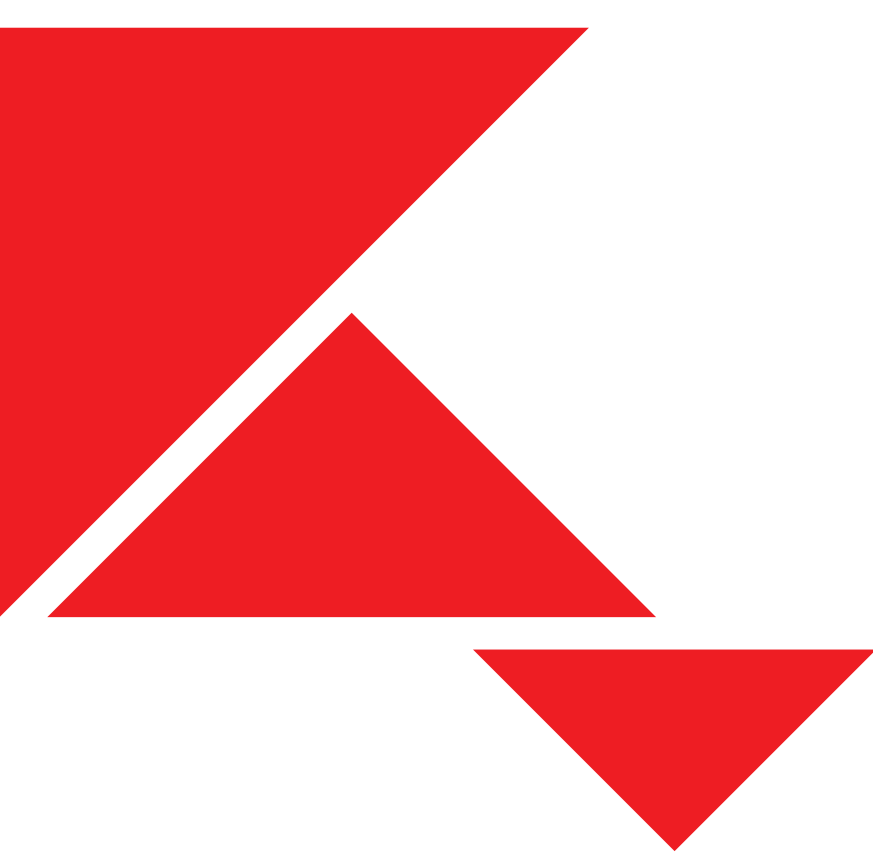


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Routes Into Destitution Vulnerabilities and Resources of Central and Eastern European Migrants in Switzerland

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Abstract

This report presents the findings of a two-year research project called "Routes into Destitution: Identifying Vulnerabilities and Coping Strategies in the Life Course of Undocumented Central and Eastern European Citizens in Switzerland." The research project was funded by the Swiss Centre of Expertise in Life Course Research (LIVES). The project aimed to better understand the life trajectories of Central and Eastern European citizens living in Switzerland who faced significant precarity, referred to here as "destitution." The research project examined the available social, financial, and human resources and unveiled the social coping strategies of destitute CEE migrants in two Swiss cities: Geneva and Zurich. Vulnerabilities and resources were analysed from interdisciplinary perspectives, including social geography, sociology, social work, social policy, and social rights.

A parallel mixed-method data collection was conducted from January 2021 to March 2023, involving three main sequences: 1) exploratory interviews with key informants; 2) semi-structured interviews with destitute migrants; 3) face-to-face questionnaires among this population.

This report is organized as follows: the first chapter describes the concept of destitution and its application; the second chapter outlines the migration conditions of CEE citizens living in Switzerland; the third chapter presents the research design. In the fourth chapter, we examine the main results, focusing on four life domains: housing, employment, health, and social relationships. In the fifth chapter, we synthesize the impact of resources and vulnerabilities on the individual life trajectories of the affected persons and propose recommendations to prevent the development of destitution among CEE migrants in Switzerland.

Title

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1 Introduction to destitution and extreme poverty

Destitution is a new and expressive notion in describing the multifaceted nature of essential poverty and severe social exclusion. The novel concept of destitution emerged in the social sciences to challenge the dominant neoliberal, income-based approach of poverty studies and to scrutinise poverty and social deprivation in a multi-layered dimension considering the lack of resources in the areas of the housing market, employment, and family relationships, as well as in mental and physical health. Although destitution can also be described as the lack of individual biological and psychological resources, our study primarily examines the socio-political, structural reasons lying behind the notion. Although the term 'destitution' incorporates multiple sociological, philosophical, economic, and political dimensions, the current paper primarily applies the theoretical and practical approach of social work and social policy.

1.1 Theoretical development of destitution and extreme poverty

1.1.1 *From absolute poverty to destitution*

People live in absolute poverty when they are deprived of even the most essential goods and other resources needed to live as a human being in society. Thus, the notion of absolute poverty refers to a certain state of living in which the satisfaction of biological needs for food and shelter is seriously hindered by one's unfavourable living conditions. These threatening social circumstances can be widespread over a whole geographical area (horizontal approach) or can be sporadic, affecting only certain individuals and groups whose social status steadily falls behind the others' in a given community (vertical approach). According to Dominelli (2019), absolute poverty has two dimensions that influence the social status of affected people. These dimensions are the *domestic relational space* and the *public relational space*. Domestic relational space refers to "*the individual managing to meet daily needs and routines*" while public relational space shows the governmental responses and policies aimed at managing poverty. Dominelli states that poverty must be contemplated and handled in a geographical context. This means that both individual actions and strategies (coping strategies), and state-induced reactions (measures and legislation) should basically be observed in the framework of the nation-state (particularly in the absence of a unified European social policy), applying within its geographic and administrative borders.

Although early Malthusian approaches mostly considered poverty as a personal failure that originated from the inappropriate behaviour and poor morals of individuals (Daly, 1971), later studies revealed the inevitable importance and effect of broader social structures (Lepenies, 2017). In particular, the early urban studies of Booth and Rowntree, carried out among destitute industrial workers in the cities of York and London, discovered that the low wages paid to the workers were the primary reason for financial poverty, and that proper political measures might reduce financial needs. However, even in Booth's work the moral description of poverty, namely that poverty degrades human morals, had a relatively large impact (Spicker, 1990).

Nevertheless, Booth considered poverty a threatening factor in the eradication of human morals and did not refer to moral deficiencies as explanatory reasons lying behind poverty. Booth differentiated extreme poverty from other forms of poverty and characterised it as "*very poor*" people "*living in chronic want*" (Booth, 1902: 33), whose life is "*unending struggle and lack of comfort*" (Booth, 1902: 131). Booth realised that even poverty is stratified and thus detached destitute people from the *regular poor* in his analysis: "*I made an estimate of the total proportion of the people visibly living in poverty, and from amongst these separated the cases in which the poverty appeared to be extreme and amounted to destitution.*" (Booth, 1902; see Rowntree, 1922;

Keating, 1976). This early stratification of poverty had a large impact on later poverty studies, particularly in the analysis of absolute poverty and its connected notions such as destitution, extreme poverty, ultra-poverty, and existential poverty. In the area of social work, Jane Addams' (1912) settlement movement of social care opened new dimensions in understanding the multi-layered nature of poverty, considering the housing, medical and employment-related factors behind the notion.

Since the second half of the 20th century the dominant neoconservative and neoliberal approaches to social policy explained poverty as the direct consequence of financial shortages, and this argumentation lasted for decades. In modern social sciences the term destitution was applied almost exclusively by poverty studies carried out in low-income countries with developing economies like Bangladesh and India (Banerjee and Duflo, 2011; Yunus, 2017). The modern neoliberal approach to income-based poverty and material deprivation was often reflected in the global development programmes and strategies of large international organisations. In its report on global poverty, the World Bank considers people to be living in extreme poverty if they live on less than 1.9 USD a day, and in moderate poverty if their daily income is less than 3.1 USD. According to the World Bank's report on global poverty (2013) there are still more than 1 billion people worldwide living in destitution and despite the improvement in eradicating global poverty, there are regions where this is not achievable through international development policies and actions (e.g., the sub-Sahara region).

Furthermore, the Eurostat conceptualised poverty as the manifestation of financial needs for a long period of time and considered people to be relatively poor if their income sank under 60% of the national median income per-capita, and extremely poor if this proportion was under 40% (see EU-SILC). This materialistic-economic statistical approach to poverty fits perfectly with the evidence-based social policies of the neoliberal and neoconservative market-economies which focus on providing social assistance to needy households based on their means-tested income rather than developing comprehensive and preventive anti-poverty programmes (Spolander et al., 2014; Strier, 2019). However, it is worthwhile to mention that national social policies always rather applied their own indicators (like the subsistence minimum in Switzerland) to assess eligibilities on social supports than using the poverty lines of international organisations like the OECD, the World Bank, or the Eurostat.

Townsend (1993) was one of the first modern social scientists to state that poverty was much more than material deprivation, and that in addition to the economic aspects, multiple psychological, social, and biological factors could also lay behind it. Thus, Townsend developed a basic list of material (e.g., income and housing) and nonmaterial (e.g., leisure activities, good education, and quality healthcare) items whose absence could lead to poverty. This new approach on fundamental *welfare packages* raised attention to the multi-layered understanding of poverty. Amartya Sen (1983) developed this novel multifaceted and relational approach to poverty even further and confirmed that poverty is much more than the absence of economic resources. In doing so, instead of focusing solely on material deprivation, Sen scrutinised the capabilities necessary to social inclusion and participation. Sen's capability approach applies Bourdieu's theory of human capital (particularly its social-relational nature) and takes into account what people can or cannot do with the available resources they have. According to the capability approach, the absence of possibilities or rights to exchange proper social, psychological, and biological resources hinders individuals from living the life they want (and deserve), and from unfolding their real and often hidden skills and abilities (Drilling, 2008). Similar to Sen, Marx et al. (2014) also emphasise that poverty has two core elements "*the inability to participate and that this inability to participate is attributable to inadequate resources*".

In extreme cases the severe lack of social and other resources can lead to the state of *social suffering* (Bourdieu, 1993) in which people cannot break out of the circle of deprivation and permanently suffer from precarious living, working, and housing conditions. In the state of *social*

suffering people are not only excluded from social and other services, but they are “*expulsed from moral and political society*” (Harris-White, 2005). This means that although destitute people are part of society due to their physical existence, they no longer belong to society in moral, legal, and political terms.

Although absolute poverty seemed to have disappeared from the economically developed European countries during the golden age of the welfare state (McNicoll and Esping-Andersen, 1997), and the international understanding of poverty had been redirected to relative poverty, a spectacular re-institutionalisation of absolute poverty has taken place in Europe since the early 2010s (Gaisbauer et al., 2019). Dominelli calls this new form of absolute poverty *existential poverty*, referring to the daily struggles of people to acquire food and shelter. The term *existential poverty* differentiates the novel forms of absolute poverty experienced in wealthy Western countries from the universal and horizontal poverty of the Global South (real absolute poverty). Although the notion *existential poverty* is still based on material approaches, its meaning is quite close to *destitution*, since it clearly expresses the vertical-structural character of poverty focusing on the poorest among the poor. Undocumented migration and homelessness, and particularly their precarious combination (homeless undocumented migrants), are two main causes of existential poverty and destitution in the postmodern Western welfare states (Allen et al., 2020; Isaac, 2016; Freeman and Mirilovic, 2016).

1.1.2 The concept of destitution

As the direct consequence of increasing economic deprivation and social exclusion in European welfare states, the term destitution has re-appeared in contemporary social sciences (Dominelli, 2019; Bradshaw and Movshuk, 2019) in the last couple of years. In its original (Latin) sense destitution means to abandon or desert someone (JRS, 2010). Harris-White (2005) describes destitution as a severe form of poverty that is “*institutionalised within state practice and law*”. Dasgupta (1993) describes destitution as a “*fatal and sharp form of deprivation*” that affects people’s working and housing conditions as well as their health and social networks. The Oxford English Dictionary gives *destitution* as a synonym of *poverty* and *indigence* (Walker, 2019), however the notion has a much more meaningful and deeper expression in postmodern social sciences.

In the field of critical social sciences, destitution refers to a “*material and discursive configuration that is constituted of extreme impoverishment and dependency on others for the means of survival*” (Coddington et al., 2020). Furthermore, based on the political concept of the European Commission a destitute person “*is left without assistance in a precarious situation*” or “*left alone by society*” (European Commission, 2014). Destitution is thus a scientific as well as a political and a heuristic concept that aims to sensitise for the interwovenness of material deprivation, social exclusion, and the loss of control over one’s life (JRS, 2010). Destitute people are largely dependent on the goodwill of others in a relationship that can be described as “*rather permanent*” (European Commission, 2014). Crawley et al. (2011) refer to the destitute as people “*whose access to resources is prohibited through legislation and policy*”. According to Fitzpatrick et al. (2016) destitution is “*usually viewed as the extreme end of a spectrum of material hardship*”. Lipton (1988) referred to destitution as *ultra-poverty*, which phrase was later further developed by Alkire et al. (2014) as *multi-dimensional ultra-poverty*, highlighting the multiple housing, employment, education, health, and nutrition-related factors behind destitution.

All the approaches illustrating the state of destitution conclude that destitute people are the poorest among the poor (Sen, 1976), the lowest layer of the society, and they form a so-called *underclass* within society (Avenel, 1997). They suffer not only from serious social exclusion and material deprivation, but also have particular so-called “cultural” characteristics that differentiate them from other social groups. These distinguishing cultural features can be seen for instance in

the language, food consumption, dress, or the forms of housing of vulnerable social groups. Oscar Lewis (1966) described these particular marks as the “*culture of poverty*” referring to the special living and consumption patterns of poor people.

In the area of modern statistics, due to its horizontal and structural nature, destitution cannot be expressed solely through traditional income-based poverty rates. Other indicators from housing, employment and health are also important to express people’s objective or subjective wellbeing. Apart from the national offices of statistics, international organisations and agencies have also recognised the impact of thus far neglected human and environmental factors in the context of wellbeing. The UN’s 2019 *Multidimensional Poverty Index* (MPI) takes into account not only the financial situation of individuals, but their access to appropriate healthcare and education, too (UNDP, 2020). Through the analysis of 101 developing countries, in which 76% the world’s population live (5.7 billion people), the MPI shows that almost a quarter (23.1%) of people live in multidimensional poverty and suffer from severe deprivation.

The EU’s statistical office has also recognised that a multi-level examination of poverty and social exclusion now takes priority over the former income-based estimations. In pursuit of this, Eurostat’s *At Risk of Poverty and Social Exclusion* (AROPE) indicators (2020) measure the complex dimension of poverty and include indicators that cover not only financial poverty, but also severe material deprivation and in-work poverty. These new statistical responses to poverty, social exclusion and deprivation are already much closer to the core concept of destitution, although even these newly developed indicators focus on analysing personal living conditions rather than structural dimensions.

The multidimensional approach to destitution is particularly important – compared to the earlier perspectives on extreme poverty – in assessing the role of low work intensity (see AROPE indicators on in-work poverty) in impoverishment. This labour-based approach has a huge relevance in modern risk societies where labour markets cannot provide guarantees against financial poverty and destitution anymore. In contemporary risk societies not only low-paid jobs, but also precarious working conditions can lead to severe in-work poverty (McCann and McKittrick, 2012; Gangopadhyay et al., 2014). The participation of destitute people in Western labour markets often takes the form of an impossible separation between personal life and labour activities, whereby their efforts are purely limited to the satisfaction of individual biological needs like food and shelter for simple survival. These activities are – for instance – begging, street music, street prostitution and the collection of garbage. Hannah Arendt (1998) applied three categories of “human activities” to illustrate the so-called active life (*vita activa*) of people and differentiated this kind of “labour” from the higher-level categories of “work” and “activities”. In her typology “work” is time limited and separated from people’s private life, and “activities” are the area of personally preferred actions that people choose to do in their spare time. This system of labour, work and activity depicts the stratification of a society and the distance between labour and activities demonstrates people’s increased social position and life possibilities.

According to Dominelli’s approach to *public relational spaces* and Harris-White’s concept of the responsibility of state actors and legislation, destitution is the direct consequence of the institutional or structural exclusion of vulnerable groups. This means that besides the individual, primary biological and psychological factors of destitution, welfare structures have a growing importance not only in the alleviation of destitution, but even in its evolution and exacerbation. Consequently, besides the previously dominant psychological and sociological approaches, the science of social work and social policy also have growing importance in the examination of destitution as these principles are able to provide system-oriented perspectives to reveal the structural characteristics of the problem. In particular, macro social work can deliver first-hand information about and knowledge of threatening factors (e.g., in the area of housing and employment) regarding various social systems (Brueggemann, 2014). This systemic approach of social work to destitution is particularly important as community-based resources are essential to

improving individual wellbeing (Delgado, 1999), and the exclusion from public (welfare) services can significantly hinder the successful social integration of vulnerable groups (Sen, 1999). Direct institutional discrimination emerges when the entire socio-political system (institutions of education, healthcare, and social policy) is involved in the structural exclusion of vulnerable social groups on a legal basis (McCrudden, 1982; Hodge et al., 1993).

In her systemic approach, Harris-White refers to destitute people as *non-people* from the institution-based perspective of the state. Based on this concept, it is not only the basic needs of destitute people that are neglected by state actors, but their very existence is ignored within the system. Accordingly, destitution can be illustrated through a threefold model in which (1) people are unable to acquire any assets, (2) they are excluded from insurance mechanisms (particularly from the system of social security) and finally (3) they are unable to access the primary labour market (Harris-White, 2005). These dimensions can be supplemented by a fourth factor, namely that the state turns a blind eye to the plight of destitute people (who are often labelled as social tourists or migrant workers) instead of addressing the real nature of their problems. One can see such system-induced destitution, for instance, in the plight of Central and Eastern European Roma, whose access to the systems of housing, labour, education and health is significantly worse compared to other social groups (Bernát, 2016). The severe ethnic-based and spatial marginalisation of Roma communities in the Central and Eastern European countries (Virág, 2010; Rusnáková et al., 2015) is still an unresolved problem for the European Union.

Based on the report of the Jesuit Refugee Service (JRS, 2010), destitution can be traced back to at least three fundamental factors: (1) the lack of basic resources like shelter, warm food or fresh water, (2) the measures of state policy that systematically exclude vulnerable groups (e.g., migrants and homeless people) from the usage of state-run welfare services, and finally (3) the lack of opportunity to break out of the vicious cycle of deprivations. This JRS model is fairly similar to Harris-White's dimensions and identifies the origin of destitution in material needs, social exclusion, and systemic deprivation alike. The lack of basic resources corresponds to the traditional approach of absolute poverty (Gaisbauer, 2019; Lepenies, 2017) and shows the missing resources whose lack endangers the biological existence of individuals. The role and responsibility of state-run social policy in the exacerbation of destitution is reflected through Dominelli's approach to *public relational spaces*, and refers to the socio-political measures that handle destitution politically, showing the willingness of decision makers to solve the problem. Finally, the third concept covering peoples' inability to break out of deprivation is close to Sen's *capability approach*, and supposes that destitute people are deprived of the financial, relational, and cultural resources which are necessary to live in the way they want and unfold their skills and abilities.

1.1.3. Definition of destitution based on expert interviews in Zurich and Geneva

We asked social workers and other professionals working in the areas of social management and administration to express their own understanding on the concept of destitution¹, during the phase of expert interviews². They had quite similar approaches to destitution like those mentioned in the scientific literature. A social worker at a homelessness service described destitution as follows.

*"Destitution is an endpoint of extreme poverty without the chance of reversibility."
(Interview with field professional, Zurich)*

¹ The word "destitution" was not easy to translate into French and German: in French, "destitution" has a different meaning, so the terms "grande précarité" and "exclusion" were used as synonyms to be understood by our interlocutors. In German, it was translated as: "Mittellosigkeit".

² Research design and data collection are detailed in chapter 3, and the expert interviews in section 3.2.

Another social worker highlighted the inability of people to change their disadvantaged living conditions. This approach stays close to Sen's capability approach on social exclusion and severe social vulnerabilities.

"Destitution means extreme poverty and social vulnerability that the affected people are unable to influence or change." (Interview with a field professional, Zurich)

A professional in Geneva quoted to the deepness of poverty behind destitution and stated that vertical distances can be very large in the intensity of poverty and destitution means the final station in the stratification of poverty.

"I would call it misery. There is a greater distance between misery and precariousness than between the precarious and the rich." (Interview with a field professional, Geneva)

A social worker from Geneva reflected on the systemic, macro-level characteristic of destitution and highlighted the problem through the accessibility and availability of social services and other public and private goods.

*"Precariousness means difficult access to employment and housing; the people we work with [destitute in emergency shelters] have no longer access **at all**". (Interview with a field professional, Geneva)*

A professional from the homelessness care in Geneva pinpointed to the individual feature of destitution and focused on loneliness and mental problems as a source of destitution. This definition is very similar to the understanding of the European Commission (2014) on the problem of extreme poverty in a European context.

"For me, it is a person who is isolated from his or her community. People are very isolated, people who live on the street for several years, who have psychological problems, whom needs are very severe. These people are sometimes at the end of their lives, they find no sense in their lives." (Interview with a field professional, Geneva)

These quotations show how the situation of destitution is intertwined with other areas of life, such as health, employment, and housing, as well as the role of social and state institutions. Taking a life-course perspective enables to have this broad overview of the issue of destitution in the trajectories.

1.1.4. Destitution in the life course

From a life-course perspective, destitution corresponds to the concept of cumulative disadvantages in the life trajectory (Dannefer, 2003). People in a destitute situation can encounter simultaneous difficulties in multidimensional ways and accumulate multiple factors of vulnerability during their life course in the areas of housing, employment, family life and health (Bilger et al., 2011; Temesvary, 2019; Roduit, 2020). They may have some resources, but in the case of destitution these resources are often inefficient to overcome adverse life events like unemployment, the lack of financial resources or the lack of legal residence status. Therefore, an accumulation of vulnerabilities during the life course can be observed from several aspects, including sociological, psychological, economic, and geographical perspectives. Destitution can be rooted, for example, in a low level of education, which leads to a lack of employability skills and forces people to live in very precarious situations.

Vulnerabilities can be traced back to social (and psychological) insecurity and uncertainty that endanger the individual's social security and psychological stability and disrupt social cohesion at the community level. These endangering political, economic, social, and mental effects on individual and social wellbeing accompany people during their life course and significantly influence their behaviours, actions, social relationships, and emotional balance. The perception of these negative effects and the intensity of threatening factors can deviate between different people and social groups; therefore, the personal (subjective) perception of problems is always more important from the viewpoint of individual crisis development than the objective perception (Thompson, 2011). The loss of a job or housing would probably mean an extraordinary challenge for anyone, however, most people are able to handle the hardships and find a new employment or apartment using their available social and mental resources (coping strategies). Threatening vulnerability factors can be particularly intense in the transition between various age-specific institutional structures (for example at entering the labour market after finishing school). Deprived groups (e.g., homeless people, undocumented migrants, and people with disabilities) may have less resources to apply for effective problem-solving techniques and methods. However, these groups have agency in the sense that they develop and activate particular skills to cope with difficulties, as can be observed among people in irregular situations or in the sex work. This phenomenon is theorised through the concept of “*weak acting*” (*agir faible* in French) (Châtel and Soulet, 2003; Bassolé, 2011). Based on this concept, the articulation between vulnerabilities in the life course and the capacity of activating social and cognitive resources is important to focus on. Nonetheless, structural patterns, like the lack of legal status or education, represent strong determinants in accumulating several vulnerabilities.

Crises and other stressors in the life course and the lack of cognitive or relational resources to handle crisis situations lead to vulnerability (Spini et al., 2013). Thompson (2011) differentiated three possible stages of the crisis process. The first phase is the so-called *steady state* which characterises people's mental and social conditions before the crisis situation. The second stage is the *hazardous event* that endangers the former steady state, when people are unable to handle or resolve the situation with their usual problem-solving techniques and strategies. The third phase is the *outcome* of the crisis situation. Thompson goes on to distinguish three different outcomes. *Improved steady state* means that people not only overcome the crisis situation, but are able to improve former problem-solving strategies. In doing so, they learn new skills which can be applied when solving similar problems in the future. The second possible outcome of the crisis situation is the *resumed steady state*, when people are able to cope with the crisis situation (mostly with external support), but they cannot improve their own skills or develop their resources to overcome the problem in the future. The *decreased steady state* refers to the life condition when individuals cannot overcome the given crisis situation, and problems become permanent and seriously affect the daily life of affected people in the long run.

The state of vulnerability “*refers to individuals or groups that are in a zone in which functionality is secured but at the limits of available resources*” (Spini et al., 2013). According to Thompson's crisis model, this running-down of resources is a consequence of hazardous events that threaten the steady state. Stress and crisis situations mean permanent danger for the social wellbeing and mental health of people living on the edge. The literature on vulnerabilities differentiates between *manifest and latent vulnerabilities*. Manifest vulnerability incorporates the lack of physical resources (e.g., housing or income) that causes precarious living conditions in a direct and visible way. Latent vulnerabilities, such as the lack of social relationships or institutional support, appear in less visible forms, but they can have as big an effect on precarity as in the case of manifest vulnerabilities (McCrory and Viding, 2015).

Destitution is the result of the accumulation of multiple (individual and systemic) vulnerabilities during the life course, when the individual and group-based coping strategies, as well as the institutional mechanisms of prevention fail. This accumulation of vulnerabilities (Ferraro, 2011) embedded in a specific political context leads to life situations where people are not able to cope

with problems using their available material and non-material resources. The multidisciplinary analysis of diverse vulnerabilities – including their pathways to destitution – is unavoidable. Such an examination can reveal the sophisticated biological, social and psychological components (Baltes et al., 1998) behind destitution by focusing on the combination and accumulation of vulnerabilities during the life course.

If destitution and homelessness are accompanied by the status as an undocumented migrant, then other, mostly system-level problems emerge that further exacerbate vulnerabilities (Barbu et al., 2020). In this case, destitution appears as a severe form of systemic social deprivation in which people are unable to sustain themselves and their families through their own work activities because they face various administrative and legal obstacles to entering the labour market. Destitute *sans-papiers* are thus excluded from most state-run social and medical services and their general access to public goods and institutions is very limited. The study of O'Connell and Brannen (2019) – in which the authors examined the food insecurity of undocumented asylum seekers registered with the British Red Cross – clearly showed that people living in rich countries can also be threatened by severe destitution. Their report revealed that two thirds of asylum seekers who turned to the British Red Cross experienced hunger at least once a week and almost a quarter of the “*penniless*” refugees, who had not received any support from the state, suffered from hunger on a daily basis (p.175).

1.2 Drafting destitution: a guiding theoretical model for the research

The previous explanations highlight that in terms of knowledge it would be of benefit to include “destitution” as a theory-based specialised concept in poverty research and policy. There are several reasons for this.

Firstly, in modern states “poverty” has become an increasingly differentiated phenomenon, which means that the term “poverty” can serve as an umbrella concept, but can no longer serve to capture the nuances of the differences and thus to combat “poverty” in all its various challenges. Destitution describes a situation that does not arise from the equal interaction of individual resources and structural conditions, as many other concepts of poverty do. Destitution is rather caused by a structural absence of regard for people, which is mainly due to migration and socio-political reasons and which the people affected cannot confront with any options for action to improve their own lives. Destitution must therefore be thought of in terms of the life chances that a state enables or does not enable through its welfare state.

Secondly, destitution outlines a dynamic process affecting people that usually leads to a dead end. No longer having control over one's own life and being dependent on the goodwill of others, means no longer being able to take advantage of existing options. Changes that have a positive effect on life chances can then only be initiated to a very limited extent by those affected. They depend much more on the context and thus on the national and regional conditions of the respective welfare state.

Thirdly, the perspective of destitution leads to a re-sorting of concepts in poverty research in order to clarify the target scenario of the connection between situation, structure, and process. In this paper, it has become clear that this involves “objectively measurable” concepts such as *existential poverty*, *vulnerability* or *entitlements*, but also “subjectively hermeneutic” concepts such as *embeddedness* or *exclusion* and legal conditions such as *social rights*. It is thus clear that destitution is nourished by various concepts and theoretical positions and can thus be connected to previous research traditions.

Figure 1 aims to clarify our understanding that it is the socio-political structural conditions that have been identified as causes in the concept of “destitution”. We call them the “status structuring

domains". The first domain, *welfare*, includes the "rules of the game" of the welfare state, which in the current paradigm of investment in human capital when there is a benefit for the state. Destitute citizens do not belong to this target group; here, offers (e.g., of emergency aid) are granted for purely compensatory motives (to prevent an even more serious living situation from arising).

The second domain, *services*, also usually denies access to the people affected. Providers of services often operate with a citizenship requirement that a priori excludes the destitute people. It is worth mentioning that this principle runs through the entire service landscape, i.e., it is applied by both state actors and non-state actors. The third status structuring domain of destitution covers objectively enforceable rights. They are stipulated, for example, in the UN Covenants or the General Declaration of Human Rights and apply to individuals only to a very limited extent. Often, they are actively denied because, according to the territorial principle, the destitute individuals are not included by the decision-makers. And the fourth domain identified is the embeddedness in any political, economic, and social processes. Destitute people are not seen and not represented, there is no lobby – they are politically concealed and thus they simply do not appear in the problem description of the welfare state. This ontological ignorance leads to an absence of statistics regarding the problem, and thus to the inability to act to create a policy that aims at embeddedness.

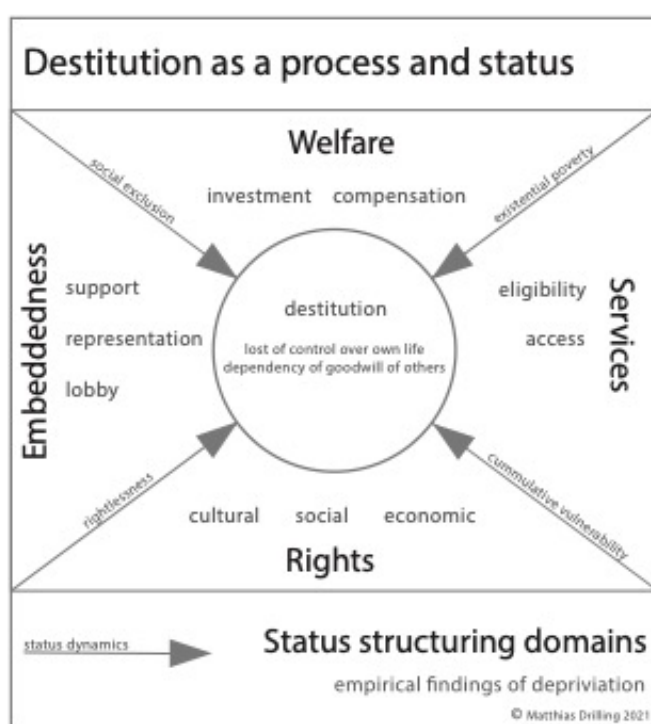


Figure 1: Destitution as a process and status

These status structuring domains result in the processes of rightlessness, social exclusion, accumulated vulnerability, and existential poverty highlighted in the literature. The overlapping of these processes is particularly noteworthy. The current state of knowledge shows that this process is irreversible and ends with the loss of all control by the individual over his or her life, the non-existence of decision-making alternatives and the dependence on the goodwill of others (because of the absence of structural measures, it is goodwill that provides support, and not social policy or rights).

2 Destitute CEE citizens in Switzerland

2.1 Marginalization and exclusion in the home countries

After the economic and political transitions seen in the beginning of the 1990s, Central and Eastern European countries started to develop Western-type social welfare institutions and were keen to copy Western European social service models alongside their state-socialist welfare heritage (Ferge, 2000, 2017; Tomka, 2015). CEE countries were supported by the IMF and the World Bank to conduct the necessary reforms in public services to achieve this (Andor, 2017). Due to these early efforts, CEE countries developed the systems of social assistance, homeless care, child welfare and family support services which characterise their social service systems still today (Krémer, 2009; Haggard and Kaufman, 2009). New, democratic political actors were mostly partners in these reforms as they saw the possibility of catching up with the West through the implementation of modern and comprehensive welfare services. Besides these steps toward modernisation, the old welfare structures, particularly in the area of long-term residential services, survived the transition and still determine the system of social care today (Kornai, 2012).

Despite the promising development of social services, CEE countries suffered from high state debt, soaring unemployment, inflation, and the mass impoverishment of whole social groups (Ferge, 2000; Szalai, 2007). In particular, the Roma and/or poor people in rural areas and former industrial workers found themselves in hopeless situations after the collapse of the socialist industrial economies (Virág, 2010; Ladányi, 2012). The negative effects of spatial inequalities, the deepening horizontal and vertical poverty and the social marginalisation of the Roma led to threatening social tensions that governments are still unable to handle.

After the CEE countries joined the EU in 2004 and 2007 (and Croatia in 2013), the new political and economic perspectives, and particularly the generous financial support of the European Social Fund, was able to temporarily ameliorate economic and social tensions (Krémer, 2009). As a result, the region came the closest it had to Western European welfare states since the beginning of the 20th century, in social, economic, and political terms alike. Trends in the area of employment, state debt and poverty had been improved, however the CEE region's disadvantages compared to Western countries still remained significant. Detailing these social tensions and issues is important to understanding the huge trend towards migration a few years after EU membership.

Hostile political measures, economic insecurity and general social tensions all contribute to the growing emigration from CEE countries. Of course, although post-transitional political trajectories, economic development and social trends are quite similar across the CEE countries, one cannot consider the whole region as a homogeneous entity, as the different states have followed partially deviating directions in social, economic, and political development over the last three decades. When exploring the push factors for migration, in general the following main conditions were mentioned in the various interviews conducted with destitute CEE migrants living in Western Europe (Mostowska, 2014; Colombo et al., 2016; Temesvary, 2019; Striano and Young, 2018). Penalising social policy measures are mostly rooted in Anglo-Saxon countries, primarily in the US, where the regulation of the poor and so called "order-based" policies became widespread under neoconservative governments (Evangelista, 2019). The order-based measures of Rudy Giuliani in New York in the late 1990s designed to clear the city of street sex workers, rough sleepers and drug dealers opened a new way of thinking about the poor and marginalised groups. This approach was also applied by the Clinton administration, when most social allowances (in the Personal Assistance and Work Opportunity Act) were tied to behavioural conditions or were simply transferred to in-kind support instead of direct cash payments (e.g., the Food Stamp Program) (Rogers-Dillon, 2004).

After 2010 a considerable populist, right-wing upturn occurred in most CEE countries and particularly in the so-called Visegrád Group that incorporates Hungary, Slovakia, Poland, and the Czech Republic (Schierig, 2020). These governments often blamed poor people and other vulnerable social groups for social, political, and even economic problems. State-supported media, with the formal and informal communication of local and central governments, were the primary mediators of this targeted smear campaign against the poor.

Particularly in Hungary and Poland, governments introduced fairly generous family and housing policy programmes for the middle class, and poor individuals and households could only rarely benefit from these measures (Szikra and Szelewa, 2010). In Hungary, family-policy related expenditures have been raised from two to five percent of GDP in the last ten years, however the vast majority of this support was realised in the form of tax credits for higher-income working parents, housing subsidies for larger, wealthier families or car-purchasing programmes for families with at least three children (Rat and Szikra, 2018). In Poland, the *Family 500* programme originally targeted families with more than two children, thus excluding a lot of poor, one-parent-one-child households from the programme. Later *Family 500* was extended to low-income one-child families too (Sowa, 2016).

These very selective welfare policies do not trickle down to the lowest layers of the society, and people living in extreme poverty often feel abandoned by the state. In Hungary, after the 2014 reform of social allowances, hundreds of thousands lost their eligibility for disability pensions, and also the value of the general social allowance was halved. All major social allowances are tied to the minimum pension, and this was not increased for decades, leaving poor pensioners on the periphery, and the general child allowance (the only universal child support which is sometimes the only source of income for destitute families) has also not been increased since 2006 (Mózer et al., 2015).

Perhaps the most spectacular penalising measure against destitute people was the 2018 constitutional reform in Hungary that prohibited homeless people from sleeping and remaining in public places for any lengthy periods of time. This measure led to hundreds of rough sleepers being fined and sometimes also arrested by the police, and dozens have been taken to court (Győri, 2018). After the local elections in 2019, when the majority of larger cities were regained by the social-democratic opposition, local authorities have tended to turn a blind eye to this constitutional duty and allow the homeless people to live on the streets.

While big CEE cities like Warsaw, Bucharest and Budapest came quite close to Western European levels of prosperity in terms of their GDPs, spatial inequalities in Slovakia, Bulgaria, Hungary, and Romania pushed the population of impoverished rural villages to the brink of total destitution and social exclusion (Virág, 2010; Ladányi, 2012). In particular, Roma people, impoverished pensioners, and former industrial workers of the once thriving heavy industry form the basis of a new and growing underclass (*lumpen* proletariat) who are abandoned by the state and its institutions (Szalai, 2007; Ferge, 2017). Basic services of healthcare, early childhood development and social assistance are absent or scarcely available in these disadvantaged rural regions, where both morbidity and mortality rates are significantly higher than the national average (Orosz and Kollányi, 2016).

The new workfare programs introduced in several CEE countries are a perfect fit to the work-based society concept that CEE governments articulate in their political agendas (Rat and Szikra, 2018). This political and ideological shift from welfare to workfare societies incorporates the limitation of social allowances and the development of widespread public work programmes for the poor and the unemployed. According to some critical publications (see Bass, 2010), these programmes are not only rather expensive, but often offer redundant, dirty, and precarious jobs to the poor. For example, both the Hungarian and the Slovakian workfare programmes are mostly maintained by local municipalities, workers are particularly vulnerable as their income depends

on the goodwill of local political leaders (mostly the mayors), and they often have to do menial and humiliating activities (like sweeping streets and cleaning ditches) for a small amount of money. According to interviews with homeless CEE people living in Switzerland (see Temesvary, 2019), several homeless people mentioned their forced participation in humiliating public work programmes as the final reason for leaving their home countries.

The Roma is the largest, the most vulnerable and most severely disadvantaged ethnic group, not only in CEE countries, but in the whole EU. There are approximately 10-12 million Roma people living in the EU, of which the vast majority live in CEE countries, particularly in Romania and Bulgaria (Balogh and Andrónyi, 2012). The exclusion of the Roma has considerable historic roots, and although their general living conditions in the areas of housing, employment and health had been improving during the decades of state socialism, their relative quality of life decreased a lot after the transition compared to other social groups (Bernát, 2016).

Political slogans against “Roma criminality” in Hungary, Romania, and Slovakia from extreme right parties, like the *Mi Hazánk* (Our Home) movement in Hungary or the Slovakian National Party, led to hostile social reactions against the Roma minority. In 2008 and 2009 paramilitary groups on the extreme right murdered Roma people (even children among them) in their homes, and extreme right parties regularly held marches in Roma villages in the impoverished Hungarian countryside to terrorise inhabitants (Tódor, 2017).

In Slovakia and Romania some local governments built concrete walls to separate Roma slums from the living environment of the majority society. The water and electricity supplies to these ghettoised areas are often interrupted (not always intentionally, but due to the poor infrastructure), leaving destitute people without basic services (Rusnáková et al., 2015). In one of the poorest cities in Hungary called Ózd, for instance, the local mayor stopped the water supply to the Roma slum, leaving thousands of destitute people without fresh water (Neuberger, 2017).

Just as in Western Europe, a considerable and growing layer of CEE societies lag behind others, forming a group of extremely poor, destitute people whose living conditions are particularly precarious even compared to the “moderately” poor (Ladányi, 2012; Virág, 2010). These people live in impoverished rural communities and most of them belong to the Roma ethnic minority. People with physical and mental disabilities, as well as single mothers raising their children alone, also belong to the most vulnerable social groups (Ferge, 2017).

According to the indicators of social inequalities and poverty, CEE countries are at the level of the European average or show even slightly better values (Kollár, 2016). In the “Visegrád Group”, the AROPE indicators of in-work poverty, relative financial poverty and material deprivation are mostly improving. This improvement shows that CEE countries can benefit from EU membership and that the general economic development that has occurred in the last decade is trickling down to the lower-middle class and even to the moderately poor in terms of jobs in agriculture, the service sector or industry. However, millions of CEE people who cannot participate in these activities, who are living in disadvantaged regions and are excluded from state services and support mechanisms, are trapped in a hopeless situation and live in destitution.

2.2 Emigration from the CEE countries

CEE countries were always affected by different waves of emigration, mostly in relation to historical events. In the region’s modern history, millions left their home countries to escape from first the fascist and then the communist dictatorships, leaving behind the oppressive state-socialist regimes in fear of reprisals after certain aborted attempts to achieve political change, like the revolution in Hungary in 1956 and the Prague Spring in 1968 (Scholten and van Ostaijen, 2018).

After the CEE countries joined the EU in three waves (2004, 2007 and 2013), millions of new European citizens migrated to Western Europe in search of better living and working opportunities. The vast majority of these new inter-EU migrants were skilled, multi-lingual young people who could easily find jobs in the Western labour markets. This migration wave became so extended and intensive by the 2010s that the CEE labour markets formerly affected by unemployment tended to weaken due to the lack of skilled workers, particularly in the sectors of healthcare, services, and industry. This tendency further exacerbated the demographic challenges in the ageing CEE region: millions of skilled young people and their families left their home countries, while pensioners, people with reduced capacity to work and other beneficiaries of the social state remained (The Economist, 2017).

Although a relatively wide range of scientific literature explores the East-West migration of the skilled labour force, the migration of the destitute, such as homeless people, street sex workers, temporary harvest workers, beggars, and street musicians, has scarcely been examined. Only a few EU projects (like PRODEC and IMAGINATION) have analysed the living conditions and vulnerability of mobile destitute people. These studies show that while by the mid-2000s, CEE destitute people were already mobile between rural regions and larger cities in a national context, increasing international mobility can be seen since the mid-2000s (Scholten and van Ostaijen, 2018). These tendencies show that when poor people are ready to leave their homes, they are no longer satisfied with the slightly better living conditions afforded in the big cities of their home countries, but migrate toward Western Europe (and other wealthy countries) to access potentially better living and working circumstances.

For example, the first considerable migration wave of destitute Roma was experienced in the late 1990s and early 2000s, when thousands of poor Roma families were seen moving from Slovakia and Hungary to Canada (Durst, 2013). After CEE countries joined the EU, first the United Kingdom, then other Western European countries became the main targets of transnational migration of destitute Central and Eastern Europeans. Among Hungarian, Slovakian, and Polish citizens, Austria and Germany are the most important emigration countries (besides the UK), while Romanians and Bulgarians also choose France, Spain, and Italy (Váradi, 2018).

It is not only the extent of migration that has changed significantly in the last decade, but its characteristics too. The earlier and more or less predictable one-way migration of CEE citizens, when they moved to the West, found a home and a job, and remained in the host country for a long period, is no longer predominant. Due to the cheap and easy transport possibilities offered by discount train tickets, FlixBus and economy flights, a relatively large number of people can now sustain double residency between their home and host countries. Mobile people are now able to stay for a shorter period of time in the host countries, earning money in the primary or secondary labour markets, and then return to their homes where the cost of living is significantly lower. The scientific literature calls this form of migration 'circular migration', in reference to multiple immigration and emigration phases within a shorter period of time (Triandafyllidou, 2013). Circular migration typically characterises the survival strategies of CEE harvest workers in Spain and Italy, who return to their home countries in the winter after a few months of work conducted in the summer season and live from their savings for the rest of the year (Kindler, 2018). But, as a researcher told us during the expert interviews, it sometimes doesn't give the possibility of a real improvement of the situation.

"The terrible irony of this transnational migration is that they go from one poverty to another!"

Engbersen et al. (2013) applied the notion of liquid migration, referring to the fluid nature of migration of Central and Eastern Europeans working and living in Western Europe. Fluid migration means that social and economic relationships become weak not only in the host countries, where intra-EU migrants are often not integrated, but in their home countries too, when they leave behind their families and friends as well as their jobs and homes. The use of digital tools like social media,

digital communication channels and other online opportunities make fluid migration and parallel living in two life worlds easier and more feasible. Cheap and easy money transfer services mean people are able to send cash to support their families remaining at home even if they do not have a bank account in the host countries.

The mass migration of the skilled working-age population leads not only to economic losses for CEE countries, but to social tensions and human tragedies too. In southern Hungary, for example, many families with disabled, sick, or elderly members lose their only caregivers, as women move to Austria to care for elderly people there (Falkenbach, 2019). In Romania and Bulgaria, hundreds of thousands of so-called “euro orphans” live without their parents who are working in Western Europe, while their children are cared for by grandparents or other family members (Paduraru, 2014). Social scientists in CEE have only just started to research and record these family, community and social tragedies caused by mass emigration. These studies have concluded, among other things, that ‘euro orphans’ in Romania and other CEE countries often suffer from severe mental health problems, like depression and anxiety, and behavioural distortions (Tomsa and Jenaro, 2015).

2.3 Switzerland as a destination country

As previously mentioned, the beginning of the 21st Century is characterised by an important migration wave from Eastern Europe to Western European countries. Switzerland, which has a large foreign population, is no exception. A quarter of Switzerland’s residents do not have Swiss nationality (47% in Geneva, 32% in Zurich, according to FSO, 2016), and this phenomenon is probably the consequence of a restrictive naturalisation policy. Moreover, Swiss citizenship is based on *ius sanguinis* (blood right) and not linked to a territorial principal (*ius soli*) (Piguet, 2013).

In Switzerland, two federal laws regulate the right of residency and work for foreigners: the LASi (Asylum Act) and the LEtr (Foreigners Act). In the case of people remaining for more than three months in the country’s territory, different residence permits are implemented. These are specified for the following situations: permit N – for asylum-seekers (pending decision); permit F – provisional permit for refugees or foreigners; permit B – residence permit (5 years); permit C – settled permit; permit S – for individuals in need of protection; permit L – short-term (3 to 12 months, linked to an employment contract); permit G – frontier workers with employment contract (Bertrand, 2017). The residence permits and the employment of people from EU/ETFA countries has been regulated by the bilateral Agreement on the Free Movement of Persons (AFMP) since 2002³. Since 1991, Switzerland has adopted a “three-circle model” to regulate migration. In this model the first “internal circle” includes member states of the EU/EFTA, the second “median circle” refers to the so-called Occidental countries (like USA/Canada), and the third “external circle” is for countries from which immigration is limited (extra-European countries, called “third states”) (Piguet, 2013).

Since 2002, citizens from the European countries who are included in the “first circle” may get a residence permit if they have an employment contract. Therefore, the increased intra-European migration can be observed from two viewpoints: the first from the north/west context (Germany, France) with highly qualified migrants, and the second from southern countries comprised of people who are mainly less qualified. The “third circle” is formed of migrants who originate from outside Europe and they are even more restricted and must demonstrate their high qualifications, their reasons for family reunification and/or their refugee status. The access to the Swiss labour market is very strict, and even with a residence permit people can only work if no other Swiss or European citizens possess the competence and qualifications to fill the position (Richter, 2020).

³ The freedom of movement for workers is guaranteed within the European Union by the Article 45 of the Treaty on the Functioning of the EU. In Switzerland, the Agreement on the Free Movement of Persons (AFMP) rules the right to stay for European citizens since 2002. https://www.sem.admin.ch/sem/en/home/themen/fza_schweiz-eu-efta.html

Since 2010, the number of immigrants coming from EU/EFTA countries is steadily increasing as a result of the successive opening of frontiers (guaranteed by Art. 21 of the TFEU) (Richter et al., 2017). Since Romania and Bulgaria became members of the EU in 2007 – followed by Croatia in 2013⁴ – a visa is no longer required by their citizens, and people are allowed to stay, live and work in Switzerland without a permit for a maximum of three months (Petry, 2013). Until 2016, there were several restrictions for Bulgarian and Romanian citizens entering Switzerland, and this is still the case for Croatians (Colombo et al., 2016). In 2013, the migratory balance achieved a record with 68,000 people arriving in Switzerland from other European countries. In the last ten years, immigration from the Eastern European (EE) region has tripled: in 2010 only 4% of all migrants arrived from the EE region, but this proportion reached 13% in 2019 (ibid.:5). A growing diversification can be observed regarding their legal status which often determines their access to social services and even their fundamental (social) rights (i.e., for migrants without legal status).

Easier immigration rules facilitate the possibilities for high-skilled foreign workers in the Swiss labour market. However, the “three-circle” immigration policy also tends to increase illegal immigration (Amarelle, 2010; Petry, 2013). The demand for a cheap, low-skilled labour force encourages undocumented migrants, for instance in the household services, care, and catering sectors. According to Swiss legislation, every foreigner without legal authorisation to stay in the country – lacking a residence permit – is considered an undocumented migrant. Undocumented migrants may encounter different situations: a) individual without a visa, but allowed to stay, b) individual who entered legally, but overstayed after the expiry of their visa, c) individual with an expired residence permit, d) individual whose asylum request was refused (NEM or request denied) (Amarelle, 2010). The estimated number of undocumented migrants in Switzerland varies between 58,000-105,000 people (outside EU/EFTA) of which 85% are active in the labour market (Morlok et al., 2015). The highest estimated numbers of undocumented migrants live in the cantons of Zurich and Geneva (28,000 in Zurich and 13,000 in Geneva) (ibid.:25). However, this estimate does not include EU citizens who are not officially considered as undocumented. Although they may be numerous, EU citizens without a permit are quite invisible, as they are not counted in the UDM estimations, nor in the Swiss statistics of foreigners with residence permit.

2.4. Experience from the expert interviews

According to estimations from the expert interviews, thousands of unregistered Central and Eastern European citizens live in Zurich and Geneva with high social vulnerabilities. Both cities are particularly popular among mobile CEE sex workers, migrating temporary workers, homeless people, street musicians and other destitute people due to their easy availability from Eastern European cities. Zurich and Geneva are the largest and among of the richest cities of Switzerland of which thriving industry, generous public services and steady demand for “supplementary services” like sex work or street music attract a lot of people from poorer countries.

Sex work is legal in Switzerland and most commercial female sex workers arrive from Central and Eastern Europe. Most Eastern European sex workers originate from the impoverished rural regions of Hungary and Romania. Some of them work in private brothels, but the majority are street sex workers in the red-light districts of Swiss large cities. Street music is only allowed under strict limitations, and street musicians must accept the regulations of authorities. The majority of street musicians arrive from Romania. They are mostly Roma people playing in small groups or individually like accordionists and violinists. Wandering temporary workers are typically employed in the construction- or cleaning industries (often illegally). Begging is prohibited in both cities and police punishes occasional beggars emerging on the streets. However, walking begging can be often seen on the streets and in parks as “flying beggars” are very hard to be identified by the

⁴ Since 2004, the Czech Republic, Hungary, Poland, Slovakia, and Slovenia have become members (with Malta, Cyprus, Estonia, Latvia, and Lithuania). https://european-union.europa.eu/principles-countries-history/country-profiles_en

authorities. The majority of beggars are Roma people coming from Romania, and they arrive in smaller groups or alone. They regularly attempt to find some job in the city and do begging as a bridging solution to realise some income.

Central and Eastern European destitute people arrived to Switzerland are treated by authorities as EU tourists and they are not eligible on medical and social services, except the most fundamental ones like emergency shelters and emergency medical care. In Zurich, CEE destitute people (and other foreigner homeless people) are treated and supported by a specific department, other than the social welfare service for the local destitute, called Central Clarification and Mediation Service (ZAV). CEE destitute people are treated by this department as “destitute tourists who cannot pay their travel fees to home on their own” (expert interview, ZH), therefore the main goal of the city is supporting destitute people in travelling home as soon as possible. Destitute CEE citizens are allowed to sleep at the city’s night shelter for a few days, receive information about travel possibilities from social workers, and get train tickets to leave the city. In Geneva, a medical unit named CAMSCO, linked to the department of primary care at the cantonal hospital (HUG) is dedicated to people in precarity or without health insurance and offering first medical help. Despite the openness of this structure, long-term care and access to medical facilities is reduced for people from European countries without legal status, being considered as “medical tourist” by some health professionals (Roduit, 2020). As a person working at the city department explained, “fortunately, there is the CAMSCO, even if for Europeans it is still complicated and does not go very far...”. Regarding the housing situation in Geneva, emergency accommodation options significantly increased during the past ten years, driven by the growing needs and numbers of homeless people, the pressure of community organizations, and the development of new social policies. For example, the recent LAPSA law (Loi sur l’aide aux personnes sans abri) came into force in 2021, with the aim of guaranteeing all homeless people coverage of their basic needs⁵. New housing possibilities have been made available. Geneva City has set aside a substantial effort (budget and programmes) to deal with homelessness issues (see Bonvin et al. 2021, pp. 11-18).

Despite the diverse efforts of the city departments to make Zurich and Geneva less effective for destitute CEE people, the number of vulnerable Central and Eastern Europeans is steadily growing. Nevertheless, official statistics are not available on this tendency, as mobile CEE citizens are not considered as (undocumented) migrants, but as EU tourists and they are not registered in the statistics. Thus, their poverty remains occasionally hidden as they are undetected for the authorities, and they receive support mostly from low-threshold social services maintained by local NGOs. These NGOs lead some unofficial registers on their clients, so that migrating destitute people are occasionally registered by the social workers and volunteers of soup kitchens, day-care services, night shelters and counselling stations. As most NGOs maintain low-threshold services without special conditions, clients are not always required to provide personal data. Furthermore, the available data of NGOs primarily go to internal reports and statistics, and do not correspond to the official data collection of the cantonal office of statistics.

The care and support of destitute Central and Eastern Europeans are mostly concentrated at local NGOs working in the area of homeless care. They supplement the few available services of the city social departments with low threshold supports. Several small and larger church-based organisations and other NGOs were established in Zurich and Geneva to support mobile poor people apart from their residency status. In Zurich, the most important organisations (among others) supporting destitute CEE people are Solidaria (former City Mission) and the Social Services belonging to the Pfarrer Sieber Foundation. These large providers maintain special services for homeless people, sex workers, asylum seekers and other people in need. Other important service providers are the Caritas Zurich, the Salvation Army and the SPAZ Meeting Point of Sans Papiers. Pfarrer Sieber sustains a special night shelter called Iglu for CEE migrants.

⁵ <https://ge.ch/grandconseil/data/odj/020403/L12911.pdf>

Mobile homeless people are allowed to stay in Iglu for two weeks, but this temporary shelter is open only in the winter months. In Geneva, half of the night shelters and a soup kitchen are managed by the City Social Department. Then, according to a subsidiarity principle, a lot of NGOs are involved in low threshold services offering food, counselling and shelters: Caritas, the Social Protestant Centre, Emmaüs, The Salvation Army, the CAUSE (Collective of Associations for Social Emergency), the Bateau Genève, the Caré, etc⁶. These associative structures are also supported by cantonal or city subventions. As a manager at the Cantonal Insertion Department expressed, “fortunately we have the associations that provide answers to the needs”, underlying *en creux* the lack of means covered directly by the cantonal and communal structures.

In the absence of other legal possibilities and to legalise the more than 10'000 sans-papiers living in Zurich, the Green and the Social Democratic Parties launched an initiative to provide a so-called City Card to all people who live and work, but officially not registered in the city. City Card is an in-between legal solution between a regular residence permit and the current undocumented status. The first pilot projects with the City Card have already started, and the final version is planned to be introduced in 2022. A novel and promising support from the City of Zurich is called Basic Economic Support (BES). BES primarily targets unregistered destitute people from abroad who lost their jobs because of the current Corona crisis and are not eligible for the city's official social support (Sozialhilfe). In cooperation with the four major service providers such as SPAZ, Red Cross, Caritas and Solidaria, the city provides 2 million Swiss Francs to the direct financial support of former private caregivers, au-pairs, cleaning persons, handymen and other people who were once active in the grey zone of the labour market. This City Card does not exist in Geneva; nonetheless, projects should evaluate this possibility.

Having a look at the vulnerabilities of the CEE citizens without legal status in Switzerland, recent studies on homelessness in Switzerland show an overrepresentation of people coming from Eastern Europe, particularly from Romania. Among the 83% of non-Swiss homeless respondents, mentioned in a national study that was conducted in 2020, the first region represented was Eastern Europe (24%), before Northern Africa and Western Europe (Dittmann et al. 2022). People from Eastern Europe are very much concerned by homelessness in Switzerland. In Geneva, between one-quarter to one-third of the emergency shelters users are from Romania, according to a study conducted in 2021 (Bonvin et al. 2021). In Northwestern Switzerland (Basel), a night census shows that 30% of the homeless people came from Eastern Europe (mainly from Slovakia, Hungary and Romania) (Drilling et al. 2019).

Field professional interviewed mentioned missing social rights in Switzerland as a main issue for CEE migrants. The absence of legal status is therefore seen as a structural difficulty, as this social worker at an emergency shelter in Geneva explained:

“There is a gap for the people we cannot assert their rights, we are only in the emergency economy and they cannot access the rest”.

Experts talked about a difference between *emergency help*, which correspond to a minimal assistance, and *social rights*, which give the possibility of supporting people in their administrative procedures.

The problem of finding a job without permit, and therefore an apartment, is often underlined, as here by a service manager at the City Social Department of Geneva: “It is very hard to find a proper job without registration”. Then, a strong correlation exists between unemployment and finding an accommodation, as this social worker at a soup kitchen in Zurich explained:

⁶ For an overview of all services in this canton, see: <https://geaide.ch>

“If people are homeless and unemployed, it is practically impossible finding an apartment in the city”.

These concerns show same direction as a study conducted among homeless people in the French-speaking part of Switzerland. State structures can contribute to or participate in destitution: “the conditions of existence and, more specifically, the vulnerabilities of homeless people are largely produced by laws and regulations that categorise, exclude, discriminate and, in particular, express relations of class and racial domination.” (Martin et Bertho 2020:25, our translation). The Roma community seems particularly affected:

“The Roma community is stigmatized. Compared to other European nationalities, they will probably have less chance of finding a job”.
(Manager at the City Social Department)

Nevertheless, no current research in Switzerland gives a holistic overview on the living conditions, migration trajectories, perspectives from the point of view of the CEE migrants themselves. This black hole should be solved, at least partly, with the following analysis.

3 Research design

3.1 General research approaches

The central research question guiding this project was as follows: *How do individual and structural conditions lead to destitution among citizens of Central and Eastern Europe living in Switzerland, and how do those citizens use the coping strategies and available resources accumulated over the course of their lives?*

A series of sub-questions were added to this main problematic:

- How do CEE citizens experience vulnerability before entering Switzerland and while in Switzerland?
- How do relational reserves (Cullati et al. 2018) – such as formal (e.g. state and non-state services) and informal support networks (e.g. family, friends, peers) – influence the ability to cope with destitution?
- Can we identify different trajectories into, through and out of destitution, and what are the relevant dimensions (e.g. federalist system, social rights, ethnicity, gender, age)?

This study scrutinises the available social, financial, physical and human resources (Moser 1998) and reveals the social coping strategies (Adler et al. 1994, Ferraro 2011) of destitute CEE migrants in two Swiss cities: Geneva and Zürich. A micro or individual perspective on social vulnerability (see Naudé et al. 2009) is applied, and the project builds strongly on the research framework of Spini et al. (2013). During the analysis, there was a focus on the availability, accessibility and affordability of social and health services. Through focusing on these areas, we analysed vulnerability during the life course of destitute CEE citizens from the interdisciplinary viewpoints of social geography (geographic migration and its effect on vulnerability), sociology (social networks and social status), social work (lifeworld and coping strategies), and social policy and social rights (institutional resources and their availability). During the examination of the target groups' vulnerability, we considered their past experiences with vulnerability and the accumulation of disadvantages (Ferraro 2011, Dannefer 2003) in their home countries for a deeper understanding of the social contexts. expert workshop in March 2020 [online], key-informants' interviews at the beginning of the fieldwork, regular contacts with partners throughout the project's duration, etc.

Geneva and Zürich were chosen because of their status as the two largest cities in Switzerland (one in the French-speaking and the other in the German-speaking area), with attested presence of destitute citizens from Central and Eastern Europe (working without contract or begging) who migrated due to the strong economic attractiveness of those cities. Through analysing these cities, our aim was to understand the results of the federalist welfare system of Switzerland. In addition, both cities feature a wide range of activities by non-state actors that provide networks of support beyond governmental services. This particular context enabled us to analyse the individual and structural aspects of destitution in both cities.

The research project used a parallel mixed-method design (Johnson et al. 2007). By means of the qualitative and quantitative data collected, we were able to further develop the concept of destitution towards a theoretical understanding. To do this, we fit to approaches developed in the framework of LIVES (such as the various dimensions of vulnerability – see Spini et al. 2013 – and relational reserves; see Cullati et al. 2018). Three main sequences guided the research fieldwork:

- 1) A first set of interviews were conducted with key informants, i.e. professionals working with destitute migrants and experts working on the topic (May to August 2021).

- 2) In the second sequence, we went into the social institutions (day care centres, night shelters) to meet the target group and organised about 20 interviews per city with them (June 2021 to May 2022).
- 3) The last step in the fieldwork was to administer face-to-face questionnaires in order to go deeper in the analysis among a broader population (~50 questionnaires for each city, August to November 2022).

Continuous analysis was conducted throughout the duration of the fieldwork in order to adapt and sharpen the research question, from Steps 1 to 2, and then from the qualitative to the quantitative data collection. We used qualitative content analysis (Mayring, 2015) to analyse the interviews (with ATLAS.ti software), and we used SPSS software for quantitative evaluation of the data.

3.2 Qualitative interviews with key-informant experts

Fifteen semi-structured exploratory interviews were conducted, with eight experts in each city. The interviews were carried out with service providers, policymakers (municipality and canton), key informants from local authorities, social workers and volunteers. The aim of these interviews with key informants was to improve our understanding of the situation and priorities in both cities regarding the conditions of destitute CEE citizens. The interview guide incorporated the four main dimensions of the research project (housing, employment, health, social relationships), detailed in 14 sub-topics (general situation, obstacles and opportunities, specific topics). Interviewees were first asked to share their general knowledge, opinions and attitudes on the problematic of destitution. They were then asked about the obstacles (vulnerabilities) and opportunities (resources) faced by the target group from their point of view. In the end, we add further questions regarding a special issue within each topic (e.g. homelessness for housing and Covid-19 for health).

The recruitment strategy was conducted as follows: First, the main organisations and persons working with destitute CEE citizens were listed for each city, as well as the researchers working on the topic; then, we selected several services to be represented in the two fieldwork studies. We then contacted people within the organisations and met them for interviews of about one hour each. The snowball method was also used when a person could not answer positively.

Between May and August 2021, 16 professionals and experts were interviewed: eight in Geneva (including one interview with two professionals) and eight in Zürich (see Table 1). The interviewees consisted of social workers and managers at low-threshold homelessness services and counselling stations; researchers at universities on destitution and homelessness and relevant individuals at the policy level (cantons, communities), all working closely with the target group in Switzerland.

	ZH	GE
Men	2	2
Women	6	6
Social workers/managers at institutions	5	5
Researchers	1	1
Social policy	2	2
	n=8	n=8*

*(7 interviews, one with 2 professionals)

Table 1: Characteristics of expert interviewees

The first analysis conducted on basis of these interviews helped the research team to better understand the context in each of the two cities – this information was added to Sections 3.2 and 3.3 of this report. This first phase was also useful for designing the next steps of the fieldwork, especially the construction of the biographical interviews' guide.

3.3 In-depth narrative-biographical interviews including life-history calendars

The interviews followed a narrative design which was organised through the Life History Calendar tool. This approach is used in studies of life courses to collect retrospective biographical data on life events (Freedman et al. 1988, Barbeiro and Spini 2015, Drilling 2006). It allows one to understand both objective and subjective events on both chronological and subjective time scales simultaneously (Gomensoro and Parades 2017, 152). Each question was filled in on the life calendar, either directly by the person during the interview or by the interviewer (either during the interview or during the transcription afterwards). Through a graphic representation of time (year by year since birth), as shown in Figure 2, personal events were linked by each interviewee (Glasner and Vaart 2009). The relational reserves (Cullati et al 2018) were questioned using the same tool.

The researchers delimited five life dimensions linked to the research question:

1. Residence and housing conditions: city and country; residential instability; residence status and nationality
2. Work and education: level of education; type of education; type of past and current jobs; type of position/contract; financial resources
3. Health and take-up of medical services: type of health-related events; medical structures visited; reasons for non-take up, health insurance
4. Social resources: in-cash and in-kind support from state and non-state sources; informal support; family events
5. Key/critical life course events (positive/negative), as a proxy for life transitions.

Mention year of birth with a dot •		1.1 Country (CH canton initials)	1.2 City/village	1.3 Type of housing		1.4 Residential instability (if yes, check the box)		1.5 Residence permit (CH)		1.6 Nationality(ies)	1.7 Staying/residing out of Switzerland, while the centre of living was in CH (> 3 months)	2.1 Occupation and education training/school	2.2 Job position
Year	Age			1- own flat/house 2-with family 3-with friends/other persons 4- other (precise)	emergency and residential shelter	"Sofa surfing" at family/fr lends	inadequate housing (squat, garage, camping)	happened to sleep rough	1- CH citizen 2- C Permit 3- B Permit 4- N Permit 5- L Permit 6- No permit				
2022													
2021													
2020													
2019													
2018													
2017													
2016													
2015													
2014													
2013													
2012													
2011		SWITZERLAND (ZH)	ZÜRICH	4 (living in the car)					6	x (HU)		STREET SEX WORKER	4
2010													
2009													
2008													
2007													
2006													
2005													
2004													
2003													
2002													
2001													
2000				1 (buying own flat after divorce)									
1999													
1998													
1997													
1996													

Figure 2: Example of a filled-in portion of a life history calendar

Further, deeper questions were asked during or at the end of the interview to specify the subjective position of the interviewee on the descriptive part of the life-history calendar:

- Feelings about life conditions and migration to Switzerland
- Experiences of access to social services in Switzerland and the interviewee's country of origin
- Perception of having rights and of the state, including the welfare state
- Self-narrative and perspectives

These additional questions were dedicated to ascertaining the perspectives of the interviewees in regard to the concept of destitution as illustrated in Section 2.2 (Figure 1).

Data collection took several months (six to nine months in each city) and was carried out by the two scientific collaborators (Zsolt Temesvary for Zürich and Sabrina Roduit for Geneva), with the help of a further researcher in the case of Zürich (Dora Keszthely). We made 38 qualitative narrative–biographical interviews with destitute Central and Eastern European (CEE) citizens – 20 in Zürich and 18 in Geneva (one was with a couple) – who had lived in the respective city for at least three months. Some 25 of the 38 interviews were carried out at low-threshold social services⁷ such as soup kitchens (17), counselling stations (7) and day care services (1). In Geneva, half (9) were carried out in night shelters. Three interviews were recorded in cafés and one in the interviewee's home (see Table 2).

The interviews were carried out in German, English, Hungarian and Romanian. German, English and Hungarian were spoken by the FHNW researchers, and a Romanian-speaking researcher was hired from one of the homelessness services to carry out a few interviews with people who only spoke Romanian. One interview in Romanian was conducted with a translation by a colleague via video-conference.

Interviews were mostly recorded in the evening or early in the morning, when the interviewees were available, to avoid disturbing them during their daily activities. Interviewees were recruited via a random snowball method through direct contacts at social services or based on the recommendation of social workers or the network of previously interviewed persons. Half of the interviewees answered our questions without an honorarium, while the other half received 20 CHF for each interview as a general recognition of their efforts and time.

Place of the interviews	# in GE	# in ZH	Total
Soup kitchens	4	13	17
Night shelters	9	0	9
Counselling stations	3	4	7
Cafes	1	2	3
Day care service	0	1	1
Home of the person	1	0	1
Total	18	20	38

Table 2: Characteristics of the interviews (place, language, duration, interviewer, money)

⁷ In Geneva, the main fieldwork's partners were: the night shelter Frank Thomas hold by the city of Geneva; the soup kitchen Le Bateau, opened widely; and the humanitarian organization Pastorale des Milieux Ouverts, linked to the catholic church; the sleep-in of the NGO La Caravane Sans Frontière; and the NGO for sex workers Aspasia. The other potential places were in difficulties due to covid pandemic and were tired of being researched. In Zürich, the most important institutional partner was Café Yucca, a low threshold soup kitchen and meeting point for homeless people. Café Yucca is sustained by an NGO called Sozialwerke Pfarrer Sieber (Social Services Pfarrer Sieber). Further interviews were made at various day-care services such as Treffpunkt City and Brot-Egge. Four more interviews were carried out in Isla Viktoria (that also belongs to Pfarrer Sieber), a counselling station for sex workers working in the red-light district of the city (called Langstrasse). The city's only night shelter for destitute Eastern European guest workers (called IGLU) would have been an important source of information and potential interviewees, but – unfortunately – our researchers were not allowed to visit this institution.

Most interviews were registered and transcribed. Nevertheless, five interviews were not recorded, either because the interviewee did not wish them to be recorded or because the setting of the interview was relatively informal. In such cases, after the interview, fieldwork notes with a summary of the interview and the completion of the life calendar were quickly completed for the analysis. The shortest interview was 25 minutes long, while the longest took 5½ hours over three meetings. In two cases, we had to interrupt the interview because of unexpected events.

3.4 Quantitative social vulnerability scale

In the last data collection sequence, we filled in 127 face-to-face questionnaires with the target group in both cities. The goal of this final phase was to supplement and clarify the qualitative data from the interviews. As there were no quantitative data on the life conditions, socio-demographic characteristics, and vulnerability dimensions of destitute CEE citizens in Switzerland, the aim of this data collection was to learn more about those citizens' social vulnerability and deprivation. Later, these data will allow for an international comparison regarding the social vulnerability of destitute CEE citizens with countries where relevant data is already available (see Striano 2020, Gerull 2018).

We created a needs assessment scale based on the Participation Scale, which was originally developed by a Dutch research team in 2005 (see Van Brakel et al. 2006). This scale was used and adapted in a survey guide that incorporated 23 questions to measure perceived problems in specific life domains. This “vulnerability scale” enables quantification of the restrictions experienced by people in difficult or stigmatised conditions. This face-to-face questionnaire was administered, on average, in 20 to 30 minutes. Each respondent was asked whether they had access to life facilities (housing, job market, healthcare, social support). When the answer was “no”, they were asked how big a problem this was to them ('no problem', 'small problem', 'medium problem', 'large problem'; see annex).

Over 2 months, both interviewer teams⁸ met destitute people from CEE in Geneva and Zürich and asked them to respond anonymously to the questionnaire. More than a half of the face-to-face interviews were conducted in or around a social institution (low-threshold services), one-third were conducted outside (in streets or parks), and one-sixth in public spaces (mostly shopping centres). In compensation for their participation, 5 CHF was offered at the end of each questionnaire and the money was taken by 87% of the participants. We collected 127 questionnaires: 50 in Zürich and 77 in Geneva. Twenty-seven questionnaires in Geneva were incomplete (missing data on the scale); the scale provided is therefore based on the 50 complete questionnaires.

In the following analysis of the results, we have examined the two sets of data in parallel: the quantitative data are mostly used to describe the population in general terms, while the quotations from the qualitative interviews provide deeper insight into the issues.

⁸ In Geneva, the scientific collaborator was accompanied by three members of an NGO, the Pastorale des Milieux ouverts, to conduct the interview. In Zürich, the scientific collaborator was supported by a scientific assistant hired for the data collection at social services.

4 Results

4.1 Sociodemographic characteristics of destitute CEE migrants

The most typical profile among respondents was that of an undocumented young man from Romania identifying as belonging to the Roma community. Indeed, two thirds of the migrants we met arrived from Romania, followed by Bulgaria, Poland, Hungary, Croatia and other CEE countries, as well as some inhabitants from European countries which are not part of the EU (Kosovo, Moldavia, Serbia and Macedonia); see table 3. Romania and Bulgaria both have very high levels of poverty, what partly explains the large amount of migration from these countries.⁹ Almost 9 out of 10 interviewees were undocumented: this provided a preliminary indication of the absence of the rights of migrants in Swiss territory, even for those who have been present for several years.

Variables		QUANTITATIVE SAMPLE				QUALITATIVE SAMPLE		
		ZURICH	GENEVA	TOGETHER		ZURICH	GENEVA	TOGETHER
		n=50	n=76	%		n=20	n=18	%
Age								
	<31	23	43	52,4%		5	5	26%
	31-45	18	28	36,5%		10	6	42%
	46-60	8	4	9,5%		5	6	29%
	>61	1	1	1,6%		0	1	3%
Gender								
	man	43	46	70,6%		12	8	53%
	woman	7	29	28,6%		8	10	47%
	other	0	1	0,8%		0	0	0%
Citizenship								
	Romania	36	44	63,5%		8	14	58%
	Bulgaria	2	12	11,1%		1	2	8%
	Poland	5	8	10,3%		0	0	0%
	European (non-EU)	8	1	7,1%		2	0	5%
	Slovakia	3	1	3,2%		1	0	3%
	Hungary	3	0	2,4%		7	0	18%
	Latvia	0	1	0,8%		0	1	3%
	Lithuania	0	1	0,8%		0	0	0%
	Czechia	1	0	0,8%		0	0	0%
	Croatia	0	0	0%		1	1	5%
Residence permit								
	without permit	41	64	89%		16	15	82%
	with permit	5	8	11%		4	3	18%
Roma								
	yes	34	46	63,5%		13	11	63%
	no	16	30	36,5%		7	7	37%

Table 3: Characteristics of the participants (n=126)

⁹ OCDE (2023), Poverty rate (indicator). <https://data.oecd.org/inequality/poverty-rate.htm>

The studied demographic shows distinct characteristics compared to most Swiss people using social services in at least three aspects: compared to the regular Swiss homeless population (see Dittmann et al. 2022), 1) they are significantly younger, 2) there are more women among them (especially in the qualitative sample), and 3) the Roma community is highly present among destitute migrants (63.5%).

There are differences between the two datasets (quantitative and qualitative): respondents of the quantitative questionnaire were younger than the interview respondents, and there were more men among them. If we look at the age distribution of the participants, we see that it is mainly young (aged 31–45) and very young (under 31) Eastern European citizens who migrated to Switzerland. Other age groups were less represented in this regard.

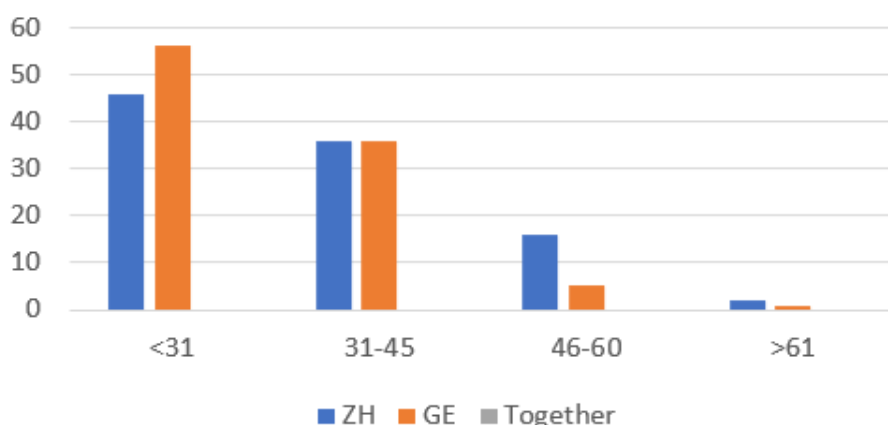


Figure 3: Age distribution of destitute CEE migrants in Zurich and Geneva (in %, n=126).

The gender distribution in the quantitative sample clearly shows the dominance of men in both cities. The proportion of women was considerably higher in Geneva (39%) compared to Zürich (14%). The fact that there were more families (with children) in Geneva undoubtedly contributed to this difference.

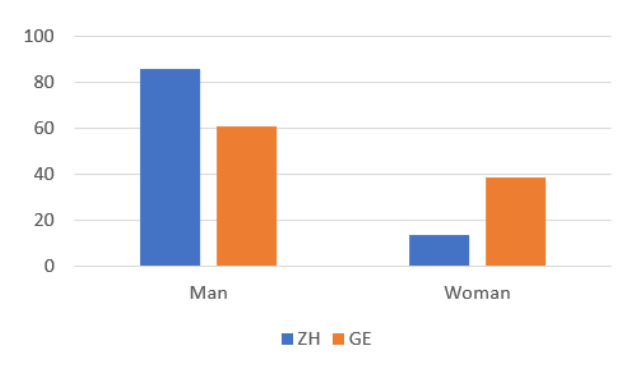


Figure 4: Gender distribution of destitute CEE migrants in Zurich and Geneva (in %, n=126)

Nationalities also varied: Polish citizens were not represented in the interviews, but they constituted 10% of the quantitative sample; by contrast, the rate of Hungarian citizens was higher in the interviews than in the quantitative sample. There are two possible explanations for these differences. First, there might be different types of migration at different periods. Second, the

process of data collection was different for each sample, probably leading us to reach different groups. Questionnaires were often filled in directly on the streets and in other public places, enabling us to reach the most destitute people, whereas setting up interviews required more time, with the need to schedule appointments in many cases, which is complicated for some destitute people. We also perceived differences between respondents in the two cities, probably due to the varying migration trajectories and the language skills of the interviewers. For instance, Hungarian nationals were overrepresented in the interviews in Zürich, while nobody from Hungary was interviewed in Geneva. A second difference was that more women participated in the data collection in Geneva than in Zürich. This could be part of a structural difference that is discussed later in this report: there are more couples or families, especially among Roma, staying in Geneva. Moreover, at the night shelters in Geneva, a specific wing is dedicated to women. This enabled us to obtain information about different types of migration and life course trajectories.

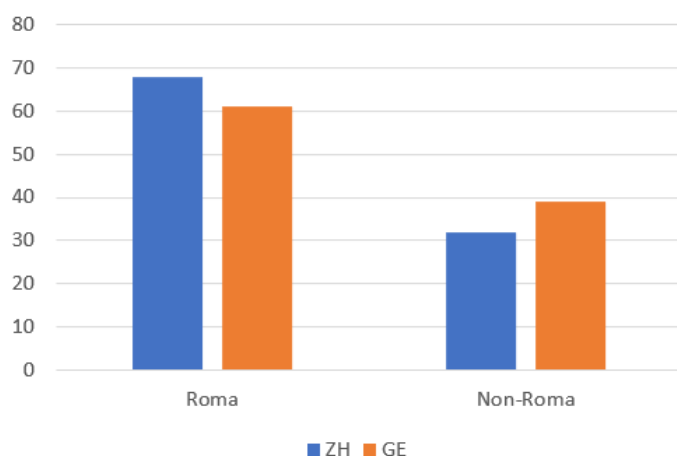


Figure 5: Proportions of Roma and non-Roma destitute migrants in Zurich and Geneva (in %, n=126)

Roma people were significantly overrepresented in both the qualitative and quantitative samples in Zürich and Geneva (Fig. 5). We will later attempt to explain the special characteristics of this Roma migration, but a more thorough analysis of ethnicity and migration would require a deeper and more detailed research project targeting the poor, nomadic Roma in both Switzerland and the home countries of the migrants.

4.2 Childhood experiences in home countries

Our research project scrutinises the social vulnerabilities not only in Switzerland but also in the migrants' countries of origin. From the viewpoint of the whole life course, childhood vulnerabilities are highly important to the development of later disadvantages across the entire lifespan. Therefore, we asked our interviewees about their negative and positive childhood experiences in Eastern Europe. By doing so, we hoped to understand the later life events and current circumstances of the destitute people examined in Geneva and Zürich during data collection. The narrative–biographical interviews enabled us to acquire in-depth information on the childhood experiences of our respondents.

Several interviewees were abandoned by their parents or became orphaned in their early childhood and were raised in state childcare institutions. One respondent was handed to the orphanage immediately after his birth, and later his mother took him back and forced him to work.

My mother had left me and my brother in the orphanage, but she took us back when we were a bit older. Then she sent us to work, so I left and went to Bucharest. (ZH, man, Romania, 29)

Destitute migrants coming from foster care often experienced inhuman conditions in these institutions, not only because of the staff but also because of the other children. In some cases, the respondents' childhood experiences as orphans and abandoned children led directly to homelessness and substance abuse.

The other children in the orphanage were fighting with each other and even beat us up. They forced us to beg for money on the streets. (ZH, man, Romania, 29)

Children who grew up in statutory institutions regularly became homeless after leaving these homes at the age of 18. The after-care support and social integration of young people leaving childcare is often an unsolved problem in the Eastern European countries.

I was brought up without my parents in a children's home called North Village. And one day they said "G., you are already 18, you must go, and you can do what you want". I didn't have a home, a job, nothing. (ZH, man, Romania, 29)

Young people leaving childcare facilities regularly became rough sleepers, sex workers and beggars. A study on young homeless Hungarian people by Péter Győri (2021) shows that young people in Hungary become homeless not immediately after leaving childcare services but after a few months or years. At the point of leaving institutional care, they receive some money from the institution where they were brought up, as child benefits are gathered for them during their stay in the children's home. After that, they can receive a sublet for a few months, but the money is not enough to rent their own apartment. In addition, street homelessness often leads to substance abuse and exploitation.

I was living on the streets of Bucharest as a street child. It was hard. There were a lot of people using drugs. (ZH, man, Romania, 35)

Even children with families can experience life situations that severely endanger their psychosocial security and the emotional and financial stability of their families. Substance abuse, violence and parents' deaths are often the cause of later social and psychological vulnerabilities.

My mother worked very hard, but Father drank all our money away. And then we were thrown out of the house of Father's friend. After that we lived in someone else's house. (ZH, man, Romania, 41)

Situations of severe poverty in childhood, family violence, and alcohol problems on the part of one or both parents are sometimes combined with historical events (such as war) that force migration. These difficult living conditions have an impact on the person's entire subsequent life course, not only in regard to self-esteem but also in regard to employment opportunities, starting a family and settling down.

Life was very hard, for my parents and their parents. (...) I remember, I was very small, there were big discussions, chairs flying... all the time. (...) When I was 8 years old, I experienced my first [sexual] assault. It happened several times with my grandfather, and I never told my parents. Then it was with my neighbours, my cousins, but I never spoke about it with my parents. (...) Then, in 1984, the problems with school started. I wanted to study economics, but my father didn't agree. And I changed schools twice, and I told my mother that I didn't want to go

to school anymore. (...) I had psychological problems, I mean, I got stressed quickly and I couldn't explain what was going on in my life, the violence, things like that. I would come home and talk, sometimes I was beaten, alcohol... I was really lost. When it happens all the time, in your family, there are a lot of negative things inside and a lot of negative people coming towards you... People who wanted to use me, to take advantage. (GE, woman, Croatia, 50).

Since the era of state socialism, Eastern European families had been based on a two-earner model, as one parent could not sustain the entire family on low wages. Therefore, the death or permanent illness of a breadwinner would endanger the financial security of the whole family and the children's future.

I was 15 when my father died, and things turned bad at home. My mother had to feed three children, and her income was very small. We had to move to Grandma's place. (ZH, Kosovo/Croatia, 39)

In some cases, parents had privileged positions in the "old regime" (in the socialist era before 1990) as miners, industrial workers, policemen or state clerks. After the political transition, many of these families lost their former privileges and quickly became impoverished.

My father worked for the state at that time; he was a police officer (...) he lost his job after the revolution, and we were afraid of the revenge of people who hated my father for his former job. We became poor and my grandmother had to take care of the four of us. (ZH, man, Romania, 32)

General hopelessness and the lack of prospects for a better life motivated many Eastern European young people to leave their families and seek better opportunities in Western Europe. Such migrants are often very young and healthy and wish for the better life they see in movies and hear from friends living and working abroad.

I had no job. I was 20 and lived with my mother. I live there even today when I am at home. I did my work at home, cleaning, and took my younger brothers to school. (ZH, man, Hungary, 23)

Some respondents had childhood migration experiences in Switzerland and sometimes other Western European countries, and they often recalled their early memories as a motivation behind their current migration. One young man had moved with his family to Germany during the Romanian revolution in 1990 and had very positive memories of this time. However, later, when their refugee status was withdrawn, the family had to return to Romania.

We were settled in Stuttgart where my father got a job in the Mercedes factory. It was a huge change in our life. We had our own apartment again and we had German neighbours, not the Romanians like in the refugee camp, and we could go to a German school with local children. (ZH, man, Romania, 36)

A young Croatian/Kosovar woman also spent several years in Germany during the Balkan wars, but the family was resettled to Kosovo after the conflict. The reintegration of children like her in their countries of origin was often very difficult as they were strongly connected to their host countries. Later, due to the opening of the European borders, many of them returned to Western Europe.

I felt absolutely isolated and excluded by other young people in Croatia. I was only 12 when we moved back. Children have special needs, for playing, for instance,

but we could not go to the fields because of the landmines. (ZH, woman, Kosovo/Croatia, 29)

4.3 Living conditions in the home countries

Understanding the earlier, pre-migration living conditions in the countries of origin is essential for exploring the current disadvantages in Switzerland. According to previous studies, unemployment, poverty, various medical issues and homelessness in Eastern Europe contribute to the increasing migration potential of destitute people (Scholten and van Ostaijen 2018). As pinpointed by Engbersen's (2013) theory on liquid migration, low wages and poor working conditions in the CEE countries motivate disadvantaged migrants to increase their income by working in Western Europe, while their centre of living remains in the home countries. To understand the characteristics of employment in the countries of origin, we asked our respondents to talk about their work history and experiences directly before their migration to Geneva or Zürich. By doing so, we often learned of long-term unemployment or badly paid, degrading and sometimes dangerous jobs performed by destitute people in CEE before their migration. Only 22% of the respondents had a working contract in their country of origin before migrating to Switzerland, and 61.3% assessed unemployment as a medium or large problem that eventually contributed to their migration.

Salaries in the lower-paid sectors of the labour market were so poor in Eastern Europe that our respondents often experienced poverty even if they had a job.

We earned 300–400 euros a month... which is not too much. Besides, we often had to do the hardest work – for example, working in the roof in summer – for almost nothing. (ZH, man, Romania, 30)

This money was often not enough to pay their bills and sustain their families.

I was working for 300 euros and had to pay 250 for the rent. I worked in a carwash. There was 50 euros left to eat, and it was not enough. (ZH, man, Romania, 29)

Not only wages but also the relative value and the substitution rate of social allowances are very low in most Eastern European EU countries (see Temesvary, 2018). Losing a job or being unemployed for other reasons often leads to poverty and social marginalisation. The primary risk groups include people with disabilities, single mothers, and Roma people. Some interviewees tried to sustain themselves through social benefits, but this was not enough to maintain even a minimum standard of living.

To live with 30 or 40 euros of benefits per month, it's nothing. You cannot live and eat from 30 or 40 francs. (GE, woman, Romania, 37).

Now I receive only 20,000 forints [50 CHF] as child benefit for the two little boys, because my daughter is adult by now. This is not enough in Hungary. (ZH, woman, Hungary, 51)

Besides employment, we also asked destitute migrants to talk about their housing conditions in the home countries. Some 73.2% of the interviewees had the opportunity for secure housing in their countries of origin in the form of their own or rented apartments or accommodation with family members. 'Secure housing' means accommodation they could return to anytime they wish without being threatened by emotional or physical violence or eviction. Only 16.6% of respondents assessed housing as a medium or large problem that affected their wellbeing before migration. We know based on the interviews that although these housing possibilities provided protection

for the interviewees while living at home, the quality of housing was often very poor. People talked about overcrowded apartments where they had to share rooms with other family members and they did not have any privacy.

We all lived in a two-room apartment. It was not ideal at all. We lived in my grandmother's place and she remained in the little room, while the four of us slept in the living room. (ZH, woman, Romania, 34)

The three of us lived in 30 square meters. My mother moved into my grandmother's room, and I lived in my mother's room. The whole situation was quite strange. (ZH, man, Romania, 32)

In other cases, the state of accommodation was so poor that it significantly degraded the respondents' quality of life. Lack of water, bathrooms and sanitation characterised some such flats and houses.

We didn't have running water at home; when we washed, we washed in a basin because I didn't have enough money to install running water and build a bathroom. The toilet was at the back of the house, in the garden. (GE, woman, Romania, 37).

Finally, we also asked interviewees whether they planned to move back to their home countries a little later. We received different answers, but most stated that they would return to Central and Eastern Europe and they were not planning for a future in Switzerland. For instance, a middle-aged woman, a former sex worker, viewed living in Switzerland as a good chance to increase her income, pay her mortgage and support her children in her hometown. By spending 10 years in Zürich, she could save enough money for a small house in the Hungarian countryside, and she would like to move there in a few years.

I plan to spend my future in Hungary. If I have a grandchild, I will surely move home. I do not want to be a Skype-granny. (ZH, woman, Hungary, 51)

A Slovakian man in his early sixties worked as construction worker in Zürich, but he could not work as of late because of his poor health. He suffered from substance abuse and mental health problems, and he could not conduct the same work as before (working on scaffolding) because of his older age. Despite that, moving home would be a "defeat" for him as he would not be able to fulfil the expectations of his family.

I do not want to go back to Slovakia; it would be a defeat for me that I could not find my place in Switzerland. (ZH, man, Slovakia, 61)

In other cases, the difference between living in Switzerland and the respondents' home countries was not as sharp. A middle-aged woman from Romania was working in Zürich and occasionally other Western European cities (lately as a caregiver) to support her family, but her centre of living remained in her home country. She would spend a few weeks or months in Zürich before travelling home to her family for a longer time.

My husband remained in Romania because he was paid better for his construction work. (...) And I travel to Germany from time to time, or now to Switzerland, if I find something. But it gets harder and harder. (ZH, woman, Romania, 37)

We asked our respondents whether they felt poor in their countries of origin compared to the "average" people living in their countries and communities. Their subjective assessments on poverty showed that 78% of the interviewees rated themselves as poor (26.8%) or very poor (51.2%) compared to others (Fig. 6). The subjective perception of destitution in the countries of

origin was particularly high among the Roma (86%) and among people who had lived in Switzerland for less than a year (85%).

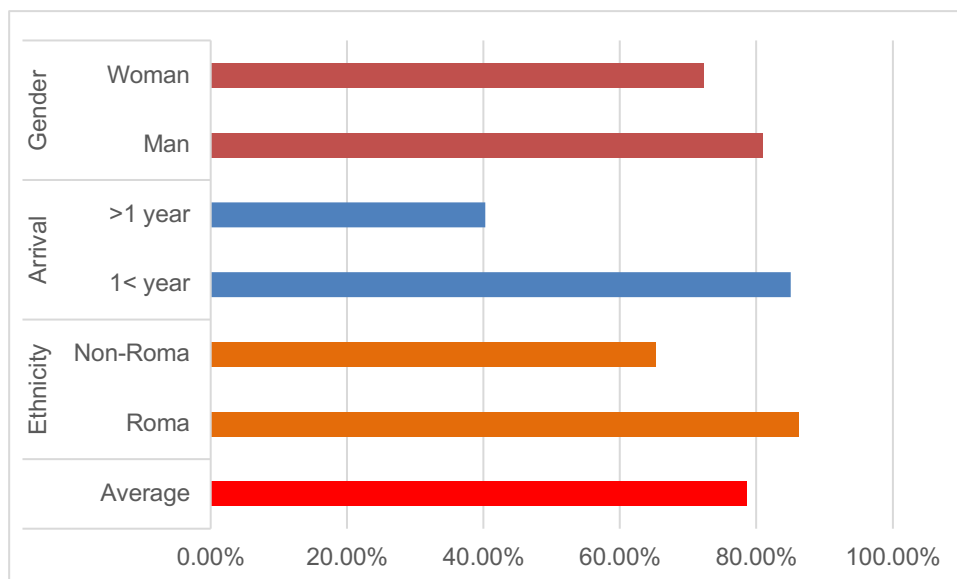


Figure 6: Subjective perception of poverty in the home countries (in %, n=126)

4.4 Housing conditions

The majority of respondents faced difficulties regarding their housing conditions in Switzerland. Some 84.3% did not benefit from secured housing in Switzerland, which means that they did not have a rented flat or house or somewhere they could safely reside. After employment, housing was the most commonly perceived “major problem” (see Fig. 7), noted by 78.8% of respondents.

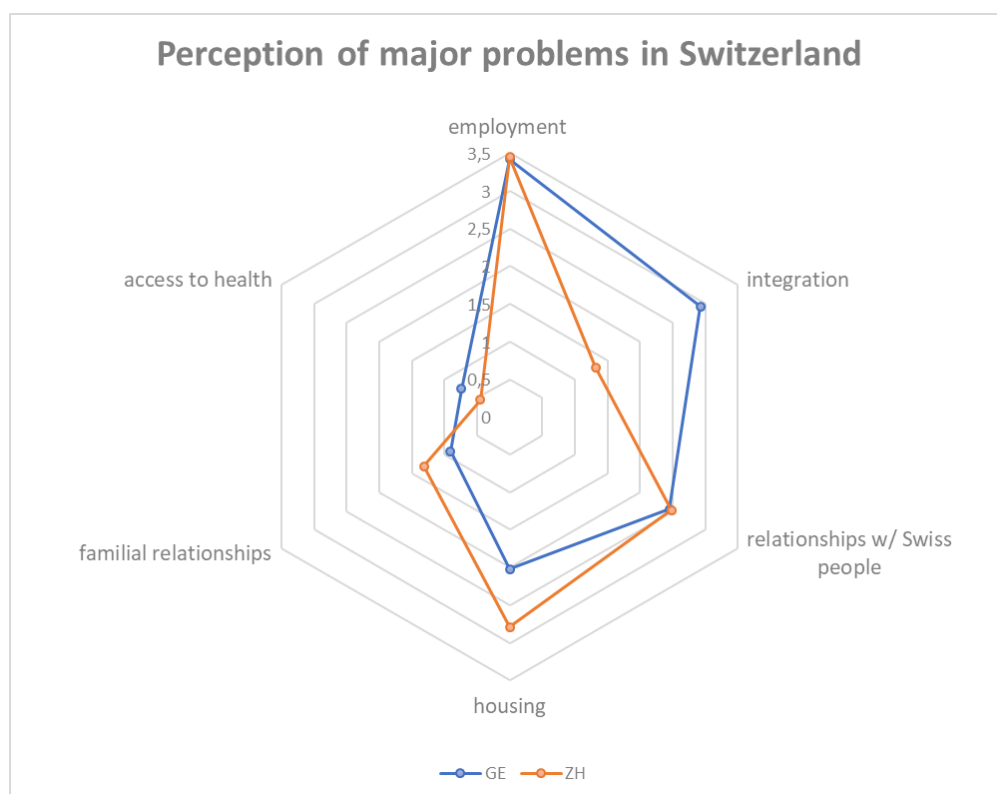


Figure 7: Perception of problems encountered in several life domains (from 0=no problem perceived to 5=major problem), by city

A difference was observed between the two analysed cities, mainly due to the ability to sleep in an emergency shelter, which varied a lot between Zürich and Geneva. In Geneva, 80% of respondents said they had the ability to access an emergency shelter, and only 13% ranked this access as very problematic; by contrast, only 6% of respondents in Zürich said they had access, and 70% ranked it as problematic. This gap reveals the differences in management of homelessness in the two cities and shows that the political responses were not addressed the same way, at least regarding emergency possibilities.

Notwithstanding the shelters available in the city, destitute CEE migrants described their housing conditions as being poor since they arrived in Switzerland. The expression 'I don't know', which often came up in the interviews, showed the uncertainty of housing, including uncertainty about the place itself (where to go), about the possibility of staying and about the risk of violence, of being kicked out or of a police raid, as well as risks related to the weather for those who sleep outside.

And now I don't know where to go, tomorrow night, I don't know. I'll go under the bridge... (GE, man, Romania, 30).

This is the biggest problem for us, because we are not settled in one place! (GE, woman, Romania, 23).

This uncertainty is confirmed by the national survey on homelessness, in which one-third of the 543 homeless respondents stated that they did not know where they would sleep in one week's time (Dittmann et al. 2022).

Interviewees in this study all expressed the difficulty of finding proper housing as the main problem. Only seven out of 38 respondents had their own accommodation at the time of being

interviewed. This is evidently related to the respondents' lack of legal residence status, combined with job insecurity (as described in Section 5.5). Moreover, the cities of Geneva and Zürich are among the most inaccessible on the housing market in Switzerland; rents are very high, even for people with a residence permit and a stable job. The possibility of obtaining financial assistance from the state is reserved for people with a residence permit who have been in the country for more than two years. The professionals we interviewed confirmed these conditions.

Finding accommodation in Geneva is a nightmare. For people in a very precarious situation, there is no housing; we can clearly say that! It's the emergency shelters or the bridges! (Social service manager, GE)

If people are homeless and unemployed, it is practically impossible to find an apartment in the city. (Social worker, ZH)

All of our interviewees experienced unstable housing conditions on several levels. According to FEANTSA (the European Federation of National Organisations Working with the Homeless), housing exclusion can be divided into four main categories: rooflessness (without a shelter of any kind; sleeping rough), houselessness (with a temporary place to sleep in institutions or shelter), living in insecure housing (threatened with severe exclusion due to insecure tenancies, eviction or domestic violence) and living in inadequate housing (in caravans on illegal campsites, in unfit housing or in extreme overcrowding).¹⁰

More than two-thirds of the interviewees had experienced homelessness in Switzerland, while only one-fifth had experienced it in their country of origin. One-third of respondents still had an apartment of their own in their country of origin (see Figure 8). At the time of the interviews, almost 1 in 2 respondents were homeless. This means that migrants from CEE mostly became homeless while in Switzerland, while they were not previously homeless in their home countries. We might say that they began a homeless career and were forced to do so. This migratory transition in their life course implies a new kind of vulnerability.

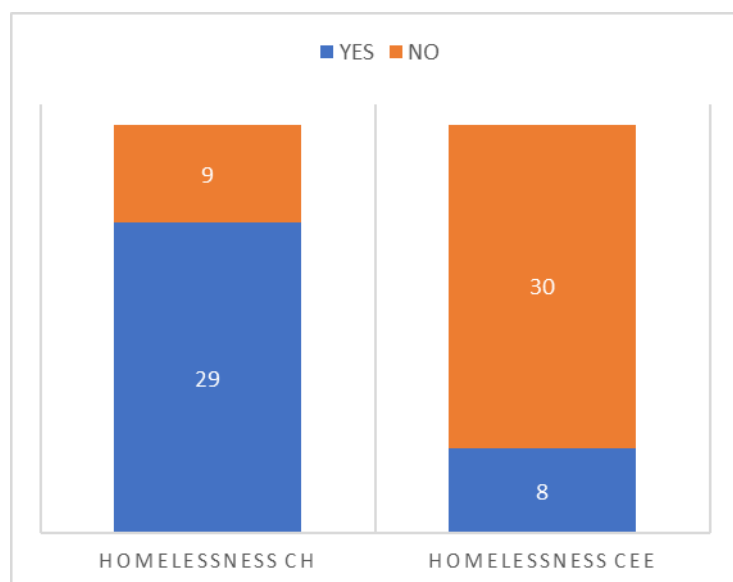


Figure 8: Interviewees who experienced homelessness in Switzerland and in the country of origin (% , n=38)

¹⁰ According to the ETHOS typology, see <https://www.feantsa.org/en/toolkit/2005/04/01/ethos-typology-on-homelessness-and-housing-exclusion>

This lack of access to the standard housing market (due to lack of a residence permit, and often therefore a lack of the right to social assistance) makes people very dependent on social structures such as the emergency shelters in the city. If they lose or lack access to these structures because of time limitations, cost and/or lack of space, they must either sleep rough, or depend on the goodwill of others, through sofa surfing with employers, friends or acquaintances. They then face a risk of exploitation; this was experienced by several respondents, through housing usurers and/or employers.

4.4.1 Access to shelters

Cities, as well as non-profit associations, provide emergency accommodation but often on a short-term basis (a few nights to a maximum of 30 nights). Night shelters' availability varies between the winter period, when more places are available, and the rest of the year (April to October), when fewer places are provided. Moreover, some facilities are only available for people with residence permits, thus limiting the options for undocumented migrants. At the time of writing, Geneva offers about 550 free places in night shelters – about 300 of these places are managed by the Department of Social Cohesion and Solidarity of the city, while the others are managed by NGOs (Cause, Emmaüs, La Virgule, l'Armée du Salut, HUMA and Carrefour Rue) – compared to the needs of 730 homeless people in 2021 (Bonvin et al. 2021). Since 2021, a new possibility has existed for families: a "sleep-in" offered by the NGO Minors and Families (AIM). The sleep-in was organised in a regular house during the first year and then in a civil protection shelter from 2022; the latter provided places for a maximum of 85 persons (about 23 families). In Zürich, the options are very limited: only one night shelter, a structure called *Iglu* (from the Pfarrer Sieber NGO), provides shelter for undocumented Eastern European migrants. *Iglu* offers places for about 15 people for a maximum of 10 nights.

At the time of the interviews, one-third of respondents were staying in emergency accommodation (half of the persons interviewed in Geneva but only 1 in 6 in Zürich). Some were accommodated by nurses, social workers or peers. Most such respondents were grateful for the offer and the conditions.

Thank God [the night shelter] exists! They've taken me in, and I hope it lasts a little bit longer. Because otherwise I don't know what would have happened. You have a bed, a hot meal in the evening, your shower, everything here. (...) They are all nice here, they are all welcoming. I've known them for a year now. (GE, woman, Romania, 37).

Nevertheless, three difficulties were identified with emergency accommodation: the first, as mentioned, was the duration and uncertainty of staying beyond the time limit offered. In the better cases, after the first 10 days, the stay was renewable for a further 10 days, leading to much uncertainty. People did not know exactly how long they could stay.

Tomorrow, I have to go back to the admissions office to extend my card; I hope it will go well, because they say there are a lot of newcomers and you have to give others a chance – and if it doesn't work, what do you do? I don't know, I'm going to sleep on the street, I don't know. (GE, woman, Romania, 37).

In the worst case, the shelter was closing the next day, meaning the respondent had nowhere to go apart from the street, and usually there were not enough places in night shelters compared to the demand.

They didn't give us a place... no place in the hotel. Previously, we stayed three days [in the city night shelter], as a couple; I stayed with my wife. But afterwards, get out, they tell you "that's how it is" [couples cannot stay in the night shelter

together; only the wife can stay]. My wife didn't want to stay there alone, to be separated. (GE, man, Romania, 30).

Secondly, most organisations do not offer the possibility of staying for additional days, since they are only temporary night shelters. People must leave these shelters early in the morning and then spend the day outside, which is tiring. Finally, those living in family shelters indicated that the living conditions are difficult in the long run, especially with young children.

Apart from the difficulty of finding a proper place to sleep, it emerged that some people were not even aware of the existence of emergency accommodation.

Maybe there is a night shelter somewhere, but I do not know where to go and where I can get some help. (ZH, man, Romania, 30).

Another issue was bad experiences (violence, noise, theft) at night shelters, leading many people to stay outside instead of entering.

When I left the hotel, she [social worker] phoned for another place. But I refused, it was with too many people, and that's not good! One with alcohol, the other with drugs, after a fight... Once I slept there at this sleep-in. But me, no no no, I want to be quiet, I'd rather sleep in the street than go to this place. I want to be calm. Alone is fine. (GE, man, Romania, 47).

Even though night shelters are appreciated, especially by women and families, the conditions of short duration and sometimes the lack of intimacy are not optimal to stay. The lack of options drove many respondents to sleep outside.

4.4.2 Homelessness

More than two-thirds of interviewees had experiences of sleeping rough in Switzerland, as mentioned above. A lack of financial reserves, as well as a lack of places in shelters, led to this often-unnoticed reality. Although one expert interviewee reported the development of a “whole know-how of survival under the bridge,” especially among the Roma, sleeping outside was mainly described as frightening, difficult and painful.

I have a sleeping bag, and if I do not have money for accommodation, I sleep elsewhere, everywhere. It is better in summer. I am afraid of sleeping outside, particularly in the winter. (ZH, man, Romania, 25).

When [the night shelter] is not open, we sleep outside. Sleeping outside is not hard; it's very, very hard. (GE, woman, Romania, 37).

Tough weather conditions, such as extreme cold, can compromise health. Some interviewees reported drinking alcohol in order to cope with the pain. One interviewee reported feeling constant pain one morning after spending several days outside (it was -2°C at that moment).

It was cold, cold. It's too cold. I can't stand it! I have pain in my back. It's because I'm sleeping on the floor, in the cold. Rain, rain, rain, the blanket is wet, it's wet, I'm wet, and I also drank alcohol [to] sleep. So today it hurts. Then it will pass. (GE, man, Romanian, 47).

We encountered hidden homelessness in Geneva and Zürich: some respondents hide in bushes or the doorways of buildings at night. They hide from the public and do not want to be recognised

as homeless and draw the attention of authorities to their homeless and unregistered situation. They often feel ashamed and try to show themselves as “everyday people” during the day. Similar situations have also been observed in other Swiss cities (see Martin et Bertho 2020).

I live on the street. At midnight, when people go to sleep, I seek a bush or a gateway where I can lay my mattress and I leave early in the morning, so that people do not even know that I sleep in their doorway at night. (ZH, man, Slovakia, 43)

There are different strategies for sleeping rough. While some people feel safer and prefer to be alone, and find places (e.g. building entrances, bridges) where they can remain discreet and undercover, others believe that being in a group creates a form of security. One interviewee from the region of Târgu-Mures, located in Northern Transylvania, Romania, spoke about the security gained through sleeping “under the bridge with other family members”. Conversely, a lone woman explained the difficulty of sleeping alone for long period:

If I have to sleep three or four days outside, it won't be terrible But after that, two weeks, I can't! I just can't! It's difficult to sleep outside, for a woman, and all alone, there are tramps who come, people who are on drugs. (GE, woman, Romania, 37)

There was a tendency among the interviewees to distance themselves from other homeless people, who were described negatively as “violent people”, “drug users” and “hobos”. As one of our experts stated, the Roma, who wish to “avoid the stigma”, are especially likely to differentiate themselves from other groups of marginalised homeless people.

The experiences of destitute CEE migrants with the Swiss police are generally difficult: their belongings are occasionally confiscated, and they receive punishment for begging and sleeping rough. This “symbolic violence” from the police, especially towards the Roma, is well described in a paper by Battaglini and Hasdeu (2017).

Every week [the policemen] come and they take everything – the blankets, the tents – and they throw them away! And they give us fines; it's expensive! (GE, man, Romanian, 30).

One respondent was a “European wanderer” who slept in a tent and moved from one country to another. He lived in a tent, in a park, near the lake at a remote part of the Geneva canton. He spent the winter like this and came to soup kitchens in the mornings to have breakfast. During the day, he hid his tent under the bushes to avoid being caught.

4.4.3 *Alternative housing solutions (e.g., sofa surfing)*

The participants also developed other housing strategies such as sleeping at acquaintances' houses, generally in exchange for services. These “sofa surfers” were only in a slightly better situation compared to rough sleepers. They could rely on the support of relatives and friends and had some accommodation. However, they were all threatened with street homelessness if they lost their precarious housing options. Sometimes, sofa-surfing was the result of a partnership of either a long or short duration, and the accommodation existed until the partnership ended.

I got to know a Hungarian man; we met here. He asked me where I live, and when I mentioned to him that I live in a car, he offered for me to go to his place and live together. I lived at his place for more than a year. (ZH, woman, Hungary, 51)

Some experienced very supportive housing structures, friends and relatives who provided accommodation and protected them from homelessness for a longer period of time.

My friends were very patient; I was allowed to stay even if I couldn't pay the rent. I never had to beg or sleep on the street, thanks to my friends. (ZH, woman, Croatia/Kosovo, 32)

These supportive friends and relatives provide an important form of social capital and could help our respondents to save some money and find their first apartment of their own in the city.

A man explains how he began to sleep in the garage of one of his acquaintances:

I lived on the street, on the left, on the right, in the Salvation Army, under the stars... when the weather got cold, rainy, I got the key to E.'s garage, even though I knew it wasn't right, at about 10pm I went into his garage. But once, he went down to get some tools and he found me there: "what are you doing, it's not right!" That night I slept there and the next day he told me "you can come to my place". (GE, man, Romania, 61)

In exchange, he told us, he helps his host, who became his friend, to do some shopping, takes care of him when he is ill and cleans the house. In this case, there was a certain arrangement.

However, most of these arrangements are not sustainable and are based on dependence on the hosts. Some respondents slept in a car, in a caravan or in a garage. Their situation was more complicated when they were accommodated by their employers. We encountered this situation mostly among women: for example, a Bulgarian and a Croatian woman reported that they were evicted without warning. One was evicted overnight after 5 years of working and sleeping at her employer's place of residence, where she cleaned the house. "It's not normal", she said, "we're not animals!" (GE, woman, Bulgaria, 50). She was not the only one to have this experience, and sometimes women were sexually exploited:

I was taking care of his children all the time, even when he was on holiday. (...) I was a slave, I was his slave! Prepared the dinner, went to bed with him when he wanted. And if I wasn't happy, sometimes he brought whores, and I had to go out and come back after. And I had no other solution, because of my situation, the lack of permit. (GE, woman, Croatia, 50)

The same type of exploitation occurred when older Swiss men offered housing opportunities for young Eastern European homeless women in return for sexual services. These relationships were often abusive, and men took advantage of the women's vulnerable life conditions.

He was happy that I slept more in his apartment, but for me it was a constraint to flee from homelessness. (...) Later he used my problem with the sans papier status against me and abused me. (ZH, woman, Croatia/Kosovo, 32)

The fragile social status of destitute CEE citizens is often exploited by other people. The abusers are often other Central and Eastern Europeans who have already achieved some social status in Switzerland. Families give shelter and food in exchange for very hard work in the household. This form of modern slavery arose in many contexts during our interviews.

Sex workers are often exploited by house and brothel owners. The sex workers have the financial resources to pay for housing, but often live in the city without papers, which weakens their position in the primary housing market. Housing usurers take advantage of their vulnerable status and offer overpriced apartments for daily or weekly rentals.

This woman accommodated us in an apartment in Leimbach, where a Slovakian and a Hungarian girl lived already. She said that she pays 4,000 CHF for that apartment that must be paid by the girls living there. Now I know that it was too much money for that flat; it could not be so expensive. (ZH, woman, Hungary, 51)

Lack of access to housing is a structural problem that contributes to the complexity of the situation of vulnerable people from Eastern Europe. Housing is a prerequisite for employment and vice versa.

What do we want as an aim for society? The problem of homelessness is a 24-hour problem: the digital divide, lockers, everything that is part of people's daily lives. If there is accommodation, it solves a lot; if there is 24-hour a day accommodation, it solves even more; now if it lasts one or three months, before and after, what is there? (GE, social services manager).

4.5 Employment

A residency permit is not necessary for starting a job in Switzerland. However, in the absence of language skills and proper qualifications, the vast majority of destitute CEE people are either unemployed or employed in the grey zone of the Swiss labour market under precarious and insecure conditions.

The number of destitute people arriving from CEE countries is steadily growing according to our experts. In Zürich, positions in agriculture or the construction and cleaning sectors, which were previously filled by guest workers from Spain and Portugal, are now filled by Romanians, Slovaks and Poles.

After the earlier global financial crisis there were a lot of Southern European temporary workers in Zürich, but now most of them arrive from Central and Eastern Europe, particularly during the current pandemic. (Social worker at a counselling station)

Some experts said that even destitute CEE citizens without papers could find a job in the city's dynamically growing labour market, particularly in the construction and cleaning industries as well as the hospitality sector. Besides basic language skills, psychological and medical health are also important challenges in finding a job.

If people want, they can find a job even if they are not young. If people are in a good psychological and physical condition, they can find a job relatively quickly, even now in the time of coronavirus. (Manager at a counselling station for sans-papiers)

A common strategy among CEE sex workers, beggars and street musicians is to move to Switzerland when they are unable to carry out their regular work in their home countries. For example, some people working in agriculture in Romania or Hungary during the summer months travel to Geneva or Zürich to seek a temporary job in the winter.

Some of them work in their home countries as harvest workers during the summer season and come to Switzerland to do sex work in the winter, if there are no other opportunities at home. (Social worker at a counselling station for sex workers)

Others use their (seasonal) Swiss jobs to sustain themselves in their home countries for the rest of the year. They mostly work in the fields or at construction sites in the summer and stay at home with their families in the winter. People affected by such liquid migration (see Engbersen, 2018) have a weak relationship with Switzerland and their only goal is to earn as much money as possible within the shortest period of time. Some experts call them “wandering Europeans” (see Götzö et al. 2021) who seek the best opportunities in Western European cities to earn money and support their families at home. Their centre of living remains in their home countries, and they stay in Swiss cities only as long as necessary. They lack medical insurance and do not attempt to apply for a residence permit. There are a lot of rough sleepers among these wanderers, as their only goal is to survive their current vulnerable situation with the lowest possible expenditure and then return home.

Only 1 in 10 of our respondents had a legal, contracted job in Switzerland at the time of the data collection, but many of them worked illegally as street sex workers, beggars and non-contracted temporary workers in restaurants or in the cleaning industry. Sometimes former illegal workers could legalise their status and continue working in the primary labour market (often in the same position). Occasionally, we also found that former “legal” workers in the first labour market gave back their residence permit and became “illegal” as they did not want to pay the high taxes and social contributions with their modest income as sex workers and cleaners. Although illegal, non-contracted and informal jobs increase objective social vulnerability, it also provides independence and flexibility. Some respondents combined different formal and informal activities; for example, some worked simultaneously as sex workers and cleaners, and some temporary construction workers also begged sometimes to supplement their income and survive a transitional period between two jobs. Some 87% of the participants identified the lack of employment in Switzerland as the main problem hampering their successful integration into Swiss society as well as negatively affecting other dimensions of social reserves (such as housing and social relationships).

To explore the development of career pathways in Switzerland, we also asked the target group whether they had had a contracted job in their home countries before migrating. Two-thirds of our interviewees (66%) did not have a legal job in their country of origin immediately before migrating, but more respondents were employed in Eastern Europe (34%) compared to Switzerland (5.5%). These positions in Central and Eastern Europe were mostly contracted and full time, but the salaries were so poor that destitute migrants could not sustain themselves and their families. During the narrative interviews, our respondents often identified the reasons for their migration as economic constraints, the extreme poverty of their families, and the hopeless situation in their local labour markets. Because of their extremely low wages in Eastern Europe, they lived as “working poor” and suffered from severe social marginalisation in their home countries regarding their income, housing conditions and social security.

In Romania, we are in the European Union, but we don't get the same family allowance. In France for example, it's 100 euros. In Spain it's the same, but we don't get it. And yet we are in the Union, we should have the same thing! And wages are the same. It's 300 francs. No more, our salary. What are you going to do with that? And if we don't have a house, what are we going to do? Do you know how much a house costs in Romania, in the cities where we live? 100,000 euros! For an old house, not even a new one. You'll never get it... (GE, woman, Romania, 23)

In Switzerland, most CEE migrants participated in the informal grey and black sectors of the labour market and worked as street musicians or beggars (37%) or street sex workers (13%) or were employed illegally as cleaners (24%) or hospitality (13%) or construction workers (16%).

There are a lot of people working here and all the bosses know that the salary in Bulgaria is very, very low. Twelve francs an hour is the wage in Bulgaria. And they [the employers] pay us very little. (GE, woman, Bulgaria, 59)

4.5.1 Poor qualifications and early school leaving

Destitute CEE people transfer serious educational problems to Switzerland from their home countries, especially the Roma, whose disadvantages in the CEE systems of education (see Bernát, 2016) hamper their access to the Swiss labour market.

Most of our clients have poor education or they do not have any qualifications. Some of them did not even finish elementary school. (Social worker at a counselling station)

The vast majority of our respondents had very poor qualifications compared to the CEE average. Only one-fifth (21%) finished secondary school and had a professional qualification. With elementary school qualifications, they could not apply to secure and well-paid positions in the Swiss labour market. Most of our respondents finished their education directly after elementary school, which was compulsory, or began a vocational education but dropped out of the school system as an early school-leaver. They often explained early school-leaving as the result of early pregnancy, behavioural problems (mostly substance abuse), extreme poverty and work constraints, or a loss of interest due to lack of success or being bullied at school.

I continued studying at the vocational school and learned as a cloth maker, a sewing woman. I completed two years when I realized that it is not OK for me. We did not have any money. I could not buy notebooks, pencils and food for myself, not to mention clothes. (ZH, woman, Romania, 37)

I did not finish school as I started using drugs and walked the streets all day long. (ZH, man, Hungary, 24)

Some children had no other choice but to work with their parents for a living. This work related to finding and collecting metal to sell, for instance in Northern Transylvania, or working in agriculture. These types of activities reduced their access to school or training. In the Roma community, many people – mostly women – reported having married at an early age and left school before finishing compulsory education.

I left school at fourteen to live with my husband. I was a housewife, I had seven kids, six boys and one girl. Today they are between 18 and 29 years old. (GE, woman, Romanian, 45).

I was married; in our country it's normal to get married at the age of thirteen or fourteen. I was fourteen, and at the age of fifteen I had my daughter. And for us, in my country, it was quite normal. But here, well, it's something strange and forbidden by the law. (GE, woman, Romanian, 25).

Family tragedies also contributed to early school leaving; when the main breadwinner died or got ill, children had to take over their position to feed the whole family. Fragile family structures often negatively influenced children's subsequent labour market opportunities. Poor Eastern European families often rely on the income of three to four family members at the same time to sustain themselves, and if one of these resources disappears because of unemployment, sickness or death, children must give up school and go to work.

My father had cancer and died in a few months. I had just finished elementary school, and because we needed money it wasn't an option to study further. I had to find a job. (ZH, man, Poland, 39)

According to the expert interviewees, low qualification levels are one of the main reasons for non-participation in the Swiss labour market. Consequently, unskilled destitute CEE migrants can seek and find positions only among the lowest segments of the Swiss labour market, such as cleaning personnel, sex workers and unskilled construction workers. Unfortunately, as illegal migrants, they have very limited opportunities to participate in a formal education or vocational training in Switzerland to enhance their chances. Some 83.5% of the respondents did not receive any labour market-related training in Switzerland, and three-quarters found this lack of training to be a problem hindering further employment. Without proper training, education-related vulnerabilities acquired in Eastern Europe closely determined their labour market prospects in Switzerland.

Without a qualification it is very hard. Without references and good qualifications, integration is very hard. (ZH, woman, Hungary, 29)

There are a lot of criteria that I cannot fulfil. There are too many obstacles, and I must do my best to overcome them. (ZH, man, Hungary, 24)

4.5.2 Poor language skills

In contrast to the limited vocational training possibilities, more than one-quarter of our respondents received some language training in German or French. Almost half of the interviewees found missing language programmes to be a problem hampering their chances for successful integration and job seeking in Zürich or Geneva. Language courses were mostly provided for free by local NGOs through volunteers. Fewer than half of our respondents (47%) said that their language skills were enough to deal with everyday issues in Switzerland. Missing or inadequate language skills are among the main reasons for failed labour market integration, based on our expert interviews with social workers.

Without language integration, our interviewees could only find “degrading and dangerous” positions in the labour market. Destitute people were often unable to participate in job interviews or fill in administration forms and were frequently deceived by employers because of missing language skills.

If I could speak the language better, I would be able to find an organisation to help us. But I was a newcomer at that time and could not ask a question normally. (ZH, woman, Romania, 37)

Some interviewees had former migration experiences in France, Austria and Germany where they learned German and French to some extent. They could also use their available language skills in Switzerland; however, this did not guarantee a secure position in the local labour markets in the absence of work experience and proper qualifications.

So, I arrived in Switzerland and suddenly needed a lot of papers. It was not a problem, as I spoke German and knew what to do in the office. (ZH, man, Slovakia, 43)

Because we have English, French, there are many languages that are taught in schools in Romania. So I started to communicate with the French. I understood everything but I couldn't speak. Little by little, from week to week, I tried to

understand and speak better. And then, in France, because I had arrived in France, I went to a school in [city in Haute-Savoie]. (GE, woman, Romania, 37)

People staying and working for multiple years in Switzerland or other countries were able to acquire the appropriate language skills needed for the fulfilment of their roles as construction or gastronomy workers.

I speak German quite well because I had to learn the language in Germany to communicate with other workers. It's a very difficult language, especially compared to Romanian. (ZH, man, Romania, 27)

In the countries of Central and Eastern Europe, there are some German-speaking communities and regions. People arriving from these communities had an advantage in Switzerland due to the language they learned at home. A few of our respondents learned German spontaneously from other children, as they were raised in German-speaking neighbourhoods in North Romania.

I speak German because of my childhood. I was brought up among German children – not really Germans but Swabians. There were a lot of Swabian families in Romania at that time. (ZH, man, Romania, 42)

Despite all this, language skills were not enough when job-seeking was hindered by psychiatric illnesses, administrative issues, trauma, substance abuse and other vulnerabilities.

4.5.3 *Illegal jobs*

Half of our respondents had experienced illegal jobs in Switzerland since their arrival. Illegal forms of employment are often the only way for undocumented CEE citizens to take their first steps in the Swiss labour market. However, illegality often exacerbates their vulnerability and reinforces their precarious living conditions. At first, many destitute CEE migrants are happy even to find a job without a contract, as it still offers more income than their low wages in their home countries. However, subsequently, after experiencing the real costs of living in Switzerland, they realise that they are being exploited by their employers. Exploitation regularly emerges in the gastronomy, construction and cleaning sectors, where short-term, temporary physical workers are often employed.

I had no contract, just went there every morning and they said what to do, and at the end of the day I was paid. I received 10 CHF an hour and I now know how little that is. (...) I was deceived, but I did not know it at that time; I had no idea what things were like in Switzerland. (ZH, man, Bulgaria, 33)

Illegality in the labour market leads to a permanently unsecured position that affects housing conditions, health- and pension insurance, and people's self-esteem alike. Despite potential punishment, employers are often interested in maintaining the dependency of vulnerable Eastern European workers, as they can pay significantly lower wages than usual and can dismiss their employees anytime.

With contract? They said that we will talk about this later, but I cannot work like that for a long run. I want to pay the tax and I want health insurance because I can have an accident in the kitchen anytime. (ZH, man, Romania, 29)

I heard that Bulgarian people can have a permit. I had been working there for three years [with a family]. I asked Madam to make a contract for me. At first, she didn't

want to. (...) Before, I wasn't ready, but now I'm stronger. I can speak better. (GE, woman, Bulgaria, 59)

Several respondents described their disadvantaged labour market status and unemployment as a temporary position when they “wait for the call” of a friend, colleague, former employer or other person who would give them a job. We could not assess whether these possibilities were real opportunities, empty promises or simply excuses for not having a job and being unemployed in Switzerland.

Now I am waiting for the call of my friend to start a new job at a construction site; he should have called me two days ago, but I cannot reach him on the phone. (ZH, man, Hungary, 41)

Now I am waiting for the call of my future boss regarding this new job, but he does not call me. (ZH, man, Romania, 42)

This waiting position often reflects real attempts to find a job. For instance, the migrant may have submitted a CV or spoken to someone who mentioned a potential job to them. However, we accompanied many respondents for months in Zürich and Geneva, and we found that only a few of these anticipated calls subsequently occurred.

I am waiting for a job offer. I have already signed the papers and am waiting for the call from my employer. They said they would give me shelter as well. (ZH, man, Romania, 37)

I attended a lot of offices and declared that I want to work. I have submitted my CVs and am now waiting for the call. (ZH, man, Romania, 40)

4.5.4 Activities in Switzerland

Based on the qualitative narrative interviews, begging was the most widespread activity among destitute Eastern European migrants in both Zürich and Geneva. Begging includes street music, street art, selling flowers and other activities in our categorisation. In Geneva, almost a quarter of respondents were employed in the hospitality sector, while in Zürich this kind of activity was less widespread. Several women were employed in the cleaning sector (24%), while men were most active in the construction industry (16%) in both cities. Four interviewees were active in Zürich as sex workers (20%), and we interviewed one (5%) sex worker in Geneva.

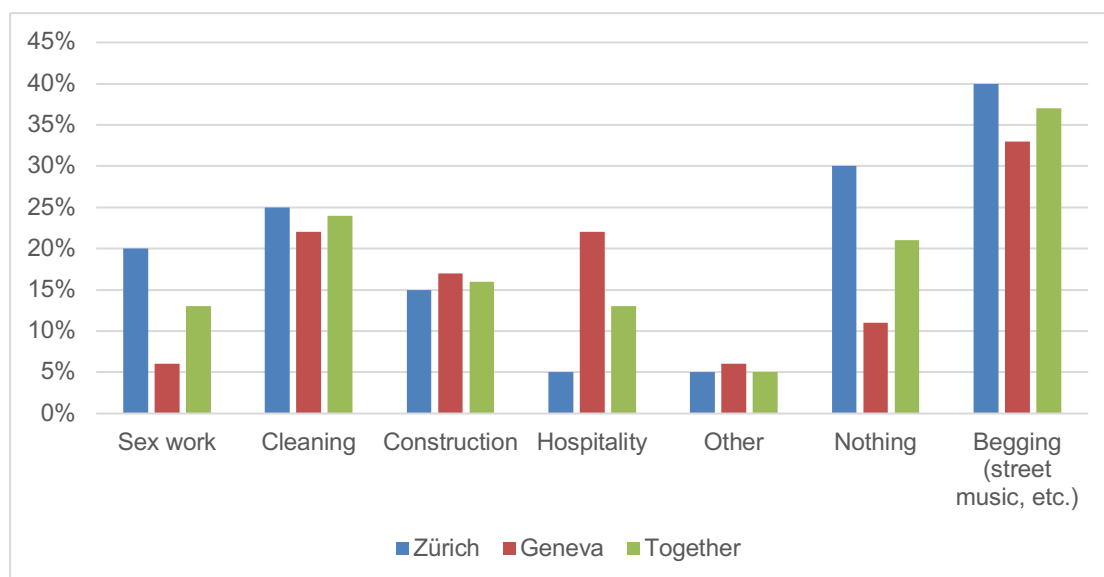


Figure 8: Type of activity in Switzerland (% , n=38)

Cleaning is often the first and only possibility for destitute CEE women to enter the Swiss labour market. Cleaning does not require special skills and qualifications, and Swiss companies and private households readily employ cheap workers from Eastern Europe. Language skills are also not necessary to fulfil such roles.

I do not have any experience in the labour market unfortunately. Everybody can clean, so I become a cleaner as well. (ZH, woman, Hungary, 30)

According to our interviews with sex workers, cleaning offers an exit route from sex work for some women, even though they earn significantly less compared to their former activities.

I have a job now. I clean. But the money is very little. I receive only 1,200 CHF a month. It is very little. I can barely pay for my room and send some money to my children... (ZH, woman, Hungary, 35)

Eastern European women are often employed by other CEE families which have already developed some status in Switzerland. Language skills are not obstacles in their case, and trust is also higher in such relationships. However, most cleaning women work illegally in these families, and their undocumented status and missing language skills are often exploited by their employers.

I usually go to a Romanian family here in Zürich. (...) And I clean there, in the house. And I water the plants in the garden. I receive a small amount of money for this work. (ZH, woman, Romania, 34)

The situation of Eastern European female sex workers is extraordinarily vulnerable in Switzerland. They are mostly unregistered and have a significant history with sans-papier status (Stadt Zürich Polizeidepartment, 2015). Responding sex workers worked either on the streets or in the so-called “boxes” outside Zürich. They all rented rooms in the Langstrasse area from landlords who provided overpriced apartments for sex workers and other destitute people. Our respondents lived, worked and slept in the same rooms. These rooms were small, dirty and often windowless. Isla Viktoria, Flora Dora and other Swiss NGOs provided water, food, condoms and other necessary goods for the sex workers in the Langstrasse district. All our interviewees said that they worked for themselves and were not forced to work by pimps. The poverty of their families

in their home countries and the promise of income were enough motivation to do sex work despite the inevitable dangers.

A friend of mine, a girl from secondary school, called me to travel to Switzerland together as sex workers. It was her idea, but she did not have to force me to say yes. She was in a bad financial situation and so am I. (ZH, woman, Hungary, 51)

I work only for myself. I only work for my family and my children. I could not imagine giving my money to anybody. I would rather send it home to my sons, and they can buy what they want. (ZH, woman, Hungary, 35)

All sex workers participating in the data collection identified themselves as Roma. They came from families living in extreme poverty in rural Romania and Hungary. Most of them had children at home, and they referred to sex work as the only and quickest way to support their children and families in their countries of origin. Based on the expert interviews carried out in Isla Viktoria, an NGO supporting sex workers in Zürich, the average age of CEE sex workers is increasingly young. Eastern European teenagers often end up on Swiss streets as commercial sex workers.

There are a lot of young girls here nowadays, teenagers from Romania, Hungary and Bulgaria. They do everything for a little money. (ZH, woman, Romania, 28)

Often, whole, mostly Roma, families are affected by migration and sex work. Young women move to and work in Switzerland and send money to relatives in Eastern Europe. We also found examples of intergenerational sex work when mothers and their daughters worked together in Zürich.

My mother knows what I do, and my sisters know it as well, particularly because my older sister works here with me. (ZH, woman, Hungary, 24)

Sex workers represent a special and particularly vulnerable group among destitute CEE migrants. Among respondents, their financial position was regularly much better than that of their fellow destitute CEE migrants; however, they often fell victim to sexual and/or physical violence, were threatened by sexual and gynaecological diseases and suffered from social stigma. According to an association that supports sex workers in Geneva, a growing number of young Roma men and women find themselves working as sex workers without legal authorisation and taking increasing risks to their sexual health by doing their illegal practice.

I know that I cannot do this for a long time, but I cannot do anything else at the moment. I have no better idea. I have no papers and I do not speak German. (ZH, woman, Romania, 28)

Begging is the last resort for many destitute CEE people to obtain some money for food and/or shelter. Not only is begging punished in Zürich and Geneva but it is also a humiliating activity for those doing it.

And when you don't have a job, how can you sustain your life? Well, I don't really eat. Sometimes I also beg so that I have some money to buy something to eat. (ZH, man, Romania, 29)

Destitute people choose begging when they do not have any chance in the labour market and they have already consumed the little savings they took with them from home. Begging is so menial and humiliating that beggars occasionally use alcohol and drugs to overcome shame.

When I am drunk, I do not care anymore. I always drink when I am begging. (...) People are watching me and thinking that I am young and could work as well (ZH, man, Hungary, 24).

Begging is prohibited in Zürich, and the police punish beggars if they catch them, but controlling all beggars in the city is almost impossible, and therefore the police are more tolerant of beggars outside the city centre, the business district and the tourist attractions. In Geneva, the begging law has been changed several times (Battaglini and Hasdeu 2017). Begging was prohibited between 2007 and 2020 and has been allowed since 2020. Nevertheless, the begging law was undergoing changes during the time of this study, with begging areas being restricted, thus creating the risk of making beggars even more invisible.¹¹

I beg here at the Seebach station. They leave me alone here, there is no problem with it. Other places are riskier, and you can easily be punished. (ZH, man, Romania, 41)

Some destitute people are active as walking beggars, walking the streets, railway stations and even trams to ask for money. Begging strategies such as begging with dogs or in various costumes are not very widespread in Zürich, as the beggars would be too visible.

The majority of destitute CEE men with a job are employed at construction sites. They usually do the hardest work, not requiring special qualifications and language skills but only physical power. Due to the thriving construction industry in Swiss cities, many unskilled CEE workers find a position at construction sites. Unfortunately, they are often exploited by their employers (who are often CEE sub-contractors), work for significantly less money than their Swiss colleagues and take on risky and dangerous activities avoided by other workers.

I worked at construction sites, illegally. I was always afraid that I would not have been paid. I received less money... I should have got 20 CHF an hour, but I did not get so much. (ZH, man, Romania, 41)

People who already had some experience at construction sites in their home countries could find a job more easily in Switzerland.

There was nothing new at work. It was like in Romania, a construction site is a construction site everywhere. You must work hard, and afterwards you are rewarded and paid. (ZH, man, Romania, 37)

4.5.5 Cross-border mobility

A distinctive characteristic of Geneva compared to Zürich is its geographical location, as it is bordered by France just a few kilometres away. The cross-border area of *Grand Genève* is an area of international mobility for respondents in precarious situations (Observatoire statistique transfrontalier, 2013). In the quantitative survey, 11.8% of our Geneva respondents declared that they lived not in Geneva but in France, while no respondent in Zürich lived anywhere other than Zürich. Some 1 in 10 respondents had experience with transborder mobility. During the qualitative interviews, 4 in 10 respondents in Geneva mentioned cross-border mobility between Geneva and Annemasse for employment, housing or shopping. Thus, this border area appeared to be completely integrated into the living space of certain respondents, sometimes offering opportunities that they lacked in Switzerland.

¹¹ Loi modifiant la loi pénale genevoise (LPG) (Adaptation de l'interdit pénal de la mendicité en suite de l'arrêt de la Cour européenne des droits de l'homme du 19 janvier 2021) (12881) E 4 05 du 10 décembre 2021.

Some had been travelling to France for employment for several months or even years, including this Romanian woman who was homeless in Geneva:

I worked for eight years in a kebab shop in France, in Ville-la-Grand Annemasse. It was a friend who told me that they were looking for someone to work there. (...) Little by little, the boss trusted me, and I opened and closed the shop. I had an employment contract, and I received a salary of about 1,200 euros, most of which I sent home. (GE, woman, Romanian, 45)

In that time, she came to Geneva to sleep, mostly at night shelters where she paid 5 CHF a night. Another Romanian woman came to France to find cleaning or any other job. One Romanian man travelled from Paris to Annemasse. He worked for a few years at construction sites and in agriculture, and then he moved to Geneva when he could not find more work. He experienced a kind of circular mobility in this territory:

I did Annemasse, Geneva, Annemasse, Geneva, like that. But it's difficult [to find accommodation] in Annemasse. (GE, man, Romanian, 44)

It is very interesting to observe the extent of this cross-border mobility and how it differs from the usual mobility of border workers. While most cross-border commuters work in Geneva and live in neighbouring France, people in precarious situations find work more easily in France than in Geneva (even with a contract). Conversely, the majority of them were housed in Geneva, as emergency accommodation was more accessible there than in France, as mentioned above. Another person explained it as follows:

Here in Switzerland, it's not like in France, because in France you sleep in the street! You can call 115 [emergency number for night shelters], and when you have children it's okay, but if you don't have children, you don't have a place like that! It's complicated! (GE, woman, Romania, 37)

Moving to France also provided other opportunities apart from employment. One Romanian woman who worked in Thonon-les-Bains for several months learned French there and got a French language certificate.

I went to a school in Thonon where you were paid 300 euros a month if you learned French. I stayed there, I went to school, I got an initial diploma in the French language. (GE, woman, Romania, 37)

One respondent described the logic of shopping across the border while living in Geneva, a common practice among Swiss residents. It is interesting to note that cost was less commonly referenced in relation to Swiss prices than to prices in the respondent's country of origin.

I've already gone shopping [in France], a full trolley for 200 euros for my daughter's birthday, whereas in Romania you would never have that! (GE, woman, Romania, 23)

During the interviews, no one declared having been in France for medical reasons. Nonetheless, expert respondents mentioned that some CEE people encountered difficulties in accessing health services, for instance in the case of pregnancy issues, and they were sometimes recommended to go to France. This is corroborated by studies in this field (Roduit 2020b).

4.6 Health

4.6.1 General statements

In Zürich and Geneva, most destitute CEE citizens face a serious shortage of medical care and treatment. Undocumented migrants form an extraordinarily vulnerable group, often suffering from injuries as well as mental and somatic diseases. Only some low-threshold medical services with general care duties provide free services for destitute migrants. In these facilities, people in need are treated for free or for a reduced amount of money.

If you have insurance, you don't need help. If you don't have insurance, you must go to CAMSCO and they give you vouchers and you can go to have your teeth removed. (GE, woman, Romania, 31)

In the case of more complicated interventions, such as an operation or a longer hospital stay, hospital bills are often directly sent to shelters or social counselling stations (in the absence of insurers). Accumulating medical bills often push destitute people into a debt spiral, as they must pay their hospital debts if they find a job. Some NGOs (such as the Meeting Point for Sans Papiers in Zürich, or Caritas and the Centre Social Protestant in Geneva) support destitute people in paying their debts through private donations and direct city supports.

A lot of destitute CEE are sent to us by hospitals. They receive care but cannot pay the bills without insurance. So that they are sent to us by hospitals or by the insurers, where they have serious debts because of unpaid fees. (ZH, Manager at a counselling station for sans-papiers)

In the absence of language skills, and because of the difficulty of adapting to the new sociocultural conditions, many destitute CEE migrants do not trust the Swiss healthcare system. They are often afraid of the costs they must pay after leaving hospital and of the burdens these debts will impose on their families in the future. Another problem occurs when destitute migrants are not familiar with the Swiss healthcare system and do not know where to turn with their problems.

There is a mistrust of Swiss medical services among the destitute people. A Roma woman, for example, left the emergency station a day after she was admitted despite her serious heart problems. (ZH, Social worker at a day care service)

According to representatives from the City Social Department, medical care for destitute CEE “tourists” is not the responsibility of Zürich. If people do not need urgent help, they must return to their home countries where they live and are insured. As the hospitals’ numbers of unpaid medical treatments are very high, political debates about the city’s responsibility are intense.

Medical help is not the responsibility of the city – if they need constant help, they can receive it in their home countries. (ZH, Manager of the city’s social services)

A manager of the city’s social services introduced a new pilot project called City Card that aims to alleviate the negative effects of COVID-19 in the case of the most vulnerable people by legalising their status. Furthermore, the Basic Economic Support (BES) transferred by the city to social services allows providers to pay the medical bills of destitute CEE migrants and other people in need. The COVID-19 pandemic has created new, more precarious living conditions for the CEE sans-papiers in both Switzerland and their countries of origin. Their living circumstances becoming even harder in their home countries may motivate them to travel abroad to find better opportunities.

COVID functions as a booster in the migration of destitute CEE people as life becomes more and more unbearable in their home countries. (ZH, Social worker at a day care service)

Destitute people living in Switzerland without papers and income are also endangered by severe forms of unemployment, homelessness and extreme poverty. Fortunately, the new social support program (BES) of Canton Zürich and the increasing private donations toward the Swiss Solidarity Fund can support field institutions to diminish the social exclusion of the most vulnerable groups.

A lot of sans-papiers have lost their jobs and become destitute since COVID. They need urgent social assistance. We received much support from private persons, e.g. in the form of food tickets, or they took over the health insurance fees. (ZH, Manager at a counselling station for sans-papiers)

The living conditions of commercial sex workers became particularly vulnerable when Zürich prohibited sex work and closed brothels during the first and second waves of COVID-19. Some women travelled home to their families, while others found other Swiss cities where sex work was allowed, but most continued working illegally in Zürich, further exacerbating their vulnerability and dependency.

Their vulnerability is now higher; for example they cannot go to the police if they are abused, as their work is illegal now. (ZH, Social worker at a counselling station for sex workers)

Regarding medical conditions of destitute CEE migrants, substance abuse was a leading medical issue among the respondents in Zürich, where 40% of interviewees were active users of illicit drugs and/or alcohol. In Geneva, the prevalence of substance abuse was substantially less (17%). The prevalence of diagnosed psychiatric cases was considerably higher than the Swiss average in both cities (25% in Zürich and 7% in Geneva). Some 10% of respondents suffered from chronic diseases in Zürich, compared to 28% in Geneva.

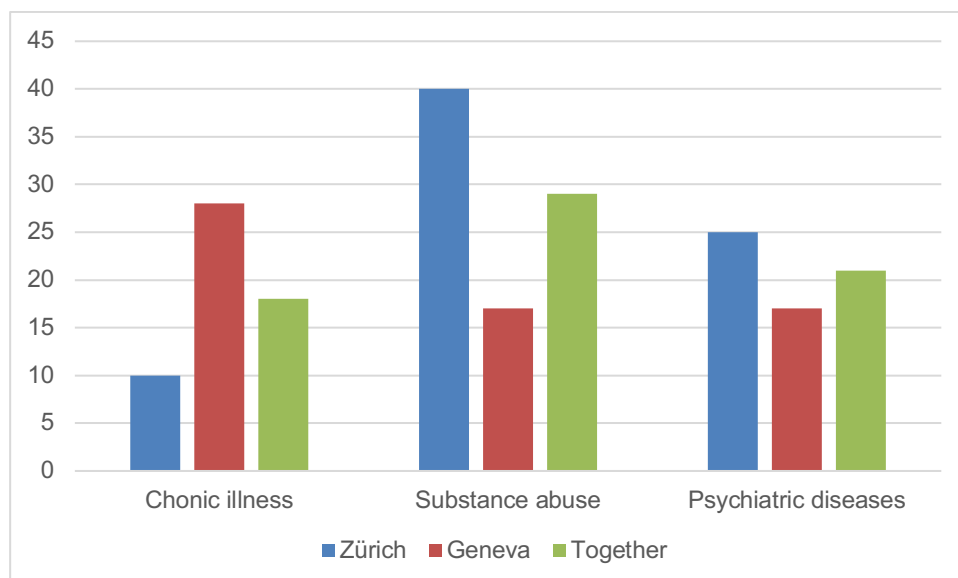


Figure 9: Type of diseases (% , n=38)

In the narrative interviews, 76% of the destitute CEE migrants perceived their general health condition as good or at least satisfying. Good health conditions were mostly described in the

interviews as the lack of acute and/or painful diseases. This positive subjective individual health assessment is probably due to the relatively young age of destitute CEE migrants. Only 12.6% of our respondents used general medical services (such as a general practitioner or ambulatory service) in Switzerland, with a third mentioning that they needed general medical services but could not receive them for several reasons (mostly because of missing health insurance). An interesting research result was that one-fifth (20.5%) of respondents used special medical services (such as hospital care) in Switzerland, a much higher percentage than those who used general services (12.6%). This shows that destitute CEE migrants use medical services in Switzerland only if they have an urgent need, primarily painful diseases or injuries. Only 1.6% received psychiatric care in Zürich or Geneva. Some 7.9% of respondents travelled home or to other countries to receive medical support.

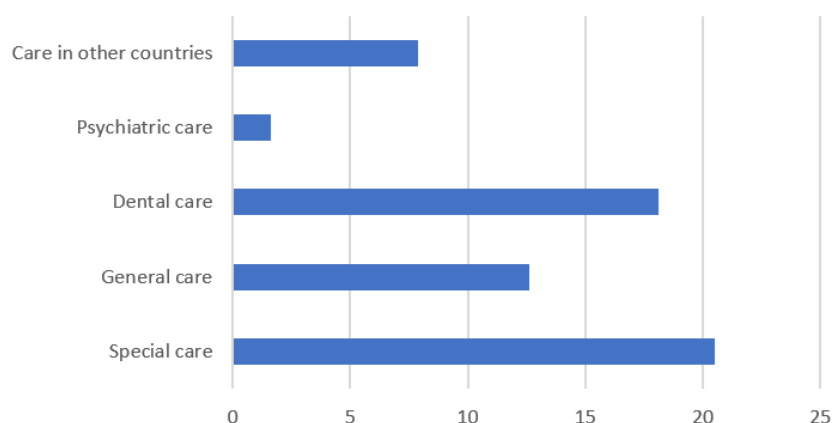


Figure 10: Types of health services used by destitute CEE migrants in Switzerland (in %, n=126)

Those who were not ill and had not experienced Swiss medical services could not answer our questions regarding experience in the Swiss system, and therefore we only received data from a few people who experienced any medical issue while staying in Switzerland. However, due to the qualitative interviews, we were also able to acquire information from people affected by special health problems such as injuries, serious diseases or substance abuse.

4.6.2 Injuries and dental problems

Destitute undocumented people turn to Swiss medical facilities when they do not have any other options and cannot avoid treatment. These cases are often injuries where treatment is necessary and cannot be postponed.

In 2018, I suffered a serious hand injury. I was working on the scaffolding when I fell down, right on my hand. It was broken twice, here, at my wrist and there also at the top. I was taken to hospital by my colleagues, where I received first aid. (ZH, man, Romania, 33)

I'm being monitored for my leg, and I have an operation planned for Christmas. It was either that or have my leg amputated! When I arrived in Switzerland, I went to the hospital straight away. (GE, woman, Romania, 49)

With regard to dental services, one-fifth (18.1%) of respondents received dental care in Switzerland. These were mostly urgent dental cases, and the services were provided by public emergency dental stations (such as Ambulatorium and a dental clinic in Geneva) that were available for all.

I had an appointment, the doctor talked to me, I said "I have pain here, here, here" [shows her mouth with several holes of pulled teeth]. She gave me a paper saying "you go to the hospital in Geneva", I went to the hospital and there, straight away [makes the sign of pulled teeth]. (GE, man, Romanian, 44)

4.6.3 Psychiatric illnesses

Serious mental illnesses such as depression, neurosis, schizophrenia and anxiety often occur among destitute people. As psychiatric disorders are not as visible as medical ones, they often remain undiagnosed and/or untreated (Stillman et al., 2009). The situation of street sex workers and homeless people is particularly precarious. Some of them were originally diagnosed and treated in their home countries but became untreated and stopped taking their medicines after arriving in Switzerland. Psychiatric disorders deepen the vulnerability and exacerbate the social marginalisation of uninsured destitute people. Sune-Egge, a psychiatric clinic in Zürich with a special department for homeless people, also takes care of destitute CEE migrants, but the costs of therapy must still be paid after treatment.

They often have serious mental disorders. Those women who work in psychosis are not professional sex workers; they simply have no other choice to sustain themselves. Mentally ill sex workers often have to leave brothels and thus the street is the only place where they can work. (ZH, Social worker at a counselling station for sex workers)

Although 21% of our interviewees had previously been diagnosed with psychiatric illnesses (mostly in their home countries), only 1.6% had received psychiatric care in Switzerland at the time of data collection. Therefore, most respondents did not perceive a lack of mental health services as a problem. As the quotation below shows, most of our interviewees did not view psychiatric illnesses as "real" illnesses and identified themselves as "healthy".

- *Do you have any illness?*
- *No, I am healthy. But I hear voices in my head. I have been under psychiatric treatment for 7 years and I also receive medicines. (ZH, man, Hungary, 41)*

Eight of the 38 respondents spoke of former psychiatric treatments in their home countries during the narrative interviews. Most were diagnosed with schizophrenia and/or chronic depression.

I was about 25 when I was diagnosed with schizophrenia. I had symptoms and my mother recognised it, and also my colleagues noticed it and said that something is wrong in my head. (ZH, man, Romania, 27)

I suffered so much that I fell into depression. It was first just a bad mood, but later, suicidal thoughts came too. I spent a few weeks in hospital because of burnout and other problems. (ZH, man, Hungary, 24)

Most respondents with a psychiatric history were diagnosed and treated in the home countries, and then their medical treatment was interrupted in Switzerland in the absence of Swiss health insurance. Missing psychotherapy and medication can contribute to the exacerbation of mental disorders and increase the probability of psychosis.

I have no insurance, so I do not have medicines now. I do not know how to get my pills here, but they will hopefully help me with it. Depression is a terrible thing; if I cannot have my medicines, I collapse mentally like an old house. (ZH, man, Romania, 27)

The serious consequences of non-medication are shown by the fact that a few respondents had to be transported by emergency to psychiatric clinics for forced treatment when they experienced psychosis and endangered other people in public spaces.

As they do not have access to medicines in Switzerland, some respondents secure their medication from their home countries through relatives or travel home for their pills. One man suffering from schizophrenia originally organised his medication through his mother, who regularly posted the pills from Romania, but this method was not sustainable in the long run.

In the beginning, when as I was in Chur, my mum sent me my medicines by post. She got my doctor to prescribe the pills and then she sent them to me every single month. Since I have been in Zürich, I have not had any medication. (ZH, man, Hungary, 41)

As the above quotation shows, these in-between solutions are temporary and cannot substitute a proper medical follow-up therapy and appropriate medication.

These are [showing the pills] from Romania, but there are only three of them left. If I take them, I feel good – or not good, but my mood is tolerable. (ZH, man, Romania, 27)

The lack of proper medication and therapies affects not only the psychiatric cases but also people suffering from other diseases. One HIV patient, for instance, left the ambulatory service in Zürich, where he received some medicines, but not enough to secure his permanent medication while staying in the city. This insecurity regularly causes anxiety in many patients without Swiss health insurance.

I had already been in Ambulatorium. I was coughing for two weeks. I am HIV positive. Do you understand? I cannot stop taking my medicines. My doctors said that I cannot stop taking my medicines or I will die. I have only a few medicines on me, and I am in a panic. (ZH, man, Romania, 31)

4.6.4 Substance abuse

One-third of participants in the data collection spoke of experiences with substance abuse that significantly affected their daily life. Most of them combined alcohol with other drugs. Sex workers, beggars and street musicians often applied drugs to overcome anxiety, shame and fear. The negative effect of one's peer group (including partners) is particularly significant in the case of drug users.

My girlfriend had a lot of problems, she used drugs. Okay, we both used drugs, we did stupid things together. After that, we broke up; I stopped drugs but continued drinking. (ZH, man, Hungary, 24)

The addiction usually starts at a very young age in the home countries with cheap drugs such as "herbal" (a synthetic drug often used in Eastern Europe), painkillers and other materials. Then, when in Switzerland, they occasionally switch to other, "Western" drugs (such as heroin or cocaine) that further deepen their dependency.

I had no control in my life, I started to go out with friends, really bad friends I can say now. We were drinking and smoking everything. (ZH, man, Hungary, 24)

Drug consumption is often rooted in unprocessed childhood trauma, such as family violence, rape or hunger, based on the biographical interviews. For instance, in the case of one young Romanian man – who was raised in an orphanage, occasionally raped by the older boys, and forced to beg – drugs were applied as a “medicine” to overcome childhood trauma. This kind of problem management only further exacerbates the precarious situation of dependent people.

I started using drugs not to feel this shit life around me and not to think any more about my past. I went to the UK to leave this kind of life behind. But when I dream, I see pictures from my childhood, from my past. (ZH, man, Romania, 29)

Psychiatric illnesses and drug consumption often accompany each other. In the absence of medication, destitute people with psychiatric disorders may try to alleviate their symptoms by drinking and using drugs. Most interviewees were arrested because of drug-related issues when they either sold drugs or committed crime under the effect of various drugs.

I had not been sleeping for 3 days and I took a lot of drugs. I did not know what I had done. I did not remember when and how I was arrested. (ZH, man, Hungary, 41)

Drug-related accidents and diseases often lead to a medical emergency in Switzerland. The cost of these expensive therapies will usually never be reimbursed for the medical facilities.

Once I fainted on the tram and I was reanimated. Then I was transferred to the hospital; I used painkillers and drunk on it. (ZH, man, Hungary, 24)

Substance abuse not only destroys the lives of individuals but also poisons social relationships with family and friends. Loneliness and social isolation often trigger emigration from Eastern Europe. However, addicts are often unable to improve their living conditions and interpersonal relationships after arriving in Switzerland.

First, I started with herbal and become quickly addicted. People become zombies from that. When I recognised that I was addicted, my relationship with the family went wrong. (ZH, man, Hungary, 24)

Alcohol and illicit drugs often help to reduce the shame and tension that destitute people regularly feel when they beg or play music in public places. Because of this vicious circle of extreme poverty and excessive substance abuse, the more they beg, the more alcohol and drugs they use.

I always drink when I play. I use alcohol as I feel ashamed for doing that. People are watching me and thinking that I am a young man and could be working. (ZH, man, Hungary, 24)

4.6.5 Health insurance

Destitute and undocumented CEE citizens are not allowed to use the health facilities in Geneva and Zürich, apart from some emergency services. EU citizens with insurance in their home countries and a valid EU health insurance card are eligible for basic Swiss health services. However, people living in Switzerland must pay for their health insurance at one of the several private insurance companies. Most destitute EU migrants cannot afford private insurance due to absent or insufficient incomes.

Only eight out of 38 interviewees (21%) had valid medical insurance in Switzerland at the time of the interview. In the absence of residence permits, it is usually not possible to have insurance, and therefore sans-papiers are often automatically excluded from medical services. In other cases, people choose illegality voluntarily, as they do not want to pay taxes or the high Swiss health insurance fees (Roduit 2020a). Flat-rate Swiss health insurance costs place a huge burden on destitute people belonging to the lowest income segments (the extreme poor and the working poor), who must spend a considerable proportion of their very low income on insurance fees. Therefore, some of them rather chose illegal employment to get rid of tax and contribution burdens. For instance, a former sex worker, who now works as a part-time cleaner, gave up her Swiss residence permit as she did not want to pay taxes and contributions on her low income.

If you have papers without a job, you still need to pay taxes and health insurance. For what? I do not have 300 francs for a medical insurance that I do not even use. It is a luxury that I cannot allow myself. (ZH, woman, Hungary, 51)

However, some respondents paid health insurance and received medical services even if they lacked a residence permit in Switzerland for a long time. Swiss insurers generally require a residence permit only at the time of contracting, and people can sustain and pay their insurance even if their permit is expired. In an extraordinary case, an undocumented Eastern European construction worker paid his health insurance for 20 years (and used health services) without having Swiss papers. He signed his contract with a Swiss health insurer when he left Yugoslavia because of the Balkan wars. Later, he became undocumented, but he could pay insurance from his income as an illegal construction worker.

I had medical insurance even earlier, I paid it for 20 years without documents. It is funny. I was registered for 23 years with my temporary permit, and then the insurer never asked for the new one. I lived here for 20 years with health insurance, but without papers. (ZH, man, Kosovo, 43)

Most respondents were surprised and/or upset that dental care was not included in basic Swiss insurance. In most CEE countries basic dental care is covered by the statutory health insurance, but in Switzerland, destitute migrants need to obtain a special form of insurance or pay for dental services directly at private providers.

It is terrible, I pay the medical insurance, but it is not valid for my teeth, I should pay it separately. (ZH, woman, Romania, 31)

People without Swiss health insurance must usually pay their medical bills on their own, although some organisations will support them. The Meeting Point for Sans Papiers (*Anlaufstelle für Sans Papiers*) and some other organisations in Zürich and Geneva take over unpaid hospital bills and pay them in due to donations from the city and/or private persons.

I was in hospital for 3 weeks. A social organisation paid for that, but I do not know its name. I was in the university psychiatric clinic when someone visited me from social services, collected my data and probably paid the bills. (ZH, man, Hungary, 41)

Some CEE citizens forget to cancel their Swiss health insurance when they return to their home countries, and debts coming from unpaid insurance fees are accumulating in Switzerland. As a result, when people return to Switzerland, they face serious debts, the payment of which causes many difficulties for social services.

People without insurance can be seen as risky and expensive patients by medical facilities, and therefore hospitals often provide them only with emergency services and discharge them as soon

as the urgent treatment ends. Receiving rehabilitation is practically unattainable for CEE destitute people without health insurance. As a result, vulnerable people are often sent to social services or discharged directly to the street by medical facilities.

Even if they are in psychosis and are hospitalised, they are discharged after 24 hours in the absence of medical insurance. This affects not only Eastern Europeans but also Germans and other uninsured EU migrants. (ZH, Social worker at a day care service)

4.6.6 Experience with Swiss health services

Without valid Swiss health insurance, destitute CEE citizens (just like other foreigners without insurance) are rejected by Swiss medical facilities unless they are in an emergency or have a public health issue (the latter exception arose often during the COVID-19 pandemic).

Once I tried to go to a clinic that was free for all. It was called Ambulatorium, but I was sent away, and they told me to go back to my Slovakian doctors, and that they only treat injuries and illnesses that require immediate intervention. (ZH, man, Slovakia, 40)

When I had a terrible inflammation in my mouth, I came first here to the Ambulatorium and received some painkillers, but they said that my wound needs more care and without insurance, it would be very expensive in Switzerland. (ZH, man, Romania, 27)

Essentially, as EU/EFTA citizens, CEE migrants are eligible for emergency medical interventions in Switzerland via their EU health insurance card if they have valid health insurance in their home country. As they often live in Switzerland for years without papers, in most cases their Eastern European insurance is not valid anymore. If uninsured CEE migrants are treated in Swiss hospitals for an emergency, medical services attempt to discharge them as soon as possible to avoid further costs and unpaid bills. Therefore, destitute undocumented CEE migrants never get to the rehabilitation phase, and the medical follow-up of their recovery is also not secured.

Based on the quantitative vulnerability scale, one-fifth (20.5%) of the interviewees were treated in Swiss hospitals for various reasons, such as psychiatric treatments, gynaecological problems and injuries. We know from the biographical interviews that all patients were discharged following a brief and necessary medical treatment, they did not receive any rehabilitation, and they were not followed up after leaving hospital.

I was taken to hospital. I spent 3 weeks there. I said that I was hearing voices and had anxiety. After 3 weeks I was simply put out on the street. (ZH, man, Hungary, 41)

4.6.7 Traveling to other countries to receive care

Even in the absence of available healthcare services in Switzerland, only 7.9% of the respondents in the quantitative data collection had travelled home or to other countries for medical care in the last couple of years. They regularly lacked insurance in Eastern Europe and/or could not afford the expensive train or plane tickets. The reasons for the few such travels were mostly related to dental and gynaecological care.

So, I finally returned to Romania for the care. It lasted two weeks as I had to go back more times. The medical system in Romania is not the best [laughing], but they did a good job on my teeth. (ZH, woman, Romania, 36)

Another reason for using services in the respondents' home countries was the language (they understood the doctors) and a general faith in CEE doctors and hospitals (combined with a lack of trust in Swiss medical services). For example, a middle-aged Hungarian–Slovakian man was afraid that his data would be forwarded to the immigration authorities and he would be deported after receiving medical care.

Apart from that, I am healthy and do not want to go to the hospital as I do not trust Swiss doctors. They provide your data to the police, and you will be deported with little notice. (ZH, man, Hungary/Slovakia, 45)

In some other cases mistrust toward Eastern European doctors motivated destitute migrants to avoid medical care in their home countries and travel to Switzerland for medical care.

I don't trust the doctors in Romania. Here in Geneva, the doctors talk to me nicely. (GE, woman, Romania, 49)

If you have money, you will be treated. If you don't have money and you are not insured, you will die! Because Romania is corrupt. I'm sorry to say this but it's very corrupt. If you have money in your pocket, it's OK. Otherwise, we are treated like dogs there. Like a dog! (GE, woman, Romania, 37)

4.7 Social relationships

Resources can play a major role in the opportunities to obtain assistance, develop a network, find a job or a flat, or simply to feel integrated in the city. Family ties, as well as friends, colleagues or social workers, can provide material or emotional support (Widmer et al. 2018). Acquaintances can also help to inform people about local possibilities, especially when they arrive in a new place, and can reduce the non-take up phenomenon, which often happens when a person lacks knowledge of the available services (Warin 2016).

In our study, we observed the types of social relationships surrounding our interviewees. Three types of links were observed: (1) family ties, either in Switzerland or in the country of origin; (2) friendships; and (3) institutional ties with social workers or institutions in Switzerland. If we rely on the concept of social capital, we can refer to these links as bonding, bridging and linking social capital (Szreter 2004). The existence of these ties means that the person makes use of some social reserves that can be activated when needed.

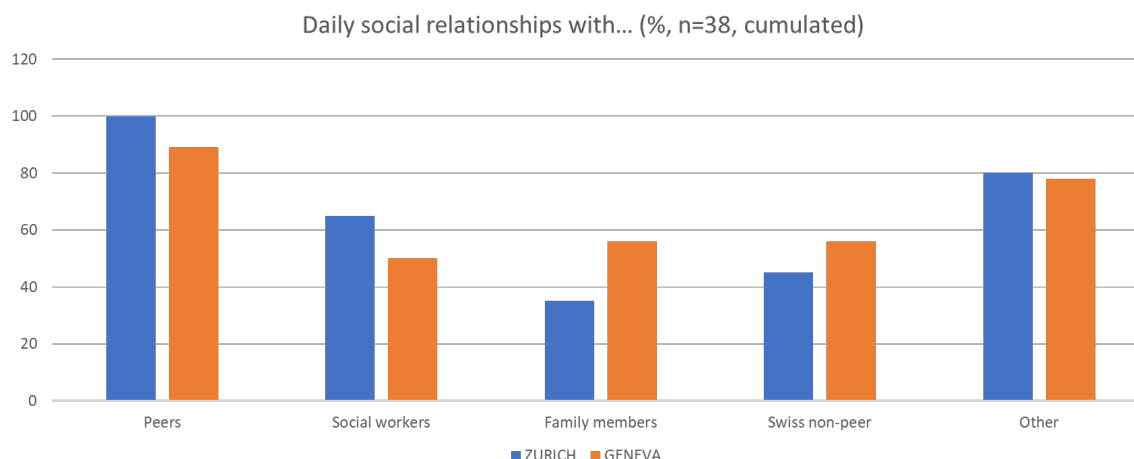


Figure 11: Social relationships of destitute CEE migrants in Switzerland (in %, n=38)

Our interviewees (in the qualitative interviews) very often reported having daily contact with peers or other migrants (encountered in the social structures), but less than a half had regular contact with social workers or Swiss people.

More generally, the respondents of our questionnaire highlighted the feeling of experiencing a low level of integration in Switzerland. This feeling was a problem for 35% of them, with two-thirds not feeling at home in Switzerland, even if they had arrived several years ago. The lack of housing and absence of a permanent job and stay permit contributed to this perception, along with the lack of supportive and close relationships in the host country.

4.7.1 Peers and friends

People spoke of being isolated and having no networks in Switzerland. Loneliness goes together with the feeling of being “homesick”, and destitute people often miss their families, friends and relatives who remained in their home country. Being together with loved ones is one of the main reasons for the repeated back-and-forth migrations between Switzerland and the migrants’ countries of origin (Enbergson 2015).

I came alone and I am still alone – sleep alone, eat alone and walk alone the whole day long. (ZH; man, Romania, 39)

More than half of respondents stated that they did not have close friends to count on, while one-third saw missing close relationships as a problem. With regard to networks with Swiss people (or those assimilated as Swiss), only one-fifth of respondents reported having a Swiss friend, or at least being close to somebody living in Switzerland. Two-thirds of respondents saw the absence of Swiss networks as a problem. They often stayed with peers or other people in the same situation as them. The regular daily relationships of our respondents were mostly limited to other destitute people. All interviewees had relationships with their peers, but most of these relationships were goal-oriented, rather than being real friendships. Relationships were mostly limited to sharing information regarding working and sleeping arrangements and other practical issues. Several respondents felt abandoned and exploited by their peers. In those cases, migrants can feel ambivalent towards relationships with their peers.

I have found some friends. But they are all homeless people with a lot of problems. (ZH, man, Kosovo/Croatia, 37)

[Community is] not really fraternity. The people I met were also cleaning houses, then they were able to get married and have a situation. But then they told me that I had to work for nothing. (GE, woman, Croatia, 51)

Hostile attitudes towards peers are particularly visible among sex workers, who are often arguing with each other over the diminishing number of clients and better places on the street. Some respondents said they “prefer being alone” to avoid negative behaviours or struggles, showing mistrust towards others.

I prefer to be alone. I was nice to them, and I was disappointed, I was deceived. They do not respect me in the way that I respect them. My sisters are also working here, but they do not care about me. (ZH, woman, Hungary, 42)

Although most destitute CEE migrants spoke of their peers in a negative way, peers can also function as valuable resources in relation to housing and employment. In a few cases, support from the community of migrants from the same country was helpful, including for getting to know the Swiss system better. Some became very close friends.

I have been going to the Red Cross for many years. I knew a very, very nice woman, like a sister [from Bulgaria, the same as her]. She lives here with her husband. I'll show you a photo. I had my birthday at [a place dedicated to the elderly in the City of Geneva], and sometimes my friend offers for me to go and eat with them. Very, very nice.

Q: Did she help you to find services here in Switzerland?

R: I read first on the computer and then I asked her. I asked a lot of people who told me "you have to go here, you have to take the permit". And I read, I asked and they explained it to me. (GE, woman, Bulgarian, 59)

Having connections with Swiss people, or at least with somebody who knows the system, is seen as an important factor for obtaining a job or better conditions in Switzerland. These types of informal information chains among relatives and peers are typical in the case of destitute CEE jobseekers.

My sister-in-law knew someone who worked in Germany, who then also came to Switzerland (...) so I had a connection and they found me work. She knew people and she also worked like me, with old people. (ZH, woman, Romania, 37)

This type of support from peers is particularly important for young sex workers, who often arrive in Switzerland alone, do not speak the national languages and do not know their rights. Conversely, the absence of networks represents a barrier, and networks are often perceived as the only way to find a job.

Here, if you don't have anyone to help you find a job, you won't work. If you don't have friends, you won't find anything. (GE, woman, Romanian, 23)

4.7.2 Family and children

Family relationships are often characterised by ambivalence. On the one hand, family ties are mentioned as very important by many interviewees. Parents in the country of origin constitute an important source of emotional and financial support for many destitute CEE migrants. Children are regularly described as a source of joy, pride, a reason to live and to obtain a better future for them. On the other hand, family relationships are also marked by social expectations, stresses, disappointments and a desire to distance themselves from the family of origin.

When we asked about whether the respondents were in contact with their families, 80% mentioned having regular contact with their families, even when parents, siblings and children remained in the country of origin or lived abroad. Communication often occurred via social media networks such as WhatsApp, Messenger or Skype, which became essential tools for sustaining contact with remote family members (Mihailov et al. 2017).

We Skype every day! My children are grown up. I talk to them, and my husband too. (GE, woman, Bulgaria, 59)

Slightly more than half of respondents were able to take their families to Switzerland, either permanently or for a shorter visit. A few interviewees lived in Switzerland with their families. Nevertheless, for a third of respondents, not being able to see their family as often as desired was a huge concern. Several destitute migrants dreamed of being reunited with their families in Switzerland, especially those with young children or elderly parents.

My mother means everything to me. I love my sisters too, but my mother is my favourite. I support her as much as I can. Once things are going well here in Zürich, I will take my mother here. (ZH, woman, Hungary, 36)

Most of our respondents had children in their home countries, although their relationships with their children were mostly sporadic and the time they could spend together was short. As with many other temporary workers, the children of destitute migrants often remain at home with spouses, grandparents or other relatives while the migrants stay in Switzerland to support them. In the international literature, these children are called “Euro-orphans”, referring to the fact that one or both parents have left them behind to send money home to them.

I have four children in Romania. They are 20, 18 and 15 years old and the little one is only five. They are all with my wife in Romania and attend school. (ZH, man, 50, Romania)

My son is grown-up now, he is 19 and attends school in Romania. I am very proud of him. It would be great to be together more. I see him only once or twice a year. (ZH, woman, Romania, 38)

A minority (5.5%) of interviewees had a child who was a minor attending school in Switzerland (though we observed this only in Geneva, which has a programme for undocumented children to attend school). For one-sixth of respondents, schooling of children was a major issue because their children were not in school (either in Switzerland or in their country of origin). Even though they represent a minority, the lack of schooling is a factor of vulnerability for those children.

Some of the interviewees explained that they did not want to return home – even if things went wrong in Switzerland – as they did not want to be a “burden” for their families. The feeling of shame and failure hampers destitute Eastern Europeans from returning home even if their families would accommodate and support them. To return to their parents would be to admit to derailed plans and lack of success in Switzerland. Some said they wanted to become independent and no longer reliant on their families.

I sometimes call my mother; she is the only person I've got left. She is worrying a lot about me and telling me to come home, but I do not want to be a burden for her. (ZH, man, Hungary, 41)

I love my family, but it was also complicated, I don't want to ask for money anymore. I went to live with my father between the ages of 18 and 21 and now I

want to live on my own; I want to leave the family alone and make my own family. (GE, man, Romania, 30)

Nevertheless, many respondents are alone, single, without children or with patchy or broken relationships with their family (parents or children).

All my children have left Romania now. My daughter is in Italy, my son has gone to Sweden, leaving his two children who are four and five years old with my husband. He is the one who raised our youngest son and the grandchildren. My son and I have fallen out because he has changed his phone number and no longer gives me his contact details. My children are married and hardly tell me any news. (GE, woman, Romania, 45)

Many respondents talked about dysfunctional family structures and missing relationships with their family members. Domestic violence, substance abuse and/or behavioural problems regularly led to conflicts in the family and the exclusion of “renitent” family members.

I can't live with my parents anymore, because we don't understand each other anymore. For example, there are parents who are not the best with us, not like us with our daughter. My father is very violent. How could I live with my father? Even if I don't live with him, I have problems. (GE, woman, Romania, 23).

Even if existing family relationships are presented as important, they can also represent difficulties or social obligations. Relationships with parents or children can be the source of anger or suffering, and in these cases these networks no longer count as emotional resources. In Switzerland, many interviewees had to count on other types of resources.

4.7.3 Institutions

The most important non-peer relationships were the social workers at various social institutions. There was nonetheless a noticeable difference between the interviews and the questionnaire. During the interviews, half of respondents said they were supported by institutions and social workers, while only a quarter said that they benefit from a social worker's help. This difference might be because most people participating in the interviews were linked to social structures, and we met them in daycare centres and homeless shelters. By contrast, the quantitative data collection was mostly conducted outside, among people we met on the street, and they had less knowledge about local social support.

Social workers and professionals served not only as supporters and counsellors in the daily lives of destitute migrants but also as their only link to the “outside world” not characterised by homelessness and illegality. Social institutions were important places for meeting, eating and relaxing for destitute CEE migrants. These institutions were often the only places where they had access to food, fresh water and a heated room. Some respondents could attend free French classes through the Geneva network. In some places, they were helped to write a CV and other official documents. Some destitute migrants also received a small amount of financial help, vouchers, food or clothes from social workers and their institutions.

For a few interviewees, social NGOs provided help in regard to “climbing the stairs”, finding a job and obtaining a residence permit, like in the case of one young Romanian woman:

It was difficult to live in those days, but as soon as I met her [woman in an NGO], my life improved. She helped me a lot, to climb the stairs in life. (...) She never judged me. She accepted me straight away. (...) She found me an internship, and that internship turned into a job. (GE, woman, Romania, 25)

In this case, the outcome was successful. The young woman, who had been living on the streets and begging for food and money for her family back home, was able to find a job and a residence permit. She could then reunite her family and now she lives in Geneva with her partner (who could also find a job) and their two children. However, this is a rare case among the people we met. According to her, it was an opportunity provided by a social worker who enabled her to be integrated in a sustainable way and to have a residence permit through her employment.

Nonetheless, without any social rights in Switzerland (as was the case for more than 80% of the CEE migrants we met), destitute mobile Eastern Europeans have no possibility to get regular social assistance. This means that they can only rely on a few social structures. Soup kitchens and day care centres were used by less than a half of the target group, while counselling stations and other services were used by a third of them. Thus, despite these possibilities, more than half of respondents remained away from these social services, either because they did not know about them (non-take up by non-knowledge; Warin 2016) or because the offers of these organisations did not correspond to their needs (non-take up by non-demand). Sometimes, the support is seen as low and insufficient.

She helps with what she can. She is the only person who helps me. If she wasn't there, what would we do? (GE, woman, Romania, 23)

At the [NGO] I heard they give vouchers for food and clothes. But I already have clothes. (GE, woman, 37, Romania)

Some people, usually the Roma, reported bad experiences with the structures dedicated to helping them. After a refusal, or after some social worker explained they had no time or ability to help, destitute migrants do not ask for help again. People are tired of being in the position of imploring for help, even towards social workers, who sometimes have missing resources. Destitute migrants perceived discretionary power (Lipsky 1980) in some institutions. This phrase means that social workers can differentiate between who to support or not support. This perception was very often reported in Geneva. Undocumented CEE citizens were angry and talked about “favouritism”, or the missing time of social workers to help them.

[This social worker] only helps people from his family, the others he is not interested in, he doesn't help everybody. He's not interested in me and other people, just his family... (GE; man, 30, Romania)

I don't ask [social workers] for help. All the people who work in social work don't help us, the Roma. We must manage it on our own. (GE; man, 44, Romania)

The feeling of injustice and discretionary power leads to the rejection of the little help provided by the community through dedicated social services. This facilitates self-help and self-reliance.

Another link with the Swiss “social” institutions is the police. Many interviewees reported bad experiences with the police. Half of the interviewees were fined, a quarter experienced detention (either in Switzerland or in another country), and 1 in 5 had been deported. The interviewees were afraid of the changing begging law, and abuse from the police when patrolling homeless people. These issues have already been detailed in previous studies. Some authors call this phenomenon the “punishing-the-poor urban governance model” (Battaglini and Hasdeu 2017, Martin et Bertho 2020).

They take advantage a lot. [...] I got a fine for the mask. I was at the station, and among all the people there they came to me. I had a mask, but one [policeman] looked at the other and said: "does she have a mask?" the other one said "no!"

we're going to fine you for not wearing a mask" I said "that's not true, what are you saying? I have a mask, how can you fine me like that?" and he said "yes, and we're also going to fine you because you're talking badly to us" and he gave me 450 francs! (GE, woman, 23, Romania)

Thus, the sense of integration and social support can be divergent and extremely limited. People often show a mistrust towards others, including both peers and workers in social institutions. These relationships are varied. Despite this, networks in Switzerland are useful strategies for successful integration into the labour market, where networks play a key role.

4.8 Life projects

When we asked the respondents about their life projects and wishes for the future, their first priority was the stabilisation of their life situation through employment. "Working" and "finding a job" were expressed as the highest priorities. As the majority of respondents planned to spend their future in Switzerland, obtaining a residence permit was also an important goal.

I think I want to work until I retire. For the next five years I'd like to work 100%! [laughs] I would like to find a job, put money aside. (GE, woman, 59, Bulgaria)
Q: So your plan for now would be to get a job that would allow you to have a permit so you can...
I: Live! and then we can settle down. Because I'd like to stay here for the rest of my life! (GE, woman, 25, Romania)

A sex worker in Zürich, for instance, would like to stop sex work and have a "normal" job according to her original qualification as a sewer. However, these plans and dreams of sex workers to find a regular job on the first labour market are rarely fulfilled, based on our interviews with social organisations.

I would give up prostitution and would work – for example – as a sewer. But I do not have very big plans for the future. I do not dare to dream; I have had a lot of disappointments before. (ZH, woman, 28, Romania)

Some respondents refuse to return to their country of origin, which is not seen as an option for their future, or only return "for holidays a few weeks a year". This aspiration contradicts their current circular migration processes. Circular migration is currently the frequent pattern, as nearly 8 out of 10 people move back and forth between Switzerland and their home countries. For those who plan to return to their country of origin in the long term, the improvement of their everyday life is a priority (building a house, furnishing, etc.). Some people plan to move to other European countries such as France, Spain or Portugal, if they do not find satisfying future prospects in Switzerland.

A Romanian man, for instance, had significant experience with intra-European migration, and had been changing host countries according to his living and working possibilities and needs over the last couple of years. He had been in Zürich for a few months and was planning to travel further if he could get a job at local construction sites.

If I do not get a job, I must go further, maybe to Germany. I do not want to return to Romania. (ZH, man, 57, Romania)

Another aspiration that emerged very frequently for respondents with a family was the prioritisation of the future and education of their children. This was true for family with children in Switzerland, as well as for those whose children remained in the country of origin. The aim for the

social mobility of children was an important factor. A small number of participants also mentioned the desire to find a partner and start a family in Switzerland.

I want a better future for my son, I don't want him to end up like me. (GE, man, 44, Romania, sex worker)

We would all like what is best for our children. (...) What's not fair is that it depends on the family you come from. That's why I would like to change my life, so that my daughter is not like me. (GE, woman, 23, Romania)

As soon as she [daughter] was old enough to go to school, we enrolled her, we didn't hesitate. (...) to improve her knowledge, to learn, to be a good person, maybe – why not? – when she grows up, to become something in this country! (GE, woman, 25, Romania)

Economic aspects play a major role in life projects. These aspects might include paying off a debt, saving for the future, or investing in a house or in the children's education. Money is always at the centre of concerns. However, this does not overshadow other wishes or needs, such as taking care of one's health or starting a school or a family.

The standards of living to which respondents aspired corresponded to those observed in the context of other undocumented migrations (Consoli et al. 2022).

We want to find a job, to be like all the people, to be integrated into society. (GE, man, 44, Romania)

We also dream of finding a job, getting up in the morning, going to work, eating like everyone else. (...) We would also like to have our own flat, to be chic on Sundays and go for walks. (GE, woman, 23, Romania)

For some, the need to live a “normal” and stable life was perceived as an emergency:

With all my suffering, I can't take it anymore, I need to be legally registered, I need to live a normal life. (GE, woman, 51, Croatia).

I urgently need a stable home so that I can take better care of myself, which is not possible when I spend all day outside. (GE, woman, 45, Romania).

Several mentioned uncertain prospects for the future, placing them in a complex and insecure situation. Overall, their aspirations for the future were highly similar to those of the majority: to have a job, a house, a family, not to live in luxury but to live a “normal life”, as many indicated.

5 Consequences for life trajectories

In this chapter we summarise the findings of our research project regarding the various life trajectories of destitute people migrating from Central and Eastern Europe to Switzerland. In doing so, we attempt to introduce “typical” life trajectories using the descriptive method of “lifelines” to highlight the pathways of vulnerabilities and to illustrate how affected people could gain resources despite their severe social disadvantages. After that, we return to our theoretical concept on destitution and contrast our original model with the empirical results coming from the data collections.

5.1 Trajectories in/out of destitution

One of the objectives of this study was to gain in-depth knowledge of the life trajectories of poor undocumented people coming from Eastern Europe. This has been achieved through the retrospective data collection tool named Life Event Calendar (Morselli & Berchtold 2023). These calendars allowed us to analyse the migration, residential, employment and health trajectories of the interviewees within a longitudinal perspective. We also aimed to understand how trajectories enter, remain, or exit destitution, and what factors determine different types of trajectories. These factors are partly structural. As we have seen, the conditions experienced during childhood, the level of education and the socio-economic status of parents play a major role in the socio-cultural level or, in the case of this study, lack of resources. As Heckhausen and Buchmann show, it is much more difficult for a person with a low level of resources to overcome these gaps and change their trajectory (Heckhausen and Buchmann, 2019). There are many pitfalls along the way. Nevertheless, the authors indicate a variability in these determinants: for instance, the social policies of the country of residence, as well as the reserves that people have built up, may have a huge impact.

We have attempted to draw up a typology of the respondents' life courses, analysing the coexistence of two types of trajectories – professional and residential – adding the type of resources used by the individuals.¹² At the same time, the aim is to understand which life transitions may have had an impact in improving or worsening the trajectory (Bernardi & Bolano 2023). We therefore highlight which patterns caused a change in the trajectory (upward or downward) and which ones could lead to a way out of destitution. The visualisation we called *lifelines*, based on the life-event calendars, was inspired by the work of colleagues who worked on migrant familial and professional trajectories (Seminario et Le Feuvre 2021).

Through the analysis of employment and residential trajectories, as well as associated social support, we have highlighted the existence of four types of life courses. Type 1 represents a downward trajectory, with entrance into a process of destitution which wasn't reduced in Switzerland. Types 2 and 3 concern people whose trajectory was stable (type 2) or up and down (type 3), but still stuck in destitution. Type 4 consists of upward trajectories in which people have the possibility of leaving their destitute position.

¹² The following figures used to visualise examples showing each type of trajectory are designed as following: columns express the country of residence, by years/period of years and age/period of age. This permit to follow a person's trajectory before and after s/he moves to Switzerland (or other countries). Rows on the left express two types of trajectories: in red, we build up categories going from the less stable (unemployed) to the more stable (work position with legal contract). In blue, 4 categories, build on the ETHOS Light typology go from homelessness (more precarious) to secure own housing (more secure). For each year or period of time, the according box is coloured, showing the evolution of, at the same time, the residential and professional trajectories, and the different stages. Rows on the right represent the resources and support used by the person during the latest years. We choose 5 categories, from absence of support, to informal emotional/practical support (for instance from friends/peers/family), to formal support (often given by non-state actors), and finally state allowances (like pensions). The evolution of this kind of support is drawn with a green line. Finally, the last row named “critical events”, represented by numbers which are detailed under, shows several critical events in the life course, either negative or positive, which constitute a transition between life stages.

More than half of the interviewees had a downward trajectory (Type 1), i.e. their situation in Switzerland was worse than their residential and professional trajectory in their country of origin. This generally translates into greater residential instability (e.g. people who were homeless even though they had had housing previously) or who had a lower-qualified or less stable job than in the past, or simply no longer had a job. These stages were often the result of a break in the life course, either directly related to employment (job loss, bankruptcy, economic situation in the country), or indirectly, when related to their family trajectory (separation, divorce, illness).

Type 1: downward trajectory								
		Slovakia		Austria	Slovakia	Switzerland		
	Country of residence							
	Years / Period	<2008	2008-12	2013-2017	2018-19	2020	2021	
trajectories	Age	<38	38-42	43-47	48-49	50	51	resources/support
professional	legal working contract	electrician		construction				social allowances (pensions, child benefit)
	small jobs with contract							
	small jobs without contract							
	unemployed				unemployed			formal practical support (food)
residential	secure housing (own)				with mother			informal practical support
	temporary by friends/family (6 ethos)							
	non-conventional housing (cat. 5 ethos)			hostel				informal emotional support
	homeless (cat 1 & 2 ethos)					sleep rough		absence of support
	critical events			1/2 + 3				
	details of events							
	1: job change (less stable)							
	2: end long-term relationship							
	3: no more treatment against schizophrenia (diagnosed and treated at age 25)							

Figure 11: Type 1 (majority), example of a trajectory towards destitution

In one example of Type 1, a male Slovakian electrician aged 38 lost his stable job and therefore encountered a less stable situation. After moving to Austria to find a stable job, his long-term relationship ended. Meanwhile, he stopped undergoing treatment against schizophrenia, for which he had been treated since the age of 25. When he moved back to Slovakia, he was unemployed and lived with his mother. At that time, he received unemployment benefit. Then at the age of 50, he moved to Switzerland, Chur and then Zürich, where his situation was no better, he did not find a stable job and became homeless. He received help only from a low-threshold service, where he could get some food. In this case, his current situation was worse than his life situation in his twenties.

Just over a third of interviewees were in situations that could be described as stable, where people were “stuck in destitution” (Types 2 and 3). In these cases, two types of trajectories were analysed: Type 2 usually concerns interviewees who had always lived in a situation of profound precariousness. This situation is typical for women who left school early, got married, were housewives, and then had to migrate for economic reasons at some point in their lives to support their households. In this case, their residential conditions have generally worsened, but their employability (usually without a contract) may be comparable (as difficult) to that experienced in their country of origin.

	Country of residence	Romania		Switzerland						
trajectories	Years / Period	2003	2004	2005-2010	2011-2017	2018	2019	2020	2021	resources/support
	Age	27	28	29-35	36-41	24	43	44	45	
professional	legal working contract									social allowances (pensions, child benefit)
	small jobs with contract									formal practical support (money/food/medical)
	small jobs without contract									informal practical support
	unemployed	housewife (7 child.)								informal emotional support
residential	secure housing (own)	with family								absence of support
	temporary by friends/family (6 ethos)									
	non-conventional housing (cat. 5 ethos)									
	homeless (cat 1 & 2 ethos)									
	critical events		1 2	3		4				
details of events										
1: Disease of husband: he stopped working										
2: begging										
3: Stable job in a fast-food, France										
Sleep in Switzerland (nightshelters/street) and work in the French neighborhood										
4: health problems, stop working in France										

Figure 12: Type 2, stable in destitution

For instance, one female Romanian respondent was the mother of seven children whom she had at a very early age. In Romania, she married young and was a housewife at home. However, when she was 28 years old, his husband got seriously ill, hindering his ability to work and bring money home. She left for Geneva to help sustain her family. For 5 years, she was homeless and lived from begging. Then she found a stable position in Annemasse, France, in a fast-food where she cooked and served food. Even though she got a regular income, she was still living in the Swiss homeless facilities to save money to send to her family in Romania. In 2018, because of a health problem (a poorly healed wound due to an accident in her childhood that got infected), she had to stop working. She is now still begging and using the homeless services in Geneva. Most of her children are now grown up. Her own situation is still very precarious.

Type 3 concerns more erratic trajectories. This was particularly the case among individuals who had experienced difficult conditions in childhood: children who grew up in orphanages, or were confronted early on with situations of abuse, drug use, violence, etc.

	Country of residence	Romania		Spain/Germany	UK	Rom./Austria/Germany	Switzerland	
trajectories	Years / Period	2010	2011-2015	2016	2017-2019	2020	2021-2022	resources/support
	Age	18	19-23	24	25-27	28	29-30	
professional	legal working contract							social allowances (pensions, child benefit)
	small jobs with contract							formal practical support (food)
	small jobs without contract							informal practical support
	unemployed							informal emotional support
residential	secure housing (own)	orphanage						absence of support
	temporary by friends/family (6 ethos)				by sister			
	non-conventional housing (cat. 5 ethos)							
	homeless (cat 1 & 2 ethos)							
	critical events	1 2			3			
details of events								
1: drug use since 15th								
2: had to quit the children's home at 18 y.o.								
3: broke up with sister								

Figure 13: Type 3, stuck in destitution

One Romanian man grew up in an orphanage until reaching adulthood. He then became homeless, with no place to live and no job. He has been a drug user since the age of 16. He wandered through several countries in Europe to find a job and a place to move to. His most stable situation was in the UK, where he lived with his sister, but they became separated because she got married and he left the UK and his job there. He then moved to Romania, Germany, Austria and then Switzerland. He wants to stay in Switzerland and work in small jobs despite

being homeless. Even though he has had some moments of stability, his trajectory has gone up and down and he seems stuck in destitution since his childhood.

The last type (**Type 4**) shows that **upward trajectories**, although rare, do exist. Some of our respondents encountered upward trajectories, which were usually possible through obtaining a residence permit linked to the possibility of a stable job.

Route OUT of destitution								
Country of residence		Romania		Switzerland				resources/support
trajectories	Years / Period	>2010	2011	2012-2014	2015	2016	2017	2018-2022
	Age	>13	14	15-17	18	19	20	21-25
professional	legal working contract							
	small jobs with contract							
	small jobs without contract							
	unemployed		no training					
residential	secure housing (own)	by parents	with husband					
	temporary by friends/family (6 ethos)							
	non-conventional housing (cat. 5 ethos)							
	homeless (cat 1 & 2 ethos)							
critical events			1+2	3+4	5+6	7+8	9	
details of events								
1: wedding								
2: birth child 1			6: internship+obtention residence permit					
3: begging			7: employed with long-term contract					
4: street homelessness			8: family reunion					
5: oriented to a NGO			9: birth child 2					

Figure 14: Type 4 (minority), example of a trajectory out of destitution

In the example above, a young Roma woman arrived in Switzerland at the age of 15, having left her baby of a few months with her relatives in Romania, as many did. She did not have any vocational training after finishing school. In Switzerland, she could not find a job. She lived on the street, begging to send money to her family. After being caught by the police several times, a man referred her to a social worker in an NGO. The social worker accompanied her, without judgement, and was able to help her find an internship. Little by little, she obtained a stable job and residence permit and was able to reunite with her family. Her husband also managed to get a job. They were thus able to stabilise themselves, have their own accommodation and become integrated in Geneva. Apart from her own tenacity, the social support she received was the trigger for finding a job and stabilising herself. Thus, the resources here were based on this relational tie, which enabled every step to be possible.

This typology of trajectories reveals the crucial importance of transitions in certain areas of the life course. Four types of transition are critical in the life courses of people in precarious situations: a change of job, a health problem, a change in legal status and also a major change in a social relationship play an essential resource role.

We have observed that the fragility of employment, in particular the loss of a stable, long-term job with an employment contract, often represents an important stressor and turning point for the individual. This transition to unemployment status can lead to breakdowns in other spheres, affect housing, and also lead to a migration to another country to improve one's situation. This largely explains why respondents are unanimous on the urgency of finding work (see Fig. 7). Nevertheless, given the low level of education and qualification of the majority and the lack of legal status in Swiss territory, it is often extremely complicated to find a sustainable and contractual job. Furthermore, it should be noted that the loss of a family member's job can seriously impact the family balance and influence the trajectory of the person who must compensate for this loss. There is thus a gender difference, as women in precarious situations are led to substitute the role of the male breadwinner in their family system, especially after a divorce or when the husband cannot fulfil this role for other reasons (illness, unemployment, etc.).

Health-related events can also be extremely detrimental to the remainder of the trajectory. Addiction problems, as we have seen, appear to be highly prevalent among homeless people, which can be both a precondition and a consequence of homelessness. We have seen that a serious health problem can prevent a person from finding a job for long periods (Fig. 12). In the same example, the wife is confronted with her husband's illness, which she must overcome by enduring years of homelessness abroad to support her family. If health problems occur suddenly, as in the case of our interviewees, many trajectories are already marked by traumatic events at a young age, leading to psychological disorders (e.g. depression, schizophrenia) requiring medication. However, obtaining care, especially abroad, is very difficult because of the lack of health insurance. This has a lasting effect on the health of the people concerned, preventing them from leaving their state of destitution.

Combined with this, the absence of legal status or, conversely, the improvement of one's legal situation, is extremely decisive for professional and residential trajectories. The fact of being without rights on Swiss territory does not allow the person to make up for this lack of resources to get out of the situation of destitution "by the top". On the contrary, the people who have been able to obtain a right to stay in the country, often at the same time as finding a stable job, are those able to get out of destitution, find housing and see their situation improve in the long term. However, we have observed that even in a country where the unemployment rate is among the lowest in Europe, despite laws that should facilitate access to a residence permit for European citizens, only a handful of them have had access to the permit. Due to unscrupulous employers who do not respect the law, unclear application processes for B permits and professional sectors where undeclared work still dominates to the detriment of people whose trajectory cannot be improved, *social rights* are not respected, leading to a vicious circle of precariousness.

The fourth determining factor is the presence of supportive social relationships (called *embeddedness* in our theoretical framework), which can be real resources for an upward trajectory. However, having a certain type of resource (such as material aid or state subsidies) is not enough; what is necessary to see one's situation improve is the presence of a sustainable, unfailing, long-term accompaniment. Encounters with helpers can thus enable the person to find a stable job or even a permit. The reverse is also true: a break-up with a partner or with family members who were supportive can tip the person into a more vulnerable stage of life. These social resources must therefore be seen as valuable and very precious, but nevertheless fragile and sometimes not very sustainable over time.

The draft of this typology allowed us to better understand the problems experienced by this group in their entirety and over the long term. Inevitably, our research has limitations, particularly concerning the size of the sample and the fact that this typology is the result of an exploratory qualitative analysis, which would deserve to be confirmed by a more quantitatively consistent sequence analysis. Nevertheless, it confirms the persistence of cumulative vulnerabilities over the life course in multiple spheres among this population. Experiences in childhood, training and legal status remain decisive for the rest of the trajectory, where gaps subsequently widen. The resources activated by individuals cannot be sufficient on their own. It is necessary to guarantee decent living conditions as well as institutional, medical, and legal support, over the long term, to enable as many people as possible to emerge from these situations of great precariousness. As we have shown, this is possible but rarely observed if framework conditions are not implemented.

5.2 Conclusions regarding the theoretical framework

In the first chapter of this study, we described destitution based on various relevant authors and studies as a destination of extreme poverty, when people cannot live and sustain themselves without the goodwill of the others (see Crawley et al. 2011, Fitzpatrick et al. 2016). Then we

applied this concept to the life course of disadvantaged people and analysed vulnerabilities during the whole life course, including their effects on later life events. Our theoretical concept developed in the theoretical section examined destitution along four main dimensions of vulnerabilities: (1) welfare determinants, (2) embeddedness, (3) social and other state –services, and (4) the role of social rights.

Traditional Western European welfare regimes (such as Switzerland), and their post-modern welfare states are only partially able to handle the new challenges that the mass migration of destitute Eastern Europeans imposes on their social structures. This inability of statutory institutions to support impoverished people in need is referred to as the “welfare state dilemma” in the classic literature on social welfare policies (see Esping-Andersen 1983). On the one hand, social institutions, services and policies are unable to fulfil their “social investment” function in improving the social reserves of destitute people to secure their social integration. On the other hand, these services consequently cannot compensate the severe vulnerabilities that destitute CEE migrants represent. Missing or inadequate statutory/cantonal support leads to critical levels of poverty among destitute undocumented migrants in a modern and (to some extent) generous socio-political environment. This kind of exclusion from social services that are available for all other people is clearly visible in the analysed Swiss cities.

Zürich provides only very limited financial resources and institutional support for destitute CEE migrants in all examined areas (healthcare, housing and employment). NGOs have the ability to take over some supporting activities and develop low-threshold services such as soup kitchens, day-care services and counselling stations to support destitute migrants; however, their financial capabilities are very limited and the quality the services they provide is not regulated – or is only partially regulated – through professional standards and protocols. Therefore, the quality of the services offered varies significantly. NGOs in homeless care usually work with a high number of volunteers and even among their employed workers, qualified social workers are often in the minority. Despite these difficulties, they provide essential services which are often the only forms of support available for undocumented CEE migrants. The situation in Geneva is somewhat different: the city and canton of Geneva, as well as several NGOs, provide many services such as food, emergency housing and a special healthcare unit in the public hospital. Nevertheless, the number of people in need, especially undocumented migrants, exceeds the capacity of these services, and this shortage leads to practices of triage and a limited level of access to some facilities. As Rullac described it in regard to homelessness in Paris, we can talk here about a “chronic emergency” (Rullac 2011). Moreover, there are only a few possibilities for claiming for a stable position, with housing and employment, social allowances and access to substantial support from social workers being limited to persons with a residence permit.

If we closely focus on the activities of these services and organisations, we can see very different models with varying eligibility criteria and accessibility requirements. Good behaviour, abstinence, a residence permit or medical documents may be required in return for access to these low-threshold services. Those drinking, consuming illicit drugs or breaching the general behaviour standards of soup kitchens and counselling stations can find themselves out on the street. Of course, most of these regulations serve the tranquillity of other guests and make the daily operation of these institutions possible. People rejected by services or people who do not want to use services for many reasons are in a particularly vulnerable situation. In their case, street workers are the only professionals available to provide support, but even street workers are not able to reach all people in severe need. Looking at the eligibility criteria, it is mostly NGOs that provide generally eligible services to the destitute migrants, while state organisations are fairly reluctant to support undocumented EU citizens.

City and cantonal social services regularly apply strict eligibility requirements tied to residency documents. Although the legal status of destitute CEE migrants differs substantially from the legal status of people from third (non-EU) countries, there are not many differences in access to

medical and social services. Generally, residence permits give access and eligibility to these welfare services. The availability of general social rights and the state of rightlessness is separated by the residency permit. With a permit, people are eligible for social assistance, homelessness services (including shelters) and other forms of support such as housing allowance, free food and medical insurance subsidies. Sans-papiers cannot receive such support and often show mistrust, fear or reluctance to go to social welfare services, where they may be rejected. In the state of rightlessness and powerlessness, destitute undocumented CEE migrants are unable to organise themselves and to represent their interests in Switzerland.

Destitute CEE citizens suffer from multiple vulnerabilities in both Geneva and Zürich. Their social disadvantages are usually rooted in their home countries in the form of poor education, missing work experience, poor health and unstable social relationships. Then these social vulnerabilities are transferred to Switzerland and exacerbated in the absence of traditional support systems such as the family and community. Because of these missing supporting elements from their countries of origin and the lack of possibilities for support in Switzerland, their objective standards of living can be worse in Switzerland compared to their home countries. The proportion of homelessness and unemployment is significantly higher and the quality of social relationships is weaker in Switzerland compared to Eastern Europe. The reasons why destitute migrants remain in Switzerland without improving their living conditions is not always clear: the most important factor is that several destitute migrants must support their families and other dependents in their home countries. This can be traced back to the altruistic behaviour behind migration (Vanwey, 2004), namely that people remain in Switzerland even if they cannot improve their own resources, but through regular money transfers they can improve the social reserves of their families and communities who have remained in their home countries. Several sex workers, street musicians and beggars mentioned that supporting family members at home was the primary goal of their migration. Shame is another reason why destitute people remain in Geneva and Zürich. Poor families in Bulgaria and Romania often support migrating family members with the last of their resources and go into debt in order to buy a train ticket and give money to their migrating relatives. Several impoverished migrants stated during our interviews that they could not return to their home countries and their families with empty hands. Another reason for staying in Switzerland while homeless and unemployed was that sometimes they did not have enough money to buy a ticket to travel home.

During quantitative data collection, we were mostly able to identify the manifest vulnerabilities (see McCrory and Viding 2015), while the hidden or latent vulnerabilities were discovered through the biographical–narrative interviews. Based on the collected data, we can see that the vulnerabilities observed in Switzerland are only the tip of the iceberg, and severe disadvantages are deeply rooted in the migrants' home countries and communities.

Another important finding was the accumulation of various social vulnerabilities and their precarious effects on the life course (see Ferraro 2011). Homelessness, unemployment, poor health and absolute poverty form a vicious circle which people usually cannot break out of on their own. In addition, Swiss social welfare services cannot support destitute migrants effectively. Their financial, material, infrastructural and professional capabilities are only enough to treat visible symptoms such as homelessness and begging and to satisfy some very basic needs such as hunger and shelter. The successful integration of destitute CEE migrants into Swiss society and the Swiss labour market would require much more engagement and many more financial resources from political actors.

This study has attempted to discover and highlight the severe and often latent vulnerabilities of destitute Central and Eastern European migrants living in Switzerland. Our results in the areas of housing, employment, health and social relationships underscore that destitute migrants are generally unable to improve their objective living conditions in Switzerland compared to their home countries. Moreover, the objective indicators of life quality that we applied through the interviews,

the life history calendars and the vulnerability scale were usually worse or much worse than the conditions in the migrants' countries of origin. Perhaps the most seriously concerning result was in regard to homelessness. Our qualitative and quantitative datasets showed that, while one-fifth of our respondents had been homeless in their home countries, the proportion of homeless people among destitute CEE migrants was 84% in Switzerland. We found similar discrepancies in the areas of employment, access to medical services and therapies, and the density and quality of social relationships (although the latter area requires a deeper analysis).

During the study, we also explored the social resources and problem-solving skills destitute migrants applied in Switzerland. Additionally, we examined how resources and vulnerabilities were cumulated during their life courses and affected their everyday lives in Geneva and Zürich. Narrative–biographical interviews contributed to the deeper understanding of childhood experiences regarding the current lifeworld of our target group. Then life history calendars made these relationships between early traumatic incidents and disadvantages and current vulnerabilities visible. Absolute poverty and the social marginalisation and ethnic discrimination of destitute (often Roma) families in disadvantaged Eastern European communities were sources of lifelong vulnerability of thousands of European migrants staying in Western Europe. The malnutrition of children and the lack of proper education and healthcare in the home countries guaranteed disadvantaged living conditions long before the migration trajectory started (Scholten and van Ostaijen, 2018).

Although this study has been able to highlight many forms of social vulnerability in a detailed way, it leaves hidden many elements of the economic migration of destitute Eastern Europeans. Therefore, we have at least as many questions, including new questions, after finishing the project as we had at the starting point of our more than two-year project. In particular, the original reasons for migration and the effect of migration on home communities require more attention in the future. To understand the deeper contexts of meso-level social vulnerabilities, researchers must go directly to these Eastern European communities and measure disadvantages on the ground with in-depth qualitative research methods. These further data collections would contribute to an improved understanding of why thousands of destitute people remain in Switzerland even if they are not able to improve their own social reserves or their vulnerabilities become more intense than in the countries of origin. Additionally, further studies could reveal the role of local communities in triggering migration towards Western Europe. During the interviews, we often identified altruistic behaviour in the cases of migrating CEE citizens: extremely destitute people struggled to support their families and communities at home whilst they lived in absolute poverty and homelessness in Switzerland.

5.3 Practical/institutional consequences and recommendations

Social institutions are usually overburdened and work at the very brink of their capacity in both cities. In addition, linguistic and intercultural obstacles hamper communication between practitioners and destitute migrants. Institutions are often in financial need and in Zürich, the majority of their workforce are not qualified social workers, but enthusiastic volunteers and young people in social service.

Based on the expert interviews, we encountered a supportive attitude within city/cantonal organisations and NGOs alike. All organisations attempted to satisfy the urgent needs of destitute CEE migrants in accordance with their capabilities. Social workers showed a firm helpful attitude at these services. However, the coordination of welfare organisations was sometimes deficient, and institutions had to rely on their intuitions and former experiences in dealing with difficult cases.

Below, we summarise the main statements by social organisations and their workers made at the project closing workshops in Geneva and Zürich.¹³ These moderated workshops provided a valuable opportunity for social workers and managers at institutions to share their experiences and directly reflect on the project results.

5.4. Recommendations from the workshops in Geneva and Zurich

This section provides recommendations of field professionals and managers from the discussion during the two project closing workshops held in Geneva and Zürich in March 2023.

Health

- GE: The issue of sexual and reproductive health (especially for young women and sex workers) should be better addressed (prevention and care). We should better integrate it into the support/actions in the field – not only via the sex workers' NGO but more widely among all social workers.
- ZH: The development of a basic minimum service generally available to all destitute people would be welcomed. The only medical service that is available for undocumented people is Ambulatorium. However, clear eligibilities and the accessibility of services are not clarified even in Ambulatorium. An extension of the City Card project would be welcomed by most organisations. This would provide the institutions with a financial basis and security to handle urgent medical and social cases.

Housing policy

- GE: "We need to look beyond emergency: a distinction should be made between emergency (having a roof over one's head) and a full long-term support: even if low-threshold emergency shelters are good and stable in Geneva, it is not enough to provide a sustainable integration of a person in the society (employment, permit)."
- ZH: Shelters and accommodation for destitute CEE migrants are not guaranteed in Zürich. Only Igloo (a night shelter of Pfarrer Sieber) is available in the winter months and only for 2 weeks. A generally accessible service maintained by the city or by local NGOs would be welcomed by all participants to support larger groups of destitute migrants at the same time. The large number of newcomers (particularly from Romania) would require the establishment of such services. The police should be stricter with housing usurers, who take advantage of the vulnerable situation of undocumented destitute CEE migrants.

Social workers' practices (in both cities)

- Make the social workers aware of the feeling of discrimination and of the mismatch that people perceive between the offers and their situation in relation to their needs. This would allow them to review their own practices and prejudices and to negotiate with the person. A refusal (from the social worker) can then lead to the non-take up of services.
- More appropriate coordination between various low-threshold structures in order to avoid users' misunderstandings and to avoid "passing the hot potato" to each other would be appreciated. To know precisely who does what and how the offers evolve over time would be also welcomed by all parties.

¹³ Two workshops for presenting and discussing results of the research to participating institutions and workers were conducted in March 2023, one in Zürich and one in Geneva. Around 30 persons participated.

- Each actor should be aware of the great complexity of individual situations and the immense needs of their clientele. They should also develop an appropriate model to act on these needs and complexity.
- More cooperation between services working with destitute migrants would be welcomed. Workshops, professional forums, case discussions and other events would serve this purpose.
- Employment of Romanian/Hungarian/Bulgarian-speaking colleagues (and/or volunteers) for easier communication with the target group. Language barriers often hamper cooperation between professionals and their clients.
- Strengthening street work to reach the most vulnerable people who are unable to get in touch with social institutions (because of the lack of information and trust).

Political level – integration of CEE citizens in Switzerland

- The absence of residence permits is a huge problem, because it leads to the absence of social rights and the increasing need for emergency assistance. Employers should systematically declare their employees. The obligation to provide information should be driven by the state.
- Integration takes a large amount of time because all steps require an address, a bank account, a job and other similar factors, often creating a vicious circle. A more comprehensive policy and long-term social support/monitoring is needed for the transition from illegal status to residence permit.
- The Swiss social welfare system is not adapted to people who are mobile, as in the case of circular migration. Therefore, it should be transformed.
- Disseminate the results of this study to the cities and cantonal authorities so that they can act at the political and budgetary levels.

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7 Annexe: Vulnerability scale (survey tool)

NO.	CATEGORIES/QUESTIONS	Yes	No	Not answered/ irrelevant	NO problem	Small problem	Medium problem	Large problem	Sco
1	Do you have a secured housing possibility in Switzerland where you can sleep and stay anytime you want?	0		0					
	<i>If no, how big problem is it to you?</i>				1	2	3	5	
2	Do you have a secured housing possibility in your home country where you can return anytime you want?	0		0					
	<i>If no, how big problem is it to you?</i>				1	2	3	5	
3	Can you sleep at a homeless shelter in Zurich/Geneva anytime you want?	0		0					
	<i>If no, how big problem is it to you?</i>				1	2	3	5	
4	Do you have a counsellor/social worker you can ask when you face problems?	0		0					
	<i>If no, how big problem is it to you?</i>				1	2	3	5	
5	Do you have a job contract in the primary labour market in Zurich/Geneva?	0		0					
	<i>If no, how big problem is it to you?</i>				1	2	3	5	
6	Did you have a secured paid job before leaving your home country, with which you were able to sustain yourself and your family?	0		0					
	<i>If no, how big problem was it to you?</i>				1	2	3	5	
7	Have you ever participated in a training to improve your professional skills in Switzerland?	0		0					
	<i>If no, how big problem is it to you?</i>				1	2	3	5	
8	Have you ever participated in a training to improve your language skills in Switzerland?	0		0					
	<i>If no, how big problem is it to you?</i>				1	2	3	5	

9	Do you currently have a stay permit in Switzerland?	0		0					
	<i>If no, how big problem is it to you?</i>				1	2	3	5	
10	Have you ever received any general/ambulant medical help (e.g., GP, one-day-surgeries) in Switzerland?	0		0					
	<i>If no, how big problem is it to you?</i>				1	2	3	5	
11	Have you ever received special medical services (hospital care) in Switzerland?	0		0					
	<i>If no, how big problem is it to you?</i>				1	2	3	5	
12	Have you ever received psychiatric/mental health services in Switzerland?	0		0					
	<i>If no, how big problem is it to you?</i>				1	2	3	5	
13	Have you ever received dental care services in Switzerland?	0		0					
	<i>If no, how big problem is it to you?</i>				1	2	3	5	
14	Have you ever experienced a family meeting (with parents, children, spouse, other beloved ones) in Switzerland?	0		0					
	<i>If no, how big problem is it to you?</i>				1	2	3	5	
15	Are you able to communicate with your family living at home anytime you want?	0		0					
	<i>If no, how big problem is it to you?</i>				1	2	3	5	
16	Can you travel to your home country for visiting your family and friends anytime you want?	0		0					
	<i>If no, how big problem is it to you?</i>				1	2	3	5	
17	Do you feel supported by people you feel close to you in Geneva/Zurich?	0		0					
	<i>If no, how big problem is it to you?</i>				1	2	3	5	
18	Do you have Swiss friends outside your peer group?	0		0					
	<i>If no, how big problem is it to you?</i>				1	2	3	5	