

HOTELS AS ACCOMMODATION FOR HOMELESS PEOPLE IN BRUSSELS:

A TEMPORARY SOLUTION OR A HERALD OF LONGER-TERM CHANGES?

Originally intended as a temporary solution, the use of hotels is currently still an integral part of the offer of assistance to homeless people in the Brussels-Capital Region. In this article, Mauro Striano gives an overview of a new report by Bruss'Help which analyses the use of hotels, trying to understand the benefits and drawbacks of this prominent solution.

Since the beginning of the health crisis caused by the COVID-19 epidemic, various reception solutions have been deployed in Brussels to compensate for the reduction in the capacity of homeless services and provide shelter to people who were sleeping rough. In April 2020, several hotel structures were made available to accommodate homeless people or allow them to confine. At the beginning of June 2020, no less than 840 people were being taken care of in these emergency structures. On the evening of November the 9th, during the last homeless count carried out by Bruss'help, 622 people were accommodated in five hotels and a former nursing home converted into a women's shelter. Despite their success, several projects came to an end at the end of June 2021. In September, approximately 200 people were still accommodated in hotel rooms and a couple of additional hotels are planned to be used during winter. The use of hotel rooms, which was initially offered as a temporary solution, has therefore continued over time and is currently an integral part of the offer of assistance to homeless people in the Brussels-Capital Region.

Initially, the hotel projects represented an opportunity to offer emergency solutions with a low threshold access: people accommodated were not required to have an income nor to be regularly residing. The need to act quickly and the lack of perspective in relation to the actual duration of the crisis period, did not initially make it possible to plan how the services would evolve, nor to set objectives on the medium and long term. When it became clear that the use of hotel rooms to host homeless people would continue, social inclusion and access to housing began to take a predominant place, leaving less space to low-threshold access. Indeed, this shift towards social inclusion implied a change in terms of the profiles of people accommodated, with an increase, in proportion, of people with a relatively less precarious living situation, meaning people with an income, an access to social rights, or at least a possibility of regularising their administrative situation.

The use of hotel structures in their entirety has made it possible to provide accommodation 24 hours a day, larger spaces with single rooms or to be shared with a limited number of people, private bathrooms, and an offer of on-site social support. Compared to conventional emergency services, the hotel is a better-quality solution that guarantees privacy, a certain level of comfort and security, and a form of autonomy. The use of hotels is advantageous for the staff, since having a team permanently on site allows a constant follow-up and to advance more quickly on files which normally require more time when the support is provided in the street. Moreover, having a hotel room obviously has a positive impact on the quality of life of people who were sleeping rough. Hotel projects have been fundamental, at least initially, in providing shelter to particularly vulnerable categories of people, such as women victims of domestic violence or irregularly residing migrants. Beyond respite, stability, and the creation of a bond of trust, the use of hotel rooms made it possible to take care of more disparate needs: obtaining access to emergency healthcare, recovering frozen unemployment rights, obtaining a minimum income or other allowance or indemnity, finding a job, re-establishing contact with the family, engaging in debt mediation, obtaining legal assistance, applying for asylum. In particular, the operational involvement of public actors, such as the municipalities and the Public Social Services Centres, has helped to unblock administrative procedures for a number of beneficiaries. In addition, a significant proportion of people staying in hotel rooms have been able to find an adequate exit solution, including housing.

That said, the hotel solution is not a panacea and does not seem to be able to resolve more complex situations, especially with regard to people with a precarious administrative situation and those who have very serious problems, in particular in terms of mental health or addiction. On the one hand, the use of hotel rooms made it possible,



during the first and second lockdowns, to shelter and provide respite to people who were sleeping rough or had access only to emergency services, regardless of their administrative situation. On the other hand, as soon as the temporality and objectives of hotel projects have evolved, several hotels have chosen to focus on people for whom it is possible to quickly move on. Some projects, which in the first phase mainly accommodated people in an irregular situation, decided to limit the number of people from this category during the second phase, at the end of 2020. This was mainly due to the fact that irregularly-residing migrants, including mobile EU citizens, tended to stay in the hotels for longer since they had little chance to solve their administrative status issues. Another type of follow-up that seems to cause difficulties for most of the mobilised structures concerns the support of people

with serious mental health or addiction problems. Due to the absence of multidisciplinary teams, the hotel projects in place do not seem equipped to deal with these issues, although they are increasingly confronted with them. Moreover, living in the constraints of a hotel and in a community context is very complicated for those who suffer from serious mental health or substance abuse problems. Hotel project workers, most without adequate training to deal with these issues and with work contracts renewed for short periods, find it difficult to cope. The reorientation towards adapted devices is sometimes also a rather challenging exercise given the lack of available places in these structures. The consequence is that hotels tend to exclude people with mental health or addiction problems. There is, therefore, a real risk for this public to lose the connection and drop out.

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The financial question also arises. If at this stage it is difficult to compare in a coherent way the costs of the hotel projects with other homeless services such as emergency accommodation centres or shelters, we can nevertheless see that the cost can be quite significant. For four out of eight projects of which the budgets are known, the cost per person per day is between 75 and 85 Euros. We observe particularly reduced prices (around 43 Euros) for two hotels, but these accommodated hundreds of people. We also notice the use of a particularly expensive hotel, with a budget of more or less 100 euros per person per night. These costs include accommodation, which is often very expensive due to the hotel rental, social support and other staff costs, meals, and administrative fees.

To conclude, the use of hotels to host homeless people is a valuable alternative to big emergency shelters. In the short-term, this solution was paramount to protect homeless people, regardless of their administrative status, during a serious health crisis. It made it possible to provide quality accommodation 24/7 and for many it has been an intermediary step to a durable solution. In the longer term, however, if the use of hotels becomes part of the set of solutions provided to

homeless people, further reflection is needed to identify which needs can be met and, therefore, which groups can benefit from temporarily residing in hotel structures. In the Brussels context, characterised by a significant proportion of people sleeping rough who are irregularly-residing migrants or affected by serious mental health or addiction problems, it is important that the needs of these groups are taken into account. This implies that the resources allocated to the use of hotels - which as we have seen might be particularly significant - must not be detrimental to services that are more adequate for these groups, such as temporary occupancy agreements that allow mobile EU citizens to register to a municipality, or Housing First projects that generally are the best option for people who suffer from mental health problems or substance abuse.

This article is based on a report the Bruss'Help report, Évaluation des dispositifs hotels/Evaluatie van de hotelvoorzieningen. Find the full report here in [French](#) or [Dutch](#).