NEEDS OF THE HOMELESS POPULATION AND THE CHALLENGE OF THE INTERSECTORAL APPROACH

Giselle Lima de Freitas¹, Aline Figueiredo Camargo², Guilherme Fonseca Graciano³, Thiago Gomes Gontijo⁴, Larissa Solari Spelta⁵, Ricardo Alexandre Arcêncio⁶, Sheila Aparecida Ferreira Lacthim⁷, Regina Celia Fiorati⁸

ABSTRACT

Objective: to identify intersectoral actions in the context of care and assistance to homeless people. Method: integrative literature review, conducted in LILACS, MEDLINE, Cochrane, CINAHL, SCOPUS, EMBASE, and Web of Science databases. Ten studies published between the years 2013 and 2020 were included. Results: intersectoriality was pointed out as necessary for the care of the homeless population, thus, few successful experiences of articulation between different sectors were identified. The lack of interaction between social assistance and health was reported. Social assistance services are prioritized, and health services are used mostly for access to medicines or emergency care. Conclusion: it was evidenced the omissions and disarticulations among the sectors that work with the homeless population and that the construction of bonds and the integration of formal and informal support networks are necessary to ensure intersectoriality.

Descriptors: Homeless People; Intersectoriality; Human Rights; Social Vulnerability; Health Vulnerability.
las bases de datos LILACS, MEDLINE, Cochrane, CINAHL, SCOPUS, EMBASE y Web of Science. se incluyeron diez estudios publicados entre 2013 y 2020. **Resultados:** se identificó la intersectorialidad como necesaria para la atención a la población en situación de calle, por lo que se identificaron pocas experiencias exitosas de articulación entre los diferentes sectores. Se informó la falta de interacción entre la asistencia social y la salud. Los servicios de atención social se utilizan de manera prioritaria y los servicios de salud se utilizan principalmente para acceder a medicamentos o atención de emergencia. **Conclusión:** se evidenciaron las omisiones y desarticulaciones entre los sectores que trabajan con población en situación de calle y que la construcción de vínculos y la integración de redes de apoyo formales e informales son necesarias para garantizar la intersectorialidad.

**Descriptores:** Personas en Situación de Calle; Intersectorialidad; Derechos Humanos; Vulnerabilidad Social; Vulnerabilidad de la Salud.

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**How to quote this article**


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**INTRODUCTION**

The Homeless People (PSR) is characterized as a heterogeneous population group that has particular conditions that are articulated: extreme poverty, weakened or interrupted family ties, use of the street as housing and livelihood, and invisibility by society and the public sector. This population faces precarious living and health conditions, exposure to risk factors and violence, difficulty of access to sources of income, denial of human and social rights, and discrimination concerning access to goods and health services, these are the factors that place the group in a situation of social vulnerability and health.¹ ²

The term social vulnerability is associated with fragility and reflects a difficulty in responding to an event, being influenced by individual and behavioral conditions; social, encompassing social relationships; and programmatic, which refers to the response of services and policies.²
Such conditions confer the multiple determinations of the health/disease process that add up, conform the subjects to greater social vulnerability, and require timely responses.\textsuperscript{3}

The homeless population presents the highest rates of premature mortality, with the lowest life expectancy of the general population, having as main causes of death: suicide, unintentional injuries, infectious diseases, mental disorders, and death by substance abuse.\textsuperscript{4} Eye, hearing, and dental problems and high rates of non-communicable diseases are described as evidence of accelerated aging.\textsuperscript{5}

Intersectoriality consists of a strategy built for network action integration and/or complementation in a given coverage area.\textsuperscript{6-7} It's important that the different actors and sectors work together for the construction of policies that meet the different needs of the public in vulnerable situations.\textsuperscript{8} For homeless people, health and social assistance actions appear as priorities in meeting their demands, however, the guarantee of job opportunities, education, leisure, culture, and decent housing are pressing.\textsuperscript{6-7}

Recognizing the vulnerability of life and health of PSR, the denial of human rights, and the need for actions from different sectors to meet their demands, it is questioned: What are the successful intersectoral actions for the quality of the care of the demands of homeless people?

Despite the growing production on the potential of the articulation of different services as an alternative of care to the public in vulnerable situations, there is still insufficient evidence of practices and successful experiences directed to those who make the street their place of residence and livelihood, justifying this study by the possibility of expanding knowledge and producing evidence on the subject. The objective of the study is to identify the intersectoral actions in the context of assistance and care to homeless people.

\section*{OBJECTIVE}

Identify the intersectoral actions in the context of care and assistance to homeless people.

\section*{METHOD}

This is an integrative review that followed the following steps proposed by the literature: 1) definition of the review question; 2) establishment of the inclusion and exclusion criteria and search for primary studies; 3) identification of pre-selected and selected studies for data extraction; 4) critical appraisal of the selected studies and integration of evidence;
5) analysis, interpretation and discussion of results; 6) dissemination of the synthesis of the knowledge produced.9

To guide the integrative review, the guiding question was constructed considering the acronym SPIKE in an adapted form, in which was used the population (homeless people); intervention (intersectoral actions), and outcome/outcomes (meeting the demands). Thus, the question was formulated: What is the successful intersectoral actions for the quality in meeting the demands of homeless people?

The descriptors used were: "homeless people", "intersectoral collaboration" and "human rights" with the respective terms in English, and the keywords: Homeless Person - Homelessness - Person Homeless - Street People - Collaboration, Intersectoral - Cooperation, Intersectoral - Health Service Integration - Health Services Integration - Integration of Health Services - Intersectoral Collaborations - Intersectoral Cooperation - Intersectionality. The Boolean operators OR and AND were employed in the search, the former within each concept to broaden the search and the latter to connect the different concepts and refine the search results.

The search for studies for the review was conducted in January 2021 and occurred in the databases Latin American and Caribbean Literature on Health Sciences (LILACS) via the Virtual Health Library, MEDLINE via PubMed, Cochrane, Cumulative Index to Nursing and Allied Health Literature (CINAHL), SCOPUS, EMBASE, and Web of Science.

Inclusion criteria were: articles in Portuguese, Spanish, or English, available in full, published in the last 10 years (from 2011), and that addressed aspects related to the practice of intersectoral care to PSR. Theses and dissertations, or any type of grey literature, were not considered, nor were articles not available in full. The initial search of the databases retrieved 679 studies.

The analysis process for the inclusion of the articles was carried out independently by the reviewers. Then, in virtual meetings, the reviewers discussed any disagreements and, by consensus, decided whether or not to include a particular article. The process was carried out manually using a Microsoft Excel spreadsheet. To synthesize the main findings of the articles, two synoptic tables were prepared that contemplated the following aspects: authors, site, source/year, method, level of scientific evidence, objectives, and results. For the classification regarding the level of evidence, the texts were categorized as follows: I for systematic reviews and meta-analysis of randomized clinical trials; II for randomized clinical trials; III for non-randomized controlled trials; IV for case-control or cohort studies; V for systematic reviews of qualitative or descriptive studies; VI for qualitative or descriptive studies; and VII for the opinion of authorities and/or expert committee reports.10
The category of vulnerability and the assumptions of human rights in health guided the understanding of the meanings presented by each of the articles and allowed the systematization of the findings in three categories: 1) concentration of actions by social assistance; 2) denial of the right to health and self-care, 3) intersectoriality: possibilities and challenges.

The presentation of results and discussion of data was carried out descriptively, allowing the verification of the applicability of the review and the reflection on intersectoriality in the quality of the practice of professionals working with PSR and in the training of future professionals.

Ethical aspects were preserved, respecting copyright, by citing the authors and keeping their ideas, concepts, and definitions.

**RESULTS**

The analysis involved four phases: identification, selection, eligibility, and inclusion. In the first phase, 679 articles were identified. In the second phase, 36 duplicate articles were excluded and titles and abstracts were carefully read, in two subsequent moments, in an attempt to identify which ones were adequate to the objective of the review and met the established inclusion and exclusion criteria. Thus, 27 articles were considered eligible for the review. In the third phase, the 27 eligible articles were read in their entirety, and 17 articles that were not directly related to the theme or did not meet the research objective were excluded. For the review, 10 articles were included and critically analyzed, considering relevance, validity, and reliability. The route for the selection of articles is schematized in figure 1.
The analysis included 10 articles published between 2013 and 2020, three of which were international. The predominant methodological approach was qualitative, followed by three literature reviews, two case studies, and one experience report. The international studies were developed in Canada, the United Kingdom, Copenhagen, Glasgow, and Amsterdam, with one qualitative approach, one case study, and one experience report. Of the seven national articles, three were qualitative approaches, three were review articles, and one case study. The national articles were conducted in Minas Gerais, in the Federal District, in São Paulo, and Rio Grande do Norte. Tables characterizing the studies and summarizing the main results were prepared and are presented in tables 1 and 2, respectively.
Table 1 - Characterization of selected studies: authors, location, source/year, method, and level of evidence. Belo Horizonte (MG), Brazil, 2021.

<table>
<thead>
<tr>
<th>Author</th>
<th>Local</th>
<th>Source/Year</th>
<th>Method</th>
<th>Level of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oliveira A, Guizardi FL</td>
<td>Distrito Federal</td>
<td>Saúde e Sociedade/2020</td>
<td>Qualitative</td>
<td>VI</td>
</tr>
<tr>
<td>Van Wijk LB, Mângia EF</td>
<td>Nacional Production</td>
<td>Ciência &amp; Saúde Coletiva/2019</td>
<td>Intregrative Review</td>
<td>V</td>
</tr>
<tr>
<td>Vale AR, Vecchia MD</td>
<td>Interior of Minas Gerais</td>
<td>Psicologia em Estudo/2020</td>
<td>Qualitative</td>
<td>VI</td>
</tr>
<tr>
<td>Borysow IC, Furtado JP</td>
<td>Interior of São Paulo</td>
<td>REEUSP/2014</td>
<td>Study of case</td>
<td>VII</td>
</tr>
<tr>
<td>Borysow IC, Furtado JP</td>
<td>Nacional Production</td>
<td>Revista de Saúde Coletiva/2013</td>
<td>Narrative Review</td>
<td>V</td>
</tr>
<tr>
<td>Sussman T et al</td>
<td>Canada</td>
<td>The Gerontologist/2019</td>
<td>Qualitative</td>
<td>VI</td>
</tr>
<tr>
<td>Lira CDG, et al</td>
<td>Mossoró (RN)</td>
<td>REME/2019</td>
<td>Qualitative</td>
<td>VI</td>
</tr>
<tr>
<td>Vale AR, Vecchia MD</td>
<td>Nacional Production</td>
<td>Estudos de Psicologia/2019</td>
<td>Intregrative Review</td>
<td>V</td>
</tr>
<tr>
<td>Boesveldt NF</td>
<td>Copenhagen, Glasgow, and Amsterdam</td>
<td>International Journal of Human Rights in Healthcare/2019</td>
<td>Study of case</td>
<td>VII</td>
</tr>
</tbody>
</table>

Source: Designed for this study.
Table 2 - Summary of the main results of the studies included in the review. Belo Horizonte (MG), Brazil, 2021.

<table>
<thead>
<tr>
<th>Authors</th>
<th>Main Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oliveira A, Guizardi FL¹¹</td>
<td>The &quot;universality&quot; proposed by social security in the Federal Constitution did not come true as expected in the elaboration of policies for PSR in the federal capital, since the social policies involved favored focal interventions that were reduced or nonexistent. We have observed an incipient process of articulation and dialogue between public authorities and civil society representatives for the structuring of the intersectoral social protection network. There is a need to articulate social protection actions to the PSR and to depoliticize the process of the social construction of public policy.</td>
</tr>
<tr>
<td>Van Wijk LB, Mângia EF¹²</td>
<td>The teams of the Clinic Street and Psychosocial Support Centers stood out in the development of specific actions for care and attention to the RAP. Thus, they faced difficulties related to the fragmentation of assistance, the absence of the line of care, and the bureaucratization of services. The need to build a bond through qualified listening, co-responsibility, and humanization is highlighted.</td>
</tr>
<tr>
<td>Vale AR, Vecchia MD¹³</td>
<td>The PSR's paths to guarantee health care showed the denial of the right to health and self-care, with the precariousness of health care offers for women. Social support networks and temporary housing were understood as ways to restore health for the homeless population. The authors pointed out the weaknesses of intersectoral actions and the concentration of actions by social assistance.</td>
</tr>
<tr>
<td>Borysow IC, Furtado JP¹⁴</td>
<td>The case study highlights the difficulty in identifying and welcoming the Mental Health demands of PSR. It was observed that the Mental Health team operates in a fragmented way and with a reduced number of professionals. The health services considered act according to the traditional model of care by spontaneous demand, being the social assistance services responsible for the active search of the clientele and its guarantee to the public services. The study highlighted the absence of a service flow and divergences in the actions of the social welfare and public security teams.</td>
</tr>
<tr>
<td>Borysow IC, Furtado JP¹⁵</td>
<td>Social assistance services have frequent contact with this portion of the population and have often been the gateway of this population to mental health services.</td>
</tr>
<tr>
<td>Batchelor P, Kingsland J¹⁶</td>
<td>The study addresses the main social and health needs of the homeless population and suggests a shared political analysis, a common language, and a framework for action to overcome fragmentation and non-attendance. Cooperation, collaborative practice among professionals, a broad approach to social determinants, and training to work in a partnership are pointed out as elements to improve health and address the inequalities of the PSR.</td>
</tr>
<tr>
<td>Sussman T, et al¹⁷</td>
<td>The entry process in long-stay care units is permeated by the difficulty of articulation between the different services. The elderly, especially those with some degree of physical limitation, do not have their needs met and/or are allocated to places far from where they have a social network.</td>
</tr>
<tr>
<td>Lira CDG, et al¹⁸</td>
<td>The research points out that access to health care for PSR occurs preferentially from the urgency and emergency services, which</td>
</tr>
</tbody>
</table>
offer punctual care without continuity/follow-up. This condition is related to the difficulties in access to other health services, such as bureaucratic assistance due to lack of documents and fixed address, social devaluation of this population by health professionals, and the little knowledge of the PSR about the organization of services.

Vale AR, Vecchia MD\textsuperscript{19} The experience reports reviewed focus on activities developed by Clinic Street teams, which seek comprehensive health care, based on the production of bonds and immersion in the territory. Few studies have investigated the perceptions of the Among the challenges for the care of this public are: circumventing the actions of repression, facing the deficit in training, consolidating intersectoral actions, and improving the conditions of supply.

Boesveldt NF\textsuperscript{20} The study described the actions of services directed to PSR in Amsterdam, Copenhagen, and Glasgow, based on the policies, the structure of services, and the management of each city. In Amsterdam, there is stability in the number of individuals without fixed housing, which can be related to the eligibility criteria. In Copenhagen, it was described that local strategies were not successful in slowing down this number. In Glasgow, the fall in the number of PSR occurred by the association between the housing and social care sectors.

Source: Prepared for this study.

The concentration of actions by social assistance

The lack of interaction between social assistance and health services was reported as a factor of difficulty in the care of the PSR, with a concentration of demands in the first service and an emphasis on problems arising from alcohol and drug use.\textsuperscript{11-13} The Psychosocial Care Centers (CAPS) are reference and treatment units for people suffering from severe and persistent mental disorders. This service makes up the Psychosocial Care Network (RAPS) and should act as an articulator within the health network, bringing together issues related to collective health and mental health.\textsuperscript{12}

However, regarding the mental health needs of the PSR, the studies pointed out the fragility of intersectoral action by the CAPS. The social welfare services represent the gateway to health services, assuming the responsibility to articulate intersectoral actions, facilitating the access of these individuals to public policies, and enabling the formulation of life projects with these people.\textsuperscript{12,15}

The lack of articulation between social assistance services and RAPS is evidenced in a study carried out in a small-sized municipality.\textsuperscript{13} The authors identified that there is a greater number of actions of social assistance, followed by health, with a little federal incentive for the maintenance of local intersectoral articulations. The study showed the performance of Primary Health Care (PHC) in the care of the PSR, including the actions of
the Clinic Street (CnR), the services of social assistance and CAPS, and the Center for Psychosocial Care-Alcohol and Drugs (CAPS-AD).

The interviews conducted with homeless people identified the lack of strategies in the health sector for active search, highlighting the absence of the Family Health Strategy. The Street Approach strategy has been the most frequent form of access of the PSR to public services in the municipality of the study. Health services act according to the traditional model of care by spontaneous demand, overloading social assistance. The authors concluded that there are weaknesses in intersectoral action between the agencies.\textsuperscript{14}

A narrative review on the access of homeless people with severe mental disorders to public mental health services pointed out that social assistance provides answers to their needs, such as housing and the rescue of civil rights.\textsuperscript{15} Mental health services still have difficulties in establishing strategies for the care of people in mental distress on the street, and in inserting them in CAPS and Basic Health Units (UBS). Thus, the social assistance network has often been the gateway of entry for PSR to mental health services.\textsuperscript{15}

In the international context, a study analyzed the need for improved health care for PSR and how to achieve it, using England's National Health Service (NHS) as a setting.\textsuperscript{16} For the health needs of this social group to be adequately met, the solution should be broader than offering specific treatment actions. This, if services are to provide a solution to current clinical needs unless the broader determinants of disease are addressed, the problems will simply persist or occur again.\textsuperscript{16}

**Denial of the right to health and self-care**

It was observed that health services are mostly used by PSR for access to medicines or emergency care.\textsuperscript{13} However, it is known that health problems are not typically emergency, and require long-term follow-up: tuberculosis, parasite infestations, foot problems, sexually transmitted infections, oral health problems, high-risk pregnancy, chronic diseases, severe mental disorders, and the harmful use of alcohol and other drugs.\textsuperscript{13}

The requirement for bathing, documents, and the presence of a family member was pointed out as hindrances in the care and continuity of care to this public.\textsuperscript{12-13} Besides the limitation in scheduling appointments, the inflexibility of schedules, and the disarticulation between the different services and/or sectors.\textsuperscript{12-13}

The condition of resistance in guaranteeing the PSR the care in services, such as CAPS, urgency and emergency, and UBS, makes the access of these individuals limited to the services of the CnR.\textsuperscript{12} A condition that stands out for the difficulties of other health services in offering care and sharing care.
The Clinic Street teams (eCnR) are multi-professional and must act in an itinerant way in the territories, developing actions directed to the health needs of the population and in coordination with the UBS and CAPS, in their different modalities, and other urgency and emergency services. As mentioned, the studies showed that there is little dialogue between primary care and mental health services, with a predominantly ambulatory and expectant performance.\textsuperscript{13,15}

The restriction of health care to the use of psychoactive substances is also pointed out as a factor that hinders the continuity of care for the public.\textsuperscript{13} The authors criticized the referral of substance users to therapeutic communities since the user tends to return to the streets and substance use after discharge. Regarding the performance of CAPS-AD, the same authors pointed out that the needs for psychiatric evaluation are not always serviced. CAPS can offer comprehensive and intersectoral care through multi-professional teams that should prioritize the reception of the subjects with their singularities, especially the various meanings, and functions of the use of alcohol and other drugs, and should not be associated only with medical consultations.

The existing barriers between social assistance and health services also increased the risk of early frailty in elderly homeless people.\textsuperscript{17} According to the research participants, strict shelter rules, health prejudices, and health system deficiencies acted together, creating barriers to access to medical treatment, and putting the elderly PSR at increased risk of premature frailty.

The comprehensive care for users of alcohol and other drugs and the elderly living on the streets requires cross-cutting actions because it constitutes the fulfillment of needs related to the fields of justice, education, social assistance, and generation of work and income. To deal with such complex issues, it is recommended to act in the promotion of individual and collective protective factors of health, including psychosocial rehabilitation and social reintegration through the activation of social assistance and community networks.\textsuperscript{13,16}

**Intersectoriality: possibilities and challenges**

The intersectoriality was pointed out in this review as necessary to meet the social and health needs of PSR, yet few successful experiences were observed among the different sectors for the care of this public.\textsuperscript{18} The experiences of health teams were reported and discussed from an integrative review, highlighting the need for the participation of PSR in the planning of targeted actions.\textsuperscript{12}

The evaluation of the work of intersectorial assistance about the insertion of PSR, with a severe mental disorder, in the public services of Mental Health, pointed out that
sometimes these services do not meet the needs of this public, and the articulation with social assistance is precarious.\textsuperscript{15-16} Still, the authors pointed out the need for discussion of cases between health and social assistance from the successful experiences in the city of São Paulo that promoted the reorganization of UBS for the approach and care of the PSR and there was a significant increase in the registration of homeless people in PHC.\textsuperscript{19}

Incorporating effective practices with the PSR based on intersectoralism passes through the need to establish a professional / person living on the streets bond. To this end, it is necessary to establish teams that know the reality and context of the life of PSR. The insertion of people who have already been homeless in the care teams facilitates the initial contact and the establishment of bonds.\textsuperscript{18-19}

The mapping and study of the territory were reported as a facilitator for the development of actions,\textsuperscript{12-13} mentioned the need for night actions, which is contemplated by the multi-professional teams of the CnR. To mitigate the lack of care flow for PSR, it was suggested the establishment of an intersectoral line of care that articulates the actions of health, safety, and social assistance.\textsuperscript{13,19} It is considered that the lines of care for this public must work from the perspective of emancipation, rights, income generation, citizenship, and social network.

**DISCUSSION**

Although they are considered fundamental to the care of homeless people, successful intersectoral practices were little reported, highlighting the challenge of breaking with the fragmented logic and investing in training professionals involved with collaborative practice. Moreover, the review identified a majority of studies with a level of evidence between five and seven, pointing to the need for studies with a higher level of evidence.

The assistance and care to homeless people occur mainly through social assistance services, which end up concentrating the actions and have a responsibility for coordination with other sectors. Health services, in turn, are accessed by the PSR, especially for the resolution of emergencies and occasional problems. The clinic street was considered innovative in the care and contemplates the actions of the multi-professional team, however, the bureaucratic requirements such as the possession of documents, bathing, and the presence of a companion, compromise the actions of reference and care by other sectors.

To address the broader social determinants, interventions are required that need collaboration between different sectors. One study shows that there is considerable evidence to support the argument that when sectors work together, the resulting
collaborative approach produces better outcomes for people homeless. Relationships between sectors must occur and boundaries must be broken down.\textsuperscript{16}

This review allowed the identification of institutional omissions involving the health and social assistance sectors with greater centralization and verticalized performance of the activities in the second sector. Thus, it is important to strengthen and prioritize intersectoral actions between health and social assistance, in conjunction with the process of decentralization of social assistance actions.\textsuperscript{8,11-12,16,21} The difficulties of mental health actions in meeting demands in the area with overload for social assistance are also highlighted, which requires articulation, especially with primary care teams.\textsuperscript{22}

The difficulties of homeless people accessing health services and taking care of themselves were identified, a situation aggravated in cases of elderly people, in the use of psychoactive substances, and in people who presented mental disorders.\textsuperscript{17} Although such obstacles have been reported, the informal networks for health promotion, such as family and friends, appear as important tools to guarantee continued care, and it is recommended that the formal networks of justice, education, housing, work, and income offer support to the informal networks in promoting health and coordinating both in a systemic process that ensures comprehensive care.\textsuperscript{17,23}

The health sector, especially from activities of HPC, can promote intersectoriality since it has in its basic assumptions and principles of the Unified Health System (SUS) the elements for action based on universality, comprehensive care, the search for equity, welcoming and care centered on the person in their different contexts of life and health.\textsuperscript{13,16,20} Therefore, curative, hygienic, and non-emancipating actions should be limited, and the perspective of each subject should be considered as a central point for care.\textsuperscript{16}

The different professionals must act as mediators and promote the approximation between people and the services. To this end, it is emphasized the need for continuing education, and training of professionals and students about the specificities of the public in vulnerable situations, as well as about the way of life on the streets, the processes of health and disease, and the possible resistance of the public.\textsuperscript{2,24-25}

Although we recognize the importance of professional training, we emphasize the need to address issues of vulnerability and human rights and invest in working with the public in situations of social vulnerability during their undergraduate studies, promoting a critical formation of future professionals.\textsuperscript{11,14,16} Collective health proposes the integration of different perspectives, knowledge, and institutional sectors for the construction of differentiated knowledge, and aims to study, explore, and delve into problems in the context of life, through the intercession of different professional knowledge, from the perspective of
intersectoriality, considering the economic, political, and social scenarios to understand the consequences of these in determining the health-disease process.\textsuperscript{5,26}

The review does not highlight the successful intersectoral experiences capable of positively impacting the lives of those who are on the streets, although it is pointed out by the studies, the need for change in the way of acting in health, considering the health-disease process in a broad way and the interprofessional and intersectoral articulation. Establishing other ways to train, educate, think, and act in health is a strategy for the transformation of health practices, for the guarantee of integrality, and for the formulation of structuring public policies.

The formulation of policies involves a context of power dispute, textual production, and the practice itself, designed to meet utopian proposals and ideal models. Practice, in turn, requires the interpretation of policies and the crossing of barriers between texts and everyday reality.\textsuperscript{11,27} From the perspective of working with the public in vulnerable situations, especially the PSR, the resolution of these conflicts must be based on human rights, to implement actions that ensure the right to health and promote universality, accessibility, completeness, quality, and inclusion in health systems for individuals, families and, communities.\textsuperscript{28}

As limitations, the analyzed studies presented a level of evidence between five and seven, even so, it was possible to recognize the obstacles to intersectoral action, as well as to propose strengthening actions for the proper implementation of intersectoralism in meeting the demands of PSR. In turn, the analysis of qualitative studies and reviews shows the importance of conducting studies with higher levels of evidence, such as clinical trials and cohorts of interventions, for example.

**CONCLUSION**

The institutional omissions and the disarticulations between the different sectors that should act to meet the needs of the PSR were evidenced, with emphasis on health and social assistance. The review does not show successful intersectoral actions but points out the construction of bonds and the integration of formal and informal support networks as necessary for a professional practice that values intersectorality. It is important to recognize the life context of those who live on the streets and map the territory, including night visits and approaches based on harm reduction.

It is suggested the shared management of shelters, with respect for ways of life, less bureaucratic access, defense of human rights, and promotion of citizenship of homeless
people. It is emphasized that the training of professionals must involve the performance of the public in vulnerable situations and contemplate the health system in force in the country, with a guarantee of universality and equity. It should strengthen the sense of social responsibility of professionals in training and their ability to instigate community engagement, focusing on intersectoriality, integrality, and the life stories and culture of the vulnerable public.

CONTRIBUTIONS

Freitas GL, Camargo AF, Gontijo TG, and Graciano GF contributed to the conception, study planning, data analysis, interpretation, writing, and review. Spelta LS, Arcêncio RA, Lacthim SAF, and Fiorati RC contributed to the analysis and interpretation, writing, and review.

CONFLICT OF INTEREST

Nothing to declare.

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