

Centro POP and the right to equity for people experiencing homelessness

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Abstract

This essay aims to analyze the actions undertaken by the municipality of Joinville, Santa Catarina, to promote the rights of people experiencing homelessness, as well as the factors that contribute to their continued marginalization. The Specialized Reference Center for People Experiencing Homelessness (Centro POP) stands out as an institution that provides support to this segment of society, ensuring access to rights and the value of life. However, based on field visits, it becomes evident that current public policies aimed at socially vulnerable populations are insufficient to promote effective equity and social inclusion. The main limitations of the services offered stem from structural inequalities, social stigma, and the scarcity of public resources. More critical and transformative approaches are needed to overcome the current exclusionary model and to ensure equity.

Keywords: Ill-housed persons. Public policy. Equity. Socioeconomic factors.

Resumo

Centro POP e o direito a equidade para pessoas em situação de rua

Este ensaio visa analisar as ações empregadas pelo município de Joinville, Santa Catarina, para promover direitos da população em situação de rua, bem como os fatores que contribuíram para a manutenção da marginalização. O Centro de Referência Especializado para População em Situação de Rua destaca-se como instituição que oferece auxílio a essa parcela da sociedade, além de acesso a seus direitos e valorização da vida. Todavia, por meio de visita em campo, percebe-se que as políticas públicas vigentes destinadas à população em vulnerabilidade social são insuficientes para promover equidade efetiva e inclusão social. Os principais fatores limitantes do potencial dos serviços ofertados são as desigualdades estruturais, os estigmas sociais e a escassez de recursos estatais. Abordagens mais críticas e transformadoras são necessárias para superar o modelo excludente atual e garantir equidade.

Palavras-chave: Pessoas mal alojadas. Política pública. Equidade. Fatores socioeconômicos.

Resumen

Centro POP y el derecho a la equidad para personas sin hogar

Este ensayo tiene como objetivo analizar las acciones realizadas por el municipio de Joinville, Santa Catarina (Brasil), que promueven los derechos de la población sin hogar, así como los factores que contribuyen al mantenimiento de la marginación. El Centro Especializado de Referencia para la Población sin Hogar es una institución que brinda asistencia a esta población, así como acceso a sus derechos y apreciación de la vida. Sin embargo, a partir de una visita de campo, se evidencia que las políticas públicas actuales dirigidas a la población socialmente vulnerable son insuficientes para promover la equidad efectiva y la inclusión social. Los principales factores que limitan el potencial de los servicios brindados son las desigualdades estructurales, los estigmas sociales y la escasez de recursos estatales. Se necesitan enfoques más críticos y transformadores para superar el actual modelo de exclusión y garantizar la equidad.

Palabras clave: Personas con mal vivienda. Política pública. Equidad. Factores socioeconómicos.

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The interviews conducted at Centro POP, previously authorized by the responsible institutions within the context of curricularization and accompanied by the local professional team, were based primarily on official publications and academic articles, supplemented by generic reports that merely corroborated these sources, without including identifiable sensitive data. Considering the existing authorizations, the non-identifiable nature of the references, and the provisions of CNS Resolution 510/2016¹, submission to the Research Ethics Committee was deemed unnecessary.

This essay addresses the situation of people experiencing homelessness in the city of Joinville, Santa Catarina, with a focus on policies of equity and the valuing of life. The choice of themes was motivated by the relevance and urgency of giving visibility to the condition of this population, which is often denied the right to speech. The objective of the study is to analyze the challenges faced by this population, arising from profound social inequalities that lead to exclusion from the labor market, precarious access to health services, and invisibility within public policies. It also seeks to problematize the stigmas and prejudices that associate homelessness with drug use and crime, which exacerbate their marginalization. In short, the goal is to provide a space in which invisible populations may become visible in society.

The methodological foundation of the research is based on publications addressing the subject within the framework of the National Curriculum Guidelines of the Undergraduate Medical Program. The methodology adopted was theoretical review, enriched and substantiated by results obtained from interactions with the population served, based on a semi-structured script, under the supervision of the Bioethics II instructor and in partnership with the coordination of the Specialized Reference Center for the Homeless Population (Centro POP) of Joinville. Therefore, in keeping with the theme and objectives of the study, the methodological approach follows a qualitative design².

Even with public policies directed at this population, such as the National Policy for the Homeless Population (Política Nacional para a População em Situação de Rua, PNPSR) and Joinville's Centro POP², such initiatives remain insufficient to promote effective equity and social inclusion. This work highlights structural barriers

to adequate access to essential services, such as health care, as well as the stigma that perpetuates exclusion. Thus, the need for more critical and transformative approaches to overcome structural inequalities and guarantee broader social justice will be addressed.

A critical analysis of public policies directed toward the homeless population, together with the experiences observed in the activities of Centro POP, reveals that this service is essential for mitigating the vulnerabilities of this group. Also, the testimonies of homeless individuals, which highlight daily difficulties and challenges in accessing health care and social assistance, should be examined. Finally, the limitations of current policies will be emphasized, with the aim of discussing improvements that can effectively promote greater equity and the valuing of life for this population.

A perspective on homeless people

The situation of homeless people reflects profound social inequality in cities. Excluded from the labor market and ignored by public policies, these individuals are stigmatized and often regarded as responsible for their own demise³. Society frequently regards them with indifference and prejudice, associating these people with drug use or even crime. Such stereotypes contribute to their isolation and marginalization.

The homeless population is affected by a significantly higher mortality rate than the general population, particularly women, who are 5.6 times more likely to die prematurely³. In Joinville specifically, men make up the majority of the homeless population, in contrast to the national panorama, which points to the need for more in-depth research on local specificities. It is important to note that living on the street should not be equated with simple homelessness, as it is understood as a process that may or may not extend over time, being brief for some and prolonged for others. In any case, it is urgent to develop tools that promote dignity and respect for human rights as a means of removing barriers to the reintegration of these individuals into society.

In their article, Valsechi and Marques⁴, reiterate the importance of exploring different health

approaches applied to this population, especially particularly liberal and critical perspectives. Grounded in John Rawls' theory⁵, the liberal approach proposes the distribution of resources in a targeted and organized manner, without challenging the underlying socioeconomic structures. The critical approach, by contrast, calls for redistribution based on actual needs, in order to address the structural inequalities created by the capitalist system.

A review of 35 articles on inequality, justice, and public policy concluded that current policies fail to ensure effective equity, especially for the homeless, thereby perpetuating cycles of exclusion. The COVID-19 pandemic highlighted these inequalities and, consequently, the urgency of policies that go beyond temporary solutions—such as digital inclusion and vaccine distribution—to confront the structural factors that lead to marginalization⁴. The conclusion was that health policies directed toward the homeless population, when based on the liberal conception of equity, are insufficient to promote social and health justice. More critical and transformative approaches are needed to overcome structural inequalities and achieve real equity, particularly in the context of the COVID-19 pandemic.

In examining current policies, the PNPSR, established by Presidential Decree 7,053/2009, stands as an important step toward ensuring health care for the homeless population in Brazil⁶. However, numerous structural and social barriers hinder access to health services in Brazil, from primary aid to hospital care. In general, health professionals hold prejudices that negatively affect care and prevent full enforcement of the right to health guaranteed by the National Health System (Sistema Único de Saúde, SUS)⁷.

Requirements such as proof of residence and personal identification represent significant barriers³, since many homeless individuals—especially those involved in the use or trade of illicit drugs—do not have such documents, either because they were lost or confiscated. This situation affects both appointments and emergency care, with the additional concern that this population usually seeks health services only in advanced stages of illness³, often through emergency services. The lack of adequate reception and professional training in this area of hospital care often results in refusal to provide

proper treatment, representing yet another issue. Thus, the coordination among health care networks (Redes de Atenção à Saúde, RAS), psychosocial care networks (Redes de Atenção Psicossocial, RAPS), and social assistance is critical to improving care⁷.

Centro POP

Centro POP, in this context, is an essential service to guarantee equitable access to the rights of this marginalized segment of the population. It is a space specifically designed to provide basic services and assistance to the homeless population, including storage of belongings, meals, facilities for personal hygiene and laundry, as well as guidance on obtaining personal documents, accessing rights, and receiving information on job opportunities⁶.

The integration of medical students into this environment promotes reflection on the importance of humanistic, ethical, and critical principles, encouraging them to commit to the defense of comprehensive health and to universal and equitable access⁷⁻⁹. It also promotes the exchange of knowledge with other professionals, interprofessionalism, and collaborative practice, thereby reshaping the dynamics of health care provision^{4,8-10}. It also facilitates the exchange of knowledge with the community, consideration of religious, cultural, social, and political factors that influence the health-disease process, a holistic view of the patient, and the adoption of the biopsychosocial model of care^{4,11}.

According to data from the *Census of the Homeless Population in Joinville/SC*, Centro POP is a vital initiative to support individuals and families in socially vulnerable situations. Since its founding by an Internal Study Group in 2003, the institution has dedicated its efforts to providing support and social integration through diverse groups and workshops. Weekly activities foster inclusion and well-being among participants: on Mondays, group discussions address topics such as prejudice and violence; on Tuesdays, users engage in physical activities in partnership with the Department of Sports; Wednesdays are dedicated to a women's group that deals with issues such as domestic violence, alcohol, and drug use; Thursdays focus on training and labor market insertion; and on Fridays, harm reduction activities are carried out in collaboration with CAPS².

Upon first arriving at Centro POP, users must present an official identification or, if unavailable, a police report; this requirement ensures that services are directed at those who truly need them. Initial services include access to basic needs such as bathing and meals. For subsequent visits, a police report must be presented. Social work support is provided within two weeks, during which goals, life history, and time spent on the street are discussed, culminating in the development of an individual care plan. Depending on their situation, users may be referred to temporary housing, with stays ranging from 80 to 180 days, in return for a commitment to seeking employment.

However, the circumstances faced by participants often make it difficult to maintain steady jobs. Ninety percent of them suffer with untreated mental health issues². Many immigrants face difficulties in validating their diplomas and entering the labor market, such as physicians from Venezuela, whose lack of professional recognition exacerbates their vulnerability¹¹. Interaction with criminal factions also poses a significant challenge, as these organizations' affiliates mingle with service users and exploit their mental fragility and substance abuse to recruit them^{3,4}, with addiction often leading to the loss of documents and perpetuation of a vicious cycle⁷.

According to information obtained from the coordination team during the visit to Centro POP, the facility is already insufficient to meet the high demand. On average, 1,200 baths are provided and 600 meals distributed per day, totaling 47,000 meals served monthly. The qualification and validation of work processes are essential, and the Internal Study Group takes a critical view of current practices, promoting activities that include street outreach offices and employment opportunities. Intersectorality—through collaboration among education, health, and public safety—is crucial to ensure that the needs of the users are effectively addressed and strengthen the support network for homeless people. Thus, gaps in mental health services, such as the lack of vacancies in therapeutic residences and drug rehabilitation programs, must be urgently addressed.

Another main challenge to the center is related to food security and public health. Neglect on the part of some health professionals can have serious consequences, including death resulting

from withdrawal. Therefore, the sensitization and training of the professionals involved are essential. The management of the homeless population requires humanitarian actions, without practices of social hygiene. "Low temperatures" operation, for instance, provides overnight shelter during critical periods, although many service users prefer not to stay in temporary housing due to mental health challenges.

During the visit, it was observed that Centro POP's headquarters has five bathrooms with showers, a laundry with six sinks, and two multipurpose rooms. There is also an individual service room, a storage area, a technical group room, a kitchen, a cafeteria, and a reception room. The new facility also includes a kennel to accommodate the animals that often accompany homeless individuals. In addition to food and clothing services, the center offers gardening and landscaping courses and is in the process of implementing a financial education course. Several recreational activities, such as guitar lessons and group discussions, are also offered and contribute to the social reintegration of service users.

In short, it is a vital space that faces significant challenges in its mission to assist and reintegrate the homeless population. The construction of an effective support network, coupled with community sensitization and the expansion of available services, is indispensable for promoting dignity and social inclusion for these individuals.

Experience report

Visit and interview at Centro POP

On September 19, 2024, as part of the Bioethics II extension curriculum in the Medical Program at Universidade da Região de Joinville (UNIVILLE), a visit to Centro POP in Joinville was carried out. During the activity, interviews were conducted with four individuals in vulnerable situations. The dialogues revealed the heterogeneity and complexity of their life stories, as well as the need for humanized and empathetic approaches that take into account the different realities of this population.

The experience was considered highly valuable for the students, as interaction with the population served by the Centro POP made it possible to

establish bonds with individuals who were open to sharing their stories with the group. Through the shared accounts, it became evident that the condition of social vulnerability in which they live is shaped by interconnected factors that significantly affect all aspects of their lives. Among the cases witnessed, the most common factors included economic exclusion or unemployment, which often led individuals to move from one city to another in search of opportunities and a better socioeconomic framework. In turn, drug addiction, lack of family support, and the absence of a support network emerged as obstacles to recovery and reintegration into society.

Another recurring element in the cases was violence, which manifested in physical, psychological, and emotional forms. Violence plays a central role in perpetuating social vulnerability and profoundly impacts mental health and well-being, significantly delaying recovery and reintegration into the community. In some cases, violence reinforced in individuals the belief that they were undeserving of attention, value, or a dignified life, leading them to accept the social exclusion imposed by society.

Another important factor in the lives of this population is access to health services. Although these services are available, access is often insufficient or fails to meet their specific needs. Bureaucratic barriers and the lack of specialized resources—such as women-only rehabilitation clinics and targeted mental health programs—exacerbate exclusion and hinder the recovery process. Also, regarding health care, the occurrence of institutional violence, perpetrated by professionals and authorities through improper or negligent treatment, further intensifies emotional and social isolation.

During the interaction with the Centro POP community, it became clear that the social vulnerability to which these individuals are exposed is not merely a matter of material deprivation but also extends to emotional and psychological dimensions. The absence of clear prospects for improvement, combined with a sense of invisibility, fuels a cycle of discouragement and makes it difficult to break away from adverse conditions, particularly in contexts of dependency and substance abuse.

It is evident that overcoming this situation requires a multidisciplinary effort involving public policies aimed at social inclusion, the strengthening of individual support networks, and the creation and provision of services that are more accessible and better adapted to the specific needs of this population.

Perceptions and reflections on the visit

The stories heard reveal the many struggles faced by those who live on the margins of society. It is essential that initiatives such as Centro POP continue to provide support and hope, while promoting dignity and respect for the individuality of each human being. Recognizing their specific needs, together with a more inclusive social service, can make a difference in the lives of individuals who, amid adversity, seek a path to dignity and belonging.

Reflections also emerged on access to rights for this marginalized segment of the population in the city of Joinville, as well as on possible ways to improve the provision of social and health services. It was observed, first of all, that there is an insufficient number of Centro POP units and transitional housing facilities to serve the entire homeless population. Joinville, which according to the 2023 Census has 436 homeless people, has only one Centro POP unit and one transitional housing facility¹. According to the same study, only 94 individuals (21.6%) in situations of social vulnerability had access to institutional shelter services. As noted by one interviewee, one factor that helps explain this is the difficulty of accessing such services, stemming from bureaucracy and the limited number of available spaces. It is clear that, to guarantee the rights of this segment of the population, it is essential to streamline the access process.

The importance of expanding psychosocial care is underscored, both for maintaining and managing mental health and for harm reduction. The testimonies collected also indicate the need to improve dental care and women's health services. Difficulties were reported in receiving services from the street outreach office; according to one interviewee, he did not know exactly where in the city the professionals would be located. This article highlights the importance of formulating

public policies aimed at reducing the prejudice and violence suffered by homeless people, whether physical, racial, moral, or psychological.

Final considerations

The issue of the homeless population is illustrative of the social inequality and exclusion that affect several Brazilian cities. The marginalization of this group occurs through multiple factors, such as precarious access to public policies, health care, and employment, as well as social stigmas that associate it with drug use and crime. Exclusion results in a lack of access to rights and heightened vulnerability, particularly among women, who face higher mortality rates. The situation is especially complex in cities such as Joinville, where the homeless population is predominantly male, underscoring the need for localized and specific studies.

Public policies directed toward the homeless population, such as the PNPSR⁹, represent significant advances but still face barriers, especially in terms of access to health services. The stigmatization of homeless individuals by health professionals, the lack of personal documents, and the requirement of proof of residence hinder their ability to receive care. Thus, the importance of initiatives such as the street outreach office (Consultório na Rua) is highlighted; however, these also face challenges due to insufficient resources and government support, as well as the reluctance of some professionals to provide humanized care.

Centro POP plays a crucial role in providing essential services such as food, hygiene, and assistance with obtaining documents, thereby contributing to social reintegration. The activities provided, such as training workshops and group discussions, aim to strengthen the physical and emotional well-being of service users, while also promoting labor market inclusion.

However, the realities faced by those assisted at the Centro POP are daunting. Involvement with criminal factions, mental health issues, and prejudice constitute serious obstacles to social rehabilitation and reintegration. The high demand for services, evidenced by the large number of daily baths and meals, demonstrates the urgent need to expand both infrastructure and available services.

Experience reports highlight the diversity of situations faced by this population, ranging from mental health problems and substance abuse to lack of family support. They also bring to light the barriers encountered by homeless individuals and the pressing need for greater awareness and training of health professionals, so that effective and humanized care can be offered.

The theoretical review presented in this article underscores the need to rethink current approaches toward the homeless population. In short, it is evident that current policies—often oriented toward improving access to services without questioning structural inequalities—must be complemented by critical perspectives that seek to transform the broader reality of these individuals in a fairer and more inclusive way.

References

1. Brasil. Conselho Nacional de Saúde. Resolução nº 510, de 7 de abril de 2016. Dispõe sobre as normas aplicáveis a pesquisas em Ciências Humanas e Sociais. Diário Oficial da União [Internet]. Brasília, p. 44-46, 24 maio 2016 [acesso 13 ago 2025]. Seção 1. Disponível: <https://bit.ly/45FvF0B>
2. Prefeitura Municipal de Joinville. Secretaria de Assistência Social. Censo da População em Situação de Rua – Joinville/SC [Internet]. Joinville: Prefeitura Municipal de Joinville; 2023 [acesso 20 mar 2025]. Disponível: <https://bit.ly/4ollG9l>
3. Campos A. População de rua: um olhar da educação interprofissional para os não visíveis. Saúde Soc [Internet]. 2018 [acesso 20 mar 2025];27(4):997-1003. DOI: 10.1590/s0104-12902018180908
4. Valsechi DF, Marques MCC. Equidade em saúde para a população em situação de rua: uma revisão crítica. Saúde Debate [Internet]. 2023 [acesso 20 mar 2025];47(139):957-77. DOI: 10.1590/0103-1104202313917
5. Rawls J. Justiça como equidade: uma reformulação. São Paulo: Martins Fontes, 2003.

6. Acessar o Centro de Referência Especializado para População em Situação de Rua (Centro POP) [Internet]. Brasília: Gov.br; 2023 [acesso 20 mar 2025]. Disponível: <https://bit.ly/4oevdi8>
7. Andrade R, Costa AAS, Sousa ET, Rocon PC. O acesso aos serviços de saúde pela população em situação de rua: uma revisão integrativa. *Saúde Debate* [Internet];46(132):227-39. DOI: 10.1590/0103-1104202213216
8. Brasil. Ministério da Saúde. Resolução n° 569, de 8 de dezembro de 2017. Reafirma a prerrogativa constitucional do SUS em ordenar a formação dos(as) trabalhadores(as) da área da saúde. *Diário Oficial da União* [Internet]. Brasília, p. 85-90, 26 fev 2018 [acesso 13 ago 2025]. Disponível: <https://bit.ly/4fEuRNW>
9. Rios IC. Humanidades médicas como campo de conhecimento em medicina. *Rev Bras Educ Med* [Internet]. 2016 [acesso 20 mar 2025];40(1):21-9. DOI: 10.1590/1981-52712015v40n1e01032015
10. Brasil. Ministério da Saúde. Resolução CNE/CES n° 3, de 20 de junho de 2014. Institui Diretrizes Curriculares Nacionais do Curso de Graduação em Medicina e dá outras providências. *Diário Oficial da União* [Internet]. Brasília, p. 8-11, 23 jun 2014 [acesso 13 ago 2025]. Disponível: <https://bit.ly/4molhAt>
11. Sousa ED'OP, Chagas MS. O acadêmico de medicina frente à população em situação de rua: trabalho colaborativo como ferramenta. *Saúde Debate* [Internet]. 2022 [acesso 20 mar 2025];46(134):906-16. DOI: 10.1590/0103-1104202213423

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Participation of the authors

Amanda Hess Gesing was responsible for developing the article, maintaining direct contact with the journal, and implementing additional revisions. Ana Flávia de Liz de Freitas was responsible for drafting the conclusion of the article, final reading, and organizing the ideas. Debora Moreira de Campos was responsible for reviewing and making adjustments to the introduction. Euler Renato Westphal supervised and accompanied the production process, revised the text and its final version, and mediated divergent opinions in the discussion. Isabella Ulysséa Menegazzo was responsible for writing the paragraphs related to field experience. Layza Maria Pereira Lopes was responsible for preparing the introduction and reviewing the bibliographic references. Letícia Fernanda de Macedo e Silva Souza was responsible for reviewing and revising the paragraphs on field experience. Thais Fabiane Cieslinsky was responsible for the final revision of the text prior to submission to the journal, for ensuring compliance with scientific writing standards, and contributed to the discussion of the field experience conducted by all authors at the Centro POP.

Data availability: All data used or generated in this study are described and presented in full in the body of the article.

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