



## The use of FEAD in Germany: Europa.Brücke.Münster

Counselling and accompaniment of mobile EU citizens  
in precarious circumstances

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This article informs about the Europa.Brücke.Münster (EBM), a project financed by the Funds for the European Aid to the most Deprived (FEAD, in German EHAP), which has existed since 2016. The EBM aims to foster the social inclusion of mobile EU citizens in precarious circumstances and homelessness living in Münster. Münster is a city with about 302,000 inhabitants in North Rhine-Westphalia and is famous for its university, cycling and churches but also for the very expensive and overcrowded housing market.

The financing of the project comes to 85% from the EHAP, 10% from the Managing Authority, the German Federal Ministry of Labour and Social Affairs, and 5% co-payment of the sponsor Bischof-Hermann-Stiftung (BHS), an NGO located in Münster. As it is a prerequisite for EHAP funding to cooperate with the municipality, the city of Münster is the main cooperation partner. The BHS runs, among other services, two emergency shelters for homeless men and one medical service for people without healthcare insurance and has many years of experience regarding services for homeless people.

The EBM was established as a response of the BHS to the increasing number of mobile EU citizens becoming destitute while using their right of free movement in the EU and seeking advice in the shelters. This group included not only homeless single men, but also families with (small) children, homeless single women or women working as street sex workers. Members of this group often do not find access to existing regular social support services for various reasons, for example, a lack of language skills, exclusion from social benefits or a lack of knowledge of the existing system.

Using FEANTSA's ETHOS definition, up to 90% of the target group is affected by homelessness, absolute poverty and often has no (sufficient) healthcare insurance which leads to social exclusion and vulnerability. The staff counts around 250 new adult clients plus around 50 to 60 children each year. Around one third of the adult clients are women. Most of the clients come from Bulgaria (35% in 2017), followed by Romania (15% in 2017) and others from around 17 different EU member states.

Until the start of EBM there existed no comprehensive offers from society for the particular needs of this group. Against this background, the EHAP offers a very helpful framework to effectively support a target group that has so far received little attention. According to the aims and objectives of EHAP Operational Programme II (OP II), the overarching goal of EBM is the further improvement of the integration into the society of the target-group.

The activities of the staff – consisting of three social workers and one nurse – are counselling, personal assistance, and support as well as outreach on a low-threshold level. A special focus lies on the particular requirements of people in need of protection within the target group, such as the elderly, disabled or families with small children. The premises for counselling are located in the city centre and are easy to reach for the beneficiaries.

The EBM contributes to the short- and long-term improvement of the beneficiaries' lives in several areas like housing, healthcare, education and existential support. Examples for ending homelessness are the creation of access to short and long-term shelters for single people, accommodation in shelters for families and, if applicable, to the local housing market.

The healthcare situation is improved, for example, by the referral of clients to free medical service offers for people without healthcare insurance. For a sustainable connection to the health-care system clients are accompanied to a specialised project for the clearing of healthcare insurance in Münster, which is called “Klar für Gesundheit”.

At the same time, some problems still remain: acute destitution is a challenge that cannot be addressed within an EHAP project, as the OP II only approves non-material assistance in form of counselling and referrals to existing support offers. In view of the fact that there are no services in Münster offering free access to food for small children, for example, there remains a serious gap here. Another critical point is that the EHAP does not support guidance on labour market integration in order to avoid a combination of EHAP and ESF funding. At first glance, this seems to make sense. At the same time, however, EHAP projects in Germany experience that the prerequisite for access to ESF projects is access to social benefits. The right to obtain those benefits depends on a so-called “workers status” that most people don't obtain. This relationship can be described as a vicious circle. A third concern is the partially unlawful expulsion of social benefits or housing, which requires legal advice. As this is not foreseen in the EHAP, it leads to an increasing decline and to social exclusion, especially for vulnerable people.

With these backgrounds in mind, the EBM sees some potential for improvement within the framework of the EHAP. These include the possibility of combining material and immaterial support, guidance on labour market integration and the possibility of providing legal advice in the event of unequal or unlawful treatment.

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