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## **Preventing and Tackling Homelessness**

Comment Paper, Netherlands



on behalf of

 European Commission  
DG Employment, Social Affairs and Equal Opportunities





## Part 1

### Brief assessment of the relevance of the policy to the Netherlands

The policy under review is the prevention and tackling of homelessness of those people, who, despite support services, have failed to be integrated into conventional housing or into one of the many forms of supported housing that have been created for different target groups.

In 2003 six ministries in the Netherlands undertook a major policy research effort.<sup>1</sup> The research concentrated on the question of how to organise continuity in the chain of services for homeless people, so that no client falls between two stools. The research report (IBO report) concluded that the existing support services do not reach some subgroups in the target population of homeless people. This situation is caused by different factors. In general, there is a lack of capacity for night shelter and move-on accommodation.<sup>2</sup> Another factor is that the existing homelessness organisations provide services which are not accessible by some target groups. Contraindications by health care providers and addiction services exclude clients from access to services. Also there is a group of clients with such a challenging life-style that it is very difficult to integrate them into existing housing or shelter projects. The Danish definition of disadvantaged groups, as mentioned in the peer review report, is very similar to the Dutch definition.

The Dutch cabinet decided in its reaction to the IBO report that it would be necessary to create permanent housing facilities for those groups who live in shelters on a permanent basis. This would relieve the homeless shelters of those clients who are not expected to reintegrate fully into society, and thus solve the lack of spaces for night shelter and move-on accommodation.

In response to the conclusion that there is a group of double diagnosis patients who also cause nuisance in society, the cabinet decided to investigate the possibility of coercive measures and admission to special locked facilities. The idea of creating special housing facilities for this group along the ideas of the Danish government has not been taken in consideration.

1 *De Opvang Verstoep, Interdepartementaal Beleidsonderzoek Maatschappelijke Opvang 2002-2003*, Ministry of Finance, The Hague, 2003

2 The total population of the Netherlands is 16 million people. The number of homeless is estimated to be around 25,000 people. At the end of 2003 the capacity of the homeless shelters was 1,069 (night shelters); 2,470 (supported living accommodation); 3,462 (residential homes); 598 (residential nursing homes). Data by Federatie Opvang, Utrecht, 2004.



The debate regarding the most effective policies to improve the situation started a few years ago. The balance in this discussion is shifting slightly from a care perspective to the perspective of limiting nuisance for society. Topics like safety in the streets and the decline of public tolerance for deviant behaviour are frequently the subject of studies and debate. Just last month the Alderwoman for Safety and Health of the City of Rotterdam declared that involuntary admission to a long-stay facility should be made possible, even if this means that the law on involuntary admission to psychiatric hospitals needs to be changed.<sup>3</sup>

There are two examples of projects which have tried to accommodate the unusual housing wishes of the target group. The first one is known as 'Nomad Camps'. It is comparable to the spontaneously occurring unconventional housing initiatives in Copenhagen. In the 90s several areas of waste ground were occupied by groups of homeless, vagrants, gypsies, etc. The inhabitants organised housing in the form of caravans, mobile homes and simple self-built houses. After a certain period of lawlessness it was decided that the police and one of the homelessness organisations in Amsterdam would supervise the Nomad Camps. Services were provided to the inhabitants upon request and illegal activities were controlled. The Nomad Camps were dismantled owing to public opposition and the need to use the scarce land for other purposes.

The second project still exists. In the city of Kampen there is a housing project for four single people or families. The project has existed since the early 90s and consists of four container-houses or mobile homes located in an industrial zone on the outskirts of Kampen, a city in the eastern part of the Netherlands with almost 50,000 inhabitants. The project is meant for people who cause extreme nuisance to neighbours owing to noise, drug dealing, filthiness and aggression. The project is considered a success. The residents are satisfied with their accommodation and surroundings. The city of Kampen is able to target services at these citizens in an effective way and at the same time protect conventional neighbourhoods from extreme nuisance.

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3 Public debate on 16 March 2005 in Arminius, Rotterdam with Alderwoman M. van Anker, Ms E. Noorlander, psychiatrist, D. van Mheen, Director Addiction Research Institute and Ms N. Storm, chairwoman of the Junkie Union.



## Part 2

### Potential transferability of the policy to the Netherlands

It seems from the peer review report by Henk Meert that there is definitely common ground between the situations in Denmark and in the Netherlands. The idea of finding solutions for people for whom regular efforts to help and reintegrate have failed seems very relevant for Dutch policy-makers. The tendency in the Netherlands seems to lean towards more coercion and repression, although the Minister of Health disagrees with this viewpoint.<sup>4</sup>

Recent initiatives undertaken by MPs, from both opposition and coalition parties, have a substantial involuntary component as far as the involvement of the client is concerned.

Therefore it seems interesting to consider the ingredients of the Danish policy on freak housing<sup>5</sup> for possible transfer to the Netherlands. This policy could add a useful and positive approach to the ideas and initiatives that are currently being discussed within the Parliament, the political parties<sup>6</sup> and the local authorities.

However, in the peer review report it is mentioned that a number of issues seem to be somewhat vague. These issues include criteria for eligibility, funding and management, procedures, people assisted, sustainability, scale and planning norms. These issues are the key issues to discuss when contemplating transferability to other regions or countries. It will be necessary to clarify these topics before an attempt is made to assess transferability. From the limited documented experience in the project in Kampen, it has become evident that solid agreements between a chain of service providers, police, health authorities, local authorities, police and fire services are essential. The presence of children in these projects seems a prohibitive criterion for eligibility in this type of housing project in the Dutch context.

4 Minutes of the parliamentary meeting on drugs policy, 17 March 2005

5 The term 'freak housing' seems to have a negative connotation, as Henk Meert mentions. The Danish word *skæve* seems to be related with the English word *skew* and the Dutch word *scheef*, which is more a factual, non-judgemental, description for people whom regular housing projects do not suit.

6 *Plan tegen verloedering en overlast* (Plan against deterioration and nuisance), Ministry of Health, Welfare and Sports, December 2004; *Zorgboerderijen voor overlastgevende drugsverslaafden, 4 grote steden*, March 2005; Choice between shelter or jail for the homeless, an initiative bill by the Labour Party and the Liberal Party, February 2005.



### **Part 3**

#### **Important questions about the policy**

There are a number of questions which need to be addressed to fully understand the implications of the policy.

Key questions are the involvement of potential residents and local communities in the planning of the location and the type of housing. The location is of extreme importance: on the one hand one wishes to provide a relatively safe area that is not too far away from the civilised world. On the other hand it may be that too close a proximity to conventional neighbourhoods will cause the usual problems.

Another question that arises is the guarantee for the delivery of social services and health care. The inhabitants of these projects face a range of problems in psychiatric health, addiction, debts, criminal offences and lack of income. Therefore it seems logical to ensure that health care, addiction and social services are made available. The costs of providing these services need to be assessed on a long-term basis: the people concerned will most likely not reintegrate into society but stay dependent on the housing and services in the project. Who is going to pay for long-term service delivery: national or local authorities?

There is also the question of the social isolation of the inhabitants of the projects. What is to be done about a minimum level of contact with regular society? What about possible deterioration of the inhabitants' physical and mental condition? What about the condition of the housing facilities? Who supervises a minimum standard of safety and hygiene?

Is there a possibility for user involvement along the lines of the compulsory Client Councils in shelters in the Netherlands?

From experience it has become evident that every project creates its own drop-outs. It would be interesting to know whether the Danish experiment has the same experience, and also the reasons behind the dropping out.

Both the positive results as well as the negative outcomes will be most useful for the Dutch delegation to learn from and to translate to the Dutch context.