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HOMELESS PEOPLE IN TURKEY AND SOCIAL WORK INTERVENTIONS

Abstract:

"Homelessness" has been a serious social problem in developed countries especially since the 1980s. It has been provoked by the increase in poverty, inadequate incomes, unemployment, lack of care for mentally retarded people, unemployment and the increase in the number of individuals and families who live below the normal standard of living. In Turkey, the low number of homeless people means that homelessness is not accepted as a social problem. The fact that homelessness is not accepted as a social problem causes some problems, including a lack of services, the inadequacy of the existing services, and the lack of social policy concerning homelessness.
Today, in Turkey the homeless population is much more diverse than in the past, and includes more women (both with and without children), families, young persons, working poor, socially excluded peoples and those with diagnoses of mental illness. Services to the homeless in Turkey are given by ASPB [Ministry of Family and Social Policies] in Behice Eren Children's and Youth Center and in some municipality. In this study the interventions of social workers to the homeless people in our country is discussed.

Keywords:

Homelessness, social work, social exclusion

JEL Classification: Z00

Introduction

Growing day by day without having any house due to the increasing poverty in our urban areas; suffering mental disorders, substance, alcohol, and cigarette abuse; sniffing glue and thinner; working and living in the streets, the homeless today confront with many vital problems. Inadequacy of the agencies which serve the homeless and non-governmental initiatives, continuous increase in the number of the homeless, and the organizational problems make social work interventions in micro, mezzo and macro levels unavoidable.

Today homelessness is in the center of attraction for the public opinion, experts, politicians, and the media in the developed countries such as the USA, England, Germany, France, and Netherlands. Usually the following may be defined as the homeless: “the persons and groups who lack proper and regular places to sleep at night, and live in terminals, subways, railway stations, under bridges, parks, and the marginal areas of society.” While homelessness happened to be an increasing problem in the 1980s, especially children and women who suffer mental disorders and are addicted experience this phenomenon intensely.

The following debates the definition of the homeless and homelessness, causes of homelessness, research findings in our country, and types of social work interventions to be implemented for the homeless.

Definition of the Homeless

Over the course of the past few decades, homelessness has emerged as a significant social issue. Obtaining accurate estimates of the number of homeless individuals is difficult because of the use of different definitions of homelessness and problems counting the homeless. For instance, according to the U.S. Department of Housing and Urban Development's latest Annual Homeless Assessment Report (2010; Hodge and Friends, 2013: 246-255), an estimated 643,067 people lived on the streets or in shelter on a single night, and 1.56 million people used an emergency shelter or a transitional housing program over the course of a 12-month period.

Although estimates vary, general agreement exists that the number of homeless people in the United States has increased dramatically since the late 1970s. People above the age 55 are included in this homeless population. Up to now, a certain number of the elderly homeless in the USA has not been known (Cohen and Sokolovsky, 1983; French, 1987; Cohen, Teresi and Holmes, 1988; Kutza and Keigher; 1991; Rife, First, Greenlee and Feichter, 1991).

In addition to growing in size, the composition of the homeless population has changed substantially over the past few decades. Families with children have emerged as a major component of the homeless population. The majority of homeless families are headed by single mothers. Indeed, according to some commentators, women are the fastest growing segment of the homeless population in the United States (Hodge and friends, 2013: 246-255).

One relatively established contributor to homelessness among mothers is mental health status. The relationship between mental health and homelessness is complex. Poor psychological health can be both an antecedent to, and a consequence of, homelessness.

In terms of the former, the onset of a mental disorder can, for example, lead to deteriorating social and economic conditions that eventually result in homelessness. Many events unrelated to the onset of a mental disorder can result in women becoming homeless, including domestic violence, unaffordable rents, divorce or separation, condemned housing, loss of employment, and so on. On becoming homeless, mothers often report experiencing deep senses of loss, stress, or depression. Negative life events, cumulating with the loss of their homes and their struggle to adapt to a homeless lifestyle while parenting children, can overwhelm mothers, resulting in increased depression, anxiety, and other mental health problems.

It is widely recognized that mental health challenges contribute to the onset of homelessness and that the state of being homeless itself can also engender psychological problems. As mothers cope with the stress of homelessness, it is all too easy for them to become ensnared in a downward spiral as the increasing severity of psychological distress compromises their ability to escape homelessness. Identifying strengths or protective factors can play a crucial role in helping mothers exit homelessness or avoid its onset (Hodge and friends, 2013: 246-255)."

If the persons spend their nights outside of the traditional residences, that is to say, either in the homeless shelters or other places that are not designed for residence such as streets, abandoned houses, bus stations, and waiting rooms of hospitals, they are called homeless. Gender differences in homelessness have become seen so often in the literature. Women suffer homelessness more compared to men because distresses of the family are especially about domestic violence. One third of the women interviewed stated that they became homeless leaving home because they were exposed to an abuse. It was identified that women's need for institutional care increase rather than men's, and children were exposed to sexual and physical abuse (Ziefert and Brown, 1991).

Causes of Homelessness

Based on the literature (Ziefert and Brown, 1991; Dail and Koshes, 1992) and the research held in Ankara (Işıkhan, 2001, 2002), causes of homelessness may be listed as follows:

- Increase in unemployment and poverty,
- Gradual decrease in incomes and the purchasing power,
- Failures in increasing the minimum wage, and provision of only a minimum level of life standard through the social assistance agencies,
- Decrease in the governments' contribution to social security expenditures and most importantly residence construction, and the deficit of affordable residence,
- Mental disorders, substance abuse, lack of personal existence or self-realization,
- Prevalence of substance abuse and the increase in the mentally handicapped patients,
- Serious mental disorders in the early ages of life,
- Increase in the house prices and the negative effects of economic conditions,
- Leaving the great part of the income for renting.

In addition, family dissolution as a result of apparent unemployment and the increasing divorces may be counted among the causes of homelessness. This makes the financial burdens of divorce be loaded on the shoulders of women.

It was identified that the number of schizophrenic patients (mental disunity, breaking of communication with the outside world) among the homeless mentally handicapped persons is 38 times higher than the number of manic depressive patients, and 25 times higher than the general population. When this state of them is combined with the street life and the harms of poverty, a high risk condition arises.

Wolch and Akita (1988) researched on the effects of the homeless' mental, social and physical states. They observed that these are the homeless who do not help themselves, reject assistance or the assistance that does not suit them, have broken off their family, and whose health and physical appearance gradually worsen. These cases cause the formation of a new chronic homeless community. In this new subculture serious mental handicap is the most important problem. This increases the need for mental health services which necessitate very special care (Dail and Koshes, 1992).

In recent researches on the homeless high level of social isolation, alienation, fear, and low self-esteem were identified. Under these circumstances, communication with the homeless and reaching the comprehensive results of a treatment or assistance program is quite difficult because mental handicap which is seen among the homeless so often is an important barrier. There is need for more works on the needs of this community in the future. Especially community model psychiatric treatment model case managements are applied for this kind of homeless people (Işıkhan, 2001).

Studies on the Homeless in Turkey

A review of the researches on homelessness shows that two researches contributed to understanding the phenomenon of homelessness in our country (Işıkhan, 2001; Işıkhan, 2002):

A- The first research was held in Ankara in September-November 1995 between the hours 21.00 and 01.00 with 58 homeless people who lived in terminals, train stations, and cashomats through in-depth interviews (Işıkhan, 2001). The most important result of the study are given following:

Socio-Demographic Characteristics of the Homeless

- Great majority of the homeless are comprised of women (60%). They are followed by orphans and children who live in the streets.
- Great majority of the homeless are literate and primary or secondary school graduate. Big part of the children in this group who became homeless left the school. Reasons why they leave school are; insufficient income of the family, the father's unemployment, and the child's obligation to work.
- Ages of the homeless range between 9 and 65. Average age of them is found 21.
- It was identified that they do not have any place to live in Ankara; spend the nights in cashomats, apartment entrances, and the terminal which are warm and not dangerous; and very limited number of them stay with their close relatives and friends who are also poor.

- Great majority of the homeless women have been divorced. It was found that violence, mental health disorder, leaving home, insufficient income, and excessive discord are the causes of divorce.

The Substances the Homeless are addicted to and Important Health Problems

- 83% of the homeless use alcohol, cigarette and narcotics; and children intensely use glue and thinner (92%),
- Among the most important health problems of the homeless come cold, rheumatism, lumbago, ulcer, and asthma. They stated that they did not have any hope for life and belong to the society; they were isolated, and lived alone in the margins and tranquil places of the city,
- It was observed that the ratio of the ones without any income is high (89%); and a very small part of the homeless women and children (29%) obtain income through collecting papers, plastics, and metal cans by wheelbarrows and sacks,
- It was identified that some survive by the foods they collect in garbage and streets; and none of them benefit the social assistance. It was also observed that many of them suffer mental disorders, lack conscious unity, and have unbalanced behaviors.

B- The second research findings obtained from 95 homeless people, who stayed in SHÇEK [Social Service and Child Protection Agency (SSCPA)] Behice Eren Children's and Youth Center temporarily between 3 January and 3 April 2002 because there was no agency for them in Ankara.

These services for the homeless are organized as "night shelters." In the three months period the number of the homeless receiving temporary daily service has amounted to 500. These agencies fill the position of buffer institutions. Social workers in this agency have realized various professional interventions (providing necessary assistance for the ones who need, finding job for the homeless).

In this agency the need of the homeless for shelter was met by spreading the beds and quilts to the ground which were received from governmental agencies and private persons through donation. There is hot water in the agency for 24 hours a day, and the homeless define the agency as the **touristic hotel without star**. In this agency breakfast, lunch and dinner are served, the homeless are helped in their shower and self-care, and the ones without any are given clothes (Işıkhan, 2002)

Through file survey are the following (Işıkhan, 2002):

1. Sex and Age: It was identified as a result of the research on 95 homeless people that 71 were men, 53 were above the age 32, the lowest age was 12, and the highest was 83.

2. Education: Primary school graduate= 8 homeless (illeterate= 2, left the primary schools= 4, secondary schools= 3, high school= 3. high school graduate= 3 homeless)

3. Marital Status: Separate= 14, (widow= 3, single= 8, married= 6 homeless)

4. Occupation: Helper in the bus/assistant in the parking lot= 5 homeless (unemployed= 5, chimney sweeper, street vendor= 1, cook= 2, porter= 1, landler= 1, scrap-iron dealer= 2, receiving widow or orphan income= 1, receiving the income for the disabled= 1 homeless)

5. Where she/he has stayed up to now: Hotel= 1, (with the relatives and homeless friends= 1, where she/he works= 1, old people's house= 1 homeless)

6. Why she/he came to the agency: The ones who came to seek for job, but left penniless= 9 homeless (because of not having money for the hotel= 2, family discord, because of the step mother= 4, because of suffering spousal violence or not understanding each other= 1, because of owning a wheelchair= 1, because of treatment= 1, coming for retirement procedures, but becoming homeless in the meantime= 1, the ones who will start working when the weather gets well= 2, hoping to be placed in the old people's house= 2 homeless)

7. Health Status: Good= 24 homeless, (muscular dystrophy= 1, chronic schizophrenic, [have psychiatric report]= 7, have signs of beating in the body= 1, diabetic= 1, back and breast ache= 2, epileptic= 1, rheumatism in the early phase= 1, operation in the liver= 1, tuberculosis= 1, hearing and speaking disability (40% disabled)= 1, unhealthy thoughts and statements= 6, burn in the foot, having an accident= 2, problem in the kidney= 2, mentally retarded= 2, blind= 3, physically disabled= 9 homeless)

8. What does she/he do: Dealing with cans, scrap, and paper= 5 homeless, (seller in a market= 1, owning social security green card= 1, receiving social assistance= 1 homeless)

9. How many years she/he has been on the street: 1 week= 10 homeless, (2 years temporarily= 1, sometimes= 1, never= 1, 15 days= 5, 1-5 months= 7, 2-4 years= 15, 5-8 years= 3, 16 years= 1, 30-40 years= 2, in hospitals for a year= 1homeless)

10. Having someone: Nobody (no relative)=7, (living apart from the family= 2, mother and father are separate= 4 homeless)

11. How she/he came to the agency: Alone= 20 homeless, (heard from friends= 7, heard from the Ulus Children's and Youth Center= 2, brought by a relative= 4, sent by the police= 14, brought by the police/municipal police force= 12, came from AŞTİ= 2, through the children who know this place= 1, governorship= 5, General Directorate= 1, through Association of Asylum Seekers and Migrants= 1, not living in streets= 1 homeless).

12. Types of crimes: In prison due to narcotic= 1 homeless, (In prison due to murder= 2, in prison having benefited the law 3413 being an orphan= 3, children who sniff glue and thinner= 1, alcohol use= 4, cigarette use= 2, drugs= 1, staying with her/his kids in the center= 1, forming gangs, robbery, wounding= 2, in prison due to other crimes= 1 homeless).

Social Work Intervention towards the Homeless

Social work has much to offer in the development of services specifically for homeless. At an individual level, social workers have expertise in strengths-based care, or care that builds on homeless **problem-solving** skills (Thrasher, 1995). Considering that homeless have likely honed their problem, such an approach could be particularly effective, particularly in enhancing homeless's self-esteem and which typically plummets in the context of homelessness (DiBlasio & Belcher, 1993).

For interventions of social workers on homeless people Hodge and friends (2013: 246-255) draw a useful outline. These ideas are presented below:

Compatible with the strengths-based approach is the **empowerment-oriented** approach, another promising avenue for homeless. Within this approach, practice strategies can be used to encourage homeless to identify their needs, determine their goals, and set the terms of the helping process. This emphasis on self-determination and autonomy, again, could be particularly appealing for homeless who pride themselves on their independence and self-reliance.

Johnson and Cnaan (1995) noted that social work care for homeless individuals will often take on more of a technical rather than therapeutic orientation, in that social workers can assist homeless with meeting their basic needs and getting linked to needed services. These services might differ, depending on whether homeless have children in their custody. Furthermore, at a community level, social workers can train shelter and community-based programs to teach clients advocacy and self-help skills' (Johnson and Cnaan, 1995).

There is a model with three categories in the literature about the need of the homeless which Kaufman (Tully and Jacobson, 1994) developed. These are the first aid services, transition services, and balancing services. The following is about these services.

First Aid Services

First aid services comprise of shelter, food, clothe, and financial aid. This unit meets the special needs of the homeless. First aid services provide a temporary shelter and protection for the homeless despite their bad conditions. However, many first aid services start with dinner and end with breakfast. These services must be provided without asking the homeless any question.

Since homelessness is not perceived as an important problem and appears out to be a seasonal (especially winter) problem, there is no agency where the homeless benefit permanently. Present practices are the following: finding the unlucky homeless in streets as frozen in the freezing cold in winter, this issue's taking place in the media, preparing the closed sports halls for the homeless, and emptying these halls as soon as the weather gets well. These services are daily based, haphazard, nonprofessional, and temporary. Work with the homeless shows that they are the apparent parts of the iceberg – loneliness, introversion, alienation, social injustice (Işıkhan, 2002).

In the endeavor of meeting the needs of the homeless first aid services provide varying resources and services for different age groups such as providing enough financial aid, clothing and food. First aid services may only intervene the first step which is leaving home. Other services are given under the headings temporary services and temporary settlements.

Transition Services/Temporary Settlements

Transition services include the services such as job assistance for the homeless, social services, health services, and transferring to home. Temporary settlements play an important role in solving the problem of homelessness. First aid services only intervene in the crisis, but cannot find permanent solutions for the problem. Temporary settlements happen to be the first step to independence (Tully and Jacobson, 1994).

Balancing Services

Balancing services comprise of home preparation, job and support services. Main purpose of these services is to support the individual until he/she finds balance in the life cycle. “Preparation for home life” constitutes only one part of the balancing services for the homeless. Need for case management, sustainability in delivery services, and other aids are the other services in this phase. In the research of Rife and others (Rife, First, Greenlee and Feichter, 1991) on 176 homeless people, it was identified that frequency of case management in the case management services had significant influences on people. It was stated that having a job or participating in social activity programs effect the life perception of the individual.

Johnson (as reported in Johnson & Cnaan, 1995) suggested well over a decade ago that the service needs of homeless individuals are additive across several types of needs: basic needs, stabilization needs (e.g., needs for professional services such as mental health care), change-oriented needs (e.g., employment, education), and emergency needs.

Conclusion

It is among the most important tasks of social service institutions to activate urgently the service models for the homeless whom we observe as looking for food, money and place to sleep in the city centers and streets. Great part of the homeless has a psychiatric history. This situation and findings necessitate intervention to the homelessness with an interdisciplinary approach. Social workers should assume active roles in social services to be implemented in hospitals, mental health clinics, community mental health programs, and child counseling offices where the persons who cannot function fully because of their mental difficulties are served.

As Wenzel, Koegel, and Gelberg (2000) pointed out over a decade ago, homeless women deserve consideration as a distinct group within the homeless population, a group that perhaps exhibits unique ways of becoming homeless, responses to being homeless, and needs to prevent cycling in and out of homelessness.

Service providers and the governmental agencies need to get prepared to lighten the problem and accept the existence of the homeless. Social service agencies should achieve the duty of caring, protecting and treating the clients, so improving their life qualities. Solution of the problem necessitates social policies and concrete programs and projects. Nongovernmental organizations should assume active role in providing service for the homeless. Temporary residences should be constructed for the homeless most of who lost their mental health [without waiting for the winter or cold weather]. For this, there is a great need for the social worker whose ability of organization has developed and who can use social resources on a maximum level to benefits of the client.

Available jobs that pay decent wages and the increase of the minimum wage level are policy priorities for poor people and those near poverty. Jobs with decent wages and increasing the minimum wage will function as protective factors to prevent poor people becoming homeless. Policy-makers also should consider providing multiservices, not only emergency intervention and shelter but also more comprehensive assistance.

The multiservices could consist of complex programs, including cash assistance at liveable income levels, food, affordable health care and child care for a female

breadwinner, clinical treatment programs for substance abusers and mentally ill homeless persons, job training, and subsidized housing units or permanent housing for low-income persons (Eun-Gu Ji, 2006).

Policy-makers should realize that the low benefits from cash assistance programs are not enough to pay for even the rent in the most states. Therefore, policy-makers should re-examine cash assistance programs in order to alleviate the prevalence of poverty.

We cannot prevent or protect poor individuals or families from becoming homeless without a social safety net providing proper poverty-related programs and policies. If they consume all of their family safety-net resources, including those from relatives, friends and parents, the social safety-net becomes the only protective factor. The social safety-net system must match people's needs in order to reduce their problems. To prevent and reduce homelessness, the findings of studies indicate the following for policy-makers

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