

Homeless in Europe

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Services for Homeless Mobile EU Citizens



FEANTSA
30 YEARS



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Services for Homeless Mobile EU Citizens

By **Mauro Striano**, *FEANTSA Policy Officer*

I am one of those who have left the country in which they were born to move and settle in another European Member State. I had the luck to find the opportunities I was looking for, I studied, have been working for many years, obtained permanent residence, I have a new family here. Had I not adopted the nationality of my new country, I would be called a “mobile EU citizen”, according to European jargon. That term would not describe my situation: I am not mobile, I have spent one third of my life here. And sure, I have forgotten that I am technically an immigrant. Things could have gone differently had I not had some financial support from my family during the first months I arrived as a job-seeker, had I not had some friends who helped me find my first low-paid jobs, had I not had the right to get student jobs while I finished my masters, had I started my professional career a few months later when the effects of the financial crisis kicked in and finding a job became harder. And even on my smooth personal journey, I met landlords who rented without rental contracts and did not want me to register at the address where I was living, and I met employers who did not want to give me a job because I was not registered. Funnily enough, once, the owner of a movie rental shop did not accept me as a customer because I was not registered at the municipality.

Thousands of EU citizens have moved to another Member State and have become homeless there. The number has increased over the last ten years. The reasons are many, but just to give an idea of the kind of profiles, here is a short list: people working with low salaries and struggling to find affordable housing; people who have lost their job and have not contributed enough to have access to the social assistance system; people who have lived in the ‘country of destination’ for ten, fifteen and even more years, who used to work without a work contract and have become too old to work or have had an accident; people who have been living in the street for too long and are affected by mental illness or substance abuse disorder; sex workers

whose accommodation depends on their employer and even when they could potentially register as self-employed they are forced not to do that. Provision of services is therefore particularly complicated because there are many different profiles and vulnerability factors.

Over the last few years, several specific programmes for destitute mobile EU citizens have been developed. It is important to stress that most of these programmes were set-up because there was a clear demand for low threshold homeless service providers. It is therefore homeless organisations that took the initiative, rather than public authorities. Services such as Europa Brücke in Münster – presented in this issue by Stefanie Beckmann – and Kompasset in Copenhagen – presented by Maj Kastanje – aim at guiding destitute mobile EU citizens through administrative procedures, help them find a job and to obtain health insurance. Other types of support provided includes registering a postal address, obtaining a tax number, opening a bank account, enrolling children in school, appealing a decision taken by the administration and so on. The same kind of advice programmes are currently implemented by other homeless service providers. The Stockholm City Mission was one of the first homeless providers that developed such advice and counselling services, namely *Crossroads*, which was later implemented in other Swedish cities such as in Gothenburg and in Malmö by the respective City Missions. In the same line of thought, GEBEWO and Caritas Ambulanz in Berlin set-up *Frostschutzensengel*, which provides mobile support in health clinics and day centres.

Several years of FEANTSA working on homelessness among mobile EU citizens, and particularly the project we are currently carrying out – PRODEC, Protecting the Rights of Destitute mobile EU Citizens – have identified the weak, or missing, link between professionals working with homeless people and legal expertise as one of the main challenges. On one hand, homeless service providers

LETTERS TO THE EDITOR

We would like to give you the chance to comment on any of the articles which have appeared in this issue. If you would like to share your ideas, thoughts and feedback, please send an email to the editor, emma.nolan@feantsa.org



do not often have the legal expertise to adequately respond to their beneficiaries' needs, and on the other hand, legal experts may lack specific knowledge related to destitute mobile EU citizens' issues. It is therefore paramount to try and connect these two separate worlds. With this aim, the Public Interest Law Unit (PILU) launched a phone advice and referral line, advertised through frontline organisations working in the homelessness and migration sectors across London. As Jean Demars explains in his article, PILU also delivers monthly legal clinics through 8 partners where large numbers of homeless EU nationals search for housing, welfare benefits and access to employment support. As is the case for other services working with mobile EU citizens, their advice and counselling work is coupled with street outreach. PILU does that along with the Roma Support Group (RSG) as many Roma people have been affected by Immigration Enforcement operations over the years.

Besides precarious working conditions, labour exploitation, administrative obstacles and the lack of housing solutions, access to primary healthcare is a major challenge for destitute mobile EU citizens who do not have health insurance in the country where they now reside. Particularly with regard to the treatment of chronic illnesses, for which regular and continuous administration of medication is necessary, mobile EU citizens who are not insured face a great problem. To prevent these chronic illnesses escalating and requiring emergency treatment, access to primary care is necessary. In Vienna, *neunerhaus* runs a health clinic which is accessible by all patients, insured or not, and destitute mobile EU citizens are this way able to get the treatment they need. The video interpretation service that the service uses during the doctors' consultations in order to communicate with patients who do not speak German is very useful.

In a perfect world, all individuals should be able to access the services they need in the city where they live. Unfortunately, this is not the case. Access to social benefits and to services is conditional on having the right to reside. Residence rights for mobile EU

citizens can be a very difficult matter. EU law clearly covers certain categories of mobile EU citizens while for others it is unclear. On top of that, the interpretation made by national authorities and, therefore, the implementation of EU law at national level can be particularly problematic. In recent years, there has been a clear tendency to restrict residence rights for mobile EU citizens. In light of this, can voluntary returns – also called 'reconnections' – be considered one of the solutions? I personally think that there are many conditions to be met, among which: there must be individual will so that the option is not imposed, or induced; there must be an adequate phase of preparation; the service that reconnects must make sure that the individual 'lands' properly, i.e. in certain reconnection programmes, the social workers go with the person who decides to go back and stay a few days with her or him; a follow-up mechanism must be put in place so as to adequately monitor voluntary returns in a European framework. The question is also whether a few dozen people reconnected every year is an effective answer to homelessness among mobile EU citizens. These questions and others are discussed in an interview with *Barka*, a Polish NGO that runs reconnection programmes in several EU cities, including Brussels and Antwerp.

Public authorities, especially cities, are frantically looking for solutions. Collaboration between public authorities and homeless service providers needs to be improved, also to avoid situations in which NGO resources are conditional to activities that can jeopardise mobile EU citizens' residence rights. Over the last few years, political choices are putting a lot of pressure on homeless service providers, especially when it comes to providing support to irregularly-residing migrants, including EU citizens. As FEANTSA we defend the access to services for all, regardless of the individual's administrative status, and we are aware of the challenges that our members have been facing and the difficult decisions they have to take.

“Besides precarious working conditions, labour exploitation, administrative obstacles and the lack of housing solutions, access to primary healthcare is a major challenge for destitute mobile EU citizens”



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

Counselling and accompaniment of mobile EU citizens
in precarious circumstances

By **Stefanie Beckmann**¹, *nurse and social-counsellor Europa.Brücke.Münster,
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“The healthcare situation is improved by the referral of clients to free medical service offers for people without healthcare insurance”

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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Forget about the law: Systematic and multiple exclusion of destitute mobile EU citizens in Denmark

By **Maj Kastanje**¹, *cand. scient. soc. Counsellor and project officer, Kompasset Kirkens Korshær*

KOMPASSET – ASSISTING HOMELESS MIGRANTS

Kompasset (The Compass) is a Copenhagen-based service for unregistered homeless migrants, founded by the national NGO Dan Church Social (Kirkens Korshær). Since 2013 we have been working to assist unregistered homeless newcomers in navigating the Danish system and society, as well as providing basic social services, such as shelter, shower, food, storage facilities, outreach services etc. 75 % of Kompasset's users are unregistered mobile EU citizens, and 20 % are unregistered Third Country Nationals with residence permits in other EU countries². By *unregistered* we mean unregistered in Denmark. Around 1000 different people use Kompasset's services every year, some for a very long time and others very briefly. Apart from the direct social work and relief, we also approach the issue of homelessness and migration from an investigative angle and do advocacy work to try to secure the rights of our service users on an institutional level.

The reason for opening Kompasset was the increase in street homelessness that followed the expansion of the EU in 2004 and 2007 – as seen in many other northern and western European cities. An increase powered mainly by poor and job seeking migrants from central, southern and eastern European countries, exercising their right to free movement within the EU. This resulted in intensified pressure on Dan Church Social's existing homelessness services, that found themselves unable to accommodate the newcomers, in terms of space but also in terms of the guidance and counselling.

Another reason for opening Kompasset was the way public homelessness services had responded to the newcomers; following a political statement in 2007 from the social minister at the time³ - that legally speaking was incorrect - all of them were denied access. This resulted in a split: Danish homeless people remained in the public services and the newcomers filled the privately-run ones to the absolute limit. We therefore needed to rethink the organisation of our services, and after running Kompasset as a small counselling unit, exclusively funded by private donations, it was in 2016 merged with two of DanChurch-Socials day shelters and became the multi-service house Kompasset we have today.

FREE MOVEMENT AND THE WELFARE SOCIETY

Free movement of labor within the European Union is and has been an enormous financial advantage for Denmark. It creates growth, jobs, and GDP has risen 5 % as a direct consequence of the inner market, amounting to more than 13 billion EUR in 2016⁴. Each mobile EU citizen from Poland, Romania and Lithuania who lives and works in Denmark contributes with a net surplus of more than 2000 Euros per year, where a Dane in comparison makes a deficit of almost 1000 EUR. One article concludes that roughly speaking, this means that each of the mobile citizens is worth 3000 more than a Dane and the idea that they should be welfare tourists could not be farther from the truth. On the contrary, they are - as a group - welfare givers⁵.

However, this seems to be a one-way street. The small group of mobile EU citizens whose migration endeavors temporarily or permanently fail, and who find themselves in destitution, are de facto still cut off from receiving the social assistance that they need. While many of them do have formal rights to access a variety of public services - as explained below - these rights most often do not materialise in practice. Although the destitute are in those exact situations where the social legislation ought to come into force and protect them, the opposite seems to be the case: they are systematically being excluded at almost all levels: from emergency accommodation facilities to municipal job centres to banks when trying to open an account, and by the municipal and administrative offices that are supposed to assist them.

WITHOUT A "YELLOW CARD" YOU'RE NOBODY

Why is this?

Through the experiences that we have gained during the past 6 years working with this issue, we can say that there are multiple answers to this question, of which I will elaborate on just a few in this article.

One major explanation is that Denmark is a highly regulated society, in which the ability to present a "yellow card" with a Danish personal number de facto equals legal residence⁶. The fact that someone can reside legally, but not possess this yellow card, is as strange to a Dane as celebrating Christmas without

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2 Due to the Danish opt out, the latter do not have similar rights as mobile EU citizens, primarily in the way that they are not allowed to access to formal labor market, without a specific work permit, which is impossible to obtain for low skilled workers

3 <https://politiken.dk/indland/art4777407/Illegale-%C3%B8steurop%C3%A6ere-lever-p%C3%A5-gaden>

4 <https://www.da.dk/politik-og-analyser/eu/2018/den-fri-bevaegelighed-er-en-gevinst-men-ikke-ubetinget/>

5 <https://europabevaegelsen.dk/myten-om-velfaerdsturisten-eu-borgeres-ret-til-sociale-ydelser-i-danmark/>

6 The "yellow card" is a health insurance card widely used for identification purposes as Danes have no national ID card.



“The survival strategies of destitute people have been criminalised by the passing of new restrictive laws”

a tree. If you do not speak Danish and you cannot present this card and number, more or less everyone will think you are “illegal”.

The problem for the mobile EU citizens we meet is that they remain unregistered until they have found a job, can present a work contract and register as workers. It is not possible to register at the State Administration as a jobseeker. At the same time, it is very hard to find employment when they cannot present a yellow card that proves their right to reside and work. Without it, they literally cannot enter the job centres in order to receive guidance on how to find a job and most employers will not hire them. And those that will, tend to be those that also exploit their workers and offer unreported employment.

This trap is just the first of many ‘catch 22’s’ that effectively maintain mobile EU citizens - if not pull them - into homelessness and destitution. And for those who manage to pass this critical point, there awaits a nightmare of bureaucracy and vicious administrative circles that in our experience are almost impossible to overcome. Only the strongest and most resilient make it through.

During this process people try to survive and find themselves in need of social assistance. According to Danish law on social services⁷, to be eligible for social assistance from e.g. homelessness services, you’d have to i) reside legally (§2) and ii) be in the target group of the service in question. Social workers are well trained to assess the latter, but not the former, as it is very complicated and unclear (see below). So, to be on the safe side, most of them ask to see the yellow card before letting people into their services. Especially because it is a criminal offence to assist a person to reside illegally in the country⁸. There has been an unprecedented focus on this issue in recent years⁹.

UNCLEAR CONCEPTS CREATE AN UNFORTUNATE LIMBO

This brings us to the second major reason why destitute mobile EU citizens are being excluded: the complexity and lack of clarity in central concepts of the free movement directive and its implementation.

First of all, many of the people we deal with travel back and forth, in and out multiple times a year, and since there is no border control or passport stamps, the time frames of 3 and 6 months seem really just fictive. Secondly, what does it mean to be a jobseeker, when there is no official place to register as such? To have a genuine chance of finding work? Last, what does it take to become an unreasonable burden to the

social system for someone who is not registered – and who makes this assessment? These are some of the questions we and our service-users are confronted with on a daily basis, and that can be very important for the situation of the person involved.

There is little or no help to be found from the authorities. It is our experience that the lack of clear definitions of central concepts creates a limbo, in which street level bureaucrats lose sight of the intentions of the free movement directive and are left with too much uncertainty and confusion. This has the unfortunate consequence that they tend to administer more in accordance with the current political atmosphere, than what is most correct according to instructions and current case law, as research supports¹⁰. The destitute citizen is most often not given the benefit of the doubt. And calling the EU-hotline is more likely to provide the caller with insight into the personal political preferences and moral assessment of the employee picking up the phone, than to provide legal clarity.

CRIMINALISATION OF SURVIVAL STRATEGIES

Meanwhile, the issue of destitute mobile EU citizens and their misfortune is being dealt with from a criminal perspective on street level. The survival strategies of destitute people have been criminalised by the passing of new restrictive laws in 2017 and 2018 that are vigorously enforced by immigration police: law prohibiting ‘intimidating camps’, law expelling people from whole municipalities - effectively cutting them off from collecting bottles or accessing social services - and a law increasing the penalty for begging. The latter is ironically now penalised much harder than pickpocketing.

In addition, we have received accounts of repeated abuse of power by the police: cases of homeless people being examined and held in custody for weeks, after which they have been released to the street without any explanation and without their documents. Cases where police have driven people outside of the city and pointed them in the direction of Romania and cases of police violence.

Does this sound a bit harsh or unlikely to take place in a nice and small welfare state like Denmark? Forget about what you heard about this little paradise. And forget about what is in the legislation and case law. When politicians and bureaucrats have decided to point out a scapegoat, there is no mercy. And for the time being, those who have been pointed out are homeless and destitute mobile Europeans from eastern Europe.

7 <https://www.retsinformation.dk/Forms/R0710.aspx?id=202239>

8 https://www.retsinformation.dk/Forms/R0710.aspx?id=194003_§_59_stk_2

9 Following increased support to right wing nationalists in Danish politics in recent years, it has come so far, that public funds have been withdrawn from an emergency night shelter in a local church, because the management could not provide a guarantee, that all service users resided legally, as the majority of them were unregistered mobile EU citizens. See: <http://nyheder.tv2.dk/samfund/2017-09-29-efter-tv-2-dokumentar-nu-skal-kirkens-korshaer-betale-170000-kroner-tilbage>

10 Thierry, Jessica Sampson and Martinsen, Dorte Sindbjerg (forthcoming 2018). Lost in Translation: How Street-Level Bureaucrats Condition Union Solidarity. *Journal of European Integration*, 40(6), 819-835



Professional, interdisciplinary care for people in situations of homelessness and mobile EU citizens without medical insurance: the neunerhaus health centre

By **Anja Christanell**¹, *head of the department of research and innovation at neunerhaus*, and **Stephan Gremmel**², *medical director at neunerhaus, Austria*

INTRODUCTION

People in situations of homelessness are - like other vulnerable groups of people - more affected by medical conditions than the general population. They have a significantly higher mortality rate, a higher rate of physical disabilities, and chronic diseases. Findings of a 2012³ evaluation study of Vienna's homelessness services show that three quarters of all participating people in situations of homelessness are confronted with one or more health problems: 57% of all responses were related to physical problems, 39% to mental and psychological problems. 20% of the respondents mention the consumption of alcohol and drugs as a health issue and every tenth person reports to live with non-substance related addictive behaviors. Considering the biographies of people in situations of homelessness, it becomes clear that almost everyone has experienced traumatising and stressful situations multiple times. Manifest poverty and the lack of employment are most often part of it.

There is a strong connection between health problems and socio economic problems.. Chronically ill people have fewer resources to take care of social contacts and economic aspects of their lives. People with limited financial and socio economic options also have fewer resources for health-preserving measures or necessary treatments, therapies and recovery.

As of now there is no reliable number of mobile EU citizens without medical insurance living in Austria. It is estimated that 10,000 uninsured people live in Austria. A reliable number can be given only regarding people who would be eligible for insurance, but for various reasons are not insured. This was the case for 4000 people in 2015⁴. On that basis the assumption can be made that the far bigger proportion of insured people consist of those who are not eligible.

The current excluding policy in Austria causes more and more people to become excluded from social security and basic services and increases the number of ineligible people.

THE RISING NEED FOR MEDICAL CARE FOR PEOPLE IN SITUATIONS OF HOMELESSNESS AND PEOPLE WITHOUT MEDICAL INSURANCE

For 12 years now neunerhaus has been offering medical care for people in situations of homelessness and for people without medical insurance: in 2006 outreach medical care was established in Vienna's homelessness service facilities, in 2009 the dental office opened, to which, in 2013, the general health care at the medical practice was added. Since 2010 the utilisation of those services has tripled. The number of children and adolescents taken care of has increased as well. The medical practice records an increase of 71% from 2016 to 2017, and the dental office records an increase of 28%. Out of 4,418 patients who were taken care of during 29,113 consultations in 2017, around 50% did not have medical insurance.

About a year ago, the neunerhaus health centre and the neunerhaus Café opened in Vienna's 5th district. Access to medical care for the previously mentioned population has therefore extended to nearly 800m². In the fields of general medicine, dentistry, nursing care and social work, different professions work together in interdisciplinary teams. This expansion has led to the opportunity to expand the teams too. As a result, people with chronic wounds can now get professional treatment. The services are easily accessible and the overcoming of formal, organisational, financial and social barriers has a high priority.

Besides open wounds, dental damages are the most common health problem for people in situations of homelessness and people without medical insurance. The dental office in the neunerhaus health centre offers people without medical insurance the same treatments that insured people in Austria get covered by their medical insurance: from restorative dentistry, to extractions, and prosthetic services. So far, such a broad range of treatments for people without medical insurance is unique in Austria and has gained extensive international recognition too.

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³ Riesenfelder, A.; Schelepa, P.; Wetzels, S. (2012): *Evaluierung Wiener Wohnungslosenhilfe. Zusammenfassung des Endberichts*. Wiener Sozialpolitische Schriften, Volume 4. Vienna.

⁴ Fuchs Michael, Hollan Katharina, Schenk Martin (2017): *Analyse der nicht-krankenversicherten Personen in Österreich. Endbericht*. Wien: Europäisches Zentrum für Wohlfahrtspolitik und Sozialforschung. Diakonie Österreich.



SERVICES AND INTERDISCIPLINARY PRACTICE AT THE NEUNERHAUS HEALTH CENTRE

Through design and the specific implementation of those services the neunerhaus health centre is a model for easily accessible primary health care, providing cost-free access for people regardless of their insurance status. Special emphasis should be placed on the following aspects:

• *interdisciplinary teamwork*

There is a strong connection between the health problems and the socio economic problems of vulnerable individuals and often enough they block each other. Interdisciplinary teamwork of different professions successfully allows the development of individually tailored treatment plans together with patients. These are fitted to their living environments and resources, and are therefore more likely to be carried out and realised. This solution and resource-orientated approach promotes participation and/or interest in health related topics and improves the conditions for long-term medical care.

This means for the daily practice, that the reception, for example, is always interdisciplinarily staffed. While the front desk receptionist takes care of the organisational procedures, social workers are easily approachable. All represented professions work together closely to provide support and care for the patients. The selection of the team members is orientated towards the needs of the individual patient.

To reach the most sustainable results possible, the particular specialised expertise of all professions will be valued without any predetermined hierarchies. Regular interdisciplinary team meetings and supervisions allow for a professional discourse in the context of case reviews.

• *easy access to and navigation of the healthcare system*

Vulnerable people often don't have access to the healthcare and social system, or they get confused and disorientated after a few isolated contacts with it. Easily accessible social work supports navigation to allow the independent use of existing services and to ensure a connection to sustainable medical care without the pressure to act.

At the neunerhaus Café people who have lost their trust in the healthcare and social system can, step-by-step, rebuild stable, professional relationships. Through this accessible, welcoming approach, even more people find their way into the health centre – including people with mental illnesses. As a result patients can succeed in claiming subsequent treatment.

The handling of complex psychosocial problems allows patients to access free resources for health-related topics, and consciously set their priorities. Through that, the compliance will increase substantially, while self-competence and self-efficacy are strengthened. Along with on-site counselling, social workers can also accompany patients on external appointments to ensure that they have settled in continuing programmes.

• *patient autonomy*

High emphasis is placed on patient autonomy at the neunerhaus health centre. Each individual may and should decide which treatments are happening and how they are happening. Doctors and social workers do their best to cater to the patient's individual needs. By maintaining a respectful and appreciative attitude they acknowledge that the people visiting the health centre are the experts on their life and environment. To ensure successful treatment, it is important to know which options someone has at all to realise treatment proposals.

For the doctors and the social workers at the health centre this means that they have to prioritise in cooperation with the patients and to plan the next steps together. Especially for those patients who have not made use of medical care for a long time due to negative experiences with the health system or due to rejections because of not having insurance, it is crucial to first build confidence and trust. Therefore, it has to be accepted and respected that health problems might not be the most urgent problems for someone and they might not be the reason people visit the health centre. Only by taking someone's priorities seriously confidence can be built and subsequently urgent medical care can take place.



SPECIFIC NEEDS OF MOBILE EU CITIZENS IN SITUATIONS OF HOMELESSNESS REGARDING MEDICAL CARE

The medical needs of mobile EU citizens basically correlate to the spectrum of health problems of other patient groups. This ranges from coughing, colds, and hoarseness to chronic diseases like hypertension and diabetes all the way to more serious diseases. It shows that, especially concerning the management of chronic illnesses, by which regular and continuous intake of medication is necessary, EU citizens face a great challenge. To prevent these chronic illnesses escalating and requiring immediate treatment, easy access to primary care is necessary.

In the case of mobile EU citizens, our social workers in the neunerhaus health centre clarify those cases where insurance protection in the individual's country of origin still exists. This clarification takes a long time and often turns out to be very complex. If insurance exists, part of the treatment can be billed to the Vienna Regional Health Insurance Fund. However, usually those clarifications lead to negative results because there is no remaining insurance protection in the country of origin.

Differences between mobile EU citizens and other patient groups emerge in the language barrier: mobile EU citizens utilise our offer of video interpretation more often. Through the use of video interpretation they are able to communicate their needs without language or culture barriers and as transparently as possible. Considering that lacking language skills or missing alphabetisation are central informal hurdles to accessing medical care, this offer is an important support especially for mobile EU citizens.

The fundamental requirement for good medical care is successful communication. In order to conduct medical consultations, therapeutic conversations, and social work related support efficiently and of high quality despite language barriers, all professional groups in the neunerhaus health centre work with video interpretation. This tool has been used in the medical services of neunerhaus since 2015 and is therefore an established practice for the employees. In 2017, 767 conversations were interpreted into 45 languages. In 2018 the usage of video interpretation at the neunerhaus health centre received the Vienna Health Award.

CHALLENGES THAT WE NEED TO FACE

The current financing structure consists of an agreement on accounting for services with the Vienna Regional Health Insurance Fund and direct funding by the Vienna Social Fund. Despite this support and close cooperation with the public authorities of Vienna, without the donations, the high standards of the provided service would not be able to be maintained and the high-quality equipment of the health centre would not be able to be funded. Especially with a view to the expenses for people without insurance, the public funding has to be supplemented by donations.

Future challenges for the neunerhaus health centre are related to the coverage of the needs of uninsured client groups with special considerations to easily accessible therapeutic offers for alcoholism, strengthening the integration of mental health and psychosocial care and the expansion of accessible services for health promotion.

Furthermore, there is a future risk of reinforced criminalisation of mobile EU citizens: an increase of controls and screenings of the legal residential status in front of other easily accessible facilities in Austria is noticeable. The accessible medical care and our status as a health centre so far provide a certain protection for those seeking help.

With the health centre, neunerhaus is taking a leading role in Austria and demonstrates how solidarity in society can work. Thinking ahead, not only people who are not insured benefit from it. If people who are not insured get medical care and support by social work at neunerhaus, then this lowers the costs for the health and social system. The supported people learn that an improvement is possible. Hereby we are not only thinking about the wounds on their skin but also about their perspectives of life.

“concerning the management of chronic illnesses, by which regular and continuous intake of medication is necessary, EU citizens face a great challenge.”



Defending the Rights of Homeless EU citizens in Brexit Britain

By **Jean Demars**, *Public Interest Law Centre*

The Public Interest Law Centre specialises in public law and actions against public authorities. We challenge the lawfulness of policies, decisions, actions and omissions of public bodies and authorities on our clients' behalf.

Long before Brexit, the UK welfare system had been on a trajectory aiming to restrict EU nationals' access to a safety net. It became normalised for EU nationals in need of support to be turned away or offered a ticket 'home', without looking at their individual circumstances. The situation of EU nationals who have slept rough provides a good illustration of how far this disposition has gone.

In 2009, a 'Reconnection' project was set up to help vulnerable rough sleepers from Central and Eastern Europe 'who have expressed a wish to return to their home country'¹. The veil of good intentions very quickly disappeared to make way for the sinister hand of state enforcement applied by the soft glove of state-funded NGOs. By 2012, Reconnection was not a project but a blanket policy for EU nationals who found themselves sleeping rough in London. Things continued to worsen when street outreach services developed regular joint shifts with Immigration Enforcement teams to deport those who did not exercise their treaty rights. By 2014, the pan-London outreach protocol advised street outreach workers to threaten people with enforced removal if they refused reconnection.² Weekly or monthly joint shifts with enforcement agencies had become a common feature of NGOs' engagement with EU nationals sleeping rough. In November 2015, a new operation bringing together St Mungo's, Immigration Enforcement and the City of Westminster Council targeted EU nationals because they were sleeping rough. Within two months, 127 people were detained and deported.

Against this backdrop of evolving enforcement-based practices and restrictions to a welfare safety net, **North East London Migrant Action** (NELMA) started a public campaign in support of EU nationals sleeping rough and to challenge enforcement practices by state agencies and facilitated by state-commissioned NGOs (Thames Reach, St Mungo's and CGL). The **Public Interest Law Centre** (PILC) set up a phone advice line and weekly legal clinics at a Sunday social centre delivered by committed volunteer lawyers. After much research into the practice and a number of cases acquired through the legal clinics, this initial project culminated in Judicial Review proceedings against the Home Office. In December 2017, the government's policy as well as its opera-

tions with NGOs were deemed unlawful. Although enforcement has stopped, reconnection as the default solution to EU nationals sleeping rough continues.

In January 2018, the Oak Foundation kindly agreed to fund PILC to widen the remit of the initial legal proceedings. PILC would now be able to defend the rights of EU nationals who are at risk of homelessness, vulnerably housed (e.g. squatting, in overcrowded spaces or moving from one place to another) and those who are sleeping rough. The focus of our work will continue to be public law, thus challenging unlawful decisions made by central or local government, unlawful policies and practices but would cover a much wider range of issues.

The intervention of legal professionals rather than personal advocates has become necessary in hostile Britain. Local and central government agencies systematically use 'gatekeeping', a tactic that consists of refusing someone access to services they are entitled to on the assumption they will not take legal action against the authorities. The migration sector is accustomed to these practices and has therefore established the sort of partnerships needed in the homelessness and poverty-relief sectors. It is not only EU citizens who encounter these problems but their advocates as well. Without legal back-up, it is extremely difficult to get someone the statutory help required in terms of housing or welfare benefits. Given the political and social context in which EU nationals find themselves, access to free legal representation has become extremely important.

BRINGING LAWYERS TO THE FRONTLINE

The project was officially launched in May 2018 by opening a phone advice and referral line, advertised through frontline organisations working in the homelessness and migration sectors across London. Flyers were printed in English, Polish, Romanian and Portuguese. Today, we deliver monthly legal clinics through 8 delivery partners spread around London where large numbers of EU homeless nationals use their support for housing, welfare benefits and access to employment. We have also undertaken street outreach with the **Roma Support Group** (RSG) as many Roma people had been affected by Immigration Enforcement operations over the years. Those we reached were precarious workers queuing outside DIY stores to pick up a day's work as well as rough sleepers. Access to health care was often discussed as well as employment and tax issues, including labour exploitation that many had experienced.

“most of the people we work with are amongst the poorest workers in the UK or Europe”

1 <https://www.thamesreach.org.uk/news-and-views/news-archive/news-archive-2009/reconnection-project-for-eastern-european-rough-sleepers/>
2 https://www.london.gov.uk/sites/default/files/protocol_for_rough_sleeping_outreach_services.pdf (p.5)



As Brexit has unfolded, we have delivered workshops (through our delivery partners) to inform and support EU homeless citizens wishing to apply for Permanent Residence and more recently to help EU nationals prepare for the upcoming 'Settled Status', a scheme in which all EU nationals will have to register to secure their right of residence in the UK post-Brexit. Outreach is also being used to inform those who don't come to services, with info-sheets printed in various languages to support that work.

As part of setting up the project, we also ran 'problem-identifier' sessions with staff to get an initial understanding of what challenges they encountered most frequently. The consensus across the board is that EU nationals are often refused access to services and entitlements on the basis they are not 'eligible', the same banner under which gatekeeping operates. Whilst there are legal remedies to challenge those decisions, it inevitably leaves EU nationals destitute whilst state institutions use bureaucracy to further delay decisions and entitlements.

As the project moves into its second year, the focus will further shift to second-tier advice, capacity building, training and legal representation. This will ensure that frontline organisations have the most up-to-date knowledge and best tools at their disposal to quickly challenge wrongful decisions, whilst building bridges with lawyers, whether that is for housing, welfare, immigration or public law.

CHALLENGING UNLAWFUL DECISIONS, ENFORCING EU RIGHTS

Most of the EU nationals referred to PILC have been in the UK for more than 5 years. Many of our clients continue to be from Central and Eastern Europe followed by third-country nationals who acquired EU citizenship, particularly through Spain or Portugal. Romanians and Bulgarians, fully integrated into the UK's labour market in 2014, also feature amongst those in most need of legal representation. For the readers who would still have any doubt, most of the people we work with are amongst the poorest workers in the UK or Europe. As a result, they need access to housing and welfare support because the work they are doing is often extremely precarious, thanks to the UK's flexible labour laws, whilst living expenses are very high.

Much of our work centres around challenging 'eligibility'. What is meant by eligibility revolves around a 'right to reside' test based on the Free Movement Directive 2004/38/EC, though further conditionality applies in the UK. In order to gain housing or welfare assistance, one must be a 'worker' or have acquired a permanent right to reside. The worker category is wider than 'being in employment' to account for period of involuntary unemployment or sickness, yet decision makers often disregard these rules.

For some of the precarious workers we represent, proving periods of employment can be an issue if it has been done cash-in-hand or no payslips were issued. At other times, for fear of being a burden on the social system, some will not register with the state agency for unemployment, yet this might break up the retention of their 'worker' status. Unfortunately, those type of issues accumulate, and it can make it difficult to build the evidence or prove entitlements to permanent residence, even when EU nationals have been living and working in the UK more than 5 years. The issue of eligibility is further illustrated by access to health care, which should be free to EU nationals under almost any circumstances. Although a different residency test applies, PILC had to represent one individual who, despite having lived in the UK for 13 years, had been charged over £10,000 for a short stay in hospital following a broken leg.

There are issues for EU nationals who have committed criminal offences where they are increasingly served with deportation notices and orders. Whilst the threshold for deporting EU nationals is high, the lack of Legal Aid (state subsidy to ensure access to legal representation for the poorest) makes it very difficult for those targeted to defend themselves. We have been representing clients whose past convictions have caught up with them in this way, despite having turned their lives around in the meantime. Another case affects a young Roma woman who has lived in the UK since she was 8. Yet on her first offence she is being threatened with deportation without due regard to her circumstances. The case will be appealed and likely to be won by the young person, but without the support from PILC, she may have found herself in a country where she was born but separated from her family and hardly speaking the language.

Finally, we continue to represent people who were unlawfully detained and/or removed from the UK between 2015 and 2017. We currently represent a dozen people, for whom we have gained £150,000 in damages so far.

BEYOND BREXIT

It is still unclear whether or not the United Kingdom will leave the European Union in March 2019. However, there is no doubt that EU nationals will continue to need legal representation as a climate of hostility towards migrants and other foreign-born residents continues to grip the UK. That hostility is shown and expressed when coming into contact with state institutions or organisations acting on the state's behalf, at times when individuals and families are at their most vulnerable and require support. This has little to do with eligibility or entitlement and all to do with persistent scapegoating and institutional racism.



Reconnections for mobile EU citizens: the Barka experience in Belgium

Interview with Renata Bogacka (*Barka Team Antwerpen*), Piotr Smigielski (*Barka Team Brussels*), Helena Dezor (*Barka Team Brussels*)

Why and when did you decide to set-up the service in Antwerp and then in Brussels? Who took the initiative?

In Antwerp it was set up 4 years ago while in Brussels last year. It is always the public authorities, the municipalities or the cities, that asked for the service to be put in place. The first time we provided a reconnection programme was in London in 2007, after the big inflow of migrants from Eastern Europe and the municipalities realised that many did not succeed in finding a better life so people were literally on the streets of London. At that moment, Barka in Poland was a network of care-houses and communities already well established in the Polish context. Then the idea of a street work team, composed by social workers and a leader, came up to reach out to people rough sleeping and try and find the best solution for everyone, either in the place where they are currently living or through reconnection to Poland.

If it is possible, we help the person where she or he currently lives, for instance if she or he has been living there for many years and has the possibility to access social rights. Therefore, in several places, like for instance Utrecht, we also have Integration Centers.

Where are you currently based in Europe, besides Belgium?

Iceland, Ireland, Netherlands and in Germany.

Do you think that homeless mobile EU citizens need different services than national homeless people?

It does not really matter whether you are a mobile EU citizen or a homeless national. The needs are the same, but the solutions are different according to nationalities and to which extent the individual has access to social rights in the place where she or he is living.

We should also bear in mind the existence of linguistic barriers for which services need to adapt. Many of the beneficiaries can only communicate in their native language so that means that you need professionals who are able to speak in Polish, Romanian and so on.

How is the service funded? Is it only public authorities' funds or you have other sources of income?

Funds are provided by municipalities, sometimes Ministries like for example in Brussels (Fedasil).

How did the idea of having a Barka service in Brussels come up? Was it Fedasil that proposed it?

The City of Antwerp noticed that, during the winter programme, the second most represented nationality in their night shelters was Polish so they did a study visit in Utrecht to see how they were working over there. Based on the experience of Utrecht, they invited us to see, for a few months, if our service was going to work in Antwerp. The City of Antwerp is also working with Fedasil, which learnt about our work in Antwerp and proposed a similar project in Brussels.

Fedasil normally works with asylum seekers. How come did they want to develop something for mobile EU citizens?

Fedasil was unable to reach out to nationals from Central and Eastern European countries, they could not help them since they only work with third-country nationals. We had a lot of exchanges with them to see how we could work together, and they decided to finance our work in Brussels.

Are there any conditions attached to the funding? Do you have to work only with a certain kind of target group or are there any other criteria you must stick to?

We do not have any strict criteria to follow. Our goal is to get people out of homelessness and, of course, the easiest target group for us is people from Eastern European countries. Most of the time we have contacts with Polish people. If we have contacts with other nationalities or third-country nationals, we refer them to Fedasil or IOM (International Organisation for Migration). An important criterion to mention is that we try to help in the long-term. We do not for instance provide cash. We assess the needs of individuals concerned and develop a plan. Of course, if we think that a few nights in a shelter are urgently needed we might want to pay for it – but this is very exceptional. Most of the people we work with are in dire need and unfortunately do not have any concrete perspective of staying in Belgium in the long-term.

How does the service work in practice?

Our work is based on street outreach work. We meet the person in the streets, we have a few meetings, assess which kind of needs she or he has and then see if she or he is willing to get help. We develop a link of trust with the person. We try and get to know the person and hope that this contact is meaningful to them and can change something, trigger something in their way of thinking and make them want to quit living in the streets



And which solutions can you offer? Do you mainly propose to be reconnected to their country of nationality?

Yes, especially if the person does not have access to social rights here, which is generally the case.

Can you tell me more about the profile of homeless people you work with in terms of gender and age?

Most of the people we meet and work with are males. The age ranges from 20 to 70 years old. There might be less people between 60 and 70 but there is still a significant number of people this age.

I met one of your beneficiaries, a 68 years old man who has lived in Brussels for 38 years. He moved from Poland when he was 30. For people in this situation, after so many years of residence in Belgium, should not there be a way to access the services they need in the country where they reside instead of the country of which they are nationals?

This is indeed the tragedy of people in this situation. The fact is that they have never worked with a contract and consequently cannot access their social rights – or, at least, not the same social rights than the nationals. Therefore, no, they cannot have a place in a shelter, they cannot get social benefits since they have never been registered at the municipality.

Do you try to help them with the regularisation of their residence so that they can enjoy their social rights in Belgium?

Yes, many times. I had for instance two cases of elderly men who worked in Belgium for 15 years without a contract. While they were working everything was going well: they were working in the Polish community, with colleagues from Poland and not interested in learning Dutch and integrating in Belgian society. At a certain moment, they had a health issue and lost their job. They asked for regularisation for medical reasons but could not get it. The lawyer immediately said that it was not possible because they could get the same treatment in Poland. That's the paradox of the European Union: you are allowed to stay wherever you want, but if you do not build your social rights in the country where you are staying, you will not get long-term support. People are often angry or surprised, they wonder how is that possible that, after they lived here for so many years, they have no right. It is sometimes difficult to explain and difficult to understand.

Do you only work with people who do not have an administrative status?

Sometimes we also work with people who have other kind of troubles, debts, for instance, and we refer them to the adequate services. But this people, even though they are vulnerable, they are registered and if we think they just need a bit of help, we help them here. However, most of the time we work with people without registration who have been living for a very long time in Belgium or people who were homeless in another Member State. We regularly meet, both in Brussels and in Antwerp, people who were homeless in the Netherlands, or in France, Italy, and so on.

Among the people you have been reaching out to, do you think there are people who could potentially find a job?

Of course. Sometimes we just advise about where they have to go to look for a job, which services they have to access. Sometimes we work with them if we see that they have the profile we mostly work with it: people who have alcohol or drugs abuse problems. 90% of people we work with have alcohol or drugs abuse problems: for elderly people it is mostly alcohol abuse while for younger people it is mostly addictions to different substances and mental health problems.

When a person accepts the reconnection – or voluntary return – option, how do you proceed?

We see if the person has a place where she or he can get back to, such as her or his family. Then the question is: does she or he want to get back there? Sometimes people, for different reasons - because of shame not to have succeeded, for instance - do not want to get back to their families. We therefore look at what we can propose, a place in a community. What is important in this case is their willingness to solve their alcohol or drugs abuse problems

The communities you are referring to, are Barka communities or also other service providers?

We are in contact not only with Barka communities but also with other Polish service providers. It depends on the situation of the person.

And when it comes to other countries than Poland, with which services are you in contact?

In Bulgaria and Romania, it is not working as well as in Poland, but we are slowly developing our network. We have a few contacts in Romania and we are starting to build something also in Bulgaria. When we do not have any personal contact in the country of reconnection, we get in contact with specialised services and ask what the possibilities are.

Can you tell me more about the role in the team of people with experience of homelessness in the way the service works?

In each team there is always an "assistant". The assistant is a person who lives in a certain country, speaks the languages, knows the social sector there and has the technical knowledge. And there is a "leader", a person who knows the problem from the inside out, who experienced homelessness and knows what people are going through. The leader of the Brussels team, for instance, was homeless in the Netherlands, suffered from addictions and is still fighting against addictions.

Was this method introduced by Barka? Was there a reason to introduce it?

In the beginning, when Barka was set-up in London in 2007, the idea was to only send "leaders", people who used to be homeless, but the problem was that they could not speak English. So, they decided to hire a social assistant who could speak both English and Polish and created a team. In all cities we now have teams of two people: the leader and the assistant.

"in 2007, after the big inflow of migrants from Eastern Europe... the municipalities realised that many did not succeed in finding a better life, so people were literally on the streets"



Does the assistant need to have a social assistance background?

It is surely easier if the assistant has a social work education but not all assistants have it. Soft skills are much more important. The communication skills and the languages are the basics.

Which kind of involvement do public authorities have? And which kind of partnership did you develop with other homelessness, health, employment services?

With the City of Antwerp and with Fedasil in Brussels, we basically have meetings to share opinions and discuss. Most of the time they ask us what we need to improve our service, which challenges we have been facing. Both in Brussels and in Antwerp we noticed that from the beginning we are well seen in the day centres, maybe also because we speak the language of the beneficiaries and we can facilitate the exchange. In every city we try and build a network of institutions and organisations we can work with. We of course work with the Consulate, with the hospitals, with medical centers, with days centres, night shelters, street outreach teams. We do not have a structural partnership, but we are constantly, almost daily, in contact, with day centres, because we know that homeless from Poland will be there.

Are you able to monitor the results, and how the living conditions of the people you reconnect develop?

It depends. If the people return to communities, or specialised services, we are able to keep track. But if they are going back to their families, it is up to them to inform us, if they want to. We sometimes receive information through calls or emails. Sometimes we have their Whatsapp contacts.

Do you go along with the person when the voluntary return – or reconnection – takes place?

Not always. If we consider that the person needs assistance or if the person asks for assistance, we provide assisted reconnection but normally the person goes back on her or his own. We book the minibus for them, we accompany them to the bus, and sometimes it is the driver who inform us that the person arrived safely home. The minibus is the easiest option because it brings them to a specific address, to the very door. The bus is a bit more difficult because then they have to move from the big cities - where the buses normally arrive – to small villages.

How many people can you reconnect by year?

In Brussels we provided voluntary return to approximately 30 people over the last year. In Antwerp, 30-35 per year. In the Netherlands, we do approximately 450 reconnections every year but it depends on the city, sometimes the need is bigger because you have more young mobile EU citizens who are homeless for a short time after having lost a job and they really do not want to stay in those circumstances, so they are returning to their families and we consequently reconnect more people. In cities like Brussels or Antwerp the majority is people who are long-term homeless thus you need to spend more time with them to get in contact and prepare the reconnection.

How can the service be improved?

Our service needs time to properly develop and reply to beneficiaries' needs. We also need people speaking Romanian and Bulgarian and to develop a network with Romanian and Bulgarian services. This way, we could offer solutions in other countries of origin than Poland. With regard to people with disabilities, we always have to wait for a long time before we find a place in a specialised service in Poland. It would be very useful to find a way to speed-up the time.



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