
The Dutch Strategy to Combat Homelessness: From Ambition to Window Dressing?

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Introduction

This policy review focuses on the Dutch strategy to combat homelessness. In the first years of this century, a sense of urgency with regard to combatting homelessness was growing. This resulted, in 2006, in an action plan created by the four large cities (Amsterdam, Rotterdam, the Hague and Utrecht) in conjunction with the national government and based on an ambitious vision in which a structural approach to ameliorate the situation of homeless people was combined with a more hidden paternalistic approach, which involved cleaning the streets and curbing public nuisance. The action plan 2006-2013 consists of two phases, with the action plan becoming a national action plan in 2008 when the other 39 smaller cities were encouraged to develop their own regional action plans. At present, the implementation of the second phase is evolving, but a growing gap between the discourse and the actual implementation can be observed. This paper starts with a short introduction into the Dutch welfare state and the specific position of the services for the homeless. Next, the paper describes the two plans and reviews the results. The last part of the paper focuses on the current austerity measures and the restricted rules concerning the 'regional bonds of the homeless', which, possibly, temper the results gained during the first phase of the action plan.

The Dutch Welfare State and Services for the Homeless

The Dutch welfare state was, during the 1990s, usually regarded as a 'hybrid' type, in between Esping-Andersen's regime types of corporatism and social-democracy (Arts and Gelissen, 2002). Although Esping-Andersen (1990) classified the Dutch welfare state as 'corporatist', Goodin et al (1999) concluded that the Dutch welfare state comes closer to the 'social-democratic' type, because of its universal 'people's

insurance' that covers all citizens, and because of the generosity of its social benefits. However, during the 1990s the Dutch welfare state was under pressure not only because of financial problems, but because it was also considered an uncontrollable system. The social security reforms of the 1990s were therefore primarily aimed at influencing the behaviour of social benefit claimants, social security institutions and all the societal organizations connected to the Dutch social security system (Snel *et al.*, 2008). Van der Veen (1999) describes the new social security reforms of the 1990s as the transition from a social right paradigm to an incentive paradigm because of the reduction of the level and duration of benefits, the more selective and conditional access to these benefits, and the strong emphasis on 'activating' labour market policies. These policy measures implied a strong diminution of social spending. While in 1980, at the end of the post-war period of European welfare state growth, the Dutch Welfare State spending of 26.9% was third in the league table after Denmark (29.1%) and Sweden (28.8%), by 2001 the Dutch level had fallen to 21.8%, while Denmark and Sweden stayed at the top with 29.2% and 28.9%, respectively. Thus, while Dutch spending was well above the EU15 average in 1980, in 2001 it was considerably below this average (Van Oorschot, 2006).

The services for homeless people ('Maatschappelijke Opvang') are private, non-profit organisations that offer different kinds of services and accommodation (night shelters, homeless hostels, temporary supported accommodation, women's shelters and crisis shelters). Until 1994, these services were subsidized by the central government. In 1994, the Welfare Act (*Welzijnswet*) decentralized homelessness policies (as well as drug addiction services). Since then, all municipalities have to implement them, but only a small number of larger municipalities receive financial means from the central government to subsidize services for homeless people in their region. In 2007, the Social Support Act (*WMO*) replaced the Welfare Act and implied an even stronger decentralisation of social welfare and health policies. 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 for informal carers and voluntary workers, (5) promotion of social participation of people with disabilities (including mental health problems), (6) provision of services to people with disabilities, (7) policies on homeless services, women's refuges and domestic violence, (8) policies on addiction, and (9) the organisation of public mental health care. The municipalities are responsible for the implementation of this new Act, and as a consequence, they are responsible for the development and the coordination of local homelessness policies.

With regard to housing policies, the Netherlands is the country with the largest share of social housing in the EU, where it accounts for about 32% of the total housing stock, and some 75% of the rental stock in the country. Registered social

housing organisations in the Netherlands ('woningcorporaties') are private, non-profit organisations with a legal duty to give priority to housing households on lower incomes. They are independent organisations, setting their own objectives and bearing their own financial responsibilities. Their task is not only to build, maintain, sell and rent social housing stock, but also to provide other kinds of services (such as social services), which are directly related to the use of the dwellings, to the occupants. In other words, these social housing organisations have an important role in preventing homelessness. There are currently about 425 such registered social housing organisations.

A Sense of Urgency in the Four Large Cities

In 2003, the IBO study (Inter-departmental policy research study; IBO, 2003) was conducted by all relevant national public services (social welfare, health care, housing, social security, justice, police and health care) as a reaction to a report about care for homeless youth by the Court of Audit, which monitors whether the government spends public funds, and conducts policy as intended. The Court of Audit started their research because the Minister of Health, Social Welfare and Sport couldn't answer questions concerning the numbers of homeless youth and service capacity in the Dutch parliament. In their report, the Court of Audit affirmed the lack of national data on young homeless persons, the lack of clarity about the type of services available, the way these services are financed, and the responsibilities of the different actors involved. The Court of Audit also argued for greater cooperation between local social services, mental health services, the police and the juridical department.

The IBO study itself focused on all services for homeless people, and its main target was to formulate policy recommendations. With regard to the main 'bottlenecks' in homelessness, the study states that too many people apply for shelters and that homeless people stay too long in these shelters. This is due to a shortage of decent housing opportunities and to the discrimination towards homeless people on the housing market (outflow bottleneck). Also, more and more people apply to shelters, having lost their house because of nuisance behaviour or rent arrears. A third bottleneck is the lack of openness of regular health and social services to homeless people with complex and enduring needs. A fourth bottleneck is the inflow of former prisoners into shelters because of the lack of well-adapted care after incarceration. As a consequence, more and more people have to live on the streets, which causes nuisance and criminal behaviour. The report also highlighted the need for a more coordinated strategy against domestic violence and the need for valid statistics on the numbers of homeless persons. The main policy recommendations relate to an increase in services for homeless people and a stronger policy focus on prevention

and outflow out of homeless services. The report pleads for (1) prevention services to avoid evictions and to avoid an accumulation of financial debts, (2) a coordinated approach for persons who leave care institutions or prison, (3) the development of more expertise and competence as regards social workers, (4) a national framework to collect data on homelessness, (5) a stronger governance role for local authorities, and (6) the introduction of a client-centred approach and case management techniques to accelerate the outflow out of homelessness. These recommendations laid the foundation for the national strategy in 2006.

In 2006, the national government and the four major cities (Amsterdam, Rotterdam, Utrecht and the Hague) agreed to develop a common long-term strategy (2006-2013) to fight the current bottlenecks, to diminish public nuisance behaviour by homeless people and to develop a client-centred approach combining care and housing opportunities for each individual. The driving force behind this strategy was Zalm, the Minister for Finance, who was responding to the impassioned plea by Ine Voorham, head of the Dutch Salvation Army on the situation of homeless people in the Netherlands. After visiting some shelters and discovering the complexity of homelessness policies on the local level, the Minister brought together the local governments of the four cities to develop a coordinated strategy to combat homelessness. In the four cities, a sense of urgency was also caused by the safety problems arising in the cities as a consequence of the large numbers of people living on the streets, often drugs addicts and people with severe mental illness. A further impetus to developing the national strategy were the financial means that were promised by the Minister of Finance; he promised €480m for the period 2006 to 2010.

The G4 Homelessness Action Plan 2006-2013

The Strategic Plan has four major aims:

1. To provide the current 10 000 homeless persons with incomes, structural forms of living accommodation suited to the individuals concerned, evidence-based care programmes (temporary if possible, structural where necessary) and, as far as possible, realistic forms of employment.
2. To render homelessness as a result of eviction almost non-existent, with the number of evictions to be reduced by 30%. To the extent that evictions still take place, alternative and suitable living accommodation has to be offered.
3. To render homelessness as a result of detention or leaving residential care institutions almost non-existent.
4. To reduce significantly the level of public nuisance caused by homeless people.

Relating this to the ETHOS typology, the strategy is aimed at categories 1-4, 6 and 9 – that is, people living rough, people in emergency accommodation, people in accommodation for homeless people, people in women’s shelters, people due to be released from institutions, and people living under threat of eviction. The national government earmarked a budget of €170m (2006-2009) for the four big cities, two thirds of which comes from health insurance, and one third from the municipal budget. In other words, the central, as well as local governments invested to a large extent in this new approach to combatting homelessness.

The fulfilment of these aims was monitored by means of five indicators measured on a yearly basis:

1. The stability index (the number of homeless people with stable accommodation, a regular income, a solid contact with the support services and a form of daily occupation).
2. Number of evictions per year and number of evictions leading to homelessness per year.
3. Number of cases of homelessness after detention.
4. Number of cases of homelessness after leaving residential care.
5. Number of convictions and number of reports of harassment.

Trimbos, an independent research institute, publishes a yearly report on these indicators, in which separate scores for the four cities are displayed. As a consequence, the four cities challenge each other to deliver better results. At the same time, the operationalization of these indicators raises questions. More specifically, the last four indicators are based on a time period of one month. This implies that homeless people who apply for services more than 30 days after they ended detention, left residential care or were evicted aren’t counted. The stability index indicates whether the homeless person can be classified as relatively stable for at least three months in terms of the different services offered (income, housing, daily occupations).

The action plan rests on two central pillars: (1) a client-centred approach using tailored, phased programmes and personal client managers, (2) 100% seamless co-operation between all the parties and agencies involved. This individual treatment will eventually cover all 21 800 homeless people (Table 1). During the first phase (2006-2009) it will start with the 10 150 actual homeless people and residentially homeless persons. This categorisation of homeless persons was developed by Wolf (2002). Actual homeless peoples are those persons that do not have their own living accommodation and who have to sleep for at least one night a month outdoors, in the open air or in covered public areas, such as doorways, bicycle sheds, stations, shopping centres or cars, or who make use of one-day emergency accommodation.

Residential homeless people live in residential homelessness services. In other words, the first part of the strategy is mainly focused on categories 1-4 of the ETHOS typology – that is, people living rough, people in emergency accommodation, people in accommodation for homeless people, and people in women’s shelters. In the four major cities, the size of these groups together amounts to over 10 000. However, these are only estimates, since no valid and reliable data are available.

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

Homeless persons					
	Amsterdam	Rotterdam	The Hague	Utrecht	Total
Actual homeless					
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					
Addicts	450	200	200	150	1 000
Mentally disturbed	450	250	200	150	1 050
Addicted and mentally disturbed	100	150	100	100	450
Total	1 000	600	500	400	2 500

Bron: G4 en het Rijk (2006)

A client-centred approach implies that the situation is better diagnosed, that an integral plan with actions in different life domains is developed, and that the actions of different actors in different life domains (housing, health, income...) are coordinated. This means that every homeless person will receive a personal plan with services like health care, housing, income, labour and so on. This individual approach is executed under the direction of the municipality. A local co-ordination centre is installed and is run by the joint homeless services. The field co-ordinators have the following tasks:

- To function as a link to other bodies (e.g. the judiciary)
- To organise screening committees for registered users with complex problems
- To allocate users to (the client managers of) administrative institutions (taking account of existing contractual frameworks, e.g., the volume of purchased care programmes)
- To register and monitor user data and treatment programmes

- To provide general support for client managers and administrative institutions.
- To intervene when a treatment programme stagnates, for example by initiating consultation and co-ordination between the relevant services

Within this approach, every client has a client manager who has the following tasks:

- To develop a user-centred plan
- To co-ordinate all activities that are to take place within the framework of the plan
- To manage the client's electronic file (client tracking system)
- To report monthly to the local co-ordination centre
- To assist the client during the diagnostic process, and with care and support, income (including budget management and debt rescheduling), accommodation and daily occupation.

The client manager monitors the execution of the plan and informs the field co-ordinators or the co-ordination centre on progress, but doesn't intervene. The field co-ordinators intervene when the plan's implementation is stagnating.

This seamless co-operation can be situated at the administrative and operational level. The municipalities act as policy co-ordinators as stipulated by the Social Support Act. In that role, they take the initiative of agreeing (long-term) contracts with local welfare and health agencies and social housing corporations with regard to the supply of care and living accommodation for the target group. Alongside accelerating the outflow out of homelessness, prevention strategies are developed at the local level. The cities cooperate with housing corporations and private landlords to prevent evictions by means of early acknowledgement of the signs and problems that could eventually lead to eviction (such as indebtedness, criminal activity or anti-social behaviour), and by means of assertive outreach.

However, not all homeless people are targeted by this plan. A first exclusion criterion is age. Only adults older than 18 can apply for these services. Minors are the responsibility of youth services. A second exclusion criterion is immigration status; asylum seekers and undocumented immigrants are not included. A third exclusion criterion concerns ties with the local area, or 'local bonds'; this means that homeless people can only apply if they have been in the particular city for more than six months. Through this rule, the four cities try to avoid 'shopping' by homeless people that travel from city to city. The four cities make operational agreements about how to deal with these homeless people; this is called a 'warm transfer' from one city to another.

From a G4-plan to a National Strategy

The plan of action, which was first implemented by the four large cities, became a national strategy in 2008. The 39 other smaller cities also received national financial means to develop and implement regional plans of action. Evaluation research by Movisie (2009) and Planije, Maas and Been (2010) shows that the 39 smaller cities are developing local coordination centres, procedures and forms to measure the extent of homelessness. These cities are also implementing a person-centred approach with an individualised plan as their central instrument (Movisie, 2009). These smaller cities are not only responsible for their own territory, but they also have a coordinating role for the whole region. Starting from 2009, a national monitor includes the results of the five indicators for every smaller city.

Article 20 of the Social Support Act stipulates that services for homeless people that are financed by the central government have to be accessible to every Dutch inhabitant. At first sight, this seems a strong legal protection of the right to support for every homeless person. However, the operationalization of these accessibility rules raises questions concerning this legal enforcement. The cities made an arrangement whereby they provide the necessary first shelter (bed, bath and bread) and decide together with the client which city or municipality is responsible for the client-centred approach based on the chance of a successful trajectory. An assessment is made based on five factors (VNG, 2011): (1) whether the person has lived at least two years of the last three in a particular municipality, (2) whether the person has a social network in this locality, (3) whether the person is known by local care agencies or the police, (4) the person's place of birth, (5) if the municipality with which the person has the strongest bonds will not be chosen, the reasons for this choice. All this is discussed with the individual concerned. These rules create a good deal of discretion at the local level. This creates advantages as well as disadvantages. The main qualities of this kind of decentralisation are (1) adaptation of policies to local conditions and needs, (2) co-ordination of the activities of the range of national, regional and local policies, (3) mobilisation of local public authorities, employers and others supporting policy goals. At the same time, this kind of discretion can lead to uneven provision between localities and to a 'race to the bottom' between regions, in which homeless people become the targets of municipalities trying to get rid of homeless people. It also remains unclear to what extent homeless people themselves have a voice in this decision.

Interim Results in 2010

The first phase of the national action plan ended in 2010. Based on the national monitor, the four large cities have realised the four central goals comprehensively (Maas and Planije, 2010). The monitor shows that, at the end of 2010, 12 436 homeless people had a personal plan and 7 476 were in a stable mix of housing, a legal income and relatively stable contact with the social services. This is even more than was estimated in 2006. The other goals were also accomplished. The total number of domestic evictions was diminished by 30%. Only 9% of new entries in local coordination centres were people who had been evicted in the last month. Also, the targets for care leavers and ex-prisoners were realised, and the indicator showed a striking decrease in public nuisance caused by homeless people.

The national action plan mainly involves a continuum of care approach, supplemented by some Housing First initiatives. 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 even more distant possibility. In the Netherlands, this is illustrated by the use of the 'housing ladder', which shows the level of autonomous living the client is capable of. The lowest spot is sleeping rough and the highest spot is living independently. Between those two extremes, different types of temporary accommodation and supported housing are distinguished.

Despite the dominance of the continuum of care model, some Housing First experiments have also been introduced. The first was 'Skaeve Huse', based on the Danish model, which involves container units meant for those people who can't live within the regular housing market, and who are not allowed to live in residential services for homeless people because of extremely disruptive behaviour. Evaluation studies by SEV (2009) and Van den Handel (2009) show that 'Skaeve Huse' dwellers, as well as the local community, are positive about the results. Public nuisance also remains limited. Another example is the 'Discus Houses' in Amsterdam, which can be considered as a relatively pure form of Housing First. The houses are meant for persons with complex problems. The only condition is that they receive professional financial help. The homeless people themselves are responsible for their housekeeping. A recent evaluation study by Maas *et al.* (2012) shows very positive results. The target group is chronic homeless people. 80% were actual homeless for an average period of 8 years. About two thirds of the 123 persons still make use of these houses. They are very enthusiastic about this kind of housing and testify that their quality of life is greatly ameliorated. The researchers admit that this isn't a pure effectiveness study, but they are convinced that this innovative kind of housing targeted at chronic homeless people is a success.

Concerning the diminution of evictions, an effectiveness study by Van Laere *et al.* (2008) investigated the approach of assertive outreach services for people with rent arrears or who were responsible for nuisance in social dwellings. The services use a form of soft coercion for people who refuse help. The study shows that the quality of the home visits explains the positive effects on avoiding evictions. More specifically, it depends on the way the social workers try to build a relationship of trust and pay attention to the social and health problems behind the rent arrears. The researchers recommend that the social housing companies improve their system of home visits to detect risk situations more appropriately. Another team of researchers has made a cost effectiveness study of this system of home visits. They estimated the housing company's cost of such a home visit method at €3300 per year. By comparison, the cost of an eviction is €7000. In addition, the cost of services for a homeless person is estimated at €53000 on a yearly basis (Van Summeren and Bogman, 2011). The researchers conclude that this intervention is cost-effective.

In addition to the quantitative scores on the main policy indicators, the Trimbos Institute also conducted a more qualitative process evaluation (Maas and Planije, 2010). The analysis shows that the four cities have organised a central coordination centre, which also checks the regional bonds, executes an inquiry into the social situation of every new homeless person and dispatches them to the indicated service. The evaluation also shows the growth of the service's capacity. One of the difficult aspects of the action concerns the regional bonds, for which it remains difficult to make arrangements. The researchers interviewed homeless representatives. They point to increased user participation trajectories, more services, and better cooperation between services. However, a lot of progress can be made in the way these services cooperate and the way they inform their clients of procedures, and of available services and support. They criticise the fact that the action plan focuses too much on homeless people with addictions and those who cause public nuisance. The cooperation between services can ameliorate a lot, as can the way user organisations are involved in policy processes.

At the end of the first phase, the National Federation of Services for Homeless People (Federatie Opvang, 2009) also did an evaluation of the G4-strategy. The Federation acknowledges the positive effects of the action plan, such as the realization of the four main targets, the implementation of the client-centred approach and the use of trajectory plans, the improved cooperation between cities, the increased user participation and the expansion of services. However, the Federation is critical of the way in which the four cities implemented the action plan, specifically in relation to what the Federation perceives as increased bureaucratization, and a culture of control and accountability created by the four cities, and a perception that new services are not being delivered due to concerns by local communities to the location of homeless services.. The Federation argues that there is a thin line in

the action plan between ameliorating the living situation of homeless people from an emancipatory point of view, and implementing punitive, repressive treatment of people at the margins of society in order to clean the streets, as cities sometimes use compulsion to get people into a trajectory plan.

In conclusion, it is pertinent to highlight the strengths and limitations of the first phase. 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: (1) prevention of homelessness by assertive outreach, (2) getting people off the streets and stopping rough sleeping, (3) the creation of more shelters and housing opportunities, (4) strengthening the outflow out of shelters through a client-centred approach and case management techniques. The client-centred approach has resulted in better cooperation between mental health services, local social assistance agencies, social services, the police and the judicial system. The goals were defined in measurable terms, which facilitated monitoring and evaluation. A national system of monitoring was developed to measure the performance of the various services. With regard to limitations, the exclusion criterion of 'region bonds', which hasn't yet been clarified, should be highlighted. Homeless people need to have links to the city in which they apply for help. The large cities have no clear agreements on the definition of this concept. As such, this criterion acts as an important threshold for getting help. In addition, Dutch homelessness policies are characterised by a combination of emancipatory and disciplinary arguments. It is not always clear which underlying motives dominate the plan of action: security arguments to clear the streets and to diminish the public nuisance caused by homeless people, or a structural approach to ending homelessness. The results show that the latter dominates, but the former have an important effect on the way local services deal with homeless people, and more specifically, the way a client-centred approach based on freedom of choice is threatened. Finally, the yearly monitor only shows the results of the plan's four targets, but doesn't gauge whether the current supply of services meets the needs of homeless people.

The Second Phase of the Plan of Action 2010-2013

The first phase of the plan of action ended in 2009. In the beginning of 2010, the four big cities and the central government signed a declaration of intent, in which they stated that homeless persons and persons at risk will be helped to reintegrate into society. This letter of intent was translated into a new plan of action. The new plan was presented in parliament, together with a cost benefit analysis by Cebeon (2011). The report highlights the positive benefits of the prevention policies, the client-centred approach, and the assisted living opportunities for different groups

of homeless persons. More specifically, the prevention of homelessness and immediate action in terms of assisted living results in a strong societal return on investment. €1 for this target group results in benefits of €2.2. The largest benefits are established for the group of residential homeless persons. An investment of €1 for this group generates benefits of €3.5. In other words, preventive policies are cheaper than curative policies, and residential services and assisted living is cheaper than sleeping rough because other costs (in the sectors of care and safety) are avoided. This report acted as a legitimation of the homelessness policies and, more specifically, of the second phase of the plan of action.

This plan retains the goals of the first plan, but adds three additional goals: (1) to prevent homelessness and to prevent re-entry into homelessness, (2) to avoid rough sleeping by getting people into homelessness services, (3) to accelerate the exit out of services and to integrate homeless people (back) into society. More specifically, new methods are developed to detect risk situations by developing a neighbourhood-based approach, by preventing debts and evictions, and by diminishing the risk of young people becoming homeless. The main innovation is permanent recovery strategies focused on persons at risk and realized through continuity of care, developing local care networks and activating informal social support.

The second phase expands the target group of homeless persons to persons at risk, which are captured in the concept of 'socially vulnerable' groups. This concept has been used in the Netherlands since the beginning of 2000 to describe those who don't have sufficient sources to deal with their difficulties and misfortunes on their own. They have complex problems in different life domains, although they don't seek help. It is believed that they need informal social support and formal care to function well in society. It is estimated that 1% of all inhabitants of the large cities are socially vulnerable. More specifically, in the four big cities, at least 20000 people fall into this category. This number is a rough estimate made by the large cities. Social vulnerability is caused by larger social factors such as economic recession and by personal risk factors such as broken family relationships, abuse, and a history of care placements.

With regard to the governance structure, the 39 smaller cities are responsible for services for actual and residential homeless persons. They coordinate the network of services, which consists of the local social services, mental health care services and drug addiction services. All municipalities have a broader responsibility for socially vulnerable persons ('potential homeless') who are still living at home. This broader task fits the Social Support Act that imposes a responsibility on the municipalities to develop local social policies that prevent social exclusion and that enhance social participation. In other words, the second phase of the Plan of Action is coupled with the broader Social Support Act.

The policy indicators are also reviewed in the new plan of action. First, with regard to evictions and people leaving youth care, mental health care institutions or prisons, the period that will be considered is expanded to 3 months, and a new target group is added, namely people leaving specific services for homeless people. Second, the concept of a client-centred approach is operationalized in three indicators: (1) the number of homeless persons with an individualized plan, (2) the number of homeless persons that have had a relatively stable income, housing and contact with the support services over the last three months, (3) the number of homeless persons that have had a relatively stable income, housing, daytime activities and contact with the support services over the last three months. Third, the amount of public nuisance is measured. Fourth, all of these indicators are divided into two groups: young people under 23 years of age, and adults. The new indicators imply a stricter monitoring of the services' performance. However, at the time of writing (October 2012) there is no public report available yet.

In conclusion, the second phase continues the first plan's policy actions that are focused on actual and residential homeless persons and adds a new target group of potential homeless persons, which are captured within the concept of social vulnerability. The policy indicators are stricter and put more pressure on the cities. The elaboration of the target group implies even more cooperation at the local level between different policy sectors such as poverty policies, housing policies, labour market policies and mental health care. In addition, this extension implies greater accountability for all municipalities. However, this new target group is a lot harder to demarcate and isn't monitored in the new set of indicators.

Implementation under Pressure?

Since 2011, the four cities have operationalised these targets in their own plans of action. However, the implementation is coming under pressure because of the current austerity measures. First, the national action plan itself calls for a sense of realism because of the current economic situation in the Netherlands. As is mentioned in the plan, "in times of recessional budgets, the national government and the municipalities have to use the current available means in a creative and efficient manner" (G4 en het Rijk, 2011: 45-46). In addition, the plan recognizes that its new financial implications can't be overseen well. Second, there is a growing gap between the plan's discourse on the fight against homelessness and actual local policies that restrict accessibility to services for homeless people.

Austerity measures

The first plan of action was based on research into the numbers of actual and residential homeless persons in the four cities. The current plan of action enlarges the target group, but, as was mentioned earlier, the group of socially vulnerable people is much more difficult to map and to measure. This new plan of action is coupled with the policy intentions of the Social Support Act. However, an evaluation study by SCP (2010) into the implementation of the Social Support Act concludes that socially vulnerable people, such as persons with learning disabilities and chronic psychiatric disorders, are not a real policy priority at the local level:

“Local authorities have taken a step forwards in the development of better local social policy, and this process is still in full swing. Despite this, there are a number of areas where things have not quite gone to plan. One such area relates to small target groups, such as people with learning disabilities or chronic psychiatric disorders; their interests are not always represented by a Social Support Act board, and they indicate that obtaining support demands skills which they do not always possess. Local authorities do little for people with an impairment who have difficulty in making social contact, despite the fact that the compensation principle requires this”.

The new plan of action can have a positive effect on the cities and municipalities in terms of investing more in these vulnerable groups and giving them a higher priority at the local level. However, the implementation of the plan coincides with considerable budget cuts in the social assistance system, in the implementation of the Social Support Act and in mental health care. In 2004, the Social Assistance Act was amended. Under the amended law, there is a greater emphasis on labour market activation and municipalities have to develop active strategies to detect social fraud. Entry into the social assistance system has also tightened. For instance, young people under the age of 27 have to wait four weeks before obtaining benefits. The declaration of the new government in 2010 was that certain types of clothes or behaviour, which are believed to impede integration into the labour market, could lead to a refusal or diminution of a social assistance benefit. A recent study into the behaviour, clothes and hygiene of social assistance claimants shows that the impact of this declaration cannot be denied (SCP, 2012). During 2012, there was also a parliamentary discussion about the tightening of the language requirements of claimants. Those between the ages of 18 and 20 without children receive a social assistance benefit of merely €228 a month.

The national organisation of municipalities ('VNG') pointed out at the end of 2011 that the central government was demanding cuts at the local level. The municipalities were forced to economize €200m in the Social Support Act and €669m in Social Assistance. These cuts are being realized in a period of rising numbers of

social assistance claimants. In 2011, 315 700 persons claimed social assistance, a rise of 57 000 persons since 2008. Since many entry rules and conditions have changed, it is difficult to interpret these rising numbers.

The mental health care system is also touched by the recent cuts. In the past, the costs of mental health care were mainly covered by health care insurance. From 2012, patients have to pay their own contributions for specialized mental health care services; this contribution will be higher for specialist services in comparison to primary mental health care. Patients will also have to pay for their stay in an institution.

Regional bonds and immigrants

The Dutch Federation of Services for the Homeless ('Federatie Opvang') has criticized the tightening of rules concerning the local bonds of the homeless person. As was mentioned earlier, one of the controversial elements of the plan of action is the condition of having regional ties or bonds in order to apply for services. These rules create a great deal of discretion for the municipalities. The rules were tightened over the last years (for instance, a stay of at least two years in the region is required in order to apply for a night shelter). Homeless people have to provide documentation that shows residency within the region over a period of two out of three years. This implies that the national stipulation of the WMO Act that every person has a right to be helped is hollowed out at the local level. In July 2012, FEANTSA (2012) asked the European Committee of Social Rights if current policy and practice on sheltering the homeless conflicts with the relevant provisions of the Revised Social Charter. FEANTSA states that the criterion requiring regional bonds is problematic for at least four groups: (1) homeless persons without proof of registration in the municipal registry, (2) former addicts who wish to escape their drug dealers and addicted friends, (3) new migrants, and (4) Roma and other marginalized groups that don't have formal proof of identity.

The stricter rules on local bonds coincided with a public and parliamentary debate on the role of East- and Middle-European migrants living on the streets and causing public nuisance linked to excessive drinking. Since they have no local or regional bonds, they mostly don't have a right to apply for regular services for homeless people, and, as a consequence, they are forced to live on the streets. Only during the winter are they allowed into specific winter shelters. The Salvation Army also provides shelter for this group. The largest group is situated in the Hague, where in 2009 and 2010 about 700 people applied for help from the Salvation Army.¹ They hardly speak Dutch, face psychological problems and are often heavily addicted to

¹ <http://www.zorgwelzijn.nl/web/Actueel/Nieuws-/Steeds-meer-Oost-Europeanen-in-daklozenopvang.htm>

alcohol. Recent research by Snel *et al.* (2011) shows that this target group is very small in other cities. It also points to the perverse effects of the current rules on regional bonds. At the same time, however, the portrayal of these immigrants in the media diminishes public and political support for the fight against homelessness.

Conclusion

From the beginning, the Dutch approach has been characterized by three core objectives: (1) to fight homelessness through preventive measures, (2) to use a client-centred approach to ameliorate the living and housing situations of homeless people, and (3) to minimize public nuisance caused by people living on the streets. The evaluation of the first phase of the plan of action shows impressive results with regard to both the preventive and curative measures, but more critical voices have emerged, which point to the diffuse ‘sticks and carrots’ approach and the use of compulsion to clean the streets. The second phase started from a broader conception of the target group and from an even stronger preventive approach. However, the implementation of the second phase is under strain because of the austerity measures in mental health care, social assistance and local social policies. In addition, the municipalities have introduced stricter rules on regional bonds. As a consequence, although at the national level a right to help exists, municipalities and cities have enough discretion to exclude homeless people. At the same time, homeless people have less freedom of choice. It’s striking that the new action plan mainly focuses on evictions and people leaving institutions as main triggers of actual and residential homelessness. Other institutional or structural factors, such as changes in the social protection system, remain out of the picture. In other words, a broader anti-poverty strategy to prevent homelessness is absent. The future will show the effects of the current institutional measures on the rise of homelessness in the Netherlands, to what extent the plan of action of the second phase is adequate to deal with these challenges, and to what extent current local policies limit the rights of homeless people.

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