ORIGINAL ARTICLE

Qualitative analysis of selected literature sources addressing the issue of homelessness

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Abstract

OBJECTIVES: The objective of this article is to answer the main research question, which reads: "How is the issue of homelessness presented in the relevant literature?" Basic terms related to homelessness and homeless people are defined at the beginning of the article. Homelessness is a complex social problem, with many factors contributing to its origin and development that can, in principle, be divided into objective and subjective factors.

METHODS: A qualitative research strategy was chosen to address the main research question. Analysis of documents using content analysis was used as the research tool. The research sample consisted of three articles, two chapters, and two subchapters in a monograph. The three analyzed sources were in English, three in the Slovak language, and one in the Czech language.

RESULTS: It was found that the issue could be viewed from both health-related and social perspectives. None of the authors, whose publications were analyzed, preferred a "purely" health-related or a "purely" social welfare view of the issue of homelessness. We identified three types of perspectives (approaches) related to the care of homeless people: health & social, preferred health care, and preferred social care. Both components of care are more or less represented in each of the three types of care.

CONCLUSION: It can be concluded that the issue of homelessness cannot be viewed from a single perspective (either health or social), since it requires an interdisciplinary approach and cooperation of both healthcare professionals and social welfare experts to address the unfavorable social situations associated with homelessness.

INTRODUCTION

According to many authors (Vurm 2007; Juhásová *et al.* 2011; Kuzníková *et al.* 2011; Browne 2012; Kutnohorská *et al.* 2012), health care and social care are interconnected. The need for the interconnection of health and social care is more obvious in certain population groups than in others.

Care for homeless people is a typical example of where such interconnections are highly desirable (Kasanová and Tvrdoň 2004; Koon *et al.* 2010; Dhooper 2012; Pauly *et al.* 2013).

Homelessness is a serious social problem with far-reaching consequences for the health of individuals and populations (Gogoláková *et al.* 2010). Given the high prevalence of serious health

problems in this marginalized population, there is an urgent need to find effective measures not only to manage the poor health of homeless people, but also to address the problem of homelessness itself (Hwang and Burns 2014).

The definition of "homeless person"

No common definition for "homeless person" is available at the EU level, and national definitions may vary between member states (Bérešová *et al.* 2007). For example, Mareš (1999) defines homelessness as a social phenomenon preceded by behaviors and processes leading to the loss of social identity, loss of life certainties, and social exclusion.

The European Commission for Employment, Social Affairs, and Inclusion defines homelessness as "Beyond sleeping rough, homelessness may include situations of living in temporary, insecure, or poor-quality housing. Homeless people may face reduced life expectancy, health problems, discrimination, isolation, and barriers to basic public services and benefits" (Homelessness 2015).

Tomeš (2011) defines the term "homeless" in several respects. In general, according to Tomeš, a homeless is a person without a permanent place to live or without access to long-term use of a specific (same location) shelter. Social legislation usually defines "the homeless" as a person without a roof over his/her head. The Citizenship act uses this term to refer to persons with no citizenship, often described as "stateless persons" in their international documents, who are generally granted protection as refugees. According to Tomeš (2011), homelessness also means a) the quality of life of individuals that are characterized by significant social

exclusion, and b) from the perspective of the society, the frequency at which social exclusion occurs.

The problem with the etymology of the term homeless is the meaning of the word home (Mark *et al.* 2012). Home is a term with much greater meaning than shelter, since it is associated with social background, which includes the idea of a family and a place where you can always come back and settle (Průdková and Novotny 2008). Such a home consists of a stable social environment on the one hand, and physical privacy on the other hand (Mark *et al.* 2012). Homeless people usually lack both of these components in their lives.

Factors influencing the transition to homelessness

Homelessness is undoubtedly a complex social problem, with many factors contributing to its origin and development. In principle, these factors can be divided into objective and subjective. While the objective causes of homelessness are attributed to governmental policy and the homeless are seen as victims thereof, subjective causes include causes with more individualized origins and characteristics (Marek *et al.* 2012; Vereš 2008).

Homelessness is generally triggered by a "complex interplay of structural, institutional, relationship, and personal factors" (Geertsema *et al.* 2010). Table 1 shows that homelessness is usually due to an accumulation of vulnerability factors and not the result of a single trigger or cause. For example, unemployment and financial hardship or substance abuse – primary triggers of homelessness themselves – may put pressure on personal relationships, increasing the risk of family

Tab. 1. Factors of vulnerability and risk of housing exclusion.

Cause	Factor of vulnerability	Comment
Structural	Economic Processes	Effect on income, stability of employment
	Immigration, Citizenship	Discrimination, access to social protection
	Housing Market Processes	Access to affordable / social housing
Institutional	Available mainstream services	Shortage of services to meet demand or care needs
	Allocation mechanisms	Inappropriate to needs (spatial concentration, delivery procedures)
	Lack of co-ordination between existing mainstream services	Effects continuum of support
	Institutional procedures	Admission, Discharge procedures
Relationship	Family Status	Single people more vulnerable
	Relationship situation	Abusive partners; step-parents
	Relationship breakdown	Death, divorce, separation
Personal	Disability / long-term illness	Includes mental health and learning disability
	Educational attainment	Low attainment
	Addiction	Alcohol, drugs, gambling
	Age / Gender	Young / old, female
	Immigrant situation	Refugee status / recent arrival

Source: Edgar (2009)

breakdown, which is another important trigger of homelessness (Confronting Homelessness in the European Union 2013).

MATERIALS AND METHODS

The objective of this article was to answer the main research question, which read "How is the issue of homelessness presented in the relevant literature?"

Based on the main research question, the following sub-questions were determined:

1. What was the purpose of the text written by the author?
2. From which perspective, did the individual authors view this issue?
3. What was the component of care (health, social, health & social, preferred social, preferred health, or other) emphasized by the authors of the respective publications and what were their definitions of these components?

The method of deliberate selection was used to design the research sample. According to Miovský (2006), a deliberate (or sometimes purposeful) selection of a research sample refers to an approach where a targeted search for documents is used according to specific criteria.

In the documents search, the following criteria were determined for selection of documents / sources:

- in terms of publications, we searched for articles listed in the databases of electronic information sources or in peer-reviewed journals or monographs;
- the text had to address the issue of homelessness from the health, social, or health & social point of view;
- in language terms, the sources had to be written in Slovak, Czech, or English language.

Documents were selected as follows. The following electronic information sources: EBSOhost, PRO-QUEST CENTRAL, PUBMED, SCIENCE DIRECT and SCOPUS [ELSEVIER] were searched for articles using the following key words and phrases: homelessness, social care, health care, and various combinations of these words and phrases. Articles in Slovak and Czech were searched using keywords, such as homelessness, health care, and/or social care, through the internet search engine Google and by searching in Slovak and Czech libraries.

Searching for monographs was done on "Google – Book Search" and in academic libraries in Slovakia and the Czech Republic. When the author of an analyzed document cited an article or monograph of another author, we found that article or monograph and if it met the above criteria, it was included in our research sample. Based on suggestions in the reviewer's assessment, attention was also focused on leading Slovak authors having extensive practical experience in managing issues of homelessness (e.g. Anton Strholec, Marián Kuffa). However, publications of these authors failed to meet the above criteria and therefore were not included in the research sample.

In relation to searching publications in English, we would like to mention that we found many texts dealing with homelessness, however, many of the articles were highly specialized. They were focused on topics that overlapped with homelessness, such as substance abuse (Allman *et al.* 2007; Thompson *et al.* 2010; Jones *et al.* 2014), mental disorders (Borysow and Furtado 2014; Zerger *et al.* 2014; Childress *et al.* 2015; Girard *et al.* 2015), and others, but did not focus solely on "general" condition of homelessness. We believed that their inclusion in the research sample would skew the results. For these reasons, they were excluded from the research sample and we analyzed only texts addressing the issue of care for the homeless people in "general terms."

The research sample was made up of two articles, two chapters, and two subchapters from a monograph. Three analyzed sources were in English, three in Slovak, and one in Czech. Detailed characteristics of the research sample are provided in Table 2, which contains the list of authors (collectives of authors) and basic data on the analyzed sources.

A qualitative research strategy was chosen to address the main research question. Analysis of documents using content analysis was used as the research tool.

When reading the publications, we coded segments related to the perspective regarding care (health, social, health & social, preferred social, preferred health) for homeless people.

The next phase was focused on sorting information into groups and creating types of perspectives regarding care for homeless people as viewed by the individual authors. During the process of creating types of perspectives, we searched for common features and differences in the individual perspectives regarding care for homeless people. The authors, in whom similarities were identified, were assigned to the same type. Overall, three different types were identified.

RESULTS

The results section provides a typology of perspectives regarding care for the homeless, which was created by analyzing the chosen publications from seven different authors or collectives of authors. First, we present the author's background, the implicit or explicit reasons the authors had for writing the text, and the perspectives from which they viewed the issue of homelessness. Subsequently, we describe the respective types of perspectives. We identified three

Tab. 2. Overview of sources included in the research.

Author(s)	Title	Year of publication	Country of origin	Type of publication
Kadlečík P	Šľapaje ulicou: rôzne prístupy v terénnej sociálnej práci s ľuďmi bez domova [Walking through the street: different approaches in the field social work with homeless people]	2013	Slovak Republic	chapter in a monograph
Mojtová M *et al.*	Sociálna práca s hospitalizovaným bezdomovcom [Social work with a homeless in hospital]	2013	Slovak Republic	subchapter in a monograph
Sládečková R *et al.*	Ľudia bez prístrešia – bezdomovci [Homeless people]	2006	Slovak Republic	subchapter in a monograph
Schwarzová G	Sociální práce s bezdomovci [Social work with homeless people]	2005	Czech Republic	chapter in a monograph
Brooks RA *et al.*	The system-of-care for homeless youth: perceptions of service providers	2004	USA	research article
Keogh C *et al.*	Health and use of health services of people who are homeless and at risk of homelessness who receive free primary health care in Dublin	2015	UK	research article
Martins DC	Experiences of Homeless People in the Health Care Delivery System: A Descriptive Phenomenological Study	2008	USA	research article

Source: Created by the authors

types of perspectives related to the care of homeless people.

Peter Kadlečík

Author's background: Peter Kadlečík has been engaged with the civic association Proti prúdu (Nota Bene publisher) as a field social worker since January 2008. Starting in 2011, he worked as the program coordinator of Streetwork for homeless people. He also works as an external lecturer at the St. Ladislaus Institute of Health and Social Work in Nové Zámky.

Purpose of text: According to the author, the monograph "Šľapaje ulicou: rôzne prístupy v terénnej sociálnej práci s ľuďmi bez domova [Walking through the street: different approaches to social field work with homeless people]" seeks to broaden the horizons of the reader in the area of field social work with homeless people. It can be helpful for field social workers beginning their activities as well as social work students (Kadlečík 2013, p. 1).

Perspectives regarding care of homeless people: Based on an analysis of this chapter, we believe the issue of homelessness in this chapter is seen from the viewpoint of health and social care. Social care is represented by social counselling, specialized social counselling, sheltered workshops, and workplaces. In relation to health and medical care, the following terms were used: physician, basic medical treatment, field psychiatrist, hygiene, and treatment centers.

Martina Mojtová

Author's background: Martina Mojtová is a professor of social work at the Department of Social Work, Faculty of Social Sciences and Health, Constantine the Philosopher University in Nitra. She is an author of the publication "Sociálna práca v zdravotníctve" (Social Work in Health Care) and has had many contributions aimed at interconnecting health and social care for patients.

Purpose of text: The subchapter "Sociálna práca s hospitalizovaným bezdomovcom" (Social work with the homeless in hospitals) is part of the book "Klinický sociálny pracovník" (Clinical social worker). According to the authors of the monograph, the aim of their publication was "to demonstrate, despite some skepticism and underestimating of the issue on the part of the healthcare and social system, that adequate attention and adequate management of problems are factors needed for the development of services in the field of health and social care in practice" (Mojtová *et al.* 2013, p. 252).

Perspectives regarding care of homeless people: In this chapter, the issue of homelessness was seen from the viewpoint of health and social care. Social care is represented by social counselling, social services, including social diagnostics, acute and long-term social intervention, and prevention. In relation to health and medical care, the following terms were used: medical first aid, emergency medical services, and hygiene care.

Regina Sládečková

Author's background: Regina Sládečková is the director of the Secondary School of Nursing in Nitra. She has also worked as a member of the teaching staff in secondary nursing schools.

Purpose of text: The subchapter "Ľudia bez prístrešia – bezdomovci" (Homeless people) is part of the chapter "Sociálna starostlivosť o marginalizované skupiny obyvateľov" (Social care for marginalized populations) in the book "Sociálna starostlivosť" (Social care). The aim of the subchapter was to "explain the concept of homelessness; assess the causes of homelessness, development, and forms; explain the consequences of homelessness, social and health problems of the homeless, and describe activities aimed at helping the homeless" (Sládečková *et al.* 2006, p. 160).

Perspectives regarding care of homeless people: The authors of the text emphasized the importance of both health-related and social care. In our classification, they use the preferred social approach. In relation to social care, they mentioned social counselling, educational, cultural, and retraining courses, protected and supported employment, social firms, and street work. Health care for the homeless includes basic health care, first contact treatment centers, medical first aid, and hygienic care.

Gabriela Schwarzová

Author's background: Gabriela Schwarz worked as a social worker and team leader in the civic association Naděje (Hope). She was responsible for provision of social services to homeless people, putting into operation shelters for homeless women and management of a team of social workers.

Purpose of text: The chapter "Sociální práce s bezdomovci" (Social work with homeless people) was a part of the monograph "Sociální práce v praxi – Specifika různých cílových skupin a práce s nimi" (Social work in practice. Specific features of different target groups and working with them). The aim of the monograph was "to introduce the field of social work and present various types of social work in practical terms, i.e. as work with specific vulnerable groups" (Matoušek *et al.* 2005, p. 13).

Perspectives regarding care of homeless people: The analysis of this chapter suggests that the author followed the preferred social approach in describing the care of homeless people. The social component prevailed, and included social counselling (basic and specialist), asylum housing, social skills training, social companies and sheltered workshops, training and retraining courses. Health and medical care components were represented to a lesser extent, and included basic medical care and the use general practitioners in homeless contact centers.

Ronald A. Brooks

Author's background: Ronald A. Brooks works at the Department of Family Medicine, University of California, Los Angeles, USA. He earned his PhD in Urban Planning.

Purpose of text: The aim of this article was "to describe service providers' perceptions of the system of care for homeless youth in L. A. County, CA, including the organizational and staff characteristics of agencies in the service system, issues affecting youth, types of available services, gaps in services, and barriers to service delivery" (Brooks *et al.* 2004, p. 444).

Perspectives regarding care of homeless people: Based on analysis of this article, we believe the author followed the preferred social approach. Social care was represented by terms such as shelter, social counselling, mediation, legal services and foster care. Healthcare was associated with medical emergency rooms.

Claire Keogh

Author's background: Claire Keogh works at HRB Centre for Primary Care Research, Department of General Practice, Royal College of Surgeons in Ireland, Dublin, Ireland, UK. She earned his PhD in Psychology.

Purpose of text: "This study investigates the health of the homeless population, following the provision of free to access to primary care services for homeless people in Dublin (Safetynet)" (Keogh *et al.* 2015, p. 1).

Perspectives regarding care of homeless people: The article emphasizes the need for health care for homeless people. In relation thereto, it mentioned primary care services, general practice, and mental health services. Social care is mentioned only marginally in relation to social counseling in cases of high-risk behaviors.

Diane Cocozza Martins

Author's background: Diane Cocozza Martins is Assistant Professor, Community Health Nursing, College of Nursing, University of Rhode Island, Rhode Island, USA. She earned his PhD in Nursing.
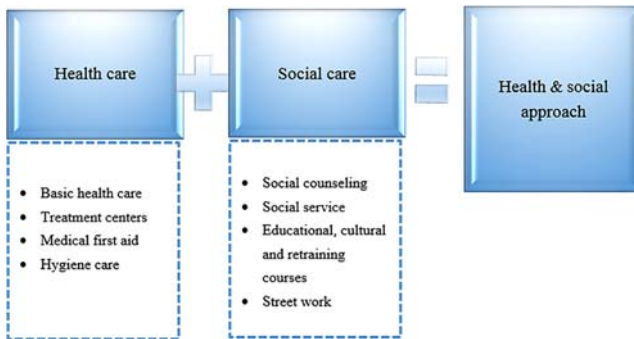
Purpose of text: The objective of her research article was "to understand the experiences of homeless people with the health care system" (Martins 2008, p. 420).

Perspectives regarding care of homeless people: The author emphasized primarily health care for the homeless, such as medical emergency rooms, hospitals, primary care services. Social care was only mentioned marginally, namely asylum homes.
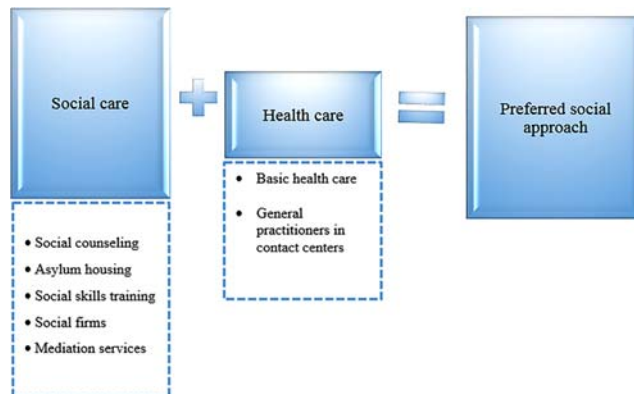
Through further analysis of the above publications, we identified three types of perspectives regarding care of homeless people.

The first type, which we called the health & social perspective of care for homeless people, refers to the equality of the concepts and that the two components (health and social) are represented to the same extent (Scheme 1). In this case, the word "and" ensures equality between the two adjectives. From this point of view, we can interchange the terms "health & social" or "social & health." This type was identified in the writings of the following authors: Sládečková *et al.* (2006), Kadlečík (2013) and Mojtová *et al.* (2013).
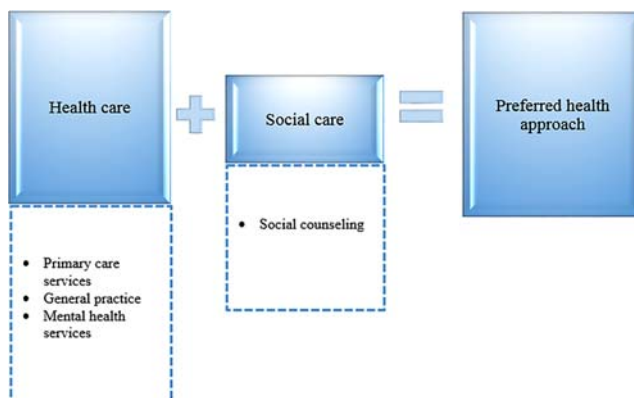
The second type is the preferred social approach regarding care for the homeless (Scheme 2). This type prefers the social component and health care is per-

Scheme 1. Health & social approach regarding care of homeless people.

Scheme 2. Preferred social approach regarding care of homeless people.

Scheme 3. Preferred health approach regarding care of homeless people.

ceived as a supplementary component. This type was identified in the writings of Brooks *et al.* (2004) and Schwarzová (2005).

The preferred health approach regarding care of homeless people is the third perspective from which the authors viewed the issue of homelessness (Scheme 3). This type prefers the health component, while social care is a supplementary component. This type was identified in the writings of Martins (2008) and Keogh *et al.* (2015).

DISCUSSION

The issue of homelessness requires an interdisciplinary approach. The content analysis of the above mentioned texts suggested that the issue should be viewed from both health-related and social perspectives. None of the authors, whose publications were subjected to analysis, preferred a "purely" health-related or a "purely" social welfare view of the issue of homelessness.

As part of our research, we identified three types of perspectives (approaches) related to the care of homeless people, namely health & social, preferred social and preferred health. Each of the three types mentions social counselling and its importance in solving the living situation of homeless people. The objective of social counselling is to bring clients to self-sufficiency: help people so that they can help themselves (Schwarzová 2005). During counselling activities for homeless people, it is first necessary to determine what the person needs in order to improve or change his/her current situation. In this phase, the field social worker acts as an intermediary of services and recommends services he/she can mediate (Marek *et al.* 2012).

We also noticed that in several publications, the authors pointed out the necessity and usefulness of cooperation among experts in health and social care.

Schwarzová (2005) and Matsunaga *et al.* (2011) stated that if we want to help homeless people, we must focus on removing the causes leading to social exclusion; furthermore, we need a network of various specialized services for this purpose and good cooperation between the organizations that provide them. Mojtová *et al.* (2013) offered the opinion that the whole mechanism of care for the homeless is the result of cooperation between healthcare professionals and health social workers to improve the health of the homeless and provide social services, in order to secure an adequate standard and to avoid direct danger to their health and life.

Homelessness is a complex phenomenon with various causes and effects, and according to Sládečková *et al.* (2006) it requires an interdisciplinary approach. Mojtová *et al.* Even Mojtová *et al.* (2013) stated that seeing the homeless from the perspective of health and social care requires a comprehensive approach, addressing not only his/her poor health but also poor social status.

One of the possible solutions for homelessness is the concept of social housing. This concept should contribute to increased availability of housing for all those who are homeless and/or live in uncertain or inadequate conditions. It also suggests offering help to retain housing for those who currently have housing but are at risk of losing it (Justification and design of the concept of social housing in the Czech Republic).

This research has several limitations that have not been eliminated, despite our efforts. One of the limitations is the composition of the study sample. Since the selection of the study sample was based on the types

of publications (namely monographs and articles listed in the databases of electronic information sources and in peer-reviewed journals), it is not clear for all the analyzed authors whether they focused on theory or had practical experience in this area. With respect to the size of the study sample, it should be noted that it does not include all sources related to the subject of the investigation. Some sources no doubt escaped our attention during the search.

CONCLUSION

It can be concluded that the issue of homelessness cannot be viewed from a single perspective (either health or social care). Instead it requires an interdisciplinary approach and cooperation of both healthcare professionals and social welfare experts to address the unfavorable social situations that contribute to homelessness.

None of the authors, whose publications were analyzed, preferred a "purely" health-related or a "purely" social welfare view of the issue of homelessness. Both components of care were more or less represented by all authors.

In our opinion, it is evident from our findings that cooperation among experts aimed at health and social care is essential and desirable in order to address the living situation of homeless people more efficiently.

In our contribution, we focused on perspectives, from which selected authors saw the issue of homelessness. Our aim was to find how this area was reflected in the scientific literature. We believe that further research could investigate the perspectives, from which the issue of homelessness is seen by professionals dealing with a given target group in actual practice. In our opinion, it would be interesting to compare these findings and to identify common characteristics and differences between theoretical and practical approaches.

ACKNOWLEDGEMENT

REFERENCES

1 Allman D, Myers T, Schellenberg J, Strike C, Cockerill R, Cavalieri W (2007). Improving health and social care relationships for harm reduction. Int J Drug Policy. **18**(3): 193–203.
2 Bérešová, J, Dobrová J, Behunová Z, Hacajová K, Kováčová J, Krkošková M *et al*. (2007). Homelessness should be solved by both local and national authorities. In: Zierer B, Pattyán L (ed.). Social Work and Homelessness. Nyíregyháza: University of Debrecen, p. 118–127.
3 Borysow IC, Furtado JP (2014). Access, equity and social cohesion: evaluation of intersectoral strategies for people experiencing homelessness. Rev Esc Enferm USP. **48**(6): 1066–1673.
4 Brooks RA, Norweera GM, Rotheram-Borus MJ, Witkin A (2004). The system-of-care for homeless youth: perceptions of service providers. Eval Program Plann. **27**(4): 443–451.
5 Browne T (2012). Social Work Roles and Health-Care Settings. In: Gehlert S, Browne T. Handbook of Health Social Work. New Jersey: John Wiley & Sons, p. 20–40.
6 Childress S, Reitzel LR, Maria D3, Kendzor DE, Moisiuc A, Businelle MS (2015). Mental illness and substance use problems in relation to homelessness onset. Am J Health Behav. **39**(4): 549–555.
7 Confronting Homelessness in the European Union (2013). [online] [cit. 2015-06-20]. Available from: file:///C:/Users/user/Downloads/SWD_Confronting-homelessness_en%20(1).pdf
8 Dhooper SS (2012). Social work in Health Care. London: SAGE Publications, 341 p.
9 Důvody záměru a návrh systému Koncepce sociálního bydlení ČR [Justification and design of the concept of social housing in the Czech Republic], 3 p. [online] [cit. 2015-10-07]. Available from: http://www.mpsv.cz/files/clanky/20787/Navrh_systemu_socialniho_bydleni.pdf (Czech).
10 Edgar B (2009). European Review of Statistics on Homelessness. Brussels: FEANTSA, 84 p.
11 Geertsema VB, Edgar W, O'Sullivan E, Pleace N (2010). Homelessness and Homeless policies in Europe: lessons for research. Brussels: FEANTSA, 92 p.
12 Girard V, Tinland A, Mohamed EH, French Housing First Study Group, Boyer L, Auquier P (2015). Psychometric properties of the recovery measurement in homeless people with severe mental illness. Schizophr Res. **16**(1–3): 292–297.
13 Gogoláková P, Dostálová K, Somogyiová E, Vladárová M, Moricová Š (2010). Bezdomovci – problém z pohľadu verejného zdravotníctva [Homelessness – considerations from the standpoint of the public healthcare system]. Verejné zdravotníctvo. **7**(1): 1–8 (Slovak).
14 Homelessness (2015). [online] [cit. 2015-06-20]. Available from: http://ec.europa.eu/social/main.jsp?catId=1061
15 Hwang SW, Burns T (2014). Health interventions for people who are homeless. Lancet. **384**(9953): 1541–1547.
16 Jones R, Reupert A, Sutton K, Maybery D (2014). The interplay of rural issues, mental illness, substance use and housing problems. J Ment Health. **23**(6): 317–322.
17 Juhásová A, Baková D, Gabrielová J, Hanke Z, Hrozenská M, Krellová K *et al*. (2011). Komparácia sociálnych služieb v Českej republike, v Slovenskej republike a v Talianskej republike [Comparison of social services in the Czech Republic, the Slovak Republic and the Italian Republic]. Nitra: Effeta, 319 p. (Slovak).
18 Kadlečík P (2013). Šľapaje ulicou: rôzne prístupy v terénnej sociálnej práci s ľuďmi bez domova [Walking through the street: different approaches in the field social work with homeless people]. Bratislava: Proti prúdu, 112 p. (Slovak).
19 Kasanová A, Tvrdoň M (2004). Chudoba a bezdomovectvo [Poverty and homelessness]. Nitra: Fakulta sociálnych vied a zdravotníctva Univerzity Konštantína Filozofa v Nitre, 141 p. (Slovak).
20 Keogh C, O'Brien KK, Hoban A, O'Carroll A, Fahey T (2015). Health and use of health services of people who are homeless and at risk of homelessness who receive free primary health care in Dublin. BMC Health Serv Res. **15**(58): 1–8.

21 Koon AD, Kantayya VS, Choucair B (2010). Homelessness and Health Care: Considerations for Evaluation, Management, and Support Within the Primary Care Domain. Dis Mon. **56**(12): 719–733.

22 Kutnohorská J, Cichá M, Goldmann R (2012). Etika pro zdravotně sociální pracovníky [Ethics for healthcare professionals and social workers]. Prague: Grada, 192 p. (Czech).

23 Kuzníková I, Gojová V, Chrenková M, Krhutová L, Liška A, Novotný Z (2011). Sociální práce ve zdravotnictví [Social work in the healthcare sector]. Prague: Grada, 224 p. (Czech).

24 Marek J, Strnad A, Hotovcová L (2012). Bezdomovectví: v kontextu ambulantních sociálních služeb [Homelessness: in the context of outpatient social services]. Prague: Portal, 176 p. (Czech).

25 Mareš P (1999). Sociologie nerovnosti a chudoby [Sociology of inequality and poverty]. Prague: Sociologické nakladatelství, 248 p. (Czech).

26 Martins DC (2008). Experiences of Homeless People in the Health Care Delivery System: A Descriptive Phenomenological Study. Public Health Nurs. **25**(5): 420–430.

27 Matoušek O, Kodymová P, Koláčková J (ed.) (2005). Sociální práce v praxi. Specifika různých cílových skupin a práce s nimi [Social work in practice. Specific features of different target groups and working with them]. Prague: Portal, 352 p. (Czech).

28 Matsunaga M, Isowa T, Yamakawa K, Kawanishi Y, Tsuboi H, Kaneko H et al. (2011). Psychological and physiological responses to odor-evoked autobiographic memory. Neuro Endocrinol Lett. **32**(6): 774–780.

29 Miovský M (2006). Kvalitativní přístup a metody v psychologickém výzkumu [Qualitative approach and methods in psychology research]. Prague: Grada, 332 p. (Czech).

30 Mojtová M, Sedlárová K, Šrank M (2013). Klinický sociálny pracovník [Clinical social worker]. Nitra: Univerzita Konštantína Filozofa v Nitre, 263 p. (Slovak).

31 Pauly B, Reist D, Belle-Isle L, Schactman C (2013). Housing and har reduction: What is the role of harm reduction inaddressing Homelessness? Int J Drug Policy. **24**(4): 284–290.

32 Průdková T, Novotný P (2008). Bezdomovectví [Homelessness]. Prague: Triton, 94 p. (Czech).

33 Schwarzová G (2005). Sociální práce s bezdomovci [Social work with homeless people]. In: Matoušek O, Kodymová P, Koláčková J (ed.). Sociální práce v praxi. Specifika různých cílových skupin a práce s nimi [Social work in practice. Specific features of different target groups and working with them]. Prague: Portál, p. 315–330 (Czech).

34 Sládečková R, Šrank M, Valentová Z, Hanuliaková E, Ostraková M (2006). Ľudia bez prístrešia – bezdomovci [Homeless people]. In: Draganová H (ed.). Sociálna starostlivosť [Social care]. Martin: Vydavateľstvo Osveta, p. 177–188. (Slovak).

35 Thompson S, Jun J, Bender K, Ferguson KM, Pollio DE (2010). Estrangement factors associated with addiction to alcohol and drugs among homeless youth in three U.S. cities. Eval Program Plann. **33**(4): 418–427.

36 Tomeš I (2011). Obory sociální politiky [Fields of social policy]. Prague: Portal, 368 p. (Czech).

37 Vereš M (2008). Najčastejšie príčiny bezdomovectva u seniorov [Most typical causes of homelessness in seniors]. Kontakt. **10**(2): 326–333 (Slovak).

38 Vurm V (2007). Vybrané kapitoly z veřejného a sociálního zdravotnictví: pro studující ZSF JU [Selected chapters from public and social medicine: For students of the Faculty of Health and Social Studies, University of South Bohemia]. Prague: Triton, 125 p. (Czech).

39 Zerger S, Bacon S, Corneau, Skosireva A, McKenzie K, Gapka S, O'Campo P, Sarang A, Stergiopoulos V (2014). Differential experiences of discrimination among ethnoracially diverse persons experiencing mental illness and homelessness. BMC Psychiatry. **14**(253): 1–11.