INFIRMIERS DE RUE
STREET NURSES

Together, let's
end homelessness

ACTIVITY REPORT 2020

Covid-19: working in a health crisis

Street Nurses is a medical and social organization that is convinced that the end of homelessness in Brussels and Liege is possible. It contributes to this by taking homeless people who are very vulnerable in terms of health off the streets and by mobilizing associations and the public to find sustainable solutions to combat homelessness. The hygiene approach, the valorization of the talents of homeless people, the intensive involvement of the network of socio-medical associations and the creation and capture of housing are the levers that Street Nurses uses to succeed in the sustainable reintegration into housing.

Street Nurses is committed to being an enthusiastic, unifying and innovative actor in the action to end homelessness.

Street Nurses shares its expertise and experience in order to strengthen all the actors who can either intervene to reintegrate vulnerable people or act in a preventive way to avoid that precarious people fall into marginality.

Street nurses is now fully recognized as the organization that launched the ambition to "ending homelessness in Brussels".

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Edito : Street Nurses in time of Covid-19

By Dr. Pierre Ryckmans, co-coordinator and medical director

Dear reader,

As we look back over the past year, I would first like to **take my hat off to the teams present in the field**, in Brussels as well as in Liège, who have adapted to the difficult working conditions and have always continued, even at the height of the crisis, to accompany the patients in the face of the obstacles they faced.
While the people in housing were in relatively good conditions to face, with our support, the successive confinements, those in the street were left entirely to their own devices, without the usual support.
As a medical association, we were able to quickly adapt our working rules and find the necessary material to continue directly in the field. Following the temporary closure of many services, the aspects of hygiene, food, medical surveillance, and information and prevention, were essential during the first days of the confinement, and even after. We were able to respond to them to the best of our ability.
The situation only slowly returned to a semblance of normalcy.

But **this experience also shows its good side**: more than ever, we believe that the context is, paradoxically, **favorable to the disappearance of homelessness** in our societies. Indeed, the covid-19 pandemic and the containment measures have shown in a striking way the extreme vulnerability of people living on the streets, the problems that this situation poses to the whole of society, and the obvious interest that there would be in solving it in a sustainable way. Echoing this, **solidarity has been very present**: public authorities, companies and the general public have shown concretely, by their support during this year 2020, that there is a real concern for the situation of homeless people, a real desire to change things on the ground. We would like to **thank them warmly for this**. And this strengthens our conviction that **together we really can end homelessness**, and that this possibility puts us under a moral obligation to do so.

More than ever, "**stop helping the homeless, rehouse them!** " could be the winking slogan.

Acknowledgements

The work accomplished this year and the progress made have been made possible thanks to the commitment of the team of Street Nurses and volunteers, the collaboration with our colleagues in the network (medical and social workers, security agents, park wardens, shopkeepers, etc.), but also thanks to the support and confidence of the many donors and sympathizers.

In 2020, we received generous **professional and logistical support from**:

Ashoka, Cogitax, Entretien motivationnel, Monin Foundation, Housing First Belgium

We hope that you will find the concrete results of our actions a recognition of your contribution and a thank you for your commitment!

Also for this year 2020, we thank in particular, for their **financial support**:

The following public institutions:

COCOM Housing First, COCOM Help to people, COCOM Well-being at Work, INAMI, Brussels-Capital Region, Wallonia Region, City of Liège, Wallonia-Brussels Federation

The following foundations:

King Baudouin Foundation, Aline Fund, Lokumo Fund, Moulaert-Laloux Fund, Daniel De Coninck Fund, Baronne Monique Van Oldeneel Fund, Yves Collinet Fund, King Baudouin Foundation United States, Sense Foundation, National Lottery, ASSS fellowship, Generations in Solidarity, Give Eur Hope, Soli-Mac, INEOS Community Fund, Papoose Foundation, Serco Foundation, Paul Monin-Madel Foundation, Servio Foundation, Timon Foundation, Norton Rose Charitable Foundation, Nickedo Foundation

.

The following associations:

Evangelische Gemainde NPO, Democulture NPO, Music-for-Life, Solimac, Generations in Solidarity, Pro Caritate NPO, Rotary Club Brussels Forêt de Soignes, Lions Brussels Country, Roatry Club Feron, Europese Auxilium asbl, Soroptimist International, Les Chantiers NPO, Rotary Club Bruxelles Est, Rotary Club Namur Citadel, CERA cvba, Diaconat Eglise Protestante, Unité Pastorale Saint-Lambert, Soli-Cité NPO.

The following companies :

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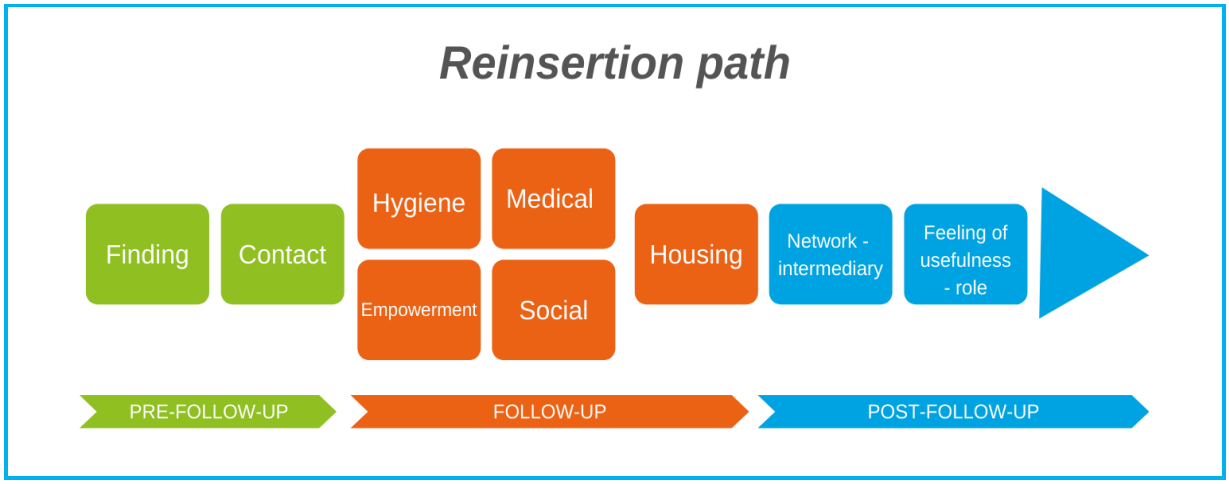
A huge thank you to all!

THE 2020 JOURNEY… ADAPTING TO THE CRISIS CONTEXT OF COVID-19

As a reminder, the action of the field nurses is multiple and aims at getting the people taken in charge off the streets and rehousing them in a sustainable way. The steps taken to achieve this consist of providing care, either on the street or in housing, motivating and advising homeless people to take care of their hygiene and health, and finally accompanying them to their medical appointments. In this way, the patient gradually becomes part of a real **medical network**, initially coordinated by the nurses with the help of the association's doctor. Eventually, it is the "normal" medical network (i.e., that which usually addresses people who have housing, such as regular doctors, medical centers, etc.) that will take over and ensure the care of the patients.

Each of the two poles, street and housing, includes at least one social worker, who elaborates a social file for each patient of our follow-up. Steps are therefore taken to reconnect patients to a **social network**, and to enable them to regain their rights. This allows all our patients in housing to pay their own rent.

In 2020, at the height of the Covid crisis, the association profoundly changed its mode of operation in order to respond to the growing needs of people left on the street. From a long-term follow-up, with clear objectives, it has moved to an emergency management, day by day.



THE STREET - Getting off the street, more than ever a necessity!

With a methodology based on hygiene, health and the valuing of patients, the street teams carry out care on the ground, motivate and advise homeless people to take care of their hygiene and health, but also accompany them to their medical appointments and in case of hospitalization. The patient thus enters the medical network and, thanks to the presence of the doctor, the coordination of the medical care is possible between different services.

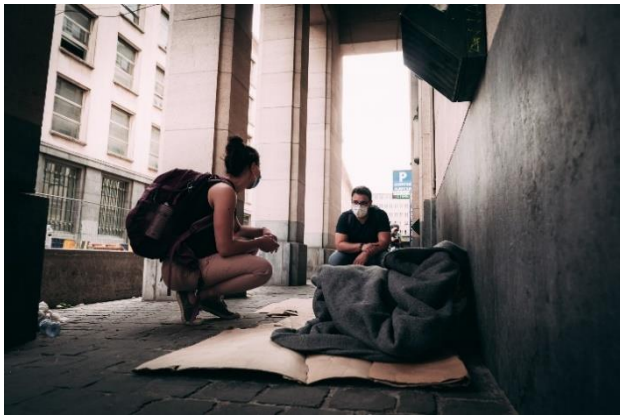
From pre-follow-up to follow-up : the selection of patients

Due to lack of time and human resources, we are not able to follow all the people who are on the street, so we have to make a selection.
Each time a person followed by the "street" team enters housing, he/she is followed by the "housing" team, and frees a place for another person in the street follow-up.

In 2020, we counted, for Brussels and Liege, a total of **249 people in active pre-follow-up** (met at least once in the last 6 months) and 457 in inactive pre-follow-up (people who were in our active pre-follow-up and of whom we have had no news for more than 6 months).

That same year, we met with more pre-follow-ups than usual and responded to as many referrals as possible. This was done in order to have a global vision of the situation and to determine who were the most vulnerable people in order to integrate them in our follow-up

It appeared to us that the most vulnerable people were - and still are - those with mental health problems and/or undocumented migrants.



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It seems normal to us to include in our follow-up the people who are **the most vulnerable**, that is to say those who are most at risk of seeing their general state deteriorate, or even die.
To determine this, we use **different criteria**: linked to identity or external appearance (age, gender, physical and mental state based on the CVC), linked to medical problems (chronic diseases, mental health, addictions) and finally, criteria linked to the context (absence of network, immobility on the street, length of time on the street).

Patients we have already met on the street, and who meet some of these criteria, are recorded as "active pre-counselling", our waiting room in short.

When it comes to selecting the person(s) who will be able to enter the follow-up, those with the most negative criteria will be chosen.
Despite the use of these criteria, the selection remains a very difficult moment, since there are still too many very vulnerable people in Belgium, and the choices remain difficult.

The street follow-up in Brussels :

Between January and March, the team of the "street pole" worked as usual.

When the Corona crisis began, we **increased our street presence** with the support of the housing team. Indeed, we felt that homeless people were an even more vulnerable group to the virus, because of their numerous mental and physical health problems.
We therefore conducted a large number of outreach visits (sometimes 17 instead of 5/6 weekly outreach visits), in new areas, in order to **meet a maximum number of people**.

The **medical and social follow-up** of our patients proved to be **very difficult to ensure** due to the restricted access and the closure of a good number of institutions.
We then focused our work on the **prevention of the virus**: general information, distribution of masks and explanations on how to use them properly, hand hygiene, analysis of symptoms, etc.
Then, the problem encountered by street people to feed themselves quickly became a priority.
Indeed, as a result of the measures taken by the government, most of the services to help homeless people closed or reduced their capacities. This was the case of social restaurants, snack bars, cafes, but also of public fountains and toilets, where our patients used to go.
As a result, satisfying basic needs, such as feeding, washing, etc., became very complicated for people living on the streets, **who at the same time lost all their bearings**.
Hunger risked weakening people who were already very vulnerable to the virus. We therefore planned food distributions during our outreach activities, which volunteers helped us to collect.

During this first containment, between March and June, we noticed that the homeless people were the only ones still on the street. This highlighted, even more, the urgency of rehousing them so that they could protect themselves.

In the meantime, **some solutions** have appeared, such as the opening of some hotels to shelter people. It is in this context that we have provided medical support in a hotel managed by the municipality of Anderlecht.

From July onwards, work returned to more or less normal in terms of follow-up, thanks to the reopening of the socio-medical institutions. The procedures could therefore be resumed, most of the time by appointment, which proved to be an obstacle for some patients with mental health problems that alter their perception of time.

During the summer period, many opportunities arose to put a maximum number of people in shelter, even temporarily (emergency centers, hotels, institutions), sometimes with the prospect of long-term housing. At the same time, we deplored the fact that many people returned to the streets following the end of the moratorium on evictions.

By September, when the second wave hit, our teams, as well as the industry in general, were better prepared, which significantly reduced the impact on work.

However, we have noticed that our patients, less supported than usual, have **deteriorated psychologically**, and this still has an impact today. Moreover, at the moment, the assistance to homeless people is saturated everywhere, whether it is at the level of shelter, general reception, hygiene centers, etc. because of the many limits imposed by the health context.

This makes it very difficult for us to redirect them, for example during a first meeting, because there is often no room for weeks. This leads to great frustration and violence, which we understand and deplore.

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Finally, in addition to our usual collaboration with the network, we would like to underline the work carried out at different levels with Bruss'Help (in charge of coordinating the emergency and integration assistance to homeless people in the Brussels-Capital Region).

In 2020, apart from the emergency work, **an average of 25.6 people were intensively followed up on the street** simultaneously by our team.

The street follow-up in Liège:

Operational since May 2019, the Liege branch pursues the same goal as in Brussels: To get homeless people in extremely precarious situations off the streets, following the same methodology.

In Liège too, we had to be flexible, creative too. To remain present for the patients, the great forgotten ones of this health crisis, and above all, to keep smiling, despite everything.
During the first containment, following the example of the Brussels team, Infirmiers de rue Liège adapted its field work. Thanks to an excellent **collaboration with the network**, the team contributed to an adequate **prevention** through a correct information, a continuous presence and a medical surveillance at a time when the streets were almost empty. The team mainly carried out outreach activities, as it was not possible to make regular appointments with the different services and institutions.

Priority was given to the most fragile patients already being followed up. However, increased vigilance was given to people in pre-care, in order to inform them and to have an overview of their medical situation. To all of them, the team offered a **global support**: information, prevention, care, nutrition if necessary, hygiene and medical surveillance.
The Liège team was short-staffed for several months. The Brussels workers then brought reinforcements to Liege in order to maintain a presence on the ground.

In September, a social worker joined the team and we welcomed a nurse in early December.

By the end of 2020, the structure is composed of a nurse, a social worker and a project manager.

In 2020, **6 patients** benefited from an **intensive follow-up**, with **one patient rehoused** and **another sheltered** in Brussels and now followed by Brussels colleagues.

HOUSING: the only solution to end homelessness

As the street is itself a significant factor in morbidity and mortality, it was inconceivable to think of reintegrating patients in the long term without a sustainable return to housing. Street Nurses has been working on this since 2010 and this aspect remains the priority today.

Follow-up : enter housing

The Covid crisis has put us in front of important difficulties and challenges to continue our work of re-housing and follow-up in housing. In spite of everything, we have succeeded ...
In 2020, a total of **16 patients were permanently relocated** (in Liege and Brussels).
On average, **46 people were monitored in housing simultaneously**.

Between March and June 2020, due to the complicated situation for the people still on the street, **workers from the housing team were seconded to reinforce the street team**.
Our action was then based on prevention and respect of barrier measures as well as on the distribution of food and psychological support to the people rehoused during this crisis. The field team of street nurses took part in **various supervision** activities focused on the health crisis.

As **teleworking** has become the rule, we have learned to communicate at a distance and by videoconference. As for our **patients in housing**, we maintained a **minimum of contact** with them, by telephone when possible, face-to-face when necessary. During the first confinement, despite the difficulties, the people showed great resilience and maintained themselves surprisingly well psychologically. During the second wave, on the other hand, we observed several highly deteriorated psychiatric situations, more cases of domestic violence, combined with greater difficulties in accessing rights (especially income), which increased the psychological distress of some people.

We therefore intensified our support when necessary and tried to find relays in the network, which proved to be complicated because the majority of services were and still are saturated.

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This year, we worked closely with the **Affiliation team**.
Since 2019, the affiliation process of Housing First (HF) tenants is at the center of the actions of the four Brussels Housing First projects, of which Street Nurses is part. It is a "community and participatory project, headed by Smes, resulting in the realization of a community diagnosis, the creation of a Tenant Council, and the organization of community activities and individual follow-ups.

The goal of the project is to provide support tailored to each tenant that addresses the different areas of life that go beyond health and access to rights, i.e. self-esteem and self-confidence, social, community and family ties, activities, and training."[1]
In this context, the street nurse workers participated in a barbecue (before the arrival of Covid) organized by a patient, at his home and with Affiliation.

We have developed **several common projects with the 3 other Housing First** in Brussels.

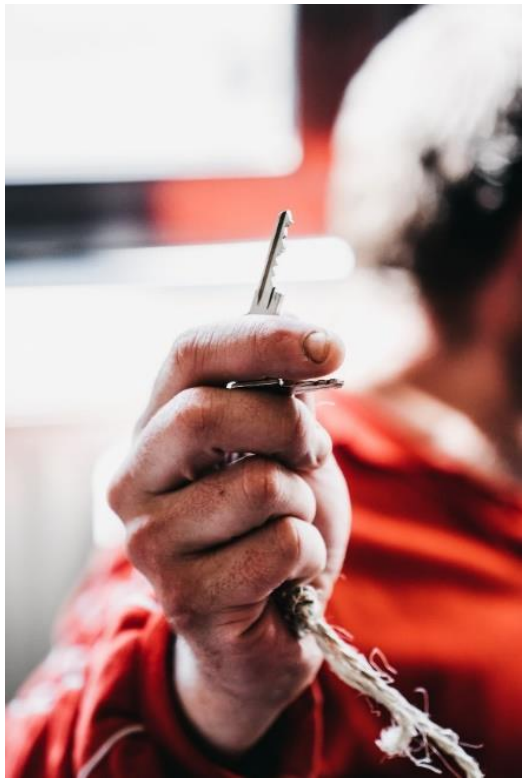
[1] https://smes.be/fr/affiliation/

For example, we have started a collaboration with the SIL (Service d'Installation Logistique), which helps people leaving the street to move in and out of their homes.

The 4 Housing First projects in Brussels were selected, following a call for projects, to collaborate with SISP Evercity and Communa. We will obtain, in the course of the year 2021, housing for the patients.

All 4 of us have also received funding from the Wallonia-Brussels Federation to purchase computer equipment, as part of the fight against the digital divide. A significant number of computers, sim cards, mobile phones, television and antennas have been purchased and provided to our relocated patients.

Our patients who enter the **Housing First program** (individual housing) are generally first followed by the street unit and have various problems: a long history of street life, drug addiction, mental and somatic health problems, an exhausted or non-existent network. These are the most vulnerable people who are no longer mobilized and who are at risk of dying on the street. So, globally, these are the patients who are in categories 1 and 2 of the Ethos typology because they live on the street or in emergency shelters.



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We also occasionally integrate and monitor homeless people who were not previously monitored on the street by our teams, because they are extremely vulnerable and because the municipalities/ PCSW make housing available.

For the **follow-up at the field level**, the work consists in being the reference person between the tenants and the landlords. The **housing creator** will announce to the patients on the street that a housing is available for them, and from that moment on, he/she will accompany them in all the steps related to the housing: the visit of the housing, the signature of the lease/agreement, the inventory of fixtures at the beginning and at the end of the stay, the meetings and evaluations with the landlord The housing creator relays the different requests and needs of the tenant and the landlord (logistics, small repairs, ...) he plays an intermediary role between these two parties.

The **creation of housing** requires the establishment and maintenance of a network in the social housing sector; social real estate agencies, social housing, associations, PCSW, municipalities, etc.
This, in order to create partnerships so that housing is made available for our patients.
Also the housing designer explores different ways of designing housing with social investors or more alternative ways such as temporary occupancy or modular housing. The creation of housing has a great influence on the street work.
Indeed, the patients followed on the street can thus have access to housing more quickly and **the average duration of the follow-up on the street decreases**.

Patients who enter the **Housing Fast** program (supportive housing) are those who were first followed by the street unit.

Post-follow-up: flourishing in your home

The patient goes into post-follow-up once he is stabilized in his dwelling, and he has a sufficient network to accompany him. With primary needs now being met, working with the patient in post-follow-up focuses on well-being, health and maintaining housing.

By 2020, **53 patients are in the "post-follow-up"** (13 in Housing First and 40 in Housing Fast), 15 of whom benefit from the presence of a **volunteer-visitor.**

Following the arrival of the Covid, several members of the housing team, including the head of the "post-follow-up" division came to support the street, where the needs had become more urgent.
The post-follow-up patients were therefore dispatched to housing workers still present in the cluster (for Housing First) as well as to street workers (for Housing fast).

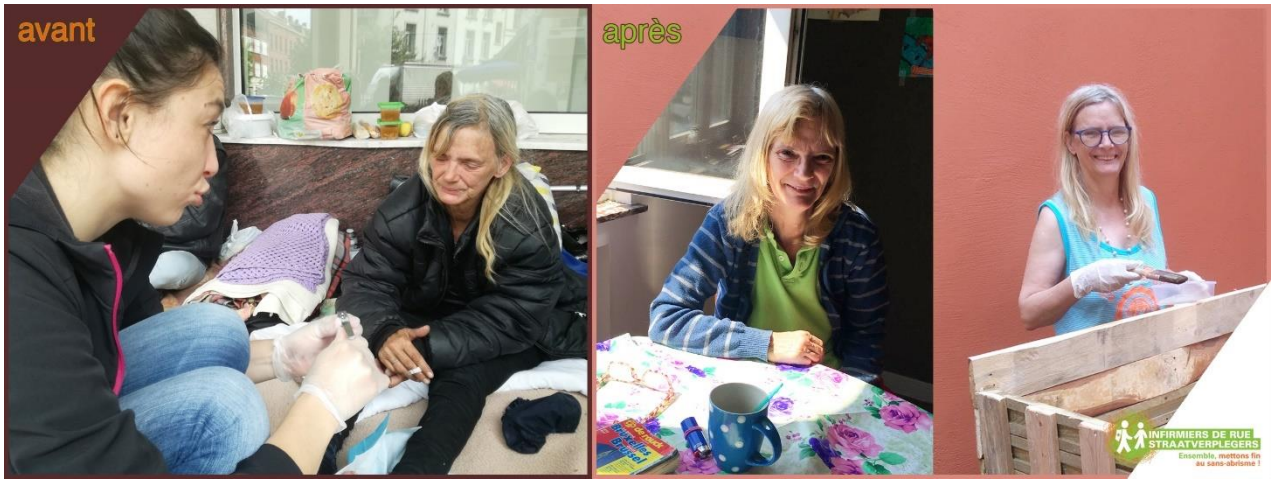
This reorganization has lasted for several months. The lack of quality follow-up had **a considerable impact on some patients**. There have been returns in active monitoring as when situations are deteriorating and there is a risk of loss of housing. This clearly showed us the need to have a dedicated team for post-follow-up patients in particular.

This year, we have conducted an **in-depth reflection** on a redesign of this pole.
The situation of some patients, whose situation had become very stable over time following an intensive follow up, questioned us. They wanted to know what was the next step for them? What could we do more and, above all what could we do differently?
We then formed a working **group,** made up of a member of each pole (street/housing/management), in order to conduct a reflection together and above all to open our minds to all the possibilities offered to patients by this final step at Street Nurses.

From there was born "**My Way",** which replaces the post-follow pole and which distinguishes itself from the latter by its objectives and the different work that will be carried out there.

It resulted in the creation of a **new team** with a new **methodology** with its particular functioning.
My Way is defined as:
The "My Way" department aims to improve the quality of life of people stabilized in housing on the long term, by developing projects emanating from the person, while supporting well-being and inking in housing but also preventing the loss of housing. The aim is to strive for the empowerment of the person (defined and different on a case-by-case basis) and so that the person no longer needs the support of Street Nurses, and can finally leave the follow-up phase and become a full citizen in his own right (without more psycho-medical-social follow-up associated with an old street life course).
To this end, the work will take the form of a collaboration where accompanying and accompanied persons no longer place themselves as supported VS caregivers but as partners in the projects that will be developed together. Everyone contributes to it because everyone has their own resources to do so.

This pole is therefore a continuation of the rest of the work of Street Nurses:
Pre-follow-up → Street → Post-follow-→ Housing.



The difference being that the patient has been stable for some time, especially on the medical and social aspects and because of a stable housing. The very objective of this pole will be to end support and provide total autonomy.
The objectives for this cluster are: start-up with a team of 4 people, implementation of tools for the operations, support of people, evaluation of our work, etc.
We aim to enter this pole of fifteen people (in addition to the current sixty) who have been waiting for some time and for the recruitment of new volunteer-visitors.
Finally, if the health situation allows, we want to organize two community meals bringing together the workers and the people being followed.

FORMATIONS - Reinforcement of professional actors

Addressing the subject of hygiene and staying motivated in the face of a difficult homeless population in a very precarious situation, this requires some knowledge and practical preparation.

In 2020, 38 social workers from the SALS (Social Tenants Social Support Service) dispatched to the 16 Brussels SISPs (Public Service Real Estate Companies) took our "Hygiene and Precarity" training.

The aim of the training is to help to remove the apprehensions, but also to offer clues on how to best address taboo topics with the people we meet, on the street or in housing.
During these trainings, we try, through role-playing games in particular, to meet the concrete needs of the participants, when they are confronted with the theme of hygiene and/or precariousness, no matter the social, medical or other environment they are in.

From March, training was suspended because of the ban on gathering and so, the field team was able to focus on their work in the street.

MOBILIZATION OF SOCIETY

Recognizing that an association alone will not be able to solve the problem of homelessness, Street Nurses is increasingly involved in raising awareness and mobilizing society, as an additional strategic axis alongside field work.

The brand-new advocacy we put in place for services was expected to be in full swing in 2020.
The Covid crisis threatened to affect our population furthermore on one hand, and, on the other hand, it also represented an opportunity to put the issue of homeless people on the political agenda.
Initially, we had to work hard to convince policy makers to provide adequate shelter for people on the street to protect this extremely vulnerable group from the virus.
We also stressed the need to test these groups as a priority.

Political advocacy

The health crisis in Belgium has been a significant *momentum* to focus on homelessness and the need for access to housing, which is more than ever an element of individual health but also of public health.
In view of the context and the unprecedented vulnerability of homeless people during the crisis, 400Roofs did an awareness-raising job, calling on the municipal and regional political actors on the issue as well as the citizens of Brussels.
In addition, 400Roofs worked in collaboration with different municipalities during the Face-to-Face for Housing. The campaign has also deepened its collaborations with several municipalities - such as Woluwe-Saint-Pierre, Woluwe-Saint-Lambert, Uccle and Ixelles - in order to put in place concrete actions to reduce the number of homeless people in their territory. Finally, 400Roofs took part in the debate organised by DoucheFlux "To include Brussels municipalities on the map of the end of homelessness" during which more than half of the municipalities were present.

This year, 400Roofs was scheduled to participate in the annual conferences of each of the international campaigns, of which 400Roofs is part ("A place to call home" coordinated by the *Institute of Global Homelessness* and the European End Street Homelessness Campaign coordinated by World *Habitat).* During these conferences, different cities meet to exchange best practices and reflect together on the end of homelessness. The health crisis prevented these meetings, 400Roofs participated, in both cases, in virtual events.

400Roofs Campaign

As a reminder, the 400Roofs campaign was launched in 2017 with the aim of finding, by 2020, 400 sustainable housing units for the most vulnerable homeless people in terms of mortality risks. This number refers to the 2014 La Strada count, in which 400 people were counted on the streets. The campaign also aims to raise awareness among policy makers, housing companies, landowners, investors and the general public in order to put in place appropriate solutions to the problem of homelessness.

The campaign is supported by Street Nurses, HuNeeds, Habitat and Humanism, The Forum - Brussels Against Inequality, L'Entraide Saint-Gilloise, Archi Human, the 4Wings Foundation, Rolling Douche, The Brussels Rally for the Right to Housing (RBDH) and SoHoNet.

In 2020, the support services of 400Roofs (L'Entraide de Saint-Gilles and Street Nurse) have managed to permanently relocate 25 homeless people, while offering them support tailored to their needs.
Unfortunately, the health crisis has had an impact on the delays in administrative procedures allowing the installation of new modular habitats. However, although no new modules could be placed in 2020, concrete prospects will allow them to be installed in different Brussels municipalities in 2021. Six modular habitats will be installed in Forest during the first quarter of the year, thanks to a collaboration with citydev.brussels.

At the end of September, 400Roofs organized its third edition of face-to-face housing, bringing together nearly 250 volunteers and field workers to interview homeless people met in the Brussels-Capital region. The results of this survey are available on the website.[2] Here are some key figures:

- **167** interviews conducted
- **31.1%** of high-vulnerability people (on a standardized, commonly accepted scale)
- **73.7%** frequently sleep outdoors
- **57.5%** have not had stable housing for more than a year
- **53.9%** have not accessed any accommodation since the beginning of the Covid crisis (mid-March 2020)
- **61.1%** are without income
- **30.5%** cannot meet all of their basic needs (washing, changing clothes, going to the toilet, finding food and drinking water)
- **28.7%** have a chronic health problem, affecting one or more vital organs
- **43.7%** were attacked or beaten in the street

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[2] https://400toits-daken.com/face-a-face-pour-un-logement-2020/

EXTERNAL COMMUNICATION AND PUBLIC RELATIONS IN 2020

The communication of Street Nurses aims to create a network of loyal supporters and donors around the association, to ensure its sustainability and financial independence. In addition, Street Nurses shows the desire to inform and educate as many people as possible about homelessness, to share its know-how with all those who do similar work and to spread the idea that it is possible to reach the end of homelessness.

2020 was a very special year and the health crisis strongly impacted the communication from the association, as well as fundraising.

Facebook and online communication

This year, we completely renewed the Street Nurses website. The text, content and photographs have been reviewed and updated to provide a modern, clear and informative website. The site is now available in French, Dutch and English (www.infirmiersderue.org).
It now plays an important role in our online communication, as well as in our fundraising.

As far as our communication on Facebook is concerned, in 2020 we have reduced the frequency of our posts. Our goal this year was less to develop our community than to activate it. As a result, we now have close to 20,000 followers on this social network.
This communication channel transmits Street Nurses' methodology, values and ideas to the general public. In addition, it provides an opportunity to share the stories of patients and field colleagues. These publications are highly appreciated by the public and generate a lot of positive reactions, questions and encouragement.

In addition, the health crisis, which has profoundly affected the methodology of fieldwork, has forced us to communicate regularly about our adaptation to the situation and to explain the measures put in place by the organization for our patients.

Press and Media

As far as the press and the media are concerned, the Covid-19 has been the focus of attention. At the beginning of the crisis, many media outlets wanted to report on the situation on the ground and the consequences of confinement for homeless people. On the other hand, we ourselves have actively sought public support for our calls to put in place the necessary protections for homeless people as well. In addition, the health crisis has also given us the opportunity to reiterate the need to work more quickly on structural measures to end homelessness.

Badluk Campaign

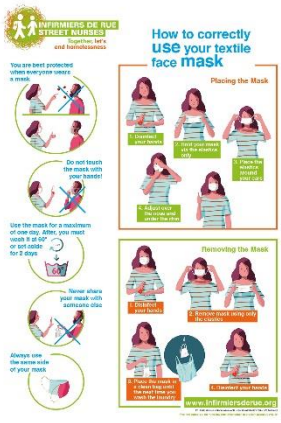
For the 2nd edition, we have extended the Badluk campaign outside the city of Brussels to Liège.
This campaign, which is offered to us by the agency Marketing Expansion, involved, on one hand, the Brussels and Liège media, by providing a media space, and, on the other hand, a number of companies responsible for financing the costs of producing the material of the campaign itself (various formats of posters, radio and TV spots, postcards).
For the second year in a row, for almost a month, Street Nurses' message "Together we can end homelessness" was made visible to a wide audience on the streets of Brussels and Liège. Initially planned for the summer, it was finally postponed until December, due to the health crisis.

Events

2020 promised to be event-rich for IDR: a play in March, a concert in Bozar and the 20KM in Brussels in May, Solidaris Day in August, and the Brussel Sleep Out in November.
Unfortunately, following the health crisis, all these events had to be cancelled.

But the Covid-19 epidemic has not only brought its share of cancellations: many solidarity initiatives, private or not, have thus emerged. These include mask collection, hydro-alcoholic gel, and other equipment needed to cope with the crisis. But also larger projects, such as the action "1000PetitsBonshommes", which solicited 1000 Belgian artists and auctioned the works of the various artists for our benefit.

Field Tools



This year, in order to protect our patients and our teams, but also to play our part in controlling the spread of the Covid-19 virus, we have developed a new tool, aimed at explaining to our patients, as well as to the general public, how to properly use an oral mask.
The "Use Your Fabric Mask" poster, available in A2 format, is also available as a flyer, easily distributed to our patients.

Collecting donations

Initially, 2020 seemed like a very difficult year in terms of fundraising. Confinement, the closure of many businesses, the cancellation of all sporting and cultural events, the cessation of street donations, etc. have greatly reduced our fundraising opportunities. But the public showed incredible solidarity. Our calls for online support have elicited a massive response and, from both individuals and businesses, we have received not only many expressions of sympathy, but also concrete donations. In addition, the "Badluk" campaign in December proved to be an additional boost for our fundraising.

Impact

The impact of our communication efforts cannot be underestimated. In order to truly achieve the end of homelessness in Brussels and Liège, we find that we will have to focus more and more on communication, as a line of action parallel to our operations on the ground. Only by raising public awareness of structural changes can we influence policy as such.

The crisis highlighted the fact that many homeless people remained completely destitute on the streets, while everyone was confined in their home.

Social networks have played a key role in enabling us to inform citizens. We have testified, explained, raised awareness of the issue of the end of homelessness through housing. The general public has been affected by this situation.
This partly explains the good results of this year's donation harvest.

STAFF MANAGEMENT

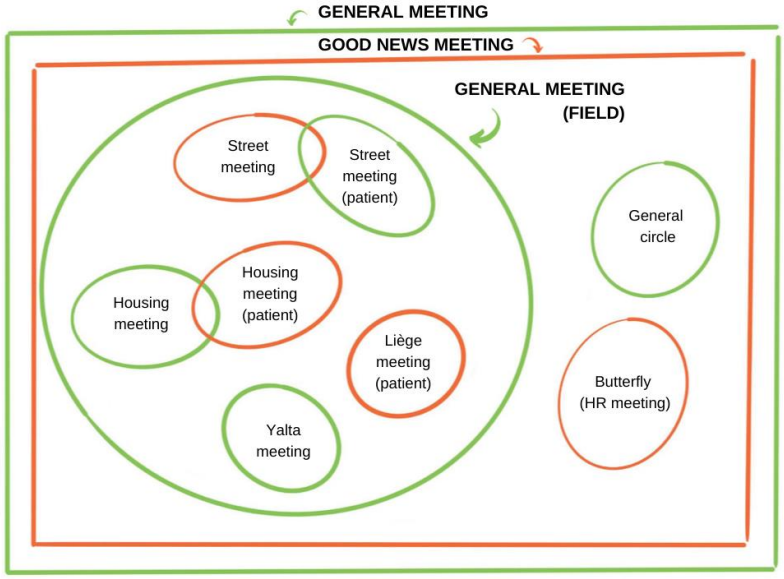
The success of Street Nurses' work is based on the investment, the competencies and the energy of the team members. Street Nurses is very keen to manage its human capital in a spirit of benevolence and participation, in order to evolve the organization together.

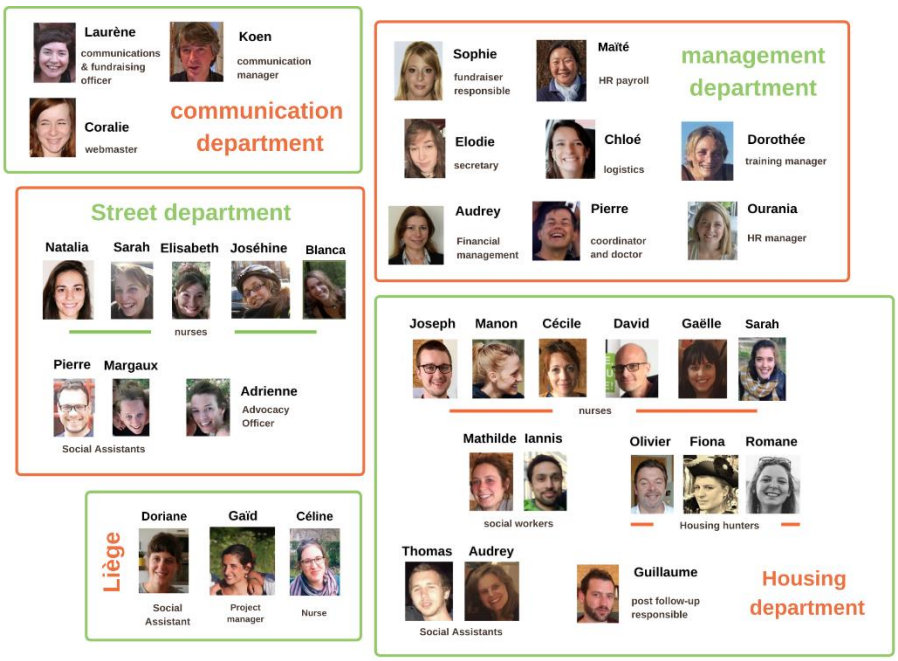
Collaborative governance

Since 2015, we have confirmed and consolidated the tendency to involve everyone in decisions that affect them through collaborative governance.

Despite the crisis, we have maintained our operational and organizational way of working, almost exclusively through video conferencing: efficient meetings, through clarification of each person's roles, monitoring of actions and projects, prioritization of work, involvement and accountability of each, etc.

Our experience in this type of management has allowed us to adapt quickly to telecommuting while remaining efficient.





Human resources

This year was mainly devoted to managing the pandemic crisis: developing management strategies, updating security measures in collaboration with the logistics manager, coordinating and, above all, supervising teams to ensure the number of workers and to closely monitor the well-being of workers.

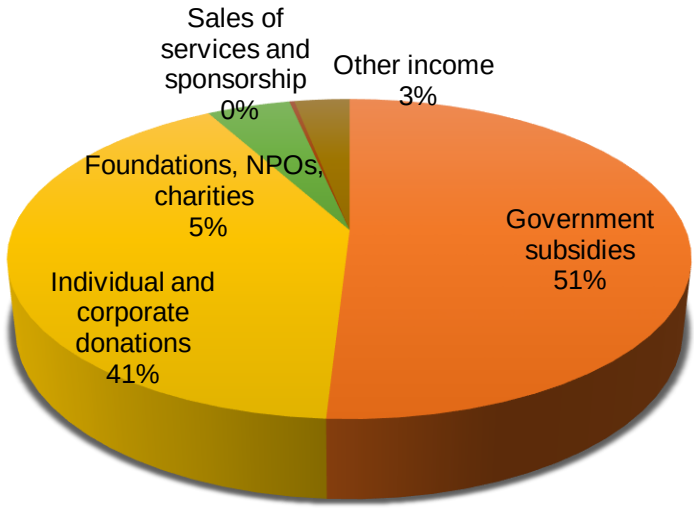
Continuous training of team members

As in previous years, each new field worker must take part in trainings for the first two years: training in Active Listening and one in Motivational Counseling (module 1 and 2).
Once this course has been completed, each team member can choose three days of training per year ; they are expected to share their learning with their respective team afterwards.

FINANCE

Revenue distribution 2020

Revenue 2020: €2,6118,80



More specifically, it was the organizations listed below that decided to provide us with their financial support in 2020:

- **Public** institutions: COCOM Housing First, COCOM Help for People, COCOM Everecity, INAMI, Brussels-Capital Region (AIPL), Federation Wallonia-Brussels, Walloon Region, City of Liège.

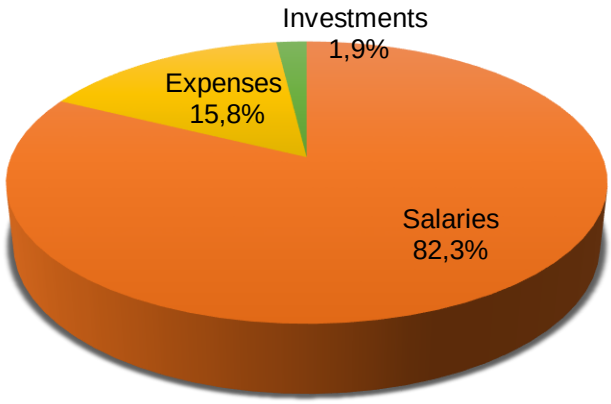
- **NONprofits and Foundations with** Convention: Aline Fund, Lokumo Fund, Moulaert-Laloux Fund, Daniel De Coninck Fund, Baroness Monique Van Oldeneel Fund, Yves Collinet Fund, King Baudouin Foundation United States, Sense Foundation, ASSS Scholarship, King Baudouin Foundation

- **NONprofits and Non-Convention** Foundations: Besix Foundation, Give Eur Hope, Evangelische Gemainde Asbl, Democulture ASBL, Music-for-Life, Soli-Mac, Generations in Solidarity, Pro Caritate asbl, Rotary Club Brussels Fortof Soignes, Lions Brussels Country, Roatry Club Feron, Europese Auxilium asbl, Soroptimist International, Les Chantiers ASBL, Rotary Club Brussels East, Rotary Club Namur Citadel, CERA cvba, Diaconat

- **Sponsors and** Companies: Cogitax Sprl, Intys Consulting Belgium, Gingo, Positive Thinking Company - Adneom, Expansion, Producteam, La Dernier Heure, La Libre Belgique, Bruzz, BX1, Guidooh, Hecht, BXFM, Artepub, Nostalgia, La Meuse, Metro, Belgian Posters, Artemia, Living here, Les Viviers, Degroof-Petercam, Stib-Mivb, Euroclear, Les Solidarités and Marka, Cabinet CMS Law tax, KBC-Brussels, CBC Liège, Les Viviers, La Lottery Nationale, Deloitte, Sidley Austin LLP, Morisson

Spending breakdown 2020

Expenditure Amount 2019: €1,901,802



Transparency

The association benefits from tax approval (tax deductibility) and the accounts are held by Street Nurses' Finance Manager and the Cogitax Trust. As for the administrative treatment of human resources, it is done through the external social secretariat SDworx.
Our controlled and detailed accounts are published on www.donorinfo.be. The **Donorinfo** Foundation informs the public impartially and transparently about the activities and financial resources of Belgian philanthropic organisations that help those in need.

We have also been members since 2013 of **the Association for Ethics in Fund Harvests** (A.E.R.F.). Itis a guarantee of quality of management and transparency.
It indicates that our institution is trustworthy. The AERF Control Committee performs a number of tasks such as verifying the membership records of member candidates, monitoring financial reports received annually, etc.

Annexes

A. Statistics 2020

The statistics for

1. The people we care for;
2. Health problems and addictions;
3. The support and care provided;
4. Housing placements;

It is important to note that the statistics presented below only reflect the work done by the Brussels team(s).

When looking at these numbers, it is useful to be aware of the different stages of the reintegration process and therefore the difference between "pre-follow-up" (people who cannot yet be supported), "follow-up" (intensive support), and post-follow-up (when people are stable in their housing).

The 2020 figures are clearly strongly influenced by the ongoing Covid19 epidemic.

The impact of the Covid19 crisis is evidenced by:

- An increase in the number of reports (from 548 to 645), 6&+ (from 171 to 208) and the number of people who are classified as 'active pre-follow-up (from 137 to 194), due to the increase in street work/outreach during the first lockdown.

-A decrease in the number of new supported patients (from 24 to 8), and a decrease in the number of patients who have been supported after they have been settled in housing (from 11 to 5), due to disruption of our usual work schedule.

-An increase in the number of deaths among people in post-follow-up (from 4 to 7) as elderly patients in nursing homes were at particularly high-risk for Covid19.

-A net increase in activities during the first lockdown (February: 341; in March: 860; in April: 1720; in May: 839; and in June: 338), which resulted in an increase over the whole year: from 5706 to 6520.

1. The people we care for

1.1. Total patients as of 31/12/2020

This table identifies the different categories of homeless people with whom we work. This table is a snapshot of the situation on 31/12 of the current year; it therefore does not take into account any possible movement of people from one category to another.

	At 31/12/2020	At 12/31/2019	At 31/12/2018
Reports (partners and third parties)	645	568	464
6&+ First contact?	208	171	148
Active pre-follow-up	194	137	146
Inactive pre-follow-up	445	334	216
Follow-up	59	54	44
Post-follow-up	53	60	56
Died during the year	19	20	14
Disappeared from our service during the year	0	0	0

Some comments and clarifications about the above categories:

- A partner report is a report of a homeless person in the territory of the Brussels-Capital Region (RBC), shared by a partner (association or individual) and added to our database;
- A third-party report is a report of a homeless person in the territory of the RBC, shared by an *ordinary* citizen and added to our database;
- A patient is a homeless person who has been seen or met by outreach teams of street nurses, but who does not meet the vulnerability criteria of the association;
- An active pre-follow-up patient is a homeless person who has been seen or met by an outreach team of street nurses, and with whom we have had contact in the last six months. These individuals are part of IDR's target audience.
- An inactive pre-follow-up patient is a homeless person who was on our active pre-support list, but who we have not heard from in more than six months.
- A missing patient is a homeless person who was in our support list who we have not heard from for two months, even after contacting the wider network and the police.

For more information about people who have died (first contact, active pre-follow-up, follow-up or post-follow-up), see Table 1.7.

1.2. Patients who we have supported this year

The following table shows the number of people who were intensively supported during the year; some people's status (deceased, missing or post-follow-up) may have been different at 31/12/2020.

	In 2020	In 2019	In 2018
People who have been supported during the year	67	71	57

1.3. New patients

In this table, this is the number of homeless people who have moved from pre-follow-up to follow-up this year

	In 2020	In 2019	In 2018
New follow-up patients	8	24	17

1.4. New in pre-follow-up

The following table includes all the new people added to our list of active pre-follow-up during 2020. Some of them may have died, disappeared or changed their status during the year.

	In 2020	In 2019	In 2018
New active pre-follow-up	149	128	172

1.5. New in post-follow-up

The table below shows the number of people who were able to be stabilized in a home during the year.

	In 2020	In 2019	In 2018
Number of people supported into housing during the year	5	11	8

1.6. Patients who had to be reinstated in follow-up

Some post-follow-up patients experience a crisis which requires them to be monitored more intensively for some time, in order to avoid a deterioration of the situation.

	In 2020	In 2019	In 2018
Number of people who were monitored, post-follow-up, in the year	60	67	56
Number of them who have returned to our service for follow-up during the year	5	4	6

Percentage	8 %	6 %	10,7 %

1.7. Deceased persons

Persons who died in the reference year (2020) and by category. People with inactive pre-follow-up and first contact status are not included.

	In 2020	In 2019	In 2018
Active pre-follow-up	3	5	1
Follow-up patients	4	5	5
Post-follow-up patients	7	4	2
Reported to us (partner and third party)	2	3	2
Total	**16**	**17**	**10**

1.8. Patients' nationalities

This table shows the international profile of our patients. Of our follow-up and post-follow-up patients, 75% are Belgian nationals.

	Follow-up patients on 12/31/2020	Post-follow-up patients on 31/12/2020	Total number of follow-up and post-follow-up patients 31/12/2020	Deceased patients (follow-up and post-follow-up) in 2020	Missing patients (follow-up and post-follow-up) in 2020
Belgium	40	44	84	8	0
Congo-Brazzaville	1	0	1	0	0
Congo-DRC	2	0	2	0	0
Ivory Coast	0	1	1	0	0
Djibouti	0	1	1	0	0
Spain	1	0	1	0	0
Ethiopia	1	0	1	0	0
France	0	2	2	0	0
Ghana	1	0	1	0	0
Unknown	1	0	1	0	0
India	2	0	2	0	0
Italy	0	1	1	0	0
Morocco	5	2	7	2	0
Poland	1	1	2	0	0
Portugal	0	0	0	1	0
Romania	1	0	1	0	0
Russia	1	0	1	0	0
Sierra Leone	0	1	1	0	0
Somalia	1	0	1	0	0
Turkey	1	0	1	0	0
Total	**59**	**53**	**112**	**11**	**0**

1.9. Gender

This table shows the number of male and female patients that we supported in 2020.

	Follow-up patients on 12/31/2020	Post-follow-up patients on 12/31/2020	Total of follow-up and post-follow-up patients on 31/12/2020	Patients (follow-up and post-follow-up) in 2020	Missing patients (follow-up and post- follow-upt) in 2020
Women	20	12	32	1	0
Men	39	41	80	10	0
Total	**59**	**53**	**112**	**11**	**0**

1.10. Age

The following table indicates the average and age range of follow-up patients on 31/12, i.e. 59 people in 2020 and 54 people in 2019.

	On 31/12/2020	On 12/31/2019
Total average age of all our follow-up patients	50	50
Average age of women supported	48	50
Average age of men supported	51	50
Youngest patient(s)	29	28
Oldest patient(s)	79	70

1.11. Age of post-follow-up patients

The following table is for the ages of patients who are in post-follow-up at 31/12, i.e. 53 people in 2020 and 60 in 2019.

	On 31/12/2020	On 12/31/2019
Total average age of all our post-follow-ups	59	58
Average age of post-supported women	60	55
Average age of post-supported men	59	59
Extreme ages: the youngest	34	33
Extreme ages: the oldest	88	87

2. Health issues and addiction

2.1. Health and addiction

This table quantifies the physical health, mental health or addiction problems of our patients, of which the majority of our patients (50 out of 59) experience problems in at least two or three.

For identification of health problems (physical and mental) and addictions, see tables 2.2, 2.3 and 2.4.

	On 31/12/2020	% by 2020	On 12/31/2019	% in 2019
Total number of supported patients	**59**	**100 %**	**54**	**100 %**
Number of people with chronic physical health problems	44	74,6 %	44	81,4 %
Number of people with mental health problems	39	66,1 %	39	72,2 %
Number of people with recognized addiction	50	84,7 %	46	85,2 %
Number of people who have 2 diagnoses (mental or physical health problem, addiction)	50	84,7 %	50	92,6 %

2.2. Physical health problems

The objective of this table is to show recurrent physical health problems, the most common pathologies of the patients that we follow-up. Only chronic diseases are listed here.

The percentages are calculated as a proportion of the total number of identified pathologies (101) in the 44 patients with physical health problems.

	Number	Percentage
Digestive disease/ gastroenterological disease	15	14,9 %
Illness of the osteo-articular system, muscles and connective tissue	14	13,9 %
Respiratory disease	12	11,9 %
Endocrine, nutritional, metabolic disease	11	10,9 %
Circulatory disease	10	9,9 %
Genitourinary system disease	7	6,9 %
Nervous system diseases	7	6,9 %
Skin disease	6	5,9 %
Traumatic injuries, poisoning, external cause of morbidity and mortality	4	4 %
Eye disease	4	4 %
Blood disease and immune system disorders	4	4 %
Infectious and parasitic disease	3	3 %
Ear disease	2	2 %
Other	2	2 %
Total chronic physical health problems	**101**	**100 %**

2.3. Mental health problems

The objective of this table is to show the recurrent mental health problems - the most common pathologies of our patients. The percentages are calculated as a proportion of the total number of identified pathologies (45) among the 39 patients with mental health problems.

	Number	Percentage
Psychiatric pathology	16	35,5 %
Behavioural disorder	15	33,3 %
Mental illness	14	31,1 %
Total Mental Health Problems	**45**	**100 %**

Some indications about the categories used in this table:[3]

- Psychiatric pathology: A diagnosis has been made by a psychiatrist: the person has a diagnosed psychiatric illness.
- Mental illness: The person has a mental health problem that is detected and recognized - but is not psychiatric. Ex: learning disability or impairment.
- Behavioural disorder: behaviour that is not explained by an underlying psychiatric or mental illness. The person exhibits difficult behaviour, is poorly integrated, or is poorly socialized - but has no diagnosed or actual illness. E.g. Diogenes syndrome.

2.4. Addiction problems

84.7% of the patients we support have at least one of the addiction problems listed in the table below; some have a number of them. The percentages indicate the proportion of patients who suffer from the target addiction compared to the total number of supported patients (59).

[3] These definitions have been established by Street workers, based on literature and the definitions of Housing First Belgium study.

	Number of patients with addiction	Percentage
Alcohol	40	67,8 %
Tobacco	27	45,8 %
Drugs	22	37,3 %
Prescription medication	5	8,5 %
Sex	1	1,7 %
Total reported addictions	**95**	/

3. The support and care provided

3.1. Connection-Support-Advice and moving forward

The table below provides an overview of the number and kinds of activities we undertake with patients, regardless of their status.

Notes on the categories:

- Connection/meetings: any time here has been contact and an assessment of the situation with a person on the street or in housing.
- Support: whenever a member of a Street Nurses team supports and/or accompanies the person to his/her appointments, visits with the person, and/or stays with him during an appointment.
- Care, advice and transfers: all three of these are provided when IDR teams meet with patients: *Care:* Dressings of wounds, use of wipes, application of ointment, massages, showers, pedicures, etc. *Advice:* on food and diet, hygiene, social issues, etc. *Transfers:* giving the person an option to go to an institution (hospital, etc.).

	In 2020	In 2019	In 2018
Connection/meetings	4095	4069	3176
Support	418	597	590
Care, advice, transfers	2007	1040	802
Total visits	**6520**	**5706**	**4567**

The following table provides a detailed monthly overview of the number of visits and activities undertaken with our patients.

2020	Meetings	Support to appointments	Care, Advice Transfers	**Total visits/activities**
January	301	69	40	**410**
February	257	46	38	**341**
March	517	36	307	**860**
April	923	26	771	**1720**
May	477	16	346	**839**
June	240	32	66	**338**
July	177	27	55	**259**
August	207	32	63	**302**
September	278	43	103	**424**
October	211	35	75	**321**
November	232	24	72	**328**
December	235	30	65	**330**

3.2. Calls and meetings

The aim here is to highlight the number of interactions taken for and with our patients, regardless of their status.

	In 2020	In 2019	In 2018
Calls received	5519	5837	4633
Calls made	8991	9281	8382
Meetings	152	163	142
Total interactions	**14662**	**15 281**	**13 157**

Here are the definitions of the categories covered by this table:

- Calls received or made: Calls made with key stakeholders around a patient: their network, other organizations, or the institutions with which they are connected.
- Meetings: Either with the patient or with members of the patient's network for social or care procedures.

For more information about the other organizations that we work with, see Table 3.3.

3.3. Collaboration

The following table shows the number of procedures (calls made, calls received or meetings) with our top ten partners in 2020.

	In 2020	In 2019
St. Peter's Hospital	645	603
Samu Social	504	572
Property Administrator 1	434	274
CPAS of 1000 Brussels	411	290
The Ilot	401	173
Property Administrator 2	376	90
AIS Accommodation for All	334	331
MM Couleurs Santé	259	213
AIS Baita	225	265
CPAS Saint-Gilles	218	323

3.4. Access to health care

The following table defines the number of patients who were supported in 2020 (67) and who were able to access health care for the first time. These are not patients who were re-connecting with health care services, these are patients who had never sought or received health care, or their right to health care, before.

It is important to note that we do not have all the necessary information for some patients. We have only included the patients who we know for certain received health care in 2020 are included in the table below.

	Access to care acquired in 2020
Health insurance	3
AMU	2
Doctor	3
Psychiatrist (including urgent observation - MEO)	8
Health card	1

3.5. Property administrator, 'move in' bonus benefit and/or housing allowance

From a total number of patients supported in 2020 (67) the number of people who received benefits in the form of: property administrator, a 'move in' bonus and/or the housing allowance.

	Number of people	Percentage
Property Administrator	36	53,7 %
'Move in' bonus	25	37,3 %
Housing allowance	0	0 %

3.6. Resolving administrative problems

The table below lists the number of procedures carried out and completed to help resolve problems with patients' personal paperwork (e.g. status within the local authority, etc.) for all supported patients in the year 2020 (67).
Some of this administrative support was specific to patients on the street, some for patients living in housing, some support for both profiles of patients.

We have only included patients whose procedures we know were completed in 2020 in the table below.

	Administrative procedures completed in 2020
Reference address (street)	3
Identity cards	9
Access to income	10
Property administrators	7
'Move in' bonus (lgmt)	3
Registered address (lgmt)	9
Housing allowances (lgmt)	0

4. Support into housing

4.1. Moving from the street to permanent housing

This table shows the number of people who have been taken off the streets since the establishment of the organisation and for the year 2020. Only people who have successfully settled into permanent housing are taken into account here (see definition in Table 4.2). Some people may have died or disappeared since they acquired their housing.

	Since 2006	Since 01/01/2020
People who have moved into permanent housing	148	14

4.2. Towards temporary or permanent housing

This table shows, for the reference year, the number of people who have been taken off the streets, whether they are now in temporary or permanent housing (see definitions below). We do not take into account here deceased or missing persons, or people who have moved from temporary to stable housing. For example, in 2020, Street Nurses took 14 people off the streets, all of whom are now in permanent housing.

	On 31/12/2020	On 12/31/2019	On 31/12/2018
Total	**14**	**20**	**15**
Temporary accommodation	0	4	1
Permanent housing	14	16	14

Definitions of housing types:

- Temporary housing solution: The person is not yet in permanent housing, but she/he has left the street and the risks of morbidity and death have already been greatly reduced. We do not include any of the following accommodation in this category: short-term or emergency accommodation, unsanitary accommodation,

slum landlords or unlicensed accommodation facilities (SHNA). People may have to live in temporary housing for several months. For examples of temporary housing, see Table 4.3.

- Permanent housing solution: The person leaves the street and moves directly into permanent housing that he/she can keep for the long term and potentially indefinitely.
    - Permanent housing can be individual and in this case is managed by the "Street Nurses Housing Team" which provides front line support as the patient's primary caregiver, from the search for housing to moving in, and supporting the person to live independently in his/her home (Housing First).
    - Permanent housing can be in an institution or in an individual housing program run by another organisation and in this case will be managed by the Street Nurses team, which acts in support of the institution, in addition to its main street activities (Housing Fast).

For examples of Permanent Housing First or Fast, see Table 4.3.

4.3. Types of housing

This table divides the 14 people who left the street in 2020 according to the type of housing (temporary or permanent). The majority of these patients were relocated through the possibility of offering individual housing ("private housing") as part of the Housing First project.

	At 31/12/2020	At 12/31/2019
Provisional	**0**	**4**
Home	0	0
Psychiatric hospital	0	1
Rehabilitation	0	1
Post-care centres	0	0
Sustainable	**14**	**16**
Private accommodation	14	14
Group housing	0	0
MR	0	0
MRS / MRS psy	0	1
IHP	0	1
MSP	0	0

4.4. Moving

Moving is an important and stressful time for both the support team and the patients involved, although they bode well for an improvement in the situation, in the vast majority of cases. By moving, we mean people who are already living in permanent housing and who, for whatever reason, must move to another permanent home.

	In 2020	In 2019	In 2018
Number of moves	5	13	7

A. Tool 2020


INFIRMIERS DE RUE
STREET NURSES
Together, let's end homelessness
How to correctly use your textile face mask
You are best protected when everyone wears a mask
Do not touch the mask with your hands!
Use the mask for a maximum of one day. After, you must wash it at 60° or set aside for 2 days
1 day
60°
Never share your mask with someone else
Always use the same side of your mask
Placing the Mask
1. Disinfect your hands
2. Hold your mask via the elastics only
3. Place the elastics around your ears
4. Adjust over the nose and under the chin
Removing the Mask
1. Disinfect your hands
2. Remove mask using only the elastics
3. Place the mask in a clean bag until the next time you wash the laundry
4. Disinfect your hands
www.infirmiersderue.org
ER : Emilie Meessen – Infirmiers de rue ASBL – Rue Gheudestraat 21-25/4 – 1070 Anderlecht
With the support of the King Baudouin Foundation in the fight against Covid-19