

Amsterdam strategic action plan on Homelessness 2006-2014 (NOT) the end of homelessness

(as we define it...)

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Amsterdam

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- 800,000 inhabitants
- 219 km² (1/4 = water)
- 7 boroughs

This presentation

- Why homeless policy?
- How was the homeless policy developed?
- Implementation
- Results

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- Key factors in success
- Failure/things to do

Before 2006: Why?

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- Too many people stay in shelters, for too long
- Lack of accessibility of regular Health and Social Services

Result: ill and addicted people living on the street, barely surviving, not receiving structural care (As recently seen in Lisbon)





2006: How?

• 4 largest cities (G4), accommodating the majority of homeless people joined forces, with National Government:

- Prevention of evictions
- Implementation of social support systems
- Joint purchase and planning of services with the regional Health Insurance
- Individual client-centered approach 10000 homeless people (4000 in Amsterdam)

Amsterdam monitors these individuals

Amsterdam takes responsibility for an integrated chain approach

Delivering services in the realm of (supported) housing, medical care, day activities, income support and debts

Municipal structure

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Three municipal services working together under one Elderman (care)

Dept.'s Housing and Social Support, Public Health and Income Support

Meeting the service providers on a regular basis

Increase of municipal direction creates challenges based on differences in principles, not shared or made explicit before.

E.g. prioritizing the homeless most in need

Implementation

- Increase of municipal direction: responses from service providers:
 - <u>Resistance</u>: e.g. Central Access and the allocation of clients to service providers by the city's municipal health service
 - Cooperation: e.g. at the Inflow house
- City's response can also be to look for new providers
 - E.g. ' Permanent residence' in the east of the Netherlands (<u>uncommon</u>)
- Increased development of policies raises even more questions
 - On a client level (routes into homelessness)
 - On a service provider level (development of methods)
 - On a municipal level: conflicting interests, priorities



Lack of tradition in scientific knowledge, large increase in policy research though through-out the Netherlands: *evaluation of chain approach, assessment of housing needs, analyses of central access results, cohort research on client level.*

Results (Amsterdam, G4)

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- 4000 homeless in a more or less stable condition
- Housing evictions decrease bij 40%
- Reduction of nuisance by 65%
- Reduction of rough sleeping by half. Yet: rough sleeping by undocumented immigrants increases...

Innovation

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Vocational services developed

High quality of activities thanks to creative entrepreneurs Social enterprise as succesfull innovation

Innovation in Housing First

Housing First for 200 persons, both for homeless people off the street and for after care

• Development and use of the self sufficiency matrix http://www.zelfredzaamheidmatrix.nl/English/Home.aspx

Key factors in success

- Sense of urgency
- Involvement of politicians
- Policy plan for 8 years
- Financial paragraph (Financial paragraph (Euro 170.000.000,- extra for G4). Shift of funds from G43 to G4 and from General Health Care to Homelessness/ Substance Abuse/Mental Health. (Thanks to the Dutch/ more liberal, pragmatic stance towards drugs?)
- Clear direction from municipalities
- National Monitoring on most important indicators for success





Failure/things to do

- Services are filled to the brim with people, there is too little movement towards (supported) housing: people are off the streets but (not yet) housed. Adequate and affordable housing remains a problem;
- New groups at the front door on account of the recession, European's open borders, people from mental health hospitals;
- A chain approach requires constant detailed maintenance;
- Serious cutbacks threaten the stability of the services. Yet: recent investments are a convenient framework for these cutbacks