there may be differences between the homelessness mentioned today and

the meanings attributed to homelessness in the period when it emerged.

The ambiguity experienced in the definition of homelessness also manifests itself in the historical background of the concept. Although humanity has very rich resources regarding settlements, productions and cultures, it is almost impossible to have information and documents that can give a direct history of homelessness. The first of the evaluations made regarding the reasons for this situation states that the concept does not directly express anything. This shows that there was no definition of homelessness in the past. Another reason can be explained through the concept of ownership. However, due to the absence of an archaeological object that can be considered remains, a chronological evaluation of homelessness cannot be made (Özkazanç-Dincer, 2020: 76).

Homelessness is basically not leaving anything behind, and this situation is handled especially through the property (Howe, 2004: 2). For this reason, some researchers have examined the Industrial Revolution as a milestone in homelessness (The National Academic Press, 2018: 175), while some studies assume that homelessness has a history as old as humanity (Fox-Strangways, 1924; Bassuk and Franklin, 1992: 67). The first written texts of human history, laws and conventions can be considered as auxiliary resources in this regard. Although these tools do not directly provide information and data on homelessness and the homeless, they are important resources in terms of revealing ownership and lack of it. Similarly, informal texts (stories, poems, etc.) that reflect the conditions and climate of the period provide insights and clues into the subject (Özkazanç-Dinçer, 2020: 77).

Written texts in which homelessness is considered a concept and homeless people as a social group was first encountered in the 2nd century BC. When Plutarch (1811:197) mentions the following words of Tiberius Gracchus, the concept of “homeless” found its place for the first time in the literature:

[Describing the homeless as savages]: “The wild animals of Italy have caves and dens to rest, but the brave men who spilled their blood on his cause had nothing left but air and light. Without houses, they travel from place to place with their spouses and children. They encourage their soldiers and call on them to fight for their native gods on the eve of the war, in the battles to protect the tombs and temples of the emperors. Because of these numbers, perhaps there is not a single Roman with an altar of his ancestors or a grave in which his ashes stand. They fight and die to advance the wealth and luxury of the seniors. Although they are called masters of the world, they do not have a single piece of land belonging to themselves (Plutarch, 1811: 197).”

From this point of view, it can be said that social stratification in Ancient Rome manifested itself seriously. According to the information obtained from both written, verbal and visual communication tools, it is known that contrasts lived together in Ancient Rome. The distinctions between rich and poor, slave and free people, men and women, young and old are considered very normal in Ancient Rome (Wiedemann, 2005: 13). In such a socio-demographic society structure, it is inevitable that there are social groups who live their lives at the top and bottom. Therefore, it would not be wrong to predict/say that homelessness is widespread in society, along with the luxurious lifestyles of the rich (Özkazanç-Dinçer, 2020: 77).

Another of the earliest periods in which homelessness was seen in the historical process is Ancient Greece. There is a significant difference between the perceptions and definitions of the “house” at that time and the “house” of the current time. However, the concept of private property is cared for, protected and considered a prerequisite for participation in life. According to this point of view, homeless individuals

do not have a proper place in society. Due to the relevant perspective, it becomes difficult for people to participate and adapt to life. From this point of view, it can be said that in Ancient Greece, being a citizen and being able to participate in social life was related to property (Arendt, 1958: 29-30).

When this historical flow of pre-AD periods is evaluated, it can be said that the perspective on the concepts of home, the homeless and homelessness and the descriptive factors are quite different from today. It can be stated that different events experienced by societies and cultures they are influenced by are the basis of this situation. Since individual, society or state understandings are different in every period and geography, attitudes and practices against homelessness are defined in a way unique to their geography. All this should be considered when researching the concept of homelessness and the homeless.

Different geography and historical schema after these dates and states before BC has a valuable treasure of knowledge for homelessness and the homeless. England, the country where feudalism and absolutism were resolved the earliest, developed quite rapidly and adapted to modernity compared to its contemporaries. This enabled the country to focus on social issues and develop policies more quickly, contributing to the development of many homelessness-related practices. With this process, homelessness has started to take place on the agenda of human history as a modern phenomenon (Acemoglu and Robinson, 2012: 119).

The 14th century brought along epidemics. The plague epidemic peaked worldwide and in Europe between 1347-1351 and has been recorded as the deadliest disease in human history. The disease also impacted the course of European history and caused religious, social and economic turmoil (URL-1, 2022). As a result of this epidemic, which resulted in millions of death in Europe and especially one-third of the UK population, socio-economic deprivation in society increased.

For this reason, a number of laws centering on poverty and covering all segments of society came into force. A number of packages of laws, generally known as the British Poor Laws, which ended in 1948, were, at first sight, addressed to the poor as a necessity of the current conditions of the period (URL-2, 2022).

The first purpose of the laws, which entered into force in 1495 under the leadership of Henry VII, was not directed toward poverty but aimed to regulate employment markets and the labor force. However, with the plague epidemic, the decreasing labor force and the weakening economic system brought along social problems such as high unemployment and begging. The Vagrants and Beggars law, which emerged as a result of these problems, prohibited turning to begging and idleness when faced with unemployment, poverty and economic problems. The law includes the following statements for vagrants and beggars (URL-2, 2022):

“The drifters, walkers and suspicious persons will be kept in the warehouse for three days and three nights and will have no food other than bread and water. Then they will be taken out of the city. Every beggar suitable for the study will apply to one hundred people in the place where they last lived, were best known or born and will stay there after the punishment mentioned.”

Despite these measures, poverty continued to increase, and society became unable to work. For this reason, new laws have been prepared for citizens who are poor, homeless or unable to work. However, the legal texts issued in the process following the Law on Vagrants and Beggars were aimed at punishing people who were in this situation rather than solving the relevant problem.

The Law on Assistance to the Poor, enacted in 1536, is the first law to be enacted focusing only on poor citizens and is

accepted as the beginning of the UK poverty laws (Holdsworth, 1945: Article 392). Under the law enacted by the government of Elizabeth I, residents were encouraged to help the poor, the homeless, or beggars (Slack, 1995: 59-60). This law is built on three important basic components: finding jobs for those who want to work, not accepting begging as a correct behavior and lifestyle, and punishing beggars in public. The church was tasked with controlling and performing this task, and it was decided that the magistrate should supervise (Elton, 1953: 56).

In the following year, the new poor law [Elizabethan Poor Law] entered into force in 1601. It was subpoenaed under the Law on the Aid to the Poor (an Acte for the Reliefe of the Poore) during the period of Elizabeth. This law is a revised version of the law of 1597.

The initial part of the law of 1601 includes the following statement:

“Under the Law of 1601, each church administrative district has to help its own elderly and needy, care for unprotected children and provide jobs for those with working status.”

To summarize, the following can be said:

- The church administrative district is the administrative unit for helping the poor. This unit includes church trustees or administrative district inspectors responsible for collecting and distributing poverty taxes.
- Some products such as flax, hemp and cotton will provide jobs for the poor who can work. The poor who refuse to work while they can be sent to the “House of Correction” or imprisoned.
- The poor in need of care are defined as the elderly, blind, crippled and others. These people will be provided with accommodation facilities so they will not

need to announce their work. At the same time, this law stipulates that if some relatives can offer various benefits, these persons with a legal responsibility towards their parents, grandparents or children will also receive assistance.

Collecting the poverty tax is the duty of the inspectors elected by the church administrative district board and who work voluntarily. This was not a popular job, so missing one of the regular weekly meetings was enough to get a one-pound fine. These taxes, distributed as street aid (out-relief), cover bread, clothing, fuel, rent assistance or monetary aid.

With the 1601 Act, the inspectors of the church administrative district were authorized to raise money for the poor according to the solvency of the people. Poverty tax is actually a form of locally collected income tax, but over time it has become the Rating System alone. The property tax was collected on the real estate asset and paid by the land renter, not the landowner. Problems that may arise in payment have been referred to the local court of peace (Justices of the Peace). The court has punished people with fines, the sanction of property, and even prison.

In 1607, the correctional houses [House of Correction] emerged. A group of people who beg illegally or from vagrants were forcibly closed to juvenile detention centers and used as labor force for heavy work. These institutions have provided the necessary infrastructure for the workhouse system (Fowler, 2014). However, it was realized that vanguarders could not find jobs, with the obligatory donations from wealthy people, aid such as money, food and clothing was made to a part of the poor that was considered benefactors (only local poor later).

The workhouse period, which began to give its first examples with the establishment of the Bristol Corporation of the Poor in 1696, originally became widespread in the 18th century. In 1723, the law known as Knatchbull's Act

brought the workhouse system to the legal ground and spatially reinforced the institutionalization of aid and support for the poor. The workhouse, which first emerged as an institution where the poor, unemployed and homeless were both hosted and employed, rapidly increased in number and became a known element of British history as a disciplinary institution (Fowler, 2014: 28). Over the years, the number of both workhouses and those receiving services from here has increased significantly. According to a parliamentary report dated 1776, approximately 90 thousand people received services in a total of 1978 workhouses (Parish Workhouses, 2019).

In addition to the positive aspects, the workhouse system also has some negative aspects for the individual and society. Because living in a workhouse at that time also meant being exposed to loss of dignity and minor humiliation. In addition, living in a workhouse meant accepting such negative situations. It was also known that the people living here had some problems in adapting to the social life outside (Fowler, 2014: 71). The wars experienced in the process and the effects of these wars have caused the number of workhouses to decrease, and the negative aspects of the workhouse system have become visible (Fowler, 2014: 37). In the ongoing process, these houses have turned into a kind of almshouse model where only elderly, disabled and children are accommodated. This system, which aims to protect the unemployed and the homeless, has started to become a nursing home, lunatic asylum, orphanage, the masses who cannot work (Fowler, 2014: 73). As a result of the brutality of conditions at that time and the unplanned destruction of resources, in the 20th century, it was criticized for reasons such as increasing the costs of workhouses and preventing labor competition, and started to be closed down at the beginning of the 20th century because it contradicted the functioning of modern state institutions. These have been replaced by new

institutions and practices such as health insurance and care centers over time.

Considering all this information about England, it is seen that both poverty laws and practices directly address the phenomenon of homelessness. Because being homeless defines not having anything, it also includes being deprived of that thing and being poor. For this reason, British workhouses played an important role in meeting the need for shelter (at least living in a house) under the conditions of that period.

Contrary to this situation, there are serious differences between different periods and geographies in the way they perceive the phenomenon called homelessness. While some of these are good examples, others are not acceptable to humanity. For example, in the 1630s, the homeless in Switzerland were captured and slaughtered by the state officials of the period. A similar event occurred in Rio de Janeiro in the late 20th century, and homeless children were killed by being locked in cellars (cited in Şeker, 2018: 41). In 16th-century Venice, on the other hand, it is interesting to know that politically influential and high-level families live in rented houses rather than having any property. In addition, families without a son have devoted their houses to sheltering the homeless instead of leaving their homes to any person after them (Brown, 2004: 23). It is thought that there are different reasons for not having any house (property). For some families, living in a rental house is much more advantageous than buying a house. Compared to the current period, it is seen that owning a house in Venice during the Renaissance period was not an indicator of prosperity (Brown, 2004: 24). However, at that time, homeowners considered it their duty to be aware of the socio-economic status of their tenants and to meet their needs. Large segments of society have accepted this situation. In order to eliminate the disruptive aspects of society, rental houses with very low wages have been created for various social groups (homeless, working poor, widows,

elderly, etc.) since the Middle Ages and Early Renaissance Periods. In addition, free structures consecrated through wills or built with donations were also put into the service of these social groups. Such institutions have been aimed at the whole society without a religious or secular worldview (Brown, 2004: 29-47). On the basis of this situation, it is possible to see the effect of religious beliefs as well as laws. Within the scope of a law made in 1528, the poor were divided into rich families, and their needs were met. As a religious obligation, it is widely believed that the way of the liberation of the rich in both worlds depends on the prayers of the poor (Brown, 2004: 39).

More recently, the world has witnessed many social events in which large masses have been affected. These social events have brought about destructive effects on individuals and societies. The process of change in production, which started with the Industrial Revolution, has led to significant changes for the masses. Large-scale migration has quickly changed the balance of the urban-rural parts, and the profile of the cities has changed rapidly and become heterogeneous. The loss of importance of the countryside has made the dense populations in the cities more prominent, and the inability to meet the demands of individuals in need of shelter has caused the problem of homelessness again. Many people who could not meet the need for shelter began to lead irregular life in various parts of the cities and adopt this situation.

Recently, the redrawing of the world map, the internal conflicts caused by some masses and the making of war decisions have been the harbinger of many changes in the macro sense. Millions of people died as a natural result of these political movements, and a similar number had to move from their locations. Two major world wars, especially in the first half of the 20th century, have changed the content and face of the existing problems while bringing up new problems that have not been defined before in the world. Homelessness,

a social issue that existed until that day, has come to the agenda again but in a different form for the masses affected by wars. While millions of people had to live in geographies they probably never knew, they started living without owning property.

With the end of the war and the bipolar political order of the world, countries could devote more time to their social issues. This has allowed various applications to be carried out to solve social problems over time. The acceleration of technological developments has made the world even more known, and the masses have started to follow many developments in the new world order, which has been established gradually. The most striking of these developments is globalization, which has affected the whole world with a gradual rise since the first day it emerged. Globalization has a radical socio-economic, cultural and political impact on states and has brought many good and bad results.

While different societies started to get to know each other and get closer, the social problems of countries began to emerge and have negative effects on people. As one of these social problems, homelessness has begun to be redefined and understood differently from its perception known throughout the ages. Today, thanks to the mass movements created by globalization, millions of people moved from their lands to different places and started to start a new life. However, not every individual can be part of a completely positive adventure. The conditions encountered in the target countries have forced individuals in some cases, and this situation has led to housing problems. The path that millions of people have taken on the grounds of better living standards has turned into a dystopia where even the most basic needs cannot be met.

In this section, information about the historical background of homelessness is given. Homelessness has been a social fact since the times when people existed and were recorded. Homelessness has passed through all the turning points of

the world, has been reshaped by every event affecting society and has survived to the present day. Today, it is known that homelessness, which is basically defined in the same way, is defined in different geographies and cultures in different ways. While some societies see homelessness as a source of shame, in some societies, this situation has become a choice that individuals have made and adopted. Therefore, the importance of individual and social differences should be emphasized when discussing homelessness and resisting this issue.

1.3. Theories Explaining Homelessness

The causes of homelessness are basically explained through two theories. The first of these theories is the theory of systematic causes. According to this theory, reasons such as insufficient mental health policies, high unemployment rates and an insufficient number of houses lead to homelessness. The second theory is the theory of personal incompetence. According to this theory, the causes of homelessness are explained by reasons such as alcoholism, substance addiction, mental illness, lack of social relations, laziness, etc. (Özdemir, 2010). One of these two theories explains homelessness structurally, while the other explains it in the context of individual reasons. Considering that every social problem is a whole, it would be useful to evaluate the causes in a comprehensive way.

Each of the theories explaining homelessness and the causes of homelessness evaluates this phenomenon from its own perspective, and in this section, the theories explaining homelessness and the causes of homelessness will be presented under two main headings.

1.3.1. Individual Theories on Homelessness

Individual theories explaining the causes of homelessness are basically divided into two. In the first of these theories,

individuals become homeless due to their personal mistakes. These individuals are accused of being homeless and are subjected to descriptions such as alcoholic and aggressive. In the second individual theory explaining the causes of homelessness, the neediness, deprivation and inadequacies of individuals are discussed (Johnson et al., 1991). In addition to these explanations, another method used when explaining the reasons for the homelessness of homeless individuals is the way of explaining deficiencies such as mental problems or substance addiction (Küçük, 2014). All these are handled within individual factors. Individual theories explaining the causes of homelessness mostly coincide with the theories of personal incompetence and systematic causes. These theories were inadequate because they focused on individual factors rather than environmental factors and gradually lost their validity, especially after the 1960s.

1.3.2. Structural and Modern Theories Explaining Homelessness

Until the 1960s, an individual-oriented approach was preferred to explain the causes of homelessness. However, after the 1960s, alternative approaches were turned to due to the inadequacy of individual theories in explaining the reasons for homelessness. The theories developed in this context explained the relevant problem by taking into account both individual and environmental factors. The structural and modern theories used in the explanation of homelessness are listed as follows.

1.3.2.1. Structuralist Theory

Explaining the causes of homelessness with structural factors that emerged in the periods after the Second World War. After this period, the studies conducted in the 1980s pioneered the emphasis on the structural causes of homelessness. The change in the structure of the homeless in the specified

years has also led to an emphasis on the structural causes of homelessness. The structural causes of homelessness are explained by factors such as globalization, poverty, and urban transformation, but they are interpreted differently in each country (Koegel, 2004). Although homelessness differs from country to country, it is considered a social problem. Due to the aforementioned reasons, homelessness has increased, and the increase in poverty has increased the number of homeless people.

Structuralist theories evaluate homelessness in a macro dimension. Therefore, when evaluating the causes of homelessness, multiple factors such as social and economic structure, unemployment, housing insufficiency, change in social security structure, poverty, and family divisions are evaluated together (Fitzpatrick, 2005). Since structural theorists focus on factors developing outside the individual, they make more comprehensive evaluations. This situation also shows that there may be more than one reason for homelessness. Therefore, the structuralist theory is one of the theories that has gained popularity over time.

1.3.2.2. New Orthodoxy Theory

The new orthodoxy approach suggests that structural factors create conditions leading to homelessness, that people with individual problems are vulnerable under these conditions, and that the prevalence of personal problems among the homeless is related to vulnerability to macro-structural forces (Fitzpatrick, 2005; McNaughton, 2009). While housing insufficiency, family breakdown, poverty and unemployment are accepted as the main structural causes, sexual harassment, family disputes, being in prison, substance addiction, and physical or mental health problems are seen as the main individual causes (McNaughton, 2009). The New Orthodoxy approach evaluates individual and structural causes in a whole structure. Therefore, it tries to explain the

causes of homelessness for individual reasons over the main reasons. It emphasizes that these reasons may be related to each other and that the reasons may take place in the life of the individual as a chain.

1.3.2.3. Liberal Perspective

The liberal view is a socio-political approach arguing that forms of intervention should be developed according to the causes of homelessness. This approach emerged as a result of the New Orthodoxy approach. If the state of homelessness arises out of control, the idea that homeless individuals deserve more help is dominant (Neale, 1997a). This approach interprets whether individuals deserve help or not. Therefore, it evaluates homelessness as a result-oriented approach rather than a cause-oriented approach. Focusing on the causes while acting result-oriented reveals the cause perspective in explaining homelessness.

1.3.2.4. Feminist Theory

In the 1960s-70s, the feminist theory began to examine the causes of homelessness, based on the idea that states marginalized women in housing policies and practices. According to feminist theory, women are left powerless to define their own housing needs. The main reason for this weakness is the inequality between men and women in work life (Neale, 1997b). In addition, it is known that issues such as domestic abuse, violence against women, and women's abuse are counted as reasons for women to be homeless, according to feminist theorists (Fitzpatrick, 2005). Feminist theories state that women's homelessness is higher than men's. The key points in this defense are inequality between men and women and family problems. Feminist theorists, who interpret the causes of homelessness as women-men relations and family relations, argue that policies should be developed to prevent the increase in the number of homeless women.

1.3.2.5. Post-Structuralism

Post-structuralism is a movement that emerged as the opposite of structuralist theory. There are no definite definitions and fixed relationships according to post-structuralism (Gür, 2013). According to post-structuralists, there is not a single truth, and there cannot be a single reason. They oppose the causality relationship (Neale, 1997b). Because of these views, they also oppose distinctions about homelessness, such as the structure-action relationship, deserving/not deserving, and married/homeless (Neale, 1997a). Post-structuralism emphasizes that homelessness should be evaluated as a whole for its reasons and that evaluation should be made without a dualist understanding. Therefore, it differs from approaches such as structuralism, liberal approach, etc.

1.3.2.6. Foucault's Approach

Foucault, who gives a different perspective in explaining homelessness and its causes, explains homelessness through the concept of power. While explaining the concept of power, Foucault evaluates the formation process of power subjects depending on the problems that arise with power (Sarup, 2010). Based on Foucault's idea of power, when the phenomenon of homelessness is evaluated, there is no mention of a structural power that causes the formation of homelessness. In the formation of homelessness, there are various forces that maintain social injustices and make individuals weak. Among these forces, many factors such as housing insufficiency and individual characteristic features increase the likelihood of homelessness (Neale, 1997a). With the power analysis, Foucault argues that homelessness is formed through inequalities that arise as a result of power relations and that individuals remain weak. Therefore, unlike other approaches, it does not directly apply to structural justification.

1.3.2.7. Theory of Structuration

The theory of structuration is an approach put forward by Giddens. According to Giddens, society was not built by humans. Structure and society are not external to each other, and there is an interaction between society and the individual. Therefore, the individual and the structure are not independent formations (Layder, 2006). The theory of structuration developed by Giddens has been developed against approaches that use individualizing theories in explaining homelessness. According to the approach, homeless individuals are individuals who have rights and responsibilities, are socially constructed and have to behave in various ways (Fitzpatrick, 2005; Neale, 1997b). In Giddens' theory of structuration, there is an evaluation of the structure. In this structure, homeless individuals are seen as individuals who are forced to live in a culture of homelessness or who need to experience this experience. This explanation stands out as an explanation that requires in-depth thinking rather than explaining homelessness directly for a reason.

1.3.2.8. Critical Realism

Critical realism is an approach developed by Bhaskar. In this approach, which is based on the opinions of Kant and Marx, there is an opinion that there is a layered reality independent of individuals and that this reality should be revealed by science (Yalvaç, 2010). Fitzpatrick and McNaughton frequently used critical realism. Fitzpatrick used critical realism as a theoretical framework for explaining the causes of homelessness. He criticized approaches to explaining the causes of homelessness with critical realism. According to him, it is an inadequate approach to present the reasons used in explaining homelessness as a whole without differentiation and not to include their relations with each other. Because of this understanding, it is more appropriate to evaluate the factors considered as the cause of homelessness as the risks that

will increase homelessness. In addition, Fitzpatrick argues that homelessness cannot be defined as a universal category. He states that subgroups within the homeless population should be defined rather than defining homelessness (Fitzpatrick, 2005). In conclusion, Fitzpatrick is a thinker who argues that homelessness is a socially constructed process and should be evaluated on the axis of reality.

According to McNaughton, homelessness is a process experienced by individuals (Somerville, 2013). According to him, the behaviors of the homeless emerge within a certain contextual framework. The determinant of the contextual framework is structural forces. Homeless individuals act according to their preferences within the structural context. While the homeless take action with their preferences, they also struggle within the structural layer in some cases. The homeless act rationally and reason when making their decisions as actors (McNaughton, 2009). Unlike Fitzpatrick, McNaughton, who focuses on individual preferences in defining homelessness, states that homeless individuals are people who can make rational choices and are in a struggle.

1.4. Problems of the Homeless

Homelessness is a social problem at both the national and international levels. Due to this problem, individuals cannot find shelter, cannot access food and health services, and face various problems in accessing other opportunities (Biedrzycki, 2018: 676). In addition, people may experience both physical and mental problems and may be excluded from society by being subjected to stigma. For this reason, it is important for social policy studies to know the social problems, mental and physical diseases experienced by the homeless. Because when the problems experienced by a group are not known, it is not possible for the applications to be fully successful. Based on the literature, in this section, the problems experienced by homeless individuals will be examined under the subheading

of housing, unemployment, stigma, family problems, mental diseases and physical diseases. Each relevant title can also be seen under the causes of homelessness because while homelessness is explained, a situation can appear as both a cause and a problem. For this reason, it has been stated under some headings in the section that the relevant problem may also be a reason.

1.4.1. Housing

Housing is one of the most basic rights of individuals. For this reason, states are obliged to provide their citizens with housing opportunities that are worthy of human dignity, healthy and will not pose a problem in terms of access to services. However, sometimes the shelter needs of every individual cannot be met due to the person himself or his family or social problems, and people may turn to the street. This situation brings with it various risks and problems.

When examined in terms of homeless individuals, shelter is one of the first problems of this group. Countries are trying to produce policies for regular housing while working on homelessness, or they are implementing their practices for homeless people to return to their families. While many studies in the literature address the issue of homelessness, first of all, it mentions the lack of regular housing for homeless individuals and the problems that this brings with it.

The first of the housing problems of the homeless is based on security needs. People may be exposed to risks on the street and may be exposed to various physical, emotional and sexual attacks. In addition, there may be problems depending on the seasons, and people may be at risk of encountering physical and mental diseases more.

When the housing problems of the homeless are examined, the other finding is that the services are provided without considering the needs of the people. Countries may ignore other needs while trying to meet the housing needs of

the homeless (Brallier et al., 2019: 186). In this context, in order to meet the need for shelter, there is a need to organize widespread services that are not based on the uniqueness of the person and to plan the services by including the groups complaining about the problem in the studies.

Another problem with housing is based on the lack of regular service for the homeless. In the study conducted with professionals working in homeless shelters, individuals stated that housing services could not be provided at the desired level due to lack of funds, the uncertainty of policies, insufficient employment, inconsistency of solutions offered and stigmatization of homeless people (Paat et al., 2021: 263).

Another problem caused by the lack of regular housing opportunities for people is the perception of time and space. Homeless individuals start to change their perceptions of time and space in order to adapt to their new lives after turning to the street. Although this situation facilitates their new lives, it causes the homeless to be separated and isolated from society and makes it difficult to return to their home lives again. However, the homeless also begin to falter between the two worlds depending on the dilemma they experience (Van Doorn, 2010: 237). It is thought that the relevant problem may also cause various mental problems.

1.4.2. Unemployment

Working and earning income is one of the most basic rights of individuals. All states offer employment opportunities to their citizens in parallel with their level of development and shape their policies to generate regular income. However, the development level of the country is not good enough. Wars, internal conflicts, forced migration, economic crises and other reasons make this process difficult and may cause people to face unemployment. One of the situations that cause individuals to experience unemployment may arise due

to the discrimination and stigma they experience. Personal characteristics and belonging to a certain group may prevent people from reaching employment and regular income opportunities. One of these groups is the homeless.

When we look at the studies examining the economic income and employment status of the homeless, it is understood that this group has a serious unemployment problem. Although it is tried to offer job opportunities to homeless individuals depending on the policies of the states, it is understood that this situation does not continue regularly. This may cause homeless individuals to resort to ways such as prostitution and theft in order to sustain their lives (Slesnick et al., 2018: 247). However, it is also known that the income of homeless individuals from legal sources contributes to problem-solving processes. Thus, individuals can carry out activities to maintain their lives in reliable ways (Ferguson et al., 2015: 53). In addition, people can receive economic support from their families and friends. As the number of legal income increases, it is seen that homeless individuals resort less to other income generation methods such as prostitution and theft (Slesnick et al., 2018: 247).

Another effect of unemployment on the homeless manifests itself through access to social opportunities and health services. Unemployment causes more fragility among homeless groups and may restrict their access to stated needs. In addition, unemployment may increase the need for homeless individuals for care (Burke et al., 2013: 1391). In this context, it is thought that it would be beneficial for the homeless not to turn to illegal livelihoods, to be supported by the state from physical and mental harm, and for local governments and non-governmental organizations to support homeless individuals in terms of work and employment by being involved in the process.

1.4.3. Stigmatization

Stigma can be defined as the placing of the individual in a low position by society due to his/her characteristic condition and undermining his/her reputation. Although it is possible to talk about the existence of stigma in all periods of history, it is possible to state that its effect has increased recently. In order to fully understand the stigma, interdisciplinary studies are needed (Özmen and Erdem, 2018: 185). Homeless individuals are also among the groups exposed to stigmatization in society, and this situation maintains its prevalence in society (Mejia-Lancheros et al., 2020: 1).

One of the first things that we encounter in the process of stigmatization of homeless individuals is based on the way they are defined by other individuals. Today, many people define homeless individuals as “useless, lazy, irresponsible, criminal, maladaptive, etc.”. In a qualitative study, 20 homeless individuals were interviewed, and their problems were analyzed. In the study in which stigma was considered a problem, homeless individuals stated that they were evaluated by society according to their appearance, were seen as potential criminals and were excluded by society (Acar et al., 2022: 352).

Another stigma that the homeless are exposed to manifests itself through diseases. Homeless individuals can be considered as individuals with HIV/AIDS, alcohol and substance addiction, and mental problems by society. This shows that people are both stigmatized for being homeless and are considered potential “patients” and are subjected to exclusion (Davila, 2018: 1335).

Stigma may also cause homeless individuals to become more vulnerable to mental diseases. People may develop depression depending on the stigma and duration of their exposure (Boyd et al., 2016: 253). In addition, stigma also affects people’s self-esteem and recovery tendencies (Boyd et al., 2014: 20). In addition, stigma causes the emotional

problems of homeless individuals to increase and their social support to decrease (Oppong Asante and Onyeaka, 2022: 589). These results indicate the importance of revealing the psychosocial effects of stigma on individuals.

Another effect of stigma on homeless individuals emerges at the point of access to services. Homeless individuals may not have sufficient access to social and health services due to the stigmatization they experience (Omerov et al., 2020: 1). On the other hand, the stigmatizing attitude of the personnel serving homeless individuals can prevent individuals from accessing services (Campbell et al., 2015: 7). In addition, homeless individuals may also be exposed to stigmatization when they go to a health institution and explain that they are homeless and addicted (Monari et al., 2020: 472).

Homeless individuals are exposed to suicide risk on the one hand and mental illness on the other hand due to their negative experiences, while not meeting the needs of regular housing, dressing, and nutrition are the main problems. Another dimension of these problems is stigma, which causes people to be left out of society and makes it difficult for them to access services. For this reason, community-based anti-stigma studies are needed (Schreiter et al., 2021: 400).

1.4.4. Family Problems

Family is one of the social institutions consisting of a mother, father and children and is considered to be the smallest building block of society. With this most well-known definition, family is among the working subjects of many professions and disciplines because family shapes society with the functions it provides and is influenced by society. With the modernization process, many changes have occurred in the family. However, relationships in the family may not always be carried out at the desired level. Sometimes conflicts, disputes, and even violence may occur (Bayer, 2018: 215). When these problems cannot be solved, the family cannot

carry out its function in a healthy way and may encounter various economic, psychosocial and physical problems.

When examined in terms of homeless individuals, it is known that domestic conflicts, violence and problems are effective in the process of turning to the street. However, the family is also effective in the process of returning home again, and the process may become easier or harder depending on the attitude of the family. Studies conducted in this field also point to this situation. In Stein et al. (2009: 39), interviews were conducted with homeless adolescents, and it was determined that young people who could not establish a healthy attachment pattern were at higher risk. In addition, it has been observed that risky sexual behaviors and substance use disorders emerge in these young people due to negative parental relationships. In Moskowitz et al. (2013: 1015), it was determined that homeless young people were at risk of self-harm and suicide and that there were emotional and family problems in the background.

When the relationships of individuals who turn to homelessness before and after homelessness are examined, it is understood that there are some traumas and family dysfunctions. Due to negative family relationships and trauma-related mental disorders, individuals can externalize the problems they experience. This reveals the importance of examining family relationships in terms of understanding the problems and mental disorders of homeless individuals (Milburn et al., 2017: 37).

In other studies examining the family relationships of homeless individuals, studies are conducted on the phenomenon of violence. It is understood that exposure to trauma in the family and problems with the caregiver increase the severity of homelessness and make individuals vulnerable to depression (McGuire-Schwartz et al., 2015: 587). Similar results were obtained in a different study, and family relationships of homeless adolescents before and

after leaving the house were examined. As a result of the research, it was learned that post-traumatic stress disorder, sexual abuse history and self-harm behavior were present (Wong et al., 2016: 831). In another study, it was found that young people tend to run away from home depending on family functioning, and this situation triggers homelessness (Holliday et al., 2017: 257).

Traumatic experiences by individuals during childhood negatively affect their lives. Some individuals are exposed to multiple traumas (physical, emotional, sexual abuse) in childhood, and these multiple traumas may also manifest themselves in street life (robbery, physical violence, sexual assault). This situation causes homeless people with double victimization to become more vulnerable to post-traumatic stress disorder and depression (Bender et al., 2015: 115). However, the number of studies on family traumas experienced by homeless people is not sufficient (Bender et al., 2014: 1628).

As can be seen, trauma, abuse, conflict and violence that a person is exposed to in the family negatively affect his/her mental health; this may cause running away from home or homelessness. However, people may be more at risk on the street due to the traumas they experience; alcohol and substance use disorder, depression, post-traumatic stress disorder and other mental diseases may occur. It is seen that family interventions are essential for the individual to be protected from these risks and to return to home life. As a matter of fact, studies show that family interventions have positive effects. According to Wang et al. (2019: 1528), after the interventions, there was an increase in the levels of coping with depression and substance use disorder in homeless individuals. Similar results were obtained in a different study, and psychological interventions were found to benefit family support and the mental health of individuals (de Vet et al., 2017: 175). In this context, it is thought that it is important to

focus on family-based interventions during the fight against homelessness.

1.4.5. Physical Diseases

According to the World Health Organization, health is the state of physical, social and mental well-being of the person and not only the absence of a disease or obstacle (WHO, 2020: 1). As can be understood from this definition, there are some determinants of health and one of them is physical well-being. Physical well-being generally means that the person has healthy eating habits, lives an active life and behaves towards physical health (Korkut Owen and Demirbaş Çelik, 2018: 443). However, when this situation cannot be achieved, physical diseases occur, and it is known that homeless individuals experience various physical diseases. When the relationship between physical diseases and homelessness is examined, it is understood that the process is two-way. That is, individuals can turn to the street due to their physical diseases and face physical diseases because they turn to the street.

In the process of emergence of a physical disease, the lack of balanced nutrition, inadequate sleep quality, lack of physical movement, stress, inability to access resources, inability to access health services, and other factors are effective. In addition, culture, which affects the way of life in society, can lead to the formation of health perceptions and the emergence of certain diseases (Bolsoy and Sevil, 2006: 78). Homeless individuals are also known to have problems with the issues mentioned, and this situation may cause homeless individuals to become vulnerable to diseases and face the risk of death at an early age (Hewett et al., 2011: 200). Moreover, most of the diseases that increase the risk of death are treatable (heart disease, cancer, pneumonia) diseases (Field et al., 2019: 857).

When the physical diseases from which homeless individuals suffer are examined, it is seen that HIV/AIDS

comes to the fore. HIV/AIDS is a disease that causes people to turn to homelessness (Douaihy et al., 2005: 516). At the same time, the fact that people do not have a regular place to stay increases the risk of transmission of this disease. In addition, alcohol and substance addiction, housing problems and sexual abuse also emerge as risk factors in the transmission of HIV/AIDS to homeless individuals (Wolitski et al., 2007: 167). In order to solve this problem, studies are needed to determine the needs of individuals in a multifaceted way, apply daily clinical care to community-based interventions based on an interdisciplinary approach, and determine the necessary treatment and prevention strategies (Douaihy et al., 2005: 516).

One of the other physical diseases that the homeless face is cancer. It has recently been seen that cancer is at the forefront and among the diseases that cause the death of homeless individuals. It is thought that cancer types emerge, especially due to addictions such as smoking. On the other hand, it is seen that homeless individuals have similar rates to the general population in terms of their desire to quit such addictions. This means that if a homeless individual wants, progress will be made in health (Biedrzycki, 2018: 678). In addition, it is thought that the implementation of cancer screening programs for the homeless and the fulfillment of the need for regular housing will be effective in the treatment process of cancer (Asgary, 2018: 344).

Another health problem faced by the homeless is related to nutrition. Living on the street, homeless individuals cannot access clean and sufficient food at the desired level. However, food aids themselves are not at the desired level. As in HIV/AIDS, alcohol and/or substance addiction, as well as the presence of mental illness, also cause problems in access to food (Wiecha et al., 1991: 364). In addition, homeless individuals' access to high saturated fat and fibrous foods is also problematic, and this is harmful to health (Seale et

al., 2016: 143). In this context, there is a need for studies to be carried out for homeless individuals to access clean and healthy food and to receive training from professionals who carry out studies on this subject (Wiecha et al., 1991: 364).

1.4.6. Mental Diseases

Mental health is a concept that has been discussed for many years. It is difficult to make precise definitions of this concept because every society has a culture, beliefs and values that affect the way mental health is evaluated. When expressed in the most general form, mental health is the ability to fulfill one's roles in society appropriately and harmoniously (Buzlu and Şahin, 2017: 253). In another definition, mental health can be expressed as consistency, suitability and competence in one's feelings, thoughts and behaviors (Öztürk and Uluşahin, 2011: 16). Of course, inappropriateness and deviations occur from time to time in the feelings, thoughts and behaviors of all individuals. However, if this situation becomes permanent and disrupts the functionality of the person, mental diseases occur. Problems such as wars, internal conflicts, forced migration, misuse of technology, environmental problems and inability to access clean resources also trigger this process and cause an increase in mental illnesses.

When the mental diseases faced by homeless individuals are examined, it is possible to state that alcohol and substance use disorders first occur. Alcohol and substance use disorders are more common in homeless individuals compared to the general population (Fischer and Breakey, 1991: 1115). When a general ratio is given, it can be seen that approximately 30% of dependent individuals are homeless individuals (Wessel et al., 1997: 167). The fact that people cannot get support from their families, friends and other social circles and live an isolated life also increases the severity of this situation (Fischer and Breakey, 1991: 1115). There is a need for interventions to improve the mental health of individuals in the treatment

processes of homeless people with alcohol and substance use disorders, to improve services and to use peer-supported practices (Rhoades et al., 2011: 320; Barker and Maguire, 2017: 598).

When the mental problems related to homeless individuals are examined, one of the problems we encounter is related to suicide. Suicide is one of the risk factors that cause death for homeless individuals between the ages of 30-39 with mental illness (Prigerson et al., 2003: 213). In a study conducted with the homeless, 66.2% of the participants stated that they thought about suicide at some point in their lives, 51.3% attempted suicide, and 26.9% were treated in hospitals other than psychiatric clinics due to this situation (Desai et al., 2003: 365). Similar results were obtained in a different study, and 61% of homeless individuals interviewed stated that they had suicidal thoughts (Eynan, 2002: 418). In another study, risk groups for suicide were identified, and homeless individuals were also evaluated in the risk group (Nordentoft, 2007: 306). In this context, there is a need to conduct studies on suicide risk and to prevent this situation by focusing on the mental health studies of homeless individuals.

Another mental illness that homeless individuals suffer from is depression. When compared to the general population, it is seen that the depression rates of homeless individuals are higher. In studies conducted with the homeless, it is understood that almost half of the homeless have depressive symptoms (Ayano et al., 2021:1). According to the results obtained from studies conducted with different homeless groups, it was found that the severity of depression increased as the size of the problems of homeless individuals experienced disadvantage (Roze et al., 2018: 314). It has been seen that homeless individuals are more vulnerable to depression due to family problems, alcohol and substance addiction, and other negative factors related to housing (Coohey and Easton, 2016: 111). In this context, it is important to facilitate individuals'

access to mental health services and to solve their health and mental problems (Roze et al., 2018: 314). In addition, there is a need for practices to meet the emotional needs of people (Coohey and Easton, 2016: 111).

When we look at other mental diseases seen in homeless individuals, we see bipolar disorder, gambling disorder and schizophrenia. In general terms, homelessness is a problem that has a serious impact on people's psychosocial well-being. In this context, there is a need for studies examining the relationship between homelessness and mental health. In addition, policies and programs must be implemented for the prevention of mental disorders of homeless individuals and effective diagnosis and treatment (Hossain et al., 2020: 538-539).

As can be seen, homeless individuals face both mental and physical diseases, and the rate of diseases accompanying the emerging disease (morbidity) is high. In order to combat this problem, there is a need for effective and accessible health services and the dissemination of primary care institutions. In addition, it is important that homeless individuals receive institutional support for their other health and social needs and that the quality of services in the relevant institutions increases. Interdisciplinary work in the field is also essential to solve the problem, and it is necessary to solve the factors that prevent this situation (Wright and Tompkins, 2006: 286).

1.5. The Causes of Homelessness

Homelessness is a social phenomenon with causes. Three factors are taken into account in explaining the causes of this problem. These are as follows; one does not have a job, does not have money, and loses his/her home (Özdemir, 2010). However, the causes of the problem of homelessness are not explained only by the three factors mentioned. It is possible to divide the relevant reasons into two as internal and external

reasons. While external causes include the consequences of personal, behavioral, educational, etc., internal causes are listed as mental illness, substance addiction, and developmental or behavioral problems (Holland, 2014).

In addition to the aforementioned distinctions explaining the causes of homelessness, there is also a distinction that treats the individual as a system and structure. When the individual causes of homelessness are evaluated, it is thought that traumatic events experienced by individuals, personal crises, poverty, unemployment, involvement in crime, demographic characteristics, poor social support mechanisms, lack of education, mental status, and substance addiction have an effect (Nooe and Patterson, 2010). When evaluated systematically, it is listed that the institutional structure isn't fully established, hospital services are insufficient, mental health and addiction facilities are missing, there are not enough support mechanisms for immigrant refugees, personnel has insufficient information, and temporary solutions are brought (Gaetz et al., 2013). When the structural reasons are examined, factors such as poverty, unfair income distribution, unemployment, low wage working, high health expenses, and discrimination are listed (Nooe and Patterson, 2010). All these factors are interrelated and explain the causes of homelessness.

The causes of homelessness have been the subject of research for many years, and besides the above factors, related reasons are divided into economic, social, health, etc. In a study conducted by Roth and Bean, the causes of homelessness were grouped under three main headings as social problems, economic problems and deinstitutionalization (Akyıldız, 2017). In the light of all this information, it is possible to evaluate the reasons for homelessness under three main headings.

1.5.1. Economic Reasons

Economic reasons are among the most important causes of the homelessness problem. It is known that most individuals with homelessness problems struggle with problems such as poverty and unemployment before experiencing this problem (Ziefert and Brown, 1991). After the 1980s, the economic policies of the countries also increased homelessness (Hope and Young, 1986). In a study conducted by Roth and Bean in 1986, unemployment, poverty, inflation and inequalities in wage distribution were among the reasons for homelessness (Roth and Bean, 1986). In a study conducted by Işıkkhan, the increase in poverty and unemployment, the gradual decrease in income and purchasing power, and the insufficient minimum wage increases were shown as the reasons for homelessness (Işıkkhan, 2006b). In a study conducted by Büyükbodur and Kayma in 2021, unemployment was associated with homelessness (Büyükbodur and Kayma, 2021). In another study, it was found that the most important reason for homelessness was based on economic factors (Ersin and Baş, 2021). Research shows that economic parameters are behind social problems. Poverty and unemployment are the most important impact factors among these social problems.

1.5.2. Social Reasons

Such reasons are closely related to the life experiences of individuals. Lack of communication within the family, the indifference of the family, broken or divorced families, overprotective families, and families with substance use are among these reasons (Sevil, 1998). In addition, factors such as unemployment in the social structure, changes in the city population, and inadequacy of public aid are also factors that increase social homelessness (Burt, 1993). According to Işıkkhan, housing insufficiency, low social security expenditures, low living standards, and increased

divorces are among the social reasons (Işıkhan, 2006b). In both studies that will support Işıkhan's study, the increase in housing prices and the fact that people cannot find a house to live in are stated as factors that increase homelessness (Büyükbodur and Kayma, 2021; Tully and Sharon, 1995). Since human beings are social beings, social reasons diversify. The increase in these causes a direct or indirect increase in homelessness.

1.5.3. Individual Reasons

Among these reasons, the behavior of individuals and the experience of life is effective. One of the most common behaviors of homeless individuals is alcoholism. In a study conducted by Fischer and Breakey (1991), it was found that two-thirds of the homeless had alcoholism problems (cited in Baum and Burnes, 1993). Substance addiction is a cause as important as alcoholism. Studies show that one-fifth of the homeless are substance addicts (Yoder, 1998). In addition to these situations, the presence of mental illness is one of the reasons for homelessness. In another study, it was found that 90% of the homeless had mental health problems (Van, 1993). The characteristics of the person may also cause homelessness to occur. If the person is shy, tends to withdraw from society or is excluded by other individuals, he/she may be homeless (Baum and Burnes, 1993). In other studies, drug addiction, mental illness and insufficient personal development have been shown to be among the causes of homelessness (Acar et al., 2022; Işıkhan, 2002). As a result, individual factors are evaluated on a personal basis. These factors may diversify with the problems that individuals face throughout their lives or may arise according to their personal preferences. All factors that are considered economic, social or individual are factors that are effective in the classification of homelessness. The aforementioned factors are the basis of the justification of the existence of different types of homelessness or subjecting

it to classification. Therefore, the relationship between the causes and classification of homelessness is high.

1.6. Types and Classification of Homelessness

Homelessness is a phenomenon caused by the reasons mentioned in the previous title. Since the reasons for homelessness differ, a clear classification cannot be made of the homelessness types. Therefore, when the literature is examined, it is seen that there is not a single classification related to homelessness. Homelessness has more than one class according to time, gender, age, geography and typography. All of this classification was carried out by the UN Economic Commission for Europe in 2009. According to the Commission, homelessness is discussed in two ways as primary and secondary. Primary homelessness describes the homeless living in abandoned places without a decent living space. Secondary homelessness, on the other hand, is defined as homeless people who live in temporary accommodation places for the homeless, move frequently and do not have a habitual residence (UN Economic Commission for Europe, 2009). Since it is thought that the classifications within the general classification will better explain homelessness, the types of homelessness will be transferred under headings in this study.

1.6.1. Types of Homelessness by Time

When the classification by time is examined, it is seen that the most popular classification is the classification made by Kuhn and Culhane (Kuhn and Culhane, 1998). Critics of the classification made by Kuhn and Culhane were evaluated by Lennon and Kuang in 2011, and another time classification emerged. The classification made by Kuhn and Culhane is divided into three basic headings:

Temporary Homeless: The homeless people included in this classification are homeless people who work daily jobs and live in places such as buses, trucks and huts (Genç, 2016).

These people are separated from homeless people with health problems, substance addiction, and mental problems, and they are mostly young individuals. They generally experience homelessness with a social problem (unemployment, divorce, etc.) (Küçük, 2014). For these reasons, staying temporarily homeless makes it difficult for individuals to reintegrate into society and increases their likelihood of experiencing negativities such as separation from the family, depression and substance addiction (Akyıldız, 2020). However, it is seen that if these individuals are provided with appropriate conditions again, they can gain their jobs, homes and social status (Akyıldız, 2017). Temporary homeless people are individuals who do not constantly experience homelessness and can regain their former status when their conditions improve. This situation shows that temporary homeless people can get rid of their disadvantaged situations with necessary interventions.

Episodic Homeless: Homeless people experiencing this type of homelessness are those living under the poverty line and not having a regular income (Akyıldız, 2017). Episodic homeless people are constantly faced with the possibility of being homeless (Genç, 2016). Those included in this classification are usually adult individuals who have problems such as mental disability and substance addiction. They live in hospitals, religious buildings or streets for most of their periods outside of shelters (Küçük, 2014). It is known that these individuals are constantly homeless. However, their difference from chronic homeless people is the way they use shelters. Episodic homeless people generally use shelters at regular intervals.

Chronic Homeless: The homeless people in this class chose homelessness as a way of life. They accept living on the streets as normal, and their communication with other individuals in society is skeptical (Genç, 2016). Compared to the aforementioned types, these types of homeless people

are older than the homeless in the other two types, and they struggle with social problems more (Küçük, 2014). Chronic homeless people generally do not benefit from any social assistance, and human relations are limited to one or two people who are also homeless (Işıkhan, 2006b). Mental illness or substance addiction rates are higher in individuals with chronic homelessness compared to those with temporary and episodic homelessness (Arce et al., 1983).

Criticism was directed to the above classification made by Kuhn and Culhane in 1998. Critics on this subject are gathered under three main headings. The first is that the homeless stay in the shelter is missing as a criterion; the second is based on three years of experience, and the third is that people who use long-term and intensive shelters are not included in the classification (McCallister et al., 2011). The criticisms are seen to be correct in terms of classifying homelessness according to certain criteria. Therefore, different types of classification emerged over time. Homelessness is a phenomenon that can disrupt the social structure as a social problem. Therefore, it is thought that it would be more appropriate to classify by considering all criteria.

Another classification of homelessness was made by McCallister et al. According to them, homelessness is explained by four models. In the first model, determined as a temporary model, individuals who enter the shelter only once in thirty days are temporarily homeless and are unlikely to return to the shelter again. In the second model, which is defined as a continuous structural model, there is an approach that those who have been in the shelter for more than thirty days will very rarely return after leaving the shelter. The third model is the structurally spaced model, and according to this, the homeless are constantly sheltered, but different related situations may arise in different ways. In the last model, the non-structural interval model, it is stated that the homeless enter and exit the shelter in certain periods and rarely (McCallister et al., 2011).

In addition to this model, the temporally homeless are divided into two as marginal and cyclical. Marginal homeless people are more commonly considered substance addicts or mentally ill. These individuals communicate with other homeless rather than family members when they need help. Cyclical homeless people consist of individuals who are homeless and then leave homelessness but become homeless again in the future (Genç, 2016). The model developed by Mccalister et al. was shaped based on the time and frequency spent in the shelter. Other definitions address temporal homelessness. However, beyond this model, different classifications are made according to various characteristics of homelessness.

1.6.2. Classification by Gender, Age, Geography and Typography

Another distinction made for the classification of homelessness is based on gender. Homelessness is a problem seen in men rather than women. It is known that the experiences by women during the process of homelessness are mostly anxiety, substance use, low self-esteem, mood disorder and psychosis. While women's homelessness is explained by factors such as deterioration of relationships, domestic violence and harassment, this situation is expressed in men through emotional bonding and auto control (Akyıldız, 2020). As a result, when homelessness is evaluated in terms of gender, it is seen that men experience homelessness more than women and the reasons are different.

Another criterion in the classification of homelessness is age. When evaluated based on age, it is possible to divide homelessness into three as child homelessness, young homelessness and adult homelessness. In homelessness experienced by children, lack of housing, domestic violence, behavioral disorder, lack of social support and participation in the child welfare system are effective (Aratani, 2009). Homeless young people, on the other hand, are individuals

in the 12-21 age group. Considering the problems faced by children and young homeless people, there are poverty, hunger, health problems and difficulties and behavioral deviations in accessing health services (Akyıldız, 2020). In addition to the problems faced by homeless young people and children, the risks they may face are as follows:

- Substance addiction,
- Exposure to sexual intercourse or harassment,
- Unemployment,
- Imprisonment,
- Failure to attend school,
- Health hazards,
- Psychological problems (Akyıldız, 2020).

Adult homelessness is a continuation of young and child homelessness. This type is known as the type of homelessness experienced by individuals over 24 years of age. It is seen that most of the homeless adults experience homelessness in shelters or on the streets. Adult homelessness usually occurs due to childhood and youth experiences (Herman et al., 1997). Events that occur during adulthood, termination of family relationships, substance use, economic deprivation, mental illness, etc., are among the causes of adult homelessness (Akyıldız, 2020). Homelessness has negative effects on all age groups. Therefore, it is thought that it is important to apply the necessary social service interventions at the micro, mezzo and macro levels.

In addition to these classifications, there is also the classification of homelessness according to geography and typography. Groups involved in the classification of homelessness by geography are as follows:

- Homeless street community,
- Those who stay in homeless shelters,
- Those who stay in temporary settlements such as hotels or breakfast shelters,
- Those who live with their families or others.

In the typographic classification, the characteristics and needs of the individuals are taken into consideration. In this classification, the homeless consist of the street population, alcohol addicts consisting of the middle-aged male population, those with permanent psychotic diseases, those under stress depending on the situation, homeless families and homeless young people (Genç, 2016). When all classifications are evaluated, there are economic, psychological, social, etc., reasons at the root of homelessness. In some cases, homeless people continue their lives by making homelessness a culture. Therefore, the culture of homelessness is one of the important issues that should be evaluated in homelessness.

1.7. Homelessness Culture

Culture is the whole of material and spiritual works that help individuals to adapt to their physical and social environment (Tezcan, 2008). The living standards and forms of homeless individuals in daily life differ from other individuals living in society. This situation causes a unique culture to emerge.

It is known that homeless individuals living in society differ in their religious beliefs, duration of living on the street, gender and status of being a child-young-adult (Akyıldız, 2020). A study conducted in the USA emphasizes that homeless individuals have some common cultural characteristics and states that there are three important dimensions of culture. These three dimensions are; the way of living or lifestyles of the homeless, social ties between homeless individuals, and integration of homeless individuals, that is, meaning systems and ways of thinking (Flaskerud and Fellin, 2000). The lifestyle of the homeless is the most important factor that constitutes the culture of homelessness. The behaviors they exhibit due to their daily routines constitute the behavior patterns of homelessness culture. These behavioral patterns constitute their social ties in the communication they establish

within society and among themselves. The ways of thinking they have acquired together with their life experiences also emerge as another element that complements the culture of homeless individuals.

The most popular model used to explain the culture of homelessness is the model developed by Ravenhill (2008). Ravenhill focuses on the culture or social relations that homeless individuals create with their environment. He calls the emotional bonds and social support system experienced by homeless individuals with other people in their lives outside the home as “homeless culture or homelessness culture” (Ravenhill, 2008). Within this support system, relationships can have both positive and negative sides (Doğan Bekaroğlu, 2019). Therefore, within the culture of homelessness, all the relationships that homeless individuals establish with other people are included. Existing relationships shape individuals’ behavior patterns and help them create a unique lifestyle.

According to Ravenhill, homelessness is a process that covers social relations. He emphasizes that the organizations and institutions around the homeless individual have not achieved their goal in this process. According to Ravenhill, who explains his claim with the concept of the homelessness industry, the homelessness industry makes the culture of homelessness stable and integrated. In this industry, there are organizations, advocates and charities. Individuals in the industry-fed homelessness culture are not immediately involved in this structure and learn about the culture of their experiences (Ravenhill, 2008). When evaluated from a social service perspective, social service practices for homeless individuals are expected to increase the well-being of individuals and society. Ravenhill is of the opinion that these practices -informal or formal- further increase homelessness. According to the social service philosophy, which implements its applications from a humanist perspective, Ravenhill’s thoughts do not coincide. This view does not mean that

there is no homelessness culture. There is a concept and phenomenon called homelessness culture, but there is no social service concept that serves the homelessness industry.

Ravenhill focuses on trigger factors rather than determinants of homelessness. Trigger factors emerge during the life experiences of homeless individuals. These factors progress cumulatively and deteriorate the living standards of the individual and consume the protective elements against homelessness (Somerville, 2013). There are also determinant factors of homelessness. These factors are that individuals remain unemployed, are poor and cannot find housing. Individuals' consecutive and serial experiences of these factors can accelerate the homelessness process. In addition to triggering factors, Ravenhill emphasizes that every homelessness experience by individuals can increase the probability of being homeless, and each period of homelessness can extend the duration of the next period (Ravenhill, 2008). Therefore, it is important to consider all factors together and develop the necessary social policies in order to minimize the homelessness experiences of individuals.

According to Ravenhill, people such as substance addicts, individuals with mental disabilities, etc., constitute the subcultures of homelessness culture. These people become a part of the homeless culture by defining themselves as homeless and being included in the homeless group (Küçük, 2018). Homeless individuals are not the only group included in the culture of homelessness. There are also individuals who live similarly to the lifestyle of homeless individuals and indirectly serve the culture of homelessness. The behavior of all individuals and their lifestyles make the culture of homelessness a whole. Therefore, when evaluating homeless individuals, their social environment should not be ignored.

1.8. The Problem of Homelessness in the World and Türkiye

A social problem is a phenomenon that negatively affects the whole society (Koçak, 2015). Homelessness is also considered a social problem that affects the structure of society. The emergence of this social problem corresponds to the industrialization period in both the world and Türkiye.

With industrialization, the working-class working under heavy conditions and low wages, women and children continuing their work life under difficult conditions are considered as the beginning of social problems. However, the 1929 Economic Crisis and the Second World War also caused the problems to increase and diversify (Şişman, 2017). Factors such as poverty and unemployment are at the basis of these social problems. Homelessness emerged in parallel with these problems.

There are studies of international organizations related to homelessness. According to the Human Rights Commission Report prepared by the UN in 2005, 100 million people in the world are reported to be homeless (Akyıldız, 2017). Even if the problem of homelessness increases day by day, the fact that the definition or characteristics of homelessness differ from country to country makes it difficult to determine the problem of homelessness (see Section 1.1. Even if it is difficult to determine, homelessness emerges as a problem in most of developed, developing and undeveloped countries (Sipahi and Arslan, 2021).

The United States is one of the countries where homelessness is experienced. Although it is a developed country, it is known that problems such as poverty, unemployment, and homelessness are high in the USA (Yılmaz, 2015). In a report published in 2009, it was found that homeless families constitute 32% of the total homeless (URL-3, 2020). In the report published in 2017, it was stated that there were 554,000 homeless individuals in the USA

(Bassuk, 2010). England is another country that is struggling with the problem of homelessness. According to 2019 data, it was determined that approximately 250,000 households and 400,000 people in the UK were at risk of homelessness. The most important reason for the emergence of this problem is considered the housing problem (Busch-Geertsema and Fitzpatrick, 2008). In another study, it was revealed that 2000 homeless individuals live a shelterless life every night in Indianapolis (Castillo, 2017). It is estimated that there are also 4,000-8,000 homeless people in Canada (Gaetz et al., 2013). In the 2022 study by the Housing and Local Administration Department in Ireland, it was concluded that the number of homeless people in March increased by 3.5% (Department of Housing, 2022). In Australia, on the other hand, in a report published in 2016, it was found that the problem of homelessness grew, and approximately 116,000 people were homeless (Pawson et al., 2018).

Homelessness also emerges as a big problem in Russia, which is one of the most important countries after Europe. It is estimated that there are approximately 5 million homeless people in Russia and these homeless people live in cities such as Moscow and Saint Petersburg (Nochlezhka quoted in Sipahi and Arslan, 2021). In addition to developed countries, the situation is similar in undeveloped countries. For example, the proportion of the homeless living in rural areas in India is 70%. According to 2012 data, the number of homeless in India is 6 million. Unlike in other countries, the most important reason for homelessness in India is class and economic differences (Wardhaugh, cited in Sipahi and Arslan, 2021).

As seen in the examples above, even if the countries differ, the problem of homelessness continues to exist. The fact that the issue of homelessness also exists in developed countries is a sign that the policies of countries related to this issue are insufficient. Therefore, the problem of homelessness should

be tried to be solved with social policies and social service practices to be made.

When the homelessness problem is evaluated in Türkiye, it is seen that the homelessness data are limited. It is known that one of the first studies on homelessness is the thesis of expertise conducted between 1991-95. Since 126 people were employed in this study, it was not possible to make a generalization (Altun, 1997). Later, in the book “Homeless People Living in the Shadow of Cities” published by Işıkhān in 1995, working with 58 people conveyed the characteristics of a certain group regarding homelessness to the reader (Işıkhān, 2002). In addition to these studies, there is a book published by Meneviş on the causes of homelessness in 2006 and a study by Yağan on homeless deaths in Ankara in 2009 (Meneviş, 2006; M. Yağan, 2009). Apart from these studies, there are reports of studies on homelessness. Reports are more generalizable documents in terms of describing the reflection of homelessness in Türkiye. In the report on the homeless in Türkiye published in 2011, it was stated that there were more than 70 thousand homeless people in the country (Labor and Justice Association, 2011). In another study conducted by the Turkish Grand National Assembly, it is known that 286 homeless people were served at the Ankara Bus Station in 2010. Studies do not show fully satisfactory data in the explanation of homelessness. Therefore, it is not yet possible to make a generalization about the number and status of homelessness for Türkiye. When evaluated in terms of existing results, although it is known that homelessness is few in Türkiye, it is thought that this number will increase with increasing urbanization.

CHAPTER 2

HOMELESSNESS AND VULNERABLE GROUPS

Housing, which is one of the most basic needs of people, has been shaped around different factors such as climate, geography, access to basic resources, cultural characteristics of societies, religion and politics throughout history. Homelessness, which refers to the deprivation of the need for shelter, brings with it many problems from security concerns to nutrition, from health problems to socialization.

Homeless individuals mostly have difficulties in the process of homelessness, such as financial incapacity, security, exclusion, homelessness, health, and unemployment (see Section 1.4). The difficulties experienced in the current situation reveal that the inadequacy of the services provided and the cultural perspective negatively evaluate homeless individuals. Reflections of the effects of the homelessness process at the family level emerge with experiences such as family breakup, divorce, leaving home, financial incompetence, bankruptcy, and exclusion (Akyıldız, 2020).

Today, the problem of homelessness emerges in the context of many different dynamics and affects various segments of society in different dimensions. When a family is considered to be completely homeless, there are situations where individuals, who can be called as a group, are also homeless. In the social service literature, the most important of these groups, which are expressed as sensitive, fragile

and disadvantaged groups, are children, women, addicts, immigrants, people with mental problems, and the poor as a wider group. In this section, the problem of homelessness specific to disadvantaged groups will be discussed, and how it affects different groups will be explained.

2.1. Homeless Families

In its best-known definition, the family is an institution consisting of a mother, father and children and is considered to be the building block of society. Since it was the building block of society, some missions were imposed on the family, and some functions of the family were accepted. Even if these functions differ, it is accepted that the family has social, economic, educational, sexual and biological functions. With a healthy family structure, it is assumed that the individual acquires these functions and adapts to society. However, relationships in the family do not always go to the desired level, or sometimes problems may be experienced due to unhealthy relationship patterns. In this case, individuals may not gain the necessary functions and may encounter physical, mental, social and economic problems.

Homeless families are also generally considered in the homeless category, and there is a study conducted by Bassuk in 1991 on homeless families (Bassuk, 1991). Apart from this grouping, studies on homelessness have been conducted to understand and define homelessness (Lee et al., 2003; Takahashi, 1996; Woich et al., 1988), countries' policies on homelessness (Minnery and Greenhalgh, 2007), psychological-mind disorders and mental states among the homeless (Gelberg and Linn, 1989; Gory et al., 1990; G. Johnson and Chamberlain, 2011), causes of homelessness (Anderson and Christian, 2003), characteristics of homeless people (Bassuk et al., 1986; Goering et al., 2002).

While homelessness is often a problem for individuals, the number of homeless families has been increasing in recent

years. Rog and Buckner (2007) compiled many consistent research results and reached the following conclusions about homeless families.

- Homeless families are mostly single women in their 20s (single-parent families) with two children.
- Families considered ethnic minorities are at greater risk.
- It is seen that the family is separated and disintegrated both before and after the homelessness.
- The homeless are mostly poor individuals, and many homeless people do not benefit enough from education and employment opportunities.
- Problems such as trauma and violence are among the problems that arise in homeless families.
- The rate of substance use is higher in homeless mothers compared to other poor families. However, this rate is lower than that of homeless adults.

Homeless families are under serious stress due to this problem. The fact that families do not have regular housing opportunities is the basis of the source of stress. This situation damages the privacy needs of families and violates their borders if they stay in shelters and they have to live with a crowded group of people. The related problems cause the disintegration and separation of homeless families (The National Center on Family Homelessness, 2012).

When the situation in Türkiye is examined, it is seen that the number of homeless families is not very high, the existing ones are in the temporary homeless group, and they can emerge from this negative situation with professional interventions. The low number of homeless families in Türkiye should be considered as a result of the importance given to the family in society. In addition, the strong sense of solidarity and solidarity in Turkish society and the fact that the social state approach prioritizes the family prevents the families from being homeless in some way.

2.2. Homeless Women

One of the most affected parts of the homelessness problem is women, and studies in the literature point to this (Anderson and Rayens, 2004; Arangua et al., 2005; Connett-Finfgeld, 2010; Walsh et al., 2009; Wenzel et al., 2000). Women who are homeless for a wide range of reasons experience the disadvantages of this situation more than men. These problems may manifest themselves as having difficulty in performing care activities for children, moving away from the social environment, exposure to domestic violence, encountering emotional-physical-sexual violence, substance addiction, deprivation of family and close environment support and low self-esteem. Compared to men, homeless women face more risks on the street. For this reason, it is possible to state that homeless women need more social support, and institutional arrangements are needed to serve the relevant group (Erbay, 2013).

When we look at the background of the problem experienced by homeless women, we see gender. It is understood that women's identities are defined through their motherhood, as well as they are excluded due to their race, economic status and social position. In addition, it can be said that studies on homeless women are baby-fetus-oriented and that women's fundamental rights are also neglected (Santos et al., 2021). In this context, it is understood that homeless women experience disadvantages due to both the problem they experience and their gender. This double disadvantage causes the size of the problem to increase. Due to the increase in the severity of the problem, women may lose their lives at a young age (Cheung and Hwang, 2004), turn to prostitution and substance addiction (Aldridge et al., 2018), and cause an increase in child marriage rates and irregular working life (Haile et al., 2020). In this context, it is thought that it is important to address the issue according to gender and to design holistic policies (Salem et al., 2021).

Considering the issue specific to Turkiye, it can be said that the number of homeless women is very low. In Turkish society, the meaning attributed to women and the value given to them prevent women from falling on the streets in some way. Especially family support is very important at this point. Women who do not have their own homes or income can continue their lives with their families and find a house to shelter in.

2.3. Homeless Children

Children have represented the segment of society experiencing the most disadvantage throughout history. In the context of homelessness, children on the streets are exposed to much more risks than other homeless people, and studies point to this (Bassuk, 2010; Bassuk and Rubin, 1987; Rescoria et al., 1991; Takahashi et al., 2002). While the street itself is full of dangers and risks, the situation of children is much more negative than adults in the context of protecting themselves from these risks and dangers. In addition, the health of homeless children is not very good. Acute diseases are common among these children, while vaccines are less common. These people, who frequently suffer from diseases such as fever, diarrhea and asthma and who are at social risk, are faced with various injuries, regression in body development and violence due to the unsafe environment.

Studies show that the majority of the fathers of the children on the street are primary school graduates or dropped out of primary school, and more than half of the mothers do not attend school. The number of children owned by the families is high, and their economic conditions and housing opportunities are not suitable. Such family members face the dangers of violence, physical and sexual abuse, being forced to commit crimes by others, injury, contracting chronic-hazardous infectious diseases, health problems caused by neglect, abduction and murder.

Children living on the street are mostly boys. Since girls are at higher risk of being abused, they are adopted by their relatives and friends. These children lack family support for daily life. Although they are generally known as “abandoned”, children abandon their families themselves, tired of insecurity, rejection and growing up in violence. Over time, these children completely break their ties with their families. Slum areas are riskier in this regard.

Although the reasons that push children to the streets have a complex structure, they can be summarized as follows (Genç, 2016).

- Economic problems
- Rapid urbanization, high population growth and unemployment
- Social and cultural changes
- Political unrest and natural disasters
- Insufficient employment opportunities
- Unfair distribution of resources, services and opportunities
- Negative operating conditions
- Inability to access main services
- Disintegrated family and separation rates
- Lack of success in education
- Alcoholism and substance abuse
- Neglect and abuse
- Lack of compassion and emotional support

It is possible to state that family relations are the most important basis for children to turn to the street. In this context, the stepparent factor plays a role in the emergence of the problem of domestic violence, abuse and family breakdown. When the child is deprived of a caregiver and family to protect him/her, he/she is exposed to risks. These risks are manifested by neglect and abuse, prostitution and homosexuality, substance addiction, crime, housing problems and malnutrition (Bariş and Solmaz, 2021).

Studies reveal that adolescents living on the streets experience serious and frequent health problems. A significant part of the health problems faced by children on the street is due to the fact that it is not possible to protect them from adverse weather conditions, and they cannot benefit from the necessary health services (Ögel and Yücel, 2005).

The most common mental problems in street-dwelling adolescents are depression, self-harm behavior, destructive behaviors and suicide. It is also reported that the symptoms of behavioral disorders are common. It is stated that adolescents living on the streets have more problems such as sadness, low self-confidence, psychotic thoughts, suicidal tendencies, and turning to alcohol and substance use. In a study conducted with 219 adolescents living on the street, it was found that more than half of them had behavioral disorders and aggressive behaviors. In another study, it was found that the anxiety status of adolescents living on the streets was higher than that of adolescents living with their families. Some studies show that substance use increases the likelihood of mental problems (Ögel and Yücel, 2005).

2.4. Homeless Addicts

Biological, psychological and social factors are effective in the emergence of substance addiction. Considering the individuals living on the street, it is known that most of them have a risk of substance use or related risks. Because the fact that individuals live on the streets increases the likelihood of contact with other substance users more frequently, and substance use becomes widespread due to the effect of the social environment (Barış and Solmaz, 2021).

According to the research conducted by Fischer and Breakey (1991), 2/3 of the homeless experience alcoholism problems. Alcoholism causes homelessness to become chronic. While 52% of alcohol-dependent homeless people are men, 17% are women. There are thousands of people

in Canada who have experienced homelessness every year. The high level of illicit drug use among this population is an increasing public health problem. Moreover, recent estimates show that 44% to 60% of the homeless have used illegal drugs throughout their lives (Erbay, 2013).

Addiction can be evaluated as both the cause and the result of homelessness (see Sections 1.4. and 1.5.). In this sense, there are people who fall on the streets and become homeless because they are addicted, as well as people who fall on the streets and become homeless because they are addicted. When addiction and homelessness come together, the problems experienced turn into an insurmountable spiral. Homeless addicts are deprived of the necessary medical, psychological and social support to get rid of addiction. It also deepens the problem of people being stigmatized. People living on the street are labeled by society with expressions such as drunkard, hobo, junkie, and drunk, and social exclusion mechanisms come into play. Social support is as important as medical intervention in the fight against addiction. Although homeless addicts receive medical support through social work programs, they are deprived of social support and relapse into addiction when they return to the street. In this sense, the main problem to be solved is homelessness, but until this problem is solved, it is necessary to create processes where addicts living on the streets can be rehabilitated in some way with medical intervention.

People living on the street also seem quite capable of being part of the drug trade. Drug trafficking can be attractive for the homeless, who can easily get involved in illegal activities in order to meet both their basic needs and to supply the substances they are addicted to. Once they are involved, it is not easy for them to get out of this business; sometimes, they continue voluntarily, while sometimes involuntarily. In this sense, the fight against narcotic substances is inadequate, and there is a need for social service experts. Even if the police

temporarily solve the problem with instant interventions, homeless addicts continue to be dependent and part of the drug trade in some way without the right social policy and expert intervention.

CHAPTER 3

POLICIES AND PRACTICES FOR THE HOMELESS

Factors such as urbanization, population growth, migrations, and imbalance in socio-economic conditions bring the problem of homelessness to the agenda both in urban and rural areas. So much so that the increase observed in the problem of homelessness has directed the interest of human rights studies on this phenomenon. Practices, policies and even conventions in the context of human rights consider the issue of homelessness as an important agenda item and recommend practices in terms of bringing homeless individuals to a living standard worthy of human dignity and honor and bringing solutions to the problem. In this context, many innovations at the legal, political and implementation levels are brought to life, and the services offered to the homeless are structured in both the world and Turkiye. In the continuation of this chapter, examples of practices in the world and Turkiye will be included in the fight against homelessness.

Expressing the problem of homelessness on paper with numerical data and initiating intervention initiatives to solve the problem is not as easy as in different areas. In its simplest form, it is difficult to define the homeless population numerically and demographically because they do not have a fixed residence. This causes various problems with the accuracy of data in traditional or modern census systems. As

a result, the lack of healthy data makes it difficult to plan and implement practices for the homeless.

Another issue related to the aspect of the homelessness problem reflected in the practices is that homelessness is affected by authentic conditions. Although it is defined as a global phenomenon, homelessness poses a problem to the extent of the opportunities and difficulties of the country it is in. For example, it is known that the homeless living in Europe have different problems compared to the homeless living in Asia. In any case, the fight against homelessness and assistance and services for the homeless are shaped in line with the conditions and needs in the country concerned.

Although there have been turning points that deepen the problem of homelessness, it is seen that the issue of homelessness is brought to the agenda in oral and written forms in international texts and international organizations. Important steps have been taken in combating homelessness and solving the problems of homeless individuals with legal regulation suggestions, theoretical studies or directly practical model suggestions. Examples of the aforementioned organizations are discussed in the following paragraphs with their general lines.

In the USA, the activities of the Housing and Urban Development Department (HUD) come to the fore in order to develop solutions and suggestions by conducting research on homelessness (USHUD, 2008). In Europe, on the other hand, the work of the Federation of National Organizations Working with the Homeless (FEANTSA), an international organization that plays an active role in the implementation of social policies, draws attention. FEANTSA works with civil society to improve the economic situation of individuals facing the threat of homelessness in Europe and to ensure social integration (URL-4, 2022)

As for England, the Homelessness Law was enacted in 2002 to combat the problem of homelessness. Within the

scope of the relevant law, local governments and provincial organizations of the central government have become responsible for the homeless. The primary goal of these institutions and organizations is to provide temporary accommodation by following the homeless (URL-5, 2022).

If we mention France, it is seen that housing policies were prioritized in order to combat the problem of homelessness in 2009-2012 by taking into account the problem of housing. It is known that similar housing policies are also implemented in Finland. Thus, it is aimed to provide permanent and long-term solutions instead of providing temporary shelter for the homeless. Of course, in addition to housing policies in both countries, the existence of practices to be evaluated within the scope of social service intervention can be mentioned. Thus, it can be said that protective, preventive, rehabilitative and formative policies add a holistic perspective to the fight against homelessness (Akyıldız, 2017).

In Germany and Austria, special measures centers were established for socio-economically low-level families. For those who are victims of violence, the existence of practices such as opening guest houses, establishing emergency and temporary shelters, developing permanent shelter opportunities and meeting structural needs such as health, education, food and job placement in all this process can be mentioned (Akyıldız, 2017). In addition, it is a public obligation to take the necessary measures to protect homeless individuals from the central government in Germany. The German legal system is the guarantor of people at this point. Emergency shelter centers established throughout the country work with the said legal background (URL-6, 2022).

The common point of the countries and practice examples given above is that housing, basic needs and human rights are taken into consideration in the problem of homelessness. Of course, the responsibility attributed to the public in this process is supported by other local and international non-

governmental organizations, especially FEANTSA (Amore, Baker and Howden-Chapman, 2011). Since FEANTSA has a high influence on influencing decision-makers in particular, the relevant organization performs an important role in the civilian pillar of policies for the homeless.

3.1. Policies and Practices for the Homeless in the World and Turkiye

3.1.1. Shelter and Housing Practices

To make a general inference about the homelessness practices in the world, it is seen that a wide range of studies has been carried out from the services for individuals to the practices at the policy level with the introduction of homelessness into the agenda of international organizations. Especially in the policy dimension, studies have been carried out on temporary or permanent housing for the homeless. On the other hand, the problems of the homeless are too complex to be reduced to just shelter. At this point, the needs of homeless individuals regarding social service practices can be expressed. In the continuation of the chapter, first of all, examples of housing and housing practices will be included, and then the social service needs of the homeless and existing practices will be discussed.

3.1.1.1. Temporary Housing Model

When the literature on homeless practices and services is reviewed, it is stated in the previous sections that housing and housing practices come to the fore at the political level. The classification in the literature consists of three different dimensions: accommodation, step model and housing model. It was observed that the most concrete examples of three-dimensional classification were in European countries. Making a basic definition of shelter before moving to the shelter model will reinforce the quality of the need met.

Housing has been one of the needs of people to be a solution in return for many searches such as protection from adverse climate and environmental conditions, security and privacy, and to enable them to maintain their lives better (Kara, 2018). In his study titled “The theory of human motivation”, Maslow (1943) classified the need for shelter just above basic vital needs such as nutrition, breathing, drinking water, and sleeping.

The physical context that meets the need for shelter is expressed as a shelter. It can be said that the historical development of the shelter started with the construction of simple houses after natural shelters such as the cave available in nature (Karasözen, 1993). Today, shelter emerges as an important place that affects personal, social and psychological development as well as meeting the most basic needs (Arlı, 2013).

When considered in terms of the relationship between the homeless and the place of shelter, it is necessary to express the place of shelter outside of normal definitions. As a matter of fact, the places that the homeless refer to as their shelter are generally uninhabited and open areas, places that provide limited protection against weather conditions by being close to a certain extent with materials such as cardboard or nylon. In addition, places such as bus stops, parks, gardens, and transportation terminals are also considered shelters for the homeless (Bekaroğlu Doğan, 2018).

Although the mentioned places are far from meeting the functions of shelter and even being defined as a shelter, a population group that is described as homeless in society continues its life here. Social policies and social services for the homeless living in these conditions, which are far beyond the conditions worthy of human dignity and honor, are important in terms of providing minimum livable conditions. As a matter of fact, applications for providing temporary shelter are currently being implemented.

Within the scope of temporary shelters, it is stated that the homeless are at least offered a solution to meet the urgent need for accommodation, but they have inadequacies in terms of providing the functions that the shelter should have. Studies on shelter places address the pros and cons of these places in different ways. For example, it is stated that shelters form a network among the homeless and that the homeless experience a loss of motivation in the fight against the problem of homelessness because they interact with people like themselves instead of integrating with society. On the other hand, there are also researchers who claim that the fusion effect cannot be caused by the place of shelter because the time spent in the temporary shelter is much shorter than the time spent outside (Birelma, 2014).

Arnold (2004), on the other hand, brings a different perspective and criticism to this problem. He says that shelters aim to sweep the homeless from social areas and create a sterile and safe environment for the rest of society. In Arnold's (2004) research findings, opinions stating that there is no difference between the shelters and streets of the homeless in terms of dangers and risks have taken an important place. In addition, alternative criticisms such as shelter places offering limited time intervals to the homeless to meet needs such as sleep, food and personal cleaning, the need to leave the shelter early on cold days, the possibility to store personal belongings, and hygiene and health conditions are not at a high level are among the alternative criticisms.

Gowan (2010) expressed similar views to Arnold. Although it offers urgent and temporary solutions in shelters, it is stated that the homeless people who stay here are treated as imperfect and sick people, that there is an approach that blames and marginalizes the person due to their homelessness, and that they are trapped in the medical dimension and that psycho-social poor rehabilitation services are provided. In addition, the loss of the right to shelter or the failure of the person

to find a suitable shelter are other problems. As a matter of fact, the abandonment of the person who lost his/her right to shelter on the street or the victimization experienced by the homeless who cannot find a suitable shelter for him/her due to mental/physical disability are the problems behind the curtain.

Despite all these criticisms, the place of services provided by temporary shelters is important. It can be said that the functionality of temporary shelters will increase with the improvements related to the problems mentioned. In particular, the integration of the services of problem-solving and coping for the personal development of the homeless, providing them with vital basic skills and providing them with resources and motivation to get rid of the phenomenon of homelessness in temporary shelters is another factor that will contribute to this functionality. Thus, outputs such as not becoming chronic or not creating dependence on temporary shelters can be obtained.

3.1.1.2. Step Model

The step model is a bridge between the transition from temporary shelters to permanent shelters. The step model closes the gap where the emergency solutions offered by temporary shelter services for the homeless are insufficient. The services offered in the step model are also expressed as transition houses or temporary housing services. It is a model that is applied especially in the USA, England and the inner parts of Europe (Barrow, 2004; Bekaroğlu Doğan, 2018).

While Tesemberis (2004) expresses the emergence of the step model, he explains it through the US example. He points to the 1980s, characterized by features such as the difficulty of purchasing housing, lack of credit and incentive opportunities, and difficulties in meeting the needs of socio-economically disadvantaged people. Rog and Holupka (2004), on the other hand, stated that within the scope of this step

model, apartment or mass housing opportunities are offered between 3-24 months for different groups such as disabled people, addicts and families. It is stated that the issues in question vary according to the nature of the audience to be served, and the goals of the service provider organization are also important here. In particular, the fact that it includes services for disabled, addicted, unemployed groups and people in need of rehabilitation has made the step model more functional compared to temporary shelters. A longer duration is also an important assurance for the homeless and provides motivation to return to home life.

Studies conducted in 1995 show that the homeless achieve up to 70% efficiency in terms of transition to permanent housing through the step model. In addition, it was observed that there were improvements in the income and health status of the homeless people who benefited from this service and improvements in reaching stable shelter (Bekaroğlu Doğan, 2018). All these data show that the step model constitutes a serious basis for the homeless, taking into account the periodic conditions. On the other hand, some criticisms were made about the step model. The leading criticisms focus on the labeling and marginalization of the people who benefit from the step model and state that programs that blame the person for the homelessness phenomenon and therefore try to create change in the person are offered. It is also stated that permanent housing opportunities can be developed with the funds to be offered for the step model (Barrow, 2004). However, the fact that the homeless have to participate in the programs offered to them during their participation in the step model creates serious pressure on the people in this model. All these accelerated the transition process to the permanent housing model.

3.1.1.3. Permanent Housing Model

The emergence of the housing model is essentially dated back to the 1990s. The reason is the criticisms brought to the step model and the changes in the perspective on homelessness. As a matter of fact, the severe conditions that the homeless had to fulfill in the step model put the fact that shelter was a fundamental right in the background. Therefore, the fact that it offers a more rights-based texture in the fight against homelessness highlights the permanent housing model (Bekaroğlu Doğan, 2018).

The basis of the permanent housing model is the understanding that shelter is a right for all people. Again, another feature that distinguishes this model from previous models is that people have a choice about whether they want to be accommodated or whether they want to benefit from any treatment, work or personal development-oriented program in the housing process. In other words, while people are included in the scope of permanent housing, they have the opportunity to choose to be included in the practices (Tsemberis, 2004). This is a positive thing for individuals because the efficiency obtained from compulsory services is low, and they ignore the will of the person.

The permanent housing model is on more solid ground than the previous models in terms of social service within the scope of the above-mentioned features. The applicant has multidimensional advantages such as observing his/her right to self-determination, having a rights-based nature and strengthening the hand of the individual in the fight against homelessness. On the other hand, an important housing and service infrastructure is required to present the permanent housing model. In order for states to achieve this, existing social assistance and welfare policies must have a strong budget or pool of personnel.

3.1.2. Social Service Applications

3.1.2.1 Background and Scope of Social Work Applications

The social work profession provides welfare services in order to prevent the problems faced by individuals, families, communities and societies, solve conflicts and eliminate inequalities. The importance of professions such as social work, which has gained a rapid dynamism, especially after industrialization, is increasing in society. It is one of the important work areas of social work in the field of homelessness and the applications offered for the homeless. It can be said that social work practices are shaped in dimensions such as the prevention stage, research for the homeless, and the establishment of temporary housing or centers.

In temporary housing or centers, social workers have the roles of application, consultancy, evaluation, advocacy, exploring unmet needs, creating public opinion and educating during the stages of acceptance of the homeless individual to the institution, provision of health and care services, provision of social aids and maintenance of relations between institutions (Işıkhhan, 2002).

Protective and preventive studies are of primary importance in the fight against the problem of homelessness. Following up and supporting individuals and families who already have the opportunity to shelter in irregular settlements but have socio-economic difficulties and working to prevent people from becoming homeless by providing social assistance and support services where necessary can be included in the scope of preventive services. On the other hand, Blau (1992) stated the common problems of the homeless in his results obtained through homelessness research in America as follows;

- Nearly half of the homeless are migrants and minorities,
- More than a third of the homeless have a history of institutional care,

- A third of the homeless population is in veteran status,
- The average age of homelessness is 35,
- More than half of the total homeless population are single,
- An increase in the number of families in the homeless population was observed,
- A third of the homeless population is addicted to a substance,
- A third to a quarter of the homeless population is included those with mental health problems,
- The rate of working among the homeless is less than a quarter.

Although these data were specific to America, they compiled different dimensions related to the problem of homelessness. The problems and potential risks of the homeless show that only preventive-protective services will not be sufficient in the fight against homelessness. Because it will be difficult for individuals who are currently struggling with issues such as addiction, mental health problems, and discrimination to overcome homelessness without overcoming these problems. At this point, the importance and scope of social work practices for the homeless should be emphasized once again. As a matter of fact, the approach of social work that addresses the individual with his/her environment offers a holistic perspective in defining and solving the problems of the homeless.

There are various classifications for the stages of interventions for the homeless. The following classification provides a basic perspective for social intervention for the homeless (Genç, 2016);

- Emergency services: Emergency services consist of shelter, food, clothing and material aids. At this stage, the acceptance of the homeless into the institution is ensured. Special and urgent needs are met. The emergency services, despite the negative living conditions

of the homeless, provide temporary rest, shelter and protection.

- **Transition Services:** Transitional services include job aid for the homeless, social services, health services, mental health services and home transition benefits. Temporary settlements have an important place in the solution of the problem of homelessness. This stage can be considered the first step in the solution to homelessness.
- **Balancing Services:** Balancing services consists of a home preparation program and work and support services. The main goal of these services is to support individuals until they reach a balance within the framework of their life cycle.
- **Supporting or Permanent Services:** These services are the services that prepare the environment where the homeless can stay permanently at the end of the process and they need to get used to. Applicants are informed about their permanent accommodation and placed in a safe environment.

3.1.2.2. Current Social Service Applications

3.1.2.2.1. Applications in the World

Depending on the welfare policy of each country, the way it solves social problems and provides social services differ (Tamkoç, 2020). With the examples of countries presented below, solutions of different welfare regimes related to the problem will be presented, and what has been done about the problem will be explained. Although certain differences emerge, it is understood that the studies of countries on the problem of homelessness are focused on housing, and the problem cannot be fully solved. This situation emphasizes the complex structure of the homelessness problem, shows the importance of interdisciplinary work, and shows that countries need holistic policies to solve this problem.

Netherlands

According to the data from the Netherlands Statistical Institute, 30,500 homeless people continue their lives in the Netherlands as of 2016. Most of these homeless people are men, have a low level of education and income, and come to the country by immigration. In addition, it is known that many homeless individuals have a history of divorce and mental illness and need social assistance. In this context, five strategies have been developed for the solution of the relevant problem in the Netherlands. These are as follows (Oostveen, 2019: 4):

- National housing projects should be developed, and housing costs should be reduced.
- Protected housing and shelter environments should be created, and adequate support should be given to individuals who need them.
- Action plans should be made for homeless young people, and policies targeting young people, in particular, should be developed.
- Within the scope of returning home and work, multifaceted studies should be developed by establishing cooperation with local and regional partners.
- The studies of The Housing First Netherlands should be focused on, and the effectiveness of the study should be examined and disseminated.

In addition to the aforementioned strategies, individuals are provided with the necessary economic aid under the Social Support Act, which includes the support of the Netherlands to homeless individuals. However, since this is not sufficient, it is foreseen that changes will be made in the amounts specified in the law. In order to solve this problem in the Netherlands, it is seen that there is a coordination between local governments, non-governmental organizations, housing associations and relevant professional staff, and the Netherlands is among the

countries that are successful in the fight against homelessness (Oostveen, 2019: 4).

Ireland

In order to solve the problem of homelessness, Ireland developed a policy called “Road to Home” and carried out the relevant study between 2008-2013. When this policy is examined, it is seen that there are six basic headings. These are as follows (Feantsa, 2010):

- Activities should be carried out in order to provide funding for work for the homeless.
- Individuals’ need for long-term shelter should be met.
- Situations that cause individuals to turn to the street should be eliminated.
- Services for the homeless should be provided in the best way.
- Long-term homelessness must be eliminated.
- Homelessness must be combated effectively.

As can be seen, almost all of the related objectives include interventions after the emergence of the homelessness problem. This may indicate that preventive-protective studies are not sufficient.

Norway

Norway is one of the countries where the number of homeless individuals is low, and their success in this regard is not random. The country has developed goal-oriented, long-term and effective policies on this subject. The first study on this subject is the Homeless Project. Many state institutions were involved in the project carried out between 2001-2004. Following the end of the project, the Strategy Against Homelessness was announced in 2005 and continued until 2007. The relevant strategy was structured according to the Homelessness Project and included the following objectives (Jones, 2020):

- Temporary shelter requests of individuals who leave prisons or treatment institutions should be prevented.
- The quality of night shelters should be increased.
- The duration of the temporary housing should be limited to three months.

Norway recently published a new strategic plan against homelessness in 2014, and this text includes items related to children and young people. These are as follows (Jones, 2020):

- Suitable rental housing should be provided for families with children.
- Social innovation studies should be carried out in this field.
- Necessary assistance should be provided to individuals who pass from temporary housing to permanent housing.

As can be seen, Norway has made more progress in this process by restricting temporary shelter opportunities, mobilizing the relevant mechanisms of state institutions, and making policies for children and young people.

Hungary

Hungary is one of the countries where the number of homeless individuals is high. In the country, it is estimated that approximately 10,000 to 60,000 people are experiencing a problem of homelessness. In addition, more than 300,000 households are thought to face the risk of homelessness. High costs of rental houses and negative living conditions are effective in these high rates. When the characteristics of the homeless group were examined, it was determined that 50% of the relevant population did not have a regular income, 25% suffered from a mental illness, and 20% had an addiction. In order to cope with this problem, Hungary has sought to ban homelessness. In this context, with the laws enacted in 2010 and 2011, it was prohibited to live in homelessness,

begging on public properties. Homeless people who break the curfew are fined. This situation caused the homeless people to be more exposed to police interventions, increased their poverty and became vulnerable (Rowell, 2020). As can be seen, instead of offering realistic solutions to the problem, going into prohibition increases homelessness rates.

Sweden

Sweden has a 20-year history in terms of developing national policies on homelessness. According to national policy, various targets have been set to reduce the number of homeless individuals and eliminate child homelessness completely. These are as follows (Feantsa, 2010):

- Individuals staying in accommodation centers provided by different institutions or social services should be transferred to the accommodation centers of the state.
- Individuals released from prisons should be provided with shelter opportunities.
- Individuals in treatment institutions should be provided with accommodation opportunities.

As can be understood from these articles, the state has been the first actor in solving the problems of homeless individuals. This situation paved the way for the country's homelessness policy to progress more successfully.

Portugal

Approximately 0.004% of the Portuguese population are homeless, and the rate of homelessness tends to increase day by day. The COVID-19 pandemic has also caused these rates to increase further. When we look at Portugal's fight against homelessness, it is seen that housing-based interventions are made. In this context, since 2009, non-governmental organizations and the state have been working together to solve the problem. With the Basic Housing Law enacted in 2019, the government has been tasked with offering affordable

housing to its citizens. In addition, studies were carried out to ensure the rights of tenants, and it was aimed to prevent individuals from turning to the street (Woldetatyos, 2020).

As can be seen from the examples of this country, as the duration of countries' dealing with the problem of homelessness and the funds and measures allocated to this area increase, positive progress is made in the problem of homelessness. In addition, it is understood that the welfare levels, holistic policies and inter-institutional cooperation of countries are useful in the solution of homelessness. When these are not provided or when homelessness is tried to be solved by prohibiting, it is understood that individuals experience more disadvantages and the dimensions of the problem become serious.

3.1.2.2.2. Applications in Turkiye

In order for an application to be implemented, it is important that it is supported by legal texts. The parties who will be responsible for the relevant application are also important. When we look at the legislation on homelessness in Turkiye, it is seen that there are no provisions on this subject in both the Constitution and other laws. It is effective that the homelessness problem in Turkiye does not reach the social dimension yet after the problem is not carried to the legal ground. For this reason, studies have turned to research on homelessness. However, although this issue was not mentioned in the Constitution and other legal texts, the circular issued by the Ministry of Interior in 2003 was instructed to create accommodation opportunities for the homeless (Akyıldız, 2017).

Following the circular in 2004, the Turkish Ministry of Family and Social Policies (former name of the ministry) decided to establish social service centers that would serve the homeless at night and protect them from the risks of the street. In the same year, Ankara, Istanbul and Bursa

Metropolitan Municipalities established temporary shelter centers to protect homeless individuals from cold winter conditions. In 2010, a report was published by the Human Rights Commission of the Turkish Grand National Assembly, and the problems of the homeless staying in Ankara Intercity Terminal (AŞTİ) were mentioned. In this context, homeless shelters and guest houses were opened, and 924 homeless citizens benefited from services (Akyıldız, 2017).

In general, it is understood that the problems experienced by the homeless in Türkiye are brought to the agenda depending on the seasonal conditions. In particular, Social Assistance and Solidarity Foundations (SYDV) provide related services in order not to affect homeless individuals due to cold weather conditions. In addition, joint studies are carried out through social service centers, local governments, law enforcement units, NGOs and other institutions, and the homeless are identified, and the services needed are provided. The shelter is the basis of these services. After meeting the relevant need, fulfilling the self-care needs of the individuals and meeting their basic needs are among the missions of the Ministry of Family and Social Services (Yeter, 2018).

In the fight against existing problems and providing services to the homeless, social workers work in social service centers, hospitals and other areas. When they implement their practices, they report and record the homeless individuals and their stories. For example, these records are reported to the Ministry and local administrations by the Provincial Directorates of Family and Social Services. As a matter of fact, in the laws of Metropolitan Municipalities and Local Governments, the authorities of local governments with a population of more than fifty thousand have been expanded to prevent social problems. These municipalities have the authority to open temporary shelter centers for the homeless (Genç, 2016).

Currently, in temporary housing or service centers, social workers work actively with professionals of stakeholder professions. All these professionals provide protective, preventive, rehabilitative, formative and rehabilitative services for the homeless. These services are household administration for families, child care, prevention of domestic violence, communication between spouses, and daily life activities. In addition, other education and services that will provide individual functionality, social harmony and social functionality are also offered. In addition to shelters, soup kitchens and social benefits are also among the applications offered for the homeless.

CHAPTER 4

LITERATURE ON HOMELESSNESS

In this section, a literature review of studies on homelessness is presented. In this context, first of all, homelessness research in the Turkish literature has been examined in two different ways under the titles of postgraduate theses and scientific articles and presented to the readers. Scientific studies are important documents in terms of discussing social issues and identifying and solving problems. For this reason, it is considered important to present the studies on “homelessness” or “the homeless” to the reader. Within the scope of the research, scientific studies carried out in Türkiye and other countries were examined by the document analysis technique.

4.1. Turkish Literature

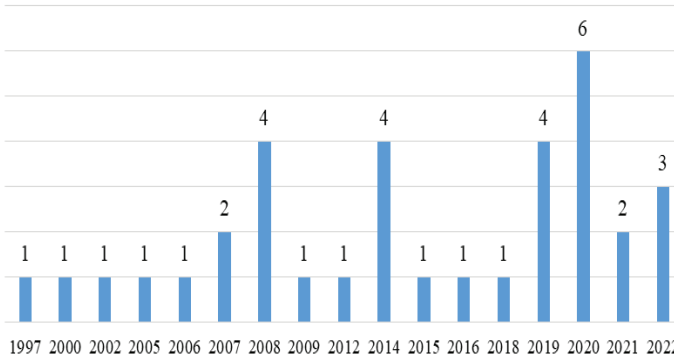
4.1.1. Postgraduate Theses

In this section, postgraduate theses on homelessness/the homeless in Türkiye were examined according to various parameters. In this context, a data set from postgraduate studies in the National Thesis Center of Türkiye (YÖK-Thesis) with the words “the homeless”, “homeless people”, “homelessness”, and “living on the street” and their English equivalents were created. In this way, the place of scientific studies on homelessness/the homeless in the Turkish literature

has been clarified. In the research process, 35 postgraduate studies related to the above-mentioned keywords were accessed (ANNEX-1). Then, graphs and tables were prepared in accordance with the determined criteria.

When the chronological history of the postgraduate theses is examined, it is seen that the first postgraduate thesis was written in 1997, according to the search criteria (Graph 1). It is understood that the studies are quite rare in the years following this year. Although there has been a relative increase in some years, it cannot be said that there has been a regular proportional increase.

Figure 1: Distribution by Years

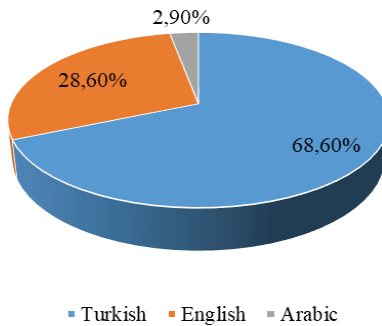


Most of the postgraduate theses published on the subject were carried out in 2020. The fact that there was a similar number in the previous year may indicate that scientific publications on homelessness/the homeless have been included in the literature in recent years. Currently, three studies have been carried out in 2022. It is also possible to conduct studies on the subject after this date.

Seven (68.6%) of almost every ten postgraduate theses examined within the scope of the research were written in Turkish (Graph 2). Undoubtedly, the majority of the educational languages of the institutions providing postgraduate education in Türkiye are Turkish. Almost one

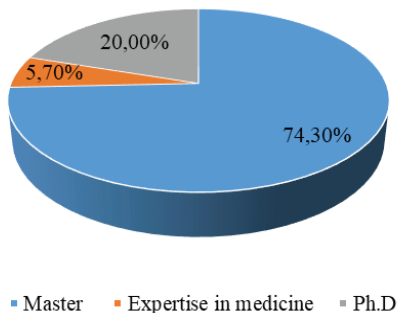
out of every three related theses is written in English. When the educational institutions in which the theses written in English were written were examined, it was observed that the educational language of the relevant educational institution was English. The remaining few theses were written in Arabic.

Figure 2: Languages of Theses



When the types of related theses were examined (Graph 3), it was determined that three out of every four theses (74.3%) were written with a master's degree. It was followed by doctoral theses (20%), which were one of every five studies. A small number of studies were written at the level of specialty in medicine (5.7%).

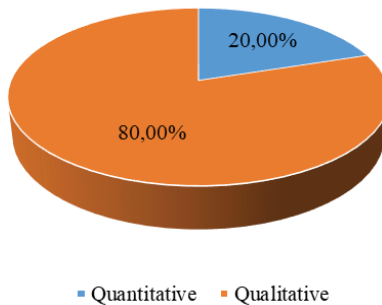
Figure 3: Type of Theses



The reason why the number of master's theses is higher than other education degrees is thought to be due to the fact that the number of students receiving education at the relevant level is higher than the others. As a matter of fact, according to the Higher Education Information Management System (2021), while the number of students currently receiving master's education in Türkiye is 343,569, the number of students receiving doctoral education is 106,148. The high number of students can be directly proportional to the fact that more people do more work on any subject.

In the results of the analysis of the study methods of the theses, it was found that four-fifths (80%) of the theses were written using the qualitative research method, and the rest were written using the quantitative method (Graph 4). The reason for this is the difficulty of finding high participation masses to conduct quantitative research when it comes to homelessness / the homeless.

Figure 4: Methods Used in Theses



In order to carry out quantitative research, more than a certain number of people should be included in the research. If this population is homeless, the fact that both the number of homeless and themselves cannot be determined exactly makes quantitative studies difficult. Unregistered living, the

duration of homelessness varying from person to person, and the adoption of homelessness are important criteria for calling a person homeless. For this reason, it is difficult to reach the homeless mass with intense participation while conducting research. This makes it difficult to use the quantitative method in scientific research. Researchers who used qualitative research in postgraduate theses generally conducted in-depth interviews with a small number of homeless people using a “semi-structured interview form”. Accordingly, it can be inferred that the use of qualitative methods while working with the homeless is a more accurate and result-oriented method.

Finally, it was examined under which disciplines the postgraduate theses on homelessness were carried out, and it was seen that the subject of homelessness was covered within a wide range of departments during the research process (Table 1). From this point of view, it can be said that homelessness cannot be evaluated under only one roof. Because as stated in the literature, homelessness is a versatile and multidimensional phenomenon. It is a matter that concerns not only the homeless individual but all social actors and practices from micro to macro, from individuals to social systems and social policies.

Accordingly, two-fifths (40%) of the postgraduate theses were written under various disciplines under the umbrella of social and human sciences. The fact that homelessness is a social problem can be considered as the infrastructure and starting point of the studies in this field. Components such as the homeless individual himself, his family and social environment are undoubtedly one of the main subjects of disciplines based on social and human sciences. Therefore, it is quite natural that the related theses were written in these fields.

Table 1: Academic Departments of Theses

Department	Number	Percent
Forensic Medicine, Nursing, Public Health Nursing	4	11.5
Labor Economics, Economics	4	11.5
Communication and Society, Cinema and Television	2	5.7
English Language and Literature, English Literature, English Linguistics, Turkish Language and Literature	5	14.3
Cultural Studies, Cultural Review	3	8.6
Architecture, Painting	3	8.6
Sociology, Social Service, Social Policy, Social Sciences, Educational Sciences, Philosophy, Fundamental Islamic Sciences	14	40

When we look at other areas, it has been determined that a significant number of studies have been conducted on homelessness in the literature fields related to both Turkiye and foreign languages (14.3%). In these areas, homelessness/the homeless was realized as the examination of the texts in the literary works.

4.1.2. Scientific Articles

The scientific articles presented in this section were randomly selected from the studies conducted in the last five years, and it was aimed to present an example on the subject. While selecting the articles, attention was paid to different subjects and target audiences, and attention was paid to reflect various states of homelessness.

Acar et al. (2022) conducted interviews with 20 homeless men using a qualitative research method in order to

determine the current homelessness processes, difficulties and needs of homeless people on the street. The data obtained were evaluated under two main themes “factors causing homelessness” and “difficulties faced by the homeless”. At the end of the study, it was determined that homeless people were exposed to homelessness due to reasons such as poor family relations, economic insufficiency, alcohol and substance use, prison history and psychological problems. In addition, it has been observed that the homeless have problems such as shelter, food supply, security, cleaning and self-care. In the study, it was determined that the inability to provide permanent services for these needs only helped to save the day and the necessity of comprehensive social policies for these problems was emphasized.

Stating that housing conditions became more difficult in this period by drawing attention to the increasing poverty as a result of the COVID-19 pandemic, Uymaz (2022) emphasized that this situation brought along the risk of infection. Uymaz (2022) emphasized that the poorest segments of society, such as the homeless, unemployed, asylum seekers/refugees from social groups living in shelters, are under great threat due to the increase in mortality rates due to unhealthy living conditions through COVID-19, emphasized the housing problem and public-based housing programs and practices related to the solution of this problem. In his study, he gave historical background, legal framework and examples from various countries and discussed the possibility of the housing problem with state policies. At the end of the research, it was concluded that such a housing system would bring conflict with it the logic of the profit-oriented functioning of the capitalist system.

Sipahi and Arslan (2021), in a similar study, emphasized that the COVID-19 pandemic seriously affected all segments of society and that one of these segments was undoubtedly homeless; they examined the issue of homelessness specific

to the pandemic. Underlining that with the emergence and spread of homeless masses, great risks may occur for the whole society, the researchers emphasized the need to think carefully about homelessness and to produce policies.

The issue of homelessness is not a shallow field of study that concerns only one branch of science. When all social groups and social construction processes of society are considered, it is a part of every action that takes place in geography. Thus Kılınç (2021) interpreted the reflections on the problem of homelessness in the field of art through Andres Serrano's artworks. Within the scope of this research, Andres Serrano's "Nomads", "Sign of the Times" and "Residents of New York" were examined. What these works have in common is that they address the homelessness that exists in the US state of New York and shows many different aspects of homelessness. This problem has been handled with a conceptual approach within its own art practice. Kılınç (2021) defined the human body as the smallest unit of the social structure and mentioned the coding and positioning of the body on the axis of homelessness, and evaluated the process of creative transformation of homelessness into a work of art.

Çetinkaya Büyükbodur and Kayma (2021) designed a case study in accordance with the qualitative research method in their study conducted to determine the problems experienced by homeless women and to develop solution suggestions. Through a semi-structured interview form, they conducted face-to-face interviews with 22 female participants living in Istanbul and analyzed the data by phenomenological analysis. The findings were divided into two themes «reasons for moving to the homelessness process» and «thoughts about the risks that may be encountered». Accordingly, family problems, housing access problems and unemployment were observed as the causes of homelessness. As risk factors, food, heating, being subjected to violence and being a victim of crime emerged. As a result of the research, it was suggested to

develop social policies and social service practices for female homeless people.

Karaca, Gazi and Çakı (2019) examined how homelessness is reflected in advertising campaigns and what kind of solutions are offered on the subject and examined advertising campaigns for the problems of homeless people in ten different countries. In the research prepared with a qualitative descriptive approach, relevant advertising campaigns were carried out using the semiotic analysis method. In the relevant campaigns, it was seen that the homeless were addressed through the feeling of “sadness” and it was aimed that those with houses should empathize with the homeless. As a result of the research, suggestions were made for the non-homeless masses to support the studies on the homeless and to be more sensitive to the homeless.

Kaya-Kılıç and Aslantürk (2019) used the survey method in their research aimed at determining the sociodemographic characteristics and street life experiences of the homeless and obtained information about the participants. Accordingly, it was observed that the majority of the homeless were single and primary school graduates. Similarly, it has been determined that most of the homeless live on the streets for economic reasons, have irregular income, do not have social security, and live on social benefits or money given by the people around them. Kaya-Kılıç and Aslantürk (2019) pointed out that the time on the street made homelessness chronic and emphasized that the homeless experienced many physical and mental health problems in this process. It is seen as an important finding about the homeless that they want to live a regular life by leaving the street if appropriate conditions occur. As a result of the research, it was suggested to know the characteristics of this social group and to develop services suitable for the needs while carrying out social policies to be planned for the homeless.

Stating that non-governmental organizations are one of the important service actors for the homeless, Yeter (2018) examined the NGOs operating for the homeless in the Istanbul sample. A semi-structured questionnaire was applied to the officials of the NGOs determined within the scope of the study. NGO activities were examined by the participant observation method. As a result of the research, it was seen that NGOs provide services such as psycho-social support and employment in addition to basic needs (shelter, food, health, etc.) for the homeless. However, the need for conducting comprehensive research on the homeless has been reminded. In this sense, it was concluded that the Ministry of Family and Social Work and the relevant departments of the universities should record the information obtained both independently and in cooperation with the voluntary institutions in the field in the current databases. Referring to the importance of academic support for social service activities implemented by voluntary institutions serving the homeless, Yeter (2018) stated that there should be a bridge between academic life and the field.

Akyıldız (2017) emphasized that homelessness has become one of the important problems of today in the research examining the applications of homelessness in the world and in Türkiye. However, the author underlined that the current applications are only made with the purpose of postponing the problems with dressing methods instead of eliminating them. The researcher has concluded that a number of legal regulations should be implemented the solution to the homelessness problem in Türkiye, social work and aid institutions should be able to serve the homeless people living in every region, and necessary protocols should be arranged by cooperating between institutions.

Stating that homelessness is a multidimensional social problem, İlhan and Ergün (2010) mentioned the effect of many factors on people's homelessness. In order to solve the

homelessness problem, they concluded that the numbers and factors related to the homeless should be determined first. İlhan and Ergün (2010), who emphasized meeting the basic needs of the homeless in the first place, stated that health education and public health programs aimed at reducing/quitting substance use are important in solving the problem.

4.2. World Literature on the Homeless

When the scientific studies on homelessness/the homeless were examined throughout the research, it was seen that the number of studies in recent years had increased considerably. However, it is a fact that studies on homelessness/the homeless have been carried out since quite ancient times. Especially the increasing technological and scientific developments since the 1970s have made the issue of homelessness, which is one of the most important social issues, known almost all over the world, which has paved the way for the study of the subject all over the world. In this section, scientific studies on homelessness/homelessness have been carried out for the last five years, and content analysis of randomly selected studies has been included. The number of research was carried out on the initiative of the authors, and it was based on the introduction of sample studies on the subject.

2022

The undergraduate thesis written by Dragset and Alghaben (2022) is about an experimental study on understanding and examining how social workers are interested in adverse social situations in Ireland. In this context, new perspectives have been proposed on what interventions can be applied to determine the problems of homeless individuals and to help them. It is underlined how social workers cope with poverty and homelessness in society. As a result of the research, it was concluded that social workers working in high-supported housing institutions should act professionally and

ethically in accordance with the goals and functioning of the organization.

In the doctoral thesis, Rice (2022) discussed the subject with an intervention called “Champions for Teens”, which he conceptualized as increasing the social capital of homeless young people. The main goal of the C4T program was to establish connections between homeless young people in society and other citizens and to increase the social networks of young people, and he measured the extent to which the model he designed improved the social capital of homeless young people. Rice (2022), who stated that young people progressed in terms of access to services and academic success in the short term, emphasized that in the long term, results will be obtained in terms of career planning, self-esteem and an increase in the level of trust of the young person. As a result of his study conducted with a mixed (quantitative and qualitative) research method for this purpose, it was observed that the applied C4T program increased the life satisfaction and social relations of young people, and on the contrary, its depressive symptoms decreased.

Warburton, Papic and Whittaker (2022) found similarities between the two groups in their study with 163 single mothers and 126 women living alone who applied to the homelessness service in the Australian sample. Single mothers were more likely to be younger, born abroad, and homeless within the last 12 months. Alone women, on the other hand, were found to be more likely to have medical problems, mental health status, and addiction problems, to be treated in a psychiatric service in the last 12 months and not to participate in the workforce. As a result of the research, it was underlined that the number of women living alone and having children is increasing every year. Both groups, like the children of homeless mothers, have been reported to face significant risks in terms of their physical and mental health.

Loukaitou-Sideris et al. (2022) emphasized that the shelters where the homeless stay was insufficient to meet the current need in their study examining the effect of COVID-19 on homelessness in transit environments. They stated that the homeless who stay in places such as public transportation, bus stops and train/metro stations to shelter in their normal lives have more problems in terms of shelter, especially with the epidemic process. In this context, as a result of the survey conducted with 115 public transportation operators, they confirmed that the homeless use public transportation as a shelter. However, with the pandemic, it has been determined that public transportation vehicles are not a solution for the homeless, and there is a need for larger settlements. As a result of the fact that homelessness is a deepening problem day by day, the lack of both financing and sufficient professional staff poses a serious problem. For this reason, innovative services such as new service centers, mobile access, discounted social services and transportation to shelters have been proposed for the homeless.

In another COVID-19 homelessness study, Van Heerden, Proietti and Iodice (2022) investigated homelessness in cities and towns in various countries of the European Union before and during the COVID-19 pandemic. As a result of the main findings obtained from a survey conducted in 16 EU Member States and a sample of European cities and towns consisting of 133 local governments, it was determined that the problem of homelessness was rarer in small urban areas. However, homelessness was encountered more frequently as we went from town to town. The reason for this is said to be sought in more effective policies and methods. This study, which can be the starting point for future studies, emphasized that more studies are needed to determine the real reasons for the increase in homelessness from town to city.

2021

Elbogen et al. (2021) explained mental illness as a risk factor for homelessness in their research carried out with a movement when there is very little research investigating the relationship between financial strain- mental illness - homelessness triad. Accordingly, the findings showing that the relationship between severe mental illness and homelessness is mediated by financial pressure support the evaluation of financial well-being in the context of the treatment of mental illness and homeless service programs. As a result of their research, they stated that individuals with serious mental illness and living homeless could benefit from the help of increasing financial literacy, improving money management and obtaining financial welfare.

Dhaliwal et al. (2021), in their research on homeless students, have taken the view that schools may be support and stability mechanisms for homeless children. Because there is very little information about the schools where homeless students receive education and the neighborhoods they live in. In their study on students in the Los Angeles sample, it was found that homeless students were among the disadvantaged groups, their academic success was lower, and they lived in more disadvantaged neighborhoods. As a result, they proposed increasing policies to strengthen the implementation of the Federal McKinney-Vento Act.

Homelessness can prevent individuals from benefiting from health services as it causes deprivation of many things. Vallesi et al. (2021) examined the chronic health problems of the homeless in the context of Australia and the severity of these diseases using the medical records of 2068 active patients enrolled in a specialized homeless health service, based on the general opinion that the health of people experiencing homelessness is poor. Accordingly, seven (67.8%) of almost every ten patients have at least one chronic physical health problem. More than three-fifths (61.6%) of the homeless have

at least one alcohol and drug use disorder, while almost half (47.8%) have a double mental illness, and one-third (74.9%) have three diseases. Based on the findings of the study, it can be stated that the homeless have health risks, and their treatment is important. Therefore, it emphasizes the necessity of screening to improve the accessibility of public health programs and to reduce early mortality rates.

Anderson et al. (2021) examined the effects of environmental conditions exposed during the homelessness process on the health status of the homeless, and as a result of the data obtained from 246 people, it was determined that the lowest health scores of the homeless emerged in the winter season. From this point of view, it would not be wrong to say that homelessness affects people in different ways seasonally. Because while the winter season reveals many new needs for the homeless, failure to meet these needs may bring some problems back to light. In addition, a positive relationship was found between the number of nights spent in any place during the previous week and general health. It was observed that the general health status of those who stayed in the place overnight was better than those who never stayed. In addition, the emotional well-being scores of the participants who experienced a small number of conflicts with other individuals within the last 30 days were higher than the others. This shows that experiencing conflict in human relations directly affects the psycho-social status of the homeless. The last output of the study is that women have worse general health and emotional well-being than men. This is considered important in terms of observing the distinction between men and women and planning the interventions separately during the homelessness process. Especially since climate change threatens to increase the danger of many homeless environments, it has been found necessary to carry out programs on homelessness by considering environmental conditions.

Olivet et al. (2021) examined the issue of homelessness in the USA through racial inequality and found a significant relationship between having a racially different ethnicity and skin color and homelessness. Accordingly, it was observed that Black/African American homeless people were more than other homeless people of ethnic origin. However, it has been determined that racism and discrimination are also committed in social systems, such as benefiting from and participating in the services provided for the homeless and criminal justice. As a result, it has been suggested that researchers and policymakers should address homelessness by paying attention to racial justice, that people should be trained in the design of programs based on anti-racism and racial equality, and that racial equality competencies should be developed and disseminated among programs. It was emphasized that it is important for governments to prioritize funding for culturally specific and linguistically inclusive programs, to adopt racial equality to reduce high rates of homelessness among people of color and ultimately to end homelessness for all.

2020

In their research on homeless adults, Barile, Pruitt and Parker (2020) worked with a sample of 577 people on how their service needs were met during the homelessness process. It was observed that the high majority of the homeless people participating in the study were single (93%), male (83%) and African-American (88%). The majority of the respondents (61%) stated that they experienced homelessness more than once in the previous 3 years, entered and exited this homelessness situation and could not provide permanent housing. These findings are similar to some of the findings obtained in the project carried out within the scope of the book you are currently reading. On the other hand, within the scope of the relevant article, most of the participants

reported that they learned the services via word of mouth, had difficulty in accessing the services due to limited transportation options, and were more likely to use the services in appropriate places that met their needs and were treated with respect. Researchers think that these findings have implications for the development and dissemination of services aimed at developing coordinated purchases and helping individuals experiencing homelessness. In addition, research findings show that having a favorable position and friendly, respectful staff have important service characteristics for the majority of individuals experiencing homelessness, regardless of their path to homelessness.

Homeless people can deal with serious diseases such as substance abuse, infection, mental illness and traumatic brain damage. This situation can affect the cognitive and language skills of the homeless. Plucket al. (2020) examined the language skills of two adult groups with a history of homelessness and no homelessness in line with various parameters. Accordingly, the homeless group scored significantly lower than the control group in auditory comprehension and verbal expression measurements. Homeless adults may have worse language skills than expected, depending on their educational background and non-verbal cognitive abilities. It is possible that some of this low language ability is pathological in the form of a developmental language disorder or an acquired disorder. Therefore, it is thought that it is important for homeless people to benefit from therapies for clinical language disorders.

Lima et al. (2020) stated in their research that there are potential social groups for the homeless to catch COVID-19; that insufficient housing quality exposed during the period of homelessness is associated with stress and mental health; and that it may exacerbate mental health disorders, including crowds, pollution, noise, insufficient lighting, lack of access to green areas and other environmental factors associated

with slums, depression, anxiety, violence and other social dysfunctions. This situation pushes homeless people into a spiral of multiple problems with their current disadvantage during the COVID-19 process. Emphasizing that the homeless have less access to health services than the citizens who are not homeless, Lima et al. (2020) found that the homeless should receive services without being exposed to social exclusion in the interventions to be applied.

Giano et al. (2020) conducted a thematic analysis of academic research on homelessness carried out over the last 40 years. Within the scope of the research, studies on the predictors of homelessness among adolescents, fugitive youth, veterans, elderly, sheltered families and single-parent families were determined. The research included in the sample was obtained from four electronic databases between 1970 and 2017. After 212 studies were accessed in the first search, 80 articles that met the study criteria were examined in detail. Variables of the related articles such as author(s), journal name, publication date, demographics of the sample, sample size, and research questions were thematically reviewed and interpreted.

In a study conducted by Broton (2020) on the review of housing insecurity and homelessness estimates among students living in the USA and in higher education, it was stated that college prices increased in the last two decades, needs-based financial aid increased, purchasing power and family income decreased. For this reason, he emphasized that approximately 1 in 10 undergraduate students in the USA are homeless or provide their own livelihood and are at risk of becoming homeless. In addition, 45% of university students experience some form of housing insecurity, including problems with housing needs, instability, or homelessness. Undergraduate students appear to be at greater risk of housing insecurity and homelessness than their peers in four-year colleges and universities.

2019

Phipps et al. (2019) stated that women have become a growing mass in the homeless population and have more needs than men and that this situation should be taken into consideration by both service providers and other stakeholders working with women. In this context, they examined the research on homeless women in the current literature. A comprehensive review of a total of 232 articles published between 1987 and 2017 was conducted, and six themes for homeless women were identified as a result of these reviews. These themes were found to be “pathways to homelessness”, “trauma, victimization and negative childhood experiences”, “mental and physical health problems”, “barriers to access to treatment and experiences with service providers”, and “social support and life satisfaction” and “strengths, hopes and leaving homelessness”, respectively. As a result of the research, suggestions such as empowering homeless women, taking into account the complexities in their lives and recognizing the autonomy to leave homelessness were presented.

Haskett and Armstrong (2019) provide an overview of the definitions of homelessness most commonly used by researchers, policymakers and homeless service providers in their book section. Families that are unstably sheltered and homeless are a diverse group that has unique past experiences, goals and values, strengths, and needs support to achieve shelter and stable lives. This is a population that is difficult to reach and serve, but it is also an incredibly potential population to serve. According to the authors, many homeless family parents remain optimistic in the face of incredible obstacles, and resilience among children points to the potential of these families to achieve their personal goals and acquire stable housing. Understanding the context of homelessness can increase providers’ ability to develop and deliver effective services. They underline that deeper

knowledge will be necessary to ensure that effective services can be provided efficiently to these families.

Gentil (2019) stated that the quality of life is a very important indicator in mental health planning and program evaluation and that there are very few studies examining the quality of life when it comes to the homeless. For this reason, a questionnaire including socio-demographic, settlement history, service use and health-related variables was applied to 455 homeless individuals accessed from 27 non-governmental organizations. Within the scope of the research, four clusters were determined by using two-stage cluster analysis. Quality of life was highest in the cluster of elderly women with low functional disabilities and a relatively small number of homeless cases. The second cluster with high quality of life scores reported a relatively small number of mental health problems or substance use disorders. The third cluster with low quality of life included middle-aged women living in temporary housing with criminal records, personality disorders and substance use disorders. Quality of life was also lower in the fourth cluster of individuals with a large number of homeless cases and complex health problems and high overall service use. The findings reinforced the importance of disseminating special programs adapted to different profiles of homeless individuals in order to improve their quality of life.

Duke and Searby (2019) reported that homeless women had more mental health problems than women who were not homeless. In addition, homeless women were found to be more likely to have alcohol and/or other drug use disorders. They presented a comprehensive review of contemporary literature that revealed that homeless women experience a range of mental health problems, including depression, anxiety, post-traumatic stress disorder, and alcohol and other drug use disorders. Studies in this literature review show that some women have mental health problems that lead to

homelessness, while others develop a mental illness due to their homelessness. In addition, it has been determined that domestic violence is a leading factor in homelessness. Duke and Searby (2019) revealed that the homeless group was a complex community with different needs. With the findings obtained, they provided information that could help improve evaluation processes and plan appropriate services to address women's mental health needs. Finally, suggestions were made for mental health nursing practices for the care of homeless women.

2018

In his book *The Homeless Person in Contemporary Society*, Parsell (2018) points out that homeless people have different characteristics in society and should be evaluated with their own characteristics. He underlines that homelessness causes exclusion from many sources in society, and this causes a spiral of problems for the homeless. Parsell (2018) presents the result of a ten-year study program with an empirically based explanation of the lives and identities of homeless people. He shows that people with chronic homelessness experiences have relatively predictable biographies characterized by exclusion, poverty, and trauma from the early stages of life.

Homelessness is a process that brings along many chronic diseases. In this process, the individual, who is deprived of various needs, is more exposed to the chronicity of illness and diseases. Baggett, Liauw and Hwang (2018) stated that cardiovascular diseases are an important cause of death for the homeless. In addition to inadequate control of diseases such as hypertension and diabetes, as well as cigarettes, the heavy burden of non-traditional psychosocial risk factors such as chronic stress, depression, and alcohol and cocaine use during the homelessness period may pose additional risk for adverse situations. In addition, poor access to health services for the homeless and logistical difficulties in front of

cardiac tests may cause delays in presentation and diagnosis. The management process of concomitant cardiovascular diseases may become more difficult due to the obstacles to drug compliance, communication and timely follow-up. The researchers stated that multidisciplinary cooperation is needed to improve the outcomes of cardiovascular diseases.

Gardner and Emory (2018), in their study on changing the perceptions of students about the homeless, suggested that the homeless are potential applicants for undergraduate students in the nursing department. The homeless, who live with many disadvantages, encounter many negative attitudes and disrespect while benefiting from health services. Gardner and Emory (2018) found that the attitudes and beliefs of nursing students who will serve the homeless, who are a vulnerable population, change. Undergraduate students (7 women, 1 man) were included in a case study measuring attitudes using an open-ended qualitative questionnaire distributed to a clinical practice group in a pre-test/post-test design as a result of a partnership established with a community-based organization providing services to universities and the homeless. As a result of the research, a decrease in students' fears and an increase in empathy emerged.

Arnaud et al. (2018), in their study examining anemia and related factors in homeless children in the Paris region, suggested that food deficiency is a great concern for the homeless and that this situation causes various diseases. In their study, it was observed that children were especially malnourished. Accordingly, anemia was detected in two-quarters of the children (39.9%) and in more than half of the mothers (50.6%). In addition, it was found that children's inability to access healthy food and lack of cooking facilities triggered anemia. Accordingly, as the absence of food facilities increases, access to clean food decreases. In this context, it was emphasized that clean food services should be expanded in order to reduce the risk of anemia among the homeless.

A similar study was conducted by Martin-Fernandez et al. (2018) in a different sample within the same subject and universe. Within the scope of this research, which was carried out by conducting a survey to determine the living conditions, health needs and development problems of homeless families, it was carried out with homeless families staying in emergency centers, emergency shelter centers, and social rehabilitation centers and social hotels. Considering the data on food safety, it has been determined that only 14% of the participants have food safety. However, more than two-fifths (43.3%) of the participants had low food safety, and almost one in ten (9.8%) had very low food safety. This result is based on the results of the study by Arnaud et al. (2018), which was mentioned above. Martin-Fernandez et al. (2018) also emphasized that some characteristics such as housing instability, single parenting, having more than three children, depressive symptoms, and housing in social hostels were associated with higher food insecurity and/or very low risk of falling into food safety.

CHAPTER 5

METHOD

“Homecoming of People Living on the Street via Rehabilitation and Mediation (HOPE) Project” was carried out with 8 partners in Turkiye, Hungary, Italy and Austria. Within the scope of the project, literature review and field studies were conducted in order to develop useful services and applications for the homeless, and in the relevant countries, professional staff working with homeless, homeless family members and homeless people were reached. This book has been prepared to contribute to the homelessness literature as an output of the fieldwork carried out within the scope of the HOPE project. Therefore, the method of the book is structured to cover the commitments, application area and target audience of the project.

In order to present the homelessness problem and its dimensions in Turkiye, Austria, Italy and Hungary with the descriptive data from the field and to compare the homelessness policies of the countries, the target groups detailed below were included in the research.

5.1. Study Group

The study group of the research includes two different target groups. The first of these is the homeless people living in Turkiye, Italy, Hungary and Austria. A total of 100 people

were surveyed: 15 homeless people in Austria, 15 homeless in Italy, 15 homeless in Hungary, and 55 homeless in Türkiye. The number of people committed within the scope of the project was effective in determining the number of people participating in the survey. When determining the number of homeless people to be included in the study group, the fact that a target group is a challenging group in terms of transportation, communication and survey implementation was taken into consideration, and a realizable target was determined.

The other target group of the study was family members of homeless individuals. A total of 300 family members of the homeless, 150 in Türkiye, 50 in Austria, 50 in Italy and 50 in Hungary, were reached.

A purposeful sampling of non-probabilistic sampling techniques was used to determine both the homeless and homeless family members in order to form the study group.

5.2. Research Design

In order to reveal the problems of the homeless people living in Türkiye, Italy, Austria and Hungary, a quantitative research design was used. A total of 2 questionnaires were created for the homeless and family members of the homeless, and a field survey was conducted. The data obtained were analyzed separately for each target group, and descriptive statistics were presented.

5.3. Data Collection Tools

Data collection tools consist of two different questionnaires prepared by the researchers for the homeless and their families. In the preparation of the questions included in the questionnaire, current literature on the families of the homeless and the homeless was used. In this context, the questionnaire form for the homeless included questions evaluating many dimensions such as the demographic characteristics of the

participants, the reason for being homeless and their pre-homelessness status, their health, social and addiction status, their outlook on social assistance and benefits, and their attitudes towards social support.

In the questionnaire form for the family members of the homeless, questions evaluating subjects such as demographic characteristics, knowledge about homelessness, opinions and attitudes towards homeless people, level of knowledge about services and assistance provided to homeless people, and their approaches towards homeless family members were included.

Each questionnaire was translated into the local language of the country where the application was carried out. Expert opinions were taken during the translation process, and the process was meticulously carried out in order to avoid loss of meaning and differentiation.

After the data collection tools were finalized in terms of language and content, 5 homeless and 10 family members of the homeless were reached in each country, and the functionality and comprehensibility of the questionnaire forms were subjected to a pilot test. After the feedbacks were positive, a questionnaire was applied to the study group.

5.4. Data Analysis

The data obtained from the questionnaires applied to the homeless and family members of the homeless were processed in the SPSS 25 program. Separate SPSS files were created for both groups, and independent analyzes were made for the relevant target groups. The data analysis phase was completed with descriptive statistics such as frequency distribution and relationship tests such as chi-square. With these analyzes, the data obtained regarding the homeless and family members of the homeless were compiled and transformed into information and transferred to the findings section. In this field, it has been analyzed that studies were especially inadequate, and practices related to homelessness should be developed in Türkiye.

CHAPTER 6

FINDINGS

The research covers two target groups the homeless and their families. The data of both audiences were interpreted independently of each other, and comparisons were made between the results according to the need. In line with the method of the research, the data were collected, the findings obtained were compared with other studies in the field, and the differences were pointed out. The findings reached and determined were transformed into information as a result of some discussions and analyses made about the problems of the homeless, their reasons for falling onto the street and their opinions about returning to their homes and the conditions of living on the street.

6.1. Findings Regarding the Homeless

In this section, demographic findings related to the homeless people participating in the study are included. In addition, there are many findings about homeless people, such as the event they experienced before being homeless, the age they were homeless for the first time, their health status, alcohol and substance use, their working status, their status of receiving help, and their attitudes towards receiving support from the close environment. In this process, especially by comparing countries, different aspects of the homeless have been revealed.

6.1.1. Demographic Findings Regarding the Homeless

Slightly more than half (55%) of the research participants are the homeless living in Turkiye. The remaining are living in Austria (15%), Hungary (15%) and Italy (15%). These percentages were determined during the writing phase of the project that led to the research and was created in accordance with the commitments. Of course, it would not be right to give generalizing information about the countries related to these frequencies and to express deep-rooted opinions about the countries. This sample does not reflect the views of all homeless people. The findings should be evaluated specifically for 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. Within the scope of the research, it was based on the assumption that gender was important in the opinions of the participants.

When the marital status of the participating homeless people is examined, it is seen that their family lives are quite problematic. It is seen that one-third (34%) of the homeless 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 somehow have to live alone, do not be a family or have family problems are more easily exposed to living on the street and homeless. It should be emphasized that it is important to protect family integrity in order to prevent homelessness. Here, it is necessary to emphasize the importance of marriage, having a family, and being able to live 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.

Table 2: Demographic Characteristics of the Homeless

Variable	%	Variable	%
<i>Country of residence</i>		<i>Gender</i>	
Austria	15	Female	48
Italy	15		
Hungary	15	Male	52
Türkiye	55		
<i>Marital Status</i>		<i>Number of Children</i>	
I'm married	5	0	52
My spouse died	11	1	10
I live separately	22	2	17
Divorced	28	3	16
I have never married	34	4	5
<i>Educational Status</i>		<i>Age</i>	
Illiterate/no diploma	6	18-25	21,2
Elementary school dropout	5		
Primary school graduate	24	26-35	30,3
Primary/secondary school dropout	14		
Primary/secondary school graduate	19	36-50	28,3
High school dropout	7		
High school graduate	16	51-64	19,2
University dropout	4		
University graduate	5	65+	1

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. There is only one participant who 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. Since this group consists of individuals who have faced many problems in life, it can be said that the data obtained will have more meaningful results.

When the educational status of the participant profile is examined, it is seen that they experience a problematic 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 institutions left their 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 great role in the success of the life story of human beings and in making life meaningful by coping with its problems.

It is seen that more than half (52%) of the participants in the study do not have children. It is thought that people who are struggling with the problem of homelessness do not want to bring children into this difficult life. One in ten (10%) participants stated that they had a child. It is seen that the ratio of the participants who stated that they have two children (17%) and three children (16%) is almost equal to each other. A small proportion of the participants stated that they had four children (5%).

6.1.2. Features on Homelessness

6.1.2.1. Age of Being Homeless for the First Time

Almost all of the participants (95%) faced the problem of homelessness at the age of 18 and above. When the distribution by age is taken into account, 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 the 30% to 18-25 age range, 21% to 26-35 age range, and 12% to 51-65 age range. The target audience of the study is adult homeless people, and the results obtained to confirm this.

Table 3: Age of Being Homeless for the First Time

At what age did you become homeless for the first time for a week or more?	%
0-17	5,0
18-25	30,0
26-35	21,0
36-40	32,0
51-65	12,0

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.

6.1.2.2. Status of Living Together and Duration of Homelessness

More than 70% of the participants stated that they lived alone. It is thought that homeless individuals living alone are never married due to the difficulties of life or have to leave home because they have problems with their spouses. The rates of the participants who stated that they lived with their children and friends were the same (12%). While the participants have difficulties in experiencing homelessness with their children or friends, at the same time, it is possible for the individual to take a more combative approach by getting strength from their children and friends.

Table 4: Status of Living Together and Duration of Homelessness

Who do you live with?	%	Homelessness Process (Month)	%
With my wife.	1,0	1 year and less	58,0
Alone	75,0	1-2 years	16,0
With my kids	12,0	Over 2 years	26,0
With my friend	12,0		

More than half (58%) of the participants in the study stated that they have been experiencing homelessness for a maximum of one year. The recent confrontation of homelessness with this large majority is proof that the problem of homelessness has increased significantly. It is seen that individuals who have been experiencing homelessness problems for a year or two constitute almost two (16%) of every ten people among the participants. It is seen that more than a quarter (26%) of the participants have been struggling with homelessness for two or more years. The number of participants who have been homeless for a long time is considerable. Individuals who try

to cope with the problem of homelessness indicate that this problem cannot be solved and that they have been going on for a long time without a place to live.

6.1.2.3. Communication with Family Members

The connections of the homeless with family members are very important. The basis of the return home is the continuation of family ties and communication. 76% of the participants stated that they last met with their family members or relatives less than a week ago in the last two months. The high percentage indicates that homeless individuals cannot break their ties with their families and need them, regardless of the reason for their experience of homelessness. Strengthening the bond between the family and the person who is separated from the family will accelerate the return home.

Table 5: Frequency of Communicating with Relatives

Frequency of communicating with family member/ relative in the last 2 months	%
Less than 1 week	76,0
1 week to 1 month	19,0
More than 1 month	5,0

It is thought that the communication of individuals who have a problem with homelessness with their families gives them a little bit of power. Those who stated that they last communicated with their family member or relative between a week and a month constitute approximately two (19%) of every ten people. It is possible that these participants communicated with their relatives from time to time. It can be effective that the family ties of the participants (5%), who stated that they had not seen their family members or relatives for more than a month, are not robust or that neither party has the opportunity to communicate.

6.1.2.4. Events Before Homelessness

The problem of homelessness points to a cycle that not only leads to the emergence of the problem of owning a house but also brings along many negative situations. Because not being able to reside in a regular property is the trigger of many problems. Both in the period when homelessness is started and in the continuation of the process, homeless people can enter into a bio-psycho-socially multi-factorial spiral. In this context, the differences and relationships between the negative situations faced by the participants in the time period before they faced the problem of homelessness were examined.

The Chi-Square test was applied to examine the relationship between the first homelessness and the negative situations experienced and the country of residence. Accordingly, a significant relationship was observed between the negative situations experienced as a result of the first homelessness and the country of residence ($p < 0.05$). When the countries were compared within themselves, it was observed that the homeless people who were exposed to the negative situation the most were the homeless people living in Türkiye. While one in three (31.6%) of the Turkish participants stated that they were deprived of their income, such as job loss, social support or disabled salary, it was found that almost seven out of every ten people (66.7%) were homeless whose family was disintegrated and who moved away from the people they had a close relationship with. It is noteworthy that the homeless people who have problems in meeting their basic needs such as shelter and food are mostly in Türkiye. Most of the homeless participants (78.9%) stated that they had problems in this regard. In addition, the participants who stated that they lived in various public institutions during the homelessness process, similarly, the Turkish homeless were determined as the people who benefited from the institutions the most.

Considering the rent and health expenses, it is noteworthy that the countries with the most problems are Austria and

Italy (40%). This is followed by the homeless people living in Turkiye. The remarkable point is that the Hungarian homeless do not have any problems with the rent and health expenses in question. In this regard, the services and assistance provided by Hungary in the relevant fields are likely to be effective and constitute an interesting area for new research.

One of the most threatening and dangerous consequences of homelessness is undoubtedly to start using substances and become addicted. On the one hand, the individual who experiences homelessness as a problem can resort to using various substances to forget his/her problems or to be included in a new social field. From this point of view, it has been determined that the homeless people who use alcohol or drugs the most during the homelessness process live in Italy. Half of the participants stated that they used the relevant items up to a year before the homelessness process.

Table 6: Events Before Homelessness by Country

12 months before you became homeless for the first time, which of the following events did you experience?		Austria	Italy	Hungary	Türkiye	Total
I have suffered a significant loss of income due to job loss, loss of social support or disability pension.	Event before homelessness	21,10%	21,10%	26,30%	31,60%	100,00%
	Country of residence	26,70%	26,70%	33,30%	10,90%	19,00%
I experienced a significant increase in my expenses, such as rent, health expenses, etc.	Event before homelessness	40,00%	40,00%	0,00%	20,00%	100,00%
	Country of residence	13,30%	13,30%	0,00%	1,80%	5,00%
I broke up or divorced my spouse or ended a relationship with someone I was very close to.	Event before homelessness	11,10%	5,60%	16,70%	66,70%	100,00%
	Country of residence	26,70%	13,30%	40,00%	43,60%	36,00%
The person I depended on for shelter, food or money didn't want to help me anymore	Event before homelessness	10,50%	5,30%	5,30%	78,90%	100,00%
	Country of residence	13,30%	6,70%	6,70%	27,30%	19,00%
I've been drinking and doing drugs a lot.	Event before homelessness	16,70%	50,00%	16,70%	16,70%	100,00%
	Country of residence	6,70%	20,00%	6,70%	1,80%	6,00%
I have had serious physical or mental health problems.	Event before homelessness	25,00%	25,00%	25,00%	25,00%	100,00%
	Country of residence	13,30%	13,30%	13,30%	3,60%	8,00%

I stayed in a hospital, prison, rehabilitation center or foster home	Event before homelessness	0,00%	14,30%	0,00%	85,70%	100,00%
	Country of residence	0,00%	6,70%	0,00%	10,90%	7,00%
Total	Event before homelessness	15,00%	15,00%	15,00%	55,00%	100,00%
	Country of residence	100,00%	100,00%	100,00%	100,00%	100,00%

P=0.026

Another negative situation is the wide variety of health problems that come with homelessness. The process of homelessness brings with it the deprivation of many things one has. The individual, who has difficulty in meeting both basic and special needs, may encounter problems due to related deficiencies. Considering the physical and mental health problems of the participants, it was seen that the participants living in each country encountered health problems equally (25%) in this process. The fact that they experience similar problems at similar rates can be interpreted as the fact that homelessness affects almost everyone similarly when it comes to health.

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 great majority (87%) of the people who have homelessness problems have not been involved in a crime that could be sentenced to prison.

Table 7: Prison Entry Status

Have you ever been imprisoned since you were 15 years old?	%
No	87,0
Yes, once	9,0
Yes, multiple times	4,0

Following this answer, the proportion of the participants who stated that they had been in prison once corresponded to almost one in ten people (9%), and the proportion of the participants who stated that they had been in prison more than once (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 serious that they would be imprisoned.

6.1.3. Basic Needs in the Homelessness Process

6.1.3.1. Housing Status and Housing Safety of the Homeless

The most obvious sign of homelessness is the inability to own any property. The ownership here is not to meet the price of an asset and to make a living there, but to deprive the individual of an area where he/she will continue his/her life. Since homeless individuals do not reside anywhere on a regular basis, it would not be wrong to say that their most basic need is “shelter”. Accordingly, as a result of the question asked to the participants about finding a place to live within the scope of the research, a significant relationship was observed between the housing problems of the homeless according to the countries they live in.

Table 8: Housing Problem by Country

		Is being homeless a problem for you?				
		Never	Seldom	Sometimes	Usually	Total
Austria	Country of residence	0,0%	6,7%	66,7%	26,7%	100,0%
	Total Percentage	0,0%	1,0%	10,0%	4,0%	15,0%
Italy	Country of residence	20,0%	33,3%	33,3%	13,3%	100,0%
	Total Percentage	3,0%	5,0%	5,0%	2,0%	15,0%
Hungary	Country of residence	13,3%	46,7%	33,3%	6,7%	100,0%
	Total Percentage	2,0%	7,0%	5,0%	1,0%	15,0%
Turkiye	Country of residence	10,9%	12,7%	23,6%	52,7%	100,0%
	Total Percentage	6,0%	7,0%	13,0%	29,0%	55,0%
Total	Country of residence	11,0%	20,0%	33,0%	36,0%	100,0%
	Total Percentage	11,0%	20,0%	33,0%	36,0%	100,0%

P=0.001

Accordingly, it is seen that the participants who stated that homelessness brought about the housing problem among all the participants corresponded to almost one in ten (66%). However, people who think that they have problems rarely constitute one-fifth of all participants (20%). The remaining participants stated that they never experienced a housing problem during the homelessness process. The Chi-Square test was used to determine whether there was a statistically significant relationship between the countries and the perception of homelessness as a problem. As a result of the

chi-square test, a significant relationship was found between the country of residence and the perception of homelessness as a problem ($p < 0.05$). The meaningful relationship was in favor of the Turkish homeless. When the country-based comparisons were considered, it was observed that the most intensive group that thought that being homeless was a problem was the Turkish participants. More than half (52.7%) of the homeless people who participated in the study and lived in Türkiye think that being homeless is usually or sometimes a problem. On the contrary, the rate of those who do not think or rarely think that homelessness is a problem in Italy is higher than this rate (53.3%). Those who did not see homelessness as a problem or who rarely thought it was a problem were observed most in Hungary. Three-fifths (60%) of the Hungarian participants think that being homeless is not a problem for them or may rarely pose a problem.

The homelessness problem is a bio-psycho-social problem. It is very important that the homeless are placed in shelters and that the individuals who somehow leave their homes return to their own homes. Because an individual's living a healthy life is directly proportional to his/her regular, controlled, permanent and self-resident environment. Individuals who somehow move away from home should first be able to access temporary shelters quickly and in a controlled manner and access an environment where they feel safe. Irregular and uncontrolled shelter places create a basis for the individual to face new problems by carrying greater risks. The individual who is homeless should first be placed in temporary shelters that can be called tampons and then taken to permanent shelters and even returned to their homes if possible. The risks of these environments create new and different risks.

Table 9: Perception of Personal Safety in Shelter

Do you feel safe in the shelter?	%
I'm not safe.	32,0
I don't have safety issues.	43,0
Sometimes I have safety issues.	18,0
I don't know.	7,0
Total	100,0

Three out of ten (32%) of the homeless participants in the study stated that they did not feel safe even in the daytime in the places where they lived. It is a fact that these individuals, who are worried about daytime, experience more uneasiness at night. Homeless individuals who do not feel safe are likely to feel alert because living in a street environment is dangerous and scary. Participants who think that their accommodation is safe constitute two-fifths (43%) of all participants. The fact that the vast majority of the participants stated that they felt safe is an indication that the places where these people took refuge are far from danger and protect them to some extent. Almost a fifth (18%) of the participants stated that the places where they lived were sometimes not safe. The fact that homeless individuals often have to change their places due to environmental factors can sometimes make them uneasy in this process.

6.1.3.2. Responsibilities of Institutions for Placing the Homeless in Permanent Housing

Placing people living on the street in the house requires support and guidance. Because homeless people are individuals who have a weakness in solving their own problems individually and holding on to life. Responsible public and private institutions or organizations that support these individuals are always needed. For this, the placement

of the homeless in permanent places and their return home require professional responsibility and sensitivity. It is also a necessity for them to diversify their services and strengthen and spread locally.

Approximately two (18%) of every ten people stated that they received advice from the employees of the institution about the problem of homelessness within two months. Receiving advice from the employees of the institution for a permanent place contributes greatly to the problem of homelessness. The proportions of the participants who stated that they received advice from the employees of the institution for a temporary place for the situation of homelessness and that they did not receive any advice are equal (41%).

Table 10: Status of Receiving Housing Advice from Institutions Related to Homelessness

In the last 60 days, have employees of institutions providing shelter, homeless centers, or similar services advised you to find a permanent place?	%
Yes, advice was given for the permanent place.	18,0
Yes, but a temporary solution has been proposed.	41,0
No	41,0

The fact that the participants receive advice from the employees of the institution for a temporary place allows the situation of homelessness to be alleviated to a certain extent. In addition, providing temporary shelter to homeless individuals by the institution will not be a permanent solution. It will make them happy and empowering for people in a state of homelessness to get advice for shelter.

6.1.3.3. Nutrition Issues

Almost two-fifths (38%) of the participants stated that finding food was sometimes a problem. Participants who stated that finding food in the case of homelessness was never a problem (23%) were more than the participants who stated that finding food was rarely a problem (15%). It is seen that it is not impossible to find food for the homeless individuals participating in the study, but the majority of them have difficulty. It is thought that homeless people who think that finding food is not a problem are used to struggling for life on the street and finding different solutions.

Table 11: Access to food

Think about what you've eaten in the last 30 days. Is finding enough food a problem for you?	%
Never	23,0
Seldom	15,0
Sometimes	38,0
Usually	24,0

Almost four-tenths (36%) of the participants stated that they generally had difficulty in finding shelter in the fight against homelessness. This rate is followed by the participants who stated that finding a place to shelter can sometimes be a problem (33%). Those who stated that they rarely had difficulty in finding shelter from homeless individuals constitute two (20%) of every ten people among the participants.

6.1.4. Alcohol and Substance Use in the Homelessness Process

The process of homelessness can be seen as the starting point of many social problems and social threats. Because when an individual is homeless, he/she finds himself/herself

in a spiral of problems. In the absence of necessary support mechanisms, it is highly likely that it will turn to addictive substances. For this reason, within the scope of the research, various questions were asked to homeless individuals about their addiction status, history and tendencies. The results obtained were analyzed and interpreted under the relevant headings.

6.1.4.1. Alcohol Addiction, Consumption and Quitting Tendencies

Alcohol is one of the reasons that push the homeless into this environment or one of the things they risk encountering the most after falling into this environment. There is abundant academic data that alcohol is also a gate to many bad habits. These disadvantaged individuals who are struggling with the risks of the street will have less tendency to fight against alcohol addiction, or their success rates will be low even if they try. The following data were obtained by asking the relevant individuals for the answers to these questions.

Table 12: Age of First Alcohol Use by the Age of Becoming Homeless for the First Time

Age		First Age of Homelessness			
		9-13	14-17	18-25	Total
0-17	First Age of Homelessness	25,0%	75,0%	0,0%	100,0%
	Total Percentage	1,8%	5,4%	0,0%	7,1%
18-25	First Age of Homelessness	11,1%	70,4%	18,5%	100,0%
	Total Percentage	5,4%	33,9%	8,9%	48,2%
26-35	First Age of Homelessness	0,0%	80,0%	20,0%	100,0%
	Total Percentage	0,0%	7,1%	1,8%	8,9%
36-50	First Age of Homelessness	33,3%	26,7%	40,0%	100,0%
	Total Percentage	8,9%	7,1%	10,7%	26,8%
51-65	First Age of Homelessness	0,0%	20,0%	80,0%	100,0%
	Total Percentage	0,0%	1,8%	7,1%	8,9%
Total	First Age of Homelessness	16,1%	55,4%	28,6%	100,0%
	Total Percentage	16,1%	55,4%	28,6%	100,0%

P: 0.023

The Chi-Square test was applied to examine a significant relationship between the age of first homelessness and the age of first alcohol use. It is thought that the first homelessness is related to alcohol consumption. It is highly likely that there is a relationship between starting bad habits and the consequences of this being away from one's own home. Because when an

individual acquires bad habits, he/she experiences a break from his/her own social areas and adapts to the new social areas he/she has acquired thanks to his/her bad habits. This situation may ensure that the relationship between alcohol consumption and leaving home/homeless life is valuable data. According to the results of the analysis, there is a significant relationship between the age of first homelessness and the age of first alcohol use ($p < 0.05$). Accordingly, all of the people who were homeless between 0-17 for the first time started drinking before the age of 18.

The data obtained show that homelessness at an early age experiences alcohol use at a very early age. Conversely, for the first time, it was observed that those who lived in the adult or middle-aged periods of homelessness started to use alcohol for the first time later. This situation shows that childhood is a very important period in terms of both homelessness and alcohol consumption.

Children are social groups that can be described as the future of a country. For this reason, every service to be provided to them is actually an investment in the future of the country concerned. The protection, education and development of children are very important in all dimensions. When it comes to being homeless, living on the street and belonging to the street, children are the masses who are manipulated and attracted/abducted from their environment. In addition, since this period is the beginning of their adolescence, it is easier to control and channel their minds. For this reason, it is extremely important that the child is raised and strengthened primarily with his/her family. For children without family/abandoned children, it is essential to increase the quantity and quality of preventive-protective social service institutions.

According to the Chi-Square test on the differences in alcohol consumption between countries, a significant relationship was found between the countries where the

homeless live and the frequency of alcohol consumption (Table 13) ($p < 0.05$). Accordingly, Türkiye is the country with the lowest frequency of alcohol consumption among homeless individuals. Almost two out of every five (37%) Turkish participants have never used alcohol in their lifetime. This situation can be thought to be related to Turkish culture and beliefs. Another reason can be interpreted as the inadequacy of the economic situation. Because homelessness brings along economic deprivation, access to alcohol and its derivatives becomes difficult. In other countries, the rate of those who use or drink alcohol at all is quite low. Austria is the country with the most alcohol consumption.

Almost all of the participants stated that they consume alcohol frequently and occasionally. This is followed by Hungary and Italy, respectively. When we look at the homeless people who consume and quit alcohol, Italy draws attention as a country that has used and abandoned this habit before. More than a quarter (26.7%) of the participating homeless people living in Italy have abandoned this habit.

Table 13: Comparison of Countries in Average Alcohol Consumption Frequency

How often do you consume alcohol in the past or now?							
Country of residence		I've never had a drink	I drank and quit.	Rarely	Occasionally	Frequently	Total
Austria	Country of residence	0,0%	0,0%	0,0%	60,0%	40,0%	100,0%
	Total Percentage	0,0%	0,0%	0,0%	9,0%	6,0%	15,0%
Italy	Country of residence	6,7%	26,7%	26,7%	40,0%	0,0%	100,0%
	Total Percentage	1,0%	4,0%	4,0%	6,0%	0,0%	15,0%
Hungary	Country of residence	6,7%	13,3%	20,0%	33,3%	26,7%	100,0%
	Total Percentage	1,0%	2,0%	3,0%	5,0%	4,0%	15,0%
Turkiye	Country of residence	67,3%	14,5%	1,8%	16,4%	0,0%	100,0%
	Total Percentage	37,0%	8,0%	1,0%	9,0%	0,0%	55,0%
Total	Country of residence	39,0%	14,0%	8,0%	29,0%	10,0%	100,0%
	Total Percentage	39,0%	14,0%	8,0%	29,0%	10,0%	100,0%

P: 0.000

Consuming alcohol is an important negative variable of the homelessness process, but wanting to quit/quitting this habit is also considered important for the empowerment of individuals and their participation in social life during the homelessness process as a positive parameter. For this reason,

the attitudes of homeless individuals towards alcohol habits are very important. Attitudes towards quitting are valuable in terms of the fact that the homeless are aware of this issue and apply to support services. In this context, the homeless people in the study were asked about their attitudes towards quitting alcohol.

According to the results, more than half (58%) of homeless individuals stated that they do not need to make efforts to reduce the amount of alcohol consumed. This situation is thought to be a product of beliefs that alcohol use disorder will not pose any problem in people. On the other hand, while almost two (17%) of the participants stated that they tried to reduce their alcohol use but could not stop, a quarter (25%) of the participants said that they tried and decrease their alcohol use. In addition to their struggling personality structure, it can be said that these individuals have an awareness of alcohol use disorders and the harms that alcohol can bring.

Table 14: Attitudes of Homeless Towards Quitting/Reducing Alcohol

Attitudes Towards Quitting / Reducing Alcohol	%
Yes, I tried but couldn't do it.	17,0
Yes, I tried and could do it.	25,0
No, I don't think of it.	58,0

In addition, these attitudes towards quitting and the significant number of people who give up this habit reveal the inverse ratio between homelessness and harmful habits. Because those who want to give up their alcohol habits but reduce them can create valuable examples for individuals during the homelessness process. Multiple experiences of social problems can be prevented with the support mechanisms to be applied later. However, while the process follow-up and continuity of services for those who cannot

try and quit are considered very important, discussing and implementing different types of services and interventions for those who do not think of quitting will be very useful in terms of alcohol consumption during the homelessness process.

6.1.4.2. Substance Use and Trends in Fighting Substance

“Have you used any of the cannabis, stimulants, tranquilizers, heroin, opium, angel powder, stimulant, inhalants, etc. or other substances for two or longer periods?” The findings obtained regarding the above question asked to measure the frequency of substance use of the homeless are as follows:

Table 15: Substance Abuse by Country

		Have you used any of the cannabis, stimulants, tranquilizers, heroin, opium, angel powder, stimulant, inhalants, etc. or other substances for two or longer periods?				
		Yes, very often	Yes, but it's very rare	Just 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%	12,50%	18,8%	13,1%	15,0%
Hungary	Country of residence	26,7%	46,70%	20,0%	6,7%	100,0%
	Substance Use	57,1%	43,80%	18,8%	1,6%	15,0%
Turkiye	Country of residence	1,8%	1,80%	1,8%	94,5%	100,0%
	Substance Use	14,3%	6,30%	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

When the data obtained are examined, the people who say that they have never used the substance are around two-thirds (61%) of the other participants, and they are in the majority. It was seen that almost one in ten (7%) participants said that they would use the item very often. It is thought that homeless people who use substances frequently use them to escape their psychological or physical problems and get used to the substance due to the different environment in the street environment. The rate of people who stated that they used the substance very rarely is 16%. However, it is thought that there is a relationship between the country of residence and the use of the substance. Because the characteristics of the country in which individuals live can give an idea in terms of the reasons for using the substance and the solutions, which can guide the intervention programs to be carried out to solve the problems. For this reason, the Chi-Square test was applied to determine the existence of a significant relationship between the country of residence and drug use, and a statistically significant relationship was observed between the variables ($p < 0.05$). It was observed that the participants who used the least substance lived in Türkiye, and the participants who used the most substance lived in Hungary.

The situation of the individual and the way he/she defines himself/herself are as important as using the substance in the addiction process. Because an individual can use a substance only for pleasure, to get away from his/her problems or to develop his/her social capital, for this reason, it is important for people to define themselves as addicted. The majority of the homeless people participating in the study do not see themselves as addicts.

Table 16: Status of Self-identification as an Addict

Self-identification as an Addict	%
Yes	17,0
No	83,0

This situation shows that substance use is not common among the homeless. It is seen that the people who stated that they are addicted to a substance constitute almost two (17%) of every ten people of participants. It is thought that individuals who think that they will cope with their problems by using substances express this opinion. However, eight out of ten (82%) homeless individuals stated that they do not use the substance and do not need to make efforts to reduce it. This situation is an indication that most of the homeless do not use drugs.

Table 17: Tendency to Reduce Substance Abuse

Attitudes toward reducing the substance	%
Yes	18,0
No	82,0

Approximately a fifth (18%) of the participants stated that they tried to reduce substance use but succumbed to their desires. It can be considered among the possibilities that this segment, which has a considerable rate, has not tried to apply to the relevant institutions to reduce the substance.

6.1.5. Family, Friends and Institutional Support in the Homelessness Process

6.1.5.1. Family Support in the Homelessness Process

The family is a social institution that fulfills many functions and forms the basis of society. Many bio-psycho-social functions and needs of individuals are met in the family. Since

the early periods, the family mechanism has acquired many missions in order to eliminate many problems of individuals and groups without the need for formal resources. For this reason, it is thought that the family has a problem-solving and empowering aspect in the process of the homeless problem.

Participants were asked questions about the purposes they needed from the family during the homelessness process, and their perceptions of the families of the homeless were determined. Contrary to what was thought in the previous paragraph, seven (68%) of almost every ten participants did not think that the family would provide any support during the homelessness process (Table 18). Although this result is quite surprising, it also raises new issues that need to be considered about the family. Because today, it is an accepted fact for almost everyone that the family is in a changing and transforming structure. Nevertheless, the thought that the need for any support from the families of the homeless would not be beneficial can be interpreted as the family gradually losing its functions and roles. However, the highest rate was on the problem-solving role of families. 16% of the participants reported that they met with their families about themselves and their problems.

Table 18: Aims of Family Support in the Homelessness Process

Purpose of Receiving Support from the Family	%
Having a good time	4
Providing me with food and shelter	4
Talking about myself or my problems	16
Showing that she/he loves and cares about me	4
Accompanying me to a doctor to receive emotional support	4
She/he does not provide any support	68
Total	100

Each of the remaining options was determined equally (4%). These options include socializing, providing shelter and basic needs, receiving love/respect, and the accompanying role of the family while receiving services from health institutions. Although the options for various roles and functions are accepted by the participants, the belief that family support will not help requires the discussion of new ideas and approaches to both family and social problems.

The existence of support from the family is also very important in the homelessness process to demand this support. Because the homeless individual is deprived of his/her comfort zone by having to leave his/her own family and home. As a result, it becomes difficult to meet with his/her family and request support from them when he/she is homeless. For this reason, while the participants ask their families for support, their shyness points to an important point regarding the current problem. According to the results of the Chi-Square test (Table 19), a statistically significant relationship was found between the country of residence and the family while asking for support during the homelessness process ($p < 0.05$). Accordingly, among the homeless participants, the most hesitant Turkish homeless participants when family support is considered. More than three-fifths (61.9%) of the Turkish homeless stated that they would mostly or always hesitate from their families in case of need for support.

Austria is the country with the least problem in requesting support. The participants stated that they would never hesitate or rarely do so (100%). The hesitation rates of the homeless people living in Italy and Hungary and participating in the study are similar.

Table 19: Hesitating Asking Family for Support in the Homelessness Process

Country of residence		When you think of the different supports your family members offer you, do you hesitate when asking for this support?					
		Never	Seldom	Sometimes	Often	Always	Total
Austria	Country of residence	40,0%	60,0%	0,0%	0,0%	0,0%	100,0%
	Hesitating from asking for support	31,6%	31,0%	0,0%	0,0%	0,0%	15,0%
	Total Percentage	6,0%	9,0%	0,0%	0,0%	0,0%	15,0%
Italy	Country of residence	26,7%	33,3%	20,0%	13,3%	6,7%	100,0%
	Hesitating from asking for support	21,1%	17,2%	21,4%	18,2%	3,7%	15,0%
	Total Percentage	4,0%	5,0%	3,0%	2,0%	1,0%	15,0%
Hungary	Country of residence	33,3%	46,7%	13,3%	0,0%	6,7%	100,0%
	Hesitating from asking for support	26,3%	24,1%	14,3%	0,0%	3,7%	15,0%
	Total Percentage	5,0%	7,0%	2,0%	0,0%	1,0%	15,0%
Turkiye	Country of residence	7,3%	14,5%	16,4%	16,4%	45,5%	100,0%
	Hesitating from asking for support	21,1%	27,6%	64,3%	81,8%	92,6%	55,0%
	Total Percentage	4,0%	8,0%	9,0%	9,0%	25,0%	55,0%
Total	Country of residence	19,0%	29,0%	14,0%	11,0%	27,0%	100,0%
	Hesitating from asking for support	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%
	Total Percentage	19,0%	29,0%	14,0%	11,0%	27,0%	100,0%

P: 0.000

6.1.5.2. Friend Support in the Homelessness Process

There is not a single reason at the root of social problems. A wide variety of variables can be both the cause and the result of problems. However, the social environment of individuals is an effective source for the solution to their problems. Friendship bonds and groups are social areas in which individuals create and develop their social environment. When there is a social problem such as homelessness, friend support is considered important to eliminate these situations of individuals.

In order to determine the attitudes of the homeless individuals participating in the study towards friend support, the participants were asked about their hesitation while requesting friend support. While receiving these answers, data could not be obtained from Austria due to technical problems. For this reason, the answers to the current question were interpreted by comparing only three countries. Accordingly, more than half (51.7%) of all participants stated that they were mostly or always hesitant while requesting friend support.

This situation is an extremely important finding in terms of the change and transformation of changing friendship/acquaintance relationships in today's world. Because in traditional societies, it is a known fact that social problems are solved thanks to close circles such as family, relatives or friends. Today's individualizing society isolates individuals in the solution of social problems. Individuals are hesitant to ask for help even from their closest environment and often cannot ask for this help. This leaves individuals in a difficult situation alone in the face of problems.

According to the results of the Chi-Square test on the variability of the relevant problem between countries, a statistically significant relationship was observed between the countries and hesitance while asking for support from friends ($p < 0.05$). Accordingly, the most hesitant people when asking for support for friends are the homeless people living

in Turkiye. Seven (71%) of every ten homeless people living in Turkiye stated that they were mostly or always hesitant while asking for friend support. Compared to other countries, it is quite surprising that such a situation occurs in Turkiye. Turkiye is a country where the masses still try to preserve their traditional values both nationally and spiritually. However, the fact that homeless people are very hesitant when asking for support from their friends can be interpreted as a sign that Turkish society is gradually losing its national-mental values or that these values have changed/transformed.

Table 20: Hesitating from Asking Friend Support by Country

		Thinking about the support that your friends and other acquaintances can offer you, would you be hesitant to ask these people for this support?					
		Never	Seldom	Some-times	Often	Always	Total
Italy	Country of residence	20,0%	26,7%	33,3%	6,7%	13,3%	100,0%
	Total Percentage	3,5%	4,7%	5,9%	1,2%	2,4%	17,6%
Hungary	Country of residence	26,7%	40,0%	20,0%	0,0%	13,3%	100,0%
	Total Percentage	4,7%	7,1%	3,5%	0,0%	2,4%	17,6%
Turkiye	Country of residence	5,5%	9,1%	14,5%	25,5%	45,5%	100,0%
	Total Percentage	3,5%	5,9%	9,4%	16,5%	29,4%	64,7%
Total	Country of residence	11,8%	17,6%	18,8%	17,6%	34,1%	100,0%
	Total Percentage	11,8%	17,6%	18,8%	17,6%	34,1%	100,0%

P: 0.001

Hungary is the least hesitant country. More than three-fourths (66.7%) of the Hungarian participants stated that they rarely or never showed hesitance. The proportion of homeless people living in Italy has been similar to the number of homeless people living in Hungary. Since there was no data from Austria on this subject, no comparison was made with Austria.

6.1.5.3. Institutional Support in the Homelessness Process

In today's society, social service and social assistance mechanisms are carried out in the form of activities where institutions are concentrated, and professional intervention services are provided. The transformation of the family and society has led individuals to receive/provide services differently from traditional methods. For this reason, the impact of institutions on the detection and solution of social problems is felt very strongly today.

Receiving service from institutions takes place in a certain period. The relevant procedures are not known or explained to society by all of society. This may cause any individual not to know what to do when faced with problems and to abstain from the demand for services. Within the scope of the study, the participants were asked about their hesitance while requesting support from the personnel in the service institutions. Accordingly, one out of every five participants (22%) stated that they never hesitated, while the remaining participants stated that they were somewhat shy. The proportions of participants who were mostly and always hesitant are equal to each other (14%). One of all three participants (33%) stated that they sometimes hesitated, and the remaining participants stated that they rarely had an abstaining attitude.

Table 21: Hesitance in Asking for Support from Personnel in Service Institutions

Hesitance from Asking for Support	%
Never	22,0
Seldom	17,0
Sometimes	33,0
Often	14,0
Always	14,0
Total	100,0

This situation requires many applications to be made or renewal to be brought to the agenda for employees who serve in institutions or individuals who receive services from institutions. Because if individuals are hesitant towards the personnel of the relevant institution in the face of their social problems and cannot find an addressee to explain their problem, then the institution providing the service cannot provide the necessary service in full. Services for citizens of countries should always be easily accessible. Any individual should continue his/her life knowing that he/she will receive the right service from the institutions and the staff in charge in the face of his/her problems. Otherwise, the services provided show a characteristic that is disintegrating and cannot penetrate the whole society.

6.1.6. Family Relations in the Homelessness Process

6.1.6.1. Staying in Institutional Care Before the Age of 18

Staying in the care of the institution takes place on the basis of the necessary measures in cases where the person cannot maintain a healthy life in his/her natural environment. Such a situation points to a potential disadvantage in the lives of individuals. In this context, the institutional care history of

the individuals participating in the study provides important data as it can be considered a step on the way to homelessness. As a matter of fact, as discussed in the literature section, the causes of the homelessness phenomenon are highly related to disadvantaged situations.

When the table below is examined, it is seen that the participants' stay in the care of the institution until the age of 18. Accordingly, it was concluded that 83% of the participants did not stay in the care of the institution, and 17% stayed in the care of the institution.

Table 22: Institutional Care History in Childhood by Country

In the first 18 years of your life, did you stay in juvenile hall, foster home/ children's home, rehabilitation center and similar institutions or care centers?				
		Yes	No	Total
Austria	Country of residence	53,3%	46,7%	100,0%
	Total Percentage	8,0%	7,0%	15,0%
Total Percentage	Country of residence	13,3%	86,7%	100,0%
	Total Percentage	2,0%	13,0%	15,0%
Hungary	Country of residence	33,3%	66,7%	100,0%
	Total Percentage	5,0%	10,0%	15,0%
Turkiye	Country of residence	3,6%	96,4%	100,0%
	Total Percentage	2,0%	53,0%	55,0%
Total	Country of residence	17,0%	83,0%	100,0%
	Total Percentage	17,0%	83,0%	100,0%

P: 0.000

As a result of the analysis, it was concluded that there was a significant relationship between the participants' stay in the care of the institution and their countries ($p < 0.05$). It was concluded that 53.3% of the Austrian participants stayed in

an institution or care center; 86.7% of the Italian participants did not stay in an institution or care center; 66.7% of the Hungarian participants did not stay in an institution or care center, and 96.4% of the participants living in Turkiye did not stay in an institution or care center (Table 22). Compared to countries, the fact that the participants living in Turkiye stay in the care of institutions less than in other countries can be explained by the lifestyles and development levels of the countries. While the rates are low in Turkiye and Italy, the higher rates in Hungary and Austria may also be related to the lifestyles and geographies of the countries.

6.1.6.2. Communication with Relatives in Childhood

Family and relatives have important functions in meeting many needs of the person in childhood when he/she needs care and protection. In addition, the emotional and social functions of both the family and relatives create a sense of belonging and togetherness. All these have lasting effects on the future of children in the developmental period. People with strong family and kinship ties may find it more difficult to resort to leaving home than people with weak relationships. Therefore, the effect of family and kinship relations can be mentioned in the birth of homelessness.

When the communication status of the participants with their families or relatives between the ages of 6-18 was evaluated, it was concluded that 84% of them communicated and 16% did not.

As a result of the analysis, it was concluded that there was a significant relationship between the participants' communication with their families and relatives between the ages of 6-18 and their countries ($p < .05$). It was concluded that 73.3% of the Australian participants; 80% of the Italian participants; 60% of the Hungarian participants and 94.5% of the participants living in Turkiye communicated with their relatives in their childhood (Table 23).

Table 23: Status of Communicating with relatives between the age of 6-18

From the age of 6 to the age of 18, were you and your family in contact with other relatives?				
		Yes	No	Total
Austria	Country of residence	73,3%	26,7%	100,0%
	Total Percentage	11,0%	4,0%	15,0%
Italy	Country of residence	80,0%	20,0%	100,0%
	Total Percentage	12,0%	3,0%	15,0%
Hungary	Country of residence	60,0%	40,0%	100,0%
	Total Percentage	9,0%	6,0%	15,0%
Turkiye	Country of residence	94,5%	5,5%	100,0%
	Total Percentage	52,0%	3,0%	55,0%
Total	Country of residence	84,0%	16,0%	100,0%
	Total Percentage	84,0%	16,0%	100,0%

P: 0.006

Among the reasons for the high rate in Turkiye compared to other countries, family belonging can be explained by the Turkish family structure and family ties. As a matter of fact, there are many religious, educational and social institutions and cultural elements that shape the family structure in Turkiye. The high level of communication in Italy compared to Austria and Hungary can be explained by the welfare regime and family-centered social structure of Italy.

6.1.6.3. Alcohol and Substance Use in Family Members

Homelessness may develop spontaneously as well as due to a problem and lead to other problems. In fact, we can talk about situations where both are together. Undoubtedly, alcohol and substance use can be considered both a cause of homelessness and a result of homelessness. The person can cause economic damage to himself and his family by transferring all his accumulation to alcohol and substance, and physical and psychological damage can also be mentioned with the effect of these substances. This situation is an important factor that can lead to being homeless. On the other hand, the person may experience a significant decline in his/her life motivation after being homeless. Lack of motivation and perception of escaping from problems can lead to alcohol and substance use. In any case, it can be said that alcohol and substance use is a problem area that is very related to homelessness.

When the frequency of alcohol consumption of the participants was evaluated, it was concluded that 39% did not consume any alcohol, 29% consumed alcohol occasionally, 14% consumed alcohol and left it, 10% consumed alcohol very frequently, and 8% consumed alcohol very rarely. When the alcohol consumption of the parents of the participants or the adults staying in the family was examined, it was concluded that 66% of them did not use alcohol or substance.

Table 24: Alcohol Consumption Status of the Person by the Status of Alcohol and Substance Consumption in Their Homes by the age of 18

Being a Person Using Alcohol and Substance at Home Until the Age of 18	How often do you consume alcohol now or in the past?						Total
	I've never had a drink	I drank and quit.	Rarely	Occasionally	Frequently		
Yes	Adult Substance Use	14,7%	23,5%	8,8%	35,3%	17,6%	100,0%
	Total Percentage	5,0%	8,0%	3,0%	12,0%	6,0%	34,0%
No	Adult Substance Use	51,5%	9,1%	7,6%	25,8%	6,1%	100,0%
	Total Percentage	34,0%	6,0%	5,0%	17,0%	4,0%	66,0%
Total	Adult Substance Use	39,0%	14,0%	8,0%	29,0%	10,0%	100,0%
	Total Percentage	39,0%	14,0%	8,0%	29,0%	10,0%	100,0%

P: 0.005

As a result of the analysis, it was concluded that there was a significant relationship between the alcohol or substance consumption of the participants and the alcohol or substance consumption of the parents or adults ($p < 0.05$). It was concluded that 35.3% of the participants with alcohol or substance consumption among their parents or adults staying in the family occasionally used alcohol or substance, 23.5% started and stopped using alcohol or substance, and 17.6% used alcohol or substance very frequently (Table 24). As a

result of the research, it is seen that the use of alcohol or substance in the families of the participants causes use even occasionally. Here, it is important how the parent or adult in the family is a role model. Participants can take the behaviors of adults, whom they take as role models or live together, as an example, especially from an early age. This will be a factor that increases the alcohol and substance use of individuals.

6.1.6.4. Witnessing Domestic Violence Before the Age of 18

As mentioned in the tables above, the family is one of the most powerful social capital elements of man. The contribution of the family institution, which has an important place in the private and social life of the person, to human development from childhood to old age is also decisive. Positive or negative behaviors observed in the family institution leave permanent traces in the person. At this point, domestic violence has the potential to create an injurious and traumatic accumulation for people. The approach of the individual who witnessed domestic violence to human dignity and dignity will be negatively affected, and the person can bring this negative situation to his/her own life through social learning. Thus, the individual whose perspective and approach to the family institution are damaged may remain in a more vulnerable position about the phenomenon of homelessness. The table below provides a comparative analysis of this situation.

When the participants' witnessing of domestic violence is evaluated, it is seen that 85% of them did not witness such violence and the rate of those who witnessed it was 15%.

Table 25: Witnessing Domestic Violence at Home Until the Age of 18 by Countries

		Until the age of 18, did your parents or other adults living in your home physically attack one of the family members living in your home and cause them to go to the hospital?		
		Yes	No	Total
Austria	Country of residence	53,3%	46,7%	100,0%
	Total Percentage	8,0%	7,0%	15,0%
Italy	Country of residence	13,3%	86,7%	100,0%
	Total Percentage	2,0%	13,0%	15,0%
Hungary	Country of residence	13,3%	86,7%	100,0%
	Total Percentage	2,0%	13,0%	15,0%
Turkiye	Country of residence	5,5%	94,5%	100,0%
	Total Percentage	3,0%	52,0%	55,0%
Total	Country of residence	15,0%	85,0%	100,0%
	Total Percentage	15,0%	85,0%	100,0%

P: 0.000

When the relationship between the participants' witnessing of violence until the age of 18 and their countries was examined, it was concluded that there was a significant relationship between the two variables ($p < .05$). It was concluded that 53.3% of the Austrian participants witnessed domestic violence; 86.7% of the Italian participants did not witness domestic violence, 86.7% of the Hungarian participants did not witness domestic violence, and 94.5% of the participants living in Turkiye did not witness domestic violence (Table 25). The low rates of witnessing domestic violence at an early age in Turkiye, Italy and Hungary compared to Austria may be compatible with the low rates of domestic violence in countries. The high rate in Austria compared to other countries can be explained by the family

life of the participants. The fact that domestic violence incidents among the participants interviewed are higher than the participants of other countries may also increase the rate of witnessing domestic violence.

6.1.7. Working Life in the Homelessness Process

6.1.7.1. Income Generating Work

When the employment status of the participants from the age of 15 to the present day in an income-generating job was evaluated, it was concluded that 32% of them worked in some cases, 25% never worked in a job, 23% rarely worked in a job, 19% mostly worked in a job, and very few of them always worked in a job (Table 26). The status of working in an income-generating job from the age of 15 to the present day can be explained by the living conditions of individuals. Considering that the vast majority of the participants work in some cases and one-fourth never work, it can be said that the working status changes when certain obligations occur.

Table 26: Status of Having an Income Generating Work From 15 Years Old to Today

Income Generating Work Status from 15 Years Old to Today	%
Never	25
Seldom	23
Sometimes	32
Often	19
Always	1
Total	100

When the number of working days for money was evaluated in the last 30 days, it was concluded that 68% of the participants did not work at all within 30 days; 13% of the employees worked 6-15 and 16-30 days, and 6% worked 1-5

days (Table 27). The fact that the majority of the participants have zero working time in a job for money within 30 days shows that they do not need to work continuously. The reason for this is that the participants may be providing their income through alternative methods.

Table 27: Number of Working Days for Money in the Last 30 Days

Working for Money Within 30 Days	%
I have never worked.	68
1-5 Days	6
6-15 Days	13
16-30 Days	13
Total	100

When the number of different jobs that the participants worked in the last 30 days was examined, it was concluded that 68% did not work in any job; 13% worked in one job, 10% in two jobs, 5% in four or more jobs, and 4% in three jobs (Table 28). As mentioned in Table 27, the reason why the participants have been working in different jobs within the last 30 days is that they may be earning their livelihood or income by alternative methods.

Table 28: Number of Different Jobs Worked in the Last 30 Days

Number of Jobs Worked in the Last 30 Days	%
I have never worked.	68
1 work	13
2 works	10
3 works	4
4 and more works	5
Total	100

6.1.7.2. Income Generating Method

When the methods of income generation in the last 30 days were examined, it was concluded that 64% earned income through various methods; 11% made a living from refundable cash products; 11% from aid from friends and relatives; 9% by begging and 5% by selling tissues etc. on the street.

Table 29: The Way to Make Money Used in the Last 30 Days by Countries

Money Earning Method		Country of residence				
		Austria	Italy	Hungary	Turkiye	Total
By Begging	Money Earning Method	22,2%	55,6%	11,1%	11,1%	100,0%
	Total Percentage	2,0%	5,0%	1,0%	1,0%	9,0%
Help from friends or relatives	Money Earning Method	0,0%	36,4%	27,3%	36,4%	100,0%
	Total Percentage	0,0%	4,0%	3,0%	4,0%	11,0%
From recycling or other used products that can be returned in cash	Money Earning Method	36,4%	0,0%	18,2%	45,5%	100,0%
	Total Percentage	4,0%	0,0%	2,0%	5,0%	11,0%
Selling food stamps, handkerchiefs, gift cards, bus cards, medicines etc. on the street	Money Earning Method	40,0%	40,0%	20,0%	0,0%	100,0%
	Total Percentage	2,0%	2,0%	1,0%	0,0%	5,0%
In a different way	Money Earning Method	10,9%	6,3%	12,5%	70,3%	100,0%
	Total Percentage	7,0%	4,0%	8,0%	45,0%	64,0%
Total	Money Earning Method	15,0%	15,0%	15,0%	55,0%	100,0%
	Total Percentage	15,0%	15,0%	15,0%	55,0%	100,0%

P: 0.000

When the relationship between the income generation methods of the participants and their countries was examined, it was concluded that there was a significant relationship ($p < .01$). It was concluded that 40% of the Australian participants made a living by selling tissues etc. on the street, 36.4% made a living from recycled products, and 22.2% made a living by begging. It was concluded that 55.6% of the Italian participants made a living by begging, 40% by selling tissues etc., on the street and 36.4% by means of aid from friends or relatives.

It was concluded that 27.3% of the Hungarian participants made a living with the help of friends or relatives, 20% by selling tissues etc., on the street and 18.2% by returning recycling products. It was concluded that 70.3% of the participants living in Turkiye made a living with methods other than options, 45.5% made recycling returns, and 36.4% made a living with help from friends or relatives. The reasons for the differentiation of the livelihoods of the countries will be the living standards of the countries and the lifestyles of the people. Environmental conditions in individuals' living spaces can lead individuals to alternative livelihoods.

6.1.8. Health in the Homelessness Process

6.1.8.1. Perception of Overall Health

When the relationship between the health status of the participants and their countries was examined, it was concluded that there was a statistically significant relationship between the two variables ($p < 0.05$). It was concluded that 47% of the participants evaluated their health status as good, 27% as moderate, 12% as bad, 9% as very good and 5% as excellent.

Table 30: Perception of General Health Status by Country

Perception of Overall Health		Country of residence				
		Austria	Italy	Hungary	Turkiye	Total
Bad	Health Situation	0,0%	33,3%	0,0%	66,7%	100,0%
	Country of residence	0,0%	26,7%	0,0%	14,5%	12,0%
	Total Percentage	0,0%	4,0%	0,0%	8,0%	12,0%
Moderate	Health Situation	18,5%	14,8%	11,1%	55,6%	100,0%
	Country of residence	33,3%	26,7%	20,0%	27,3%	27,0%
	Total Percentage	5,0%	4,0%	3,0%	15,0%	27,0%
Good	Health Situation	21,3%	6,4%	14,9%	57,4%	100,0%
	Country of residence	66,7%	20,0%	46,7%	49,1%	47,0%
	Total Percentage	10,0%	3,0%	7,0%	27,0%	47,0%
Very Good	Health Situation	0,0%	33,3%	44,4%	22,2%	100,0%
	Country of residence	0,0%	20,0%	26,7%	3,6%	9,0%
	Total Percentage	0,0%	3,0%	4,0%	2,0%	9,0%
Excellent	Health Situation	0,0%	20,0%	20,0%	60,0%	100,0%
	Country of residence	0,0%	6,7%	6,7%	5,5%	5,0%
	Total Percentage	0,0%	1,0%	1,0%	3,0%	5,0%
Total	Health Situation	15,0%	15,0%	15,0%	55,0%	100,0%
	Country of residence	100,0%	100,0%	100,0%	100,0%	100,0%
	Total Percentage	15,0%	15,0%	15,0%	55,0%	100,0%

P: 0.038

66.7% of respondents from Austria consider health good, 33.3% bad; 26.7% of Italians are poor and medium; 20% are good and 6.7% are excellent; 46.7% are good; 26.7% are good; % are excellent; % are excellent; 6.7% are excellent;

20.0% are excellent; It was concluded that 49.1% of the participants living in Turkiye were well, 27.3% were medium, 14.5% were poor, 5.5% were excellent and 3.6% were very well evaluated (Table 30). It is seen that the participants of countries other than Italy evaluate their health as good or very good. This situation shows that the participants see themselves as healthy and continue their lives even under difficult conditions. Even if the participants define their own situation as good and above, the necessary interventions should be carried out because their living standards are low.

Table 31: Experiencing Bodily Pain in the Last 1 Month

Experiencing Bodily Pain	%
None	29
Very light	15
Light	30
Moderate	21
Severe	3
Very Severe	2
Total	100

When the physical pain status of the participants was evaluated in the last month, it was concluded that 30% had mild pain, 29% had no pain, 21% had moderate pain, and 15% had very mild pain (Table 31). The fact that the participants experienced mild pain in the last month shows that they encountered problems even if they evaluated their health status as good. Therefore, it is essential to carry out necessary health interventions for homeless individuals.

6.1.8.2. Ability to Sustain Personal Actions

When the status of the participants taking the medications prescribed by the doctor was evaluated, it was concluded that 51% of them could take the medications, and 49% could not (Table 32). The fact that the participants did not take medicine prescribed by the doctor on their own shows that they could not perform this action on their own. It is necessary to carry out the necessary health services if nearly half of these participants think that they will have problems with drug supply if they encounter health problems.

Table 32: Ability to Perform the Action of “Taking the Medications Prescribed by the Doctor” on its own

Being able to take the medications prescribed by the doctor	%
Yes	51
No	49
Total	100

When the status of the participants’ ability to make their own aid applications was evaluated, it was concluded that 72% of them were able to make their own aid applications (Table 33). The low living standards of the participants cause them to apply for help on their own. Since individuals need help in kind and in cash, they think that they can apply for help on their own. The difficult situation experienced is effective in individuals learning alternative help channels.

Table 33: Ability to Perform the Action of “Making Assistance Applications” on its own

Applying for Assistance	%
Yes	72
No	28
Total	100

When the status of the participants in making the budget planning on their own was evaluated, it was concluded that 55% of them could not make the budget planning on their own; 45% of them could make the budget planning on their own (Table 34). The possibility that more than half of the participants think that they cannot make the budget planning on their own and that their financial situation is not appropriate and that they do not have a house to make a budget plan may be effective.

Table 34: Ability to Perform the Action of “Making Budget Planning” on its own

Budget planning	%
Yes	45
No	55
Total	100

When the status of the participants to travel by themselves by bus was evaluated, it was concluded that 64% thought that they could not make such a trip; 36% thought that they could travel by themselves by bus (Table 35). The fact that the majority of the participants cannot travel by themselves by bus may be related to their economic situation. The difficult conditions experienced by individuals make it impossible to travel by bus.

Table 35: Ability to Perform the Action of “Traveling by Bus” on its own

Traveling by Bus	%
Yes	36
No	64
Total	100

6.1.8.3. Institutional Care and Drug Use

When the hospitalization status of the participants due to emotional or mental health problems was evaluated, it was concluded that 66% of them did not stay in the hospital due to such a situation; 34% of them stayed in the hospital (Table 36).

Table 36: Hospitalization Due to Emotional or Mental Health Problems

Staying in the Hospital Due to Emotional or Mental Problems	%
Yes	34
No	66
Total	100

When the state of drug use of the participants was evaluated due to experiencing mental effects within the last 30 days, it was concluded that 80% of them did not use drugs due to such a situation; 20% of them used drugs (Table 38).

Table 37: Long-Term/High-Dose Drug Use Status Due to Experiencing Mental Effects in the Last 30 Days

Long-Term/ High-Dose Drug Use	%
Yes	20
No	80
Total	100

6.2. Findings Regarding the Families of the Homeless

6.2.1. Demographic Findings Regarding the Families of the Homeless

Half (50%) of the participants in the study were the families of the homeless people living in Turkiye, while the number of participants in other countries (16.7%) was the same. When the gender status of homeless families is examined, the number of women is higher than the number of men. Six (60.3%) of every ten people in families are women. Two-fifths (39.7%) of families of homeless are men.

Almost three-fifths (58%) of families of homeless live in city centers. While one in every three family members (31.3%) lives in towns or neighborhoods, the number of people living in villages is quite low compared to others (10.7%).

More than half (51.7%) of the participants defined their financial status at a medium level, while one in ten (11%) defined it as below the medium level. Families of homeless who state that their financial status is better than most families constitute one-fifth (21.3%) of the participants. The rate of those who define their financial status as bad is quite low (7.7%). According to the participants in the study, it is understood that the main factor that leads individuals to homelessness is not economic distress.

Table 38: Demographic Characteristics of the Families

Variable	%	Variable	%
<i>Country of residence</i>		<i>Marital Status</i>	
Austria	16,7	Married	45
Italy	16,7	Single	37,3
Hungary	16,7	Divorced	9,3
Türkiye	50	Spouse passed away	8,3
<i>Gender</i>	<i>%</i>	<i>Age</i>	
Female	60.3	18-25	18
		26-35	37,7
Male	39.7	36-50	36,9
		51-62	7,4
<i>Perception of Financial Situation</i>		<i>Study Area</i>	
Very bad	4,3	Public personnel	58,7
Bad	7,7	Private sector	22,3
Below Middle	11	Unemployed	11
Moderate	51,7	Voluntary activities	6,3
Better than most	21,3	Other	1,7
Very good	4		
<i>Place of residence</i>			
City center/Central District	58		
County/Town/District	31.3		
Village	10.7		

While almost six (58.7%) of the homeless families work in the public sector, the number of those who stated that they work in the private sector does not constitute a quarter (22.3%) of the participants. While the rate of the participants who stated that they did not work in any job was 11%, the rate of those who volunteered was 6.3%.

More than 40% of the participants stated that they were married, and almost four (37.3%) of every ten people among the participants stated that they were single. It is seen that the rate of members of families homeless (9.3%) who stated that they were divorced is higher than the rate of individuals whose spouses have passed away (8.3%).

Individuals between the ages of 26-35 constitute approximately two-fifths (37.7%) of the participants. Subsequently, individuals between the ages of 36-50 were almost four (36.9%) of every ten people among the participants, and this rate was followed by this rate. One-fifth (18%) of the participants are between the ages of 18-25. Participants between the ages of 51-62 constitute the age range with the lowest rate (7.4%).

6.2.2. Families' Attitudes Towards Homelessness and the Homeless

6.2.2.1. Thoughts on Homelessness and the Homeless

Table 39: Perception of the Cause of Homelessness by Country

Perception of the Cause of Homelessness by Country		Austria	Italy	Hungary	Turkiye	Total
Family Indifference	The Cause of Homelessness	20,5%	15,4%	35,9%	28,2%	100,0%
	Country of residence	16,0%	12,0%	28,0%	7,3%	13,0%
Unemployment	The Cause of Homelessness	17,6%	50,0%	14,7%	17,6%	100,0%
	Country of residence	12,0%	34,0%	10,0%	4,0%	11,3%
Economic Issues	The Cause of Homelessness	9,2%	21,4%	9,2%	60,2%	100,0%
	Country of residence	18,0%	42,0%	18,0%	39,3%	32,7%
Domestic violence and Family problems	The Cause of Homelessness	16,1%	10,7%	14,3%	58,9%	100,0%
	Country of residence	18,0%	12,0%	16,0%	22,0%	18,7%
Alcohol and/or substance use	The Cause of Homelessness	16,7%	50,0%	16,7%	16,7%	100,0%
	Country of residence	6,7%	20,0%	6,7%	1,8%	6,0%
Health problems and depression	The Cause of Homelessness	40,9%	0,0%	36,4%	22,7%	100,0%
	Country of residence	18,0%	0,0%	2,7%	1,7%	7,3%
Total	The Cause of Homelessness	18,0%	0,0%	12,0%	24,0%	17,0%
	Country of residence	100,0%	100,0%	100,0%	100,0%	100,0%

P: 0.000

According to more than 30% of the participants, one of the main causes of homelessness is based on economic problems. For this reason, it points out that economic opportunities are effective on homelessness, and economic parameters should be taken into account in studies in this field. However, according to the participants, domestic violence and other family problems (18.7%) are among the situations that cause individuals to turn to homelessness. This rate includes that the psychological and physical health of individuals who turn to homelessness is effective by homelessness, and the depression experienced by individuals affects the process (17%).

Considering the related rates, it is understood that almost two out of ten participants see physical and mental diseases and domestic problems as one of the causes of homelessness. On the other hand, one in ten participants assumes that the irrelevant family structure (12.7%) and the fact that the person has a regular work life (11%) cause homelessness. According to the remaining participants (8%), alcohol and substance use are among the reasons for homelessness.

When the Chi-Square analysis of the cross-country comparisons was examined, a significant relationship was found between the countries ($p < 0.05$). In this context, according to the participants in Turkiye, one of the important reasons for turning to homelessness was based on economic problems (60.2%) and domestic violence (58.9%), while alcohol and substance use in Austria (40.9%) and Hungary (36.4%) and unemployment in Italy (50%) were shown as reasons. On the other hand, none of the participants in Italy saw alcohol and substance use as among the reasons that drove physical and mental problems to homelessness.

Table 40: Attitudes towards Meeting a Homeless Person

Attitude Towards Meeting a Homeless Person	%
I have not met a homeless person	5,3
I'll make an effort to get her home.	18,7
I Notify the Government Institution	61,0
I'm not interested	8,7
I've never thought.	6,3

Six (61%) of every ten individuals who participated in the study stated that they would contact the relevant state institutions if they encountered a homeless individual at any time in their lives. This result may indicate that awareness of homelessness has started to increase and that individuals are willing to cooperate with official institutions to solve this problem. However, approximately two out of every ten participants (18.7%) stated that they would make an effort to return a homeless individual to their home when faced with this situation, which may indicate the sensitivity of the individuals. On the other hand, nine-tenths of the participants stated that they would not react to a homeless individual and would be indifferent to the situation. The rates of individuals who did not know how to behave when faced with homeless individuals (6.3%) and those who stated that they did not encounter homeless people at any time of their lives (5.3%) were close to each other.

Table 41: Thoughts on the Identity of the Homeless on the Street By Perception of Financial Situation

Perception of Financial Situation		Thoughts on the Identity of Homeless People on the Street					
		The ones who stayed in prison	The ones who stayed in juvenile hall	The ones who stayed in an orphanage	Outcasts	They can be from all walks of life	Total
Very Bad	Identification of Financial Situation	23,1%	23,1%	15,4%	15,4%	23,1%	100,0%
	Perspective on the Homeless	9,4%	14,3%	8,7%	4,3%	1,7%	4,3%
Bad	Identification of Financial Situation	34,8%	4,3%	4,3%	13,0%	43,5%	100,0%
	Perspective on the Homeless	25,0%	4,8%	4,3%	6,5%	5,6%	7,7%
Below Middle	Identification of Financial Situation	6,1%	12,1%	15,2%	36,4%	30,3%	100,0%
	Perspective on the Homeless	6,3%	19,0%	21,7%	26,1%	5,6%	11,0%
Moderate	Identification of Financial Situation	7,7%	5,8%	7,7%	14,8%	63,9%	100,0%
	Perspective on the Homeless	37,5%	42,9%	52,2%	50,0%	55,6%	51,7%
Better than most	Identification of Financial Situation	10,9%	6,3%	3,1%	4,7%	75,0%	100,0%
	Perspective on the Homeless	21,9%	19,0%	8,7%	6,5%	27,0%	21,3%
Very Good	Identification of Financial Situation	0,0%	0,0%	8,3%	25,0%	66,7%	100,0%
	Perspective on the Homeless	0,0%	0,0%	4,3%	6,5%	4,5%	4,0%
Total	Identification of Financial Situation	10,7%	7,0%	7,7%	15,3%	59,3%	17,0%
	Perspective on the Homeless	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%

P: 0.000

According to the participants, individuals who turn to homelessness can be from all walks of life (69.3%). This situation can show that the participants do not think of economic problems as the only reason for homelessness. The related rate is followed by the participants (15.3%) who think that the homeless are individuals who are outcasts. According to these participants, it can be considered normal for individuals with no one to live on the streets. One in ten participants (10%) stated that individuals who stayed in prison at some point in their lives turned to homelessness.

It is likely that individuals will encounter certain psychological and physiological problems during their prison conviction. In addition, the family relations and social environment of the person can be affected by this situation. In this context, it is possible for the participants to think that individuals with a prison history turn to the street on the grounds that they cannot adapt to social life. In addition, according to the participants, there is a possibility that individuals who have been in juvenile hall or under state protection may turn to the street. The rates of the participants who expressed both opinions were equal (7.7%).

Table 42: Attitude to be exhibited in the event that the family member leaves the house

Attitude to be Exhibited in Family Member's Leaving the House	%
I wouldn't let that happen.	34,3
I'd try to get him home.	40,7
I wouldn't mind.	2,7
If he didn't come home, I'd let the government know.	12,7
I would be very sorry for that.	9,7
Total	100

More than 40% of the participants stated that they would make an effort to return home if one of the family members left the house. This may mean that the participants want to protect their family ties. In addition, it points out that the necessary efforts will be made within the family if an individual in the household tends to homelessness. The relevant data were followed by the participants (34.3%) who stated whether the family members wouldn't allow the necessary reaction in case of such a situation. Such an attitude can reduce the risk of homelessness. One in ten participants (12.7%) stated that they would contact the state institutions if one of the family members left the house and turned to homelessness. While some of the remaining participants (9.7%) stated that they would be very upset if such a situation occurred, only a few (2%) stated that they would not care if one of the family members left the house.

Table 43: Attitude to be exhibited in the event of homelessness by the presence of a homeless person

Having a Homeless Person Around		Attitude to be exhibited in the event of homelessness					Total
		I don't know	I'll try to get back home.	If I can't get home, I'll apply to the government.	I'll go to someone I know	I'd rather live on the street	
Yes	Knowing a Homeless Individual	11,7%	50,0%	3,2%	24,5%	10,6%	100,0%
	Reaction to Homelessness	19,3%	58,0%	3,8%	35,9%	52,6%	31,3%
No	Knowing a Homeless Individual	22,0%	16,2%	39,3%	19,7%	2,9%	100,0%
	Reaction to Homelessness	66,7%	34,6%	86,1%	53,1%	26,3%	11,3%
I don't know	Knowing a Homeless Individual	24,2%	18,2%	24,2%	21,2%	12,1%	100,0%
	Reaction to Homelessness	14,0%	7,4%	26,3%	21,3%	6,3%	32,7%
Total	Knowing a Homeless Individual	19,0%	27,0%	26,3%	21,3%	6,3%	100,0%
	Reaction to Homelessness	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%

P: 0.000

More than half (57.7%) of the participants stated that there was no one around them who had a homelessness experience. This situation can be explained in two ways. The first situation is related to the visibility of homeless individuals. Since the homeless are not sufficiently noticed by society, this situation can escape the attention of individuals as a problem. The second reason is based on psychological and physiological problems that cause homelessness.

It can be stated that this situation did not occur due to the absence of severe traumas that may cause homelessness in the relatives of the individuals participating in the study. Three out of ten participants stated that they were surrounded by homeless people. Although this number is quite high, it may also indicate that awareness of homelessness has increased. Another part of the participants stated that they did not have any information about this situation (11%). Another rate is based on the fact that people prefer to live on the street depending on the situations they live in (6.3%). This rate is quite high and may mean that people see the street as a tool in their individual or family problems.

When the results of the Chi-Square test of the relevant question are examined, it is seen that individuals with homelessness experience in their families will try to return to their homes if they experience this situation (58%), while individuals who have not experienced this situation are less willing to return to their homes (34.6%). This situation may indicate that the problems experienced in the family affect all individuals to a certain extent and that the steps related to the necessary interventions are taken into consideration more when the problem occurs.

6.2.2.2. Problems of the Homeless from the Perspective of the Families

Table 44: The Role of the Family in the Homeless Individual's Leaving Home by Marital Status

Marital Status		The Role of the Family in Homeless Individual's Leaving Home					Total
		There aren't any	None	Over	Too many	I don't know	
Married	Marital Status	1,5%	1,5%	28,9%	60,7%	7,4%	100,0%
	The Role of the Family	50,0%	25,0%	41,1%	48,5%	41,7%	45,0%
Single	Marital Status	1,8%	4,5%	33,9%	50,0%	9,8%	100,0%
	The Role of the Family	50,0%	62,5%	40,0%	33,1%	45,8%	37,3%
Divorced	Marital Status	0,0%	3,6%	57,1%	28,6%	10,7%	100,0%
	The Role of the Family	0,0%	12,5%	16,8%	4,7%	12,5%	9,3%
Spouse passed away	Marital Status	0,0%	0,0%	8,0%	92,0%	0,0%	10%
	The Role of the Family	0,0%	0,0%	2,1%	13,6%	0,0%	8,3%
Total	Marital Status	1,3%	2,7%	31,7%	56,3%	8,0%	100,0%
	The Role of the Family	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%

P: 0.006

More than half (56.3%) of the participants in the study stated that the role of families in the displacement of homeless people was very effective and more than 30% of them stated that it was effective at a certain level. This result reminds the importance of the family as the smallest building block of society and reveals that poor family relations may cause the individual to leave the house. Approximately one in ten participants (8%) stated that they did not know why people

turned to homelessness. The rate of participants who say that families are not effective in this process is quite low. In this context, it is understood that family systems and balances are effective on individuals, and individuals may turn to homelessness due to problems experienced in the family. In this context, it is important to increase family counseling activities, create intervention plans to strengthen family communication and implement holistic social policies.

Table 45: The Problem of Homeless People Finding Housing by Country

Country of residence		Finding shelter being a problem					Total
		Never	Seldom	Some-times	Usually	Always	
Austria	Country of residence	2,0%	30,0%	32,0%	24,0%	12,0%	100,0%
	Perception of Shelter	20,0%	55,6%	47,1%	13,3%	4,2%	16,7%
Italy	Country of residence	4,0%	12,0%	18,0%	36,0%	30,0%	100,0%
	Perception of Shelter	40,0%	22,2%	26,5%	20,0%	10,4%	16,7%
Hungary	Country of residence	0,0%	10,0%	2,0%	24,0%	64,0%	100,0%
	Perception of Shelter	0,0%	18,5%	2,9%	13,3%	22,2%	16,7%
Turkiye	Country of residence	1,3%	0,7%	5,3%	32,0%	60,7%	100,0%
	Perception of Shelter	40,0%	3,7%	23,5%	53,3%	63,2%	50,0%
Total	Country of residence	1,7%	9,0%	11,3%	30,0%	48,0%	100,0%
	Perception of Shelter	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%

P: 0.0000

Almost half (48%) of the individuals participating in the study considered the lack of shelter for the homeless a

problem. People who consider this situation as a problem, in general, represent one-third of the participants (30%). One in ten participants sometimes (11%) considered this to be a problem, while the others rarely (9%). A small proportion (2%) did not consider homelessness as a problem. According to the Chi-Square analysis conducted to determine the differences between the countries, homelessness was mostly considered a problem in Hungary (64) and Turkiye (60.7%). Italy did not consider the lack of shelter for the homeless as a general problem (4%). It is understood that since Italy is one of the highest countries of homelessness, it is not seen as a problem that individuals normalize this situation and therefore, homeless individuals do not have a place to shelter.

Table 46: Opinions on the Safety of the Living Areas of the Homeless by the Presence of the Homeless People Around

Knowing a Homeless Individual		Opinions on the Safety of the Living Areas of the Homeless				Total
		It's not safe at all	It is not safe	Safe	It's very safe	
Yes	Knowing a Homeless Individual	62,8%	21,3%	16,0%	0,0%	100,0%
	Safety of the Place of residence	50,0%	20,2%	18,8%	0,0%	31,3%
No	Knowing a Homeless Individual	30,1%	36,4%	32,4%	1,2%	100,0%
	Safety of the Place of residence	41,4%	63,6%	70,0%	66,7%	57,7%
I don't know	Knowing a Homeless Individual	21,2%	48,5%	27,3%	3,0%	100,0%
	Safety of the Place of residence	5,9%	16,2%	11,3%	33,3%	11,0%
Total	Knowing a Homeless Individual	39,3%	33,0%	26,7%	1,0%	100,0%
	Safety of the Place of residence	100,0%	100,0%	100,0%	100,0%	100,0%

P: 0.000

Almost two-fifths (39%) of the participants in the study think that the places where the homeless stay have no security. Following this, a little more than 30% of the participants stated that the places where homeless people had to stay were not safe. Percentages of those who say that the homeless stay in unsafe places and are not safe are quite close to each other. This shows that more than half of the participants do not find the shelters for the homeless reliable. Participants who stated that the accommodation of the homeless was safe represented more than four (27%) of the research. When these data are evaluated according to the results of the Chi-Square analysis, it is seen that individuals with homelessness experience around finding the places where the homeless stay more unsafe (62.8%). In this context, it is understood that it is important to include the interlocutors of the problem in the process in order to evaluate the dimensions of the problems experienced.

Table 47: Awareness of Services for Solving Problems of the Homeless

Awareness of Services for the Homeless	%
Yes	54,7
No	10,0
I don't know	18,7
Government must create	16,7
Total	100

The number of people who are aware of the existence of activities and services provided to solve the problems experienced by the homeless constitutes more than half (54.7%) of the participants. This result is important in terms of raising awareness of homelessness, knowing what to do about the problem and cooperation. On the other hand, one

in ten participants (10%) thinks that there is no service unit for the homeless to return home and solve their problems. However, the number of participants who do not know the practices developed for the solution of homelessness is not negligible (18.7%). There is a need to make homelessness visible as a problem, to announce the necessary steps to promote the activities and services carried out by publishing public spots and solving the problem.

Table 48: Opinions on the Efforts of States on the Return of Homeless People by Country

Country of residence		Efforts of States on Homecoming of the Homeless					Total
		None	Low	Many	Too many	I don't know	
Austria	Country of residence	0,0%	28,0%	72,0%	0,0%	0,0%	100,0%
	Perception of Effort of the State	0,0%	12,7%	41,4%	0,0%	0,0%	16,7%
Italy	Country of residence	38,0%	36,0%	2,0%	0,0%	24,0%	100,0%
	Perception of Effort of the State	73,1%	16,4%	1,1%	0,0%	23,5%	16,7%
Hungary	Country of residence	0,0%	64,0%	28,0%	8,0%	0,0%	100,0%
	Perception of Effort of the State	0,0%	29,1%	16,1%	15,4%	0,0%	16,7%
Turkiye	Country of residence	4,7%	30,7%	24,0%	14,7%	26,0%	100,0%
	Perception of Effort of the State	26,9%	41,8%	41,4%	84,6%	76,5%	50,0%
Total	Country of residence	8,7%	36,7%	29,0%	8,7%	17,0%	100,0%
	Perception of Effort of the State	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%

P: 0.000

The fact that the majority (36.6%) of the participants stated that the state made little effort for the people who left home to return home again indicates that the state's studies on this subject are not sufficient. Almost one-third (29%) of the participants stated that the state made the necessary efforts to return to the home of the individuals who left their homes. Individuals who do not know how much effort the state has made in this regard represent approximately one-fifth of the participants. In this context, the state needs to develop and make visible social policies related to homelessness. When the results of the Chi-Square analysis are examined, it is seen that the participants in Italy (38%) stated that the state was not active enough in solving the homelessness problem. Considering that Italy is one of the countries with the highest homelessness rate, it is possible to state that the state-based studies in the relevant country are not sufficient. It is seen that the data of the participants who are most satisfied with the studies of the state are Austria (72%).

6.2.2.3. Opinions on Institutions/Organizations Serving the Homeless

Table 49: Curiosity about Institutions/Organizations Serving the Homeless

Curiosity about Institutions Serving the Homeless	%
Yes	66,7
No	17,0
I didn't think of that.	16,3
Total	100

The majority of the participants (66.7%) stated that they were curious about the service institutions such as shelters and soup kitchens that serve the homeless. In this context,

it is understood that voluntary studies can be used, and community-based interventions can be made to solve the problems related to homelessness. Individuals who are not curious about the institutions serving the homeless represent approximately one-fifth of the participants. The rate of individuals who do not make the necessary inquiries about the existence of these institutions is 16.3%. As stated in Tables 46 and 47, there is a need to make the problem of homelessness visible.

Table 50: Status of Visiting Institutions/Organizations Serving the Homeless

Visiting Institutions Serving the Homeless	%
Yes	43,7
No	42,0
I didn't think of that.	14,3
Total	100

When the results of the research are examined, it is seen that the ratio of the participants who visit the institutions serving the homeless (43.7%) and those who do not (42%) is almost equal. In this context, it is understood that the participants who visit the institutions serving the homeless are more sensitive and aware of homelessness, and it is thought that the participants who do not visit the institutions serving the homeless do not have enough information on this subject. Almost one-sixth (14.3%) of the participants stated that they did not think of visiting the institutions serving the homeless. In this context, as stated in Table 49, there is a need to increase volunteering activities and to announce that working with homeless individuals is one of the volunteering areas.

Table 51: Status of Wanting to Work in Institutions/
Organizations Serving the Homeless

Wanting to Work in Institutions Serving the Homeless	%
Yes	44,0
No	23,0
I do not know/I am indecisive	22,3
I didn't know there were such institutions.	10,7
Total	100

More than 40% of the participants stated that they wanted to work in institutions or organizations that serve the homeless. The fact that the majority of them want to work in institutions serving the homeless shows that there is social sensitivity. It is seen that the ratio of the participants who say that they do not want to work in the institutions serving the homeless (23%) and cannot decide whether they want to work or not (22.3%) is almost equal. In this context, anti-stigma studies and interventions for social integration are needed. However, one in ten participants (10.7%) stated that they were not aware of such institutions. Considering the results obtained, it is understood that there is a need to introduce this field to the professional staff who will work in the field of homelessness, increase the number of experts to be appointed to the relevant institutions and open private courses related to homelessness in undergraduate education.

6.2.2.4. Attitude to be Exhibited in the Return of the Family Member Leaving the House

The participants were asked, 'How would you behave against a family member who left the house and returned home and the following findings were obtained from the answers received.

Table 52: Opinions of Families on the Return of an Individual Leaving the House

Thoughts on the Return of the Individual Leaving the House	Yes	No
I would be very happy, and I would embrace her/him	52%	48%
I help her/him with everything.	65.7%	34.3%
I never repeat the old mistakes that I thought caused her/him to leave the house.	56.7%	43.3%
I don't do anything.	3%	97%
This can't happen in my house.	9.7%	90.3%

When the opinions of the participants about the homeless returning to their families are examined, it is seen that more than half (52%) of the participants stated that they would be happy for homeless people to return to their homes. Based on the opinion that it would be better for families to return home than for a family member to stay out, it is understood that they will be happy in this case and protect and take care of the homeless individual. The people who say that they will not be happy have a significant ratio (48%). It is thought that family members with this ratio do not take care of the problems they have with the member who left the house because there will be no compensation.

Family members stated that it would be most likely to help if a member who left their home left and returned. It is seen that this rate is almost seven out of every ten people (65.7%) among the participants. It is seen that there are three out of ten people say they will not help their family members who return home. The positive response of more than half of the participants (34.3%) is an indication that they want to take the support given to the family member to the end.

If a member who left their home left and returned, the family members stated that they would not succumb to their

previous mistakes. It is seen that this rate is more than half (56.7%) of the participants. It can be said that family members who say they will not succumb to my mistakes are aware of their mistakes. It is seen that the rate of family members who say they will repeat their previous mistakes is four (43.3%) of every ten people. It is thought that the respondents who said “No” were not even aware of their mistakes.

The proportion of family members who stated that they would not support if a member left their home (97%). It shows that families who say they will support them will not completely break off their relationship with the individual who left the house. It is seen that families who stated that they would not support constitute three (3%) of every ten people among the participants. The proportion of families who stated that they would be supportive and that they would be indifferent is negligible. This situation explains that when individuals who leave the house want to return home in order to try to improve their situation, they will not break the interest and closeness of their families, and it should not be ignored that this attitude of families will have a greatly positive effect on the homeless individual.

Almost all participants (90.3%) stated that there might be a situation where one of the family members wanted to leave the house and then return. This shows that families think that it would be better for them to return home than for one of their family members to be homeless and those family members will not break the bond between them regardless. It is seen that almost one in ten (9.7%) participants stated that such an event would not occur if a member left the house. It is thought that the participants with this opinion gave this answer because their family ties were not strong, and they felt insecure towards each other.

6.2.3. Domestic Relationships of Homeless Family Members

Table 53: Frequency of Discussing Family Problems

Frequency of Discussing Family Problems	%
Never	8
Several times a year	19
Several times a month	37
Several times a week	20,6
It's pretty much every day.	15,3

While it is necessary to talk about and conclude the situations where family problems occur urgently and to eliminate the problem for peace and happiness, those who say they never talk about family problems constitute almost one (8%) of every ten people among the participants. Subsequently, the group stated that they talked about the following family problems several times a year and constituted approximately 1/5 of the participants. However, this situation is not enough to solve their problems clearly. Although the people who say that they talk a few times a month (37%) promise, their problems that will be completely eliminated by talking are caused to become insoluble in a long time. The people who say that they talk almost every day cannot even make two (15.3%) of every ten people among the participants. This situation can enable the problems to be clarified and solved in a healthy way. However, this low rate of family relations in society may cause serious deterioration in family structures.

Table 54: Solution Method of Family Problems

Solution Method of Family Problems	%
By discussing and agreeing	71,3
With the intervention of family elders	13,3
We apply to an influential family friend	1
With consultative support	8,3
The problem remains unsolved	6

When the ways of solving family problems are examined, Since seven (71.3%) of every ten people among the participants solve their problems by talking, we can say that family communication is at a good level. This situation shows that the family solves the problems together and acts together in the face of any problem. This was followed by consulting the family elders (13.3%), respectively. This situation shows at least that the opinions of the family elders are cared for in the face of problems. Almost one in ten (8.3%) of the participants stated that they could apply to their acquaintances. This shows that expert support plays a much more effective role in the solution of the family's social problems rather than recognizing them when faced with any problems. It is thought that those who say that it will not be solved (6%) have communication disconnection in the family.

Table 55: Status of Domestic Violence

Frequency of Domestic Violence	%
Never	79,3
Very Low	12,7
Low	5,3
High	2,3
Too high	3

Almost eight out of ten (79.3%) of the participants stated that they had not been subjected to domestic violence, indicating that they had not witnessed any violence in their family structures before. Those who say that they will be exposed to violence very little have a significant ratio (12.7%). However, the rate of those who say they will visit less (5.3%) cannot be ignored. These people include those who think that they have been subjected to violence from different points. There is no significant difference between those who say they are exposed to violence (3%) and those who are exposed to violence (2.3%). It is seen that these segments are subjected to serious physical or psychological violence.

Table 56: Thoughts on Measures Against Violence

Prevention ideas for violence	%
I apply to the relevant institution	18,7
I'll report it to law enforcement.	25,7
We'll figure it out on our own.	38,7
We ask for support from the family elder	15
We apply to an influential family friend	2

It is thought that the largest part of the participants (38.7%) talked and handled taking precautions against violence based on the fact that what happened in the family should remain in the family. While more than a quarter (25.7%) of the participants reported to law enforcement officers, fewer participants (18.7%) stated that they would apply to the institution. This shows that the law enforcement forces are more reassuring for the participants than the institution. It is thought that the feeling of trust in the unifying power of family elders predominates when the number of participants (15%) who asked for support from the family elder is greater than the number of those who applied to a significant acquaintance (2%).

RESULT

The human, who tries to express himself in the world with his bio-psycho-social dimensions, has always been the main actor in the struggle in the world by nature. During this struggle, he was affected by many actions that were caused by him or that he could not intervene and affected them. These actions have led to significant changes for the masses, and therefore, human beings have faced some disadvantageous situations.

Homelessness, as one of the most obvious negativities of human struggle, has become a social problem that has been felt from past to present and encountered in every age. Although some research has been done on the beginning of this ancient problem, which is as old as human history, it is a fact that it is very difficult to give a clear date today. Similarly, it is not possible to define it sharply. Because homelessness has brought its own characteristics to every society and period, for this reason, it is not possible to make a definition that is outlined. The ambiguity of the definition of the concept has brought positive and negative results. On the one hand, the inability to draw the boundaries of the definition has made almost every scientific field the addressee of homelessness, which has enabled the development of new perspectives and theories on the subject. On the other hand, the concept has

gained a very unlimited identity, and it has become difficult to conduct research on the subject.

Homelessness is a phenomenon that manifests itself differently in every society and affects individuals in many different ways. This concept, which has a cyclical relationship with many problems, prevents individuals from meeting their needs and fulfilling their responsibilities. If an individual who does not have enough opportunities does not benefit from social opportunities enough, this situation may bring along a complex process, and the individual may find himself/herself in a spiral of problems (Genç et al., 2022). For this reason, countries need to develop their own intervention methods and programs in the face of such a social problem that affects the individual and society to this extent. The most important road map for the implementation of these methods and programs is undoubtedly scientific research. The data and findings obtained from scientific research play a key role in terms of social problems.

This research was carried out in Türkiye, Italy, Austria and Hungary, where the homelessness phenomenon was observed, in order to reveal the current situation regarding the homelessness problem and to present comparative findings. Within the scope of the research, interviews were made with homeless individuals and families with homeless individuals who experienced the state of homelessness, and important data were obtained regarding the problems faced by both the homeless and their families during the homelessness process.

The study was conducted with a total of 400 participants from four different countries, including 100 homeless individuals and 300 family members of homeless individuals. In the study, the demographic structure was considered very important in order to obtain appropriate and healthy data. Accordingly, more than half of the homeless participants are homeless people living in Türkiye, while the other participants are equal in number from the remaining three countries.

The gender of the participants was close to each other. This situation was found to be significant in terms of trusting gender-based explanations.

It has been observed that the homeless, who adopt a lifestyle in various ways in terms of family structures, lead a problematic life in this regard. Because a significant number of the participants stated that they had never been married before, that they were married and divorced or were living apart from their spouses although they were officially married, this situation was also reflected in the number of children, and it was concluded that more than half of the homeless participants did not have any children (see Table 2).

Degrees of education, which were seen at very low levels in terms of education level, were found (see Table 2). While only a quarter of the participants has a high school or higher education degree, the remaining parts consist of people who have left the relevant school or have a diploma at the primary/secondary school level, and there are also people who are illiterate among these people. It is seen as a valuable finding obtained from this research to say that homelessness started at a young age. It has been determined that more than half of the participants are younger than middle adulthood age (35). As the age increases, there is a decrease in the rate of homeless people.

One of the important points about homelessness is the age of homelessness for the first time. Because the fact that homelessness is experienced at an early age can bring much more problems for the individual. When the age of homelessness of the participants was examined, it was seen that almost all (95%) of them met homelessness after the age of 18 (see Table 3). From this point of view, it would not be wrong to say that the services of institutions and activities that serve in childhood are important. It seems necessary to consider and implement these preventive-protective services for adults as well.

Homeless individuals experience the current state of homelessness alone. Because three-quarters (75%) of the homeless people participating in the study live alone. A small proportion of them stated that they lived with friends, acquaintances and/or spouses. However, homelessness emerges as a fresh social problem. Almost three-fifths (58%) of the homeless stated that they faced this problem for a year or less. This shows that homelessness has recently increased significantly (see Table 4).

Homelessness brings with it both spatial separation and a lack of communication with the social environment. Almost one in eight (76%) homeless people met with their family members or relatives for less than a week in the last two months (see Table 5). This situation is in parallel with the situations of living alone given in Table 4. Because the ill fate of an individual who is far from communication manifests itself as loneliness.

Homelessness is a problem that has the potential to affect individuals in many ways. The participants stated that they faced many social, economic and psychological obstacles in the homelessness process. These include problems with their families, deprivation of job opportunities, inability to meet their basic needs, inability to benefit from health services and turning to addiction. A statistically significant relationship was observed between the country where the homeless lived and the problems they had (see Table 6). Accordingly, the most problematic country is the homeless people living in Türkiye. The fact that it causes a wide range of negativities suggests that homelessness has the potential that can be associated with crime. For this reason, homeless people were asked questions about their prison history, and it was concluded that almost one in ten people had such a history (13%).

It is perfectly reasonable for the streets to bring about difficult conditions for the homeless. Based on this idea, it is also possible for the homeless to be dragged into a crime or

to commit a crime. In contrast, the majority of the homeless people participating in this study have never been to prison before (see Table 7). This situation can be interpreted as at least multiple problems that are not acquired during the homelessness process.

The housing problem is the most prominent feature of homelessness. Because when homelessness was defined and interpreted throughout history, the general opinion was explained in terms of not having a place to live. The country where the homeless lived was also determined to be related to their perceptions of housing. Accordingly, a statistically significant relationship was found between the country of residence of the homeless and the problem of housing ($p < 0.05$). It was determined that the homeless people who thought that sheltering was a problem for them the most were the homeless people living in Türkiye (see Table 8). It was observed that the people who said that housing was not a problem for them mostly resided in Italy. It is known that the places where individuals live the most in the homelessness process, except for the streets, are shelter institutions. These institutions accept homeless people even if they are within certain hours. Although it is possible to provide shelter as a basic need, the fact that these institutions do not give confidence to individuals is another finding reached in the research. Half of the participants stated that they were not completely understanding and sometimes not safe. This is seen as valuable data in terms of commenting on the structure of the institution.

In parallel with the housing problem, the trust level of the shelter is also an important issue for the homeless. The fact that only one out of every three participants feels insecure may indicate that there is relatively less danger in the places where they are currently staying (see Table 9). Providing guiding services to the homeless is considered as important as determining the current situation of the homeless. Because

the reasons that put the homeless individual in this situation are the deprivation of social resources, therefore, it is essential to advise homeless people about their problems. Almost every five (18%) of the participants were given recommendations that included permanent solutions during the homelessness process (see Table 10). However, the remaining homeless stated that temporary solutions were recommended to them or they did not receive any advice. Another issue is the concrete deprivations brought about by homelessness. The process of homelessness brings with it not only the deprivation of one property but also the deprivation of access to many social resources. Homeless people who do not have a regular job face situations where their basic needs, such as food and nutrition, cannot be met (see Table 11). Within the scope of the research, more than three out of five (62%) of the homeless stated that finding food was a serious problem for them.

Relatively late experiences of homelessness at an early age can affect individuals in many ways. Considering some habits brought about by homelessness, this situation can be felt even more strongly. In the study, a statistically significant relationship was found between the age of first homelessness and first alcohol consumption ($p < 0.05$). Accordingly, all of the people who were homeless between 0-17 for the first time started drinking before the age of 18. If the individual is homeless at a child's age, this causes him/her to consume alcohol at an early age (see Table 12). Conversely, it was observed that those who experienced homelessness in their middle ages started to use alcohol for the first time at a later age. As well as consuming alcohol, its quantity and frequency also point to an important process in the homelessness process. While homeless individuals face the disadvantages of the current homelessness situation, they may find themselves in different habits as a result of the wrong decisions to be taken during this period. The conditions in which the homeless live are one

of the determinants of this period. The country of residence may bring some differences in acquiring/leaving the relevant habits in this process. For example, a statistically significant relationship was found between the country of residence and the frequency of alcohol consumption ($p < 0.05$). While the country with the lowest frequency of alcohol consumption was the homeless people living in Türkiye, the homeless people living in Austria were the ones who consumed alcohol the most (see Table 13). This situation may require the services and programs to be implemented during the homelessness process to act according to the characteristics of the place of residence. Another perspective on alcohol use in the process of homelessness is whether alcohol is defined as a problem because some people do not think that alcohol will harm them. A similar result was reached in this study, and six (58%) of almost every ten homeless participants stated that they did not want to make any efforts to stop drinking (see Table 14).

Although alcohol is one of the addictive substances, it is only one of the products defined as a substance. Today, there are more effective, harmful and faster addictive substances than alcohol. The fact that the homeless live outside their own house makes the streets, which are frequented by people who want to know about the substances, learn about them and use them, even more important. In addition, the living conditions of the individuals, the environment they grew up in, the place where they live, and the values they accept are important in terms of approaching the substance in this process. In this context, a statistically significant relationship was found between the drug use of the homeless participants and the country of residence ($p < 0.05$). While the least substance was used by the homeless people living in Türkiye, the participants living in Hungary were the ones who used the most substance (see Table 15). However, how the individual perceives himself/herself as well as using substances has an extremely important place. Because there can be many reasons that lead individuals

to use substances, the individual who internalizes his/her own reason can only perform an acceptance on the suitability for the reason instead of defining himself/herself as addicted. The majority of the homeless people participating in the study do not see themselves as addicts (See Table 16). Approximately a fifth (18%) of the participants stated that they tried to reduce substance use, but there was still no change (see Table 17). Activation of various support mechanisms for this segment, which is a serious ratio among all participants, will contribute to the improvement of the current situation of the individual.

The psycho-social dimension of the homelessness process manifests itself as a result of the support of the homeless individual from social life actors in this process. In concrete terms, the feedback received from the social environment is very important for the homeless living together with many disadvantages. These social life actors are the family, friends and professionals working in institutions for the homeless individual. For this reason, the relationship between homelessness and social life actors was considered important by the researchers. Accordingly, as a result of the question asked about the clarity of family support during the homelessness process, the majority of the participants (68%) thought that family support did not have any contribution during the homelessness process was determined as a very surprising result (see Table 18). Similarly, as a result of the examination of the relationship between interpersonal differences and family support, a statistically significant relationship was found between the country of residence and family support while asking for support ($p < 0.05$). Accordingly, among the homeless participants, the most hesitant Turkish homeless participants when family support is considered (See Table 19). More than three-fifths (61.9%) of the Turkish homeless stated that they would mostly or always hesitate from their families in case of need for support. Austria is the country with the least problem in requesting support. The participants

stated that they would never hesitate or rarely do so (100%). The hesitation rates of the homeless people living in Italy and Hungary and participating in the study are similar.

When it comes to friends, we see a similar picture with family relations. A statistically significant relationship was found between the country of residence of the participants and their hesitancy while asking for support from friends during the homelessness process ($p < 0.05$). Accordingly, the most hesitant people when asking for support for friends are the homeless people living in Turkiye. Seven (71%) of every ten homeless people living in Turkiye stated that they were mostly or always hesitant while asking for friend support (See Table 20).

Another authority that homeless people can address in social life is institutions. Especially in case of insufficient support from family and friends, the services provided by institutions are very important for the homeless. Within the scope of the study, the participants were asked about their hesitation while requesting support from the personnel in the service institutions, and it was seen that the rates of the answers were close to each other. One out of every five participants (22%) stated that they never hesitated. Such a significant proportion should be considered valuable in the responses received. Because if the homeless individual does not hesitate to apply to the institutions when he/she has a problem, it can be inferred that he/she provides access to the authorized actors of the country in which he/she lives. The important thing is to bring the rates of other responses closer to the behavior of not being hesitant (see Table 21).

Institutions, which are one of the places where the homeless life, emerge as important social areas examined within the scope of the research. As a result of the research, a statistically significant relationship was found between the country of residence of the homeless and the continuity of their lives in the institution ($p < 0.05$). While the most Austrian

participants staying in the institutions are the most, the least are the homeless people living in Turkiye. In this regard, it is a remarkable result that only Austrian participants have a history of institutional care and are not available in other countries. The lack of institutional care history in countries other than Austria is an indication that countries have developed institutional services for homeless individuals. The fact that homeless individuals in Austria have a history of institutional care leads to the conclusion that the institutional care model is emphasized.

Communication with family or relatives during the homelessness process was determined as a valuable output obtained in the research. A statistically significant relationship was found between the status of communication with family and relatives between the ages of 6-18 and the countries of residence of the homeless ($p < 0.05$). Accordingly, the country that communicates the most with the family and relatives of the participants was determined as the homeless people living in Turkiye. However, at least 60% of the citizens of each country communicate with their families or relatives. With this finding, it was concluded that the majority of the participants communicated with their relatives even if the countries changed.

With the alcohol use habits of the parents, it has been determined that the use of alcohol by the homeless is a very critical variable in the homelessness process. A statistically significant relationship was found between the alcohol use of the families and the alcohol use of the homeless person ($p < 0.05$). This situation shows that the behaviors of its members affect the homeless to a great extent. Family members of homeless individuals with high alcohol or substance consumption consume more alcohol or substance than others (see Table 24).

A statistically significant relationship was found between the exposure of the majority of the participants to any

domestic violence until the age of 18 and the countries they lived in ($p < 0.05$). Accordingly, the most violated homeless people under the age of 18 are the homeless people living in Austria. The rate of violence in other countries is quite low (see Table 25).

When the employment status of the participants from the age of 15 to the present day in an income-generating job was examined, it was seen that only a quarter of them had never worked. However, the remaining participants worked in income-generating jobs for certain periods (see Table 26). In the last month, almost one in seven participants stated that they did not work any job to earn money (see Table 27). Similarly, a similar rate has been found in terms of how many different jobs have been working in the last month. Almost one in seven participants stated that they did not do any work. However, there are also homeless people who do single jobs and more than one job (see Table 28). A wide variety of activities stand out in the ways of making money. When the methods of obtaining alternative income were examined, it was seen that alternative methods such as getting help and begging were used (see Table 29).

Health perceptions and problems are one of the issues that the homelessness process predicts individuals the most. A statistically significant relationship was found between the country of residence of the participants and their current health perceptions ($p < 0.05$). Accordingly, the homeless people who define the health perception at the lowest level are the homeless people living in Italy (see Table 30). Homeless people living in other countries have moderate and higher health perceptions. This situation shows that the participants see themselves as healthy and continue their lives even under difficult conditions.

Although their health perceptions are moderate, this does not change the fact that the homeless have some physical problems. Because only a third of the participants stated that

they did not experience any physical pain (see Table 31). The fact that the remaining part has mild to severe pain reveals the importance of health services in the homelessness process.

When the participants were evaluated for their status of performing personal actions, it was seen that more than half of the drugs prescribed by the doctor could be taken (see Table 32); the majority of them could apply for help (see Table 33); more than half of them could not make a budget plan (see Table 34); more than half of them could not travel by bus (see Table 35). Participants' inability to perform actions such as budget planning and bus travel while performing actions such as health and financial gain is related to meeting basic needs and achieving a moderate standard of living. Considering that actions such as traveling by bus or budget planning are above average and individuals are homeless, it seems possible that they cannot perform these actions.

It was found that the majority of the participants did not stay in the hospital and did not use drugs for mental or emotional health problems (see Table 36). Individuals' inability to access or provide partial access to health services is related to this situation. Because they are homeless and do not have social security, individuals cannot provide institutional care and medication (see Table 37).

When the demographic characteristics of homeless families are examined, it is understood that the majority of the participants are married, have a job, live in the city center and define themselves as middle-income (see Table 38). This result is interesting when looking at other studies on homelessness. In Ryan and Hartman (2000: 173), it is understood that although the marriage rates are high, people have financial problems and cannot reach sufficient job opportunities. Of course, considering the time between the two studies, it is understandable that there are such differences. However, when the participants were asked about the reasons for homelessness, it was seen that the answers to

economic problems were more (see Table 39). This situation can show that individuals may face problems in the family due to the unfair distribution of income as a return to the post-modern age.

When homeless families are asked about the reasons for homelessness, it is seen that economic problems, domestic violence, family indifference and mental and physical diseases of people come to the fore (see table 39). These results are similar to other studies. In Pardeck (2006: 57), domestic violence has been shown to be one of the biggest reasons for individuals to turn to homelessness. In addition, it has been stated that violence occurs among homeless people who have mental health problems. In Polgar et al. (2006: 287), homeless families were examined as a social support mechanism. It has been emphasized in the study that families give support to a homeless family member, but this support is affected by various deprivations and mental illnesses. However, it has been stated in the literature that homeless individuals focus on housing problems and that studies on homeless people with mental illness are not sufficient (Bassuk and Geller, 2006: 794-795).

Another important problem with the homeless is stigma. People with disabilities, individuals with mental illnesses, immigrants, homeless people and other disadvantaged groups in society may face stigma depending on the period they live. This situation prevents people from integrating with society and can cause the size of the problem to grow. Due to this situation, the reactions of people when they encounter homeless individuals are important. In this context, the families who participated in the study reported that they would contact the state institutions when they encountered homeless individuals. However, there were also participants who were not interested in this subject or did not know what to do (see Table 40). As can be understood from the answers of the participants, it is noticed that there is a lack of awareness

about homelessness and that stigma is effective on the attitudes of individuals, although not visibly. In this context, what needs to be done to prevent the stigma experienced by the homeless is stated. In this process, it was emphasized that it is important to identify the situations that lead people to the street and to increase anti-stigma activities (Belcher and DeForge, 2012: 941).

Society can define homeless individuals as useless, bankrupt, vagabond, dangerous, lazy and similar expressions and think that homeless people can consist of these groups (Hocking and Lawrence, 2000: 92). However, with post-modernism, people have changed their lifestyles and for some, homelessness has begun to become a lifestyle. This situation paved the way for the perception of the homeless to change and the problem to become more visible. As a matter of fact, in this study, homeless families were asked who could be among the individuals living on the streets and the answer that every segment of society could turn to homelessness was taken more (see Table 41).

If individuals turn to homelessness, the attitude of their families also affects the size of the problem. If the family enters into a conflict with the homeless individual or ignores this situation, it may be difficult for the homeless individual to return to the family. However, it is also possible to facilitate the process with an accepting attitude. Within the scope of the research, the homeless families were asked about the attitude they would exhibit if one of the family members left the house, and most of the families stated that they would not allow this or that they would make an effort to have the family member who turned to the street join them again (see Table 42). A similar result emerged in terms of how people would behave if they experienced such a situation themselves. The participants stated that they would try to return to their homes in such a case (see Table 43). For this reason, it is important to reveal the family experiences of

homeless individuals and to eliminate the negativities related to these experiences. It is also possible to apply the four-stage intervention recommended for homeless individuals to return to their families. In this context, providing permanent housing opportunities to homeless individuals, addressing family experiences and traumas, and implementing long-term care plans and interventions for the caregiver are also included in the program (Reilly, 1993: 318).

One of the most basic problems related to the problem of homelessness is that the homeless do not have a regular place to stay and have security problems related to the places they live. As a matter of fact, the findings obtained from the research pointed to this, and most of the participating families described the lack of a place for the homeless to stay as a problem (see Table 46). In order to solve this problem, countries are trying to create shelter environments for homeless citizens. However, in Paat et al. (2021: 263), it was determined that homeless individuals could not benefit from housing services sufficiently. The reasons for this situation include inadequate resources, a low number of qualified personnel, problems in service coordination, prejudices of society and stigmatization. For these reasons, it is understood that there is a need for holistic social policies, increasing the number of professional staff to work in the field and anti-stigma studies to solve the housing problem of the homeless.

When the policies and practices of states towards homeless individuals are examined, it is understood that the studies are not sufficient. Homeless families participating in the study also expressed their opinions on this issue and stated that the state did not make enough effort to solve this problem (see Table 48). According to Fazel et al. (2014: 1529), the interaction of individual and structural factors is the basis of homelessness, alcohol and substance addiction, suicide, the risk of contracting infectious diseases, physical diseases and mental disorders may occur due to this problem. Considering

the increasing rates of homelessness, it is stated that it is important for countries to implement practices targeting high-risk groups.

Another important result related to homeless individuals is based on voluntary studies. According to the information obtained from the research, the participants (see Table 50) seem to be willing to visit the organizations serving the homeless (43.7%), but the rate of participants who do not want to visit these institutions is quite high (42%). This may indicate that people are not very willing to volunteer with the homeless. Similar results were reached by Morgan et al. (1997: 52), and the processes of people working voluntarily with the homeless and their motivations under this request were examined. Accordingly, it is understood that 36% of the participants were willing to help the homeless, and empathy was the main motivation for the process. After empathy, it is seen that an individual's religious beliefs are effective in charity activities. Based on these results, it is thought that it would be beneficial to direct individuals to volunteering activities, focus on studies on the basic motivation under volunteering, and perform community-based interventions for homeless individuals.

As can be understood from all these results, the family plays an important role for homeless individuals to return to their families and integrate into society. In addition, how the family evaluates this problem and what steps to take to solve it can be useful in determining the necessary policies. When the attitudes of families towards homeless family members are examined, it is understood that they welcome the return process positively and tend to accept homeless individuals (see Table 51). However, there are also communication problems in families (see Table 53) and the occurrence of domestic violence (see Table 55). Related results can affect the size of the homelessness problem. As a matter of fact, other studies in the literature point to this and emphasize the importance

of family interventions. It is understood that the applications have positive results. For example, in Beharie et al. (2010: 61), as a result of family-based interventions, eight-session group studies were conducted to protect individuals staying in homeless shelters from HIV, alcohol and substance addiction, and positive results were obtained. However, despite these positive results, the number of family-based interventions is low, and there is a need to increase it.

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APPENDICES

APPENDIX-1: YÖK-Thesis Numbers of the Examined Postgraduate Theses

725688	522302	221515
712173	391494	192002
673674	380196	115636
673631	314842	91102
643112	230157	415629
646522	232872	401620
639150	58797	254504
622419	642860	168292
568605	594465	717640
564471	572386	686842
518398	408233	226583
261869	215236	

RESEARCH TEAM

Prof. Dr. Yusuf GENÇ	Sakarya University
Assist. Prof. Dr. İsmail AKYÜZ	Sakarya University
Lecturer Umut SOLMAZ	Abant İzzet Baysal University
Res. Assist. Hüseyin Zahid KARA	Sakarya University
Res. Assist. Cengizhan AYNACI	Sakarya University
Res. Assist. Zeynep ATALAY	Sakarya University
Musa ZOR	Sakarya University Institute of Social Sciences
Psychologist Ahmet HAMARAT	Republic of Turkiye Sakarya Provincial Directorate of Family and Social Services

THE OTHER SIDE OF THE STREET: HOMELESSNESS

Cases of Turkiye-Austria-Italy-Hungary

Homelessness, as one of the current problems of the global world, is the trigger of some problems that threaten society as well as many problems.

Many people are homeless because of life conditions, while some adopt living on the street as a lifestyle. Adopting the street, which is the common use area of society, as a living space involves many risks. Individuals from fragmented or dysfunctional families are more likely to be on the streets. Protecting the integrity of the family or making it important to be a family will contribute to the individual staying in the family and trying to solve their problems within themselves.

Countries are developing and implementing local social policies to prevent homelessness, regardless of their direction and content. However, it is necessary to produce international solutions for homelessness, a common worldwide problem. Studies should be carried out to ensure that individuals who are somehow homeless return to their homes.