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Balancing local justice and spatial justice: mobile outreach and refused asylum seekers

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Abstract:

This article sheds light on the dynamics of mobile outreach practices, and is based on a field study of the ambulatory activities of Médecins du Monde around Strasbourg, France. Mobile teams act in a temporality of urgency and in the spatiality of the street. Roaming the city at regular intervals, they provide healthcare and social services to a target population that lives in the space of the street and is thus alienated from the general social and healthcare systems. Like other French cities, Strasbourg has seen an increase in asylum seekers as well as in migrants who have been refused asylum. Here, we examine the combination of the sociological notion of local justice and the geographical notion of spatial justice in the light of these changing populations. This doubled-pronged approach allows us to more fully explore the interlocking social and spatial issues involved in the inevitably difficult choices and hard decisions inherent in mobile outreach.

INTRODUCTION

Mobile outreach practices are part of a unique model of social intervention that differs from traditional institutional methods. Based on a new relationship between populations and territories, these “*aller-vers*” practices arose in France in the beginning of the 1990s. The new measures were conceived in order to cope with a increasing homelessness now being referred to in public policy as “extreme exclusion” (Paugam, 2008; Duvoux, 2011), and they were first

aimed at helping the “new poor”¹ and then more generally at homeless people. The activities of the social workers dealing with this population were complicated by job market saturation and mass unemployment (Gallie, Paugam, Jacobs, 2003; Cefai and Gardella, 2011), as well as an environment characterized by constant economic crisis and the emergence of new forms of lasting precarity (Castel, 1995; Paugam and Russell, 2000; Paugam, 2008).

At the intersection between humanitarian and social assistance, these outreach practices are concerned with reaching the people who no longer even approach institutions. In other words, aid relationships had to be rethought based on their temporality of urgency as well as their spatiality, since, at least in principle, it is no longer the people supported who move around, but the mobile outreach teams. These actors – sometimes paid employees and sometimes volunteers – roam the city at regular intervals, providing healthcare and social services to those who, living in the space of the street, are alienated from the general social and healthcare systems. In France, some pioneers in this area are the *Équipes mobiles psychiatrie précarité* (Mobile Teams for Precarity and Psychiatry) and the SAMU Social. “Proactive” and “flexible” approaches (Mercuel, 2018) to the most vulnerable are used to establish “permanent ties that go beyond permanent places” (Chambon, 2018). Marking a new register of action, outreach practices (mostly in the form of roaming visits) developed on the local scene just as public service tasks were increasingly being delegated at the national level to the parts of the voluntary sector engaged in the fight against precarity. This context has increased the challenges for the professionalization of mobile outreach efforts, as well as to the modalities of the aid relationship. The idea of building links with people excluded from health and social services – and of going beyond just giving them emergency assistance but also referring them to appropriate institutions – quickly raised the debate about how far the provided aid can be imposed. Far from being insignificant, this has hardened the tensions between the supporters of individual liberty and those who see aid as a duty (Cefai and Gardella, 2011).

The sociological works describing emergency assistance outreach practices have insisted on the forms of practical and relational know-how that are mobilised *by* and *among* the mobile teams in the field (Cefai and Gardella, 2011). Using an ethnographic approach, they emphasize the importance of on-the-job training and peer socialisation processes in the skills used by team members. They focus on the process of categorization (Arnal, 2013) of the beneficiaries, and

¹ A category of people which did not correspond to the population previously targeted by social assistance efforts (the elderly, disabled, and so on).

are concerned with the spatial organization of the roaming visits. Note that mobile teams are not exempt from competitive relationships between partners (Arnal, 2015), which leads to “custom-made mobilities” (Ligi, Pian, and Hoyez, 2018; Hoyez, 2015). Although in part supplementing those works, this article is different in several ways. First, it overlaps issues of international migration. Secondly, it invites discussion of the connections between the social and the spatial in the actions of those in the field by creating a dialogue between two key notions: local justice and spatial justice.

Building on a 2017 field study, this article examines the outreach practices of *Médecins du Monde* (MdM) in the Strasbourg area. Like other French cities, Strasbourg has seen an increase in asylum seekers as well as in those who have been refused asylum.² This has redefined the profiles of the beneficiaries of mobile outreach efforts, who used mainly to be homeless French citizens. Faced with a growing – and increasingly demanding – population on its territory, MdM-Strasbourg has had to examine its guiding principles, methods, and the results of its actions on the local scene. The population they help has changed not just due to their different national origins, but also because they are encountering new social issues and obstacles to healthcare that are tied to their specific migration trajectories and residency permit situations. Moreover, as issues tied to immigration policies at the national level and their enactment at the local level have both evolved, relationships have changed between MdM-Strasbourg and local institutional actors such as the city and the 115 (see abbreviations section) for service which connects the mobile teams and their beneficiaries.

To shed light on how these global shifts in the populations served as well as the local and national policies on immigration have affected MdM-Strasbourg. To more closely examine the internal debates it has caused, we take an interdisciplinary approach that combines social geography

² Since 2014, the Grand-Est region has seen an increase in the number of asylum applications (Observatoire régional de l'intégration et de la ville, 2017). While the overall regional numbers have been lower than the national ones, the rates vary widely among the 10 departments in this region, with the Haut-Rhin in particular increasing well above the national average. In 2016, the Bas-Rhin's centralized service registered 1634 initial applications, growing to 3452 in 2018, with more than half of these being submitted by nationals from ex-Soviet and Balkan states. A significant number of the asylum seekers come from “safe countries” and 33% are “Dublined” (see below), greatly decreasing their chances of success. Between 2017 and 2018, the number of asylum seekers increased by 7% in the Bas-Rhin, where Strasbourg is located (Préfet de la Région Grand Est, 2018). NB: As described by the French law on the right to asylum (article L.714-4 2° of CESEDA, dated 10 December 2003), the notion of a *safe country* applies to countries that “respect the principles of liberty, democracy, and the rule of law, as well as human rights and fundamental freedoms.” Consequently, immigrants from countries considered “safe” cannot be admitted onto French territory as asylum seekers, and they have very little chance of getting any sort of international protection here. The term “Dublined” is an institutional category for immigrants seeking asylum on French soil but whose application has to be examined by another European country (usually the first country entered, unless familial criteria exist that might override this).

and sociology to create a dialogue around different variations of the notion of *justice*. We explore the notion of local justice, inherited from political philosophy but seen through the lens of sociology, giving special attention to what how social interactions are actually played out at the micro level. We compare this to spatial justice, a notion connected to social geography and which explores “where injustice is found” (Soja, 2010), by considering the different scales (macros, meso, micro) at which social inequalities occur and are repeated. The notion of local justice provides a concrete framework for thinking about the redistribution of (types and amounts of) resources and wealth as well as the actions involved (choices made around the modes of distribution), while the notion of spatial justice gives us the possibility to examine the choices and adaptations of the places targeted for *in situ* action.

From a sociological perspective, thinking about local justice in the redistribution of wealth and resources implies a break from an ideological view and a move toward a situational approach (Guienne, 2001) that focuses on its implementation in the social and political contexts being analysed. In the same way, key works taking a geographical perspective have emphasized the necessity to think of these processes as relational and contextual (Lowe, De Verteuil, 2020). Our aim here therefore is not to pit the local and the spatial against each other, but to highlight different levels of analysis. This double-pronged approach is supported by English-language and French theoretical literature on the subject, and offers an original reading of actions targeting precarious publics here in France. It also allows us to highlight the interlocking social and spatial issues involved in the choices and decisions which are inherent in mobile outreach practices. Finally, questioning the spatialities of these practices through the prism of both spatial and local justice invites consideration of the specific temporalities in which they take place. Here, we encounter both the temporality of the night, with its repetitive “daily” routines, and the temporality of a constant state of emergency, and these combine to shape the use of space, influencing both the social and spatial choices of outreach workers.

Our study is based on a field survey conducted between September and November 2017³. “Observant participation” (Wacquant, 2010; Schnapper, 2011) included taking part in the meetings and roving visits organized by MdM mobile teams twice per week over this three-month period. It should be noted that the research assistant carrying out this observant

³ In addition to the qualitative approach discussed here, “raw” statistical data furnished by MdM was also analysed. This provided information on the profile of the “beneficiaries” of health care or medico-social support, and while these results are not presented here, they are available in the research report (Ligi, Pian, and Hoyez, 2018).

participation was a previous volunteer with MdM-Strasbourg, so she had prior ‘inside’ knowledge of the field.

To supplement this, two researchers also conducted fifteen interviews with MdM-Strasbourg volunteers as well as interviewing the salaried director of the Mobile Mission (Ligi, Pian, and Hoyez, 2018). The people interviewed had been involved with MdM for lengths of time that varied from several months to several years. Coming from different backgrounds (healthcare, social work, management, biology, etc.), they did various medical or paramedical jobs (doctors or nurses) or acted as greeters, distributed drinks and blankets, or drove. With the permission of the MdM-Strasbourg management, the study was first presented during a meeting of the association’s entire volunteer staff. Afterwards, they sent an email to all of the volunteers (a small base of about 70 people) with an overview of the study. Any interested parties to contact the researchers by mail or telephone in order to participate in recorded anonymous interviews at the location of their choice. The ensuing semi-directed interviews lasted from 1 to 2.5 hours and were structured around several large themes. This allowed us to address both the history and actual functioning of outreach activities, the profiles of the beneficiaries and how that has evolved, as well as the volunteers’ trajectories of commitment and their relationships with the association. This ended with an exacting collection of socio-geographic data if it had not already been covered during the interview⁴.

Although relatively few formal interviews were carried out compared to the total number of volunteers, it should be noted that only a small group of people take part in mobile activities at night. Some of the most committed volunteers were not available for formal interviews, with a lack of time being the most frequent excuse given, especially by students or people working full-time. However, our method of participant observation meant that our analysis was enriched through many less formal discussions that occurred during outreach activities, when the dual status of volunteer/researcher was known by all of the parties involved.

This article has three main sections. In the first, the theoretical debate is centred on notions of local justice and spatial justice, and the interdisciplinary dialogue between these notions enables a heuristic reading of mobile outreach practices in a context where the redistribution of limited resources and goods is constrained by global policies. Building on an ethnographic description of how MdM’s outreach activities around Strasbourg function, the second part reveals the moral

⁴ Another outreach effort was an experimental mobile clinic, but it is not discussed here.

and spatial choices required for these mobile practices. Here, we see that the spatiality of these activities is also subject to temporal constraints, which are in turn at least in part constructed by politics. The third section takes a closer look at how social emergency outreach works within these spatialities and temporalities which shape issues of local and spatial justice, affecting both the daily activities of volunteers as well as how MdM is seen by its institutional partners. We use our field study to help understand the complex reconfigurations that occur in the relationships between associations and the state in a context of social crisis. Our conclusion then gives a broader overview of how the interdisciplinary approach of this article contributes to the theoretical debate on local justice and spatial justice, and we argue that there needs to be a greater collective consideration of the spatialities and temporalities that run through and structure these two notions.

I. Social justice, local justice, and spatial justice: connections and distinctions between ways of thinking about justice in the social sciences

The notions of local justice, as reworked in sociology, and spatial justice, as developed in geography, are both based on a concept of social justice resembling that of Rawls (1971), even if they may distance themselves from this by critiquing him.⁵ And although they share a common source of inspiration, the notions of local and spatial justice are rarely connected to each other or discussed at the same time, yet linking them seems helpful for exploring the tensions involved in the decisions made in the field by the MdM mobile teams.

The concept of social justice did inspire the notion of local justice that was developed by Elster (1992) to explain the principles which govern the institutional distribution of rare and indivisible goods (such as kidney transplants or university admissions). For Elster, local justice differs from global justice – and thus also from Rawlsian social justice – in that it does not claim to be universal. The term *local* highlights the fact that the principles of distribution are predominantly variable, dependent on both the fields (social or medical, for instance) and geographical spaces involved. These differences are not only seen at the national level, but also at a smaller scale in local territories – in other words, Elster insists on the fact that the principles of the distribution of the same good can vary within the same country. Finally, ‘local’ also refers

⁵ In practice, it seems that few geographers working on social and/or spatial justice present themselves as Rawlsian or have even explicitly positioned themselves in relation to his theories (Bret, 2015).

to the fact that these distribution principles are not part of a system of compensation between domains.⁶ For Elster, the implementation of local justice invokes several principles that often undermine equality, an impossible-to-attain ideal. Local justice decisions are based, according to Elster, on weighing the three major criteria of need, merit, and efficiency. We will see here how the logics of distribution used by the MdM-Strasbourg mobile teams are fraught with tensions between these different criteria as well as the criteria of “time” and “status” which were also discussed by Elster. In this case, however, MdM-Strasbourg is just one link in the chain, yet as Elster pointed out, the implementation of local justice involves various actors. Elster identifies three types: the institutional policymakers who define the quantity of goods to be distributed; the actors in charge of distributing the rare goods in the field; and in some cases, advocacy groups. Note that the teams we studied were at the same time distributors of rare goods (health care and, more importantly, shelter spots)⁷ and spokespeople, conveying messages to political actors and citizens via a mission of advocacy.

While the spatial dimension is not completely absent from Elster’s reflections, it is not at its centre. It is however at the heart of spatial justice – which is different, but still builds on the notion of social justice proposed by Rawls then extended in a slightly different direction by Young (1990).⁸ While still quite polysemic, the notion of spatial justice arose in the 1970s, driven by urban and so-called “radical” geography. First developed by anglophone geographers, particularly Harvey (1973), it was advanced as a way to explore the question of the equitable sharing of resources in inhabited spaces. The notion was taken up by francophone geographers in the beginning of the 1980s (Reynaud, 1981), re-appropriated through a spatial rereading of Rawlsian theories by Bret (2015, 2017) – who encourages ethical study of the spatial dimensions of social injustices – and then more widely used for reflections on territorial management and well-being (Gervais-Lambony and Dufaux, 2009). These works have been widely discussed in the highly political field of French social geography, which is particularly involved in exploring the harmful effects of extreme liberalism in different “spaces” (in cities,

⁶ As opposed to when low wages are compensated for by housing subsidies in certain countries, to take an example from Rawls.

⁷ The MdM-Strasbourg mobile teams do provide health care and referral to care. However, in this article we have focused on only on issues relating to the distribution of shelter spots for people living on the streets.

⁸ Rejecting any aspiration to universalism, Young (cited in Gervais-Lombony and Dufaux, 2009) defends the idea that justice cannot be achieved without negotiation between social groups. On the other hand, unlike Rawls, her reflection is more concerned with social groups than with individuals.

towns, and neighbourhoods; in minority populations; and law, safety, and authority in urban spaces).

Theories of spatial justice are part of the “genealogy of a complicated relationship” (Brennetot, 2011) among geographers, and various critiques of it continue to be aired. Notably, the notion is criticised for a propensity to disassociate the spatial from the social (in order to concentrate on the spatial), as well as for a tendency towards homogenizing social contexts within spatial frameworks (particularly when it comes to urban spaces, which are almost always presented as subject to the same social phenomena). Nevertheless, the notion of spatial justice allows for a multilevel approach, enabling the inclusion of international, national, and local relationships in reflections on inequality and the distribution of wealth as it arises *in* and *between* these territories. We must also mention an important resurgence of works in anglophone and francophone urban geography (spurred by Lefebvre’s concept of “the right to the city”) around questions of spatial justice in the light how margins and marginalities in urban spaces are being handled in the associative and volunteer sectors (DeVerteuil, 2000; Margier, Melgaço, 2016; DeVerteuil et al., 2020; Lowe, DeVerteuil, 2020). As we see in our case study, outreach activities are set up by associations (non-profit volunteer organisations) to work against inequalities of access to social and sanitary resources for people living on the streets, and they target the spaces where they wish to invest and the populations they wish to support. This delegation of a “public service” questions the role of the “shadow state” in aid and solidarity for the most indigent populations. In fact, as DeVerteuil et al. (2020) pointed out, the voluntary sector finds itself doing the “dirty work,” its survival dependent on public financing (a situation which also does not benefit the state) as its “fills in the gaps” – both by distributing goods and through its advocacy efforts to defend universal values and principles rather than national or local ones. In the same way, on the ground in Strasbourg, the logics of distributing rare goods employed by MdM’s mobile teams link different scales, as they must deal simultaneously with: (i) the values of an NGO that is active in at least a dozen cities in French metropolitan and overseas territories as well as in other countries, especially those of the South; (ii) the actions of the French government in terms of immigration policies; (iii) the policies of the city of Strasbourg with regard to the care of migrant populations in its territory; and (iv) the practical knowledge that the team members have of the local terrain.

Box 1: Local history and missions of MdM-Strasbourg

Médecins du Monde (MdM) is an international solidarity organization formed under France's non-profit association law of 1 July 1901.⁹ Since its creation in 1980, the organization has concentrated on going toward people in vulnerable and precarious situations. The idea of “*allervers*” (mobile outreach) is at the centre of its philosophy, informing the daily actions of the volunteers and employees both abroad and on French soil. With the opening of their first Care and Orientation Centre (CASO) in Paris in 1986, the founders declared that *local assistance* is just as important in health care as it is for social support. In the years following its creation, other mobile outreach programmes were created at the national level. In particular, these have included the *Slums programmes* working with “Roma”¹⁰ populations, the *Homeless programmes* for people on the streets, the *Squats programmes* for people living in substandard housing, and educational programmes about health and disease prevention for sex workers or drug addicts.

In 1984, a regional delegation of MdM was established in Alsace/Franche-Comté by Dr. Jean-Marie Haegy, the co-founder of MdM and at that time the head of the Intensive Care Unit at the Civil Hospitals of Colmar. For many years the delegation was only involved in international missions, organizing projects in Somalia, Ethiopia, Mozambique, Romania, Russia, Kurdistan, Croatia, Albania, Kosovo, and Bosnia. The first local programme was not until 1992, when the *Addicts programme* (“*Mission Rave*”) was begun in Strasbourg to work with drug users. Two years later, they also opened a CASO in Strasbourg to offer counselling and healthcare appointments for people in vulnerable situations. This type of centre actually has three functions: healthcare; helping with the administrative procedures tied to access to care; and bearing witness to the obstacles encountered in these processes. In fact, the 2015 MdM Observatory Report on healthcare inequalities noted that the majority of patients who arrive at a CASO in France have no health care benefits at all when they first consult, even if they have the right to them. In 1998, a Slums programme was established in Strasbourg to work especially with the Roma population, and this ended only in 2017.

⁹ The law is available online at <https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=LEGITEXT000006069570> (accessed 10 October 2019).

¹⁰ For MdM, this refers to Roma people from Romania, Bulgaria, and Albania. For classification of the Roma population, see Potot (2016).

In this article, we deal with one of the two primary mobile outreach activities of MdM-Strasbourg in 2017, its *Homeless programme*, which has been operating since 2003 in the Strasbourg area as part of its Mobile Mission for Local Healthcare.

II. Temporal and spatial dimensions of mobile outreach activities

The Homeless programme, part of the MdM social monitoring programme, is organized around the distribution of material assistance – hot drinks, small food kits, blankets, underclothes, and warm winter clothing. This is seen as a way to approach the beneficiaries and build a relationship of trust so that they can eventually be guided toward suitable healthcare and counselling support. Even without necessarily responding to an expressed need, these volunteers thus often advise the people they meet to contact a social worker in the area or to get in touch with an association that is *a priori* appropriate to their situation (for example, a charity providing social support to young people, women, or foreigners). They can also refer them to the PASS or CASO centres if health care seems necessary. In addition to this task of guidance (which in practice has mixed results), the Homeless programme’s mobile outreach efforts aim at supervising the health conditions of people living on the streets. This is done through awareness-raising and health education, and more concretely via the distribution of ‘shower coupons,’ personal hygiene products, condoms, and Steribox kits for safer drug injection.

The roaming outreach visits are usually carried out twice per week, although the numbers may increase in winter and decrease in summer (when there are fewer volunteers available). The teams are made up of 4-5 people, including a driver, a contact person (in other words, an experienced volunteer), and a volunteer health professional (doctor, nurse, pharmacist, or other) if possible. The other volunteers act as “greeters,” responsible for instance for directing people toward the social welfare services and associations in Strasbourg.

The roaming visits do not necessarily follow a predefined route, and only the departure and arrival points are always the same. This policy was implemented to foster flexibility and autonomy in the field, allowing the team to respond to emergencies while still meeting with more people. They decide where to go based on alerts sent by 115 (MdM does in fact have several emergency shelter spots, which are allocated by 115) or other social monitoring actors (the city of Strasbourg’s Mobile Street Team, the Red Cross, the Order of Malta, the Restos du Cœur, or others), as well as by consulting the information resulting from previous outings. In

practice, however, the route choices are also guided by the ‘work habits’ of the team members, and by their chosen priorities.

[Insert Map 1]

Map 1 is the result of observations gathered in the field during mobile outreach work. When each team leaves, it fills in a form for the MDM organization and the outreach teams that will follow. This sheet lists the various places that they have chosen to visit (or not) as part of that night’s itinerary. Our map lists all the places through which the team passed while out (in blue), as well as the places they did not visit (yellow) but which might be visited on other nights. Over the survey period, the departure (the European Court of Human Rights, green) and arrival points (the main train station, red) were the same every time. The stops in between (blue and yellow) never change, but the itineraries between these places varies, as they are chosen “on the fly.”

Over the course of our observations, we were able to see that a routine was established in terms of the places visited and the mapping of the mobile outreach. This routine is tied first of all to the high demands on them to visit very busy places where people are known to be living on the streets – the city centre and the train station, for instance. Secondly, it is linked to the mobile team’s propensity for meeting specific populations that are not cared for by other associations. This is notably the case when visiting the people (mostly European immigrants) who camp near the European Court of Human Rights, located outside the city centre. The map invites reflections on centrality, periphery, and marginality within the infra-urban locations targeted by the teams. Indeed, with the exception of the starting point (located in the same neighbourhood as other European institutions), the rounds traverse just the very centre of the city. Within the area covered, only the nodal points (train station, squares) and places accessible to motor vehicles are selected, resulting in an avoidance of the ‘heritage’ and pedestrian parts of the city centre. One wonders whether this is caused by a socio-spatial segmentation of the urban space of Strasbourg, gentrified and slapped with an anti-panhandling law (since overturned), and/or if this is the result of a selection of spaces and locations by the teams because of technical considerations (truck access). We note that a geography of margins and centralities specific to the aid relationship sought by the team is taking shape, and that it is based on a relatively restricted area of the city and on just a dozen locations situated around the city’s historic centre.

Routing decisions are supposed to be made collectively, but in practice the votes of the more experienced members count for more than those of the newer volunteers. In any event, the volunteers have to learn to manage their “stocks,” and this requires them to make various trade-

offs when deciding what sort of aid to distribute (for example, blankets or clothing) or who they will target (who is “priority”). Yet these decisions are more and more difficult to make in light of the increased demands and changing profiles of the people being met. For example, the choice between distributing condoms to female sex workers or visiting a new squat is dependent on the mentalities of the team members, as well as on their capacity for convincing the other team members of the necessity of these actions.

In fact, according to volunteers who have been involved in the mobile outreach mission for several years, the changing migratory flows to Strasbourg have profoundly changed the number as well as diversity of the populations seen by their teams. Until just two years ago, each roaming visit encountered only about 20 people, and they were mostly French citizens. Today the average count is about 60-70 people, with the public more often foreign – as well as being both younger and more female (due to the presence of families with young children). While this shift does not change the underlying objective of providing medical and social aid to homeless people, it does however mean that their approach has changed. Indeed, working with this population requires volunteers to renew their links to institutions (the city, the department, the prefecture), and means that they must continually adapt to administrative and legal contexts (by identifying and interpreting these contexts, and via continual self-education to keep abreast of the regular changes). This detailed knowledge is necessary so that the volunteers can better respond to the needs identified in the field, proposing support but also being able to note the existence of breaches of the law (for instance, discovering a family of asylum-seekers living on the streets when they should be housed as part of the national asylum reception scheme).¹¹

In this increasingly complicated environment, the problem of shelter is becoming more and more difficult for teams in the field to handle.

Mobile outreach teams are tested by the distribution of shelter places

¹¹ In theory, under the DNA national reception scheme, CADA reception centres for asylum-seekers provide shelter to people referred by associations and whose asylum applications are “regular,” as well as those with “accelerated” applications who are deemed to be particularly vulnerable. In practice, there are not enough places, and aid organizations estimate that almost half of the people eligible for a place in CADA are not included in these measures, left to be housed by relations or dependant on emergency shelter. Note that accommodation is not offered but imposed, and that it can be located anywhere across the French territory, contravening the principle of freedom of movement and causing potentially harmful social disruptions for the people concerned, see La Cimade (2018) and Braud, Fischer, and Gatelier (2018) on this subject.

MdM-Strasbourg does in fact have a few places reserved in emergency shelters that can be allocated to individual people.¹² Over the past four years, however, these have been attributed by the teams themselves without clear guidelines from the local delegation. The decisions are thus made by volunteers who often feel helpless in the face of the impossibility of fulfilling all of the requests.

Certain volunteers choose to keep the shelter spots for people they meet at the train station, which is generally the last place visited. Indeed, this is the place where the largest number of homeless people can be found in Strasbourg. In contrast, other volunteers prefer to allocate the spots at the beginning of their roaming visits – giving them to the first people who ask in order to avoid having to deal with the question afterwards. In this scenario, an assessment of the degree of vulnerability is not one of the major criteria, as the decision is based on the more practical problem of avoiding outbursts. The management of distributing shelter spots is particularly complicated at the train station, where there are a large number of requests at the same time and in the same place. Not only do the volunteers have to choose between 10 or even 15 people looking for a place to stay, but they also have to justify their choices to all of the applicants present – despite the fact that, as has been pointed out, there are no well-established selection criteria. According to the inclinations of the volunteers, but also on representations of vulnerability, priority may be given to the eldest, to those who seem the most “fragile” or in poor health, or even to those only recently on the streets and thus perceived as not yet socialised to “survival strategies.” Depending on the situation, these decisions are made on an individual basis by the volunteer in charge of liaising with the 115 emergency services, or they may be decided collectively. In fact, the other team members are sometimes consulted when confronted with “impossible” choices. As stressed by a volunteer we interviewed, *“it’s no longer a question of ‘who’ can I shelter today, but ‘who’ will I leave outside?”*

These varied allocation strategies involve a differential approach to the applicants as well as to 115. When spots are distributed “for convenience” at the beginning of the roaming visits, the team’s collaboration with 115 consists only of keeping that institution informed of the decisions made. When spots are allocated in a more staggered manner or at the end of the trip, the teams pay more attention to the information provided by 115 for identifying people who may be

¹² They have four spots for men in summer, and an additional two more for women in the winter.

eligible, including details on the places where they have recently slept, whether or not they are already registered with social services, and so on.

Faced with the large discrepancy between supply and demand for emergency shelter, many volunteers question the role of Médecins du Monde in this scheme. Do they have the skills to do the triage necessary because of the scarcity of available spots? Is this even their responsibility? What is their legitimacy in this field?

These self-interrogations about the significance of their activities are rarely discussed during the roaming visits (where the urgency of action takes precedence), and they are rarely the subject of in-depth exchanges afterwards. Indeed, the missions finish late at night, and after 4 to 5 hours of running around, the volunteers usually just want to hurry home after putting away the equipment and filling out their reports. Of course, a team briefing is usually done before they start out, but the space for collective discussion there is very narrow. This limits such discussions to the meetings which take place every two months at the delegation with all of the MdM volunteers, managers, and employees. During these sessions, however, conversations are mostly about the practical organization of the mobile outreach activities. They discuss the management of stocks (food, clothing, toiletries) during the trips, the routes to be followed, and relations with 115 and other actors in the field (such as the National Police or the Bas-Rhin department, who is in charge of non-accompanied minors).¹³

However, the volunteers are increasingly concerned by the requests coming from families whose applications for asylum have been refused.

Recording the shelter requests of families whose asylum applications have been refused: does this fall into the role of mobile outreach?

To better understand the context of the debates within the mobile teams about these situations, it must be noted that aiding families with children is not part of the “mission” of emergency housing centres. Furthermore, if a family’s asylum application has been refused, they have to leave the structures that have been set up to shelter asylum seekers, thus they find themselves on the street without any immediate prospects. In Strasbourg, the social monitoring of these

¹³ Under current procedures, when mobile outreach teams identify non-accompanied minors, they call on the National Police for their care (since the Youth Brigade is not active at night).

families becomes difficult or even impossible, as the social workers associated with the city are told not to deal with them.

This instruction can be analysed as applying a double filter, both social and spatial. In fact, to justify excluding a group of people from assistance, the municipality invokes the impossibility of “integrating” them due to their lack of a residence permit or justification of their residence on the municipal territory. As Ferré points out in his analysis of the situation of rejected asylum-seekers, “*the generalised scheme is confronted with the reception of a population without residence permits, some of whom are ‘neither regularisable nor expellable.’ The reception of these people who have no prospect of integration is an unsolvable problem for the generalised scheme*” (2015, p. 21). For these families, the only possibility of social support is therefore reduced to being taken care of by charity and social welfare associations. They can, for example, be followed by a CASO social worker (for healthcare referrals and/or to set them up with social workers from public institutions) – but only if they have medical care via Médecins du Monde. However, these families can register with 115 and declare that they lack housing solutions, and collection of this data allows the SIAO to report on the precarious situation of 30-40 families in the Strasbourg area per month (SIAO activity report, 2016), and to apply to the state for dedicated shelter spots for the winter. These places, made available from time to time, fall within the framework of the local “*Logement pour Familles en Transit*” (LOFT) and “*Dispositif d’Hébergement d’Urgence pour les Familles*” (DHUF) programmes. These measures are meant to provide housing solutions to “families with incomplete rights” (an expression used both by the SIAO and by the department), but in practice they end up providing long-term emergency housing solutions for every family who cannot be “integrated” into private housing. Lévy-Vroelant (2006, p. 10) comments on this practice: “*However, the function of institutional housing measures is diverted if, from temporary shelter, they become permanent dwelling places. Long-stay occupation reveals the malfunctions that affect the entire ‘ordinary’ pool.*” Note that the impossibility of being housed in emergency housing centres concerns not just families refused asylum, but *all* families – even those covered by the so-called “*droit commun.*”¹⁴ Moreover, while hotel accommodations are provided by the state to all newly-arrived asylum-seeking families (after an appointment at the GUDA), theoretically, the Bas-Rhin emergency shelter scheme is not supposed to provide shelter for any families that are not seeking asylum. This is because all lodging of these families (non-asylum-seeking foreigners

¹⁴ In France, “*droit commun*” refers to the ensemble of laws, goods, services, and benefits which are available to all citizens (Lafore, 2014).

or French citizens) is subject to prior approval and financed by the department, so it cannot be sued to cover “emergency” situations.

In this context, families have no possibility of being housed by the MdM mobile outreach teams – the few emergency spots previously discussed are only available for single individuals. From experience and/or through word-of-mouth networks, families very quickly become aware of their ineligibility based on these allocation criteria.

Nevertheless, they still make an effort to be reported in the field team reports. They call 115, sometimes several times a day, to request visits. However, MdM volunteers question the usefulness of visiting the families reported by 115, most of whom have been refused asylum. In fact, except for possible assistance during winter, shelter is very difficult to obtain from the SIAO, despite repeated reports. For some volunteers, their registration efforts are therefore useless and represent a waste of time, diverting resources from their priorities. For while the mobile outreach teams do try to support and refer everyone they meet, they often encounter the same families over and over. A certain view of these people then comes into play, with the repetitive encounters with the same families leading some volunteers to describe them as being “more familiar than the volunteers” with the workings of the administrative system and social welfare. Some mobile outreach workers have the impression that these families “steal” time and material goods (hot drinks, personal hygiene products, etc.) from other homeless people. Volunteers have noticed that these families always seem to be well-dressed, and their hygienic conditions seem less precarious than the other people they meet. In addition, they do not request warm clothing or blankets, just hot drinks and basic hygiene products (shampoo, lotion, shower gel). The image that this population presents to the mobile teams is therefore not the stereotypical image of homeless people sleeping on the streets. This casts doubt on their need for assistance, making their requests seem less “legitimate,” and a number of volunteers wonder whether caring for this population is even part of MdM’s mission. With this in mind, team members will try to better understand the situation of these families by spending time speaking directly with them, or by mobilizing the social monitoring network.

Dealing with these families, particularly in the presence of babies and young children, can be difficult for the mobile team members, especially for the less-experienced volunteers. After waiting sometimes several hours after calling 115, the families (usually gathered near the Eurometropole headquarters), rush forward when the camper van arrives. Sometimes passers-by verbally attack the outreach team after witnessing this, accusing Médecins du Monde of

“leaving children on the street.” When this happens, the volunteers try to explain that their role is not to provide shelter, but to provide food and warmth to people on the streets, to refer them on, and to report on their existence to the relevant institutions so they can get medical and social care. Nonetheless, in group situations, the MDM organization is sometimes perceived as being a semi-public institution.

While some team members believe that families (for the most part failed asylum-seekers) are part of the public that should be served by MDM’s Homeless mission, others question the validity of their work with this population.

III. Between local justice and spatial justice: a difficult balancing act

In the field, the struggle between the need to address emergency matters in a temporality of urgency further complicates the management and distribution of the resources (housing, clothing, drinks) that are allocated daily by the team members. Their rushed decisions weigh both issues of local and spatial justice, and again question the humanitarian role of Médecins du Monde. The choices take place in multiple temporalities: that of urgency, certainly, but also of routine and repetition, and the extended period during which changes in migratory patterns have changed the activities carried out by MDM-Strasbourg.

The links between local justice and spatial justice are striking when we examine the distribution of emergency shelter spots to people selected because they happen to be on the streets at night. In a time-space that concentrates numerous expectations and requests, different principles of distribution are involved when the majority of spaces are allocated at the beginning of the night (at the first stops around 9 PM) than when these are given out toward the end of the route (at the train station around 1 or 2 AM). In the first case, a pragmatic approach is favoured in order to avoid outbursts or other complicated encounters with potential beneficiaries. The second approach is based on trying to make the most accurate assessment possible of the needs expressed on the street, even if this is somewhat subjective as well as limited by a scarcity of distributable resources. In both approaches, however, the choice of the *place* of distribution guides the *principles* of the distribution, all while trying to achieve local justice in an outreach model that is based on “custom-made mobilities” (Ligi et al., 2018) – here, local justice and spatial justice are closely entwined. Notably, the spatial dimension is part of the criterion of “effectiveness” that Elster (1992) advanced as one of the principles of local justice. As discussed above, Elster defines three criteria which together regulate the principles of local

justice, and which are based on different temporalities: needs, merit, and effectiveness. His criterion of need is tied to the present: it refers to an immediate requirement that calls for the distribution of rare goods to those having the “lowest level of well-being” at that moment. The criterion of merit is retrospective: the distribution of rare goods should take into account past actions. And finally, the criterion of effectiveness is prospective: goods should be given to those who can best benefit from them (local effectiveness) or to those who by receiving them can best make the entire society profit (global effectiveness). But the repeated requests for aid from families whose asylum demands have been refused only tenuously meet these three criteria, whether it be need (“they seem well-dressed”), merit (“their requests do not seem legitimate”), or effectiveness (“anyway, we cannot give them emergency shelter spots”). Here, the challenges to the effectiveness criterion is closely tied to the local context: since the mobile outreach activities do not fall under the scope of the city’s policies in the current institutional configuration, the triage of the team members is based on *ad hoc* criteria. In other words, while the principles of local justice do vary according to the spaces in which they are implemented, they are also subject to spatial constraints.

As part of dealing with people on the streets who have no other institutional support, the mobile teams are constantly required to juggle space, time, and justice constraints. Their goals have to be re-examined when “one-time” efforts turn into ongoing and long-term activities, even while remaining rooted in a temporality of urgency. The persistence of the need for social crisis interventions on the streets is a sign of the failure in achieving the goals of obtaining local and spatial justice. Indeed, the problems encountered in the field in Strasbourg are indicative of the tensions that pervade mobile outreach practices globally. First, how far can (or should) mobile teams predict their primary and most numerous targets – that is to say, anticipate *who* will approach them? In the mobile outreach model, spatiality is inverted from that of “classical” social aid, since it is the team members who travel to the beneficiaries – but this does not imply the abandonment of movement in the opposite direction, since the users also go out into the streets to meet the mobile teams. This questioning of the “mastery” of the public being assisted also involves examining how to think about interventions with immigrants and in migrant camps: are they perceived first as vulnerable people living on the streets, and only afterwards as immigrants? Or are they perceived as immigrants with particular needs, and then as being homeless?

These classifications are not just symbolic, as they have performative effects in the field. Indeed, through debates on “priority populations,” the mobile teams question the goals of their

actions as well as the character of their mission. These are ranked according to very concrete issues, including not just their relationships with institutions (the city, department, or prefecture), but also the specific skills that are needed to support and care for these people. The skills needed include knowledge of the laws concerning foreigners, continuous adaptations to the changing administrative and legal contexts, and the ability to communicate in a foreign language. This expertise is also necessary for identifying breaches of the law – for instance when an asylum-seeking family should be housed as part of the national asylum-seeker reception scheme, but instead is found to be living on the streets.

Yet, another issue arises. Does the social crisis that spurs their mobile outreach efforts in fact contribute to hiding needs – since the populations treated should, in principle, be cared for by the city, hospitals, or the state? In other words, is there not a risk of substituting institutions, thus rendering health and social needs invisible? The stakes are even higher in a temporality of “ongoing social crisis,” since by engaging in “the streets” on a long-term basis, the mobile teams develop specific skills which repeat and solidify in space and time, without ever really considering the structural needs and ‘solutions’ that might actually be necessary. Do they not, therefore, encourage the status quo and inertia of public authorities?

This debate is not unique to MdM-Strasbourg, and is part of the broader reflections of other associations that deal with social emergencies (Cefai and Gardella, 2011) and/or the “migrant” or “asylum crisis” (Lendaro et al., 2019). It raises the question of the connection between two registers of action: that of aid, and that of aid policies. The issue of advocacy comes into play at the intersection between these, and this happens to be another main focus for Médecins du Monde, even if it is subject to certain limits.

The temporality of advocacy is a long-term one, since the goal is to be heard and to have the message appropriated by decision-makers as well as by a larger public that is receptive to the cause. They must petition the existing institutional structures, leveraging the support of “public opinion.” But to be convincing, an advocate has to be able to provide a quantification of the needs being supported as well as exact (socio-demographic, health, etc.) inventories of the marginalized populations encountered on the street. MdM reports are well-known both nationally and internationally for their data, but they can be criticized for the heterogeneity of their research and the difficult comparability between fields. These survey challenges can be seen on the ground in Strasbourg. During mobile visits, the teams do have a field notebook, and they try to systematically record the first names (or nicknames) of the people they meet, their gender, the time and place of the meeting, and the demands expressed and the type(s) of service

provided. Nationality and administrative and social situations are not always noted, as this information requires more in-depth discussions. Communication may also be complicated by altered mental states or due to language barriers (in the case of foreigners who speak little or no French). The systematic gathering of information is also hampered by the inherent characteristics of the encountered population (a highly mobile and changing group) and the temporality of the roaming visits (subject to a temporality of urgency, if only due to the limited time which can be spent at each place). In addition, beneficiaries may give different answers about their administrative status from one visit to the next. Others do not want to reveal their identities, even though these details might already have been shared between the different social monitoring actors. These entities (115/SIAP, the city of Strasbourg's Mobile Street Team, the Red Cross, the Order of Malta, the Restos du Cœur, and Médecins du Monde) all issue reports that are exchanged between their partners, making it possible for example to aggregate information on the care of someone so that the next outreach team can be asked to visit a specific place.

In addition to the problem of data collection, there is also the question of the spaces where advocacy can be established as well as where it can be heard. In other words, in which spaces can one demand local or spatial justice? Can advocacy be done effectively from the 'mean streets' and reach the offices of institutions if it is conducted as part of a volunteer framework, with its varying turnover rates and changing availabilities? Can advocacy be "well-structured" if it is based on a long-term commitment that can only be seen as precarious, within a more or less "inflexible" charity structure in which the few paid employees, in the eyes of certain volunteers, do not leave them enough space in-house to express themselves? Furthermore, how can it be spread outside the organization: in this case, how can they advocate while preserving their institutional partnerships, since pushing too hard can endanger their relationships with the city, 115, the hospitals, the PASS, and so on? Through this topic of advocacy, the broader question thus arises of the spaces where local and spatial justice can be heard.

Conclusions

The situation we describe here takes place in one of several French cities where roaming visits are organized to "reach out" to the people most removed from the institutions and life of the city. Looking at the rounds from a socio-spatial perspective has shed light on how the facilitation of "street survival strategies" (Johnsen, Cloke, May, 2005) is structured around an

ethos of intervention which is concerned with actions occurring not just on the streets, but also in different places and spaces of the city. These dynamics are strongly reminiscent of reflections in the anglophone social geography field on “spaces of care” (Conradson, 2003), social spaces occupied by different actors providing care. Here, the “care” is considered to be as much about health as it is about caring for others, and includes taking emotions into account (Kearns, Gesler, 2002). It is therefore not a question of putting the actors to one side and the territories on the other, but instead of seeing how they retrospectively act on each other, bearing in mind that a simultaneous consideration of spaces, territories and places, and temporalities is indispensable for understanding the social processes involved.

Certainly, the mobile outreach practices examined here raise questions about access to rights for the most marginalized and vulnerable people in a universalist system which struggles to integrate everyone. But we also examine the temporality of the actions carried out with these populations, ranging from occasional emergencies to long-term trajectories of exclusion. Furthermore, we highlight the spatial nature of efforts to provide solutions by roaming the streets at night. In this context, thinking about local justice and spatial justice together makes it possible to restore the real complexity of the moral and spatial choices involved in mobile outreach activities. There, *daily crisis routines* govern the distribution of rare goods, and they are at least partly dependent on vertical relationships with a multitude of actors at scales varying from national policies to their local effects. For the mobile team members who find themselves at the tail-end of these last-resort measures, a “just” system becomes an impossible ideal, and their work tends to slip towards the search for the “least unfair,” a goal already difficult to define.

On the national level, these outreach efforts are usually organized by various local, national, and international humanitarian organizations (Médecins du Monde, the Red Cross, and sometimes religious groups), and they are located at the intersection between emergency action and the questioning of public institutions. The place of these private actors queries the role taken (or not) by the public authorities, at different scales and levels of responsibility, in caring for the people who are the furthest away from social assistance. Our analysis could be refined by a comparison to the situations in other European countries, where mobile outreach efforts are rooted in a “third sector” (DeVerteuil, Power, and Trudeau, 2019) of private non-profit actors recognized by public institutions and working on their behalf. Also, a comparison with the countries of the “South,” where mobile outreach and its equivalents are part of public policy, suggests an exploration of the political and social dimensions of interventions with

marginalized people where they actually live (Gondim-Oliveira, 2018). A further analysis of the dynamics between the volunteer sector and the state as well as an examination of the various facets of social and spatial justice would allow us to more clearly define the outlines of policy involvement. This would include examining moral distinctions about vulnerable populations, the actors funded to take care of “targeted populations,” and the distinctions between conditional and unconditional aid.

This article contributes to theoretical discussions on the notions of local justice and spatial justice through its insistence on the intricate connections between the spatialities *and the temporalities* that constitute them. One cannot think about the spatialities of social justice independently of the temporalities involved, and vice versa, because the two are inexorably linked. Indeed, understanding the spatial dimension of social justice implies taking into account different levels of analysis, and the same applies for temporalities. At a macro level, the temporalities being examined take place in historical time (with outreach activities occurring for several centuries already in European cities), but they are also part of a political context encountered by the actors on a daily basis. This is especially true in the case of mobile outreach actions, which multiply and repeat, continually adapting to the current political and social frameworks. To counter some of the structural constraints which directly impact the resources that can or cannot be distributed, the teams have the distinct advantage of acting at night, which overturns the place of “daily” rhythms in the management of the marginalized in health care or social structures. In doing so, mobile outreach also creates a simultaneous situation of doubled “expectations” in the public space, incorporating both those of the potential beneficiaries, waiting for the passage of the rounds, and the expectations of the public regarding what the mobile teams might accomplish. In this overall context, the auto-perpetuation of social emergency outreach contributes to a re-examination of the various forms of stopgap measures involved in spatial and local justice. These different intertwined temporalities further complicate the decisions of mobile team members, who are already caught between limited distributable resources and the growing and repeated needs expressed in the space of the street.

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Abbreviations

115: national telephone number handling requests for assistance for homeless people or those in other great social difficulties

CADA: *Centre d'accueil des demandeurs d'asile*, a reception centre that provides administrative, social, and financial support for asylum seekers and refugees

CASO: *Centre d'accueil, de soin et d'orientation*, clinics providing healthcare and support

DHUF: *Dispositifs d'hébergement d'urgence pour les familles*, measures for providing emergency shelter for families

DNA: *Dispositif national d'accueil*, the French national asylum reception scheme

GUDA: *Guichet unique pour la demande d'asile*, a centralized service for asylum seekers

LOFT: *Logement pour familles en transit*, temporary housing for families transitioning away from homelessness

MdM: *Médecins du Monde*, or Doctors of the World

PASS: *Permanence d'accès aux soins de santé*, hospital programmes providing healthcare and social aid for the marginalized, paid for by the French government

SAMU Social: humanitarian associations that work against homelessness by providing ambulatory aid, and particularly concerned with providing housing and shelter

SIAO: *Service d'information, d'accueil et d'orientation*, a single departmental platform charged with coordinating and regulating the reception, shelter, and support for insertion and housing of homeless people – including the handling of phone calls to the 115 emergency services.