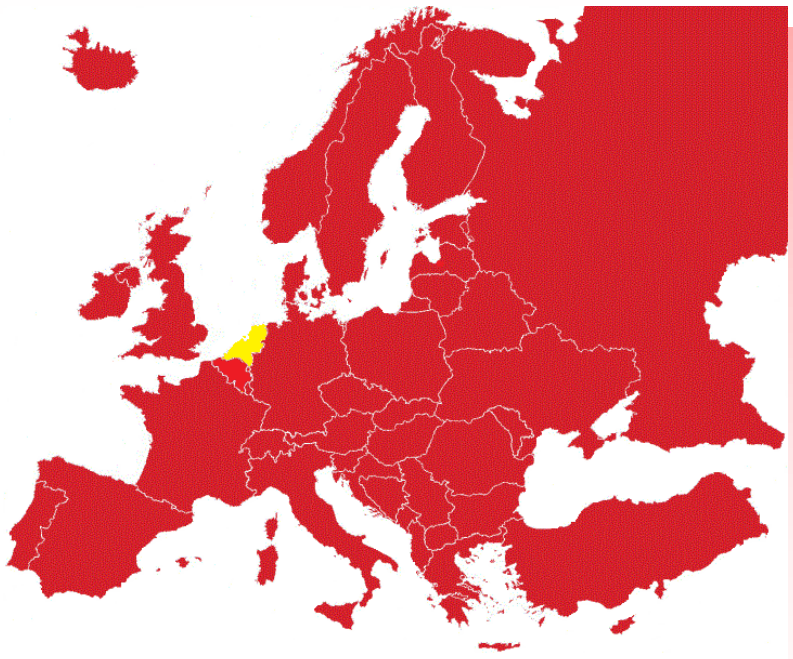
PEER REVIEW ON HOMELESSNESS POLICIES IN AMSTERDAM CITY (NETHERLANDS)

HABITACT PEER REVIEW 2010



HABITACT PEER REVIEW 2010

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PEER REVIEW on Homelessness Policies in Amsterdam
Discussion Paper

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1. The EU Strategy on social protection and social inclusion

1.1 The fight against homelessness as a European priority

Through the EU Strategy on Social Protection and Social Inclusion, the European Union coordinates and encourages national actions and policy development to combat poverty and social exclusion on the basis of European exchanges and mutual learning. As such, this Strategy tries to contribute to the achievement of the Union's strategic goal of sustained economic growth, more and better jobs, and greater social cohesion by 2010.

The Strategy was originally launched in 2001, then reviewed in 2006. The strategy has agreed common EU objectives in the areas of social inclusion, pensions, and health and long-term care. The EU common objectives on social inclusion include the objective of "ensuring access for all to the resources, rights and services needed for participation in society, preventing and addressing exclusion, and fighting all forms of discrimination leading to exclusion." Homelessness being one of the most severe forms of exclusion, this EU Strategy is therefore highly relevant for making policy progress on homelessness.

Every three years, all 27 EU countries submit national reports on progress made towards meeting these common objectives. The policies and actions outlined in these reports are then used as a basis for targeted exchanges on policies to tackle poverty and social exclusion such as child poverty policies, homeless policies, policies on financial exclusion.

In 2006, seven key policy priorities in the area of social inclusion were highlighted by the EU countries in their national reports (Joint Report, 2006) including Priority 5: "Ensuring decent accommodation: In some Member States attention is being given to improving housing standards; in others, to the need to address the lack of social housing for vulnerable groups. As such, the fight to combat homelessness and to ensure the right to decent housing became more and more a European priority.

This was even strengthened in 2008, when the European Parliament adopted a Written Declaration on ending street homelessness, asking EU countries to agree on an EU-wide commitment to end street homelessness by 2015 and calling on the European Commission to develop a European framework definition of homelessness, gather comparable and reliable statistical data, and provide annual updates on action taken and progress made in EU Member States towards ending homelessness. As a consequence, the European typology of homelessness and housing exclusion (ETHOS) (Edgar & Meert, 2005) was taken up as a basis for the discussion of the definition of homelessness across Europe[1]. The Measuring Homeless Study (Edgar et al, 2007) sets out a methodology for developing a homeless monitoring information system. The MPHASIS project (2008-2009) built on this study to organise transnational exchange on monitoring homelessness throughout Europe.
In 2009, homelessness was the thematic focus of policy exchanges within the EU social protection and social inclusion strategy, as the Social Affairs ministers of the 27 EU countries recently renewed their call for concerted EU action on homelessness in March 2009 (Joint Report, 2009).

[1] ETHOS classifies homeless people according to their living situation: (1) rooflessness (without a shelter of any kind, sleeping rough), (2) houselessness (with a place to sleep but temporary in institutions or shelter), (3) living in insecure housing (threatened with severe exclusion due to insecure tenancies, eviction, domestic violence), (4) living in inadequate housing (in caravans on illegal campsites, in unfit housing, in extreme overcrowding).

2010 is the European Year for Combating Poverty and Social Exclusion. The key objectives are to raise public awareness about these issues and renew the political commitment of the EU and its Member States to combat poverty and social exclusion. More specifically, the EU provides a framework through which Member States develop their own priorities and strategies. This framework consists of six priorities:

- Eliminating child poverty and poverty within families
- Facilitating access to the labour markets, education and training
- Overcoming discrimination and tackling the gender aspects and age aspects of poverty
- Combating financial exclusion and over-indebtedness
- Combating poor housing and housing exclusion
- Promoting the social inclusion of vulnerable groups

Thus, the fight to combat homelessness is a high priority on the European social inclusion agenda.

1.2 The fight against homelessness as a local responsibility

Responsibility for tackling homelessness is increasingly transferred to local authorities. In the past, there were no or few statutory obligations for public authorities to address the problem of homelessness. As a consequence, NGOs were generally left to find creative solutions to tackle homelessness and have consequently gathered a fair amount of expertise in this area (as reflected in FEANTSA). During the last decade(s), and for many countries during the last few years, local authorities have been given a statutory duty – or at least a moral obligation – to address homelessness. Local authorities are therefore progressively also becoming frontrunners in finding innovative measures to tackle homelessness. The situation for people experiencing homelessness and for actors involved in the fight against homelessness will be different from city to city. It is therefore best to use a bottom-up approach to address specific, local problems and find local, relevant solutions which work in the context of each individual city.

As a consequence, HABITACT, the European exchange forum on local homeless strategies, was launched with the support of FEANTSA in June 2009 by a core group of cities. Its first aim is to develop European cooperation between local social policy administrations on tacking homelessness. Demands from local authorities for research and information on tackling homelessness at local level are increasing for various reasons such as:

1. Responsibilities in this area are being decentralised in some countries (such as the Netherlands);
2. Countries with a national homeless strategy require research and tools for effective implementation at local level;
3. Local authorities which traditionally work independently from the national level need access to expertise/evidence on homelessness.

HABITACT peer reviews aim to build capacity of local policy-makers to effectively tackle homelessness at local level, and hence support the European exchanges within HABITACT with a clear evidence base for developing local homeless strategies.

2. Description of the Amsterdam case

The peer review is designed to deliver the following outputs:

1. To identify, evaluate and disseminate good practice on the Amsterdam homeless strategy;
2. To look at the implementation of policy on a practical level;
3. To assess whether and how good practice can be effectively transferred to other local authorities;
4. To provide a learning opportunity for cities throughout Europe about the implementation process or policy approaches and programmes in Amsterdam

To deal with these questions, we will firstly look at the Dutch context, the Strategy Plan of the 4 big cities in the Netherlands, the translation to the Amsterdam situation, the results of the strategy and needed actions for the future.

2.1 Understanding the national context

To understand the local homelessness strategy in Amsterdam, the broader Dutch policy context has to be clarified (Watson, 2009). The Social Support Act (WMO) is effective since January 2007 and implies a strong decentralisation of social welfare and health policies (Christiaans et al, 2008). More specifically, this act defines 9 performance fields: (1) promotion of social cohesion and quality of life, (2) the provision of prevention-focused support to young people, (3) the provision of information, advice and client support, (4) support to informal carers and voluntary workers, (5) promotion of social participation of people with disabilities (included mental health problems), (6) provision of services to people with disabilities, (7) policies on homeless services, women's refuge and domestic violence, (8) policies on addiction, (9) the organisation of public mental health care. The local authorities are responsible for its implementation. This also means that the local authorities are responsible for the coordination of local homelessness policies. In addition, this act enables local authorities to shape their public mental health policies in coordination with other local policies concerning housing, social assistance, debts and labour market activation.

2.2 The National Strategic Homelessness Action Plan 2007-2013

In 2003, the IBO [Inter-departmental policy research] study '*De maatschappelijke opvang verstopt*' [The social relief bottleneck] established that people remain too long in shelters. As a consequence, the four major cities in the Netherlands (Amsterdam, Rotterdam, Utrecht, Den Haag) joined forces to develop a common strategy to fight these bottlenecks. The central problem is that too many people apply for shelters and homeless people stay too long in these shelters. This is caused by a shortage of decent housing opportunities and by discrimination of homeless people on the housing market (outflow bottleneck). Also, more and more people apply to shelters; since they lose their house because of nuisance behaviour or arrears of rent. A third bottleneck is the lack of openness of regular health and social services for homeless people with complex and enduring needs (IBO, 2003). A fourth bottleneck is the inflow of former prisoners into shelters because of the lack of well-adapted care after incarnation. From the beginning the four cities did not want to limit their strategy to people living on the streets or in shelters. They wanted to focus on a much broader group of around 21,800 people living in a very vulnerable situation. Their lives are in a state of decline and dereliction.

Table 1a. Categories of vulnerable persons in the G4 [Big 4]

	Amsterdam	Rotterdam	The Hague	Utrecht	Total
Long-term, care-dependent (chronic psychiatric clients), derelicts	6,000	7,000	4,400	4,400	21,800
Nuisance care-avoiders[2]	2,000	1,500	400	800	4,700
Repeat offenders[3]					
Addicts	*1,100*	*600*	*350*	*350*	*2,400*
Mentally disturbed	*400*	*350*	*250*	*118*	*1,118*
Addicted and mentally disturbed	*400*	*350*	*300*	*100*	*1,150*
Other	*300*	*425*	*100*	*50*	*875*
Total	*2,200*	*1,725*	*1,000*	*618*	*5,543*

In 2006, the national government and the four major cities agreed to develop a common long-term strategy (2006-2013) to fight these bottlenecks, to diminish public nuisance behaviour by homeless people and to provide a stable form of housing for each individual. The cabinet, the four major cities and social organisations want the people concerned to be able to participate as fully as possible in society. That is difficult, for these people often suffer from psychiatric disturbances (including addiction) or serious psycho-social problems. At the same time, they have other problems in other areas of life. They see no opportunity to provide for their own subsistence (housing, income, social contacts, hygiene, etc).

The Strategy Plan rests on two central pillars:

- A client-centred approach using tailored, phased programmes and personal client managers (personal lifeguards).
- 100 % seamless co-operation between all the parties and agencies involved.

This individual treatment will eventually cover all 21,800 homeless people (table 1.a). It will start with the 10,150 actual homeless and residentially homeless persons (table 1.b). In other words, the first part of the strategy is mainly focused on category 1-4 of the ETHOS-typology. The size of these groups together in the four major cities amounts to over 10,000.

[2] Persons who cause public nuisance whereby there is a (causal) relationship with serious psychiatric problems, addiction and homelessness.
[3] Persons of 18 years or older who have more than 10 criminal convictions.

Table 1.b Target Groups for Social Relief (based on situation as on 1 January 2006)

Homeless persons	Amsterdam	Rotterdam	The Hague	Utrecht	Total
Actual homeless[4]					
Addicts	*1,500*	*1,035*	*700*	*350*	3,585
Mentally disturbed	*1,000*	*530*	*400*	*250*	2,180
Addicted and mentally disturbed	*400*	*300*	*250*	*150*	1,100
Other	*100*	*435*	*150*	*100*	785
Total	3,000	2,300	1,500	850	7,650
Residential homeless[5]					
Addicts	*450*	*200*	*200*	*150*	*1,000*
Mentally disturbed	*450*	*250*	*200*	*150*	*1,050*
Addicted and mentally disturbed	*100*	*150*	*100*	*100*	
Other					*450*
Total	*1,000*	*600*	*500*	*400*	*2,500*

This seamless co-operation will be manifest on the administrative and the operational level. At the administrative level, the municipalities will act as policy co-ordinators. In that role, they will take the initiative of agreeing (long-term) contracts with care agencies and private housing corporations concerning the supply of care and living accommodation for the target group. At the operational level of client intake, the field co-ordinators will be responsible for the seamless working of the client's relevant chain of support. The field co-ordinators will be commissioned by the municipality. The field co-ordinators will maintain the data that follow the client through the chain, and will determine on the basis of these where the problem areas and shortcomings can be situated.

The Strategic Plan has four major aims:

- The present 10,000-plus homeless persons and homeless persons who will be added from now, to be provided with incomes, with structural forms of living accommodation suited to the individuals concerned, with non-optional evidence-based care programmes (temporary if possible, structural where necessary) based on realistic diagnoses (including programmes based on the addiction policy and forms of possibly custodial intramural psychiatric facilities), and, as far as possible, with feasible forms of work.
- Homelessness as a result of eviction almost non-existent. The number of evictions in 2008 reduced to less than 30% of the 2005 figure. To the extent that evictions still take place, alternative and suitable living accommodation at the bottom end of the housing market to be offered.
- Homelessness as a result of detention almost non-existent. Homelessness as a result of leaving care institutions almost non-existent. Indicator: number of cases of homelessness after leaving care institutions.
- In a large proportion of the target group, nuisance behaviour reduced according to the Safety Monitor (to maximum 75% of the current level in 7 years).

[4] Persons who do not have their own living accommodation and who have to sleep for at least one night (in the month) outdoors, in the open air and in covered public areas, such as doorways, bicycle sheds, stations, shopping centres or cars; who sleep indoors in shelters provided by social relief, including one-day emergency
accommodation; who sleep indoors at the homes of friends, acquaintances or family, without prospects of a place to sleep for the following night.

[5] Persons who are registered as tenants with social relief institutions (boarding houses and social relief *pensions* etc., living accommodation based on private initiative aimed at semi-permanent occupancy by homeless people and private commercial boarding houses where mainly homeless people live).

Compared to the ETHOS-typology, the strategy aims at the categories 1-4, 6 and 9. Thus, asylum seekers are not part of the target group.

The fulfilment of these aims will be monitored by measuring five indicators on a yearly basis:

- Homelessness and the stability index (stable living accommodation, regular income, stable contact with the support services and form of daily occupation)[6].
- Number of evictions per year and number of evictions leading to homelessness per year.
- Number of cases of homelessness following detention.
- Number of cases of homelessness after leaving residential care.
- Number of convictions and number of reports of harassment.

The national government earmarked a budget of €170.000.000 (2006-2009) for the four big cities, consisting of 2/3 coming from the health insurances and 1/3 municipal budget (table 2).

Table 2. Overview of the extra costs estimated by the cities for 2006-2009

		2,006	2,007	2,008	2,009
Amsterdam	Municipality	2,563,333	9,660,000	15,146,667	17,980,000
	AWBZ	5,126,667	19,320,000	30,293,333	35,960,000
	Total	7,690,000	28,980,000	45,440,000	53,940,000
Rotterdam	Municipality	10,046,433	14,776,433	16,624,767	16,974,767
	AWBZ	20,092,867	29,552,867	33,249,533	33,949,533
	Total	30,139,300	44,329,300	49,874,300	50,924,300
Utrecht	Municipality	3,501,667	8,243,333	10,323,333	10,806,667
	AWBZ	7,003,333	16,486,667	20,646,667	21,613,333
	Total	10,505,000	24,730,000	30,970,000	32,420,000
The Hague	Municipality	4,236,667	9,500,000	12,070,000	12,563,333
	AWBZ	8,473,333	19,000,000	24,140,000	25,126,667
	Total	12,710,000	28,500,000	36,210,000	37,690,000
G4	Municipality	20,348,100	42,179,767	54,164,767	58,324,767
	AWBZ	40,696,200	84,359,533	108,329,533	116,649,533
	Total	61,044,300	126,539,300	162,494,300	174,974,300

[6] The stability index means that the homeless person receives during at least three months a relatively stable offer by the different services (income, housing, daily occupations).

2.3 The Amsterdam approach

The situation in Amsterdam in 2006 was characterised by:

- 4000 homeless people, including rough sleepers and people in shelters
- no specific control of the inflow into the shelters
- regular nuisance in specific areas in the city
- no diminishing of the amount of homeless people in spite of formal arrangements between the relevant actors and a larger supply of shelters

The municipality concluded that the failing of the current approach could only be reversed by developing a client-centred approach, which starts from the individual situation of the homeless person. The ultimate goal is that the clients can live independently as quickly as possible. This new approach can be summarised as 'as short as possible, as long as necessary' and 'the shorter the stay in hostels, the more people can make use of them'. However, from the beginning, the City Amsterdam not only focused on homeless people, but also on people at risk for losing their home and on persons with serious mental health problems. Compared to ETHOS, they focused on the categories 1-4, 6, 7, 10.

A client-centred approach implies that the situation is better diagnosed, that an integral plan with actions on different life domains is developed and that the actions of different actors on different life domains (housing, health, income…) are coordinated. These three tasks are executed by a new city service: "Instroomhuis". The city also strengthened their cooperation with the housing corporations to develop new housing concepts for the target group. This new client-centred approach was first developed in one part of the city, Zuidoost.

2.3.1 Targets

As part of the larger Strategic Plan, Amsterdam translated in 2006 its central targets for 2010 to fit its local conditions:

- 3600 homeless will have a client-centred approach using tailored, phased programmes and personal client managers (personal lifeguards).
- 60 % of them are in a 'stable mix'
- A decline of 30 % of the total amount of eviction
- An elimination of homelessness after prison release
- An elimination of homelessness after institutional care
- A reduction of nuisance behaviour below 70 % of the current level.

2.3.2 Methods and programs

To realise these ambitious goals, **four new interventions and programs** were developed. The first and most important program is the tailor-made approach. This means that: every homeless person will receive a **personal plan** consisting of services like health care, housing, income, labour, etc. This individual approach is executed under the direction of the GGD (Municipal Health Service). This program has several subprograms: overall coordination, fieldtables and Instroomhuis. The Instroomhuis is run by the joint homeless services, and is **the central co-ordination point** for homeless people in the city. The field co-ordinators have the following tasks:

- Functioning as main reporting centre for potential patients
- Functioning as a link to other bodies (e.g. judiciary)
- Organisation of a screening committee for registered patients with complex problems
- Allocation of clients to (the client managers of) administrative institutions (taking account of the existing contractual frameworks: e.g. the volume of purchased care programmes)
- Registration and monitoring of the client data and treatment programmes deployed
- General support of the client managers and the administrative institutions.
- Intervention when a treatment programme stagnates, for example through initiating consultation and co-ordination between chain partners concerning sequence and priorities for the individual client
- Monthly reporting to the municipal Social Relief executive

In other words, the Instroomhuis is the gateway to the homelessness services in the city. In addition, 40 persons can stay for a period of six weeks .The Instroomhuis has been operational since February 2009.

Every client has a **client manager** who has the following tasks:

- Creation and establishment of the tailor made plan
- Co-ordination of all the activities that are to take place within the framework of the plan
- Management of the client's electronic file (client tracking system)
- Monthly reporting to the co-ordination point
- Assisting the client towards establishing diagnoses, care and support (including legal proceedings/Mental Health Act), work and income (including budget management, debt rescheduling and wage schemes), living accommodation (including supervised) and daily occupation, etc.

The client manager will monitor the execution of the programme plan and inform the field co-ordinators / co-ordination point on progress. The field co-ordinators will intervene when an individual programme is stagnating

The second instrument was **the creation of new services and housing opportunities,** which were developed in cooperation with all local partners. Examples are 140 beds in hospitals, 500 trajectories of intensive psychiatric care in the community, 270 trajectories for psychotic youngsters, 1500 trajectories of budget management, 120 trajectories of debt assistance and 800 social activation trajectories. These new services focus on different causes and risk factors of homelessness and contribute to a more structural approach to tackle homelessness. These services were purchased in a joint operation of the City of Amsterdam and the Health Insurance Company. Concerning the new housing formats, we want to highlight the Discus-houses[7]. These 100 houses are dispersed over the city and are meant for long-term roofless people with serious and complex problems. Next to the housing facilities, they get home care and a daily occupation.

The third is the **prevention of evictions.** The municipality in co-operation with housing corporations and private landlords can prevent domestic evictions through early acknowledgement of the signs and problems that could eventually lead to eviction (such as overdebtness, criminal activity, anti-social behaviour), and introduce the appropriate assistance by assertive outreaching interventions. In Amsterdam the 'Eropaf' network is specialised in these interventions[8]. Their social workers visit unasked people who don't pay their rent to find a solution and to prevent eviction.

The fourth instrument is the **reallsation of social support systems** (Swildens, Van Audenhove & van Weeghel, 2003). The CSS model deals with the reality that quality care for persons with severe and enduring disabilities implies a vision that goes beyond the medical framework. It is indispensable to offer these people a care supply that is sufficiently large, varied and accessible; a supply furnished by diverse general and specialist health care and welfare services mutually collaborating and closely co-operating with informal carers and volunteers. A community support system contains a unity of services for treatment, support and rehabilitation, required for a patient to maintain oneself in society. This system does not only include specialised mental health care, but also general community services (e.g. for housing, labour, education and income support). The target group of this instrument are not people living on the street or in shelters, but it focuses on clients at risk for homelessness because of their complex and multiple needs.

Concerning the municipal budget of Amsterdam, the central idea was to work more efficiently with the current budget. At the same time, extra investments are necessary. In the period 2007-2010, the following investments were planned (Beleidsplan 2007-2010):

- an investment of 1.730.000 euro to continue the specific ambulant and residential care for youngsters
- an investment of at least 3,5 million euro to build specific shelters for drugs addicts.
- An investment of 8.000-12.000 euro in transitional accommodation with support to create 300 more opportunities.
- An investment of 24.000 euro to create a new registration system
- An investment of 326.000 euro to strengthen the fight against domestic violence by means of creating five service centres which realise at least 1.000 tailor made plans

Since the city of Amsterdam can't pay all these new initiatives, steps have been taken to other regional cities to share the financial costs.

[7] http://www.hvoquerido.nl/discus.html
[8] For more information: www.eropaf.org

2.3.3 Interim results in 2009

In 2009, 3738 homeless people have an individualised plan. 2510 persons of them are in 'a stable mix'. This means that they have a rather stable living accommodation, regularised income, stable contact with the support services and a form of daily occupation.

The total amount of evictions shows a downward tendency of 20 percent from 1026 in 2006 to 835 in 2007. The results of 2008 are not known yet, but the new 'Eropaf' method shows in every way even better results. This decline is even more striking, since the total amount of evictions rises in the other parts in the Netherlands. Concerning homelessness as a consequence of detention or institutional leave, the experiments are only starting in the beginning of 2009. New arrangements are made with judiciary services and mental health care institutions.

Anti-social behaviour and nuisance by homeless people has strongly diminished. For instance, nuisance behaviour by homeless drugs addicts in the neighbourhood 'Zuidoost' has declined by 66 percent. In the city centre, the police give evidence of a decline of 90 percent. In other words, the inhabitants see less homeless people living in the streets and homeless people are no longer a great nuisance to them. In addition, Rotterdam and Amsterdam have tried to measure the cost effectiveness of this new approach. The first results show that an investment of 1 euro in the homelessness Plan results in a saving of two euros in the policy domains of the policy and the justice. Also police services can invest their time in other tasks.

Moreover, the local community is also made more aware of homelessness as a social problem. Since services and shelters are more dispersed in the city than before and homeless people find a more stable housing, more inhabitants are confronted with them. This also means that they have to be more tolerant and less stigmatizing. The term stigma refers to problems of knowledge (ignorance), attitudes (prejudice) and behaviour (discrimination). Most research in this area has been based on attitude surveys, media representations of mental illness and violence. There is scientific evidence which shows that interventions to improve public knowledge about mental illness can be effective to reduce the stigmatising experiences of persons with (mental) disabilities. The main challenge is to identify which interventions will produce behaviour change to reduce discrimination (Tansella & Thornicroft, 1999; Thornicroft, 2006; Thornicroft, 2009). Professionals can play a central role in the fight against discrimination if they treat service users as persons instead of 'patients' or 'clients'. Research shows that when neighbours, shop keepers, bus drivers and the like actually meet service users their views often change dramatically.

To conclude, the City of Amsterdam developed its own strategy to enhance a client-centred approach to get homeless people in stable housing while at the same time to diminish anti-social behaviour and nuisance. They chose to broaden the target to people at risk for homelessness by developing social support systems and by preventing evictions. At the same time, the city invested in high quality living facilities for homeless people. The client-centred approach implied better cooperation and coordination between the mental health services, the local social assistance agency, the social services, the police and the judicial system.

3. Transferability issues

We want to highlight seven strengths of the Amsterdam approach. First, this strategy was partly developed bottom-up by the four large cities and partly in cooperation with the national government. From the beginning they developed a long-term approach 2007-2013 by defining the goals in measurable terms. This framework can still be adapted to the local conditions of each city. The development of the framework was preceded by an intensive research into the homeless population and the identification of various subgroups (victims of domestic violence, drugs addicts, young homeless people, groups at risk for eviction,...).

Second, the Strategic Homelessness Action Plan combines a housing first and continuum of care approach. Housing first emphasizes getting clients into housing at an early stage and assumes that people with mental health or substance misuse problems are capable of coping in their own tenancy with relevant support (Atherton & McNaughton Nicholls, 2008). The Continuum of care model requires clients firstly to address their health needs (drug misuse, mental health issues, etc). Clients progress up a staircase of transition with an independent tenancy as the ultimate objective. If the client fails, this results in moving down the staircase, with independent housing becoming an evermore distant possibility. Recent research evidence shows that a combination of both approaches leads to the best results. Housing alone is not enough, but it has to be part of an integrated and comprehensive support package from the beginning.

Third, the approach is based on a holistic vision, which focuses on the different causes of and solutions to homelessness. This vision combines the following essential elements:

- Prevention of homelessness by assertive outreach and by developing social support systems for groups at risk
- Getting people off the streets and stopping rough sleeping
- Keeping the stay at shelters as short as possible
- Strengthen the outflow out of shelters by developing new housing formats
- Working with the local community and to diminish NIMBY
- Creation of more qualitative shelters and housing opportunities to have a more?

Fourth, every homeless person has a tailor made care plan and a client manager. These client managers are responsible for the tailor-made plan to get people of the streets and get them into a stable situation. This plan pays attention to all life domains of the homeless person: housing, mental health problems, income, labour...To realize this individualized plan for every client, the cooperation of a broad array of services is necessary : the local authorities, mental health services, social housing companies, police, juridical services, local social assistance agency. All these actors share a strong belief that only cooperation and coordination can deliver better results. At the same time, to realise this involvement and commitment of these different actors is a permanent task taken up by the Instroomhuis. A specific partner are social housing companies which are motivated to develop new housing formats and to be more open to house homeless people.

Fifth, goals are defined in measurable terms which facilitates monitoring and evaluation. A new registration system is developed to monitor more effectively the performance of the various services. The performance is also evaluated yearly by an independent research agency (Trimbos, 2007[9]). Based on these data, the strategy is revised and redefined after three years. This means that the cities want to learn from their mistakes and want to counter (unintended) side-effects.

Sixth, the four large cities have agreements on the former residence of the homeless population. These arrangements permit to avoid free-riding by some homeless people who travel from city to city. More concretely, the central coordination service checks the main place of residence of the homeless person. If he has stayed longer than a specific period in another city, then he is guided to the homelessness services of the other city.

Seventh, the City stimulates user involvement and participation of homeless people by installing councils in the shelters and by creating a central council of homeless people. These councils provide feedback of the homeless people on the performance of the services. As such, this approach fits into a broader empowerment and participation framework which encourages the effective involvement of people experiencing homelessness (FEANTSA, 2009).

[9] www.trimbos.nl

4. Challenges for the future

In the past 4 years the most urgent problems have been solved in the city of Amsterdam. People are off the streets and the total amount of nuisance and anti-social behaviour is diminished strongly. But the city faces an even larger challenge: how to continue the results, how to move people out of the facilities into permanent housing, how to get better results in preventing homelessness. In other words, there is a growing awareness to invest even more in housing first and in more permanent housing. Current national cutbacks and a waning feeling of political urgency makes the continuation and the reinforcement of the strategic plan even more challenging.

At the moment, the four cities are now developing the second phase by means of a new action plan (2010-2013). While the first phase stressed quantitative measures such as total amount of tailor-made plans, diminishment of nuisance, the central idea of the second phase is to pay more attention to qualitative characteristics of the strategy and to strengthen the participation of the homeless people themselves. At the same time, the four cities want to strengthen their approach to prevent homelessness and to speed up the outflow out of shelters.

It becomes also clear that some groups are not captured by the current approach. The first group is a rather small amount of homeless people who show such deviant behaviour which makes it extremely difficult to find an adapted approach to their problems. Their social and mental health problems (such as addiction and debts) are undeniably recalcitrant. A second group are illegals who are at the moment an important subgroup of rough sleepers. They are not part of the target group of the national Strategy Plan. A third group are the ethnic-cultural minorities. At the moment, it remains rather unclear to what extent the current approach sufficiently deals with cultural differences.

5. Key questions

The focus of this Peer Review is to examine local approaches to tackling homelessness. The discussion could therefore focus on the following specific questions in relation to the situation in the peer cities.

1. How to measure outcomes/impact of homeless policies
2. How to measure cost-effectiveness of interventions
3. How to plan a local homeless strategy in terms of budgets, objectives and services
    a. How to create the dynamics at local level (stakeholder consultation)?
    b. Is decentralisation necessary to develop a comprehensive and effective homelessness strategy?
    c. What are the driving forces of successful cooperation between all these different services with their own mission, vision and working methods?
    d. How to prioritise the target groups: rough sleepers, people in shelters, people at risk…
4. How to work with the local community?
5. What are the effects of working with tendering procedures? Side effects? Negative effects?
6. Cost-benefit analysis: how to calculate the costs for developing a strategy?

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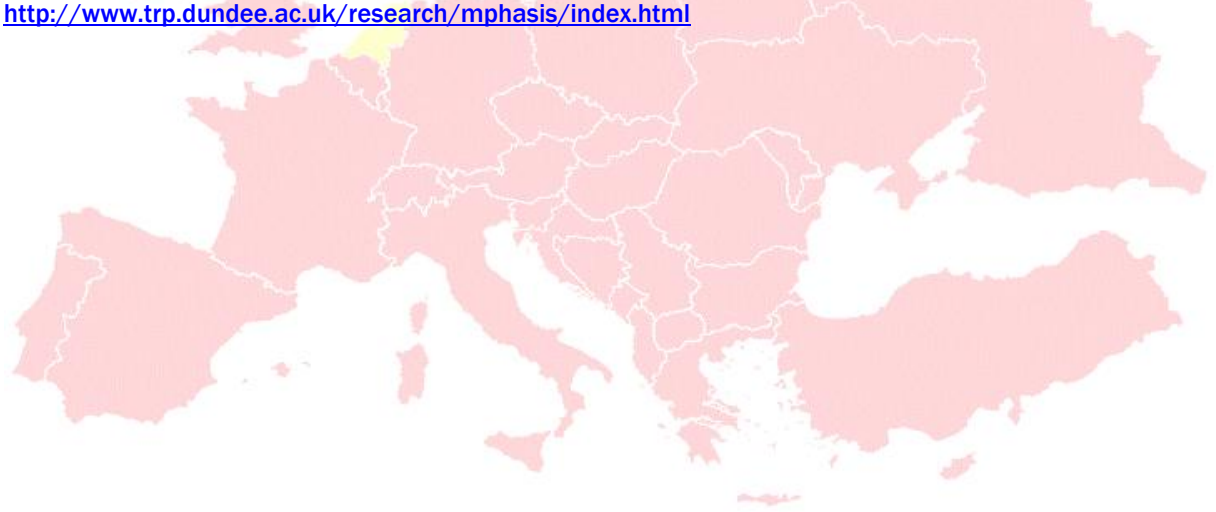

Annex: ETHOS – European Typology of Homelessness and housing exclusion

Conceptual Category		Operational Category		Living Situation		Generic Definition
	ROOFLESS	1	People Living Rough	1.1	Public space or external space	Living in the streets or public spaces, without a shelter that can be defined as living quarters
		2	People in emergency accommodation	2.1	Night shelter	People with no usual place of residence who make use of overnight shelter, low threshold shelter
	HOUSELESS	3	People in accommodation for the homeless	3.1	Homeless hostel	Where the period of stay is intended to be short term
				3.2	Temporary Accommodation	
				3.3	Transitional supported accommodation	
		4	People in Women's Shelter	4.1	Women's shelter accommodation	Women accommodated due to experience of domestic violence and where the period of stay is intended to be short term
		5	People in accommodation for immigrants	5.1	Temporary accommodation / reception centres	Immigrants in reception or short term accommodation due to their immigrant status
				5.2	Migrant workers accommodation	
		6	People due to be released from institutions	6.1	Penal institutions	No housing available prior to release
				6.2	Medical institutions (*)	Stay longer than needed due to lack of housing
				6.3	Children's institutions / homes	No housing identified (e.g by 18th birthday)
		7	People receiving longer-term support (due to homelessness)	7.1	Residential care for older homeless people	Long stay accommodation with care for formerly homeless people (normally more than one year)
				7.2	Supported accommodation for formerly homeless people	
	INSECURE	8	People living in insecure accommodation	8.1	Temporarily with family/friends	Living in conventional housing but not the usual or place of residence due to lack of housing
				8.2	No legal (sub)tenancy	Occupation of dwelling with no legal tenancy illegal occupation of a dwelling
				8.3	Illegal occupation of land	Occupation of land with no legal rights
		9	People living under threat of eviction	9.1	Legal orders enforced (rented)	Where orders for eviction are operative
				9.2	Re-possession orders (owned)	Where mortagee has legal order to re-possess
		10	People living under threat of violence	10.1	Police recorded incidents	Where police action is taken to ensure place of safety for victims of domestic violence
	INADEQUATE	11	People living in temporary / non-conventional structures	11.1	Mobile homes	Not intended as place of usual residence
				11.2	Non-conventional building	Makeshift shelter, shack or shanty
				11.3	Temporary structure	Semi-permanent structure hut or cabin
		12	People living in unfit housing	12.1	Occupied dwellings unfit for habitation	Defined as unfit for habitation by national legislation or building regulations
		13	People living in extreme over-crowding	13.1	Highest national norm of overcrowding	Defined as exceeding national density standard for floor-space or useable rooms

Note: Short stay is defined as normally less than one year; Long stay is defined as more than one year.
This definition is compatible with Census definitions as recommended by the UNECE/EUROSTAT report (2006)

(*) Includes drug rehabilitation institutions, psychiatric hospitals etc.

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