The Development of Social Services for the Homeless People

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Abstract:
Insuring the access to an adequate housing is frequently a pre-condition for the exercise of many other basic rights that any individual must gain. Lacking the access to civilized living conditions probably signifies the most serious manifestation of social exclusion. Lacking a home is synonimous to the extreme poverty, in fact, representing more than a life contingency but the extreme frame of a deficit of means and opportunities. The term "homeless" defines a human condition which is hard to believe that someone would have problems in understanding it. However, almost everybody who uses this term uses a different definition to define it. These definitions become mere "instruments" which justify the action or the lack of it depending on who uses it.

The condition of an adult homeless person presupposes a series of attributes which define it. Therefore, the state of isolation, marginalization, alienation and social exclusion have extreme outcomes within the frame of emotional, relational and social integration. In this respect, there must be built and emproved new programmes and social services for the benefit of the homeless persons.

As a result of the work experience with these homeless persons I identified some stages of the adaptation to the street life. It is self-evident that the psycho-social degradation is a process and not a gradual evolution.

The intervention of the specialists through the specialized services is vital for the emprovement of the quality of life for these beneficiaries of welfare work.

The present research develops a strategy related to the social services in Braila offered as a method of social reinsertion of the street life, especially those from the municipality of Braila.

Keywords: welfare work, social services, homeless persons, social reinsertion.

1. The Conceptualization of the Issue Relating to the Homeless Persons

Insuring the access to an adequate housing is frequently a pre-condition for the exercise of many other basic rights that any individual must gain.

In other words, insuring the access to a decent home signifies the basis of the attainment of an impartial society in which every individual may play an active role. In this respect, one may say that the access to housing embodies the main factor of the social inclusion.

"The homeless adult is that person who does not own a house and lives in the street (in the parks, markets or on the flight of stairs), who finds him/herself in a crisis situation at the mental, communicative, health, social, juridical level caused by the absence of a shelter or by the impossibility of mustering the efforts so that he may obtain an identity card, a job or to reinstate his/her position in the family and by the exclusion from the external services (public medical-social services)[1]".

The state of an adult homeless person presupposes a series of attributes which define the state itself. Thus, the state of isolation, marginalization and social exclusion has severe effects on the emotional, communicative or social level. Therefore, the access to a home becomes the basic element of social inclusion.

"The social exclusion appears as a multidimensional and multifaceted concept which, applied to the category brought forward, includes aspects such as psychosocial vulnerability, the hostile attitude of the community towards them or the poor legislative milieu[2]".

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[1] The Romanian quotation is from Ana Muntean and Juliane Sagebiel, *Practices in Welfare Work*, Polirom, Iaşi, 2007, p. 228.
[2] *Ibidem*, 2007: 229.

2. The Factors of Social Inclusion in the Case of Adult Homeless Persons

There is a concurrence of reasons involved in giving birth to and maintaining the phenomenon of homelessness. These reasons followed from the statements of interviewed persons in the Emergency Center for the Homeless Persons in Braila.

The family disputes. The tenseness of the family climate may result in the coming out of certain major conflicts between the conjugal partners, parents and children, brothers, relatives etc. induced by the lack of incomes, sometimes amplified by drinking or mental problems of some family members. It may also bring about the family members' driving away, the home abandonment or even the family abandon on the part of a conjugal partner.

Divorce is one of the main cause that has determined the loss of the house. In this case, men are frequently evacuated from their house. At a small interval after the evacuation (when they consume all the resources that have remained), some of them are not able to maintain a socio-economic balance, eventually, ending up by adapting to a new way of living-the street life.

There are also cases in which individuals may make an earnest request to the alienation of the house so that they may afford a cheaper house, move in the countryside, move with a relative, start a business, etc. Later, when the money are spent (before investing in a more modest house), they end up in the street. These individuals either have moderate incomes or have endorsed loans with their own houses for their personal or other's business and they have not been paid.

The loss of the job results in the reduction or total absence of the incomes, which gives rise to both the impossibility of paying the upkeep of the house or the rent and the appearance or aggravation of family conflicts. One may assert that the loss of the job has as an outcome, in many cases, the loss of the job.

The impossibility of paying the rent or the upkeep of the house led to the accumulation of small debts that have had as a consequence the evacuation of the tenant or the annulment of the rental agreement.

There are other cases in which certain individuals have desired to sell their house but they have been cheated and have not received any money. The circumstances in which these frauds happened are multiple such as: determining to sign some papers without receiving any money, selling through false estate agencies, underestimating or cheating the elders with a low discerning capacity.

Imprisonment brings about, in many cases, the divorce or gives rise to the impossibility of paying the rent and the upkeep of the house or to the loss of the job. In this situation, since they cannot find a place to work and a house with a small rent, they come to enlarge the number of homeless persons.

In spite of the fact that these causes are separately recorded, they do not act on their own but they are interrelated. Thus, they reciprocally interact and appear in the majority of the cases in which two or three causes may interact together. For instance, the loss of the job results in the lack of financial resources, family conflicts, divorce of the loss of the house. Imprisonment, in its turn, leads to divorce or to the impossibility of paying the rent which leads to the annulment of the renting agreement.

The first two observations may lead to the conclusion that the state of the homeless persons is favored by two types of factors:

1. external, environmental-the loss of the job, the lack of the financial resources to pay the tenant's expenses or the repair of the damaged buildings, the selling of the house, the fact of not ever having a personal house, the state of the orphan or abandoned.

2. internal, of personality-individuals who can be easily influenced, malefactors, mental disease, limited internal resources.

3. Categories of Homeless Persons in Braila

The welfare worker admits the fact that being a person in a crisis situation does not necessarily mean that h/she is a homeless but finds him/herself in social and straitened circumstances related to housing.

The heterogeneity of the public makes the characterization of the standard portrait of the homeless person impossible and furthermore the outlining of a typical trajectory of reinsertion which would follow the string from the street to the private house getting through the emergency services, reception houses and overnight shelters.

Moreover, resorting to categories of beneficiaries we may have a useful representation of the necessity or adequacy of particular services to different types of needs.

I shall attempt to present a typology that relies on different types of factors (age, gender, problems).

➢ Isolated women-this particular category encompasses two other representative cases; on one hand, elder women accompanied by youngsters and, on the other hand, the very young mothers;

➢ The families with many members-are very vulnerable because, on one hand, the centers specialized in granting emergency social services are in a small number and do not have adequate infrastructures to shelter them, on the other hand, the condition of the property rental market does not allow them to identify a house suitable for their structure and resources.

➢ Adult youngsters-is another category whose presence is constant in different services. The invoked argument to explain this phenomenon takes into consideration the degradation of the socio-economic context which includes mostly the youngsters, mainly the ones with lower qualification. This category also encompasses the youngsters coming from the institutionalized employment system who, once coming of age, do not attend courses and are excluded from the system of social protection.

➢ The elders-a category for whom the reinsertion process proves to be extremely difficult, especially because of the health problems. On the other side, there are missing structures for the welcoming and insuring the adequate treatment for their particular problems.

➢ Persons with psychiatric disorders-the welfare institutions are increasingly confronted with the presence of the beneficiaries having psychological or psychiatric problems which cannot be dealt with because they do not have the necessary abilities. They are sent to the sector of welfare work through the sector of mental health which considers that their problems they encounter belong to the social sphere. There are also beneficiaries who get out of the psychiatry hospital or in which the psychiatrists suspect that their condition does not require hospitalization but a mere ambulatory investigation.

The construction of categories proves to be indispensable. For the professionals, it allows the defining of the institution's project and the adaptation of a professional practice to the characteristics of the beneficiaries. In the case of public authorities, this typology allows the adaptation of the social politics and the establishment of the priorities of action.

4. Trends of Development of Social Services Conferred to Homeless Persons in Braila
1. Actions for the Needs of the Persons in Social Emergency.
1.1. Action in Social Emergency.
A. On Defining the Emergency Situation.

In the case of emergency situations at least one of the basic needs of human kind is not satisfied: to feed, to warm up, to wash, to sleep in a secured place, to be in a satisfying health condition.

B. Identifying the Needs Specific to the Emergency Situation.
-the need for food
-the need for shelter
-the need for security
-the need for medical assistance
-the need for adequate clothing, a protection against the cold
-the need to be considered a human being
C. Necessary Services
-consulting room
-emergency shelters
-services of out of doors socio-medical assistance
-services of information and guidance
-distribution of clothes and warm food during winter
-services of hygiene (laundries, showers)
-medical assistance on conditions of infirmary
D. On Defining the Getting out of the Emergency Situation
Getting out of the emergency situation means that a person is assured the decent surviving living conditions (the respect for the human dignity) and the physical and mental integrity are not threatened.

1.2. Post-Emergency Actions
a. On Defining the Post-Emergency
The Post-Emergency represents the period of psycho-physical recovery and of restoration of the social status (identity cards, the contact with the relatives, acquaintances, connections established with welfare workers) in which that person has the possibility of reassessing and remodeling a purpose for the following period.
b. Objectives
-the existence of proximity services of psychosocial and medical assistance
-the existence of some day services with unconditioned access
-the access to information
-the existence of certain networks of social support
c. Specific Activities
-unconditioned services of social, psychological and legal advice
-services of medical assistance
-day centers (where the idea of interpersonal contact and the valuation of social utility should have the precedence)
-night shelters
-social eating-halls
-workrooms for recovery and professional ability
-workplaces in accordance with the resources of the homeless persons

1.3. Actions Aiming the Social Reinsertion
a. On Defining Reinsertion / Personal Independence
Social reinsertion is defined by:
-a person's capability to provide by his/her own basic needs (shelter, home, social contacts, health care)
-a person's state of being useful simply by being a supplier of resources, not only a consumer
b. Objectives
-the access to all the public services
-socio-professional reinstatement (the existence of workplaces in accordance with the needs of the homeless persons

-legal protection
-information concerning the social rights and services
c. Types of Services
-social housing
-residential day centers
-workplaces under protection

1.4. Psychological factors of the adult homeless person

After working with these persons I identified some stages relating to the adaptation to the street life. It is self-evident that the psycho-social degradation is a process and not a gradual evolution. It is of utmost importance to briefly present these stages because the taking over of the beneficiaries may be facilitated by the assessment of the condition they are or by the keeping and diminishing of the internal resources. The stages mentioned above, approximately delimitated, are: the endurance stage, the vulnerability stage and the adaptation stage.

The endurance stage

This phase occurs when the home is lost. This loss occurs due to an brutal or traumatic event (the loss of the partner for life, of the job, invalidity, family conflict, fraud or emprisonment). During this stage, the particular person will do his/her best to reabilitate. S/he does not seem to be aware of what this new situation presupposes. It is a period of intense activity in which both numberless attempts are to be made concerning the recovery of the lost social condition and the personality of the individual and the surrounding worls remain unchanged.

It is the first moment of bewelderment-both the possibilities of action and the means s/he has at his/her disposal to take advantage of the legal, economical and social oportunities diminish. The relations between that person and the affiliated social group alter because it is the fear that the entourage might think that the person ask fot their help (money, housing or any other means of material support). That person appears to be embarrased in front of the others (the self image in the eyes of the others). The past values still remain the impulse of the future actions. These values guide the attitudes and the behaviour of the individual. The preserving of these norms brings their contribution to the increase of tolerance towards these norms up to the desocialization and the values of the past which the person identifies with; it also represents a barrier towards the acceptance of the new social condition. The possibility of that person to escape from this situation depends both on his/her (physical, intelectual and financial) resources and the (family, friendly) emotional environment.

During this stage, that person comes into contact with a new world that does not recognize to be his/hers. The aggressiveness s/he dispalys to find his/her past stability is orriented towards the surrounding company, especially towards the persons with the same condition as his/hers (s/he refuses to come into contact with them as if s/he refused to reject his/her future image). S/he will have to learn to communicate with these partners so that s/he might exchange useful information (related to the services destined to this social category, housing places or feeding supplies).

Slow-moving, but almost certain, that person internalizes. It is the outcome of a dayly experience, initially a strange and unacceptable experience, but which becomes familiar ti him/her. S/he still has the tendency to reject this new situation which leads to finding difficulties in becoming aware of it and take necessary action for survival (appling to A.L.O.F.M. as a person looking for a job, inquiring into his/her own rights-social eating-hall, emergency shelter, ensured minimum income).

It is towards the end of this stage that this person is opened a new world but s/he refuses to recognize it (that is to say, to recognize him/herself as a part of it).

The vulnerability stage

In comparison to the first stage in which the past world is still familiar and welcoming to him/her, the second stage is the one in which this image gradually becomes strange or even hostile to him/her. This world appears to be one he does not belong to anymore; he feels that he rehects this particular world with everything that it encompasses-social values, people, opportunities.

The new pressing needs of the condition in which that particular person finds him/herself (how to find food, where to sleep, where to wash, where to find a social worker etc.) changes his/her view upon his/her own life. S/he will do fewer actions, have fewer initiatives and taking great pains in doing all these.

Considering the cases in wwhich the accumulation of failures leads to an anguish towards the future and diminishes the enthusiasm (the number and quality of the fulfiled actions), that person still keeps his/her faith that s/he will rebuild his/her past life. The deprivations and all kinds of restrictions become more proeminent and the tactical rejection of the entourage worsens the psychological situation of that person. The reliving of the past becomes more and more problematic. The situation which was regarded as being accidental becomes an innevitable reality. This new situation also becomes unbearable both at economocal level and psychological level. The possibility of overcoming this dilemma will depend on what that person is capable of doing (the mobilization of the internal resources). That particular person comes into contact with great difficulties in initiating diverse actions since both his/her temporal and spacial guidemarks are already altered.

At this stage, that person feels responsable for his/her failures and s/he attempts to find an answer for this situation. The achievements of the others emphasizes the idea that s/he has a deficiency. The initially welcoming society becomes more and more hostile. The unbearable conflict should be replaced by an act which requires the break with the past. During this stage, that person becomes aware of becoming part of this new world; nevertheless, s/he preserves the recall of the man s/he was (especially all related to his/her past social status).

The will and the physical and psychic capacity of initiating actions to help him/her along the way are on end. The individuals who do not succed in saving themselves up to this moment will continue to psychically and socially involuate.

The adaptation stage

Starting with the first shock (reaching up in the street), that person has gone through a diminishing of the number of social relations and an increase of their intensity. The loss of the relational context leads to a painful feeling of anxiety, of depreciating of self image which renders his/her actions more difficult. In this circumstance, that particular person has to bear a hostile attitude, more or less insulting on behalf of the entourage, even his/her contempt (it seems that the contempt and denigration are powerful weapons of self defense of the society against the excluded individuals, those who do not obey the social norms.

Becoming aware of this rejection is revived as a powerful failure. It is the moment when that person feels rejected, thrown on the periphery of the society. Therefore, s/he turns from uncertainty into anxiety. The new way of life will be characterized by uncertainty and chance. Every action is temporal: occasional work, rummaging through litters, begging as well as occasional offence.

It is during this third stage that the individual starts drinking or increases the volume of alchool. At the beginning, s/he starts drinking to fotget about his/her problems, than s/he drinks for the sake of drinking (in other words, drinking addiction). A new way of life is shaping which, little by little, starts domonating the interior universe of that particular

individual. S/he does not belong to his/her past worlsd anymore; yet s/he does not accept the reality of the world s/he lives in; the world of socially marginalized. It is the moment in which suicidal may overcross their mind which may give rise to a suicidal attempt (suicidal may rarely occur). In fact, s/he has the feeling that s/he is inexistable for the others (loosing the support company and the social identity). It is a moment of existential confusion in which the person lacking social image looks for internal resources to find a new self image.

The continuity of this process focusses on the adaptation (essentially pathological) to this new lifestyle which leads to an internal balance. According to the statements of the beneficiaries, the time freezes. The door towards the past world seems to be forever locked and the one towards the shadowy future (becoming a streetman, a parasite) do not dare to open.

Therefore, a final conflict must be discarded. It is of utmost importance that the new actions and lifestyle should be justified both by him/herself and towards the others. The depravations have blunted the basic needs (for food, security, affiliation, self-valuation). The person in this condition has totally fotgot the marks of his/her former world having the internal responsability of valuing the new social environment s/he lives in. It is during this stage that one may discover the "philosopher beggar" or the "liberal beggar" who has even become proud of his/her condition. There may be found the works of an autist rationalization which minimizes the role of the other person and his/her normal universe as well as the denial of the former values.

The individual starts appreciating some of the fellows s/he has come into useful contact with. The new lifestyle makes him/her leave his/her former habits, contacts, emotional relations or the past needs and s/he creates some new ones which are very weak: the particular person does not feel connected to anything or anybosy anymore. All these new partners for life may be called "friends for a day" partners.

This internal transformation has, thus, affected the basics of the individual's personality. Starting from this moment, the socially desired values are rejected. The former periods hve created favourable conditions for the internalization of the new values whicg gravitates around two poles: the refusal of working (in fact it is the reflex of the feeling of social uselessness and the fear for a new failure) and the attachment towards what the streetman calls his/her freedom (a particular security arosen from the belief that "worse things cannot happen to me".

The new world has become more familiar to him/her and the past world does not deserve but contempt and indifference. Thus, torn by conflicts, s/he gives a meaning to this interior crash and tries to find peace with him/herself.

The attitude towards health

The social isolation which is specific to those who live in the street reduces sometimes up to annulment the capacity to make reference to the norms of social behaviour. As a consequence, the medical emergency becomes hard to realize although it is a normal attitude for a socially integrated man. In most of the cases, the adult homeless persons who resort to specialized medical support act similarly only in emergency situations when their life is really in danger.

In the case of these persons, the perception of pain does not appear to obey the accepted norms. It is not until the wounds are over-infected or they can endure and eat or they are capable of walking, they come to ask for help. Unfortunately, that is not the moment when they are totally convinced that thay need to take an attitude against this situation. Many of them behave as if a single meeting with the doctor should have solved the problem: the recipes, the diets, the care for the physical overchallenge or the quitting of smoking. It is a burden or a punishment on behalf of the doctor who does not feel sympathy for his/her suffering. In this case, the doctor appear to be as a liitle wizzard or a

person who does wonders. Whether the doctor does not raises to his/her expectations or they do not follow the treatment, they will find another more "capable" doctor.

There is also the other pole, that is to say the situation in which the accuses do not correspond to the reality, the beneficiary insisting to convince the doctor that s/he suffers from a particular disease (excepting for the cases whe the doctor is aware of the fact that he has to do some tests or specialized medical examinations). That particular person has also medical knowledge and explanations for his/her symptoms attempting to overcome the stage of the medical exam. S/he knows his/her diagnosis or the necessary treatment for him/her and simply waiths for the doctor;s confirmation. In this circumstance, the doctor becomes an instrument of the oacient, a type of "human stamp" appended on an already established diagnosis. Whether s/he is unsatisfied, the reaction will be as in the preceeding case.

In both of the situations, the relation is pathological necessitating on the part of the doctor a great capacity of managing the frustration s/he feels. It is needed a powerful self-control, security, tact, in a word, a professional dedication so that the meeting may be efficient.

Whether in the case of the beneficiaries who go to a consulting room there is a chance of establishing a relationship and initiating a therapeutical approach, in the case of the persons who rarely go to a consulting room, although are identified in the street by the mobile teams, the situation is much worse. We make reference to those individuals who suffer from tuberculosis, cronic bronchitis, cardiovascular diseases, infections mostly presenting a associated pathology. These persons are the most phisically and psychologically depreciated. They cannot ask for anything, they are hopeless in their efforts to reabilitate themselves (regarding both the resources of the persons and the institutional protection). "A penny" or a "slice of bread" is all they look for from the community. A day fully lived is a day in which they have something to eat and, in case of need, money for drinking. Their orientation towards the emergency medical services is very difficult, the particular individuals rejecting, in many cases, to come into contact with the street workers.

That is why, the strategy of intervention must take into consideration their degrading condition and the real possibilities of involvement in such an approach. A solution to this problem may be the mobile teams which have the objectives of facing this holess population, coming into contact with them, establishing a relationship of confidence, working out a first medical-psycho-social survey and orienting towards the existing structures. It would be extremely useful to have a real mobile dispensary concieved to offer the first aid and transportation to the specialized units in case of emergency.

1.5. Forewarning the Phenomenon
a. The Existence of a Social Observer: Monitoring the Evolution of the Phenomenon

Two of the most important characteristics of this social phenomenon are dynamics and its complexity. The more ample they are the more the interventions modalities are not well structured. In order to develop adequate services in accordance with the real needs of the beneficiaries, one may need knowledge of the evolution tendencies of that particular phenomenon, of the changes that may appear from one year to another within the structure of the population of the homeless persons and the provided services.

In Vasile Miftode's view, "the preventive system that refers to the anomic facts, deviation, delinquency and criminality includes the totality of prophylactic measures aimed at the individual or at a community which would prevent the deviant behavior, the causes and the circumstances that may generate them".

Moreover, the author deems that the intervention and social control mechanisms in the sphere of prevention and anomic phenomena are:
1. The socio-domestic insertion of the individual whose basis is laid through a norm of "primary socialization".

2. The socio-professional insertion, that is to say, the integration of the individual in "a useful activity", in conformity both with the personal aspirations and with the societal exigencies
3. The socio-prophylactic intervention in harmful and degraded social milieu and in "public spaces" that are real foci of physical, moral and behavioral infection.
4. The insurance of a permanent social control, especially during the period in which the personality of the individual (family, school, community etc.) is built.

The family and street climate should be the focus of every social actor but especially of the institutions that have the task of building the personality of the individual. In terms of the educational climate, the individual has practically a normal social behavior or, in other cases, an antisocial one. That is why the job of the welfare worker should be accomplished on the field, in disfavored or marginalized areas.

Applying "counseling, mediation or negotiation strategies", the welfare worker will attempt to diminish the "tensed family environment" or harmful one (generated by the excessive drinking, smoking, etc.) or "the street, deviant" backgrounds (street groups) by cooperating with other professionals, in interdisciplinary teams (sociologists, psychologists, doctors etc.). The interdisciplinary teams will be capable of identifying the pre-deviant behaviors or the behavioral disorder through socio-psycho-socio-medical observations, before displaying an antisocial behavior.

b. Identifying the Risk Factors

The population in Braila is 237.276 persons, in accordance with the latest census. Such a population brings about a series of specific socio-economic problems. The fact must be mentioned that a numerous population presupposes, despite a small social distance, a great social distance. This problem is linked to the one related to the dynamics of the role-status that every individual must play. The Romanian economic situation also reflects itself at the municipal level. The decreasing of the occupational degree of the population that directly or indirectly brings revenues in the budget of the local community generated an even greater pressure towards the local authorities, which are determined to deal with diverse requests regarding the solving of the social situations of the individual. Naturally, solving the aspects of social nature presupposes the existence of particular stable financial resources.

The behaviors associated with the phenomena of economic nature, such as alcoholism, prostitution, wandering, the loss of the house, the increasing rate of divorces. The period of transition gave rise to a series of problems of social and economical nature (the loss of the job, the reform of the system of the minor's assistance, the leaving abroad of the parents, the traffic of persons) which have become causes of the phenomenon entitled 'street children". The Family foundation, a nongovernmental organization, authorized on the assistance of the child assists in emergencies a number of 44 minors of the age between 12 and 18, potential youngsters and adults of the street.

The socio-economic situation in Braila displays a gradually decrease of the financial resources. This fact implies the increase of the unemployment rate in a voluntary or involuntary manner (self-redundancy) and the decrease of the living standard. The loss of the job involves tensions inside the family, the increase of the divorces rate and of the persons got out of the house. The direct outcome of this situation is due to the existence of young confused persons as well as of the aggravated family conflict situations.

The gradual degradation of the economy led to the stratification of the society, the largest area being represented by the population exposed to the phenomenon of pauperization. As an outcome of this situation we are facing with groups of people who are confronted with difficulties in satisfying their basic vital needs because of the lack of the resources and the low incomes. In this case, these groups of persons reach very easily the area of the social exclusion.

The street is the area which covers and shelters a particular type of population which is the outcome of the functioning of a deficit socio-economic system. The street is a stage whose setting is continuously changing. It also offers the possibility of earning one's living without working but beyond the legal limits. With no decisive intervention in this setting, there is the danger of propagating the social flaws to the *sensitive* and *contagious* population of such behaviors, that is to say the youngsters who reached the age of 18 and left the system of social care. There is also the risk that this type of population becomes the permanent *clients* of the social services for adults-medico-social centers, shelters for the elders or permanent beneficiaries of the labor conscription of social nature offered by the mayoralty consuming vital resources of the local community. The organization of the emergency social centre may be diminished.

The increasing number of families in the street poses new questions addressed to the services of social care, the more so as nowadays we cannot discuss about a network of reception and assistance of such social cases.

The particular social problems represented by these families tend to complicate the setting of the social groups that are marginalized and socially vulnerable. The children of these families will represent the future population who lives at the periphery of the society. From this perspective, a prevention method would be the building of certain piles of social services, medical, psychological and educational-cultural that may offer the opportunities of development and socially desired patterns of surviving.

The main objectives in psycho-social assistance of the homeless adults are:

➢ **The reconstruction of the social behavior markers**-the social isolation specific to those who live in the street reduces up to the cancellation of the capacity to relate to socially desired surviving norms.

➢ **The reconstruction of temporal markers**-having to obey the working programmer (a particular day, between a time intervals)-in the street time elapses differently, just on the line of differentiating between day (light) and night (darkness).

➢ **Assuming the reciprocal responsibility**-the lack of social identity (papers, stable adherence, belongingness to a particular group) fades away the feeling of the responsibility towards self and the others.

➢ **The rebuilding, improving and maintaining of the abilities of human interaction**-the human personality and psychological normality are also appreciated in accordance with the quantity and quality of the interpersonal relations to be developed which are very difficult to achieve by the homeless persons.

➢ **The increase of self-esteem and confidence in one's own capabilities**-by means of the achieved results within the social reintegration programmer (the emotional trauma and failures in the attempt of asocial reestablishment devitalizes one's self image and underestimates the confidence in oneself.

➢ **The activation of personal resources with a creative substratum** which are transposed in the reality of flexible adaptation to the hardships of street life-through the involvement in diverse activities and the development of the creative capacities, these particular persons have a more realistic perception of their own resources and, eventually, they optimize their potential of social reinsertion.

The steps to follow must consider the insertion of those particular persons in a programmer of both regular activities and social support. An emphasis should be laid on both the activities of occupational therapy and the protected workshops where the respective persons may become useful for the community again.

The essential role of the professionals who work with this social category is to bring its contribution to the relearning process of the social cohabitation rules. It is for this reason that the relation with the beneficiary is of utmost importance not only the providing of services (the administrative aspect) without any emotional involvement on the part of the specialist (the relational-humane aspect).

The risk occurs in the case of a dependence upon the social protection services without any therapeutically benefit. The relation with the person in difficulty must be from the very beginning extremely correct, based on clearly established rules or statements permanently recalled and obeyed by both of the partners involved.

The fact must be mentioned that one must avoid both any action that might lead to hard to achieve expectations concerning the work with the beneficiary of services and the idea that s/he might be supported endlessly in any circumstances and without any obligation on his/her behalf.

Consequently, the message must be clearly conveyed and the welfare worker has the responsibility of permanently assuring him/herself that it has been correctly understood and, if such be the case, s/he may reinforce the remaking process through the elaboration of some contracts of service provider concluded between the beneficiary and the provider.

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