



**INFIRMIERS DE RUE
STREET NURSES**

Together, let's
end homelessness

**When a housing shortage
blocks the road out
of homelessness.**

ACTIVITY REPORT 2024

Street Nurses is a psycho-medical-social organisation that believes the end of homelessness in Brussels and Liège is in sight. We strive to get the most vulnerable homeless people off the street and at the same time mobilise associations, the general public and the government to find structural solutions in the fight against homelessness.

Our approach is based on four essential levers:

- A focus on hygiene as a first step towards reintegration
 - Making optimal use of the resources and talents of homeless people
 - Working closely with the network of social-medical organisations
 - Creating and acquiring sustainable housing
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With this approach, we guarantee the sustainable reintegration of homeless people into society.

The non-profit organisation Street Nurses wants to be an inspiring, connecting and innovative force in the fight against homelessness. We share our expertise and experience to strengthen all parties involved—both those who help people reintegrate and those who take preventive action to prevent vulnerable individuals from ending up on the margins of society.

www.streetnurses.be



FRESHFIELDS

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FOREWORD

2024 was a difficult learning process. And that is putting it mildly. The history of our organisation is rarely a model of tranquillity, but we learn from every mistake. Thanks to the financing mechanisms of the Brussels-Capital Region, our street and home teams have finally found a degree of stability. For years we had to juggle with unpredictable or even non-existent subsidies. This financial breathing space is more than welcome.

In Liège, thanks to unexpected funding, we were able to retain our team. What the future holds? Nobody knows. But one thing is certain: in the coming legislative period, we will do everything we can to further expand and strengthen our operations in the Cité Ardente. From 2025, we also want to realise our modular housing there.

In Brussels, even more than in Liège, there is a dire housing shortage. This is one of the biggest obstacles for us and for many other organisations. It often forces us to put projects on hold. For the first time since 2018, we have not been able to find enough housing to accommodate all our patients. Some have been forced to remain on the street. And the outlook for 2025 is not much brighter.

In addition, we are seeing the proportion of undocumented migrants among the most vulnerable homeless people only increase. But what can we do if their rights are not recognised and there is no prospect of regularisation? We want to investigate this phenomenon thoroughly and are determined to find resources to offer these people a roof over their heads as well.

Yet 2024 was not only a year of concern. Thanks to a grant from the King Baudouin Foundation, we were able to create a new position: psychologists within our field of work. They support our nurses and social assistants with additional tools to better understand mental health problems. And above all: thanks to extra investments in the mental healthcare network, we can refer patients more efficiently to professionals who can provide long-term support. Our team consists largely of generalists. They provide first aid and plant the seeds for recovery. But for sustainable results, collaboration with specialised healthcare providers is crucial.

2024 was also the year our real estate foundation CASA+ was founded. Its mission? To provide housing for our patients in every way possible – and more broadly, for all the homeless. The first projects and collaborations have taught us, sometimes the hard way, what the possibilities and limitations are. In 2025, we will actively seek out new partners to refine and professionalise our methods. We will identify financial bottlenecks and work on public and private financing. We realise that the fruits of this will only be visible in the long term, but it is an essential step in the fight against homelessness.

Our advocacy team also did a fantastic job. On 14 March 2024, the Brussels government approved an annual quota for social housing specifically reserved for the homeless. A huge step forward. It confirms what is becoming increasingly clear: in our fight against homelessness, access to affordable housing is the key.

Dr Pierre Ryckmans

co-coordinator and medical director



ACKNOWLEDGEMENTS

Thanks to the efforts of our team, volunteers and partners, we were able to make a lot of progress again this year. We thank our colleagues in the network and the many donors and sup-porters: your support and trust help us to continue our work.

A special thanks to our volunteer board members:

Quentin Berryer, Jean De Leu, Marie-Christine Ferir, Emilie Meessen, Jean-Pierre Meessen, Pierre Ryckmans, Marc Tielens and Patrick Vastenaekels.

In 2024, we received generous **professional and logistical support** from: CBTW, Coopcity, SAW-B, Ashoka, Cogitax, Motiverende Gespreksvoering, Housing First België, Uitbreiding, Call-Auctions, NautaDutilh.

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Associations:

Pro Caritate ASBL, Servio ASBL, Rotary Club Liège Airport, Protestantse Christelijke Ziekenverpleging vzw, Lions Club de Liège Hauts-Sarts ASBL, De Nederlandse Orde van Advocaten bij de balie van Brussel, Inner Wheel Namur, ASBL Réseau Solidaris Wallonie

Companies:

7 Dimanche, AB Tech, Alco, Architas, Artepub, Arabel, AXA Belgium, Blow up Media, Bruzz, BX1, CBC, CBTW, Climact, The Dutch Order of Lawyers at the Brussels Bar, Dentons Global Advisors, DH Les Sports, Euroclear, Freshfields, Groupe Joly, Groupe Santé CHC, Hechet, Inner Wheel Namur, Interparking, JC Decaux, KBC Brussels, La Libre, La Loterie nationale, Prefer, Producteam, Quatre, Radio Alma, SA Multifin, Snel, Sudinfo, Vivre ici, Vlan.

Recognition:

Emilie Meessen, co-founder and managing director, officially receives the title of baroness from King Philippe.



THE 2024 JOURNEY

METHODOLOGY

Did you know that life on the street is harmful to your health? Then how can you recover from it? For Street Nurses, the answer is simple: having a roof over one's head is the key to survival and to taking care of one's health. Homelessness is not so much a social problem as a public health problem.

The Street Nurses do a wide range of work in the field. The goal is to get people off the street and guide them towards long-term housing. Having a home is the first step out of homelessness.

To get to that point, we start by creating a bond of trust. We do this by providing care first. If the patient allows us to, we will then advise and motivate him or her to take care of themselves again. By focusing on their personal **hygiene and health**, we can then guide them to health centres and medical appointments.

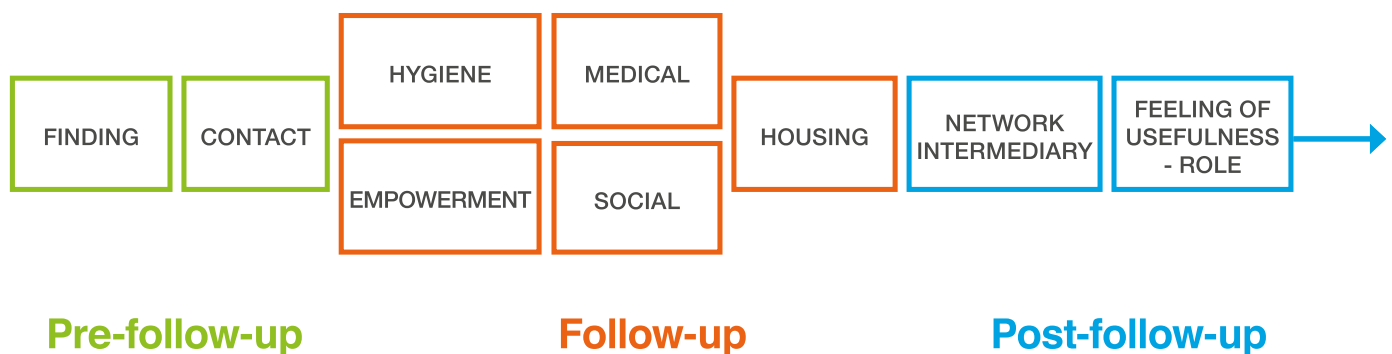
Patients gradually become part of a real **medical network**. This is initially coordinated by nurses with the help of the association's doctor. The aim is to guide them towards independence so that they themselves join the traditional medical circuit (general practitioners, medical centres, etc.), which then takes over and ensures their care.

The street and housing services each have at least one social worker who draws up a social file for each patient. Steps are therefore taken to bring the patients back into contact with a social network (public centre for social welfare, housing manager, etc.) and to enable them to regain their rights. The ultimate goal is to ensure that all patients in housing start paying their own rent.

The third department, My Way, is for people who already live in stable housing. It helps them with **personal projects and building a broader network**, so that they can further anchor themselves and minimise the chance of relapsing into homelessness.

However, this does not solve the problem on a social level. Helping individuals is not enough to create a city where homelessness does not exist. The increase in the number of homeless people continues unabated. It is therefore important to also focus on prevention, so that we offer more ways out. In other words: provide **sufficient affordable and suitable housing**. That is why we are placing increasing emphasis on **training for** other aid workers, **mobilising** public opinion and **lobbying** politicians.

Reinsertion path



FROM THE STREET TO A HOME

Initiating change

“As soon as our equipment is ready - a backpack with care materials and wipes - we set off. Always in pairs, with a fellow nurse or social worker. We seek out homeless people, both acquaintances and new faces we meet on our rounds. Our goal is simple: to build trust, assess their needs and guide them on their way to a life off the streets.” Cloé, nurse

PRE-FOLLOW-UP & PRIORITISATION OF PATIENTS

The problem of homelessness is considerably greater than what we can handle with our number of social workers. That is why we select people who are given priority. These are the **most vulnerable people**. Those who run the greatest risk of their general condition worsening or who even have a chance of dying. This priority treatment is determined based on **various criteria**: identity or appearance (age, gender,

physical and mental condition based on the BCB), medical problems (chronic diseases, mental health, addictions) and finally context-related criteria (lack of a network, immobility on the street, length of time spent on the street). For a number of years now, we have clearly seen that the most vulnerable people are those with **mental health problems and/or undocumented migrants, and that this number is increasing**.

We meet these people in pairs during our **street rounds**. If the situation calls for it, we occasionally offer support.

In 2024, we had a total of **276 people in active pre-follow-up** (met at least once in the past 6 months) and **1,022 in inactive pre-follow-up** (not heard from in over six months) for Brussels and Liège.

BCB tool definition ?
xxx



FOLLOW-UP IN BRUSSELS

“Life on the street is unforgiving. It magnifies physical and psychological vulnerabilities. Our job is to assess people without judgement or prejudice. Sometimes this is done through a short but meaningful conversation, sometimes by simply being calm and respectful. Our ‘outreach’ approach is crucial. Unlike patients who go to a hospital themselves, we have to convince people of the importance of their health. That requires a balancing act: approaching them in the right way, without putting pressure on them or alienating them from us.” Cloé, nurse

ON THE STREET

By end 2024 the **streetteam** consisted of **seven people**:

- 2 coaches (1 nurse and 1 social assistant)
- 3 nurses
- 1 social assistant
- 1 social workier

The team was strengthened by the presence of **four accompanying volunteers** from the medical world (doctors and nurses). One of them, a Polish-speaking nurse, provided invaluable support during meetings with a Polish-speaking patient.

This assistance is part of our desire to find additional solutions for organisations such as SETIS, whose limitations sometimes do not quite match the reality of street assistance and require more flexibility.

PATIENT FOLLOW-UP

Counselling and new follow-ups

- **41 homeless people** completed the **intensive follow-up programme** during the year.
- **On average, 26** of them were **continuously monitored**.
- Compared to 2023, **11 new people** were followed by this department.

Patient profile

- Average age: **48 years**.
- **77% are men, 23% women**.

Interventions and meetings

- **292 street rounds**, an average of **six per week**
- **Weekly meeting of sixteen patients**.
- **1,338 meetings** and **1,839 interventions** (care, advice, transfers and guidance)
- **4,624 meetings and conversations**.

Difficulties

- **445 searches without result**: the patient was not found.
- **84 people** who were sleeping on the street could not be woken.
- We regret to report **one death** among the people we follow.
- **5 people** from the *Housing First* programme have returned to life on the street.

This year, too, the emphasis was on the **quality of our work in the field** and **improving the welfare of our patients**. As part of this, we organised **twelve quality events**, such as a day at the seaside, a birthday party, and so on.

The **animal mediation** was continued and the dog Frida visited the site **ten times**. The **‘street monitor plan’** was carried out **twice**. This working tool is used to assess changes in the well-being of the people being monitored and to answer important questions about their current situation, their need for support, etc. It takes the form of open questions about the subjects of the present, future prospects and the network.



THE PATIENTS: A CONSTANTLY CHANGING PROFILE

The team continued to ask itself how it could best adapt to the changing profile of the patients. The majority of them have chronic illnesses and/or mental health problems and/or substance abuse, often a combination of all three of these factors.

The Psy project

In 2024, we continued to work on the **development of psychological support**. Consultancy work on this continued until the end of the year and resulted in the transformation of the **'psychology project'** into the **psychology department**. In 2025, this department will be further expanded and integrated into all teams in the field (Liège and Brussels). Two psychologists will attend patient meetings, both in the field and in the further expansion of our network within mental healthcare. This is crucial, as we have noticed that psychological problems affect both patients who are followed up by the housing department and those who are followed up by the My Way department.

One of the **main objectives in 2024** was to embed the psychology department in the DNA of Street Nurses and in patient care. This was made possible by the presence of a psychologist during meetings and fieldwork, the use of the ReDiCo tool (an instrument to evaluate psychological well-being) and specific training on this theme.



In addition, we have improved **access to mental healthcare for our patients**. We strengthened our **network of primary mental healthcare** through five network meetings, 21 interdisciplinary exchanges and the participation of our psychologist in two consultation moments of the **Mental**

Health Platform. Thanks to the support of our consultant, we gained a better understanding of how the network functions, the specific challenges of our partners and the possibilities for collaboration.

In 2025, we want to further strengthen this network and continue to actively participate in the Mental Health Platform to maintain the dialogue with our partners.

A third important objective was to provide our employees with the right tools to optimise their work. We achieved this by providing two specific training courses (on observation and personality disorders) and by using the ReDiCo tool in both fieldwork and meetings.

In addition, we wanted to not only make our colleagues in the field aware of mental health problems, but also integrate psychological expertise into our lobbying work. This will give policymakers a better understanding of the reality of our work.

Finally, we have strengthened the team by hiring an additional psychologist, an important step in the further professionalisation of our approach.

Use of resources

The **number of vulnerable patients who use drugs** is visibly increasing. These people are often out begging, which makes follow-up all the more difficult. This causes considerable frustration within the team, as they only have a few minutes to talk to these people.

Until recently, our team lacked training, tools and knowledge of the available tools to support this target group. That is why the **HARM project** (Harm Reduction and Addiction Management) was set up. We focused on three specific pillars:

- Practical training on risk reduction
- Training a university-level counsellor to both maintain skills and support the project
- Experimenting with the distribution of suitable work tools, some of which have already been implemented

It will be important to continue working on this in 2025. For example, we must learn how to connect with the most vulnerable people who use drugs and put them in touch with the care institutions that are best suited to their specific situation.

Undocumented migrants

35% of our audience does not have Belgian nationality. In the **network for people without papers**, Street Nurses continues to work towards solutions that prioritise their reception

in shelters. At the same time, we are working on improving access to tailored legal and/or social assistance.

To this end, **presentations were organised in emergency and medium-term shelters**. Mixed teams were also set up and cooperation meetings were held. These efforts are all the more urgent in view of the increasing problems surrounding undocumented migrants.

STRENGTHENING THE NETWORK AND SUPPORT

Cooperation with the SA network (social assistants)

The team continues to propose **cooperation meetings** and **joint teams** to network members in order to create or strengthen ties:

- **42 meetings and joint team meetings** organised around one patient
- **29 cooperation meetings** around joint follow-up with the SAMU, St. Peter's Hospital, La Fontaine, etc.
- **15 presentations to the general network** during the year to raise awareness and mobilise the network in the fight against homelessness

We took over the follow-up of two patients who were previously followed up by partner associations. We did this within the framework of the **Bitume network**.

Other actions in 2024

Street workers and patients participated in the **community meal**.

We have worked hard on our **Metis patient database** to optimise its use.

The **COCOM** conducted an inspection in 2024 as part of the **accreditation process for street work and rounds**.

In **2025**, we will continue to dedicate ourselves to the welfare of our patients. An important part of this is the implementation of a plan for street monitoring. We aim for a larger group of permanently monitored patients, more meetings and greater involvement of supporting volunteers.

In addition, we want to strengthen the psychological counselling with the deployment of our two psychologists. To promote cooperation within the network, we will continue to focus on interdisciplinary exchanges, joint monitoring and thematic meetings. General presentations should raise awareness of homelessness and further mobilise the network.



THE RISKS ARE REDUCED IN A HOME

“Merely by moving into a home, patients are already well protected against many risks. The longer they stay in that home, the more those risks are reduced. This applies in particular to the risks associated with alcohol and drug use. But it also benefits mental health. The chance of someone being assaulted, having an accident or suffering from climate-related factors such as extreme cold or heat immediately becomes very small. We can extrapolate that the work only starts when someone moves into a home, even if the work on the street has been completed.” Dr Pierre Ryckmans

Housing First (HF)

At the end of 2024, the **housing team** consisted of **14 people**, divided into two sub-teams with equally distributed functions. These sub-teams were composed as follows:

- 1 coach (1 nurse or 1 social worker)
- 2 nurses
- 2 social workers
- 1 social assistant
- 1 rental manager

This reorganisation has made it possible to support new patients, collaborate with other colleagues and balance the workforce on both sides.

Community management

In addition, two employees trained in social ecology have been hired as **community managers**. After taking the time to identify the collective housing formulas that Street Nurses has in its housing stock, they will develop the collective spaces in places where several HF patients live together. They will work on the community aspect and organise participatory practices. These two new colleagues are part of the housing team, but are not present at all locations to ensure their neutrality towards the patients.

Psychology consultancy

The **psychosocial support of patients** moving into housing is a major challenge. That is why the **psychology consultant** will be present on an ad hoc basis during patient visits and in the field until the end of 2025. This helps to improve and strengthen psychosocial support. He brings his expertise and helps to tackle fundamental problems in patients with mental health problems. He also supports the development of appropriate working methods and helps to break deadlocks. This is particularly important in cases of serious psychiatric concern. Finally, he offers us valuable contacts within the psychiatric network. The team can always count on the support of the Psy.

Training, supervision and skills development

Team members follow **various training courses**: addictions, dealing with aggression, working despite refusing help, work organisation and borderline personality disorder. Two colleagues on the team follow the Garance training course, in collaboration with the other HF programmes.

The housing team benefits from Hanane's support during the monthly **clinical supervision** and since 2024 has been accompanied by Véronique every 6 weeks as part of **supervision on 'team dynamics'**.

Finally, the housing team takes **two days** off to reflect on its practices, organisation and methodology.

Essential guidance towards a stable place to live

Over the past year, the team has supported many people on their way to sustainable housing, with a focus on intensive follow-up and customisation for each situation.

Follow-up HF patients

- **40 patients** are being intensively monitored (figures as of the end of December 2024)
- Various actions have been taken for **57 people**
- **Average age of patients: 50 years**

Access to and retention of housing

Each move means a considerable amount of work for the teams. Not only the logistical aspect plays a role, but also the emotional aspect. The proper furnishing of a home is extremely important if we want to limit the risk of the patients returning to a life on the street. The quality of a home influences the mental health of the patients.

It is more important than one might think for people who have managed to survive on the streets for years. Dark, poorly located and dirty homes are exceptionally depressing.

Guidance and follow-up

- **1,111 meetings**, good for an average of **85 visits per month**
- **10,837 meetings and conversations.**

Difficulties and loss

Unfortunately, **five patients** returned **to life on the street** this year due to loss of housing. **Three patients have passed away.**

The people we follow up on in HF have different profiles. Most have lived on the street for years, although that period has recently become somewhat shorter. The patients are also younger on average than in the past. What has not changed – and is increasingly confirmed – is that these people suffer from mental and/or physical health problems and are often addicted to narcotics. Most of them are very isolated and have to learn again what it is like to live in a home, to take care of themselves and to give meaning to their daily life outside of the street.

This is one of **the biggest problems** we encounter with our patients in the residential centre: **loneliness**. Life on the street is more spontaneous and there is a lot of social interaction. But once in a residential centre, this isolation can quickly increase. People are left to their own devices, without the opportunity to meet other people as they did on the street. This makes follow-up and support more difficult. Furthermore, certain behaviours, such as aggression or drug abuse, which were tolerated on the street, can cause serious problems in a closed environment. The risks increase and it becomes more difficult for third parties to intervene.

Returning to a home: the challenges

The **main challenges facing HF** this year are the **severe shortage of suitable and affordable housing**. In addition, there are hardly any alternatives to single-person homes for patients with specific profiles and needs, such as residential care centres, institutions, community housing or psychiatric care homes.

Access to care structures is also becoming increasingly difficult. The admission criteria they apply are becoming stricter and they often refuse our patients because they are considered too 'complex' due to their multiple problems. The **shortage of places in institutions**, for example for observation in psychiatric hospitals, makes the situation even worse.

This has two major consequences: on the one hand, patients are discharged from hospital too early, without the necessary preparation for what follows. On the other hand, the waiting lists for post-cure care are far too long, causing a **break in the continuity of care**.

Furthermore, the mandates of mobile mental health care teams do not meet the needs of our target group. Their definition of a crisis situation differs greatly from ours and they require patients to formulate a request for help themselves, which is not feasible for many.

The **increasing digitisation** and ever more complex administrative procedures are an additional barrier for our patients in exercising their rights. In addition, **institutions** such as the Public Centre for Social Welfare (OCMW) are **completely overburdened**, which leads to delays in accessing an income and thus to debts to landlords. It is also difficult to find **flexible care partners** who are willing to adapt to the



possibilities of our patients, for example by meeting them at home or on the premises. Finally, the **waiting lists for psychiatrists** are extremely long, and in general, care providers are not sufficiently trained to respond to the specific needs of our patients.

Conclusion: We are facing a serious shortage of resources: psychologists, housing and places in centres (cure, protected housing, residential care centres). The system operates within a logic of scarcity, which slows down our efforts and makes care provision more complex.

Our patients: a model of resilience

Fortunately, our patients are also very **resilient** and we are seeing positive progress. Our team tries to offer them more time and **quality moments**, thanks in part to the

SOLI-MAC project, which has specifically freed up resources for welfare activities. This allows us to organise outings to the bowling alley, the cinema, shopping, eating out, and so on. By stepping away from first-line psycho-medical-social assistance, we can offer a different type of support. This allows us to discover new skills.

Projects, collaborations and exchanges: HF on the move

The year 2024 was characterised by numerous initiatives to improve patient support, strengthen partnerships and exchange experiences with other HF actors.

Patient support and personal projects

- **Thirty** patients received support in defining their dreams and personal projects (such as travel, family reunification and administrative steps).
- The **'Street Photography'** project was launched, in which volunteer patients share their stories and are photographed.
- Some patients took part in a **community meal** that brought different teams together.

Structuring tools and projects

- The **PEPS tool** was reworked together with the field teams and is now an official instrument, which was used **16 times** in 2024.
- The **'La Ruche'** project was completed in the summer of 2024 for evaluation, with ongoing reflection on future guidance.
- The **'Sorocité'** project continues to support **five women** in Housing First homes through temporary housing, offered by Evercity and managed by Communa.

Strengthening collaborations and exchanges

- The **HF umbrella organisation in Brussels** now includes **7 coordination offices** and meets monthly with the support of Bico.
- HF employees meet quarterly during the **'Midi HF'** to exchange practical experiences.
- The **housing managers** organise several annual meetings.
- **One-week immersions** within other HF teams promote knowledge sharing and cooperation.

Important meetings and events

- A **colloquium** was organised to mark **10 years of Housing First**, with a report on the dynamics of cooperation between HF projects in Brussels.
- The **'Incasables?'** seminar brought **around fifty professionals** together to discuss adapted forms of housing for people in extreme insecurity.
- Our colleagues **Louise and Pauline** will speak in the **European Parliament in Strasbourg** about **'A roof as a home'**.



Partnerships and actions in the field

- **11 interventions** were carried out in tandem with other organisations.
- **6 new home support teams** strengthened the support for Housing First tenants.
- **23 consultation moments and 30 collaborative meetings** took place with our partners (Bitume umbrella organisation, Bico, Sorocité, Montessori).
- Our **housing managers met with 26 landlords** to facilitate access to housing for our patients.
- The partnership with **residential care centres** and the **Montessori project** continues, with the involvement of **six institutions**.

International exchanges and training

- Several colleagues took part in **ERASMUS exchanges** to meet international *Housing First* teams.
- An **18-month ERASMUS grant**, obtained through the non-profit organisation Ecett, finances these exchanges and offers teams the opportunity to discover new methods and tools.
- The knowledge gained is then shared internally to refine and enrich our support methods.

Supervision and evaluation

- **COCOM** has carried out a review of the accreditation of Housing First activities to guarantee the quality and conformity of our interventions.

Outlook for 2025

The **housing pillar** aims to intensify access to housing by acquiring new properties and ensuring the gradual transfer of follow-ups via the **My Way team**. The **PEPS tool** will be used even more often to support this approach.

Strengthening network collaborations remains a priority, including through the organisation of **mixed teams and consultation moments around patients**, as well as the establishment of new **home support teams** to complement Street Nurses.

Finally, we will continue to raise awareness about **ending homelessness** through presentations of our work and more intensive meetings with our partners, in order to stimulate increasingly effective cooperation.



My Way: a path to finding oneself

“At My Way, we work with people who, after a long period on the street, have stabilised in their housing. Our role is to support them in their personal endeavours and projects, so that they regain confidence in themselves and their abilities. Because although sleeping on the street can damage someone physically, it can also hide other wounds that need to be overcome.” Valérie, social worker

A multidisciplinary team

Our team consists of **eight people**:

- 1 nurse coach
- 5 social workers
- 1 rental manager
- 1 social worker responsible for managing visiting volunteers

Challenges and changes

The year 2024 was characterised by **significant changes within the My Way team**. Due to departures and long-term absences, we had to deal with periods of understaffing. Fortunately, we were strengthened by five new colleagues in the course of the year.

Thanks to the support of other field teams – both street and housing specialists – who helped us for two months, we were able to take enough time to properly train the newcomers.

These internal reorganisation efforts led us to review our priorities. We placed the emphasis on the quality of our support and put certain initiatives on hold, such as expanding our network and increasing the number of volunteers.

The importance of social contact

The importance of social contact became even clearer. Contact with others has a direct impact on the physical and mental health of our beneficiaries. That is why we have decided to appoint a social worker who will focus specifically on monitoring volunteers.

Until now, this task was carried out by the social workers in addition to their other responsibilities. But if we want to strengthen the role of social contacts, it is essential to:

- Give our volunteers more appreciation
- Take a proactive approach towards them
- Recruit more volunteers

Our new colleague started in October 2024. Although he is part of the My Way team, he also works with other field teams. This ensures continuity between the volunteers and the people we support. In 2024, we recruited four new volunteers. Not all of them have been linked to a beneficiary yet, but this will happen soon. Our goal was 20 active volunteers, but we only reached 12, which can be explained by the challenges within the team.



New approach for Housing First and Housing Fast

Until now, we have used different methodologies depending on the status of the beneficiaries:

- **Housing Fast** (from the street to My Way via an institution)
- **Housing First** (direct access to housing)

However, we are noticing that an increasing number of HF beneficiaries are temporarily staying in an institution, for example after hospitalisation or through our partnership with Senior Montessori. That is why we have decided to unify our methodologies, no longer based on status, but on the beneficiary's place of residence. We will test this approach in 2025.

In addition, we have identified three profiles for whom an end to supervision can be considered:

1. People with reduced autonomy who live in a permanent institution.
2. Young, stabilised people in their homes without mental health problems.
3. People with psychiatric disorders who live in a recognised and permanent institution.

An end to supervision does not mean the end of social contacts. We will continue to actively monitor this. In 2025, we will continue to look for a clear plan to implement this approach.

We will continue the monthly **follow-up meetings** with Christophe De Neckere and Christophe Dierickx, two specialised psychologists who have trained the employees in motivational interviewing. In addition, the **supervision work around the end of the follow-up**, together with Marie-Claude from Synergie, was completed at the end of March. She has provided support in developing a proposal that we can start testing in 2025.

Key figures 2024

- **New beneficiaries:** 11
- **Total number of people supported in 2024:** 60
- **Active support at the end of 2024:** 43
- **Average age:** 58 years
- **Died:** 2
- **Missing registered:** 5

During supervision, we took the time to better assess when we should transfer to the housing team when the situation of the supported persons deteriorates. This has resulted in more transfers from My Way to the housing team this year than in previous years. Some trajectories required more intensive support. In 2024, we indeed have **six people** who are being followed up again by the housing team.

Social contacts and meetings

Each beneficiary is visited according to the frequency determined in consultation with the team. Most are met with twice a month, but this can vary from once a week for some to visits on request or at intervals of several months, depending on their recovery process and the stability of their situation. This amounts to a total of **552 meetings** and **2,579 meetings and calls**. This year, no one has reached the 10-year limit for support, which would allow us to end the follow-up. We regret the **death of two people** who were receiving support.

Follow-up of situations and evolution of the My Way project

Five people have been given the **status of 'disappeared'**. These are all people who were supported and housed years ago, but from whom we have not heard for a long time. The file of a missing person remains in our database so that it can be reopened if necessary.

We have carried out **one relocation**. This involved one of the tenants of La Ruche, who we rehoused in another apartment. We continue to consider different ways of organising communal living and are keeping up to date with existing collective housing models. The number of emerging projects in this domain continues to grow, and communal living is becoming a crucial challenge for the future of housing. Some of the people who receive support through My Way could be candidates for this type of housing.

The core of My Way goes far beyond administrative or medical follow-up: we want to put the strengths and skills of the people we support in the spotlight and offer them quality moments outside of their daily lives. This contributes to their well-being and stability in their living situation.

Thanks to the **funding from SOLI-MAC**, we were able to enhance the Christmas presents with cakes and organise outings aimed at fun and well-being: restaurants, body care (pedicure), a visit to the Brussels Christmas market, IKEA, bowling, shopping and much more.

Development and use of adapted tools

The **PSP tool** (*Persoonlijk Situatieplan*, or Personal Situation Plan) was printed on attractive cardboard cards and was used **thirty times** in 2024. This tool is now our official annual evaluation and is used at least once a year for each person we support.



In addition, we continue to use **other tools and flexible games** to work with people:

- The card game *Totem* or a folding game (cocotte) with questions about well-being, to focus on sources of strength and self-esteem.
- The *timeline tool* to structure the different phases of someone's projects.
- *Memory of resources*, a game that stimulates the memory using images that represent different tools and sources of support.

Animals as mediators and promoters of well-being

A new protocol has been introduced that allows dogs to accompany their owners to the office, even if they are not therapy dogs working in the field. This year, Oushka and Aura joined Walter in the *My Way* pack.

The presence of dogs has had a positive effect on the office dynamic and during team meetings. They help to relax the atmosphere in difficult situations, facilitate the expression of emotions and strengthen mutual exchange. Walter remains an important point of reference for various people under his care, who express their needs through him, even though he has not been active in the field this year.

Strengthening networks

In terms of **network development**, we continue to enter into new collaborations regarding the situation of the people we support, as their social network remains an essential part of our work.

In 2024, we set up **12 new partnerships** and met with **12 organisations** on topics such as social connectedness, ageing in a home or institution, mental health and support services.

We organised **15 consultation meetings** this year to better coordinate the support of our clients.

We continue to work with the **Relink First team**, which organises various activities for the *HF* audience. This perfectly complements our actions for the supported individuals. We are convinced of the added value of this project and want to continue to invest energy and support in it.

We participated in a day at the seaside together with other Housing First projects, with six people from *My Way* in attendance. We also took three of our supported individuals on a trip to Ghent. Finally, we attended two tenants' circles with two of our clients, one of whom has become a regular participant.

Internal collaboration and training

- Regular meetings with other Housing First teams, such as Diogènes and Smes.
- Housing managers participate in sector consultations.
- Participation in **Midis HF**, reflection moments about sector challenges.
- Continuation of cooperation with residential care centres and the Montessori project.

Community activities and social engagement

Together with **CBTW**, we organised a communal meal with 30 beneficiaries, social workers and volunteers. We are also

working on collective housing projects with two specialised managers who will be supervised on a monthly basis in 2025.

Outlook for 2025

- **Test phase** for a psycho-medical-social final support system for three stable persons, with voluntary visitors as a safety net.
- **More consideration for volunteers** through better integration and training.
- **Strategic development** through strengthening partnerships and new instruments for mental health support.
- **Innovative activities** financed through a creative budget, aimed at welfare and social inclusion.
- **Increased involvement** in risk reduction for the homeless and residents.

Conclusion

The year 2025 will be a crucial period for *My Way*. The continuous growth of our approach ensures that more and more people can move more quickly from the street to a stable home. However, it is not always possible to end the support quickly, which increases the number of people receiving long-term support. We remain committed to a people-oriented and flexible approach, adapted to the realities and needs of our beneficiaries.



Exchanges and inter-team training

My Way staff have continued to participate in exchanges with other **Housing First teams**, including Diogènes and Smes. Meetings between professionals from the sector are organised every three months to share practical experiences and insights.

The housing managers also participate in regular meetings to discuss the realities of the field and improve their working methods. *My Way* participated in the **Midis HF**, special



moments to reflect on and exchange ideas about the challenges within the sector.

The partnership with residential care centres and the **Montessori project** continued throughout the year. For example, an exchange morning was organised to explore suitable housing solutions for ageing people in need of care.

Community activities and social commitment

In collaboration with **CBTW**, we organised a **community meal**, which brought together around thirty people with disabilities, social workers and volunteers. This festive event gave the people with disabilities the opportunity to meet the entire My Way team, including colleagues from advocacy and administration.

The **working group process on communal living** has led to the appointment of **two specialised managers**. They will receive monthly guidance in 2025 to further structure and develop these collective housing projects.

Restorative approach and outlook for 2025

Given the challenges surrounding the **ageing of our target group** and the associated health problems, *My Way* remains strongly committed. When more intensive follow-up is needed, the transition to the housing team becomes increasingly self-evident.

The support provided by *My Way* does not follow a straight line, but rather a wave-like pattern, with periods of stability and moments of difficulty. We remind the people we support that recovery does not necessarily mean a full recovery, but rather finding a new balance within their challenges.

In 2025, we will test a new approach for the **completion of psycho-medico-social follow-up** for three people whose situation is stable. To maintain a safety net, they can be linked to visiting volunteers who help them maintain social contacts and prevent possible relapses.

The arrival of new volunteers requires extra consideration for their integration and training. That is why **collective and individual supervisions** are set up to guarantee qualitative guidance.

Strategic development and evolution of My Way

Thanks to the stabilisation of our team and the recruitment of a new colleague who focuses on network building, we have breathed new life into our partnership strategy. In 2024, we met with 12 **different organisations** and we will continue this dynamic in 2025.

Because our clients are increasingly dealing with a wide range of mental health problems (such as depression, psychosis, dementia, paranoia and addictions), we are fully integrating the **Psy project** into our approach. The further development of our team enables us to acquire new tools and respond better to these specific needs.

My Way will continue to **develop further** in the coming years. Our methodology and the quality of our support ensure that people make the transition from life on the street to housing more quickly, and then to long-term support. However, not all situations allow for a quick completion of the support, which leads to a gradual increase in the number of people supported by *My Way*.

In 2025, the **creative budget** will be fully utilised to diversify our activities and offer innovative initiatives that promote well-being and social inclusion.

In addition, *My Way* will join initiatives aimed at **reducing the risks for people who live on the street or in housing**. This involvement will further strengthen our holistic and complementary approach to guidance.

Finally, in 2025, *My Way* will join the actions being taken to **reduce the risks** associated with living on the street and in housing **and support** people in precarious situations.

With these changes, *My Way* continues its dedication to providing customised, humane and progressive support, always focused on the needs and reality of the people we support.

Conclusion

2025 will be a key year for *My Way*. Our methodology and the quality of our support ensure a faster transition from the street to a home. However, not every situation allows for a quick conclusion to the support, which means that the number of people receiving support is steadily increasing.

With these developments, *My Way* remains committed to providing **flexible, humane and appropriate support**, always tailored to the reality and needs of the people we support.

FOLLOW-UP IN LIÈGE

In 2019, Street Nurses set itself the challenge of starting its work in the fight against homelessness in the city of Liège, where the need was great. The team, which then consisted of three people, integrated the Street Nurses methodology into the Liège ecosystem for the fight against homelessness and thus complemented the existing approach. Four years later, the Liège team has grown and diversified.

At the end of 2024, the **team** consisted of **nine people**, divided as follows:

On the street

- 1 department head (social worker)
- 2 nurses
- 1 social worker

In the home

- 1 department head (social assistant)
- 1 nurse
- 1 social worker
- 1 social assistant
- 1 rental manager

Reorganisation of the structure

At the end of 2024, inspired by the Brussels model, we decided to reorganise **our structure into two separate departments: a street department** and a housing department. This reorganisation is based on the observation that the number of rounds has decreased slightly, while the number of visits to institutions and homes has increased.

We have noticed that there is a certain imbalance in the support we offer our patients, between the street work and the residential care centre. The problems surrounding housing are numerous and complex, while the urgent needs of patients in housing often take priority. This is often at the expense of support on the street.

We are counting on this new division enabling us to **spend equal time supporting** our street and residential patients. This division into two departments will enable the teams **to focus on specific problems**, as support on the street differs greatly from that in residential care.

This **will improve the quality of our work** and enhance **the well-being** of both patients and staff. As part of this process, two members of the team have been appointed

as departmental leaders, each responsible for a cluster. Managing this reorganisation and the changes it entails will be a major challenge for 2025.

Volunteer support

The increase in the number of home and institutional visits has also increased the number of volunteers. There are currently **four visiting volunteers and two logistics volunteers**. Their support plays a crucial role in anchoring patients in their homes, complementing the psycho-medical-social support provided by the field teams. For example, when a patient was about to move house, a volunteer helped him by making curtains for his new home and taking him out for a pizza to help him get to know his new neighbourhood.

Evaluation of fieldwork and patient follow-up

In 2024, the team continued to work intensively with people on the street and in housing, tailoring support to the specific needs of each individual. This work involved a large number of street rounds, meetings and administrative actions.



- **Total number of patients followed up at the end of the year:** 24 (5 women and 19 men)
 - 14 people on the street
 - 110 people in housing (4 in Housing First, 6 in Housing Fast)
- **Total number of people under supervision during the year:** 29
- **Average age of patients:** 49
- **Changes in situation:**
 - 14 people moved into housing (3 in Housing First, 1 in Housing Fast)
 - 12 patients were transferred to the Ans Housing First team after moving to this neighbourhood
 - 11 patient was referred to a more suitable institution
 - 13 people changed homes to improve their well-being
 - 11 person moved from their own home to an institution
 - 14 people in housing ended up back on the street
 - 11 follow-up was stopped due to intimidating behaviour towards the team
 - 11 death on the street
- **193 street rounds**, resulting in:
 - 1479 successful encounters
 - 1138 unsuccessful searches
- **365 visits** to patients in their home or institution (hospital, prison, health resort, etc.)
- **1,592 follow-up** meetings and conversations
- **3,084 administrative actions** (emails, phone calls, various procedures)

This report highlights the scope of the work that has been carried out in the field and underlines the constant challenges that come with supporting people in extreme poverty. The biggest problem on the street is visiting patients. Admittedly, the city centre is small, but patients are out and about looking for money and/or products. When we find them, they are under the influence or asleep, which makes working with them difficult.

Focus on well-being

We have continued to make every effort to offer the people we support, whether they live on the street or in a home, moments of well-being so that they can focus on themselves again. These breaks from the daily grind and the urgency of medical and social care are essential to promote their well-being and give them back their time.

- **Thirteen ‘wellness moments’ of high quality** (cinema and museum trips, picnics, a day at the seaside, etc.) help to strengthen the bond between the person being cared for and the team and encourage the person to get involved.
- We helped three patients move to a new home and one to a new institution.

A significant part of our support went to **prison visits**. Unfortunately, we do not have statistics to quantify these visits, but we are seeing an increase in our presence in this institution and want to strengthen our cooperation with this sector. It may seem that this complicates our work, but if we know where to find our patients and that they are in a sober situation, we can build a relationship of trust and work out the details of their plans for leaving the institution.

Returning to a home

Some people **we rehouse outside of Liège**. Being separated from their familiar surroundings and local network can create a new dynamic in their lives. In 2024, we expanded our support in Liège to Seraing, Verviers, Crisnée, Namur, Soumagne and Spa. This approach requires rigorous organisation and a lot of travelling.

For the first time, we housed a patient through an SVK - **Sociale Verhuurkantoren** (social rental agency). This is a first in Liège and in 2025 we hope to strengthen our contacts and partnerships with the SVKs in the region to expand access to this type of housing for our patients. Several registrations with the SVK have already been started with this goal in mind.

Modular housing and other property management

Unfortunately, the **construction of six modular housing units**, financed by the Walloon government’s ‘Zero Homelessness Territory’ call for projects, was ultimately cancelled by a decision of the city of Liège. During the municipal council meeting of April 2024, the mayor promised to offer an alternative solution for our patients who were waiting for a modular home. Despite several reminders, we are still waiting for a response from the mayor on this subject. In the meantime, we have continued our search for sites for the construction of modules in the Liège region. In addition to visiting private sites, we have also had meetings with the administrations of the cities of Liège and Saint-Nicolas to assess the feasibility of installing modules on specific sites. Some of these projects could be completed by 2025.

We are also continuing to manage the **three flats** that Street Nurses have made available for the rehousing of our patients. This involves considerable administrative and technical management, unlike the other homes, where this role is usually fulfilled by private landlords or social service centres.

Finally, we have entered into a partnership with the Passage 59 collective, with whom we plan to renovate part of an old school building to create housing in the centre that is currently under construction. More news in 2025!

Networking

In 2024, we organised **74 meetings to discuss** individual patients or cooperation between departments. In addition, **21 presentations were held for the broader network**, which brought together Liège medical-social associations, public services, subsidising authorities and local companies. In addition, we have organised **65 exchanges between services** and made several visits in the field, including 14 to Street Nurses and five to the Liège network. Finally, **three members of the team** have participated in international exchanges through **ERASMUS Ecett**.

Objectives for 2025

We plan to intensify our support on the street by closely following **six new people**. We also hope to contribute to the **rehousing of at least five people**, either in individual housing or in an institution. In addition, we will support **at least three people** who want to **move house**.

We also plan to strengthen our **network of visiting volunteers** to help patients continue to live in their own homes. By expanding their numbers, we hope to supplement the existing psycho-medical-social support to better assist people who have been rehoused.

Human resources

One of the biggest challenges for 2025 is organising our teams into two departments. With the arrival of two new social work department managers, we need to strengthen the support function within the street unit. That is why we want to recruit an additional social worker (4/5 FTE).

We will also welcome a psychologist once a week. Her expertise will be invaluable, both for our work in the field and for informing our thinking and refining our support practices.

CREATING HOUSING

Rehousing homeless people is a crucial step on the road to reintegration, but the quality of the housing largely determines its success. A dark, cramped or poorly maintained home can create a deep sense of unease and hinder efforts to build a new life, while a bright, healthy and warm environment promotes stability and well-being and gives residents the opportunity to face the future with confidence. In addition to quality, the diversity of housing solutions is also essential: retirement homes, modules, studios, social housing, etc. Everyone must have access to a place that corresponds to their needs and background, in order to guarantee a sustainable reintegration that is adapted to their situation.

Our **property foundation CASA+** was officially established in April 2024. The goal is to use all possible means to provide housing for our patients, and ultimately for all homeless people.

The initial contacts and plans for 2024 have given us a better understanding of the possibilities and limitations of this activity.

The objectives for 2025 are to refine the operational model, clarify the financial constraints and start looking for public and private funding. We are aware that this work will only produce tangible results in the long term, but it is essential if we want to put an end to homelessness.

We still have **eleven modular homes**: five in Neder-Over-Heembeek and six in Vorst.

Over the course of the year, a total of **17 homes were purchased**: 13 in Brussels and 4 in Liège.

These include private apartments (under social housing or through SVKs) as well as places in institutions.

These homes are used to rehouse people who have been taken off the street, but also to move patients who are currently living in a home to a place that better suits their needs, with a view to improving their well-being. When someone leaves or loses their home, it is not necessarily taken over by a Street Nurses patient, for example, if it is registered to them, as with social housing.



TRAINING

Support for professionals

Any professional working with people living in extreme poverty may find it difficult to talk to them about their hygiene or lack thereof. How do you address these topics, which are often considered 'taboo', while at the same time maintaining a relationship with the person you are trying to help? How can we treat these patients correctly and more easily?

In 2009, Street Nurses started offering training because we realised that the care provided to homeless people by professionals in the sector was sometimes inadequate. This was often due to fatigue or discouragement and a lack of guidance and knowledge on the subject. In response to this, a group of homeless people was brought together to use their testimonies to help the non-profit organisation develop the content of the training courses.

In addition, after much research on the subject and thanks to the experience of Street Nurses in the field, training courses on the theme of hygiene and poverty were launched.

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

The **goal** of the training course 'Hygiene, let's talk about it!' is to enable professionals to overcome their fears. It gives them the keys to tackling these taboo subjects. And that both on the street and with patients in their homes. Special consideration is given to the participatory and interactive nature of the training. To achieve this, the team bases its method on the use of the Street Nurses' own working tools, role-playing, sharing experiences and the creativity of its trainers. Brainstorming and role-playing are used to build on the experiences of the participants. She ensures a caring, positive and constructive atmosphere.

In 2024, **14 face-to-face training courses** (in Brussels, Namur and Tournai) and **one online course** were given, for a total of **197 participants from various organisations** such as: *Petits riens, Pierre d'Angle, DoucheFlux, Maison médicale Maelbeek, CLPSHo, Association belge des praticiens de l'art infirmier, Home Baudouin, MIVB, le RaPeL, MRS Sainte- Gertrude, AMO, Armée du Salut, Croix-Rouge Française, Médecins du Monde, SOS Jeune 24H, Maison médicale Tilleur-Sclessin, Le Forem, Maison d'accueil Porte Ouverte*, etc. Four tools used in the course on hygiene and poverty were adapted and improved to ensure that the course runs more smoothly, taking into account feedback from participants in previous years.

More specifically, the link we made between the video on 'The Scratch Revolution' and the training sessions on hygiene and poverty has been reworked to emphasise the following message: it is by being on the move that we remember things. We also improved the activity 'Hygiene as a tool': it is now based on clinical vignettes, which allows for more role-playing and exchanges on the good practices of the participants. Finally, the hygiene photo-interaction was professionalised and freshened up, just like the classic photo-interaction.

This year, Street Nurses participated in the **training of the Includo agents of the MIVB**, their new social service, to provide them with the best possible tools for their start-up in November 2024.

By 2025, we want to continue improving the content of our training courses to meet the expectations of the participants as much as possible, based on feedback from various evaluations. We want to increase our capacity to provide training and the number of people trained, and develop online training courses to reach employees in the sector of persons with reduced mobility outside of Belgium. We also hope to roll out our training programmes in Wallonia.



MOBILISING SOCIETY

POLITICAL LOBBYING

The year 2024 brought a major breakthrough for Street Nurses, and in particular for the Lobbying department. After more than two years of work, in collaboration with the homeless sector, a historic **quota for social housing** was introduced in the Brussels-Capital Region. From 2025, 3% of social housing will be reserved for homeless people, rising to 6% in 2027.

Awareness campaign and political involvement

To realise this quota, the Lobbying department conducted an **extensive communication campaign** with videos, articles and other initiatives. In addition, an article was published in the quarterly magazine *Pauvreté by Forum - Bruxelles contre les inégalités*, entitled Access to social housing as a solution to homelessness.

2024 was also **an important election year** at the local, regional, federal and European level. In this context, Street Nurses worked to **raise awareness among both the general public and policymakers** of the needs of the homeless sector. In collaboration with other organisations, we launched an **online campaign** around ten common demands and organised a **work stoppage in the social sector** ('Social Services Out of Service') in March 2024. In doing so, we asked for consideration to be given to the challenges such as overcrowded emergency services, a shortage of affordable housing, competition with other vulnerable groups and the exhaustion of social workers.

In the run-up to the 9 June elections, **we analysed the party programmes** for themes relating to homelessness, organised a political debate in French and Dutch and **met with various political parties** to explain our positions.

Cooperation and policy development

Street Nurses played an active role in the Brussels-Capital Region in the development of the **Master Plan of Bruss'Help to prevent and combat homelessness**. This plan includes

35 measures, divided over four prevention domains, and is an important first step towards the ambition to eradicate homelessness by 2030. The next step is now approval by the Brussels government.

In addition, the Lobbying Department participated in **various activities** such as conferences, advocacy and events. For example, we were present at the annual **Housing Action Day**, a demonstration for the right to housing. We also contributed to **political debates**, including at the Federation Bico and the Assises du Logement et du Travail social. We also organised a **reflection day for magistrates** in training on housing and homelessness, during which we highlighted the impact of judicial practices on poverty.

Internationally, we were represented at the **annual summit of the Institute of Global Homelessness - Vanguard Cities**, which took place in Helsinki in June. This event brought together cities and countries to discuss homelessness issues and exchange experiences.

Strengthening the Lobbying Department

This year, the Lobbying Department welcomed a new team member and Street Nurses joined the Board of Directors of the *Federation Bico*, as well as the General Assembly and the Selection Committee of *Bruss'Help*. At the same time, we remain active within various networks such as CU-CI of *Bruss'Help*, *RBDH*, *Fédération Bico* and *FEANTSA*. Having achieved our first major objective, we are now looking ahead to the period 2025-2030. The team is working on new strategic priorities to further strengthen and expand our lobbying activities. **Our goal for 2025 is to make the advocacy of Street Nurses even more powerful and effective.**

EXTERNAL COMMUNICATION AND FUNDRAISING

The Street Nurses mobilisation department (communications & donations) supports the organisation in various ways. The core of its work is building and maintaining a strong network of supporters who support the organisation financially and materially and help spread its message.

In 2024, **we expanded our team** and introduced a **new platform for managing donations and online fundraising**. We maintained **close contact with our most dedicated donors** and supporters through personal emails, phone calls, newsletters and messages on our website and social media. The **recruitment of a relationship manager** further strengthened these ties, with a special focus on major donors and (potential) legatees. A good example of this was our participation in Testament.be's thank you day in May, at the National Botanic Garden in Meise, where we met some thirty loyal donors and volunteers.

In addition to fundraising, Street Nurses continues to work to raise public awareness of homelessness and to highlight the

resilience of people without a home. Throughout the year, our website and social media channels (Facebook, Instagram and LinkedIn) were filled with articles, testimonials and real-life stories that highlight the daily challenges faced by both our teams in the field and our patients. In addition, **more than 1,000 primary and secondary school pupils** were taught about the work of Street Nurses and how they can break down prejudices about homelessness.

The **municipal elections of June 2024** were a key moment to step up our efforts. Together with the Lobbying department and other communication departments of partner organisations, we worked on a powerful campaign. Even during our participation in the **20 km race through Brussels**, we conveyed a clear message: consciously choose a policy that tackles homelessness.

Our **end-of-year campaign** 'Donation after donation, we are building a future for homeless people' was further strengthened in 2024 by a more diverse use of slogans and an additional online section with background information.



FUNDRAISING IN 2024

In 2024, donations from private individuals funded almost **30% of the expenditure** of Street Nurses. They remain essential to our survival, our independence and our opportunities to innovate and grow. We just missed our target of €1,295,000 in donations, but with a total of €1,216,358 from individuals and companies, we came very close. This can be explained by the building of a new team and greater caution among donors.

The Mobilisation Department launched **various traditional initiatives** to raise funds: a major crowdfunding campaign, four donation appeals by letter, a sponsorship campaign for the *20 km run through Brussels*, the end-of-year campaign in several media channels, advertisements in various newspapers and appeals for donations via the newsletter.

In addition, we organised **two major events** that were not only successful in terms of fundraising, but also offered a valuable opportunity to meet supporters and donors in person:

1. A fundraising dinner at the Cercle Gaulois, with almost 200 attendees.
2. An auction of 5,600 comic strips, donated by our loyal volunteers Marie Gérard and Luc Louveaux.

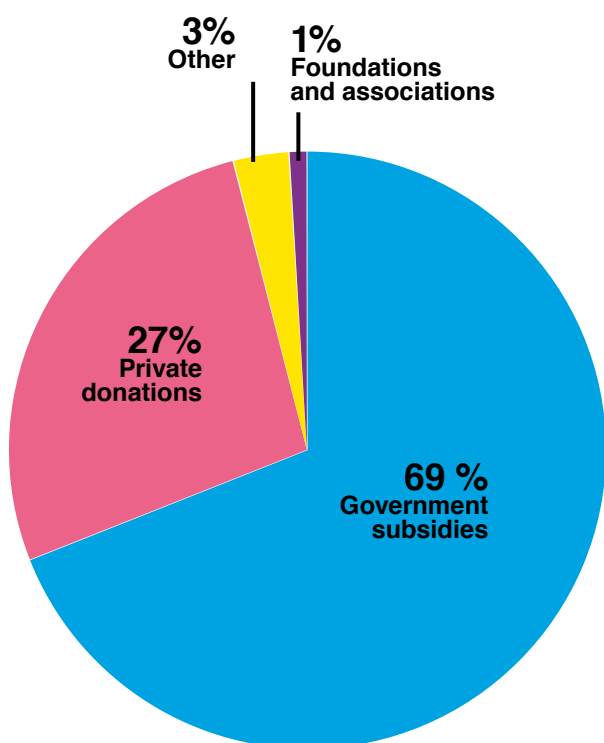
Finally, with the help of our marketing agency, the end-of-year campaign was significantly expanded. Thanks to the support of various media partners, a media plan worth €189,000 was set up, of which €174,000 was generously donated. The year thus ended on a positive note.

FINANCES

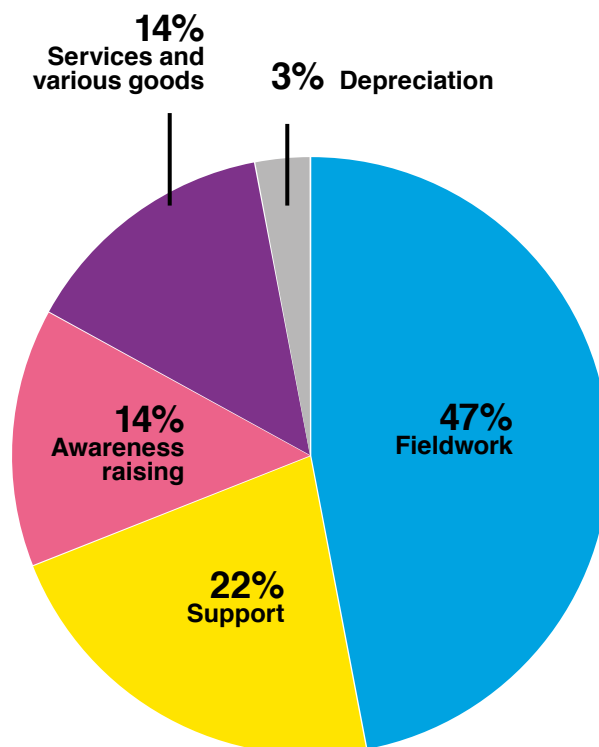
Situation comptable

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

Breakdown of income



Breakdown of expenditure



TRANSPARENCY

The financial administration and bookkeeping are handled by the financial manager and **Cogitax** Fiduciary. Personnel administration is handled by the administrative manager and **SDworx**, the external social secretariat.

The accounting of the non-profit organisation is certified annually by an **ITAA-certified chartered accountant**. Since 2016, the accounts have also been audited by **Donorinfo** and published on www.donorinfo.be.

In addition, Street Nurses has been a member of the '**Récolte de fonds éthiques ASBL**' association **since 2013**.

Street Nurses has non-profit organisation accreditation, which means that donors can benefit from a tax reduction for donations of €40 or more.

The Donorinfo Foundation informs the public in an impartial and transparent manner about the activities and financial resources of Belgian philanthropic organisations that help people in need.

This has a supervisory body that is laid down in the Internal Regulations. It is the first all-encompassing self-regulating mechanism in Belgium that deals with ethical issues in fundraising.



THE WORK OF STREET NURSES IN 2024

In Brussels and Liege,
in a few figures

66

employees
(50.99 FTEs)

485

rounds

61

**people followed
on the street**

90 %

**street
addictions**

70 %

**mental illnesses
on the street**

55 %

**chronic
physical illnesses
on the street**

328

**average of days
to get someone
off the street**

13

**people
rehoused
in 2024**

117

**people followed
up in housing**

221

**people rehoused
since 2010**

7

**patients deceased
(including 2
on the street)**

5 098

**encounters
on the street
and in housing**

22 942

actions (meetings,
conversations)

5 041

**support, care,
transfers**

18

**relocations/
rehousing of
homeless sleepers**



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