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Homeless in Europe

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FEANTSA

HOMELESSNESS OUTREACH: GOING TO WHERE PEOPLE ARE



CONTENTS

- 3** Editorial
- 6** From the office to the street: the importance of outreach in the lives of the most vulnerable groups
- 11** Coming together to encourage vaccine take-up
- 16** Possibilities and limitations of outreach work with homeless migrants in Copenhagen
- 21** Time, patience and persistence: Reaching out to vulnerable rough sleepers in Copenhagen
- 25** The Maraud'In Project: the use of digital tools by outreach social workers to promote access to rights for the Homeless
- 29** Volunteering with homeless people: a necessary reflection



This issue of FEANTSA's *Homeless in Europe* magazine presents our readers with a collection of articles about outreach work with homeless people. Outreach street work is a crucial part of supporting people in homelessness for multiple reasons. First, outreach can **reach homeless people on their territory and in their terms**, as people are often unable or do not feel comfortable with reaching out to social services in established locations or where a high number of individuals gather. Outreach also allows for **access to a large spectrum of places** where homeless people find refuge and can lead social workers to meeting people who live in cars, camps, temporary motels, shelters, libraries, parks, abandoned buildings, under bridges, in encampments or on the streets – **going wherever people are!** Importantly, outreach workers find themselves at **the middle ground** between the most marginalised and often underserved individuals in homelessness and the services who could come to their support for accessing housing. It is a privileged position that makes it possible to create relationships of trust and to facilitate contact between homeless people and social services. It is also a position which comes with great responsibility, which involves listening to people and following the direction they want to go in, allowing them to lead and fully participate in the process.

Without attempting to provide a clear definition of outreach work – since this can mean different things, as demonstrated by the articles from this summer 2021 edition – we wish to underline (non-exhaustively) the important **principles that guide outreach work**, as they have been presented by organisations implementing such work.¹ These principles include: Building a human connection; Giving choice; Allowing people to lead; Allocating time; Being non judgemental, flexible, persistent and patient; Being empathic, reliable and honest; Offering unconditional help; Being prepared and informed; Being available; Valuing regularity, partnership and diversity; as well as dignity, respect, and honesty.

Trust relationships are not easy to establish, especially with people who are in marginalised situations or who have been repeatedly disappointed and rejected by society and often by services that are supposed to help them. It is therefore of utmost importance to implement these principles when conducting outreach work with homeless people. Creating the human connection involves valuing

1 https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL%20Section%202/HOW_BestPractices.pdf
<https://www.homeless.org.uk/sites/default/files/site-attachments/Changing%20Lives%20Outreach%20Guidance%20and%20Templates.pdf>
<https://www.homelesshub.ca/solutions/emergency-response/outreach>

EDITORIAL



By **Dalma Fabian**, Policy Officer for Health and Women's Homelessness and
Simona Barbu, Policy Officer for Migration, Participation and Digital Inclusion


people's experiences and allowing them the time and space to open up and lead the way for the support that they need. It also means being patient, persistent and flexible. Along with flexibility, showing empathy and NOT pre-judging people has proved to be crucial for establishing relations of trust with people in vulnerable situations. Outreach workers are also professionals who possess information about where to guide people and services from where support can be obtained. Creating partnerships with social services and other organisations is therefore a must. In the same way, it is essential to develop an understanding of individuals' personal circumstances, from their personal history to their cultural specificities and linguistic needs, as well as being respectful and aware of the importance of diversity among the homeless population (e.g. in terms of sexual orientations, gender identities, disabilities, racial and ethnic communities, etc).

A primary value of outreach work is that it can develop in a wide range of areas, allowing for the flexibility to follow people where they want and need to go. Outreach work can lead social workers to situations or places they would not have imagined themselves: a garage for confiscated cars, looking for a backpack containing old family photos, because it was the only belonging of a homeless man who was picked up together with the old, rusty car where he was sleeping; or, inside a prison picking up the entrance ticket for the festival where a homeless woman was planning to recycle beverage recipients; or, in a court room to show moral support to homeless persons who were tried for begging.

Outreach services can be diverse, and they develop either in the way they are implemented or in specific areas. It is the work done with (not for or to) homeless people which happens outside the traditional setting of the homeless shelter services, on the street. In recent times however, a digital component of outreach has grown allowing outreach workers to keep contact with beneficiaries via online methods (determined to some extent by the coronavirus health crisis). Services offering medical care and harm reduction on the spot have also been developed through medical outreach teams taking to the streets. During the coronavirus pandemic, outreach teams have also acted as advocates for vaccine take up among the homeless population. Employing diverse staff with linguistic skills makes it possible to reach migrants who live in destitution and homelessness, while the work of the outreach teams can be enriched through volunteering and creating relationships of equity.

Outreach can mean passing on information and referring homeless people to other services, but it can also involve transportation and accompaniment, depending on people's needs. Outreach workers offer people care, practical help and social relationships – even if the only need is to lend an ear and listen to people's hardship or acting as next of kin for individuals in specific situations. Through outreach an improved access to justice can be obtained, by facilitating people's access to legal counsel. Outreach work can also play a role in improving access to other support services as it can serve as a bridge between people and services.





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The relational approach to care work recognises the importance of relationships between staff members and clients and values the role that these relationships can play in transforming people’s lives. Outreach work always takes such a relational approach emphasising how central these positive relationships between clients and staff are and how relationships are underpinned by trust and connectedness and are non-judgemental. In outreach work the focus is on the client’s priorities rather than those of the service. It is much easier to adapt outreach efforts to individuals’ needs than other forms of service delivery e.g. in contained, site-based services whose boundaries and structures can make it difficult to meet clients on their terms.

This does not mean, however, that the challenges faced in outreach work are fewer. It is difficult for an outreach worker to grow this type of trust and prove they are reliable, especially when there is a lack of

services for them to draw support from – where can you go to obtain help for a homeless person if there are no offers and solutions? This creates a limitation in building the crucial trusting relationship that provides a basis for progress in the outreach work. Frustration also builds among workers when this limitation appears repeatedly. It can also be tough when people are not reachable or available, which can translate into long walks without meeting anyone (or anyone who is ready to talk). But once people are reached and trust is gained, an important bridge has been built. This is why perseverance and kindness are important and why outreach workers are essential in the process of lifting people from homelessness.

We would like to thank all the contributors for their work and the articles written to this issue of *Homeless in Europe Magazine*.



CRESKER has been working with hard-to-reach populations since 2001. This article, written by Américo Nave, Andreia Alves, Maria Carmona and Rita Lopes, reviews the organisation's evolution in parallel to policy developments in Portugal affecting outreach work.

FROM THE OFFICE TO THE STREET: THE IMPORTANCE OF OUTREACH IN THE LIVES OF THE MOST VULNERABLE GROUPS



By **Américo Nave**, Psychologist/Executive Director, **Andreia Alves** Social worker, **Maria Carmona**, Psychologist and **Rita Lopes**, Psychologist at CRESKER

DRUG POLICY IN PORTUGAL: A NATIONAL PERSPECTIVE

Portugal lived under a dictatorship for about 4 decades, until 1974, with a political and socio-cultural context closed to any changes. In the 1970s, 1980s, and early 1990s, Portugal had to deal with a social problem associated with the consumption of psychoactive substances (PS). The significant increase in the number of heroin users (an estimated 100,000 heroin users - 1% of the population), many of them injecting, consuming in public spaces, without any hygiene conditions, sharing material, living in a homeless situation, in a context of severe social exclusion, led to the reflection on the creation of Harm Reduction (HR) responses (SICAD, 2016). This context has fostered the formation of a committee of experts, which listened directly to people who used drugs, intending to outline a set of recommendations for policymakers.

The first National Strategy for the Fight Against Drugs was then designed. In the 1990s, the transition from prevention, treatment and reintegration responses to health care took place, a measure that had a significant impact on the country's progress in this field and on its international recognition. However, the most emblematic measure of this Strategy was the decriminalisation of the consumption of psychoactive substances, with the Decree-Law n° 183/2001.

A humanistic and pragmatic approach to consumption was put in place with this law. Outreach teams were created, as well as the national needle exchange program, opiate substitution programs,

drop-in centres and treatment teams specialised in providing care to people who use drugs (PWUD) – responses that aimed at improving their living conditions and promoting access to health facilities.

It was in this context that CRESCER was created in 2001 and began its outreach work with teams composed of professionals, with HR as the basic methodology of intervention, initially focused on PWUD. It was from this point that we reached people who were homeless, for whom the responses up until then had mostly been volunteer-based, with no technical know-how in terms of intervention.

The progressive shift in the mind-set of policymakers and civil society allowed the development of other measures, such as the National Strategy for the Integration of People Experiencing Homelessness, created in 2009. As of 2011, due to the change of government, the strategy was kept on standby until 2018. In 2019, it was updated and had greater exposure since the theme was defined by the Presidency of the Republic as one of the priority topics on the political agenda. Government and private entities that operate in the field, like CRESCER, were consulted about the strategy and its responses. Since 2015, the Municipality of Lisbon has made the largest ever investment in the area of homelessness – it has invested in innovative programs that provide an effective response to people experiencing homelessness, transitioning from an assistentialist model to a technical model.

CRESCER AND THE OUTREACH WORK

CRESCER has been working with vulnerable and hard-to-reach populations since 2001. When we refer to the “hard-to-reach public”, it is important to have in mind that we are describing extremely vulnerable groups, who are isolated and marginalised from traditional social and health services. They are underrepresented and traditional approaches do not meet their needs. Given this reality, it is necessary to put technical teams on the ground and to meet people in the places where they are every day. This is where the outreach team plays a key role in establishing a rapport and trustful relationships. We are in the same places at the same time every day due to the importance of regularity in establishing a relationship of trust. We provide on-site social and psychological support, medical and nursing care, and the exchange and supply of aseptic material. All the intervention carried out in the field is adapted to the needs of the people we support, respecting individual objectives.

Within health-oriented interventions, we highlight general medical observation and evaluation, psychiatry and sexual health, screening for infectious diseases, support in taking prescribed medication and referrals to health and treatment facilities.

Our teams register a significant prevalence of infectious diseases, namely HIV and HCV, among others. Since 2018 it has been possible to perform the diagnosis and treatment of the disease within our team, through specific protocols, without the user having to go to traditional services, such as hospitals.

Also in the field, and as an HR strategy, we promote access to appropriate information, through the development, with the beneficiaries themselves, of informative materials about sun exposure and high temperatures, harm reduction in the consumption of the various PS, how to prevent and act in the occurrence of an overdose, and information about infectious diseases, among other things.

 We are in the same places at the same time every day due to the importance of regularity in establishing a relationship of trust.”

The understanding we developed about the issues of substance abuse allows us to adopt harm reduction strategies, often not condoned by stakeholders and policy makers, such as buying alcoholic beverages for a person with alcohol addiction as a strategy to buy time while waiting for a response from health and social services, or in cases of alcohol withdrawal, which can cause severe symptoms or even death.

On the social aspect, intervention mainly involves referral to social structures, housing, food, employability, and training opportunities, as well as access to social benefits and financial support. Whenever necessary, we provide transportation and accompaniment, and articulation and follow-up for each of the activated responses. This model of intervention promotes a close relationship that allows us to build bridges between people and services.

The bureaucratic process to access the social and financial support to which people are entitled, not only fails to provide an effective response to people, as would be expected, but also the beneficiaries themselves end up establishing a bad relationship with these services, often giving up the process.

As opposed to what happens in most traditional responses, which end up keeping people in a cycle that does not allow them to overcome their fragile condition, our intervention is person-centred and focused on their needs. It has been this perspective that has led us, from being a simple street team, to implementing projects such as Housing First, a restaurant where only people who have experienced homelessness work, a Drop-In centre, an HCV diagnosis and treatment project in the field and to integrating a significant number of peers in our team, whose importance and added value we have recognised and experienced over the years, as well as the potential of their intervention.

People do want to and can improve their living conditions, but we must adapt the responses to answer their needs and not expect the opposite. When supported, we see that people achieve their goals, improving their quality of life. We emphasise the importance of valuing all the steps, achievements, and goals attained. Even when small, they are extremely important in improving each person's self-esteem.

PEOPLE WHO EXPERIENCE HOMELESSNESS: THE VULNERABLE SIDE

In the last 5 years, our outreach teams have supported 4,864 PWUD, 4,067 men and 801 women, with an average age of 46 years. 1,468 people were in a homeless situation, sleeping on the streets, staying in shelters, hostels, abandoned houses, or other precarious housing.

Through the intervention of the technical team with this group, what we have observed is a clear gap between the group and the support networks and services that can respond to their problems. We have observed physical and psychological fragilities in a significant number of cases, which often result in the internalisation of negative stereotypes about themselves and a process of marginalisation and exclusion. Health problems, whether physical or psychological, are the result of each person's background and living conditions. From our perspective, it is not consumption or mental illness that leads a person to homelessness. In our view, it is the years on the street, and the vulnerable situation to which the person is exposed, that harms their mental health and potentially increases their substance use.



It is important to mention that one of the reasons why people who are in a homeless situation remain or often return to that condition, is because they do not have a permanent home. We consider this the main cause of homelessness. The technicians of entities that must respond to the needs of people who are experiencing homelessness, often believe that they need to solve other problems first – substance abuse, mental illness, or unemployment – and only then, by proving that they deserve it or are fulfilling certain criteria, can they have access to a house. The main problem of a person experiencing homelessness is, to be precise, not having a home, a basic human right, and once this issue is solved, it becomes easier to solve any other issues, respecting the rhythm of the person. Thus, more individualised housing responses are needed, with technical support, such as Housing First, so that people leave the cycle they are in and do not return to a homeless situation.

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DOING SOME ADVOCACY – WHAT WE STAND FOR

Despite the innovative and pioneering law, effective in the intervention with PWUD, Portugal experienced several years of stagnation regarding HR responses, and there was strong pressure from organisations working in the field, including CRESCER, to implement new responses.

As an integrated part of our work, we also promote that PWUD and people who experience homelessness themselves fight for their rights and that they are heard in the processes of defining new strategies and intervention policies in these areas.

“More individualised housing responses are needed, with technical support, such as Housing First, so that people leave the cycle they are in and do not return to a homeless situation.”

There was never going to be a one size fits all approach when it came to encouraging COVID-19 vaccine take-up among people experiencing homelessness but a good place to start is by listening to homeless people and not being afraid to share one's own experience, write Groundswell's Beryl Cross and Becky Evans.

COMING TOGETHER TO ENCOURAGE VACCINE TAKE-UP



By **Beryl Cross**, Vaccine Caseworker and **Becky Evans**,
Fundraising & Communications Director, [Groundswell](#)

WHERE DID IT BEGIN?

In December 2020 the COVID-19 vaccination was a topic dominating society: who was going to get the vaccine first? How could someone get vaccinated? Amongst colleagues and people across the country working in homelessness and inclusion health (IH), we knew there were some key issues that would deepen the inequalities people impacted by homelessness experience:

- If the 'call' for your vaccine was coming from your GP, what did this mean for the people [not registered with one](#)?
- The first vaccine to be approved (Pfizer-BioNTech) needed to be stored in ultra-low temperature freezers, suggesting people would need to go to large vaccine sites to receive their vaccination – how this was going to be coordinated was unknown.
- The full vaccination is two doses with 8-12 weeks between first and second dose. Managing appointments twice presented a real challenge with a transient group of people.
- The information required to receive a vaccine – address, ID; many people who are homeless don't have these or, if they do, have had bad experiences sharing this personal information with 'authority'.

The solution was never going to be simple, there was no one size fits all approach when it came to vaccinating people experiencing homelessness against COVID-19; what worked for one person was going to be different for another. Services and systems worked differently in London and across the country.

For Groundswell's [Homeless Health Peer Advocacy \(HHPA\)](#) service in London, it made sense to use our peer-led advocacy model (supporting people to access healthcare delivered by people with experience of homelessness) and our existing relationships with homelessness accommodation settings, outreach teams and health inclusion teams to play our part in the vaccine rollout.

BRINGING THE VACCINE TO PEOPLE EXPERIENCING HOMELESSNESS

For the first five months people from these different organisations worked together, using a combination of outreach and in-reach. The priority was going to where the people were, on the streets, in hostels, in hotels. Groundswell's [short video](#) and [accompanying document](#) highlights what we found worked when bringing the COVID-19 vaccine to people experiencing homelessness. Key tips focus on: 'the power of the peer'; honesty; relationships; time; logistics; and information – this only happens when we all work together.

As a Caseworker, I find what's working best is a general introductory chat with the person: building a rapport quickly after the first "hello," introducing myself and what Groundswell does, listening until the person has finished whatever they want to say and answering questions.

After taking up the dare to have a quick ‘boogie’ by one of the vaccine hesitant clients I was chatting to, he said “oh well, let’s seize the day then!””

When going into the places where people are staying (e.g., hostels), a good relationship with the staff running the service is crucial. When they can provide us with a list of people who have been vaccinated, how many doses they have had and a list of those who are unvaccinated, we don’t have to ask people for information they’ve probably given several times before.

One of the top tips I was given by my peers when I joined Groundswell a couple of months ago was to be honest about my own experience –

it’s what creates that trust and connection. As a Vaccine Caseworker I am fully vaccinated, and I tell people this. Incidentally I’m in my sixties and of small build. I mention the latter because more than once the response by clients has been to look me up and down, laugh, and say maybe they’ll consider vaccination. One person’s response was: “well f*** it then, if you’ve had it [the vaccine] and survived..!”

OVERCOMING BARRIERS AND PROVIDING INFORMATION

Having the vaccine is not a simple decision for many. The different reasons people have told me about their hesitancy in having the full vaccination include, being scared about how to cope with possible side effects whilst sleeping rough, a belief in various conspiracy theories, experiencing side effects after their first vaccination, and “because I’m homeless I’ve had to fight off lots of things” or “I haven’t had it so I’m immune”.

A chance to discuss concerns with a Groundswell Peer Advocate or Caseworker, a nurse or trusted key worker, gives people the time and space to consider their options. Nothing beats conversation, building relationships, and a shared understanding. Just as important is ensuring people have information to make an informed decision. Information about COVID-19 restrictions and the vaccine were (and are often still) dominating mainstream news – guidance was often contradictory, making it hard to separate fact and fiction, and written in long, complicated formats. This was an issue as many people experiencing homelessness have poor literacy skills, live with disabilities such as dyslexia or autism or do not have English as a first language.

Groundswell has become a trusted, accessible and relevant source of information about the pandemic; [producing leaflets](#) on how to protect yourself and others when rough sleeping or living in shared accommodation, explaining the ever-changing restrictions, and producing guides on how to manage issues such as benefits, an alcohol addiction or mental health during the pandemic. We were fortunate to receive a grant from [Direct Relief](#) to produce information about the vaccine as well as to deliver vaccine specific outreach and advocacy work. We created [six guides](#) about the COVID-19 vaccine – answering key questions and explaining how it works, how it was developed and how to access it. These were made available in seven languages (including English, Polish, Romanian and Arabic). We find these leaflets helpful to leave with people after we have had initial conversations about the vaccine. In the past five months we have been able to send over 17,000 copies of these leaflets to organisations supporting people experiencing homelessness across the country.

WHERE ARE WE NOW?

In England 'Freedom Day' (where all legal restrictions were lifted) was on 19th July 2021 which coincided with rising COVID-19 cases. There was concern amongst [Public Health England](#) and organisations across the sector that people experiencing homelessness were at increasing risk of COVID-19 due to the combination of a lack of restrictions, people's poor health putting them at high risk of becoming seriously ill, and the fact that a large proportion of people are still not fully vaccinated. We're finding that many people are simply becoming suspicious and fed up with the constant focus on the offer of a vaccination, not seeing it as a priority or necessity.

In London it feels like many of the people who wanted to be vaccinated against COVID-19 are; along with our partners we are primarily working with people who say they do not want to be vaccinated. We're reframing our outreach approach as we move into the "new normal," especially as some services such as day centres are opening properly for the first time in over 16 months. We're continuing to build on what we've learnt and what worked to ensure the most suitable support is provided during this next phase – building trust and working in partnership.

We're working with nurses, homelessness accommodation/service providers, our Peer Advocates (as well as DJ's, hairdressers and many more!) to tie in our health outreach with broader events. At these events you can get the COVID-19 vaccination, but that isn't the overarching message. People can see nurses for health checks on any issues, enjoy food, and socialise with peers in a safe environment. The sole focus is not the COVID-19 vaccine, this seems to be working well and as a result there is a good vaccine uptake from the events.

One of the top tips I can offer for these events as a Caseworker supporting people affected by homelessness is to be prepared to join in with every aspect of partnership events and don't hold back! For example, a great event hosted by a day centre in London included vaccinations with no questions asked or booking required, other health checks with a nurse, as well as lunch, music and dancing. After taking up the dare to have a quick 'boogie' by one of the vaccine hesitant clients I was chatting to, he said *"oh well, let's seize the day then!"* Then he got up from his seat and asked me to accompany him to have his COVID vaccination.


WHAT'S NEXT?

We'll keep listening to people experiencing homelessness – hearing their concerns and responding to these in the best way we can; whether that is by giving more information, having a chat with them or getting a nurse or other medical professional to answer questions.

We're trialling evening outreach, to reach people who may typically be more present during this time due to work, health or addiction. Typical street outreach teams often work during the evening or in the early hours, so it makes sense to work with them and to use their knowledge.

We'll also keep working in partnerships. The work achieved throughout the pandemic is because of partnerships. Everyone put 'normal' barriers and ways of working aside to collaborate, learn from our varying expertise and do what we needed to do. We're going to trial more of the events in different parts of London; everyone has the right to good health and to access healthcare, the vaccine is one of many examples.

Find out more about Groundswell on our website or by following us on Twitter @ItsGroundswell.

 We'll keep listening to people experiencing homelessness – hearing their concerns and responding to these in the best way we can; whether that is by giving more information, having a chat with them or getting a nurse or other medical professional to answer questions.”

In presenting a handful of case studies, Ana Maria Cioraru and Katrine Sanaker demonstrate the value of making and maintaining contact with those furthest from public institutions and social services. Even though an outreach worker can't always provide an immediate solution they can always listen.

POSSIBILITIES AND LIMITATIONS OF OUTREACH WORK WITH HOMELESS MIGRANTS IN COPENHAGEN



By **Ana Maria Cioraru** and **Katrine Sanaker**, Outreach Workers at Kompasset - Kirkens Korshaer

According to the last analysis of the Danish Research and Analysis of Welfare Centre, in 2019, there were 6,431 homeless people living in Denmark. Not included in this number are a further 519 unregistered homeless migrants.¹ Getting a full picture of how many unregistered homeless migrants make a living in Copenhagen, on and off the streets, can be a difficult task. They rarely make contact with the municipality or other public authorities. They have limited access to established all-year round shelters, and therefore sleep rough in parks, parking lots, camping sites, construction sites or informal accommodation arrangements in crowded houses.

In 2016, Kompasset,² with funding from FEAD,³ set a team of multi-lingual outreach workers on the street. It was an attempt to expand our levels of intervention, namely by seeking contact with people who might not otherwise come into contact with services that can provide assistance. The great majority of these people are homeless mobile EU citizens, in particular, Eastern European migrants without registration in Denmark. We aim to ensure that as many homeless migrants as possible have access to advice, information, and support as soon as they arrive in Copenhagen. Their everyday life on the streets presents a series of very particular challenges. Access to medical assistance is limited outside of acute assistance.⁴ Even though the majority of them come here looking for a job, the highly regulated job-market remains out of reach for a person with little to no education or work

1 <https://www.vive.dk/da/temaer/hjemloeshed/>

2 A department of Kirkens Korshær that support destitute mobile EU citizens without social number. <https://kbh.kirkenskorshaer.dk/sted/kompasset/>

3 Fund for European Aid for the Most Deprived

4 According to danish law, people without permanent residence are entitled to “acute assistance” (Sundhedsloven, 2019, §80, <https://www.elov.dk/sundhedsloven/80/>). It is not specified in the law what “acute” covers and do not cover, and this is left up to the health professionals evaluation.

experience. This, in turn, presents an administrative challenge, as a job contract remains the basis upon which one can obtain a regular residency permit in Denmark. They often resort to collecting bottles, selling homeless magazines, busking, or begging. Most often they engage in at least two of these income generating activities to render as much profit as possible. These activities are, however, not enough to help them register in Denmark.

By being present on the street, the outreach team of Kompasset try to make ourselves as available as possible, respond to some of the needs we encounter on the spot, and model our response accordingly. The relationships we build are also a way to effectively bridge to other services and offers.

“During our daily outreach rounds in the city, we get approached by many people who ask us how to avoid situations where they risk being fined or imprisoned.”

Case 1

On a cold January night we met a Romanian man, in his mid-50s, sleeping outside a business entrance. For the next couple of months, we kept returning to the same spot, making contact and following up on his situation. We eventually learnt that he suffers from dementia as well as having an alcohol dependency. He only spoke Romanian, had lived on the streets in Romania prior to his travel to Denmark and had no next-of-kin. One night we had to call the ambulance for him. He was diagnosed with TB and was put on a long treatment. Due to his dementia and alcohol addiction, he would regularly leave the hospital and interrupt the treatment, often getting lost. Every time this happened, we went looking for him, and relied on our relationship with him to assist his return to the hospital and re-start the treatment. Additionally, we visited him often and remained his “contact persons” throughout his hospitalisation. However, due to him not being registered in Denmark, his right to medical help and follow-up remained limited, outside of that which is life-threatening. He was not deemed to be in the target group of most shelters. In the context of the Covid19 pandemic, having him transferred to a hospital in Romania was not possible. In collaboration with the Romanian Embassy and the Copenhagen Municipality, it was possible eventually to help him return to Romania, to a sanatorium.

While some people fall outside the scope of the law, others have been the direct targets of its application. We have met many people who were negatively affected by the so-called “camping law” (§3 stk 4. of the Law on Public Order). Under this law, people could get fined and receive a “zone ban” if they were found to be sleeping in what was deemed to be a camp which can create discomfort.⁵ This paragraph, paired with two other paragraphs from the Law on Public Order, severely limits the possibilities of homeless people to find a place to sleep, without being penalised. During our daily outreach rounds in the city, we get approached by many people who ask us how to avoid situations where they risk being fined or imprisoned.

⁵ <https://www.ft.dk/samling/20201/almdel/REU/bilag/261/2360148/index.htm>

Case 2

An EU citizen comes to us because he wants to know where he can safely sleep at night, without getting in trouble with the police. We cannot send him to a shelter as there are no places open during the summer months where he fits the description of the target group. Most parks are closed off at night or have regulations that make it illegal to sleep in them.⁶ If he seeks a covered place to be sheltered - an obvious place being the entrance area of a closed shop - he risks being fined for “blocking an entrance”.⁷ If he sleeps together with friends or family to avoid being alone and vulnerable on the street, it can be seen as a camp. He is worried about sleeping in a place where he is too visible to people and the police, but also afraid to sleep in a hidden place where he can be an easier target for robbery or assault. We have tried referring him to an official camping spot, as he is willing to pay what is for him a high price in order to sleep in a safe place. At the campsite they tell him that they do not have space, even though the camp is, and remains, half-full. At this point we are running out of options.

The system seems to operate in a way where there is no winning. We do not know how many times we have spoken the words “It is not illegal to sleep on the street in Denmark, but...”. And we often meet people who have been approached by the police when sleeping outside.

⁶ Ordensbekendtgørelsen § 16: <https://www.elov.dk/ordensbekendtgorelsen/16/>

⁷ Ordensbekendtgørelsen § 7 <https://www.elov.dk/ordensbekendtgorelsen/7/>

Case 3

A man has received a fine of 1000 kr (135 euro), for blocking an entrance.⁸ During a longer conversation he opens up and tells us how this fine affects him and his family. He is in Denmark earning money by collecting bottles for return money. He tells us that he manages to send 100-200kr (13-27 euro) to his wife and three children in Romania every week, money that he is very grateful for. With a hint of resignation in his voice, he tells us that he feels he was turned into a criminal for rolling out his sleeping bag in the wrong place. He describes his experience, being held at the police station for 3-4 hours, where all he could think about was that if he gets arrested, he will not be able to send money to his wife and 2 children. This fine represents the equivalent of 5-10 times the amount of money he sends each week. He feels that he no longer has clean slates with the Danish system, as he is not able to pay the full amount of the fine. In July this year, we helped apply for a reduction of the fine based on the man’s low income. We have succeeded in doing so in other cases, but this time the application was declined on the basis that he was not registered in the tax register.

These two cases, are representative of the way in which strict laws and policies, negatively impact the lives of homeless migrants in Copenhagen. They also show that we are sometimes limited in what answers we can give. Regardless, we find that it sometimes also helps to just listen. Many of the people we talk to doing outreach would not

⁸ Ordensbekendtgørelsen § 7 <https://www.elov.dk/ordensbekendtgorelsen/7/>

themselves approach existing social offers to get information about such fines, seek to challenge them, or to have them reduced. Since 2016, we have forwarded a number of cases to lawyers, who are willing to take cases that challenge the increasingly restrictive laws affecting homeless people.

CONCLUSION

Based on the experience from our outreach team, we want to argue the importance of having professionals on the ground to meet people where they are. It is paramount to make and maintain contact with the most vulnerable and isolated individuals. These are the ones that do not themselves find their way to already established public institutions or social offers from the NGO sector and therefore are not always aware of their rights.

Even when we cannot come with solutions to the issues they face, we can make ourselves available to support and listen to their frustrations. When possible, we can bring the cases forward and lobby for policy change. At the same time, we believe it is extremely important to gain an overview of the different challenges and have a clear understanding of the needs of the people and to use that in building effective cooperation with other organisations or public institutions. We have experienced that some people can only be met, and some information can only be obtained, through stable presence on the street and by speaking the same language as the migrants.

“Even when we cannot come with solutions to the issues they face, we can make ourselves available to support and listen to their frustrations.”

Projekt UDENFOR (Project OUTSIDE, in English) was born out of an observed need in Denmark for work with homeless people that took place at street level. In this article, Tabita Nyberg Hansen and Lise Torp Burmester discuss how and why the organisation works today to serve those who are excluded from mainstream services.

TIME, PATIENCE AND PERSISTENCE: REACHING OUT TO VULNERABLE ROUGH SLEEPERS IN COPENHAGEN



By **Tabita Nyberg Hansen** and **Lise Torp Burmester**, Social street workers, projekt UDENFOR

Projekt UDENFOR (project OUTSIDE) is a Danish NGO working to improve the living conditions of socially isolated and mentally ill rough sleepers in Copenhagen. Through outreach work at the street level we look for and reach out to this group of people who have fallen through the cracks of the Danish social welfare system, and we offer them care, practical help and social relationships. The outreach work is a time-consuming activity in which we must balance a basic respect for the individual and a duty to act when confronted with human suffering and undignified living conditions.

FIGHTING SOCIAL EXCLUSION

Our story begins 30 years ago when projekt UDENFOR's founder Preben Brandt, then a chief physician at a grand old facility for homeless people in Copenhagen, was contacted by a desperate mother. Her mentally ill son had left home to wander on the streets, and she worried for his safety and wellbeing. At the time there was no professionalised outreach social work in Copenhagen, and no authorities had been willing or able to help the mother. Preben Brandt took on the task; equipped with only a photograph he went out on the street. It took some time to find the young man and even longer to convince him to talk to Preben Brandt, but after months the two connected and the young man got help. This experience changed Preben Brandt's perspective on responses to homelessness – a work which in Denmark primarily had taken place within the homeless facilities. He started doing outreach work in his free time, and among the socially marginalised and mentally ill people that he met in the streets, left to themselves, he recognised a need to act. In the years to come he created the foundation for the NGO, which eventually was founded in 1996.

Since then projekt UDENFOR has combined street outreach with documentation and knowledge dissemination to draw attention to and help the vulnerable group of rough sleepers in Copenhagen. Many of them live with severe and untreated mental illnesses, life-threatening substance use, and other social problems. They struggle with social isolation, loneliness and the fear of harassment and assault. Furthermore, they move in an increasingly hostile environment due to “dark design” in the larger cities and national punitive legislation.

Projekt UDENFOR helps them because no one else does. The people we work with are often not able to, or do not want to, access either mainstream services or those that target people who experience homelessness. Many of them have been let down multiple times by the social welfare system, and they have lost faith in the system. Some do not believe that they can be helped at all. By reaching out, creating social bonds, and offering them unconditional help, projekt UDENFOR insists on their opportunity for a better life and return to society.

STREET OUTREACH

Working with a group of people who live (or hide) in the streets, and who are socially excluded in society, makes street outreach a central part of our work. In order to identify and find our target group it is crucial to be present in the street as much as possible. We need to have a good sense of the street, its population, design and rhythm. We therefore walk a lot observing not only people but also the city itself. Are there any abandoned buildings someone could sleep in? Which fast-food restaurants are open 24-7 providing a safe space during the night? At what train station will the guards let homeless people stay? We know the location of the public toilets, we keep track of the libraries' opening hours, we are attentive to police activity, and we note trends among the rough sleepers. When trying to identify people



We know the location of the public toilets, we keep track of the libraries' opening hours, we are attentive to police activity, and we note trends among the rough sleepers.”

in our target group, we observe what people are wearing and how they behave. Are their shoes worn and torn? Maybe they are talking to themselves. Are their belongings stacking up or do they seem to own nothing at all? People who experience homelessness do not always look homeless, but maybe they keep recurring in the cityscape, wearing the same clothes and walking purposelessly around the city.

We keep the first attempt of making contact short. We say 'hi', ask if the person is okay and introduce ourselves. Because of distrust of the system or fear of surveillance and registration, it often works to our advantage that we are not part of the Danish social system. Yet it is not uncommon for us to be rejected. Usually, people turn us down politely but also in a firm and quick way, or they simply ignore us. Sometimes we are shouted at. We always respect an explicit or nonverbal rejection, and we will leave the situation immediately. The street belongs to our target group after all. We are merely guests on the street entering their "homes". Yet, in our view a rejection, together

with other indicators, is just as much an indication that the individual is precisely our target group, and we will return another day. It can take weeks, months and even years before we succeed in establishing contact, but it always turns out to be worth the time and patience.

When we manage to connect with people, we sit down and listen. Sharing a cup of coffee on a bench in a park, we listen to their individual circumstances, thoughts and needs. We ask questions but are careful not to be too interrogative. Meeting after meeting we get to know each other through conversation; this phase must not be rushed. It is about being curious about the person facing you, more than the ambition to fix her homelessness situation. Our goal is to build a social relationship and create trust as this is essential if we want to help our target group create positive change in their lives. When a trustful and supportive relationship has been built, we can begin taking steps together towards improving their living situation - whatever it involves - helping people reconnect with a family member or to move off the streets.

Marie

To further demonstrate our often lengthy and persistent outreach work with vulnerable rough sleepers, the case of Marie makes a good example. Marie was a Danish woman in her forties, and at first glance she did not stand out from the crowd. Yet something about her caught the eye of one of projekt UDENFOR's social street workers who realised that the woman was always wandering around alone and that she had no interaction with other people. The social street worker began to observe Marie and found out that she slept many hours during the day and often fell asleep sitting up. Her clothes were neat and clean, but when you came close to her inside the public library, where she often stayed during the day, it was clear that she had difficulties maintaining personal hygiene.

With time Marie's personal care worsened significantly, and she showed signs of mental illness which increased our concern for her. The social street worker tried several times to start a conversation with her, but every time Marie turned her back and walked away. Parallel with these attempts to make contact, we continued to keep an eye on her, and we learned that Marie never used any homeless services. She kept to herself, and we managed to identify her preferred locations. At night Marie stayed at fast-food restaurants and mainly slept during the day. Thus our chances to find her and try to make contact were always best at night. When she occasionally disappeared in the cityscape during the day, we would intensify our work at night or in the early morning, where we would approach her when she left the fast-food restaurant.

After almost two years without a breakthrough, we changed our strategy. The next time Marie walked away ignoring our greeting, the social street worker told her: *"I will walk with you for five minutes and then I will leave you again"*. The social street worker followed Marie for a short while and instead of asking Marie questions, she told Marie about herself. Nothing private, but she shared personal details based on the idea that we cannot expect someone to trust us, when they don't know us. Then the social street worker left again.

Some time after, Marie was admitted to a psychiatric hospital. The social street worker came to visit her, and when she entered the hospital room Marie greeted her: *"hello Tabita, how nice of you to come and see me!"*. Then Marie invited the social street worker to enjoy a cup of coffee with her. This was the breakthrough we had been waiting for. In the following months, which unfortunately involved several hospitalisations before Marie finally received the necessary treatment, the social street worker visited her regularly building a relationship. Today, five years after we first saw her in the streets of Copenhagen, Marie lives in her own apartment. She has re-established contact with an estranged sister and works 10 hours per week in a store. When she calls us occasionally, to say hi, we get the impression that she is happy and content in her life.

There are no short cuts in this field. Reaching out to socially excluded people, who have been left to fend for themselves in the streets, takes time, patience, and persistence. In our outreach work we need to be patient and progress in a way and at a pace that makes sense to the person concerned. We need to adapt our efforts to the individual and not expect the person to fit into the predefined boxes and categories

of the established social system. But we must also be persistent and keep offering our support and help even when we are rejected. In our view, we are all social individuals who want the best for ourselves and who want to be part of the society - some are just a place in life where they need some help along the way.

This article deals with the digital tools used in the Maraud'In Project developed by the Fédération des acteurs de la solidarité (FAS), a French Federation which gathers more than 870 structures fighting against social exclusion of various public and notably homeless people.

THE MARAUD'IN PROJECT:

THE USE OF DIGITAL TOOLS BY OUTREACH SOCIAL WORKERS TO PROMOTE ACCESS TO RIGHTS FOR THE HOMELESS

By **Sarra Cheklab**, Officer for digital inclusion, access to rights and data protection, Fédération des acteurs de la solidarité

The growing part of digital technology in today's society has a major impact on the inclusion of individuals living in extremely precarious conditions. Indeed, according to the French Digital Agency authority, 13 million French people are a long way from the digital world.

Moreover, the growing role of digital technologies and the dematerialization of administrative procedures are transforming the practices and missions of outreach social workers and changing the needs of homeless people.

As a matter of fact, outreach social workers are using more and more digital tools, such as smartphones, to support people living in extremely precarious conditions to access their rights. Assisting them in their administrative procedures represents an increasing part of their working time. This practices' transformation of social work is also linked to the closure of the French public administrations' information desks that are dedicated to the assistance of users of public services which results from the dematerialization of public services policies.

As explained above, dematerialization has an impact on the inclusion of individuals living in extremely precarious conditions, including those who are homeless. Contrary to common belief, homeless people are not disconnected from digital technologies. Indeed, a study by Solinum, a French association, finds that 91% of respondents have a cell phone and 71% have a smartphone, but disparities in access to and use of digital technology remain.¹ In particular, the study shows that more

1 National study led by Solinum in 2018 about the Homeless and the digital world notably regarding equipment, uses and digital skills of homeless people : <https://www.solinum.org/wp-content/uploads/2019/09/Pr%C3%A9carit%C3%A9-connect%C3%A9-Etude-31-Signets.pdf>

than half of homeless people never do their administrative procedures online (62%). These problems were observed in the national FAS/FNSS Maraudes study.²

On that basis, the FAS decided to build a project, called "Maraud'IN" helping homeless people to be included in this digitalised world with the support of the AFNIC Foundation (a foundation which supports local initiatives to promote digital inclusion) and the MedNum (a French cooperative gathering actors of digital mediation).

The project began in January 2021 and is intended to last 2 years. In 2021, Maraude'IN is in its experimentation phase, conducted through six teams of outreach social workers (called Maraudes in French) which are members of the FAS's network. In 2022, it will be extended through 10 more teams of the FAS's network.

The project pursues two main purposes: helping the outreach social workers to acquire digital equipment and training them in digital mediation practices.

Concerning the equipment, the outreach social workers need to use digital tools in order to assist homeless people in their administrative procedures and to help them in connecting with the world. To this end, they will be provided with electronics tablets and smartphones.

2 National study on social round-up on homelessness led by the "Fédération des Samu Sociaux" (French Federation of Social Emergency Services) and the FAS of the 12th and 13th of January 2021: <https://www.federationsolidarite.org/wp-content/uploads/2021/06/FNSS-FAS-Etude-nationale-maraudes-2021-Complete.pdf>



The growing role of digital technologies and the dematerialization of administrative procedures are transforming the practices and missions of outreach social workers and changing the needs of homeless people”

Each tablet will include access to a toolbox hosted on a platform which has been built by MedNum. This toolbox aims to reinforce training of the outreach social workers in digital mediation and to help them in assisting the homeless people to access their rights.

In the first part of the project, many resources related to digital mediation are provided. It will help the outreach social workers to learn how to support the homeless in their use of digital tools as creating an email address or use internet to inform themselves. In the part dedicated to access to rights, the resources are classified by rights categories. The main categories are, for example, the access to accommodation, to healthcare and to food aid. In each category, the relevant public services website will be listed as well as the useful places where the homeless can find assistance. On this last point, the toolbox references the Soliguide, created by the French association Solinum, which is an online platform that references useful and accessible places and services for people in difficulty.

In this context, the most important equipment of the outreach social workers are the tablets. Besides, this is the most accessible device for helping in administrative procedures or in researching information.

The project is also a means through which to encourage the use of digital devices by people experiencing homelessness. Maraud'IN aims to help homeless people to become autonomous in using digital tools. On this basis, some of the equipment will be placed at the disposal of homeless people, notably smartphones and charging stations for electronic devices. As studies have shown, the smartphone is the device that people experiencing homelessness feel most comfortable

using for many purposes (researching information, chatting through social networks, contacting relatives, etc.). Moreover, electronic tablets will also sometimes be used by those people who are the most autonomous in using digital tools.

Concerning the training of the outreach social workers in digital mediation, the project aims to teach outreach social workers good practices for supporting homeless people to access to their rights by accomplishing their administrative procedures. The training will be handled by professionals of digital mediation. It will allow the outreach social workers to handle the digital tools and, above all, the toolbox.

The conception of this project underlines how the digital resources of outreach social workers are key in ensuring digital inclusion for people living in extremely precarious conditions. Indeed, it appears to be fundamental as the outreach social workers have the knowledge to support homeless people with dignity in various aspects and notably access to their rights. This said, successful digital inclusion of homeless people implies creating links between the voluntary sector and the digital mediation sector teaching the good practices in using digital tools to outreach social workers (such as protecting privacy of the Homeless). With the Project Maraude'IN, the FAS and all its sponsors believe that it will contribute to strengthen this link!

“The conception of this project underlines how the digital resources of outreach social workers are key in ensuring digital inclusion for people living in extremely precarious conditions.”

A significant part of outreach work is often done by volunteers. In this article, Jesús Sandín de la Vega and Enrique Cuesta reflect on the experiences, challenges, and rewards of social volunteering with homeless people.

VOLUNTEERING WITH HOMELESS PEOPLE: A NECESSARY REFLECTION



By **Jesús Sandín de la Vega**, [Homeless Care Program Coordinator](#), Solidarios and **Enrique Cuesta**, Member of the coordination team of the Programme Against Social Exclusion, Acción en Red Madrid

The archetype of Robinson Crusoe provides an alternative understanding of the situation of homeless people: A character whose life project is shipwrecked and who has to rebuild their life and survive on an island that, contrary to popular belief, is not deserted but inhabited by a tribe of cannibals with whom it is best not to interact. A character that is not defined by their material deficiencies but by their abilities and resilience. A character whose greatest desire is not a good meal, clean clothes, or even a roof over their head, but to stop being lonely; to have someone to share their life with.

Homeless people should be seen in this light; their ability to get by, day by day, despite the circumstances, should be valued rather than be seen only as being in a state of need. Above all, we need to acknowledge the radical isolation of homeless people from “integrated” society. We need to understand that homeless people are not “the other”, but ourselves, only facing different circumstances and life processes, resulting from chance or centrifugal social dynamics. This is the one aspect that cannot be solved by professional intervention alone, nor by allocating social resources for homeless people. This explains the need for committed social volunteering projects devoted to building relational and affective bonds based on equality. Social volunteering should arise from a neighbourliness principle, significantly different from friendship. It is an encounter taking place in a collective space in which people share conversations, anecdotes, and ways of being, away from the exchange dynamics of certain services. The social volunteering model should be the basis of every intervention strategy with homeless people.

Each volunteer brings to the fore the objective value of the person they interact with on the street by choosing to volunteer during their free time; a scarce time dedicated to leisure, rest, family and social relationships. In this case the volunteer chooses to spend their free time being with those who sleep rough. And to be with them, not out of compassion or pity, nor to bring a blanket, clothes or food, but out of empathy and to chat, sharing the same willingness to be together in equality.

The horizontal relationship between different individuals, frequent among people not experiencing homelessness, is very rare for homeless people, who mainly interact with others living in the street. It could be argued that none of the people who regularly interact with rough sleepers (e.g. cleaning workers, those who take care of parks and gardens, shopkeepers, neighbours) interact from a position of equality. Furthermore, it could be said that those who work in mainstream social services do not do so either, and much less the police.

Social volunteers do. That is precisely social volunteering’s manifest objective and the key to its value. Any intervention model, from the classic “ladder” to “Housing First”, through all intermediate models such as “Housing Led”, pension places, supported accommodation, etc., would be much less successful without the mediation of social volunteers, who create a link that facilitates the intervention of other actors.



Social volunteering is also fundamental because of its contribution to the network of homelessness and social intervention services. Firstly, it effectively judges the climate of the situation; we detect when there is a conflict with neighbours, shopkeepers, or police, and activate the appropriate mechanisms to intervene from a preventive approach which guarantees the rights of homeless people. Our presence connects the care network and its professionals with potential clients who fall out of the usual mechanisms of detection and intervention, and thus serves as a gateway to the system for many homeless people. This is the primary purpose of our contact work with different professionals and social services; to practice networking that starts from respecting each of the parties and their autonomy. Volunteers deliberately limit themselves to their role as mediators, respecting the processes and guidelines of intervention, and professionals must respect volunteers' space for relationships without interference or dirigisme.¹

1 Translation from the Spanish word "dirigismo", tendency of the government or any authority to intervene in an abusive way in a certain activity.

Volunteers in this field are excellent awareness-raising agents in at least two ways. Firstly, by standing beside homeless people, volunteers weaken the "invisible wall" that usually surrounds them, making them present in the public space and in turn giving more visibility to the radical injustice of their experience. Secondly, volunteers' first hand experience of working with homeless people can, and should be, used to illuminate any understanding of homelessness that will be used in a pedagogical context. The mere account of the experience and the point of view of a volunteer to their social circle helps to change the stereotypical view with which homeless people are too often burdened. Based on daily experience, this knowledge can also provide the cornerstone for a mediation process when conflicts and coexistence struggles arise in neighbourhood and commercial spaces. The mediation is more likely to be successful when a volunteer is there to provide a link between the "us" of integrated society and the artificially created "other" of people experiencing homelessness. In this sense, the real success of this voluntary work is its ability to transmit to the general population, far from the everyday life of homeless people, the value of solidarity as a basic principle of intervention.

“Social volunteering should arise from a neighbourliness principle, significantly different from friendship.”

It is important to point out and value the specific differences between volunteering with homeless people and other types of volunteering. It is a particularly complex, committed and difficult kind of volunteering as it does not work with a specific or static profile (all forms of social exclusion are found on the street in their most extreme form: the elderly, minors, the disabled, mental illness, addictions, various forms of violence, etc.). This type of volunteering is carried out with people in street situations who, in many cases, do not receive specific care or treatment and who also reject mainstream social services and the resources they provide. Finally, it is a voluntary service that has to face unique situations of grief, often caused by a lack of adequate care, aggressions, suicide, etc. In addition to all this, the activity takes place at night, is subjected to inclement weather and isn't directly supported by intervention professionals. We point all this out because it has a direct impact on the profile of the volunteers. In general, they are incredibly committed, which is reflected in more extended periods of volunteering and their capacity to be critical of their work. It is a very particular type of volunteering, which responds better when volunteers are given responsibility and decision-making capacity. For these reasons, quality training constitutes a volunteer's right and responsibility, as it is essential when working with people facing homelessness.

Furthermore, it is important to offer formal and informal spaces for reflection and conversation, where volunteers' experiences, opinions and knowledge can be socialised and reflected upon collectively and individually. It is also necessary to have the support of the formal care network and its professionals in training programmes, as well as the recognition from institutions of a model of volunteering that can be uncomfortable and critical with the very structures that support the care network itself. To support people to exit homelessness we need strong communities built on neighbourliness. In the end, Robinson Crusoe managed to leave the island, regain his life and return home, but this was only possible because he was no longer alone.

“It is a very particular type of volunteering, which responds better when volunteers are given responsibility and decision-making capacity. For these reasons, quality training constitutes a volunteer's right and responsibility, as it is essential when working with people facing homelessness.”

Cover art 'Buses' by Max McCleave.

Curated by [Cafe Art London](#).

Buses (2021) by Max. Max is client of St Mungo's (mungos.org) in London which is a charity whose aims are to help and support those who have experienced homelessness. Max has a passion for art. He hopes to be moved back into the community as soon as suitable accommodation is available.

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