

MOBILE EU CITIZENS EXPERIENCING HOMELESSNESS IN BRUSSELS:

Access to rights, employment, and healthcare

REPORT



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Introduction

As in previous editions, the aim of this report is to highlight the obstacles faced by mobile EU citizens experiencing homelessness or poor housing in Brussels. The quantitative data collected by DIOGENES, enriched by interviews with two street workers of the association (Daniela Novac and Dorota Kwiatkowska), give us an overview of the problems encountered by the homeless mobile EU citizens supported by DIOGENES.

In order to understand how representative the data collected is of the overall homeless and inadequately housed population, we compare it with the data collected by Bruss'help in the last count.¹ In 2020, DIOGENES accompanied 225 people who were living in public spaces or in camps, of which 49.8% (n: 112) were mobile EU citizens. These 225 people (of all nationalities) correspond to 31.3% of the total number of people counted by Bruss'help in the public space on the night of the count in 2020. It is important to note that these numbers were collected on different dates, namely 31 December 2020 for DIOGENES, and 9 November 2020 for Bruss'help. Nevertheless, it is clear that as an association specialised in street work, DIOGENES accompanies a significant part of the people living on the streets in Brussels.

The same conclusion cannot be drawn in relation to people in shelters or in emergency accommodation centres. Indeed, all nationalities taken together, on 31 December 2020, only 33 mobile EU citizens accompanied by DIOGENES were in emergency accommodation centres and 24 of them were in shelters. According to the results of



the census, this corresponds to 4% and 3.4% of the total population in night shelters and hostels, respectively.

In conclusion, the data on which this report is based are particularly representative of people who use public spaces as a place to live. Thus, they also accurately represent the situation of those mobile EU citizens who, because of their administrative status, live in particularly complicated conditions, without housing, income, medical coverage, or access to shelters. As this group also regularly visits emergency accommodation centres, a thorough analysis of the data from these centres would enrich this study, particularly regarding the obstacles encountered and the journeys made by EU citizens with a precarious administrative situation.

1 N. Horvat and M. Striano, *Counting the number of homeless and inadequately housed people in the Brussels-Capital Region*, Bruss'help, 2020 http://www.bruss'help.org/images/Denombrement2020_vdef.pdf

General statistical data on mobile EU citizens experiencing homelessness in Brussels

During the year 2020, DIOGENES collected information about 314 homeless mobile EU citizens accompanied by its workers. In the rest of this report, the totals do not always equal 314 because we do not have all the information about each person. The percentages are calculated on the total number of people for whom we have data. In our sample, 63.7% (n: 200) are men, and 36.2% (n: 114) are women. Almost 4 out of 5 people are of Romanian (46%) or Polish (32.7%) nationality, and 39% are of Roma ethnicity (n: 123). About half of the people in our sample live alone (47.8%).

In terms of income, 71.6% (204 out of 285) have no legal income, 53.8% (n: 149 out of 277) are forced to resort to begging, 12.3% (34 out of 277) work without a contract (mostly in the construction sector), and only 4.6% (13 out of 285) have a declared job, while almost 75% of the people in this sample (n: 212) have migrated to Belgium in order to find work.

Regarding health, 43.5% (113 out of 260) of people in our sample engage in problematic alcohol consumption and 33.5% (87 out of 260) have

mental health issues. Of the 292 people for whom this information is available, 38.4% live either on the streets (n: 86) or in a camp (n: 26), 11.6% (n: 34) live with a family member or a third party, 7.6% live in an emergency shelter or hotel, 5.5% live in a squat, 4.1% live in a community, and 3.8% live in a hostel.

The majority do not have an address (57.2%; n: 166 out of 290) and/or a residence permit (67.3%; n: 198 out of 294), even though almost 3 out of 5 people have been living in Belgium for more than 5 years. In fact, 15% (n: 47) have been living in Belgium for more than 5 and less than 10 years, and 40.8% (n: 128) for more than 10 years. Only 22.9% (n: 57 out of 248) are registered with a mutual insurance company; the majority (63.7%; n: 158 out of 248) have used the 'Aide Médicale Urgente'² (AMU, or Urgent Medical Assistance).

The observed sample consists mainly of people without legal income, without a stable accommodation, and without the possibility of obtaining an address, a residence permit and access to basic services.

2 AMU is a financial intervention by the CPAS ('Centre Public d'Action Sociale', meaning Public Social Welfare Centre) in the medical costs of a person who does not have a residence permit in Belgium.

Registering in Belgium

Under EU law on free movement of persons, according to Directive 2004/38,³ only certain EU citizens and their family members may stay in the host Member State for more than 3 months with a right of residence. This includes the following groups: employed persons presenting a confirmation of employment from the employer or an employment contract; self-employed persons; jobseekers with a real chance of finding a job; persons who have sufficient resources and full health insurance and, thus, will not become a burden on the social assistance system; students who indicate that they have sufficient resources and full health insurance; family members of a Union citizen who has the right of residence in the host Member State.

According to Article 8(1) of Directive 2004/38, *'for stays exceeding three months, the host Member State may require Union citizens to register with the competent authorities'*. A certificate of registration must be issued immediately, stating the name and address of the registered person and the date of registration (Art. 8.2). The existence of an address is thus mentioned, but nowhere it is considered a condition for registration. Union citizens who fulfil the conditions set out in the Directive have a right of residence, whether they are homeless or not.

As the European Commission has pointed out, European legislation prohibits Member States from



requiring a Union citizen to have a permanent or temporary address in order to enjoy the right of residence in another Member State.⁴ **However, in Belgium, in order to register, it is necessary to prove one's habitual residence and, to do so, to have an address where one actually lives.**

3 Directive 2004/38/EC of the European Parliament and of the Council of 29 April 2004 on the right of citizens of the Union and their family members to move and reside freely within the territory of the Member States

4 Answer of the European Commission to a parliamentary question, 15/09/2017 https://www.europarl.europa.eu/doceo/document/E-8-2017-004065-ASW_EN.html?redirect

According to Article 1 of the Act of 19 July 1991 on population registers, identity cards, foreigners' cards and residence documents, every person must be registered in the municipality where they have established their main residence. The determination of this is based on a factual situation, i.e., the person actually stays in the municipality during most part of the year.

Homeless people can obtain a reference address. The notion of reference address is defined in the same Article, in §2. The reference address is the address of a natural person registered in the population register of the place where they have established their main residence. It can also be the address of a legal person, or the place where a natural person without a fixed residence is registered, with the agreement of a natural or legal person. Homeless people can obtain a reference address in the home of a third party, in shelters (in few specific cases), or at the CPAS⁵ ('Centre Public d'Action Sociale') of the municipality where they are usually present.

On the other hand, a mobile EU citizen who does not have a residence permit cannot obtain a reference address from a CPAS. Moreover, they will have difficulties when accessing a shelter, due to their irregular situation and not having a regular source of income (probably). Consequently, as mentioned in the previous chapter, most of the EU citizens accompanied by DIOGENES in 2020 did not have an address (57.2%; 166 out of 290) and an extremely limited number had obtained a reference address: 11 people, or 3.7%.

The lack of an address, and therefore the impossibility of registering and obtaining a residence permit, is the main obstacle to accessing social rights for mobile EU citizens.

Case study

Ms S is a Roma person from Romania. She is homeless and sleeps on the street with her children. She therefore has no address. In these circumstances, it is impossible to look for work or help from the CPAS. As a result, she begs from morning to night, without any real support or prospects. She has no health card and no access to AMU ('Aide Médicale Urgente', meaning Urgent Medical Assistance), so she goes to the emergency room only when it is absolutely necessary, otherwise she does not seek treatment. She hears about the solutions found for other homeless people around her: someone receives benefits from the CPAS, another person receives unemployment benefits, for someone else the regularisation procedure was successful... And logically, she asks us the question "Can't the same thing be done for me?" But it is not that simple. Each case is unique. We then work with her to find solutions adapted to her requests and motivations.

Of those accompanied by DIOGENES in 2020, 198 out of 294 (67.3%) were in an irregular situation and thus only had access to emergency accommodation and Urgent Medical Assistance (AMU, in French). The lack of a residence permit has important repercussions on the possibility of finding a job: without an Annex 19, issued at the time of registration with a municipality, it is not possible to register with Actiris and to benefit from support to access the labour market. Other services that are fundamental to reintegration, such as the possibility of undergoing treatment for drug addiction, are difficult to access. For example, the AMU ('Aide Médicale Urgente') only gives access to a three-week withdrawal cure, without the possibility of following an aftercare programme, which is an essential step in withdrawal.

⁵ A CPAS, which could be translated as Public Social Welfare Centre, provides several social services and works to ensure the well-being of every citizen. Each municipality or city in Belgium has its own CPAS, offering a wide range of services.

The obstacles faced by those surviving without an address or a residence permit are particularly striking when we compare the data on their living conditions with those of people with E (5-year) and E+ (indefinite) residence permits. Among the accompanied irregular migrants in 2020, 179 out of 189 (94.7%) had no legal income, while this was the case for 19.4% (6 out of 31) of those with an E card, and “only” 3.2% (1 out of 31) of those with an E+ card (Figure 1). Similarly, undocumented migrants are much more vulnerable to street homelessness than people with a residence permit: 94 of the 184 undocumented migrants for whom we have information on housing (51.1%) lived on the street or in camps, whereas this was the case for 9.4% (3 out of 32) of people with an E residence permit and 8.8% (3 out of 34) of people with an E+ residence permit (Figure 2). Furthermore, according to the same sample, illegal residents are more often found in emergency shelters (8.2%), squats (7.6%), or with family or third parties (12.5%). The absence of a residence permit also prevents the acquisition of more comprehensive medical insurance than AMU (‘Aide Médicale Urgente’). The latter is therefore the only option for people in an irregular situation. In 2020, 80.3% (126 out of 157) of them used the AMU, while this was the case for 20% (6 out of 30) of people with an E card and 12.9% (4 out of 31) of people with an E+ card. 80% of people with an E card and 87.6% of people with an E+ card have health insurance.

As in previous PRODEC reports, two groups are strongly represented among homeless mobile EU citizens in Brussels: people of Roma ethnicity and those of Polish origin. And as in the first phases of the PRODEC project in 2018 and 2019, we observe significant differences between these groups in terms of obtaining residence permits. The Roma citizens accompanied by DIOGENES were mostly members of Roma communities already well established in Belgium. The new arrivals then already had a network of intra-community solidarity. In these circumstances, they have the possibility of temporarily living with members of the already established community, having an address, and registering with the municipality (‘commune’). They can then declare themselves as job seekers, register with Actiris, look for work - often seasonal work - or obtain certificates issued by shops that declare that they are indeed looking for work. These steps make it possible to obtain an E-card and to apply to the CPAS (‘Centre Public d’Action Sociale’) for social assistance. In some cases, the CPAS notifies the Foreigners’ Office, which may consider these people to be an unreasonable burden on the social assistance system and order them to leave the country. This procedure takes time - several months, sometimes more than a year - which gives the persons concerned the opportunity to stabilise their situation, for example, through employment.

FIGURE 1: Number of people without legal income by status (%)

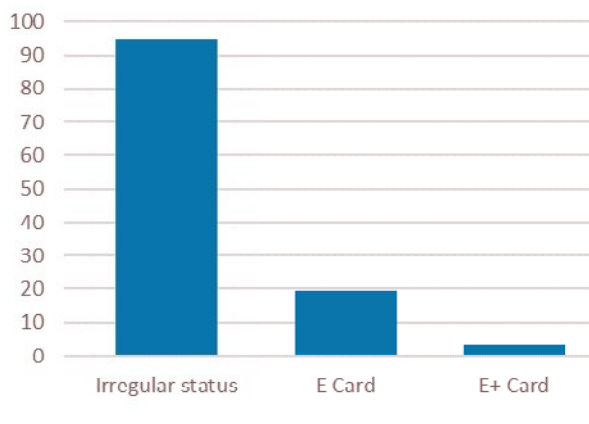


FIGURE 2: Status of people experiencing street homelessness (% , out of 250 total)

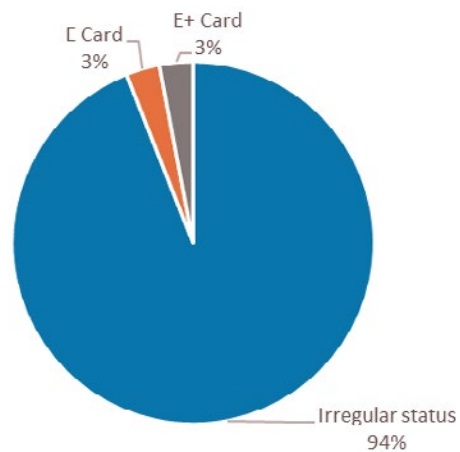
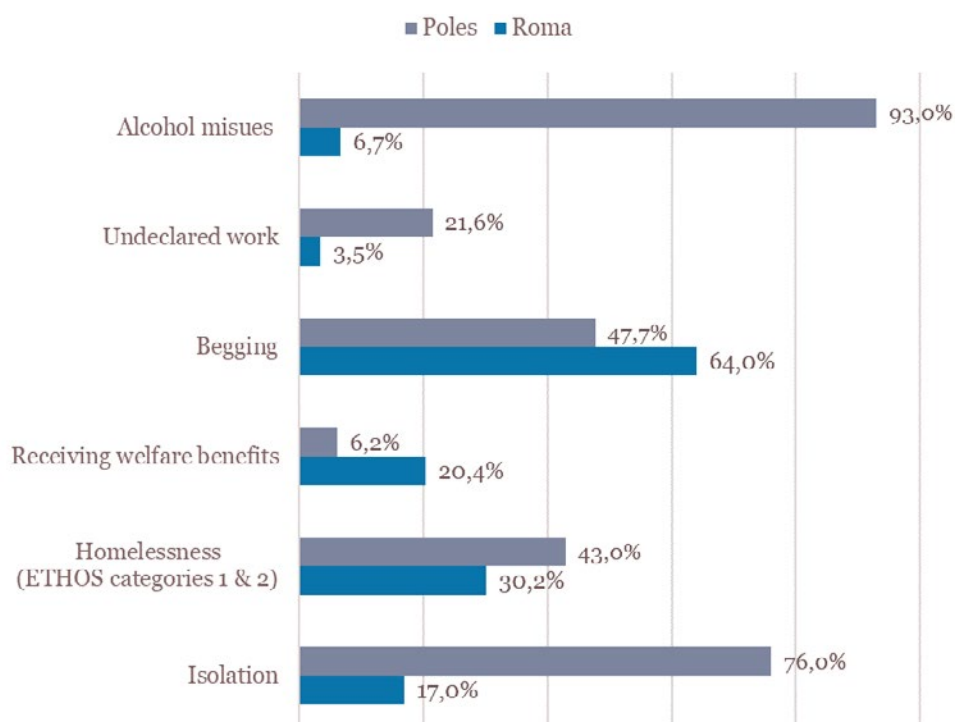


FIGURE 3: Most common problems among Poles and Roma (%)

For Polish migrants, the situation is quite different. In 2020, most of them were male (75.7%, 78 out of 103, while among Roma 44.7% were male and 55.3% female), isolated (76%, 76 out of 100; while among Roma 83% lived with a family, e.g., 93 out of 112 for whom we have information), rarely having the possibility of staying with another member of their community. In addition, alcohol consumption was widespread among this group. While 7 of the 105 Roma in the sample (6.7%) have or had experienced alcohol problems, either in the past or present, 63 of the 85 Polish people (74.1%) were active drinkers, 16 had stopped (18.8%) and 6 (7%) had never had a drinking problem. Therefore, Polish people are generally more vulnerable to street homelessness and have less access to financial support from the CPAS: 43% of them (40 out of 93) lived on the streets, while this was the case for 30.2% of Roma in 2020 (35 out of 116 lived on the streets or in a camp); and only 6.2% (6 out of 97) of Polish migrants received financial assistance from a CPAS, while this was the case for 20.4% (23 out of 113) of Roma people. To survive, begging (42 out of 88, 47.7%) and undeclared work (19 out of

88, 21.6%) were the most common main sources of unofficial income for the Poles in the sample (Figure 3).

Access to rights is very difficult for most of the mobile EU citizens experiencing homelessness. The lack of an address is one of the main reasons for the obstacles to accessing rights, as explained above. In addition, the heterogeneous application of rules concerning the free movement of people by the municipalities and CPAS makes the administrative steps of the persons concerned even more complicated. Some procedures are possible with certain municipalities and CPAS but not others; sometimes there are even disparities and differences in treatment between the branches of the same CPAS. Many social workers have experienced the risk of arbitrariness, due to individual decisions by officials of the municipalities or CPAS. As a result, the reasons for refusing a residence permit or reference address are often unclear. The decision could even differ for two people with exactly the same profile. This makes the work of social workers extremely complex.

Access to employment

Generally speaking, the principles of free movement in the EU have a positive impact on the employment rate. According to a Eurostat⁶ report, the employment rate of mobile EU citizens was 73.1% in 2020, compared to an average of 72.4% for all EU citizens. In most countries, the employment rate of mobile EU citizens is higher than the national average within that country and than the EU-wide average. Therefore, moving to another Member State to look for a job has successful results for most of the mobile EU citizens. However, for a minority, moving to another EU country increases vulnerabilities and leads to long-term homelessness.

In the sample analysed, 73.9% of the people (212 out of 287) migrated to Belgium to look for a job. **However, in spite of the number of years spent in Belgium - the majority had been living in the country for more than 5 years - only 4.1% (13 out of 314) had a declared job and 10.8% (34 out of 314) had a job without a contract.**

Both for homeless people of Belgian nationality and for those of foreign nationality in a regular situation, opportunities for training, coaching and support in job searches exist. General services, such as Bruxelles Formation, Actiris or the Missions Locales d'insertion socio-professionnelle (Local job



6 Eurostat, EU citizens living in another Member State - statistical overview, https://ec.europa.eu/eurostat/statistics-explained/index.php?title=EU_citizens_living_in_another_Member_State_-_statistical_overview

centres), or a specific service for homeless people, such as Hobo, take care of this. Unfortunately, they are not accessible to mobile EU citizens who do not have an address and therefore cannot register with the municipality ('commune').⁷ This does not prohibit them from finding a job - an EU citizen has access to the labour market - but the chances of a successful job search, especially for vulnerable people, are significantly reduced.

Case study

Ms K., a Roma woman from Slovakia, arrived in Belgium with her children a few years ago in order to find a job. She was following training courses but the lack of a home address and her irregular situation on the territory blocked her job search. Thanks to the support of DIOGENES, she was able to find accommodation within the ISSUE project. We were then able to start administrative work: she received an E card and an identity card, and she quickly started working. But the street and precariousness leave their mark. Housing does not solve everything. The building in which Ms K lived was burnt down. At the same time, family problems intensified, making it difficult to organise daily life. As a result, she could not perform well in her job and her customers complained, after which she was fired. She ended up at the CPAS, but after a few months she lost her E residence permit. We tried to appeal to the dispute council, but we knew that there was little chance of a positive response. As the work of DIOGENES is long-term and involves staying connected, Ms K was able to move into new ISSUE accommodation. She continues to take French classes so that she can start working again. Not everything is rosy and Ms K's life remains difficult, but we are moving forward with her, step by step.



One of the solutions recently explored by DIOGENES, but whose results are not yet included in the 2020 data, is the use of temporary employment agencies offering accommodation together with employment. This solution is particularly relevant for the Polish supported population as DIOGENES has contacted temporary employment agencies that work with this population. The jobs offered are often outside Brussels in the construction sector, in assembly line production, or in seasonal work. Accommodation is provided for 70 euros per week. The wages are low, but the job is a basis for obtaining a residence permit. It is a first step to get out of the vicious circle in which rough sleepers find themselves.

⁷ As part of the Rights First project, from January 2022, for at least 30 months, Hobo will be accessible to unregistered EU citizens.

Case study

Mr Q lives on the streets in the city centre, is addicted to alcohol and depressed, and is sometimes aggressive. Despite this, he is seeking help and support, but his journey is interrupted by moments of crisis. During a crisis, Mr Q was hospitalised, then released the next day, despite his obviously worrying condition. We found him on the street and accompanied him to another hospital in the capital, where he was accepted for a three-week treatment. Luckily, he was in the care of a psychiatrist of Polish origin, with whom he could talk more freely. His stay, which was beneficial for him, was renewed several times to allow him to stabilise. On leaving hospital, Mr Q found a job and accommodation through a temporary employment agency, which enabled him to register with the mutual insurance company. He worked for almost a year, then relapsed. This time, however, he had an E card and was affiliated with the mutual insurance company, rather than being dependent on a medical card. Following this relapse, Mr Q found a stable job and accommodation. We stay connected, but he is doing well and no longer needs intensive follow-up. Overall, this support has taken place over the course of a year and a half.

In addition to administrative problems and the impossibility of training for homeless EU citizens, problematic substance use - especially alcohol -, advanced age, and long-term health problems can make finding a job extremely complicated. Of all nationalities, 59 out of 230 people (25.7%)

were between 50 and 60 years old, and 44 people (19.1%) were over 60. Among the Polish population, 32 out of 89 (36%) were aged between 50 and 60, and 20 (22.5%) were over 60: these people have often worked in the past, but they have never been or are no longer entitled to financial support.

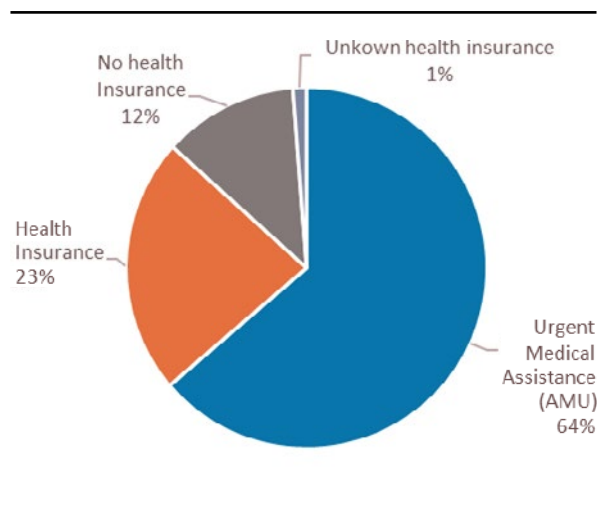
Health, addiction, and access to health care

We have information on the medical coverage of 248 of the people monitored. In 2020, most of them (63.7%, i.e., 158 out of 248) had made use of a medical card as part of the AMU ('Aide Médicale Urgente'), while 22.9% (57 out of 248) had a mutual insurance company, and 12.1% (30 out of 248) had no medical coverage at all. In addition, 3 people had medical coverage, but we do not know the type (Figure 4). The massive use of AMU and the extremely limited proportion of people who have a mutual insurance company can be explained by the need to be a legal resident to join a mutual insurance company and be covered by health insurance. The same applies to membership of the Caisse auxiliaire d'assurance maladie invalidité (CAAMI), which is a public social security institution that guarantees health insurance for people with no income, and which requires a residence permit for access.

AMU, or Urgent Medical Assistance, is a financial intervention by the CPAS ('Centre Public d'Action Sociale') in the medical costs of a person who does not have a residence permit in Belgium. It aims to ensure access to medical care for people who are illegally staying in Belgium. Contrary to what the name suggests, it is not only an intervention for urgent care. AMU can also intervene for a medical examination, treatment with a physiotherapist or even a simple visit to the general practitioner. The urgency of the medical assistance is determined by a doctor who completes a certificate of attendance. This may cover a renewable period of three months in the case of chronic illnesses, one month for other

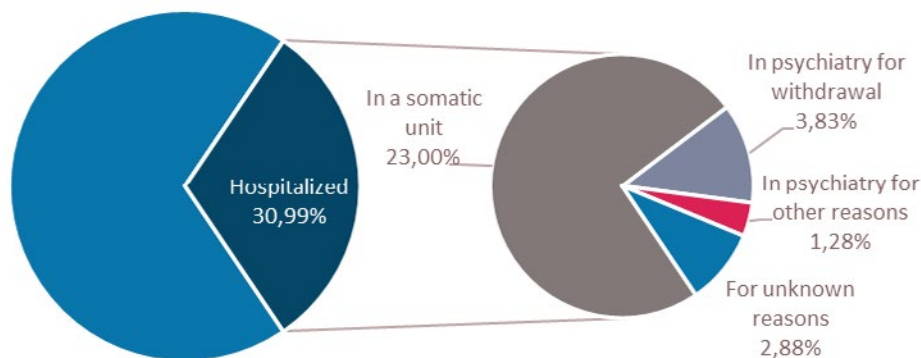
illnesses, or a once-off treatment (e.g., for specific medical devices such as dentures). Here, again, the practices and choices of the CPAS ('Centre Public d'Action Sociale') are not harmonised between the branches of the different municipalities and differ in terms of accepting or refusing financial coverage for a medical treatment or intervention.

FIGURE 4: Types of medical coverage of mobile EU citizens (%)



We do not have detailed information about the health of the people supported in 2020. We know that 97 people out of 313 (31%) were hospitalised: 23% (n: 72) in a somatic unit, 3.8% (n: 12) in a psychiatric unit for withdrawal, 1.3% (n: 4) in a psychiatric unit for other reasons, and 2.8% (n: 9) for unknown reasons (Figure 5).

FIGURE 5: Types of hospitalization of the 97 persons concerned (%)



The percentage of people hospitalised increases significantly if we consider only people over 60 years of age (47.7%, 21 out of 44). For this age group, alcohol misuse is an additional factor leading to hospitalisation: 38.4% (43 out of 112) of people with an alcohol problem were hospitalised in 2020, whereas 20.8% (26 out of 125) of people who never had an alcohol problem were hospitalised. It is important to note that only a minority (5 out of 43) of people with alcohol dependence were hospitalised for withdrawal; most were hospitalised in a somatic unit.

Alcohol consumption is a problem for 43% of the sample, or 112 out of 260 people. On 31 December 2020, 23 people (8.8%) had stopped drinking. Drinking significantly complicates the inclusion process and is sometimes an insurmountable obstacle, particularly for those who do not have a residence permit. Indeed, people in an irregular situation only have access to a three-week withdrawal period via the AMU ('Aide Médicale Urgente'). This period often starts after several weeks or even months of waiting for a place. In addition, the lack of adequate language skills makes it difficult (if not impossible) to participate in all the workshops offered. After three weeks,

the person is discharged from hospital and has no accommodation. As a result, the person is likely to end up back on the streets and may quickly fall back into a pattern of drug use. These addiction treatments may offer respite and cause beneficial effects to the body, at least temporarily, but make it difficult to achieve lasting solutions.

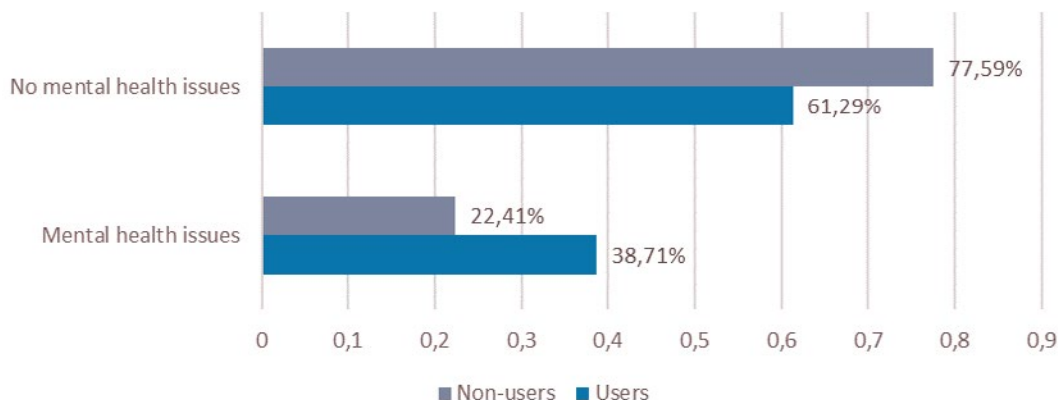
Case study

Mr R is young and addicted to hard drugs. He was hospitalised in a psychiatric ward, and we were contacted by the ward during his hospitalisation. Since he seemed to want to get out of his addiction, our social worker put him in touch with another Polish man who is active in AA meetings and who himself has a network of acquaintances who can help Mr R. In the meantime, he left the psychiatric ward where he was in treatment as his three-week stay was ending. Thanks to his new contacts, Mr R found a job and a small flat. He started his job with enthusiasm and after a few days received his first pay check. After that he disappeared, and we have not seen him since. Overall, this support did not last more than a month. It was short, but intense.

In terms of mental health, we have data for 260 people. Out of these, 173 people (66.5%) appear to have no mental health problems, while 87 (33.5%) suffer from altered perception, cognitive disorders, intellectual disabilities, personality disorders or other mental health disorders. People who use alcohol problematically often also have mental health problems (*Figure 6*): according to the sample analysed, 36 out of 93 (38.7%) of those who used alcohol also had mental health problems, while 26 out of 116 (22.4%) of those who had never had a problem with alcohol did. Identifying mental health problems is a particularly complex task. It usually takes a long time to get a proper diagnosis - more than 30% of the people interviewed in 2020 did not have information about mental health- and some situations, such as street encounters, do not facilitate this task.



FIGURE 6: Mental health issues by alcohol misuse (% for 93% users and 116 non-users)



Conclusions

The data on which this report is based are particularly representative of people living in the public space. Therefore, **the data can be used to represent the situation of mobile EU citizens who, because of their administrative status, live in particularly complicated conditions: without housing, income, medical coverage, or access to shelters.** This group also frequently visits emergency shelters: an in-depth analysis of the data would enrich our knowledge of the obstacles encountered and the routes taken by mobile EU citizens in a precarious administrative situation.

Access to services other than emergency accommodation and AMU ('Aide Médicale Urgente', or Urgent Medical Assistance) is dependent on having an address. According to the European Commission's interpretation of EU law, Member States are prohibited from requiring a mobile EU citizen to have an address in order to enjoy the right of residence. However, in Belgium it is still necessary to meet certain criteria, including the need to be employed or self-employed or to be a job seeker with a real chance of finding work. For people who are not economically active, applying for financial support from the CPAS ('Centre Public d'Action Sociale') can put the right of residence at risk.

The obstacles faced by those surviving without an address and without a residence permit are particularly visible when comparing data on their living conditions with those of supported people with E and E+ residence permits. Undocumented migrants are particularly vulnerable to living on the street. We have seen that the system of mutual aid within the Roma communities already established in Brussels gives a newly arrived family a better

chance of registering with the municipality and of obtaining financial support from the CPAS, at least for a few months. This safety net makes all the difference in the social inclusion pathway.

It would therefore be interesting to develop a more inclusive policy - or at least a pilot project - that would allow homeless EU citizens without a residence permit to have a reference address and a guaranteed minimum income for a few months.

There should also be financial support for people who have been living in Belgium for a long time, who may have worked (with or without a contract), but who have never acquired social rights, who are old and/or in poor health, and who have little or no place in the labour market. The European Union has a role to play in developing a financial redistribution mechanism between Member States to prevent situations of prolonged vulnerability among EU nationals.

To maximise the chances of escaping destitution, training and job coaching are fundamental. Unfortunately, existing services are not accessible to unregistered EU citizens. In the context of the free movement of persons, which aims to remove any obstacles to finding a job in another EU Member State, this inaccessibility to employment services is particularly questionable. The change brought about by the new *Rights First* project, which allows EU citizens without a residence permit to access the services offered by Hobo, is truly relevant and it is desirable that this type of initiative can continue beyond the duration of this project (30 months from January 2022).



The heterogeneous practices of the CPAS for the processing of applications for financial aid, reference address or AMU, complicate the work of social workers and make the lives of already highly vulnerable people even more complex.

More transparency regarding the conditions for obtaining certain benefits and uniform practices between CPAS would increase the opportunities to find sustainable solutions.

Finally, problematic substance use, especially alcohol, is often a major obstacle in the inclusion process. Three-week periods of withdrawal are beneficial temporarily but, in the absence of accommodation on discharge, ineffective in the medium to long term. Ideally, aftercare and adequate reflection on the aftermath will maximise the chances of stopping use and rebuilding one's life.

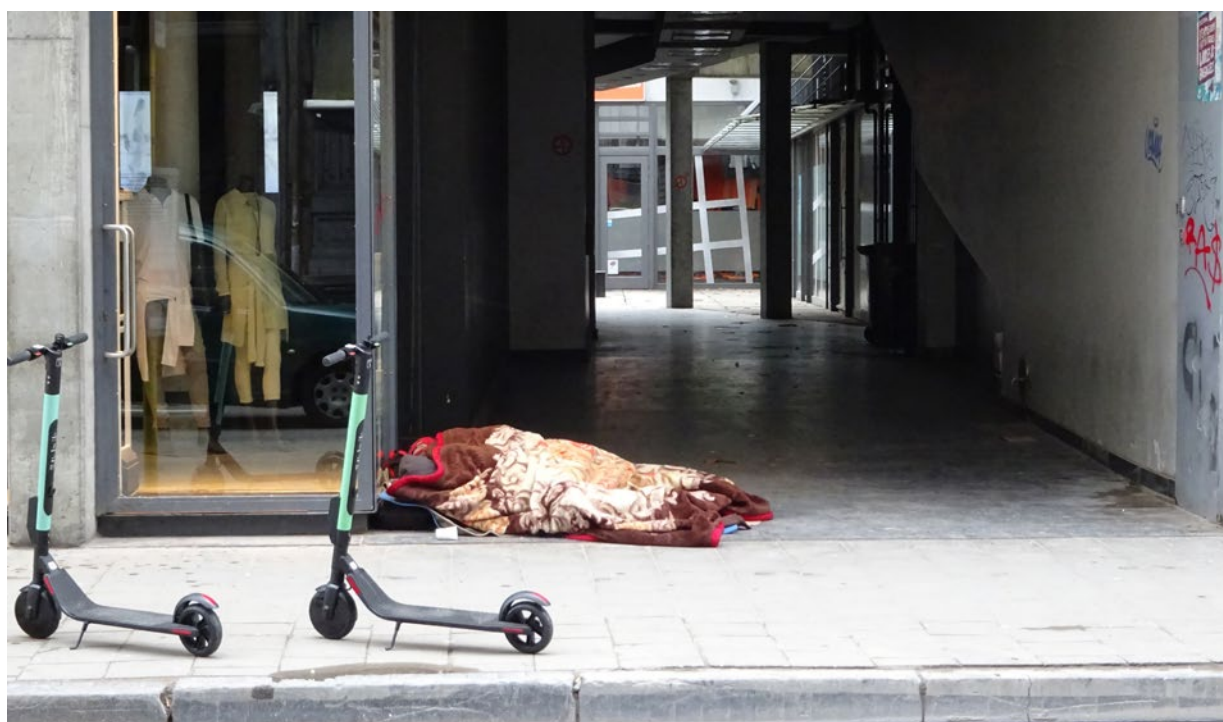
Recommendations of the non-profit organisation DIOGENES

Based on its expertise, DIOGENES shares the following recommendations to facilitate the integration process of mobile EU citizens, the first one being:

The construction of a European Social Union, extending the portability of rights between Member States and including a system of financial support (e.g., a minimum income for social inclusion) allowing a Member State to take responsibility for its nationals in vulnerable situations in another country.

With regard to the effectiveness of rights, DIOGENES recommends respect for three basic principles:

1. **Make access to rights automatic:** rights first, verification process later. Adopt an assumption of trust rather than distrust.
2. **Individualisation of rights:** Do not financially sanction the solidarity mechanisms that are set up between people living in very precarious situations.
3. **Universality of rights:** Access to basic rights regardless of a person's administrative status.



Experience in the field, especially regarding mobile EU citizens, shows that **intercultural mediation** is an essential practice in social work. We recommend this practice to be extended and integrated to all the psycho-medical-social actors along the

pathway of these people, starting with the front-line workers in the different sectors of help and care (social, health, housing, youth care, etc.) and within the public institutions (CPAS, municipalities, etc.).

Finally, at national and regional level, DIOGENES makes the following main recommendations:

- ▶ **Simplify procedures** for obtaining official documents (identity cards, from consulates and embassies, etc.).
- ▶ **Make the right to a reference address automatic** for mobile EU citizens in order to ensure a Europe-wide social protection system.
- ▶ Promote **free temporary housing projects that provide access to rights** (work, health, etc.) and access to permanent housing through a residence permit and appropriate support.
- ▶ **Set up Housing First programmes specifically dedicated to supporting people with insecure residence status:** free housing, adapted and personalised support to regain their rights, etc.
- ▶ **Adapted and specialised legal advice and support in family and migration law**, according to a holistic and multidisciplinary approach.
- ▶ **Develop access to healthcare** for mobile EU citizens in destitution: adapted medical care (linguistically and culturally), international cooperation within the EU for people with severe mental health problems...
- ▶ **Extend AMU** ('Aide Médicale Urgente', meaning Urgent Medical Assistance) to aftercare and psychiatric care homes.
- ▶ **Finance awareness-raising campaigns** aimed at improving the perception of destitute mobile EU citizens among the public opinion, and fighting against the prejudices and stereotypes they experience.



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