



**INFIRMIERS DE RUE
STREET NURSES**

Together, let's
end homelessness



**Housing is key.
It saves lives!**

ACTIVITY REPORT 2023

Streetnurses is a psycho-medical-social organisation with one goal in mind: to herald the end of homelessness in Brussels and Liège. It tries to achieve this by taking the most vulnerable homeless people off the streets. In addition, the non-profit association is committed to mobilising associations, the public and government institutions to work out solutions in its quest to eliminate homelessness.

The non-profit association is committed to ensuring the sustainable reintegration of homeless people, both in housing and in society. Therefore, it has tools that have already proven their efficiency: the hygiene approach, mobilising the resources and talents of homeless people, intensively involving other socio-medical associations and creating and buying up housing.

Streetnurses aims to be an inspiring, unifying and innovative force to end homelessness.

It shares its expertise and experience so that other parties gain the necessary knowledge to intervene where vulnerable people need to be reintegrated. In this way, they can take preventive action and prevent people from ending up in precarious situations.

www.streetnurses.org



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Dear reader,

2023 was marked by two concerns which, as always at Streetnurses, quickly turned into action: creating housing for our patients and improving their mental health.

We launched the real estate foundation Casa+, which will soon commit its first acts.

Our aim being to demonstrate that the end of homelessness can only be achieved through access to affordable housing. In concrete terms, we do this by making housing available to associations and institutions that want to rehouse homeless people. The lack of affordable housing, together with the current housing crisis in Belgium, is precisely what we need to address in order to end homelessness.

In this respect, 2024 will be the year of communication and initial actions for the real estate foundation.

Another pressing issue is the mental health of our patients. There are two reasons for this. First, the way we select our patients: they are the most vulnerable people who live on the streets and thus often suffer from serious mental health problems. In addition, we find that all our work on resettlement and stabilisation highlights these problems all the more. In the «traditional» system, a problem is usually considered «solved» when the person returns to life on the streets. But if we instead commit to a long-term strategy of stabilisation in housing, we are forced to find real answers to mental health problems. Some solutions can be found with the specialised mental health networks in Liège and Brussels. It is therefore a matter of finding skilled and willing caregivers, learning how best to work with them, and continuing to train our teams so that they can better support and guide our patients towards recovery.

In addition, 2023 was a year of great financial uncertainty for Streetnurses. The rising cost of living and the inevitable (and relative) unpredictability of our income, were at the root of this. And yet a crisis is also a time of learning and clarity. Financial precarity has made us realise that our operations must be secured in the long run. We do this through sound long-term management of our financial resources, both in Liège and in Brussels.

It is therefore important that we anticipate the efforts and investments required, that we spread them over several years and that we take advantage of opportunities to secure the medium term thanks to multi-year budget forecasts.

To secure income, it is essential that we apply for and receive grants. This way, we not only ensure the long-term viability of our actions but also compel government agencies, both regional and federal, to make a clear social commitment to the problem of homelessness.

In addition, we should continue to rely on the undiminished support of our loyal donors. By making them aware of homelessness issues, we aim to encourage them to actively participate in our mission: putting an end to homelessness.

Their financial support allows us to remain innovative, launch projects or fund functions that are not yet recognised, and little by little we hope to change attitudes and the situation on the ground.

Dr Pierre Ryckmans,
co-coordinator and medical manager



THANK YOU!

The hard work done this year as well as the enormous progress made was only possible thanks to the commitment of the team of Streetnurses and volunteers, the collaboration with our colleagues in the network and the support and trust of our many donors and allies.

In 2023, we were able to benefit from the generous **professional and logistical support** of :

CBTW, Coopcity, SAW-B, Ashoka, Cogitax, Motivational Interviewing, Housing First Belgium

For 2023, we would particularly like to thank the following people for their **financial support**:

The following public institutions:

ABBET, COCOM, INAMI, Maribel, Walloon Region, Brussels Capital Region, AIPL, Safe Brussels, Province of Liège, City of Liège, Cocof, Federation Wallonia Brussels

The following foundations:

Fondation Roi Baudouin, Fonds Moulaert-Laloux, Fonds Daniel De Coninck, Cercle de Donateurs La Nuit du Bien Commun, Fonds Lokumo, Stichting SENSE Brussels, Fondation Papoose, Fonds Noria, Fondation Paul Monin, CVC Filantropie Limites, Inner Wheel Namur

The following associations:

Pro Caritate asbl, Maison médicale le Noyer, Action Vivre Ensemble, Théâtre du Grütli, Rencontre de visages asbl, Servio asbl, Les vins-cœurs asbl, Belgium Bear Pride asbl

The following companies:

CBTW, Climact, Architas, Alco, Dentons Global Advisors, KBC Brussels, La Loterie nationale, Interparking, Prefer, Groupe Santé CHC, CBC, Mardaga, Expansion, Bruzz / Brussel Helpt, La Stib, JC Decaux, Euroclear, SA Multifin, AXA Belgium, Architas, L'Ordre néerlandophone des Avocats du Barreau de Bruxelles

A number of **awards** were presented in 2023:

- Federal Prize for Poverty Reduction 2023
- Emilie Meessen, co-founder and Managing Director, appointed Baroness by His Majesty King Philippe.
- Nomination of Emilie Meessen as «Woman of the Year» by Elle magazine in the «Society» category.



THE 2023 ROUTE

METHODOLOGY

“The longer homeless people live on the streets, the more likely they are to die prematurely. We should therefore aim to keep this lapse as short as possible.” Pierre Ryckmans

The work of Streetnurses may be multifaceted, yet it is mainly medical. We want to help people out of street life by guiding them to long-term housing. Therefore, housing is part of the solution to homelessness.

We try to achieve this by creating a bond of trust by providing care first. Then it is a matter of motivating them to take care of themselves and eventually guiding them to health centres and their medical appointments.

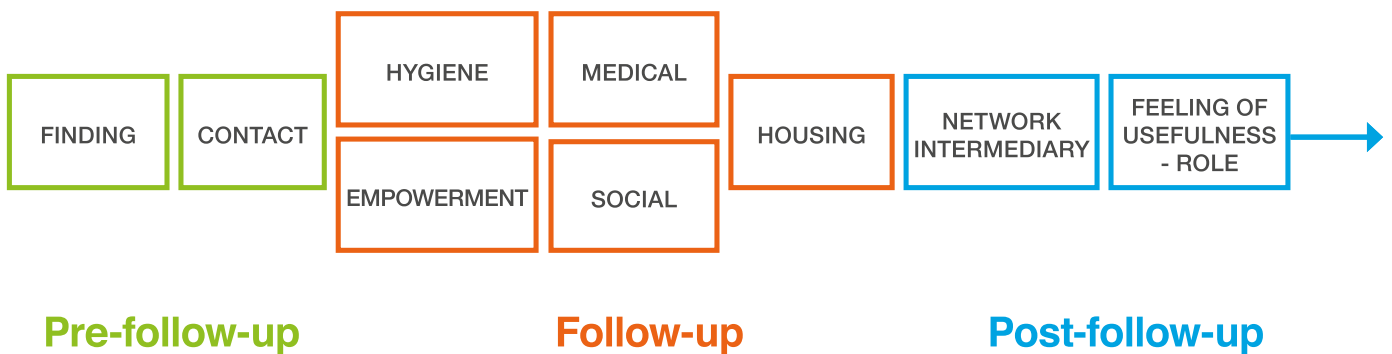
Patients gradually become part of a real **medical network**. This is initially coordinated by nurses with the help of the association’s doctor. Eventually, patients

become independent and join the traditional medical circuit (general practitioners, medical centres, etc.), which takes over and ensures their care.

The street and housing departments each have at least one social worker who prepares a social file for each followed up patient. We take steps to reconnect patients with a **social network** (Social Welfare Centre, housing manager, etc.) and make every effort to safeguard their rights. Indeed, patients have to pay the rent of their accommodation themselves.

My Way, the third department, was set up to enable people who have found a new balance in their housing to develop personal projects and a wider network (family, friends, home help). This allows them to fully develop and anchor themselves in their homes, preventing relapse.

Reinsertion path



Even so, this does not solve the problem at a societal level. Helping individual people is not enough to achieve a city with zero homelessness. The ever-increasing figures for homelessness are the clearest illustration of this. We also need to improve prevention and offer more

ways out, in other words, suitable accommodation. That’s why we are placing increasing emphasis on training other care providers, mobilising public opinion and lobbying politicians.

FROM STREETLIFE TO A HOME - initiating change

“We choose to work with a very specific audience. People we consider to be the most vulnerable. We determine that vulnerability based on a number of criteria. We are often confronted with people in denial of their situation and problems. Some refuse to communicate or will even reject all help. Over time, our teams have learned to deal with this fact. It is an integral part of our work. People don’t always ask for what they need. That’s why our team developed its skills in terms of motivational interviewing, how to help get things done and working with people who are not necessarily asking. With some people, it takes years before they talk to us about housing. If the person is in a serious situation and the demand for help is non-existent, it gives us reason enough to take them under our wing.” Pierre Ryckmans

Pre-monitoring and patient selection

Since the number of workers is relatively small in relation to the problem, we pre-select who receives priority care:

the **most vulnerable people**, i.e. those at greatest risk of deterioration in their general health status or at risk of death. **Several criteria** are used to determine this: identity or appearance (age, gender, physical and mental condition based on the CVC), medical problems (chronic diseases, mental health, addictions) and finally context-related criteria (lack of a network, immobility on the street, length of time on the street). For several years, we have been able to clearly identify that the most vulnerable people are those with **mental health problems and/or undocumented migrants**. This number is increasing.

We meet these people in pairs during our **outreach patrols**. Sometimes we offer occasional support if the situation calls for it.

In 2023, for Brussels and Liège, we counted a total of **304 people in active pre-tracking** (met at least once in the past six months) and **896 in inactive pre-tracking** (not heard from for more than six months).



ON THE STREETS

At the end of 2023, the **team** of street workers consisted of **nine people**:

- 2 coaches (1 nurse and 1 social worker)
- 4 nurses,
- 1 social worker
- 1 social assistant
- 1 psychologist

The team was strengthened by the presence of three volunteer coaches (one doctor and two nurses).

During the year, **46 homeless** people went **through the intensive follow-up programme**. On average, 26 people were continuously monitored. Compared to 2022, the street department took in 23 new people.

The team made an average of seven outreach visits per week. Good for a total of **372 outreach visits**. A total of **1,400 encounters** were conducted and **775 people received healthcare provisions, counselling, transfers and/or support**. There were no street deaths among the people we followed, which is exceptional.

This year too, the focus was on the **quality of our work in the field**. This includes monitoring patients, improving their well-being and developing psychological support, networking and raising awareness regarding homelessness issues.

The **split of the department into two teams** was maintained and evaluated regularly. The conclusions were positive. It led to a **practical improvement**: better planning, better organisation in terms of geographical distribution and easier distribution of leave between colleagues. It also had a **positive effect on the quality of care itself**. Workers' mental workload was reduced and, thanks to a rotation system without referrals, patients got to know a limited number of workers. This promoted the privileged contacts needed to create a close relationship.

Thanks to this reorganisation, the number of people followed up on the street increased in 2023.

Teams in the field increasingly have to deal with **people suffering from serious mental, psychological or psychiatric problems**. This compels them to think about

a plan of action. 87.50% of patients on the street have such profiles. Because they are left at the mercy of the streets for years, their behaviour worsens: they have locked themselves into what they see as a solution (drug and/or alcohol consumption, etc.) The teams on the street have to convince patients to get back on the right track and leave the status quo. A change that is difficult to bring about. As a result, follow-up remains unpredictable. People with the above profile are increasingly common on the streets.

The **development of psychological support** is part of the answer to this problem. A psychological consultant assists the teams both on the street and during patient meetings. Together with the organisation's psychologist, he helps enrich thinking on assessing **clinical psychological cases**. During the year, three meetings were held on this topic, either as a refresher or as a new contribution. These dealt with specific topics such as "symptoms associated with specific mental disorders" or "the psychological care system", etc. The aim is to familiarise the team with mental disorders.

The street **psychologist** continues to bring in her expertise, raise awareness and develop the skills of her colleagues, and **tests tools** with the people she cares for. For example, the "Montessori" toolbox is used to assess a person's sensory, motor, cognitive and social skills and to improve and strengthen his/her skills while creating rapport. The Redico SM (Relation-Discourse-Conscience morbid) scale is a tool to assess mental health, objectify fluctuations and facilitate team decision-making. These two instruments were used 5 times in 2023. In terms of awareness-raising in the "psychology" network, 24 exchanges between psychology departments were held and 7 presentations on the work of Streetnurses were given to different psychology departments in the network.

At the same time, the special focus on **patient welfare** continued and strengthened. This is especially true for the **work on power sources/dreams**, which contributes to their reintegration. Thus, we cultivate a desire to take control of life again, rediscover self-esteem and cultivate the energy to move forward towards sustainable housing and reintegration.

We realised that this work was often shelved because medical and social problems took precedence over these inspiring moments. This year, **nine patients enjoyed these special moments**.



“We try to understand what our patients like to eat, listen to and see. What they did before they ended up on the streets. We probe their work experiences and research their family networks. Everything we find is considered a valuable resource and helps rehumanise the person. It shows them that they are much more than the sum of their problems. Teams also use this information to build positive relationships with patients. By highlighting their preferences, we offer them pleasurable moments: a dish they like or a visit to a place close to their heart. This can rekindle their motivation and strengthen the bond we share. Confidence grows, people open up, learn to control their emotions and eventually take steps to re-absorb aspects of their lives that seemed lost. The most important part of our work is to steer people in the direction of their desire, in their dreams.” Pierre Ryckmans

The **follow-up plan** for people living on the streets was implemented 7 times. This is a tool that allows us to assess changes in the well-being of the people we follow. It helps us address key questions about their current situation, their need for support, etc. It is composed of open-ended questions on the themes: present, future prospects and network.

Finally, our **mediation project with animals** has continued thanks to Frida, Sarah’s Münsterlander dog, who has already visited our clients 17 times. The homeless patients we put in touch with Frida are selected in consultation during our team meetings and we think about the added value Frida can bring to certain patients. Sometimes it happens by chance when we are out and about. Frida’s mistress always carries treats that people can give to Frida: “It encourages people to ‘care’ for a little creature. It’s a special moment every time. Frida’s presence takes the focus off the patient. “Some people comment on the softness of Frida’s fur, others wonder if she ate well that day.... Conversations can take place that would not have happened without her.” The effects of this mediation are tangible. For example, one patient managed to have a conversation that was difficult for him with the help of Frida, who returns regularly to give him small signs of affection.

In terms of **networking**, Streetnurses continues to develop its **“network of undocumented migrants”**. We are studying the possibilities of setting up a priority for reception in housing, but also to obtain legal and/or social assistance for the patients concerned. Belgium is struggling with a growing number of undocumented people. 6.6% of our patients are

of non-Belgian European origin. 23.6% of them are not European.

One needs to know a place prior to being able to navigate it. The regularisation or asylum procedure is a tangle. But while it is ongoing, negotiation for accommodation and/or income is possible. Yet we realise that nothing is being done to help these people. On the contrary. It is discouraging. That is why mixed teams and cooperation meetings are being set up.



The same applies to the **“AS network”**. Here, the team introduces cooperation meetings and mixed teams to network members. Thus, we create or strengthen links with that network. In addition, 49 interdepartmental exchanges (joint team or immersion) have been set up and 24 collaborative meetings on joint succession have been organised in 2023: with SAMU, St Peter’s Hospital, La Fontaine, etc. During the year, 19 presentations were made to the general network to

sensitise and mobilise it in the fight against homelessness. All this helps to strengthen ties and support activities. We also included 3 people who were previously followed by partner associations. Part of our agreement with the Bitume network .



Finally, the streetwork department participated in the development of the cohousing project “La Ruche” in Anderlecht. It worked on neighbourhood management and

the drafting of a tenants’ charter. It also participated in the “communities” working group set up at the end of the year to study community projects in advance and evaluate existing ones.

Much work was done to improve the management of the METIS database and facilitate its use.

Staff and patients from the street work department participated in the community meal organised by their colleagues from the My Way department.

We are also investigating whether tutoring can be done for certain patients.

In 2023, the **COCOM granted a new approval for street work and emergency services.**

For 2024, our goal is to continue to improve patient welfare, especially through the implementation of six follow-up plans for people on the street. We aim to provide ongoing care for 28 patients and 1,600 encounters, as well as the involvement of four support volunteers. We aim to increase psychosocial support through twelve interdepartmental psychosocial exchanges, six presentations to the psychosocial network/ psychosocial services and four trainings on the subject.

In terms of strengthening links with the network, we aim for 36 interdepartmental exchanges, twelve joint meetings on joint monitoring and twelve general presentations to raise awareness and mobilise the network around homelessness issues.

HOUSING: mitigating risks

Housing is the key and starting point for solving homelessness issues.

It enables people living on the streets to regain control over their lives and health, feel safe and reintegrate into society. In other words, it saves lives.

"We started housing because we noticed that people were dying prematurely on the streets, despite good hygiene and appropriate medical care. Once these people are resettled, the housing department takes over and works more intensively on health and inclusion. And it works! The snowball effect on the ground is tangible and motivates others to believe in the possibility of stable housing."

Pierre Ryckmans



The 'Housing first' principle

By the end of 2023, the housing department consisted of **14 people**:

- 2 coaches (1 nurse and 1 social worker)
- 3 nurses
- 4 social workers,
- 2 social assistants
- 2 rental managers
- 1 expert by experience

The latter attends specific training with the coaches and participates in peer review meetings. The department is still divided into two teams (Moon and Sun), although it was merged for a while to cope with the lack of staff.

In 2023, the team introduced **co-referrals**, i.e. two coaches work with patients, supported by a social worker and a hiring manager. This provides a better distribution of mental workload. Moreover, two people are responsible for the patient's life history. As a result, important information is better managed in case of absence of one of the two supervisors. This way, the work is optimised.

41 people were intensively monitored at Housing First at the end of December. During the year, **a total of 59 people were looked after**. The team moved **15 people into housing**. Three of them were followed up by partner associations. One other patient was followed up by our colleagues in Liège before deciding to move into a residential module in Brussels. **1,033 visits** were made to patients in homes this year. The team assisted in **eleven moves**, mostly with the help of the HIS (Housing Installation Service), to improve the quality of life and thus reduce the return to a life on the streets. Indeed, the quality of housing is very important and affects mental health. This is more important than you might think for someone who has slept on the streets. Dark, poorly located, dirty housing, for example, can be very depressing. We are sorry that 1 patient died in housing this year.

The people given shelter by Housing First have **different profiles**. Generally, they are people who have lived on the streets for several years and suffer from mental and/or somatic health problems, addiction problems, etc. Most of them are very isolated and often have to relearn what it means to live in a home, to have to take care of themselves and give meaning to their days off the streets.

Where patients living in homes are concerned, these are the most common problems: loneliness, boredom and dealing with those we call "satellites", friends from the street who are guests or squatters in the accommodation. These satellites come into the accommodation to party, hindering

people's progress. It makes it more difficult to disconnect with the "circle of friends" (who often start stealing from them and psychologically undermine them) and establish new friendships. While the latter is just what they desire. All this often leads them to consider a return to life on the streets because they think they have nowhere else to go.

But fortunately, patients are also **resourceful**. We notice many positive developments. The team makes sure that more time is taken to offer patients **quality time**. For example, visiting an exhibition, watching birds, going to a restaurant or getting a haircut. Some patients participated in the community meal organised by the My Way department.

Regarding **patient welfare**, the housing department started working with the dreams of 26 people. They reconnected them with their families and used Loneliness tools four times.

To **improve psychological support**, the psychology counsellor is occasionally present at patient meetings but also in the field. With his expertise, he enables us to address fundamental issues for patients with psychological problems.

He helps us devise adapted working methods to unblock situations in which, given the severe psychiatric profiles of our patients, we sometimes feel lost. Patient meetings were adapted: we set the limit at four files per hour (eight per week) to ensure in-depth reflection. Every month, clinical supervision is organised for the team.

The **FIFO tool** (see My Way) was reworked with the teams in the field and is now an official tool. It was used 13 times this year.

Three people moved into the cohousing project "La Ruche" in Anderlecht. Field teams from the Housing and My Way departments accompany the patients.

A working group examines community management and the drafting of a tenants' charter. The Housing First department also participates in the community working group.

For the first time, a Liège patient was rehoused in Brussels and a total of four patients moved into residential modules on the Neder-Over-Heembeek site.



Streetnurses is part of a Brussels umbrella that includes seven Housing First projects, supported by the Bico Federation. Our **partnerships and network** also provide Housing First training for a number of colleagues. Meetings are organised every three months between partner workers to exchange good practices. The tenancy managers also meet several times a year.

We continue with the Sorocité project and have purchased an additional house in 2023.

The re-housing of an undocumented person was tested this year in an attempt to develop alternatives to providing free housing to people without rights in Belgium. The person in question had no means of support and could neither work undeclared nor beg. As a result, we did not succeed.

But we are not giving up: this project is being investigated further and we are trying to understand how people without residence permits can take care of themselves in Belgium.



Cooperation with nursing homes and the Montessori project has been maintained and will continue. The team presented its work to 15 institutions and participated in 17 cooperation meetings.

In 2023, the housing department together with another team visited 12 patients and conducted 54 patient consultations. A total of 25.5 visits/excursions to other facilities were organised to improve and exchange knowledge, as well as to improve long-term cooperation.



Finally, the **COCOM authorised Housing First**.

By 2024, the housing department plans to house 15 patients, subject to the purchase of housing and the transfer of patient records to the My Way department. Some patients will be called by their first names.

We aim to use the PEPS tool 52 times. In terms of strengthening links with the network, we plan to organise 32 mixed teams, 40 consultations around a patient and establish 5 home care teams, other than Streetnurses. To raise awareness among our network about the potential end of homelessness, we plan to organise 12 presentations of our work and 24 collaborative meetings with our partners.

My Way: on the road to self

After street supervision and resettlement, this project aims to improve the quality of life and self-development of stabilised people. They can develop life projects “in their own way” and thus improve their well-being and anchoring in their homes, preventing a possible relapse to the streets.

It is about creating a spark in these men and women who have been living on the streets for a long time. Thus, a flame is rekindled: they regain the desire to get up in the morning, treat themselves to small pleasures. In short, they learn to feel good about their lives.

The **multidisciplinary** team consists of **seven people**:

- 5 social workers
- 1 nursing coach
- 1 housing manager.

The five visiting volunteers recruited during the year were added to the nine people already employed, strengthening the team.

For follow-up meetings, the My Way department enjoys coaching from Christophe De Neckere and Christophe Dierickx, two specialised psychologists who have trained staff in motivational interviewing, once a month. For this, we choose three situations that we analyse in depth.

The team coach has undergone management training.

Even though the people we care for sometimes still need help with their psycho-medical-social problems, My Way's role is usually secondary. In any case, this is what we work on with the patients and what we want to achieve.

In 2023, 9 new people participated in the My Way programme. **59 people were followed up during the year.** By the end of December, we were following 49 people, of which 34 were in Housing First and 15 in Housing Fast (in institutions). Each person was visited according to the frequency agreed upon with the team. Most people were seen twice a month. This can range from once a week for some, to visits on demand or

over several months for others, depending on their recovery path and the stability of their situation. This accounts for a total of **523 visits**. Three people in Housing Fast left the programme because they had been stabilised in housing for more than ten years. Four others were labelled “disappeared” or moved abroad. 3 patients died. They had been living in an institution such as a nursing home for years. 1 person returned to “housing” monitoring because his situation had deteriorated significantly and he needed more intensive monitoring.

We carried out one move for someone who had been living in accommodation for four years, to accommodation that better suited her needs.

One of the people we follow has joined the cohousing project “La Ruche”.

Every activity or moment you experience with the patient allows them to work on things they would not otherwise do. Those moments are there with a view to **improving their well-being**: optimising their living comfort, being physically active, discovering their neighbourhood and learning to feel at home, working on their self-esteem and their ability to act, reviving old passions, etc.

Shopping moments are very important, for example: at least two to buy furniture to redecorate their home, four to buy new clothes they feel good in, one for new household appliances, one to buy beautiful green plants, and so on.

We also organised a group trip to the sea, three excursions to see horses, a bowling outing with an enthusiast who had not played for a long time, three dinners, walks in parks or nature reserves and several games of chess and Scrabble.

We used the Totem game and other self made tools to promote ourselves and/or talk about ourselves. These tools have the characteristic of being “universal”: they can be used in a café, on a park bench, at home, etc.

Sometimes it is as simple as having a cup of coffee to talk about yourself and your plans, or as part of a big spring clean!



In addition, the **Personal Situation Plan (PEPS) tool** was adapted again with the help of field teams. This is a tool that allows people to direct their own support based on their priorities. For the workers, it allows them to identify the person's needs and requests and adjust the work according to their priorities. The aim is to improve the quality of life and satisfaction of people being supported, spark new ideas and prevent potential relapse.



The tool is fun, visual and easy to use. It covers psycho-medical-social aspects.

This tool was used 38 times in the patients who were monitored.

Animal mediation continued in My Way. During the year, Walter, the Jack Russell Terrier, regularly visited at least 5 people and became a central element in follow-up with one person in particular. The dog gives him the desire to take action for his health.

Youki, the Prague Rattler, visited at least 2 people. His presence with one person facilitated discussions that were otherwise harder to broach. It enabled him to work on his social skills.

Moreover, Walter and/or Youki's regular presence at team meetings helped lighten the mood by channeling our stress, which helped us make decisions that were difficult at first glance.

To expand our **network**, we presented the My Way project on several occasions. By proactively meeting 25 homeless associations, we expand our network of potential collaborations to follow up patients. We continue to work with the Relink First team (formerly Affiliation), which organises a series of activities for the Housing First audience. This complements our actions.

Staff exchange ideas with other Housing First teams and other members of the network. We continue to organise meetings between Housing First staff every 3 months to discuss our practices.

The rental managers also meet several times a year.

Collaboration with nursing homes and the Montessori project continued throughout the year.

A **community meal** was organised by the My Way department, attended by about 50 people who were followed on the streets, in homes and in My Way, as well as volunteers from Collaboration Better the World and members of the team.

My Way participated in the Housing Communities working group.

The team is supervised once every six weeks, particularly to help us think about **ending support**, which has been the subject of much discussion this year. So far, we have only terminated support for Housing First clients who had been stable in their housing for more than 10 years. But since we also work with Housing First patients, we realise that they, too, can become more stable, so ending support may be considered. The fact that My Way is the last link in Streetnurses' chain forced us to think about this. The team therefore sharpened its mission by defining what is meant by a "successful" end of support, how, in what framework and under what conditions this is achieved, etc. The results of these discussions were first presented at a supervision meeting with members of the various departments. No decision has yet been made. Reflection will therefore continue.

Another topic of discussion this year was the **health** of people cared for at My Way. We work a little differently from other teams in the field because we decided not to employ a social worker or a nurse. Each member of the team identifies as a

social worker and applies the same methodology: trying as much as possible to work on patients' autonomy by providing them with the means to do things for themselves or with them, but not in their place. When we set up the department, we thought we could do without these functions. Yet this is questioned today given the health needs of some patients. Even when followed up in My Way, their well-being hangs by a thread. Our audience is getting older and older. As a result, we have to adapt our working methods and this aspect needs to be closely monitored. These considerations are reinforced by the fact that about 1/3 of the people we work with suffer from mental health problems (mostly psychosis). The concept of recovery should therefore be integrated into our work, by helping patients understand their pathology and providing

ways to cope with it in their environment, with others, etc.

Our supervisions help us work on these issues.

By 2024, we aim to use the PEPS tool 30 times with the people we supervise. We also want to strengthen the team with a total of 20 volunteer visitors and organise 2 community meals.

In terms of networking links, we aim for 15 inter-departmental exchanges, 10 patient consultations and 6 new partnerships/collaborations with support services. We aim for 20 presentations of our work to the network to raise awareness of homelessness issues among our partners.



OUR WORK IN LIÈGE

In 2019, Streetnurses worked on a new challenge: ending homelessness in Liège where the need was high. At that time, the team consisted of three people. It integrated the Streetnurses methodology into the Liège ecosystem in actions against homelessness, complementing what already existed.

Four years later, the Liège team has grown and diversified.

The arrival of the housing manager at the end of 2022 optimised our work.

By the end of 2023, the **team** consisted of **ten people**:

- 2 co-coordinators
- 3 nurses
- 3 social workers
- 1 street worker
- 1 housing manager

One volunteer visitor and two volunteer logistics staff joined the team. The team is supervised once a month.

A total of **23 patients were followed** this year (18 in 2022), including eleven on the street and twelve in housing (eight in Housing First and four in Housing Fast). Compared to 2022, there were **eight newcomers** to the follow-up. **Two people moved to Housing Fast** accommodation and **eight others left the street for Housing First** accommodation, including one who moved to a residential module in Brussels and two who were re-housed by a partner association. We regret the death of one patient on the street.

In addition, a total of **207 outreach** campaigns were conducted during the year, with **206 visits to patients' homes** and **83 to institutions** such as hospitals, prisons and health centres.

With the increasing number of patients being monitored and the time this requires for weekly meetings and associated administrative procedures, the team is considering how to manage pre-monitoring (how to ensure that time is also allocated for it). This is reflected in our statistics, which show that the number of outreach visits and visits to homes and institutions is balanced.

In Liège, resettlement remains complicated. Very little accommodation is available for the people we support.

This year, the focus was on **improving the well-being of our patients**, under the guidance of the social worker. Therefore, we organised ten quality activities such as trips to museums, the aquarium, the zoo and billiards. Special attention was paid to organising these activities with the people we support (both homeless people and people living in shelters). In this way, we reconnect them with themselves and take a break from the daily routine and the urgency of all the medical and social procedures involved. These special moments also help strengthen the bond between the person being supported and the team, encouraging the person to participate.



Besides the “feel-good” moments, a games library was also set up, consisting of a number of games specially chosen to stimulate certain skills in the people being cared for. Again, this provides a break from the medical and social procedures and helps to broach different topics with the patients. Finally, we helped two people move to accommodation that better met their needs.

In terms of **networking**, we organised 85 consultation meetings around a patient or interdepartmental collaboration, in addition to 28 presentations to the ‘extended’ network

and 42 interdepartmental exchanges (39 immersions with Streetnurses and three with the Liège network). Two team members participated in international exchanges.

In 2023, three homes will be purchased by an investor in the Streetnurses network. They will be made available to patients supported by the Liège team. The homes are an essential help given the acute shortage of decent, affordable housing and access to it.

A first “Yalta” meeting took place when the three homes were made available. This type of meeting, designed for housing allocation, existed until recently only in Brussels as it is unusual in Liège to find available housing for assisted patients. The sudden availability of several homes forced us to think about who among the patients would be best suited to enter the homes. The team discussed how to organise these housing allocation meetings (frequency, attendees, criteria, etc.), taking into account the Liège context.

We have received a grant from the Walloon Region, as part of the “Territoire Zéro Sans-Abrisme” project call, which will allow us to develop, among other things, the modular housing project in Liège.

For 2024, we hope to follow a total of 27 people. In terms of well-being, we plan to work with 12 patients on their dreams/ personal projects (re-establishing contact with the family and/ or taking a step towards the dream, “well-being moments”), use the “recovery plan” tool 10 times and provide removals if necessary. We would like to recruit 5 volunteers. We hope to create 6 residential modules, including 4 for existing patients.

In terms of networking links, we aim for 5 mixed teams, 26 immersions and 12 consultation meetings around a common patient. Finally, we aim for 20 presentations to the network to raise awareness about ending homelessness.





New houses

“We need to find as many housing solutions as possible. But above all, we need to know what the patient really needs and adapt to that demand. Individual housing is not always the best solution. For example, some people feel safer in an institution.”

Dr. Pierre Ryckmans

The year 2023 marks a strategic turning point for Streetnurses, which has taken steps to establish a **real estate foundation**. This new entity is the result of several years of thinking and collaboration with consultants who are experts in the real estate sector. After numerous discussions, the foundation proved to be the most appropriate means to achieve the non-profit organisation's objective of creating and acquiring more affordable housing. 2023 therefore led to the drafting and filing of the statutes of the Casa+ Foundation.

At the end of 2023, the housing creation **team** consisted of **four people**:

- 1 module manager
- 1 housing manager
- 1 coordinator
- 1 fundraiser

That same year, the commune of Anderlecht entrusted us with a **single-family house** on a long lease for a period of 9 years. Thanks to a crowdfunding campaign, we were able to carry out the renovation works with the help of a social construction company. As a result, the renovated house was able to accommodate three people who had been living on the streets, in the form of a **shared flat**. This is an innovative and experimental form of housing within our association. Above all, it helps to create a shared dynamic and counteract the feeling of loneliness that our housing patients often experience.

The social eco-construction company Chênelet invested in the construction of **five housing modules** for our patients. These wooden buildings stand out by the quality of the local materials used, but also by their durability and energy efficiency. Thanks to the Social Welfare Centre and the municipality of **Neder-Over-Heembeek**, we were able to temporarily install the modules on land owned by the municipality. The accommodation in question is managed by the social rental agency Baïta.

Today, 4 modules are occupied by patients of Streetnurses and 1 by a patient of our partner Doucheflux. That on top of the 6 modules present in Forest since 2021.

The Social Welfare Centre and the cadastre of Watermael-Boitsfort approached us to set up a **partnership in the framework of action 27 of the PUL** (emergency housing plan). This partnership led to the creation of a home for a homeless person supported by Streetnurses. It also allows us to maintain close contacts with the municipality and the Social Welfare Centre, who are happy to provide us with new opportunities.

In 2023, a family foundation invested in **three housing units** in the city of Liège. This purchase allowed three people to be housed, including two sharing a laundry room.

Besides the creation of the twelve new homes mentioned above, **Streetnurses acquired twelve new homes** this year. We acquired two new homes from the private real estate market in Liège and ten new social or socialised homes in Brussels, six of which were made available by the investment company Inclusio. Thanks to this work, we were able to house twelve patients who were followed by Streetnurses or by other Housing First associations.

In short, 2023 was a year in which we were not only able to create twelve homes, but where we were also able to get our hands on twelve additional homes, both in Brussels and Liège. By focusing on both building and attracting new housing, we are creating an opportunity to **diversify the types of housing** available to our customers. Traditional individual housing, residential modules and shared accommodation are all solutions that can solve the homelessness problem. We want to emphasise the essential role played by the local authorities of Anderlecht, Neder-over-Heembeek and Watermael-Boitsfort, as well as the Chênelet and Inclusio companies in supporting our actions against homelessness. These collaborations allowed 24 homeless people to find housing in 2023 (two of whom were rehoused by partner associations). We hope to continue creating housing in 2024, particularly thanks to a grant from the Walloon Region that will allow us to install residential modules in Liège.

For 2024, we want to commit nine new homes, install two new residential modules and activate two new plots in Brussels. Through a new project, we want to build five new homes in Brussels and six in Liège.



TRAINING

– Support for professionals

When working as a professional with people living in very precarious conditions, the idea of talking about hygiene or the lack of it can be daunting to the patient. How do you make these topics, often considered “taboo”, discussable while at the same time caring for the relationship with the person in front of you? How can we treat these patients correctly and more easily?

In 2009, Streetnurses launched training internships in response to the observation that the care given to homeless people by professionals in the sector was sometimes inadequate. This was often due to fatigue or discouragement on their part and a lack of guidance and knowledge on the subject. Therefore, a group of homeless people were brought together to use their testimonies to help the association develop the content of the trainings.

In addition, after much research on the topic and thanks to the field experience of Streetnurses, trainings on the topic of hygiene and livelihood insecurity were launched.

Hygiene, let's talk about it: face-to-face trainings

The aim of the “Hygiene, let's talk about it!” training is to empower professionals to overcome their fears and give them new keys to tackle these taboo topics with the target audience, both on the streets and in shelters. Particular attention is paid to the participatory and interactive nature of the trainings. To achieve this, the team bases its methodology on the use of Streetnurses' own tools, role-plays, experience sharing and the creativity of its trainers. Brainstorming and role-plays are used to build on participants' experiences. They create a caring, positive and constructive atmosphere.

In 2023, **188 social and medical professionals** received training on hygiene and livelihood insecurity in Brussels, Charleroi, Namur, Tournai, Wavre and Saint-Hubert.

Three new tools (Parchemin, Vélo and Bateau) were adapted and used to improve the content of hygiene and insecurity training. These tools mainly focus on the difficulties in dealing with hygiene, the representations we may have of hygiene and what makes it a taboo subject in our eyes.

Online training on hygiene and livelihood insecurity

The online training course was launched in January 2023. The course consists of modules (insecurity, hygiene, health and communication). These modules can be taken separately, but we strongly recommend taking them together. The e-learning course takes place independently over a week and is supported by two videoconferences on Monday evening and Friday evening.

An online messaging group is set up during the course so that participants can talk and interact with each other and with the trainer.

This online training was delivered twice.

In addition to the trainings, more than **350 high school students** were given an introduction to the work of Streetnurses and a presentation about the association.

With the support of the communications department, much work was done to raise awareness about homelessness among psycho-medical-social workers (distribution of new posters, flyers and explainer videos).

For 2024, we plan to continue improving the content of our training courses to best meet participants' expectations, following feedback from the various evaluations. We count on increasing our capacity to deliver trainings and the number of people trained.

MOBILISING SOCIETY

POLITICAL ADVOCACY

Aware of the fact that no single association can solve the problem of homelessness alone, the non-profit organisation Streetnurses is increasingly involved in raising awareness and mobilising society, with a strategic approach complementing its work on the ground.

Since 2021, the circle of evangelists has grown with a desire to take action on another level to create the structural change we want to see in our society: ending homelessness.

In 2023, we helped organise **Housing Day**, a campaign to promote the right to housing. We also organised an **association roundtable** on the issue of access to social housing for homeless people.



Our **memorandum was drafted and distributed** to politicians and the general public in the run-up to the 2024 elections, with a key demand for priority access to social housing for homeless people in Brussels. With the number of homeless and poorly housed people on the rise, it is imperative that the next Brussels government commits to fighting homelessness through tangible measures.

We participated in drafting the **political memorandum of the Federation Bico** (of which Streetnurses is a member) ahead of the 2024 elections.

We worked on the **Master Plan**: a Brussels' prevention tool to combat homelessness.

At the same time, we produced content aimed at the general public to raise awareness of Streetnurses' main demands (carte blanche, videos, articles, posts on social networks, etc.).

Throughout the year, we **met with Brussels political parties** to discuss the main demands of Streetnurses. In particular, the introduction of a quota of social housing for homeless people.

We also participated in a working group on access to social housing for the homeless, attended by the Ben Hamou cabinet, the SLRB, the SISPs and the voluntary sector that helps homeless people.

Together with this network, we identified the main demands of Streetcare workers and the homeless associations and participated in various consultation bodies (e.g. CU-CI de Bruss'help, RBDH, Service de lutte contre la pauvreté, la précarité et l'exclusion sociale, etc.) and events (conferences, symposia, etc.) at regional, Belgian and international level (e.g. FEANTSA symposium, Housing First conference, etc.).

For 2024, the main objective remains the introduction of a quota of social housing for homeless people. If this objective is not achieved before the elections, we must ensure that this requirement is included in the political declaration of the next government. To achieve this, political meetings, organisation of events (Street Nurses alone or as part of a network), a communication plan, etc. are needed before and after the elections.

EXTERNAL COMMUNICATION AND FUNDRAISING

Streetnurses' mobilisation (communication & fundraising) team supports the organisation in several ways. The first task is to build and maintain a circle of advocates who support the organisation financially and materially and spread the organisation's messages.

In 2023, against a complicated budgetary background and understaffing due to the departure and/or prolonged absence of colleagues, the priority was to raise donations.

Nevertheless, we kept in constant touch with our most loyal supporters and donors through personal exchanges by e-mail and phone, as well as through our e-newsletter and publications on our website and social networks.

Streetnurses also wants to inform society at large about homelessness issues and bear witness to the efforts homeless people make to overcome their situation.

Therefore, our website, Facebook, Instagram and LinkedIn pages are fuelled with a constant stream of publications, articles and real-life stories that illustrate the daily challenges faced by our colleagues in the field and our patients, and the demands that result.

An important event in 2023 was certainly the publication of the completely revised edition of our manual "Sortir de la rue, manuel d'accompagnement de la personne sans-abri". The manual was published in collaboration with Mardaga, which distributed it in bookstores in French-speaking Belgium, France and Canada.

The "Brussels Helps" campaign of BRUZZ, the Dutch-language media in Brussels, also provided an opportunity. Between 10 October and 25 November, numerous articles and reports were published on BRUZZ's various platforms (website, radio, TV, printed magazine) on the various activities and demands of Streetnurses. All this in the context of mobilising the Brussels public to take part in the world's biggest spaghetti dinner, organised on 25 November. More than 5,000 people took part in the event that day and raised 84,250 euros for Street Nurses!

Finally, our communications also supported the organisation's political work, mobilising citizens and building support for the social changes needed to end homelessness.

We also integrate awareness-raising and fundraising as much as possible into our various activities. For example, our participation in the 20KM through Brussels gives us the opportunity to physically mobilise a large number of sports enthusiasts (200 runners in 2023!) and turn them into ambassadors for the cause of ending homelessness by communicating with their networks.

Similarly, the latest multimedia campaign "Donation after donation, let's build a future for the homeless" was designed to motivate the public to support Streetnurses financially. It also served as a capstone to convey messages regarding the need to create affordable housing for a highly vulnerable population.



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DONATIONS FOR 2023

Donations fund about 40% of Street Nurses' expenses and are therefore essential to ensure the organisation's survival, as well as secure its independence and capacity for innovation and development. For 2023, the goal of raising €1,200,000 in donations was achieved.

To achieve this set target, the mobilisation department launched a number of initiatives: four crowdfunding campaigns, four letters asking for donations, a sponsorship campaign around the 20KM through Brussels, the end-of-year multimedia campaign, leaflet inserts in several newspapers and calls for donations via e-news.

New to the collection of donations in 2023 was the inclusion of Streetnurses in the Testament.be campaign. Legacies remain an important new source of revenue to develop, to help us significantly increase our long-term financial income, which is necessary to ensure the long-term strengthening and development of our activities. Our participation in this campaign allows us, on the one hand, to make it clear to our supporters and donors that Streetnurses is well placed to receive legacies and, on the other hand, to gain access to specialised information and support on legacies.

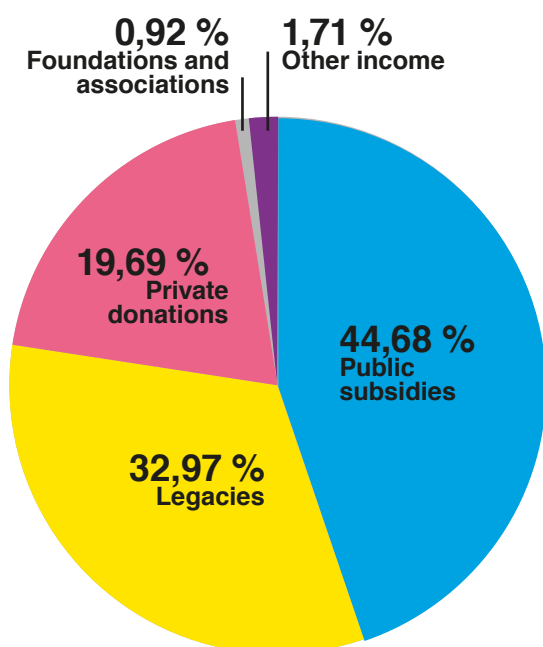
FINANCE

Accounting position

The annual accounts are published by the National Bank of Belgium (Company number : 0876.908.803).

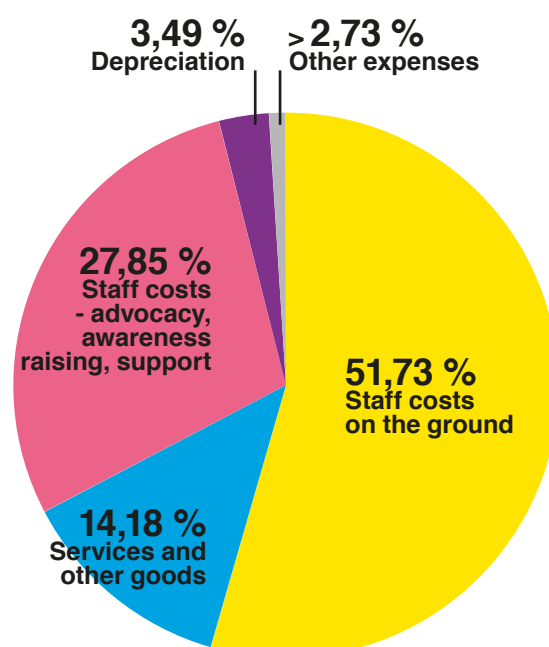
Breakdown of income

At 31 December 2023, total income will be **€6,154,309.41**.



Breakdown of expenditure

At 31 December 2023, total expenditure will be **€4,139,616.60**.



TRANSPARENCY

Financial administration and accounting are handled by the finance manager and **Cogitax Fiduciary**. Personnel administration is handled by the administrative manager and **SDworx**, the external social secretariat.

The non-profit organisation's accounts are certified annually by an **ITAA-certified chartered accountant**. Since 2016, the accounts are also audited by Donorinfo and published on www.donorinfo.be.

In addition, Streetnurses has been a member of the **Association for Ethical Fundraising** (V.E.F) since 2013 .

Street Nurses has a non-profit organisation recognition, allowing donors to benefit from a tax reduction for donations of €40 or more.



THE WORK OF STREET NURSES IN 2023

In Brussels and Liège, In a few figures

59

staff
(45.83 FTE)

24

people rehoused
in **2023**

214

people re-housed
in **17 years**

6

patients died
(including 1 in
the street)

3768

meetings
completed

22 507

actions
(meetings, talks)

2873

counselling, medical
care, transfers

579

outreaches

83

patients in
Housing First

14

relocations

53

average age
of patients

81,1 %

patients on the
street suffering
from **addiction**

78,4 %

patients on the
street with **mental
disorders**

70,3%

patients on the street
with **chronic physical
conditions**



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