

The sociodemographic profile of the homeless population in the State of Santa Catarina and in the City of Florianópolis versus the strategies and actions to face them

El perfil sociodemográfico de la población sin hogar en el Estado de Santa Catarina y en la Ciudad de Florianópolis versus las estrategias y acciones para enfrentarlos

O perfil sociodemográfico da população em situação de rua no Estado de Santa Catarina e na Cidade de Florianópolis versus as estratégias e ações para o seu enfrentamento

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Abstract

The aim was to describe and analyze the socio-demographic profile of the homeless population registered in the Unified Registry of the Unified Health System in the State of Santa Catarina and in the city of Florianópolis in the period from 2014 to 2019 versus the implemented health strategies and actions aimed at that population. This is a documentary, descriptive and retrospective study, with a quantitative approach, which analyzes the number of homeless people registered in the Unified Registry of the Unified Health System, in the State of Santa Catarina and in the capital, Florianópolis between the years of 2014 and 2019. The number of homeless people in the State of Santa Catarina and in the city of Florianópolis in the period from 2014 to 2019 showed an increasing trend. The results obtained with the study allow us to reflect that, despite the expansion of inclusive policies aimed at social issues involving the homeless population, in practice, there is still a need for governmental and non-governmental investments that can reduce urban violence and improve the living conditions of this population, including ease of satisfactory health care.

Descriptors: Homeless People; Social Vulnerability; Health Education; Social Stigmas; Healthcare Profiles.

Resumen

El objetivo fue describir y analizar el perfil sociodemográfico de la población sin hogar inscrita en el Registro Unificado del Sistema Único de Salud en el Estado de Santa Catarina y en la ciudad de Florianópolis en el período de 2014 a 2019 versus las estrategias y acciones de salud implementadas dirigidas a esa población. Se trata de un estudio documental, descriptivo y retrospectivo, con enfoque cuantitativo, que analiza el número de personas sin hogar inscritas en el Registro Único del Sistema Único de Salud, en el Estado de Santa Catarina y en la capital, Florianópolis entre los años de 2014 y 2019. El número de personas sin hogar en el Estado de Santa Catarina y en la ciudad de Florianópolis en el período de 2014 a 2019 mostró una tendencia creciente. Los resultados obtenidos con el estudio permiten reflexionar que, a pesar de la expansión de políticas inclusivas dirigidas a temas sociales que involucran a la población sin hogar, en la práctica, aún se necesitan inversiones gubernamentales y no gubernamentales que puedan reducir la violencia urbana y mejorar las condiciones de vida de esta población, incluida la facilidad de una atención sanitaria satisfactoria.

Descriptoros: Gente de la Calle; Vulnerabilidad Social; Educación para la Salud; Estigmas Sociales; Perfiles de Salud.

Resumo

Objetivou-se descrever e analisar o perfil sócio demográfico da população em situação de rua cadastrada no Cadastro Único do Sistema Único de Saúde no Estado de Santa Catarina e na cidade de Florianópolis no período de 2014 a 2019 versus as estratégias e ações de saúde implementadas destinadas a essa população. Trata-se de uma pesquisa documental, descritiva e retrospectiva, com abordagem quantitativa, que analisa o número de pessoas em situação de rua cadastrada no Cadastro Único do Sistema Único de Saúde, no Estado de Santa Catarina e na capital, Florianópolis entre os anos de 2014 e 2019. O número de pessoas da população em situação de rua no Estado de Santa Catarina e na cidade de Florianópolis no período de 2014 a 2019 apresentaram tendência crescente. Os resultados obtidos com estudo permitem refletir que, apesar da expansão de políticas inclusivas voltadas para as questões sociais que envolvem a população em situação de rua, na prática, ainda se observa a necessidade de investimentos governamentais e não governamentais que possam reduzir a violência urbana e melhorar as condições de vida desta população, incluindo a facilidade ao atendimento satisfatório a saúde.

Descriptoros: Pessoas em Situação de Rua; Vulnerabilidade Social; Educação em Saúde; Estigmas Sociais; Perfis de Saúde.



Introduction

The homeless population (PSR) exists in Brazil, since the country was a colony of Portugal, a period in which farms began the liberation of slaves, even before the abolition of slavery (1888). However, after the signing of the Golden Law, there was no guidance aimed at integrating blacks into the new rules of a society based on wage labor¹.

Thus, the abolition of slavery meant that ex-slaves were not integrated into the formal labor market, as farmers preferred to import low-cost European labor, which was paid for by the public authorities. As a result, ex-slaves migrated to other places in search of better living conditions, which without success, suffered prejudice against color, which continued to hamper any action by the freedmen, causing great difficulties in finding jobs, housing and education¹.

Although there is a report that homeless people in Brazil started the colonial period, it is not possible to say the historical moment that this event emerged as a visible social problem. It is believed that this phenomenon became noticeable with the displacement of the rural population, around the 1960s, due to the mechanization of labor in the countryside, associated with the facilities in large centers, especially located in the southeastern region of the country. In this way, there was an increase in the number of unemployed and abandoned children, and thus the homeless population was formed, which is made up of a growing public in the cities, revealing to us an unequal and suppressive social system, forming situations of extreme vulnerability^{2,3}.

As a result of the urbanization and modernization process concomitant to social inequality, the data published in 2019 at the Brazilian Institute of Geography and Statistics (IBGE), reveal that the State of Santa Catarina (SC) has approximately 7,164,788 people. And according to the last census conducted in 2010, Santa Catarina is in third place in the national ranking with the best Human Development Index (HDI), with a value of 0.774, behind only the States of São Paulo with 0.773 and the Federal District with 0.824. In contrast Santa Catarina, based on data from the research platform CECAD 2.0, in 2019 there were approximately 5,119 homeless people registered in the SUS Single Registry, 1,187 people concentrated in the capital, Florianópolis⁴.

Based on the information mentioned in the paragraph above, it is believed that this number of homeless people in the State will increase significantly over the next few years, through the phenomenon called internal migration, defined by the author⁵ as the physical transition of an individual (or of group) from one geographic sector to another. According to the author, the migrant is looking for something new and better, for which he abdicates his already known place, his network of interactions, his friends and family, for some truly relevant reason. This need to migrate emerges a perception of future achievements regardless of the adversities they will face⁶.

Santa Catarina is in a constant process of development and growth, causing visible impacts in the social and environmental spheres. And this is since the State

has tourist attractions, especially Florianópolis, known internationally, causing seasonal tourism and the increasing migration of people. The city receives rich migrants, with good purchasing power and who seek to live and enjoy the natural beauty that the place offers, and poor migrants, with little purchasing power, who see in the capital a new job opportunity and quality of life⁶.

However, because of different situations, many of these migrants are unable to stay in Florianópolis, whose cost of living is one of the most expensive in the country and end up occupying irregular territories. As an example, we can observe the areas of permanent preservation, slopes, hills, mangroves, dunes, among others, often living in an unhealthy way without access to basic services such as water and electricity, thus becoming vulnerable to social problems⁶.

Regarding public policies, in December 2009, through Decree No. 7,053, the National Policy for the Homeless Population (PNPSR) was established, which guarantees the rights of the homeless population. Such policy aims to minimize the prejudices faced by this population in the search for shelter, through respect, dignity, and the offer of humanized and universalized care, as well as to ensure broad, simplified, and safe access to services and programs that are part of public health policies⁷.

According to this same decree it is considered that the homeless population is:

The heterogeneous population group that has extreme poverty in common, interrupted or weakened family ties and the lack of regular conventional housing, and that uses public places and degraded areas as temporary and permanent living and living space, as well as reception units for temporary overnight stays or as temporary housing⁷.

In addition to the decree cited in the previous paragraph, Resolution No. 2, of February 27, 2013, complements the PNPSR, establishing guidelines and guidance strategies for the process of tackling inequities and inequalities in health, with the main objective of the population homeless in the context of the Unified Health System (SUS). Among the strategies defined in the Ordinance, we highlight the guarantee of access to health services, the reduction of damage to health resulting from work processes on the street and living conditions, the improvement of indicators and the quality of life of this population. It also cites the refusal and rejection of any form of compulsory exclusion and institutionalization that does not meet the requirements set out in law⁸.

To achieve these objectives, the resolution establishes the expansion of educational actions aimed at overcoming prejudice and training public servants to improve the quality and respect in the care of the homeless population, as well as the creation of means of articulation between the Unified System of Social Assistance (SUAS) and SUS to qualify the offer of services⁸.

The approvals, of these two ordinances mentioned, are of paramount importance to expose the duty and social obligation to welcome people on the streets, since among



the obstacles faced by this population in the search for basic social rights, the denial stands out the right to health. Few studies seek to know the strategies developed by the homeless population in view of the lack of public services and the adversities of access to existing ones³.

According to study mentioned⁹, individuals in street situations are exposed to social vulnerability, since these people live in unhealthy and inhuman living conditions, having as an impediment access to basic citizenship rights such as education, work, housing, security, food, and this occurs since they often do not have documentation and certificates, indispensable data to receive even health care.

Therefore, in a way associated with personal factors, the health of people living on the street can point to both the causes and the consequences of everyday life on the streets, so being in this situation exposes you to the risk of acquiring new diseases, as well as worsening diseases already existing.

The view of this, among data published by the Ministry of Health, about health problems most common among the homeless population, stand out: foot problems, infestations, STIs (Sexually Transmitted Infections), AIDS (Acquired Immunodeficiency Syndrome), high-risk pregnancy, chronic diseases, alcohol and drug use, oral health, and tuberculosis. Consequently, the main causes of hospitalization are the use of psychoactive substances, respiratory problems, and external causes.

Other gaps faced by this public are highlighted through the National Survey on the Homeless Population, where it is revealed that the places most used by these people to bathe are the street, with a percentage of 32.6%, the hostels / shelters (31.4%), public bathrooms (14.2%), and the home of relatives or friends, (5.2%). In addition to these data, the survey also reveals that 18.4% of these people have already experienced embarrassment and were prevented from receiving healthcare services^{10,11}.

Given the above, the objective was to describe and analyze the socio-demographic profile of the homeless population registered in the Unified Registry of the Unified Health System in the State of Santa Catarina and in the city of Florianópolis in the period from 2014 to 2019 versus strategies and actions implemented health care for this population.

Methodology

The present study is a documentary, descriptive and retrospective research, with a quantitative approach, which analyzes the number of homeless people registered in the SUS Single Registry (CadSUS), in the State of Santa Catarina and in the capital, Florianópolis, between 2014 and 2019.

The sample was developed using data entered in the SUS Single Registry available on the CadÚnico Consultation, Selection, and Information Extraction website (CECAD 2.0), with data available in the State of Santa Catarina. This tool allows to understand the socioeconomic particularities of the Brazilian population, as well as to know

which of these families are benefited by the Bolsa Família Program.

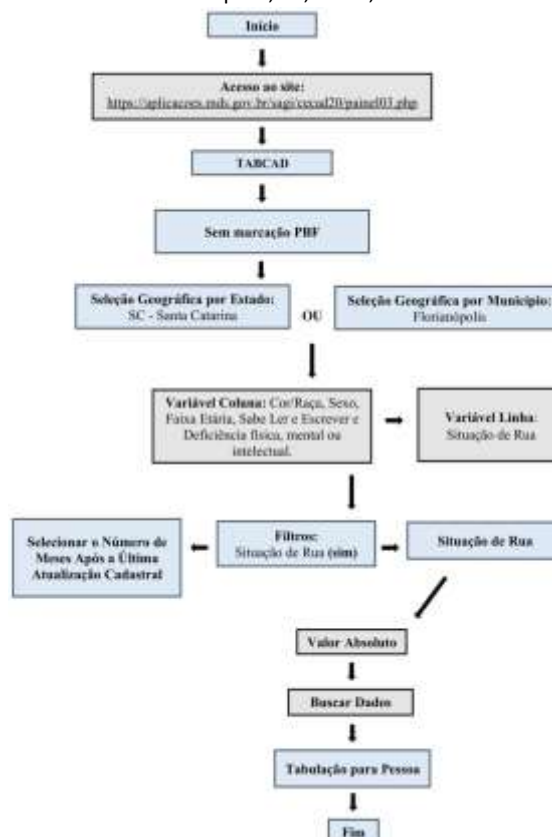
Included in this research were: homeless people, registered in the SUS Single Registry, with data available in the State of Santa Catarina, between the years 2014 and 2019. From the information available on the CECAD 2.0 platform, the variables of street situations (age group, sex, color, or race, reading or writing, physical and mental or intellectual disabilities) were determinant for the present study, as they allow to characterize the profile of the homeless population registered with CadSUS in the State of Santa Catarina between the years 2014 to 2019.

The collected data were entered into a database using the Excel program to develop the tables and a Word document to describe the results. The study used simple descriptive analysis, that is, the description was performed by absolute numbers and presented through graphs and tables.

The research was carried out through secondary data of free access, without the need for approval by a research ethics committee. However, it was respected the principles and guidelines of Resolution No. 466, of December 12, 2012, of the National Health Council, respecting the principles of dignity, autonomy, non-maleficence, beneficence, justice, and equity, among others¹².

Data were collected in the years 2014 to 2019, using information made available on the Ministry of Health's application website based on the CECAD 2.0 platform, which refers to the Consultation, Selection and Extraction of Information from the Single Registry, as shown in Figure 1.

Figure 1. Flowchart referring to data collection in CECAD 2.0. Florianópolis, SC, Brazil, 2020



in the Single Registry of SUS over 65 years old. Chart 1 shows this index of registrations by age group in increasing order in the State, and Chart 2 depicts the index of registrations by age group in increasing order in Florianópolis:

Results

Through the search in the database, CECAD 2.0, it was possible to identify that in the years from 2014 to 2019, people living on the street by age group of 0 were included

Chart1. Total Homeless People Included in the Single Registry in the State of Santa Catarina by age group. Florianópolis, SC, Brazil, 2014-2019

AGE RANGE	NUMBER OF PEOPLE
Between 0 and 6 years	27
Between 7 to 17 years	28
Between 18 to 24 years	377
Between 25 and 34 years	1.327
Between 35 to 39 years	849
Between 40 and 44 years	726
Between 45 and 49 years	574
Between 50 and 54 years	543
Between 55 to 59 years	373
Between 60 and 64 years	199
Older than 65 years	96
Total number:	5.119

Chart 2. Total Homeless People Included in the Single Registry in the City of Florianópolis by age group. Florianópolis, SC, Brazil, 2014-2019

AGE RANGE	NUMBER OF PEOPLE
Between 0 and 6 years	4
Between 7 to 17 years	4
Between 18 to 24 years	130
Between 25 and 34 years	342
Between 35 to 39 years	182
Between 40 and 44 years	152
Between 45 and 49 years	118
Between 50 and 54 years	119
Between 55 to 59 years	70
Between 60 and 64 years	47
Older than 65 years	19
Total number:	1.187



city of Florianópolis, 72 homeless people are physically disabled, while 1,115 did not answer whether they had this type of disability.

Discussion

The analysis of the results found in the present research allowed to characterize the epidemiological profile of people living on the street registered in the Single Registry of SUS inserted in the CECAD 2.0 platform, with an increase in the number of registrations between the years 2014 to 2019, in the State of São Paulo. Santa Catarina and in the capital Florianópolis.

According to the variables analyzed, the age group variable reveals to us at what age the human being becomes more likely to be on the street. According to data from the platform, nationwide, in March 2020 there were approximately 149,144 homeless people registered in the system. Analyzing this number by region, we observe that the southeast region leads the highest index of people on the street, with around 94,482 people in this situation. The south region of the country has about 21,085, followed by the northeast with 18,085, the center-west with 10,159, and in a lower index the north region with only 5,333 homeless people. We found that in relation to the age of these people, 32,701 are in the age group between 25 to 34 years old, followed by 22,972 aged between 35 to 39 years old. Through analysis, this age group between 25 to 39 years old also remained predominant between 2014 to 2019 in Santa Catarina.

The southern and southeastern regions have the largest number of homeless people, and the northern region the lowest number. This analysis is associated with what was mentioned by the author⁵ on internal migration, where less favored individuals migrate to other regions in search of new opportunities. The two regions with the highest rate of homeless people are consequently the places with the best Human Development Indexes, according to IBGE¹³. Especially the State of São Paulo and its capital, being the most populated city in the country.

That said, we correlated the age group between 25 to 39 years old with the male gender, since in numerous surveys carried out nationally, the male gender prevailed in greater number in relation to women on the street. As explained in the previous paragraph, Brazil is home to approximately 149,144 homeless people, 128,620 of whom are male and only 20,524 are female. In the State of Santa Catarina, 87.98% of the homeless are men, and in the capital, 85.67%. While the number of women is 12.01% in the state and 14.32% in the city of Florianópolis. Although the number of women on the street is significantly lower compared to the male group, women are forced to live in a context of violence and prejudice, which many already experienced even before going to the streets. Life on the street forces women to deal with different situations in relation to their bodies, sexuality and in some cases, taking care of their children. It also emphasizes the need to deal with the stereotype created by society that the ideal woman is the

As noted, the State of Santa Catarina in 2014 registered five people aged between 25 and 34 years old and only one person between 50 and 54 years old. In 2019, the last year of analysis, homeless people were registered in all age groups, with the largest number of registrations between 25 and 34 years old, with the index of 667 people included in the system. In the city of Florianópolis, in 2014, only two people between 25 and 34 years old and one person between 50 and 54 years old were registered. However, in 2019, homeless people were registered in all age groups, except between 7 and 17 years old. Among the age groups under analysis, the largest number of registrants was between 25 and 34 years old, with 169 people included in CadSUS.

In the State of Santa Catarina, 5,119 homeless people included in CadSUS were identified in the last five years. It is observed that 615 of these people are female and 4,504 are male. However, only 1,187 are accommodated in Florianópolis, 170 of whom are female and 1,017 are male.

Considering the color or race variables, the State of Santa Catarina has the highest index of the white race with a total of 3,174 people, in second place the brown race with 1,415, the black race with 483 people, in third place, and finally and in a smaller number the yellow race, with 19 people, and indigenous 18 people. It was also possible to identify that among the analyzed years, 10 people inserted in CadSUS in the geographical selection of Santa Catarina, were not classified in any Color or Race.

According to the geographic selection of the city of Florianópolis, the highest index is also white with 704 people, with a second brown race with 321, black race with 146 people, lesser yellow race with six, and indigenous three people.

The variable Knowing how to read and write in the state of Santa Catarina and in the city of Florianópolis demonstrated that in the state, 4,776 people living on the streets know how to read and write. In the capital, there are 1,130 literate people. Among the 5,119 people registered at the State base, only 343 cannot read and write, representing less than 7% of this homeless population. And in Florianópolis, of 1,187 people, only 57 are not literate. As verified, the State of Santa Catarina currently has 356 homeless people with physical disabilities, while 4,763 did not respond, whether they were physically disabled. In the city of Florianópolis, 72 homeless people are physically disabled, while 1,115 did not answer whether they had this type of disability.

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mother-caregiver, visible both in common sense and in public policies, which values women inserted within the family context^{4,9}.

According to a study carried out in Calgary Canada, among the factors that contribute to the vulnerability of women living on the street, the fact of having children as a cause to expose women in a situation of greater vulnerability stands out. According to research participants, the number of places for women with children in shelters is lower than that available to men. The survey also points out that the difficulty of these women in finding employment on account of their children is also great. As a result of their inability to meet basic family demands, many of these women choose to leave their children for adoption or in the care of a close relative. Therefore, losing custody of your children can be a driver for affecting mental health and reducing life expectancy¹⁴.

In addition to the factors mentioned above, other research also reveals that during the first months on the street, women mention sexual violence as the greatest fear experienced in this reality, especially by the youngest. However, to establish a strategy of self-protection in living with peers and other strangers, these women often use guns and sleep-in groups when they are outdoors⁹.

It is observed, therefore, in this approach to the literature, that the woman, despite her evolution in the social and family scale, is still characterized as a segment more susceptible to violence, even when inserted in the socio-family context. This vulnerability increases considerably for homeless women, in which there is a total lack of protection, which makes them subject to various diseases, physical and mental.

Regarding the color or race variable, based on the data collected, the State of Santa Catarina increased by 36.46% from 2014 to 2019 among all colors or races. In this analysis, it was found that 62% consider themselves of white color or race and 38% of the people interviewed for the registration declare themselves to be of another color or race. These data are like the values inserted in CECAD 2.0 for the period of March 2020, dividing the country by regions, where only the southern region has the highest index of homeless people who declare themselves white, totaling 11,987 people. The remaining regions of the country are classified into the largest number of people of color or brown race, with the southeast region concentrating the largest number of self-declared brown people, with 43,435, followed by the northeast region 13,078 people.

Corroborating with the information extracted from the platform under study, research found that Florianópolis resembles the municipality of Porto Alegre, totaling in both cities the index above 52% of homeless people who declare themselves to be of color or white race¹⁵.

As explained, we sought to understand the strategies developed by the government to minimize the social impact in relation to people living on the streets. At the national level, it is established through the National Policy for the Homeless Population that these should be welcomed by street offices, basic health units, psychosocial

care centers, emergency care units, hospitals (emergencies) and care services emergency mobile (SAMU). In this same context, one can also mention the National Policy for Integral Attention to Women's Health (PNAISM), which was updated in 2011, and aims to emphasize gender, comprehensive access, and health promotion. Highlighting SUS guiding principles as a basis, seeking to establish advances in sexual and reproductive rights, improving the service to obstetric care, family planning, attention to unsafe abortion and combating domestic and sexual violence^{10,16}.

Through the health strategies developed by the city of Florianópolis, it is possible to highlight some of the programs and projects that work to welcome the needy and homeless population in the city, among them are: the specialized reference center for social assistance for the population homeless (POP Center), which until 2017 was located on the Nego Quirido samba catwalk, with the objective of providing specialized care, and providing continuous services to the adult population and their families, who use the streets as a living space and / or survival¹⁷.

These services were offered at the POP Center through the practice of activities aimed at social development, relationships of solidarity, affection, and respect. Aiming to preserve the integrity and autonomy of the homeless population, and aiming to strengthen the bonds, whether interpersonal and / or family, giving new life opportunities, according to the users' choice¹⁷.

According to the Secretariat of Social Assistance, the POP Center had to undergo a reorganization of assistance, due to the receipt of numerous complaints that the attendance to this public was insufficient. In this way, it became a space exclusively for voluntary actions, providing breakfast, lunch, and snacks, as well as space for personal hygiene. However, the follow-up with the interdisciplinary team (social workers and psychologists) was transferred to a building in Praça Pereira Oliveira, also located in the city center. Because of this change, the space at Nego Quirido came to be called the Floripa Social Voluntary Center¹⁸.

Florianópolis also offers a specialized social approach service, which is performed by social workers and social educators, directly on the streets, through complaints and spontaneous approaches. Conducted on a continuous and programmed basis with the objective of guaranteeing the approach and active search, to identify the incidence of child labor, sexual exploitation of children and adolescents, and homeless adults¹⁷.

This type of notification must be immediately resolved, promoting the inclusion of the individual in the social assistance services network and other public policies in the perspective of guaranteeing rights. In addition, the city offers the Social Support House for Street Residents, which offers a total number of 30 vacancies, and is open to the male audience, over 18 years old. The Passage House for Women in Street Situation and / or Violence, shelter women over 18 years old and the House for the Reception of Children and Adolescents, receive children of both sexes between 7 to 18 years of age. The House for the Reception



of Children and Adolescents has 10 places, and the maximum period of stay is 30 days, being extendable for an equal period. These services work 24 hours a day and are offered through routing governmental and non-governmental networks^{17,19}.

Regarding the variable reading or writing, it appears that in the State of Santa Catarina 93.29% of people on the street are literate, in Florianópolis this index increases to 95.19%. Through the analysis of the results obtained in SC, this variable was surveyed in other regions of the country, and it was found that the regions with the highest literacy rates are associated with the places with the greatest number of people living on the streets. In the Southeast, 85,887 homeless people can read and write, followed by the South (19,401), Northeast (14,554), Midwest (8,782) and North (4,437) regions).

As a national strategy to further reduce illiteracy rates, we mention the following programs: National Program for Access to Technical Education and Employment (PRONATEC), a program created by the federal government in 2011, through Law No. 12,513, with the purpose of to expand the offer of professional and technological education courses through technical and financial assistance projects and actions²⁰.

According to study²¹, when creating educational alternatives, implementing youth and adult education groups (EJA) and PRONATEC, they showed as their main difficulty to find professionals who were willing to work with the public of the homeless population, considering the insecurity, social prejudice, and stigma that this population is found. In 2014, PRONATEC courses were offered through social assistance in Florianópolis in partnership with the Brasil sem miséria plan. The professional training course offered was that of an electrician installed by the National Service for Industrial Learning (SENAI) in partnership with Centro POP.

In 2019, the city of Florianópolis, in partnership with the Municipal Secretariat of Education, and the support of the Santa Catarina Street Population Movement, opened a class for the education of young adults and the elderly for the homeless, in addition to the classes taught at the Arco-Íris institute, located in the central region of the capital. Registered students received school supplies, snacks, and personal hygiene items as help. Through research conducted in the database of the city of Florianópolis, there are currently no records that these courses continue to be made available to homeless people²².

About the variable physical disability and mental or intellectual disability, Brazil currently has about 14,357 homeless people with a disability, 10,819 with physical disabilities and 3,538 with mental or intellectual disabilities. Based on the information entered in CECAD, the southeastern region has the largest number of people on the streets and who have disabilities, totaling 8,939, followed by the south with 2,211. However, in the State of Santa Catarina there are about 356 people with physical disabilities and 84 people with mental or intellectual disabilities, while in Florianópolis there are approximately 72 people on the

street with physical disabilities and 16 with mental or intellectual disabilities.

According to the Special Education Foundation of Santa Catarina, the disabled person has the right to an interstate free pass, which is a federal government program that grants free tickets for travel between Brazilian states. The free pass can be used in conventional public interstate transportation by bus, train, or boat, covering semi-urban interstate transportation. Another measure used to facilitate the mobility of the disabled in Florianópolis, is the Dáx um Banho Program, coordinated by the Municipal Secretariat for Tourism, Technology and Economic Development. The Program has a partnership with the municipal administration of Aflodef (Florianopolitan Association of Physically Disabled Persons) and the Military Fire Brigade of Santa Catarina. This program aims to seek leisure for the physically disabled. With this, through a special wheelchair, these people have the possibility to enter the sea during the summer season. This activity can be consulted by the Praia Segura app, available for Android and iOS, it is worth mentioning that throughout the time that the disabled person remains at sea will have the help of the fire brigade professionals who are part of the project^{18,23}.

Final Considerations

The realization of the present study allowed the identification of the socio-demographic profile of the homeless population in the State of Santa Catarina and in the city of Florianópolis in the years 2014 to 2019. The data show that the homeless population registered in the Cadastro Único do SUS, in the southern region of the country are mainly white in color or race, differing from other regions that have a predominance of color or mixed race. We emphasize that more than 85% of the homeless population in the State of Santa Catarina and Florianópolis are male, with a prevalent age group between 25 and 34 years old, the majority being literate. It was found that of this homeless population in the State of Santa Catarina (5,119), 440 are physically or intellectually disabled, totaling (8.59%).

The importance of this study is justified by the impact on society and repercussions, contributing to the reduction of social stigma and emphasizing the relevance of the professional nurse in welcoming and continuing assistance from people on the street, in addition to collaborating with the academic environment stimulating new research about the subject.

The results demonstrate uncontrolled growth in this population, as over the years the number of people living on the streets is increasing. To be able to outline strategies and actions for this audience, it is necessary to know the socio-demographic profile of these individuals in each region of Brazil. Knowing your profile, it will be possible to develop methods that focus on the main needs and with the purpose of improving living conditions, bringing opportunities for people in situations of extreme vulnerability to return to the labor market and become active citizens in civil society.



In this perspective, the importance of Primary Health Care stands out, in which the strategy of street offices is inscribed as a gateway for these users to the unified health system. It is up to the nursing team, especially the nurse, and the other health professionals, to train themselves to receive these people effectively, producing a specific and inclusive care that considers the experiences of the street population.

The results obtained with the study allow us to reflect that, even with the expansion of inclusive policies focused on social issues that involve the homeless population, in practice, the utility of governmental and non-governmental investments is still observed. These investments allow, in addition to expanding existing programs, to produce new projects focused on this audience. Therefore, reducing the incidence and prevalence of these people on the street, urban violence and improving the living conditions of this population, including the ease of humanized health care.

We have evidenced with the present work the scarcity of specific health programs for the analyzed variables. At the municipal level, we emphasize that the

vacancies made available by the city of Florianópolis in the Support Homes are extremely less than demand. Since more than 85.67% of the homeless population in the capital is male, which corresponds to 1017 men for only 30 vacancies at the Casa de Apoio ao Homão de Rua. We also highlight the discontinuity of the actions, as is the case of the courses offered in 2014 by PRONATEC and EJA, in 2019. In addition, we mention that the data published by the city of Florianópolis do not bring all the information about this public, masking the reality of this social problem⁷.

Therefore, the vulnerabilities identified from the search in the SUS Single Registry platform, CECAD 2.0, and the search for health strategies, refer to the need for professional nurses and other health professionals to seek mechanisms to provide comprehensive and humanized care. homeless population. As well as interdisciplinary actions in mediation and / or creation fit that meet the expectations presented in this study, providing perspectives not understood and that support the maintenance of the condition of living on the street.

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