



**INFIRMIERS DE RUE  
STREET NURSES**

**Together, let's  
end homelessness**



**ACTIVITY REPORT 2021**

**2006 – 2021: 15 years anniversary!**

## ABOUT

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 and in Liège.

For more information: [www.infirmiersderue.org](http://www.infirmiersderue.org)



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## EDITORIAL



Dear reader,

*The year 2021, our 15<sup>th</sup> anniversary year, can certainly be seen as a year of challenges met.*

*We have continued to work at the same pace, despite the constraints of the epidemic. In our contacts with patients we had to maintain precautionary measures, even if this was sometimes difficult and painful over time. Some institutions imposed stricter rules on visits or contacts, making our follow-up more complicated. On the other hand, some administrations have allowed us, via the Internet, to move forward more quickly to obtain documents. Let's hope that this progress can continue after the crisis.*

*We have put 17 people - including 5 in Liège - back into housing. This is a 'normal' number, as the focus was on the quality of the follow-up and recovery of the patients. The level of experience has increased in all our teams, and this is reflected in the results, with good progress, and teams that are more solid in the face of everyday hazards.*

*In Liège, the team has doubled in size, from 3 to 6 people, which allows us to ensure more follow-up and better continuity. A new chapter is opening up with numerous and often complex re-accommodations.*

*In Brussels, on the streets, the situation of European patients without residency status is of concern to us, while in housing, it is the problem of violence between partners that is emerging. Investments are made in new projects: "My Way", animal mediation, a psychology project, and peer support, with the hiring of a peer support worker in 2022.*

*The 400Toits Campaign came to an end and was not extended. Aiming to create 400 homes for people leaving the streets from 2017 to 2020, it finally succeeded in creating some 78, despite the difficulties. We are now exploring other avenues to meet this need.*

*Together with the other Housing First projects in Brussels (Samusocial, Diogènes and SMES-B), we have embarked on the Everecity project (social housing for a period of 4 years in Evere) and the Affiliation project (collective activities for our patients, enabling and facilitating reintegration). A nurse from the association has been seconded to the Affiliation project for the year 2021.*

*The "modular housing" project is gradually gaining momentum. The two modules installed in 2018 and occupied since 2019, were finally moved to another site with their occupants in 2021, which is probably a world first. Three other modules have been added, and a sixth will be added in the first half of 2022 to complete this first 'hamlet' of modules, located in the municipality of Forest. Other projects of this type are being prepared, including in Liège, and should see the light of day in 2022.*

*Finally, internally, our association has deepened collaborative governance, our management method since 2015. Some drifts had set in, many new colleagues were not familiar with this way of working, and a serious refreshment was needed to be able to start again on a new basis.*

*Our salary and benefits policy were also thoroughly reviewed and documented.*

*In this way, a major investment was made in well-being at work.*

A handwritten signature in blue ink, appearing to read "Pierre Ryckmans".

**Dr Pierre Ryckmans,**  
**Co-coordinator & medical director**

## 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 2021, we received generous **professional and logistical support** from:

**Ashoka, Cogitax, Entretien motivationnel, Monin Foundation, Housing First Belgium, Cream, Coopcity**

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 2021, we thank in particular, for their **financial support**:

- **Public institutions:**  
COCOM Housing First, COCOM Aide aux personnes, COCOM Everecity, COCOM Iriscare,  
INAMI, Bruxelles Prévention et Sécurité, Région de Bruxelles-Capitale (AIPL), Région wallonne Santé (AVIQ)
- **Foundations and associations:**  
Fondation Roi Baudouin, Fonds WWV, Fonds Aline, Fonds Moulaert-Laloux, Fondation Papoose, Pro Caritate, Rotary Club Bruxelles Forêt de Soignes, Rotary Club Bruxelles Vésale, ABBET, ACEA, Sense Foundation Brussels, Evangelische Germainde ASBL, Diaconat Eglise protestante, Soli-Cité
- **Companies and sponsors:**  
Cogitax sprl, BRUZZ, BX1, Guidoooh, Hecht, Artepub, Nostalgie, La Meuse, Metro, Belgian Posters, Artemia, Vivre ici, STIB-MIVB, Euroclear, Cabinet CMS Law tax, KBC-Brussels, CBC Liège, La Loterie Nationale, Groupe Santé CHC, Prefer, Surveco, AddRetail, Candriam, Intys, Simont Braun



## THE 2021 JOURNEY...

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.

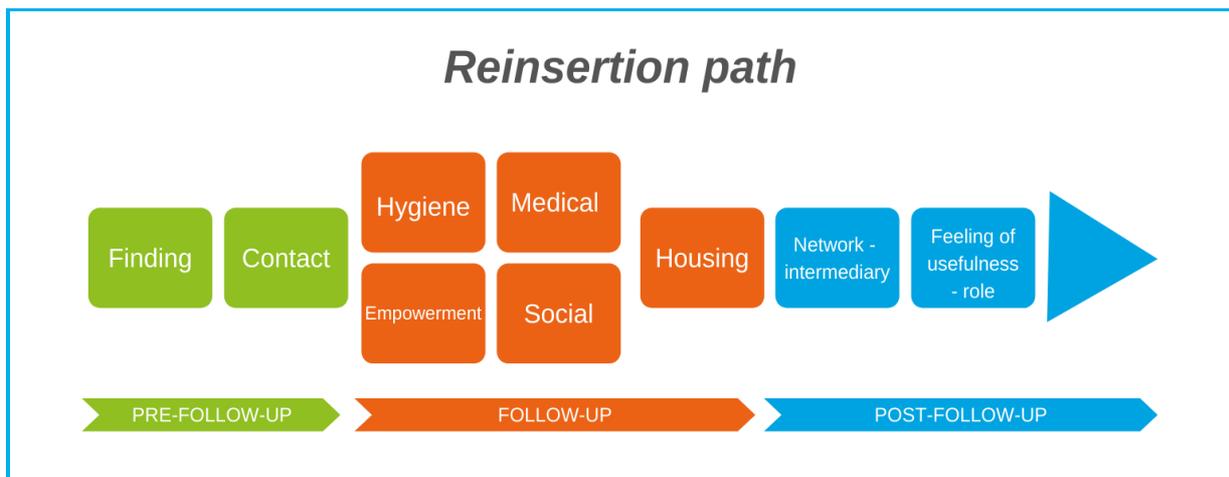


Figure 1: Reinsertion path

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 2021, our aim was triple-fold:

- In our follow-up, prioritize quality over quantity;
- Make our partners aware of the need of better accompaniment of our patients;
- Develop the Liège section to include the same activities as in Brussels.

## THE STREET – Leaving for good!

**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. For this reason, the people we follow up are those **most at risk** to see their general condition deteriorate or even to die. To determine this, we use **different criteria**: linked to identity or external appearance (age, gender, physical and mental state based on the BCB<sup>1</sup>), 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).

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 2021**, we counted, for Brussels and Liege, a total of **158 people in active pre-follow-up** (met at least once in the last 6 months) and 679 in inactive pre-follow-up (people who were in our active pre-follow-up and have not been heard from for more than 6 months).

We meet people in pre-follow-up during our inspection rounds by two colleagues or via benevolent citizens. We recall that it is the role of these volunteers to notify homeless people in their familiar, allotted area, observe homeless people who are often seen there, inform our people who are responsible for the project and act as intermediary for our association.

Whenever necessary, we also take on one-off cases.

It became apparent to us that the most vulnerable people were -and remain- those with mental health problems and/or undocumented.

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<sup>1</sup> The BCB (Body, Clothing, Behavior) tool is an insertion scale intended for front-line workers to help them assess, from a distance, the vulnerability of the public they care for, based on their body and clothing hygiene and their behavior. We have developed this tool thanks to our field experiences.



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## The street follow-up

### IN BRUSSELS

**In 2021** we actively followed up 24 patients per month and had 2362 encounters. We welcomed 16 new patients in our follow-up, 3 among the latter from the BITUME network<sup>2</sup>. 2 patients died (not Covid-related). We did 283 inspection rounds (5.4/week), 4 of which accompanied by a benevolent citizen. We were also active in our network by setting up 33 mixed teams and presenting our projects 18 times in different institutions.

9 patients could abandon street life and received a home via Housing First, and 4 via Housing Fast.

**In 2021**, we intensively followed an average of 24 patients per month and conducted 1,328 encounters (31/12/21). We took in our follow-up 16 new people, of which 3 arrived via the BITUME network<sup>3</sup>.

2 patients died (not related to COVID-19).

We carried out a total of 283 outreach activities (5.4/week), of which 4 were with caring citizens.

As far as networking is concerned, 33 mixed teams were set up and 18 presentations of our projects were made in different institutions.

11 patients left the street for Housing First and 1 for Housing Fast.

This year, we created **new functions** in our team to refine and improve the care for our patients. We opened a post for a **psychologist** and a **social worker**. Moreover, an additional **social assistant** joined the team to help us putting our administration in order and reinforcing our work on access to rights.

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<sup>2</sup> Brussels network for first-line help for marginalized and/or excluded users

<sup>3</sup> Brussels network for first-line help for marginalized and/or excluded users

We decided that we needed the services of a psychologist and additional social assistants in the light of the worrying data from the latest “Face-à-face pour un logement” (“Meeting for a home<sup>4</sup>”). They showed that among the people living on the street, the most vulnerable are those without papers and serious mental health problems. Because of Covid, their number has increased even more.

In 2021, we had a close look at **different projects**.

First, we examined the project of **animal mediation** (animal-assisted therapy). It already exists under “My Way” and works well. In 2022, we’ll start applying it in the street. Frida, a spaniel, several months old, is already being trained by a behavioural specialist. Moreover, a student at the Liège university devoted a dissertation to animal mediation within our association. Our street team will participate in a conference on this subject and follow training courses. Finally, we’ll work out a general plan for this project and will applying it in the field for the first time around March-April 2022.

Second, we finalized the hiring of a **peer helper**. We had been looking at this subject for several years, leading, thanks to the accompaniment of the PAT project (Peer And Team Support) of SMES, to this concrete result. With the recruitment of a peer helper we intend to strengthen our team and gain new insights. He will join us in March 2022.

Third, we created a **working group on the situation in prisons**. This should give us a better idea about the help and care for our patients in detention centers during their imprisonment and after their release, to avoid that they’ll end up in the street again, something we’ve already seen happening. We discussed this theme with sector organizations like Rizione ASBL and I Care, both to reinforce our partnership and to give more weight to our plea on this subject.

And finally, we concentrated on prevention and patient advice regarding **Covid vaccination**.



Our **objective for 2022** is double: increase the number of patients we follow up continuously on the street to 26 and give 4 persons a home thanks to Housing Fast (under surveillance).

In addition, thanks to our new psychological capacity, we'll take stock of clinical cases six times a year, develop a psychological instrument (neuro) that can be used in the street, and reinforce the network that deals with the problem of mental health.

Regarding the particularly vulnerable group of people without papers, we want to establish a network to give them priority for housing (or at least sheltering). In parallel, we want to connect them with people who can give them legal advice.

More in general, we want to improve street follow-up: make more time available for each patient (care, well-being, occupational therapy), visit the same person several times a week (if necessary), operate more flexibly, extend our inspection rounds and follow-up beyond the usual geographical zones, improve our meetings and database, etc. We'll develop the "Resources" project to pay more attention to dreams and passions of our patients to make sure that their lives are more than "survival".

We want to strengthen the team with at least one voluntary companion in our street and housing activities but also strengthen the cooperation in the network that deals with homelessness through meetings and presentations of our work.



## IN LIÈGE

The section in Liège, which has been operational since 2019, pursues the same aim as Brussels, i.e. getting homeless people, living in extremely precarious circumstances, off the street, looking after their health, hygiene, valorizing their talents, making sure that they have effective access to health care and the existing network of psycho-medical-social operators, helping these people to get their social and administrative situation in order – and all this with a view to reintegrate them finally and durably in a home and in society.

Based on 15 years of field experience in Brussels, the target group are the most vulnerable people in the town of Liège, without distinction between men and women who cumulate mental health problems and/or addictions and/or serious physical health problems, who are hardly or not at all supported by a psycho-medical-social network, who are most exposed to health risks (sickness and death) and where “classic” reintegration efforts have failed.

The field team uses the tried-and-tested methodology of Street Nurses with its three stages in the support on the road towards reintegration: the pre-follow-up, the follow-up and, in the long term, My Way (post-follow-up). They learnt the methodology during training sessions with the Brussels team. It implies that the field team directly contacts the most vulnerable people by visiting them in their habitat, i.e. the street. The aim is to make sure that people receive general medical care with, as an additional stimulus in the healing process, the possibility of finding a home again. The home is part of the overall healing process.

In Liège, in 2021, thanks to the intensive work of the field team, and out of a total of 8 people followed, 5 people were rehoused, one of whom moved to an institution during the year. In total, 5 people were sheltered this year: 4 in individual housing and 1 in Housing Fast, one of whom moved during the year to a more suitable place. A 6<sup>th</sup> person had already been able to integrate a housing in 2020, so there are still 2 on the street.

The team in Liège had **873 encounters, accompanied 102 people, gave care or advice, and organized transfers to other institutions in 701 cases, and acted 1937 times in other ways (calls/meetings)**. In addition, the team helped retrieving identity cards in six cases. All accompanied persons enjoy an income from now on.



Worth pointing out is that four new colleagues joined the Liège team. After having been very limited for a good part of the year (two workers), we are six from now on: two social assistants, two nurses, an educationalist and a project manager.

In addition, a Brussels field coach joins the team to support it twice a month and the Liège colleagues come

to Brussels regularly. Thanks to the extension of the team, we can follow up more patients and broaden our field work.

**For 2022**, we expect to be following up 14 people intensively. We hope to assist 4 new persons in finding a home. Moreover, we'd like to emphasize the quality of life of housed persons by starting or developing different projects (e.g. recovery programmes, volunteer-visitors, animal mediation, community meals, helping people to dream again or to restore family contacts...).



## HOUSING - A cure against 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: moving into a home

**In 2021** we were been able to give **17 patients a durable home**. 5 in Liège and 12 in Brussels, 11 via Housing First and 1 via Housing Fast (the latter were patients followed up by My Way).

A total of 32 people followed up, all in Housing First.

5 housed patients returned to the street (2 in Housing First and 3 in Housing Fast).

8 patients moved to homes which suited them better.

During the same year in **Brussels** we have, in addition to our follow-up of housed people, **launched or strengthened different project.**

First, the Sorocité project. Before extensive works start in 4 years in the social housing of Evere, Evercity made a series of free

apartments available for our public. In this project, 4 Brussels actors of Housing First, accompanying individuals, cooperate with Communa ASBL, which handles communal aspects (between social tenants and tenants in Housing First). As a first step, this project is, as its name indicates, destined for women. Regular evaluation meetings are organized with Bruss'help<sup>5</sup>.

We have also continued our **cooperation with the SIL-project**. The subsidies allowing this "Service d'Installation en Logement" to pursue its aims, have been extended. Under the guardianship of l'Ilot, SIL coordinates and supports the furnishing of homes for tenants in Housing First for the 4 Brussels projects. All actors already, or soon to be, recognized by COCOF or OCOM have been enjoying this support from September.

During 2021, several tenants in Housing First not only continued to benefit from individual accompaniment but also from community activities organized by **Affiliation**, a project supported by Street Nurses since 2020. Affiliation is a project aimed at restoring social affiliation of tenants who received new homes via Housing First. In this context, our workers regularly met Affiliation participated in community activities and occasionally chaired the tenants' council. Affiliat © P.-Y. Jortay hosted up to now by SMES and coordinated by the overarching body which unites the four coordinators of Housing First. Street Nurses will host the project during 2022.



<sup>5</sup> Bruss'help oversees the coordination of arrangements for emergency aid and integration of homeless people in the Brussels Region.



In June 2021 we helped a patient **organizing a barbecue** in the housing module where he lives on a lot near the canal. The members of his network and his family participated.

Three Housing First workers from Street Nurses **immersed themselves for a week in a Housing First project** of SMES – and vice-versa. This exchange of practices taught the teams a lot. Organizational differences also came to light as well as strong similarities in methodologies and practices.

We participated in **working groups on prisons** (cfr p.6) as we are convinced that problems arise after prison release which deserve our attention. **Another working group was set up on the theme of violence against women.** It aims at giving the field teams the necessary skills and information to be better able to deal with situations that are sometimes complicated and have several dimensions. In the working group we can also further reflect on systemic violence and the vulnerability it implies, especially for women.

In 2021, **ASBL Senior Montessori** received a subsidy for a year for a cooperation project between Housing First SMES and Street Nurses. Its aim is to house particularly vulnerable people in retirement and care homes, and to ensure individual and institutional accompaniment of the (institutionalized) persons concerned. Individual accompaniment follows the methodology of Housing First and is implemented by SMES and Street Nurses. Senior Montessori deals with institutional accompaniment with particular attention for the individual person.

Our aim **for 2022** is to give a home to 20 persons, 6 of whom under the Montessori project (like under SMES). Another aim is to reach 77 follow-ups by the end of the year. Finally, concerning the quality of accompaniment and well-being at home, we want to pursue and improve the recovery programmes agreed with the patients. Moreover, the “Loneliness” tool will be developed and used to reduce the feeling of isolation. We’ll also focus on accompaniment with the objective of realizing dreams and restoring family contacts.



## The modules project: creating housing



This project wants to do something about the scarcity of affordable homes for vulnerable people. Contrary to classical housing, modules can be constructed rapidly; they're prefabricated in a matter of weeks, and they are movable. In addition, they can use plots that lie vacant for at least 24 months, and they comply with all Brussels urban rules.

**In 2021**, Anderlecht and Forest were the first communes in the Brussels Region to give planning permits for modular housing projects of Street Nurses. This is the first

time that such permits were given in the Brussels Region for modular and movable homes. Our modules are finally recognized as housing.

The Forest project continued to grow ever since. Four modules were placed on the Barcelona plot of citydev.brussels, near the Forest police station – for temporary occupation awaiting the completion of the definitive project. Three previously homeless people now live there permanently. At their request, two among them have been moved with their module to Forest from a vacant lot near the canal. The other two modules are new and were placed directly in Forest. Street Nurses and Entraide de Saint-Gilles accompany the tenants.

Moreover, we have ordered three modules from our new constructors. The first is finished and was delivered at the end of December 2021. The second will be delivered mid-March 2022 and the last one at the beginning of May of this year.

Finally, we concluded a contractual partnership with the Brussels CPAS for the occupation of two plots.

**In 2022**, two new modules will be added to those on the Forest plot. At the same time, we'll explore new plots in Brussels and Wallonia (Liège...)

Three new plots will become operational (via CEPAS and/or Ixelles and/or Citydev and/or Liège...) We also plan to install 8 new modules (2 under construction, 6 to be financed), and to create and/or strengthen partnerships to construct or provide modules (Chenelêt, Rising You, Helézou...)

## MY WAY - Personal fulfillment in one's home

This phase of post-follow-up was baptized “My Way” and the new concept was implemented from February 2021. The patient reaches this phase once s/he is stabilized at home and has sufficient network contacts. Once basic needs are satisfied, work with the patient focusses on well-being, health and the reduction of the risk of losing the home again.



In 2021, 62 persons in total were accompanied by “My Way”, 25 by Housing First and 37 by Housing Fast; among the latter 14 joined in 2021.

4 persons returned to follow-up at home and/or to intensive follow-up on the street because of deteriorating circumstances or the loss of a home.

We have 16 active sympathizing visitors for whom common supervision was organized during the year. Individual supervisions were also introduced when requested.

There were 2 movings.

**The team is multidisciplinary:** educator, social assistants, nurse. We attached importance to have a group of workers with basic knowledge of the association network and its way of functioning. Even if the people we follow up sometimes still need help in psycho-medical-social matters, the role of My Way tends to be second-line. In fact, the persons should normally be capable of looking after themselves autonomously; anyway, that’s what we want to achieve with them and what we wish to generalize.

**My Way differs** from the “street” and “housing” sections, principally because de supported people are no longer considered to be our “patients”. The assistance relationship is no longer the classical one of “care giver and care receiver”, however important it was under circumstances prevailing on the street and at the beginning of housing (pro-activity, intensive accompaniment, a supporting and strongly present team).

My Way rather focusses -on the one side- on developing individual projects with the person to make life again meaningful and -on the other- on making him/her independent – case by case, in function of needs, available means and difficulties. That requires a different attitude: no longer intervene whenever something needs to be done but establish new contacts the person can rely upon. And all this with the aim of allowing us to withdraw entirely as the person no longer needs our support.

This year, we imagined and created tools **based on recovery plans at home “C’est à Toit”, “Où j’en suis”**, to trigger discussions about projects the person wishes to realize. These tools have been kept simple and playful to make them understandable and easy to use. We implement them the first time when the person enters My Way, and then every 6 months for verification.

To begin with, we present the team and its aims. We explain to the person that entering this phase is good news because it means that his/her situation has been stable for some time; they are well, are autonomous in certain matters (own home, rent payment, health...). We ask how s/he is and would like to do.

That makes it possible to lay the foundation for our accompaniment and to determine what to work on, with us or on their own. Then we try to identify a particular project for which the person might need assistance, who could support, and how it could motivate in daily life.

Here is an example: Mr. L is bored stiff, does not feel like doing anything and sits sulking at home. So he invites his street friends for a drink. Nevertheless, he has a project: visit his son who invited him to spend a week with him in Wallonia, to meet his grandson he has never seen before. The team thinks that this a very meaningful project, convinced as it is that, to activate and prompt change, the initiative must come from the person him/herself. To achieve that aim, we agreed the necessary steps with Mr. L – which is laborious with people like him.

First, he wanted to be vaccinated against Covid to travel with a quiet conscience. He got an appointment, and we went with him because he did not dare to go alone. Then, together with his resource manager, we established a budget for new clothes and presents for his family.

Several weeks can go by between each step. We respect everyone’s rhythm because any change pushes the person out of his/her comfort zone – which can be most uncomfortable for them. Some changes are frightening, induce immobility and even paralysis. My Way helps them moving forward, facing these changes. That explains why the follow-up can last several years.

Finally, we also started a **partnership with EGONET**, a new project of UCLouvain, which develops a **sociogram**, an instrument capable of charting the formal and informal network of people.

Our objective **for 2022** is to welcome 15 new people in My Way. We want to organize two community meals and present our work each month twice to networks. The animal mediation project will be continued and reinforced. We also want to broaden our skills through training in areas like art therapy, motivational conversations, etc. The criteria for ending the follow-up will be reviewed and better defined. Finally, we hope to recruit new colleagues from socio-cultural and/or artistic circles to give our follow-up a more varied and innovative content.



## **TRAINING - 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.**

As training had to remain suspended in 2021 for sanitary reasons, we started to develop online training that should start in the course of 2022.

Face-to-face training sessions are also planned for 2022.

## 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.**

### Influencing policy

In January 2021 a new circle was created within Street Nurses: **The Circle for Influencing Policy**. Our organization built, over 15 years, strong field expertise and now also wants to pursue other ways to promote durable change. Because we know that the decisions and actions of decision makers have a huge impact on the living conditions of homeless people

The **main task** of the Circle was this year to **define its strategy and objectives**. Long, collective work, with the participation of representatives from different sections, resulted in the establishment of three priorities:

- promote the availability of social housing for homeless people;
- strengthen secondary prevention by including housing among the provisions for the release from institutions;
- facilitate access to rights through administrative simplification.

The Circle launched a thorough examination to define more precisely the objectives and indicators related to these priorities.

In parallel with the definition of the strategy for influencing policy, we had several **(in)formal meetings with communal and regional political actors**, principally to draw their attention to problems in the field. Talks also took place with different political parties of the majority and the opposition (Ecolo, PS, MR, etc.)

Furthermore, the Circle is tasked to **react to current events** broadly related to homelessness. It drafted five “cartes blanches” on different subjects such as the consultation commission for housing, rehousing after prison release, etc.

While 2021 saw the creation of the Circle for Policy influencing, it was also the year of the **end of the 400Toits campaign**, started in 2017 for a 4-year duration, in cooperation with Rolling Douch, l’Entraide de St-Gillis, Habitat&Humanisme, 4wings, Collectiv-a, archi-human, le forum, RBDH and NuNeeds. The aim of this campaign was to raise the awareness of the public and authorities around the availability and construction of affordable housing as a means to end homelessness in the Brussels Region. Key facts from the 4-year campaign are :

- The “Face-à-Face pour un logement » meetings (2017, 2018, 2019) during which we could count on the support of 300 volunteers to contact homeless people and get a better understanding of their needs and their profile.
- The “Challenge Citoyen” (2018) during which six teams from the Ichech Brussels Management School presented fresh ideas to assist homeless people in getting a new home.
- The home modules (2018) to meet the need for homes and to benefit from fallow and temporarily vacant lots. In July 2018, two home modules were installed and subsequently moved to a new fallow plot in Brussels.

- Participation in international campaigns. Since 2018, 400Toits could count on the support of two campaigns (The European End Street Homelessness Campaign with World Habitat, and A Place to Call Home with IGH). Thanks to these campaigns we have been able to discuss the banning of homelessness at world level while questioning our own ideas.
- Cooperation with Brussels communes. 400Toits exchanged ideas with different communal actors (CPAS, aldermen, mayors) to discuss housing solutions on their territory, find plots for home modules, set up consultation platforms on homelessness, etc.

## EXTERNAL COMMUNICATION AND PUBLIC RELATIONS

The communication of Street Nurses supports the organisation in various ways. A first mission consists of building and maintaining a circle of sympathisers that financially and materially support the organisation and give the organisation's messages extra resonance.

In addition, Street Nurses wants to inform the broader society about and raise awareness on the issue of homelessness and to testify about the efforts made by homeless people to get out of their situation.

Finally, Street Nurses' communication also supports the organisation's political lobbying work, by mobilising citizens and building support for the social changes that are needed to end homelessness.

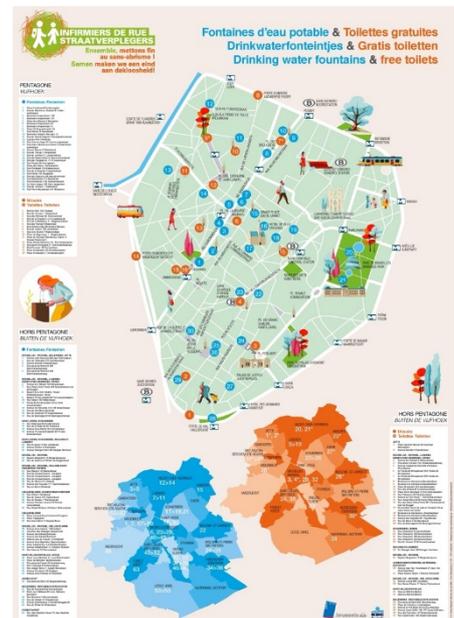
### Communication and awareness raising

Apart from the ongoing communication work (publication of articles on the website and social media, media contacts, communication campaign, etc.) there were **five important projects** on the agenda in terms of communication in 2021, the year of the 15th anniversary of *Street Nurses*:

- **The elaboration and launch of the new *Map of drinking water fountains and free public toilets in Brussels***

In close collaboration with a group of our own volunteers, the initiative *Peesy.be* that developed an app with all the public toilets in Brussels, and the research group *HyPer* (water precarity) of the *ULB (Free University of Brussels)*, the existing map was thoroughly updated and given a new design. The map was launched on 28 June by a joint press conference, which was very well received. The plan was also displayed in the *STIB* metro stations.

- **The realisation of a general presentation video**  
Throughout the year, recordings were made for a general presentation video, which should help to convey the message, functioning and methodology of the different departments of *Street Nurses* to a wider audience. The video was made in collaboration with director *Gaëtan Leboute*. The publication of the final result is planned for early 2022.
- **The renewal of the Handbook "*Sortir de la rue* »**  
On the occasion of its 15th anniversary, a revision of the handbook "*Sortir de la rue*" (currently only available in French) was started. The previous edition dated from about seven years ago, and therefore needed to be updated. In collaboration with journalist *Aurore D'Haeyer*, the existing text has been and still is being thoroughly rewritten, and new chapters have been added regarding the evolutions the "*Street Nurses-methodology*" has undergone over the past few years. The publication of this updated edition, however, is planned for 2022.



- **The organization of the first edition of the *Brussels Sleep Out* and the final edition of the "Badlük" campaign**

On 17 December, the first edition of the *Brussels Sleep Out* took place, an awareness and fundraising event that we linked this year to the end-of-year "Badlük" campaign. It was a pilot edition, which by necessity had to take place mostly virtually and for which we received the valued support of the Brussels marketing agency *AddRetail*. The public was challenged to spend the "longest night of the year" at home or in limited company in open air or anyway outside the comfort of their familiar warm bed. In this way, we created on the one hand the possibility to sensitise and inform the participants on the issue of homelessness and on the other hand the opportunity to support our operation financially. During the event a *Facebook live* was set up where our colleagues of the field teams could talk about their work and elaborate on the multiple questions of participants.



The *Badlük* media campaign was launched for the third and final time in 2021. Once again offered by the marketing agency *Expansion*, a solid media plan was set up for both Brussels and Liège with street posters, radio and TV spots and print ads. The campaign was 100% financed thanks to the efforts of the *Expansion* team, the willingness of the participating media and the sponsoring by *KBC-Brussels*, *The National Lottery*, *CHC Groupe santé* and the construction company *Préfer*.

- **Communication around the 15th anniversary of *Street Nurses***

In 2021 *Street Nurses* celebrated its 15th anniversary. We did this - given the sanitary restrictions - with a small-scale internal event with the current staff members, ex-colleagues and our loyal volunteers.

In addition, a two-part Podcast was realised. In the first part, co-founder *Emilie Meessen* and medical coordinator *Pierre Ryckmans* look back on the evolution of the organisation and the homelessness issue. In the second episode, other colleagues and a patient have their say. Thanks to the cooperation of consultant *Boost Us*, we were also able to make a short video to mark the 15th anniversary.

In December, an extensive two-page article appeared in *La Libre Belgique* about the work and evolution of the organisation over the past 15 years.

## Fundraising

In terms of fundraising, the main focus was on a crowd funding campaign for the *My Way* project, the *20KM of Brussels* and a new *face-to-face campaign* to recruit monthly donors.

- **Crowdfunding My Way**

- In late 2020, early 2021 the new team "*My Way*" was introduced within the operations of *Street Nurses*. This is an expansion and intensification of the former "*post follow-up*", where people who have been stabilised for some time in their new homes are encouraged to continue in their social reintegration and to work out a new life project.
- To support the launch of the new department, which was partly self-funded, we set up a crowdfunding campaign that raised just under €16,000.

- **20 KM of Brussels**

After a year of absence due to the corona story, the *20KM of Brussels* was organised again in 2021. However, the event was now organised halfway through September (normally at the end of May) and was only announced shortly before the summer. Therefore, there was only limited time to recruit participants. In the end, we were able to mobilise a team of about 50 runners, of which an important part was brought together by *The Positive Thinking Company*, a loyal sponsor of our 20KM team for many years now. However, the financial result remained limited.

- **Donor acquisition**

- Attracting new loyal donors remains a challenge and a necessity in order to maintain the financial stability of the organisation.
- After the positive experiences with this kind of acquisition in 2018 and 2019, a public tender was issued in 2021 for a new cooperation regarding the recruitment of new donors via the *face-to-face method*. For the orderly set-up of the procedure and the elaboration of the specifications, we were able to count on the pro-bono assistance of CMS, a specialised law firm.
- In the course of November and December 2021, a new wave of recruitment could be set up, the results of which will be noticeable from spring 2022 onwards.

Fundraising in 2022 was less smooth than in the corona year 2021. Perhaps the sense of urgency had disappeared and a certain degree of donor fatigue had set in, the corona crisis had begun to affect some members of the public and, from mid-2021 onwards, the energy crisis became a pressing issue with a major impact on the spending possibilities of private individuals. Because of the corona crisis, it also remained very difficult to organise events, traditionally also a source of income for *Street Nurses* and similar organisations.

Despite all this, the year still ended on a positive note and the initial fundraising targets were almost achieved, although there was a clear decline compared to 2020.

## STAFF MANAGEMENT

The **year 2021** saw a lot of work on **wage policy**. A working group was created to ensure each staff member of a correct and harmonized wage. The result of the discussions was submitted to the field teams and management staff. They all gave their comments, and the Management board adopted the proposals.

This is a collaborative process in accordance with the way of functioning applied by Street Nurses since several years.

We also focused on the **revision of collaborative governance**. Boost US, composed of consultants for collaborative enterprise, reviewed the organigramme and drafted it in circles, and created new meeting spaces, based on an evaluation and an adaptation to our needs and our new team.

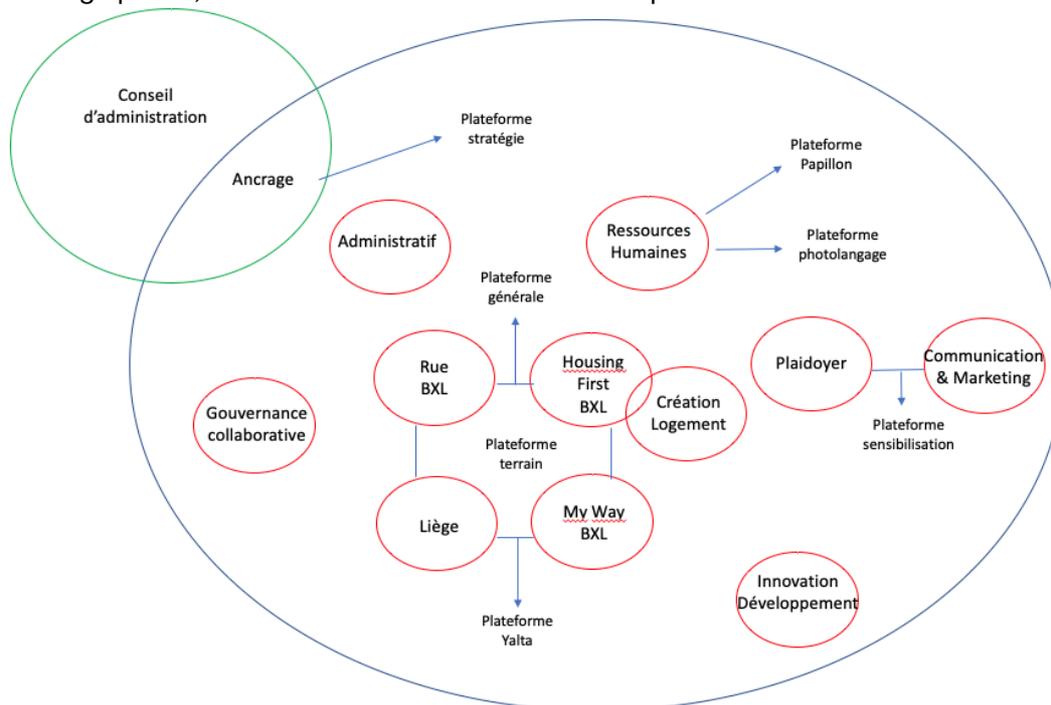


Figure 2: Collaborative governance - Street Nurses' organizational chart

Equally this year, we continued to manage the sanitary context, aligning our measures with political decisions, and focusing on the well-being of workers and on their evaluation.

We set up **different working groups**, composed from workers from different sections; peer help, prison, violence against women, ethics) to examine the state of affairs and take concrete action.

At the end of 2021, our organization employed in total **47 staff** members in Brussels and Liège.

GESTION			PLAIDOYER			COMMUNICATION					
<b>Pierre</b> Coordinateur & médecin 	<b>Emilie</b> Coordinatrice 	<b>Sébastien</b> Gestion Finances 	<b>Ourania</b> Responsable RH 	<b>Sophie</b> Responsable Récolte de fonds 	<b>Malté</b> Responsable administratif & RH <i>payroll</i> 	<b>Arnaud / Adrienne</b> 	<b>Koen</b> Responsable <i>comm</i> 	<b>Laurène</b> Chargée de <i>comm</i> 	<b>Coralie</b> Webmaster 		
<b>Elodie</b> Secrétaire 	<b>Chloé</b> Logistique 	<b>David</b> Chargée des formations H&P 	<b>Maxime</b> Projet modules 	<b>Romane</b> 							
RUE			LOGEMENT			MY WAY			CAPTEURS / GESTION LOCATIVE		
<b>Joséphine</b> Resp <i>infi</i> 	<b>Elisabeth</b> Infi <i>infi</i> 	<b>Sarah</b> Infi <i>infi</i> 	<b>Audrey</b> Repts <i>infi</i> 	<b>David</b> Infi <i>infi</i> 	<b>Manon</b> Infi <i>infi</i> 	<b>Louise N.</b> Travailleuse sociale 	<b>Gaëlle</b> Travailleuse sociale 	<b>Guillaume</b> Travailleur social 	<b>Fiona</b> Gestionnaire locative 	<b>Olivier</b> Capteur 	
<b>Natalia</b> Infi <i>infi</i> 	<b>Eva</b> Infi <i>infi</i> 		<b>Sarah DB</b> Infi <i>infi</i> 	<b>Louise A</b> Infi <i>infi</i> 	<b>Nassira</b> AS <i>infi</i> 	<b>Thomas</b> AS <i>infi</i> 	<b>Pierre</b> Travailleur social 	<b>Laure</b> Travailleuse sociale 	<b>Wanda</b> Gestionnaire locative 		
<b>Margaux</b> AS <i>infi</i> 	<b>Amel</b> AS <i>infi</i> 										

Our aim **for 2022** is to centralize the functions of the person responsible for human resources. Furthermore, we must improve provisions regarding well-being and evaluation, the publication of posts, the recruitment process, and the administration.

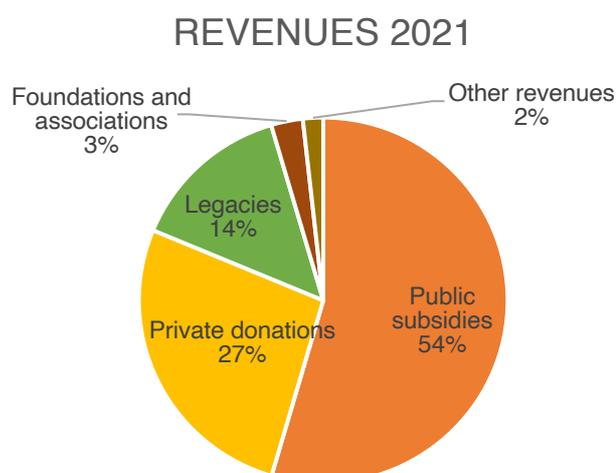
## FINANCE

### Accounting situation

As of December 31, 2021, the balance sheet total amounts to 2,890,635.30 euros and the result of the year amounts to 821,914.11 euros. The annual accounts are published at the Belgian National Bank<sup>6</sup>.

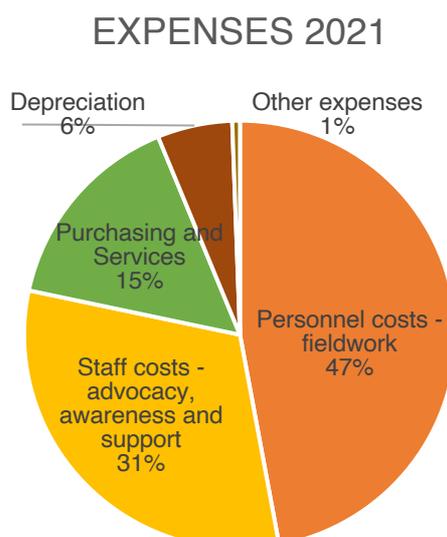
### Distribution of revenues

As of December 31, 2021, total revenues amount to 3,302,303.60 euros.



### Distribution of expenses

As of December 31, 2021, total expenditures amount to 2,480,389.49 euros.



<sup>6</sup> Company number : 0876.908.803.

## TRANSPARENCY

The financial accounts and the accounting of the association are kept by the financial manager and the fiduciary Cogitax. The administration of human resources is carried out by the administrative manager and the external social secretariat SD Worx.

The accounts of the association are certified annually by a certified accountant ITAA. Since 2016, the accounts are also audited by **Donorinfo**<sup>7</sup> and published on [www.donorinfo.be](http://www.donorinfo.be). In addition, since 2013, Street Nurses is a member of the Association for Ethics in Fundraising (A.E.R.F.)<sup>8</sup>.

Street Nurses has the nonprofit approval allowing donors to benefit from a tax reduction for donations made in money from 40 euros.



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<sup>7</sup> The Donorinfo Foundation informs the public impartially and transparently about the activities and financial means of Belgian philanthropic organizations that help people in need.

<sup>8</sup> This Association has a control body defined by the Internal Regulations. It is the first complete and self-regulating mechanism on ethical fundraising issues in Belgium.

# APPENDIX

## A. Statistics 2021

The following statistics are presented through 4 chapters:

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).

### 1. The people we care for

#### 1.1. Total patients as of 31/12/2021

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 31/12/2021	At 12/31/2020	At 31/12/2019
Reports (partners and third parties)	685	645	568
6&+	228	208	171
Active pre-follow-up	77	194	137
Inactive pre-follow-up	609	445	334
Follow-up	61	59	54
Post-follow-up	62	53	60
Died during the year	20	19	20
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 31/12/2021.

	In 2021	In 2020	In 2019
People who have been supported during the year	77	67	71

### 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 2021	In 2020	In 2019
New follow-up patients	18	8	24

### 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 2021. Some of them may have died, disappeared or changed their status during the year.

	In 2021	In 2020	In 2019
New active pre-follow-up	48	149	128

### 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 2021	In 2020	In 2019
Number of people supported into housing during the year	14	5	11

### 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 2021	In 2020	In 2019
Number of people who were monitored, post-follow-up, in the year	69	60	67
Number of them who have returned to our service for follow-up during the year	5	5	4
Percentage	7 %	8 %	6 %

### 1.7. Deceased persons

Persons who died in the reference year (2021) and by category. People with inactive pre-follow-up and first contact status are not included.

	In 2021	In 2020	In 2019
Active pre-follow-up	3	3	5
Follow-up patients	3	4	5
Post-follow-up patients	4	7	4
Reported to us (partner and third party)	2	2	3
<b>Total</b>	<b>12</b>	<b>16</b>	<b>17</b>

### 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 12/31/2021	Post-follow-up patients on 31/12/2021	Total number of follow-up and post-follow-up patients 31/12/2021	Deceased patients (follow-up and post-follow-up) in 2021	Missing patients (follow-up and post-follow-up) in 2021
Belgium	42	52	94	5	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	1	2	3	0	0
Ghana	1	0	1	0	0
Unknown	0	0	0	0	0
India	2	0	2	0	0
Italy	0	1	1	0	0
Morocco	4	2	6	2	0
Poland	2	1	3	0	0
Portugal	0	0	0	0	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
<b>Total</b>	<b>61</b>	<b>62</b>	<b>123</b>	<b>7</b>	<b>0</b>

### 1.9. Gender

This table shows the number of male and female patients that we supported in 2021.

	Follow-up patients on 12/31/2021	Post-follow-up patients on 12/31/2021	Total of follow-up and post-follow-up patients on 31/12/2021	Patients (follow-up and post- follow-up) in 2021	Missing patients (follow-up and post-follow-up) in 2021
Women	22	15	38	0	0
Men	39	47	86	7	0
<b>Total</b>	<b>61</b>	<b>62</b>	<b>124</b>	<b>7</b>	<b>0</b>

### 1.10. Age

The following table indicates the average and age range of follow-up patients on 31/12, i.e. 61 people in 2021 and 58 people in 2020.

	On 31/12/2021	On 12/31/2020
Total average age of all our follow-up patients	51	50
Average age of women supported	50	48
Average age of men supported	52	51
Youngest patient(s)	33	29
Oldest patient(s)	72	79

### 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. 62 people in 2021 and 53 in 2020.

	On 31/12/2021	On 12/31/2020
Total average age of all our post-follow-ups	58	59
Average age of post-supported women	60	60
Average age of post-supported men	57	59
Extreme ages: the youngest	30	34
Extreme ages: the oldest	89	88

## 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 61) 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 31/12/2021	% by 2021	On 12/31/2020	% in 2020
<b>Total number of supported patients</b>	<b>61</b>	<b>100 %</b>	<b>59</b>	<b>100 %</b>
Number of people with chronic physical health problems	46	75,4 %	44	74,6 %
Number of people with mental health problems	47	77 %	39	66,1 %
Number of people with recognized addiction	48	78,7 %	50	84,7 %
Number of people who have 2 diagnoses (mental or physical health problem, addiction)	50	82 %	50	84,7 %

### 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 (114) in the 46 patients with physical health problems.

	Number	Percentage
Digestive disease/ gastroenterological disease	17	15 %
Illness of the osteo-articular system, muscles and connective tissue	11	9,6 %
Respiratory disease	15	13,2 %
Endocrine, nutritional, metabolic disease	12	10,5 %
Circulatory disease	15	13,2 %
Genitourinary system disease	7	6,1 %
Nervous system diseases	8	7 %
Skin disease	7	6,1 %
Traumatic injuries, poisoning, external cause of morbidity and mortality	4	3,5 %
Eye disease	3	2,6 %
Blood disease and immune system disorders	4	3,5 %
Infectious and parasitic disease	2	1,7 %
Ear disease	3	2,6 %
Other	2	1,7 %
<b>Total chronic physical health problems</b>	<b>114</b>	<b>100 %</b>

### 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 (48) among the 47 patients with mental health problems.

	Number	Percentage
Psychiatric pathology	16	33,3 %
Behavioural disorder	21	43,8 %
Mental illness	11	22,9 %
<b>Total Mental Health Problems</b>	<b>48</b>	<b>100 %</b>

Some indications about the categories used in this table:<sup>9</sup>

- 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

78.7% 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 (61).

	Number of patients with addiction	Percentage
Alcohol	39	63,9 %
Tobacco	22	36 %
Drugs	18	29,5 %
Prescription medication	3	4,9 %
Sex	0	0 %
<b>Total reported addictions</b>	<b>82</b>	<b>/</b>

<sup>9</sup> These definitions have been established by Street workers, based on literature and the definitions of Housing First Belgium study.

### 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 2021	In 2020	In 2019
Connection/meetings	2985	4095	4069
Support	535	418	597
Care, advice, transfers	1047	2007	1040
<b>Total visits</b>	<b>4567</b>	<b>6520</b>	<b>5706</b>

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

2021	Meetings	Support to appointments	Care, Advice Transfers	<b>Total visits/activities</b>
January	200	33	43	<b>276</b>
February	261	29	113	<b>403</b>
March	303	56	132	<b>491</b>
April	291	53	111	<b>455</b>
May	260	50	97	<b>407</b>
June	233	52	108	<b>397</b>
July	233	39	65	<b>337</b>
August	269	43	102	<b>414</b>
September	237	40	52	<b>329</b>
October	232	51	72	<b>355</b>
November	232	50	72	<b>354</b>
December	234	39	76	<b>349</b>

### 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 2021	In 2020	In 2019
Calls received	5697	5519	5837
Calls made	8852	8991	9281
Meetings	77	152	163
<b>Total interactions</b>	<b>14632</b>	<b>14662</b>	<b>15 281</b>

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 2021.

	In 2021	In 2020
St. Peter's Hospital	239	645
Samu Social	552	504
Property Administrator 1	376	434
CPAS of 1000 Brussels	174	411
The Ilot	165	401
Property Administrator 2	327	376
AIS Accommodation for All	340	334
MM Couleurs Santé	77	259
AIS Baita	287	225
CPAS Saint-Gilles	161	218

### 3.4. Access to health care

The following table defines the number of patients who were supported in 2021 (77) 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 2021 are included in the table below.

	Access to care acquired in 2021	Access to care acquired in 2020
Health insurance	0	3
AMU	1	2
Doctor	12	3
Psychiatrist (including urgent observation - MEO)	10	8
Health card	8	1

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

From a total number of patients supported in 2021 (77) 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	38	49,3 %
'Move in' bonus	28	36,4 %
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 2021 (77).

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 2021 in the table below.

	Administrative procedures completed in 2021
Reference address (street)	4
Identity cards	11
Access to income	13
Property administrators	4
'Move in' bonus (lgmt)	1
Registered address (lgmt)	21
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 2021. 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 01/01/2021
People who have moved into permanent housing	165	12

### 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 2021, Street Nurses took 12 people off the streets, all of whom are now in permanent housing.

	On 31/12/2021	On 12/31/2020	On 31/12/2019
<b>Total</b>	<b>12</b>	<b>14</b>	<b>20</b>
Temporary accommodation	0	0	4
Permanent housing	12	14	16

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 12 people who left the street in 2021 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 31/12/2021	Au 31/12/2020	Au 31/12/2019
<b>Provisional</b>	<b>0</b>	<b>0</b>	<b>4</b>
Home	0	0	0
Psychiatric hospital	0	0	1
Rehabilitation	0	0	1
Post-care centres	0	0	0
<b>Sustainable</b>	<b>14</b>	<b>14</b>	<b>16</b>
Private accommodation	14	14	14
Group housing	0	0	0
MR	0	0	0
MRS / MRS psy	0	0	1
IHP	0	0	1
MSP	0	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.

	En 2021	En 2020	En 2019
Number of moves	10	5	13



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