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Incremental Change towards Providing Housing First

Boesveldt, N.F.

DOI

[10.4324/9781003274056-12](https://doi.org/10.4324/9781003274056-12)

Publication date

2024

Document Version

Final published version

Published in

The Routledge Handbook of Global Perspectives on Homelessness, Law & Policy

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Citation for published version (APA):

Boesveldt, N. F. (2024). Governing Homelessness in the Netherlands: Incremental Change towards Providing Housing First. In C. Bevan (Ed.), *The Routledge Handbook of Global Perspectives on Homelessness, Law & Policy* (pp. 175-187). Routledge.
<https://doi.org/10.4324/9781003274056-12>

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GOVERNING HOMELESSNESS IN THE NETHERLANDS

Incremental Change Towards Providing Housing First

Nienke F. Boesveldt

Introduction

In the Netherlands, current law and policy on homelessness are geared towards deinstitutionalizing and decentralizing homeless shelters and protected housing facilities. The broader context is that of a retreating welfare state, budget cuts to social services, a growing homeless population of 32,000 people in 2021,¹ a shortage of affordable housing, and public concerns about social mixing, exclusion, and neighbourhood liveability.² By outlining recent changes in policy and legislation, this chapter seeks to characterize and examine what we might call ‘the Dutch approach’ to homelessness.

Defining Homelessness in the Netherlands

According to the Social Support Act of 2015,³ those without a home – whether due to risks to safety because of domestic violence or their inability to maintain themselves – are entitled to shelter and support from a social worker specialized in homelessness. These services are available in the larger municipality within a region meaning people may need to travel to use these services and leave their own social support network behind. Since 2019, Statistics Netherlands has defined homeless people as those without a permanent residence. It includes people who sleep in the open air; people who sleep in covered public areas, such as stations, bicycle sheds, and shopping malls; people who sleep in their cars or make use of temporary social or emergency shelters; and people who, on a non-structural or irregular or temporary basis, rely on friends, acquaintances, or family members. The official statistics

1 Statistics Netherlands 2021. These figures underestimate the total number of homeless persons as they do not include key groups, including women in reception centres fleeing domestic abuse, couch surfers, minors, people above 65, and undocumented persons. Figures on the number of people at risk of becoming homeless or experiencing serious difficulties in exercising their right to housing are unavailable.

2 K. Leidelmeijer, J. Frissen and J. van Iersel, *Resilience in Housing Associations Ownership* (Aedes 2020).

3 wetten.nl – Regeling – Wet maatschappelijke ondersteuning 2015 – BWBR0035362 (overheid.nl).

have been criticized for underestimating the number of homeless people: they do not include women in reception centres fleeing domestic abuse, couch surfers, minors, people above 65, and undocumented people while the number of people at risk of becoming homeless or experiencing serious difficulties in exercising their right to housing also remains unknown.

The new 2023–2030 Dutch national action plan on homelessness, *Eerst een Thuis* (First a Home),⁴ uses a broader definition of *homelessness* to prevent people from becoming homeless in the first place: ‘We want to prevent people from becoming homeless. That is why we look at the groups that are at risk of homelessness.’⁵ The action plan thus covers people who live in unstable housing (e.g. temporarily living with family or friends, living without a rental contract, living under the threat of domestic violence), inadequate housing (e.g. non-residential addresses, such as holiday homes), and unconventional quarters (e.g. campers, squats). The action plan also identifies individuals leaving institutions (detention centres, mental healthcare facilities, homeless shelters, protected housing, and youth services) as a group at increased risk of becoming homeless. The plan states, at present, that current monitoring is insufficient to provide targeted guidance on the basis of quantitative data. When collecting data on homelessness, therefore, moves are being made towards the use of the European Typology of Homelessness and Housing Exclusion (ETHOS) Light definition. In 2022, at the time of writing the action plan, it was only possible for most municipalities to monitor categories 2 and 3 from the ETHOS Light classification. In the plan, therefore, it has been agreed that the Ministry of Health, Welfare, and Sport will commission research into the possibilities for engaging all categories of ETHOS Light at a national level from 2023. It has also been agreed that, in 2024, municipalities will use the ETHOS Light classification in Housing and Care policies as well as in local prevention activities. From 2025 and beyond, an annual count based on the ETHOS Light classification can then be carried out.

The European Typology on Homelessness and Housing Exclusion (ETHOS) is increasingly being used to draw attention to the multiple dimensions of homelessness in the Netherlands. ETHOS seeks to provide standardized, comparable measures of homelessness in the European Union.⁶ In Belgium, the census has already been carried out in various cities and regions, and the Dutch team follows the approach as applied in Belgium. The first two studies making use of the ETHOS typology were conducted in two Dutch municipalities in 2023, while other municipalities have expressed interest.⁷ The fact that municipalities are responsible for homelessness policy explains the difficulty of monitoring the homeless population. These studies, therefore, are seen as a much-needed step forward, with the

4 Nationaal Actieplan Dakloosheid: Eerst een Thuis <<https://open.overheid.nl/documenten/ronl-bb529bd58adc8061e5c058d2fe9671197ba6244f/pdf>> (accessed 1 September 2023).

5 Ibid. 19.

6 B. Edgar, ‘The ETHOS Definition and Classification of Homelessness and Housing Exclusion’ (2012) 6(2) *European Journal of Homelessness* 219.

7 S. Schel, M. Kuijpers, D. Wewerinke, A. Scheepers, J. De Vries and L. Van Doorn ‘*Ledereen telt mee. Resultaten eerste ETHOS telling van dak- en thuisloosheid in regio Brabant Noordooost-Oost. Utrecht*’ (2023) Hogeschool Utrecht; D. Wewerinke, S. Schel, M. Kuijpers, J. De Vries and L. Van Doorn ‘*Ledereen telt mee. Resultaten eerste ETHOS telling dak- en thuisloosheid regio Noordooost Brabant. Utrecht*’ (2023) Hogeschool Utrecht; ETHOS telling dak- en thuisloosheid in regio Noordooost-Brabant, Kansfonds <www.kansfonds.nl/themas/dak-en-thuisloosheid/telling/> (accessed 1 September 2023).

Table 10.1 ETHOS Light typology

Operational category		Living situation		Definition
1	People living rough	1	Public space/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	Overnight shelters	People with no place of usual residence who move frequently between various types of accommodation
3	People living in accommodation for the homeless	3 4 5 6	Homeless hostels Temporary accommodation Transitional supported accommodation Women's shelter or refuge accommodation	Where the period of stay is less than one year
4	People living in institutions	7 8	Healthcare institutions Penal institutions	Stay longer than needed due to lack of housing No housing available prior to release
5	People living in non-conventional dwellings due to lack of housing	9 10 11	Mobile homes Non-conventional building Temporary structure	Where the accommodation is used due to a lack of housing and is not the person's usual place of residence.
6	Homeless people living temporarily in conventional housing with family and friends (due to lack of housing)	12	Conventional housing, but not the person's usual place of residence	Where the accommodation is used due to a lack of housing and is not the person's usual place of residence

Source: W. Edgar, M. Harrison, P. Watson, and V. Busch-Geertsema, *Measurement of Homelessness at European Union Level* (European Commission 2007).

hope that the whole country will adopt the typology, ultimately improving conditions for all homeless people in the Netherlands.

Historical Background to Homelessness in the Netherlands

Homelessness in the Netherlands has only recently been acknowledged as a social problem.⁸ In the late 1970s, the country counted roughly 10,000 heroin addicts; as in many

⁸ L. Deben and D. Greshof, 'Zwerven zonder zorg; daklozen in Nederland' in K. Schuyt (ed), *Het sociaal tekort; veertien sociale problemen* (De Balie 1998).

other countries, the heroin epidemic of the 1980s⁹ dramatically increased the number of homeless people. The numbers swelled again in the 1990s with the de-institutionalization of the mental health sector, which saw the closing of psychiatric hospitals, leading many within the long-stay population to move back to the city.¹⁰ Many former psychiatric patients thus came to live in protected housing and homeless shelters.¹¹

At the turn of the millennium, the four largest cities in the Netherlands – Amsterdam, Rotterdam, The Hague, and Utrecht – all had highly visible homeless populations living in public spaces in poor conditions for extended periods of time. Initially, the main policy response targeted visible homelessness on the streets and sought to reduce the number of people sleeping rough by expanding services.¹² This led to the housing of half of the country's homeless population in shelters, many of whom stayed permanently.¹³ However, this institutionalization¹⁴ and hospitalization¹⁵ of homeless people was seen as undermining the ability of individuals to ever again live independently. By 2003, the congestion in shelters became a policy issue.

In response to this congestion as well as problems of coordination between public services,¹⁶ the central government and the four major cities launched an interministerial programme titled the *Plan van Aanpak Maatschappelijke Opvang* (Approach to Social Relief) in 2006. By 2014, research had found that the most vulnerable citizens benefitted most from individualized care and support covering all areas of their lives. The key factors behind the success were strong financial backing, policy urgency, and cooperation between parties.¹⁷

With greater policy attention for homelessness in the 2000s, the number of homeless people in the Netherlands reached a low of 17,800 in 2009.¹⁸ The number then swelled to 27,000 in 2012 and 39,000 in 2018 before declining again to 32,000 in 2021.¹⁹ Particularly pronounced among young people and those with migration backgrounds, homelessness in the Netherlands has been traced to the international financial crisis of 2007–2008,

- 9 M. C. A. Buster, 'Prevalence, Mortality and Morbidity Among Heroin Users and Methadone Patients' (thesis, University of Amsterdam 2023); G. Blok, *Ziek of zwak: Geschiedenis van de verslavingszorg in Nederland* (Uitgeverij Nieuwezijds 2011).
- 10 L. Verplanke and J. W. Duyvendak, *Onder de mensen? Over het zelfstandig wonen van psychiatrische patiënten en mensen met een verstandelijke beperking* (Amsterdam UP 2010).
- 11 J. Theunissen and others, *Een karig en sober leven maar niet ontevreden: Vermaatschappelijking van de chronische patiënt in de stad deel II* (Arkin, GGZ inGeest, HVO Querido 2014).
- 12 L. Van Doorn, *Een tijd op straat: Een volgstudie naar (ex-)daklozen in Utrecht* (NIZW 2002).
- 13 N. Nuy, *De odyssee van thuislozen* (SWP 1998); Interdepartementaal Beleidsonderzoek, *De opvang verstoort* (IBO Maatschappelijke opvang 2003).
- 14 D. P. Culhane, S. Metraux and T. Byrne, 'A Prevention-Centered Approach to Homelessness Assistance: A Paradigm Shift?' (2011) 21(2) *Housing Policy Debate* 295.
- 15 L. Gulcur and others, 'Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care and Housing First Programmes' (2003) 13 *Journal of Community and Applied Social Psychology* 171.
- 16 J. Wolf, *Uitburgering. Rede ter verkrijging hoogleraarschap Maatschappelijke Opvang* (SWP 2002).
- 17 M. Tuynman and M. Planije, "Het kán dus!" Een doorbraak in het Nederlandse dakloosheidsbeleid. Evaluatie Plan van Aanpak maatschappelijke opvang in de vier grote steden, 2006–2014' ['"So It's Possible!" A Breakthrough in Dutch Homelessness Policy: Evaluation of Plan of Approach for Social Care in the Four Major Cities, 2006–2014'] (Trimbos 2014).
- 18 Ibid.
- 19 Statistics Netherlands 2021.

increased municipal responsibilities for protected housing and youth care, and the gradual dismantling of the social housing sector.²⁰

In 2020, the Council for Public Health and Society issued an advisory report²¹ that prompted the government to rethink its approach to housing vulnerable households. While homelessness was previously within the purview of the Ministry of Health and Welfare, the latest policy initiatives extend responsibility to the Ministry of Internal Affairs,²² which is also responsible for housing. This signifies the new framing of homelessness in the Netherlands: from primarily a health issue to one of housing.²³ The emphasis on providing Housing First also informs the aforementioned multi-ministerial national action plan on homelessness²⁴ presented as the new national solution to homelessness in 2022.

Existing Legal and Policy Framework on Homelessness in the Netherlands

This section covers both existing legislation and softer forms of guidance and intervention. It first outlines two criteria by which homeless people are rendered ineligible for services. The first is that they are deemed ‘self-sufficient’; the second is that they are deemed as lacking ‘ties to the locality’. This denial of services takes place in a context where larger and smaller municipalities have unequal access to national funding, while homeless individuals are often drawn to urban areas. The section also discusses the associated areas of healthcare and law enforcement that pose challenges for coordination.

Exclusion from Services

In implementing the Social Support Act, municipalities must decide whether individuals are entitled to services by their own criteria of self-sufficiency and priority needs. People who are denied services generally have fewer physical and mental health problems. They also tend to be more self-sufficient in providing for their own basic needs, with access to support from family/friends and with minimal police contact.²⁵

For example, the municipality of Amsterdam has, since 2013, based its decisions to grant access to services on an individual’s ties to the city and level of self-sufficiency. Only those struggling with self-reliance are assessed to be in need of the municipality’s homelessness services; previously, it was everyone with a housing need.²⁶ A study exploring denial of

20 Statistics Netherlands 2019.

21 Herstel begint met een huis. Dakloosheid voorkomen en verminderen, Raad voor Volksgezondheid en Samenleving <www.raadvv.nl/documenten/publicaties/2020/04/21/herstel-begint-met-een-huis-dakloosheid-voor-komen-en-verminderen#:~:text=Op%20dinsdag%2021%20april%202020%20heeft%20de%20Raad,Den%20Haag.%20U%20kunt%20de%20uitzending%20hier%20terugkijken> (accessed 1 September 2023).

22 Ministry of Internal Affairs, ‘Ontwerp Nationale Omgevingsvisie’ (2021) <<https://open.overheid.nl/documenten/ronl-806e6cdb-efbe-4cf7-9841-48de0d9b9e55/pdf>> (accessed 1 September 2023).

23 N. F. Boesveldt and D. Loomans, ‘Housing the Homeless: Shifting Sites of Managing the Poor in the Netherlands’ *Urban Studies* (2023); available at: <https://doi.org/10.1177/00420980231208624> (accessed 16 February 2024).

24 Nationaal Actieplan Dakloosheid (n 4).

25 N. Runtuwene and M. Buster, *Monitor – Maatschappelijke Opvang 2010–2013* (GGD/Epidemiologie, documentatie en gezondheidsbevordering 2014).

26 Ibid.

social support to homeless people in Amsterdam²⁷ found that 0.2% of the city's population was considered homeless, with 30–40% of that number served by one or more homelessness services that cater to people with serious mental illness. This left 60% of the registered homeless population not receiving any services. Of the 11–12% of homeless people who were sleeping outside on any given night, the majority had no access to services due to their level of self-sufficiency and/or lack of local connection.

In determining whether a person has a right to shelter, municipalities often determine whether they ties to the locality. While 'local connection' has no legal basis in the Social Support Act, this fact would come as a surprise to many municipal employees implementing the policy. This condition for admission undermines the right to access social shelters as laid down in Dutch law. As a result, homeless people often fall through the cracks.

Amsterdam policy documents from 2018 reveal that ties to the locality have been key admission criteria for social care since 2010. The city claims that 'these criteria prevent large numbers of people turning to Amsterdam for social care and the already high pressure on facilities and the housing market becoming disproportionately large'.²⁸ The most recent 2022 policy document references ties to the locality, the care framework, and one's social network²⁹ as the three factors that determine whether a person has a connection to the Amsterdam region. All three are weighted equally and serve to determine in which region the applicant is most likely to receive services.

To test the accessibility of social shelters in the Netherlands, 43 central municipalities were visited by researchers posing as homeless in 2015, 2017, and 2018. Each of the 43 central municipalities was visited five times; in total, the undercover researchers made 215 visits to reception desks. In 2015 and 2017, they were offered a place to sleep that night 51% of the time; in 2018, 57% of the time. When access to services was refused, the most frequently cited reason was a lack of local ties.³⁰ As no formal decision was communicated, these decisions were impossible to appeal.³¹ When a homeless person was deemed both a migrant and self-sufficient, the risk of being turned down doubled.³²

At the national level, the right to social assistance is shrouded in legal controversy. Take, for instance, the law that states that residents in the country who need support must always receive it.³³ The European Court of Justice has ruled against the Dutch interpretation of the free movement directive and access to shelters. In addition, the European

27 N. F. Boesveldt, 'Denying Homeless Persons Access to Municipal Support' (2019) 12(3) *International Journal of Human Rights in Healthcare* 179.

28 *City of Amsterdam, Handboek Maatschappelijke Opvang – procedures en afspraken* [Handbook Social Relief Procedures and Regulations] version 4 (2018) 28 <www.amsterdam.nl/zorgprofessionals/wmo-documenten/maatschappelijke/> (accessed September 2023).

29 *Kortdurende opvang Maatschappelijke opvang Beschermd wonen Handboek voor Professionals* [Short-Term Social Care Protected Living Handbook for Professionals] <www.amsterdam.nl/socialdomein/zorg-professionals/wmo-documenten/beschermd-verblijf-en-begeleid-thuis/> (accessed 1 September 2023).

30 National Institute for Mental Health and Addiction, *Practical Test for National Accessibility to Social Care* (National Institute for Mental Health and Addiction 2018).

31 M. Gielen and others, *Landelijke toegankelijkheid maatschappelijke opvang en beschermd wonen. Onderzoek naar de knelpunten en oplossingsrichtingen* (Significant Public in opdracht van Ministerie voor Volksgezondheid, Welzijn en Sport 2019).

32 Boesveldt (n 27).

33 See wetten.nl – Regeling – Wet maatschappelijke ondersteuning 2015 – BWBR0035362 <<https://wetten.overheid.nl/BWBR0035362/2023-07-01>> (accessed 1 September 2023).

Committee for Social Rights has found that the Netherlands disproportionately denies emergency assistance to both regular and irregular migrants by using restrictive criteria for ‘vulnerable groups’ when, in fact, everyone within the state’s jurisdiction has a right to emergency shelter.³⁴

Municipalities in the Netherlands typically work together in regions of five to eight smaller municipalities, in which the largest municipality is responsible for the provision of emergency shelters and protected living arrangements. The larger municipalities usually also receive the regional budget for the provision of shelters and protected housing. The smaller municipalities will have budgets for lighter support, up to two hours a week. If clients require more support than this to stay in their own home, this is only possible in the larger municipalities. While the smaller municipalities may pay for the additional hours of support after all, more challenging residents are often not served and asked to claim services in the larger municipalities.

Problems of Coordination

The governance of homelessness in the Netherlands is complicated by the overlap of structural issues that lead to homelessness. In both policy and practice, the services for homelessness and mental health are entwined. Alongside the municipalities, the actors involved include housing associations, healthcare providers, health insurance companies, and the police. There are further divisions of tasks within these bodies; social support and housing, for example, come under different municipal departments, while treatment services for mental health and addiction are the competence of private insurance companies. Finally, a significant proportion of the homeless in any given year spend time in prison. Cooperation with detention services may also prevent relapses into homelessness.

The associated areas of mental health and addiction services are poorly coordinated. Since 2015, longer-term and more intensive care has been organized through the Long-Term Care Act, implemented regionally by private health insurance companies. Additionally, since 2015, the Recovery Vision in mental healthcare³⁵ has led to the de-institutionalization of supported housing facilities. The idea behind this policy was that 60% of people living in protected housing could live independently, provided that appropriate supervision and support were provided in the community. A parallel development was the transformation of assertive community teams (hospitals without walls)³⁶ into flexible ACT (FACT)³⁷ teams that serve larger numbers of medium-care patients. These FACT teams, however, do operate in many places but are not operative everywhere in the country. The range of services they offer has also been scaled down, for example, in supporting clients in their daily activities.

34 FEANTSA Complaint No. 86/2012.

35 The Recovery Vision in the mental healthcare sector starts from the idea that recovering is not just about getting better but also means learning to deal with a mental illness and regaining more control over one’s own life. Recovery here is about victory and discovery. Resuming Social Roles and Regaining One’s Own Identity <www.health.nsw.gov.au/mentalhealth/psychosocial/foundations/Pages/recovery.aspx>.

36 Sam Tsemberis Interviews Len Stein about Assertive Community Treatment – YouTube (2023 <www.youtube.com/watch?v=683yoITWZxc> (accessed 1 September 2023)).

37 See ‘Wat Is F-ACT?’ *F-ACT Nederland* <www.f-actnederland.nl/wat-is-f-act/>.

In the region of The Hague, specialized, supported housing is seen as the most promising solution for people discharged from mental health institutions. A longitudinal study of homelessness and protected housing in The Hague³⁸ found that after preparing the transfer to the next location, the previous residential facility no longer has anything to do with the client. The vital continuity valued by clients is lacking. The following quote from a healthcare worker in a social shelter and sheltered housing chain illustrates the necessity of suitable follow-up locations:

These [mental health and addiction] organizations say if you've finished treatment then you must leave. Of course, finished is not the right term . . . : the emergency is over. We recently had someone come out of the sheltered clinical setting into a social shelter who then stabbed someone. While these are isolated incidents, they are happening more often. Then the emergency is suddenly acute again. The environment is not good at all for such a person; nor is just [living] in a neighbourhood without any support. Then you have FACT teams, it all works well on paper, but in practice it is not easy at all.

Here we see the lack of continuity in guidance and support following treatment in clinical settings. While night care is deemed a suitable follow-up setting, experiences from the social shelter and sheltered housing chain tell a different story. Employees of one of the smaller municipalities in our study told us that when a homeless client requires serious mental healthcare, the general practitioner and associated nurse practitioner for mental health are no longer part of the treatment trajectory, an omission that does little to help local reintegration.

The study demonstrated that homeless shelters and protected housing institutions were often cautious in releasing their clients as they were concerned about relapse and overcrowding. We saw that budgets and resources were insufficient to support warm (i.e. smooth) transfers. For example, a representative of people with mental health problems told us many care providers maintain a strict separation between counsellors who provide intramural and extramural support. Dean and Roel, both former supported housing clients whom we interviewed, were transferred to a new outpatient counsellor after they had left the hospital. Both indicated they had to get accustomed to their new supervisors. While this did not create major problems for Roel as he got along with his outpatient supervisor, this was not the case for Dean. Due to his past experiences involving multiple outpatient counsellors over a short period of time, it took Dean longer to build relationships of trust. He, therefore, decided to stop his education. He told us in our third interview that as a result of too many changes in guidance and support, he was no longer asking for help.

Mental healthcare is often criticized as operating in isolation without cooperation with other care providers. For example, opportunities have been missed because housing supervisors are not consulted. The mental health district teams are experimenting with an approach that involves more case management and engagement of parties such as social workers. Several stakeholders, however, indicated that the waiting lists for the district teams are far too long. As a result, people regularly stay longer than necessary in mental healthcare clinics; they do not leave because appropriate support and treatment cannot be offered in the community. We also heard of clients leaving without further care when inpatient

38 N. F. Boesveldt, 'Regio Den Haag Study' (2022) <<https://nienkeboesveldt.com/index.php/onderzoeksregios-en-rapportages/regio-den-haag/>> (accessed 1 September 2023).

treatment and its associated financing ends, creating risky situations for these individuals. Several municipal stakeholders are now experimenting with neighbourhood walk-in centres for mental healthcare.

Since 2004, municipalities in the Netherlands have been responsible for care following detention.³⁹ Different municipalities are currently working on a vision and approach for supporting people returning from prison, including improved cooperation with penitentiary institutions to have a clearer picture of released citizens. A longitudinal study in the municipality of Utrecht showed how (administrative) discontinuity in their trajectories while being imprisoned increased the risk of recurrent homelessness. Three of the four research participants who had been imprisoned during their five-year trajectory had fines replaced by (partial) custody; they were detained for between three days and six months in a penitentiary institution outside Utrecht.

Three of the four research participants who had been detained were arrested unexpectedly. Although the court's verdict was known in each case, the date of detention was unclear to them. In some cases, this was due to a pending appeal which was later found to have been rejected. In another case, the participant, due to physical complaints, was unable to perform the specified community service; in the absence of a timely alternative, he was picked up by the police. One participant told us he was unaware of the exact date of detention as he only had a postal address, not a fixed residential address.

The Example of Richard

Richard's trajectory, which went from protected living through residential detention to living in night shelters, made him increasingly vulnerable. Due to an unpaid fine, Richard also spent a month in prison. Although the verdict had been reached some time ago, he was not well informed about when he should serve his sentence, partly due to the uncertainties surrounding Covid-19. Earlier this year, he was unexpectedly picked up by the police at his protected housing facility. His one-month sentence later increased to four months to replace community service.

Three weeks before Richard was to be released, he was told that he could not keep his room at the protected housing facility. He turned down his case manager's offer for probation and social guidance, indicating he found it unnecessary and did not trust others with his data. At the time of our fourth interview, Richard was staying in a 24-hour shelter and, without an income, and was in the process of claiming benefits. He had yet to recover his belongings from the protected housing facility and was looking with the city team about where he might go. At the time of our final interview, he was in a homeless shelter, suffering psychosis. By that time, Richard had been in unstable housing for at least one year.⁴⁰

39 The Department of Correctional Institutions, the Association of Dutch Municipalities, and the probation service have agreed to work with detainees from the outset of detention to reintegration. The initiative lies with the detainee <www.dji.nl/documenten/publicaties/2019/12/23/bestuurlijk-akkoord-kansen-bieden-voor-re-integratie> (accessed 1 September 2023).

40 See <www.nienkeboesveldt.com/Boesveldt-2021-Rapportage-Voorkomen-Herhaalde-Dakloosheid-Utrecht-derde-meting.pdf>.

Detention is often seen as a time when people have more peace, space, and regularity than in a homeless shelter. While much could be achieved by preparing one's return to society during detention, people with the highest recidivism rates often do not indicate any need for help, underlining the importance of being proactive. People in detention must navigate poorly coordinated systems, including the probation service, social services offered by the municipality, and healthcare administered by private health insurance companies. These bureaucracies rarely communicate and sometimes work at cross-purposes. It is currently very difficult for municipalities to know whether they have enough suitable places for people returning from detention. Municipalities rarely know how many protected housing facilities are financially supported by the national judiciary in their areas. Protected housing facilities are also unequally distributed across the country, with, for example, many more places available in The Hague than in other large municipalities such as Amsterdam and Rotterdam.⁴¹

Preventing Homelessness

One of the five action points that make up the 2023–2030 strategy on homelessness⁴² seeks to prevent people from becoming homeless in the first place. It emphasizes social inclusion, establishing meaningful daily routines at work or school, financial support to access healthcare, and strengthening informal support and relationships.⁴³ The policy acknowledges that when the foundations of adequate living conditions, self-management, and informal care are missing, people will continue to fall through the cracks. Focusing on prevention also increases the chance that people will not require professional help, reflecting the broader emphasis on self-reliance in the Social Support Act.

The policy emphasizes both prevention and recovery care so that 'an effective well-covering system of early detection and types of support are available and failure and relapse are prevented'.⁴⁴ It further references the importance of providing information, client support, legal protection, and access to facilities and services, including investing in crisis intervention, neighbourhood outreach, and reducing the stigma surrounding homelessness.⁴⁵ While the proposed actions to improve access to information and combat stigma are generic solutions applicable to all professionals, the other actions target people at risk of imminent homelessness and focus on preventing homelessness. The policy proposes:

1. Countering stigmatizing images.
2. Reliable, accessible information on all areas of life.

41 See *Digitale landkaart DJI*, Forensische Zorg <www.geowebonline.nl> (accessed 29 March 2023) For insights on detention and reintegration from the Amsterdam Action Centre for Safety and Care, see p. 49 of the *Derde Rapportage Voorkomen Herhaalde Dakloosheid Utrecht* [third report on preventing recurrent homelessness in Utrecht].

42 Nationaal Actieplan Dakloosheid (n 4).

43 Reference is also made to the prevention alliance established in the previous policy period: 'An Alliance for Prevention and Early Detection specially set up for this purpose will, with financial support from the national government, allow (central) municipalities to analyze the process of prevention and early detection and to advise on concrete steps for improvement.'

44 Nationaal Actieplan Dakloosheid (n 4) 19.

45 Ibid.

3. Investment in good outpatient guidance, independent client support, and socio-legal advice.
4. Investing in outreach and crisis intervention.
5. Connecting the medical and social domains and care for the uninsured.
6. Release from an intramural setting should not lead to homelessness.
7. Eviction should not lead to homelessness.

Concrete proposals for action in 2023–2024 are contained in the Ministry of Internal Affairs' *Een Thuis voor Iedereen* (At Home for Everyone) programme,⁴⁶ which contains a mandatory emergency regulation under which people leaving intramural institutions receive priority for housing. The programme includes the following initiatives:

- *Vroeg Eropaf* (Early On) starts by identifying payment arrears. The municipality receives reports from, for example, health insurers, energy suppliers, and housing corporations. Early response teams will contact the resident to see if help is needed. If so, the team will check for problems in other areas of life; a plan of action must offer residents a way forward in often difficult circumstances. A Vroeg Eropaf employee will accompany the resident to debt assistance and/or relevant, connected partners when necessary. A national comparative study has addressed how this service is implemented by municipalities.⁴⁷
- *Kamers met Aandacht* (Rooms with Attention) is a non-profit organization that seeks to reduce homelessness among young people aged 18 to 23, especially those leaving youth care services, by offering temporary housing with a family. Alongside outpatient guidance, informal support is available from housemates and neighbours. A next step needed to upscale this initiative would require more support from mortgage lenders.
- *Onder de Pannen* (Under the Rooftiles) is a national initiative to prevent long-term homelessness. Finding oneself on the street after a divorce or bankruptcy is not uncommon, given the current housing shortage. By offering people housing for one year, they get the opportunity to look for their own place in peace. Anyone who has an empty room can register as a landlord, including people living on benefits, with allowances, or in (social) rental housing. This support from the housing sector and landlords to allow subletting was unexpected, since subletting in social housing tends to be strictly prohibited in the Netherlands.
- Housing First – the theory and practice of prioritizing permanent independent housing rather than treatment and short-term shelters – is gaining popularity in Dutch public discourse. Determining eligibility and priority, however, remains a key challenge.
- Resource Group Assertive Community Treatment (R-ACT)⁴⁸ is an experimental form of collaboration between all healthcare providers in Amsterdam to support residents with complex needs in a more targeted way. The resource group model is based on the

46 Programma, 'Een thuis voor iedereen' <www.rijksoverheid.nl/documenten/rapporten/2022/05/11/programma-een-thuis-voor-iedereen> (accessed 1 September 2023).

47 See A. L. Scheepers, L. van den Dries, J. R. L. M. Wolf 'Informatie, interventies en praktijkvoorbeelden bij preventie van dakloosheid. Bijlage bij de uitgaven van de Preventie Alliantie' (Nijmegen: *Impuls, Radboudumc* 2022) <<https://impuls-onderzoekscentrum.nl/wp-content/uploads/bijlage-info-interventies-en-voorbeelden-bij-preventie.pdf>> (accessed 16 February 2024).

48 See <<https://ract.nl>> (accessed 1 September 2023).

principle that clients set their own treatment goals and have a strong say in what their treatment looks like. Nineteen healthcare professionals and 115 clients are currently involved in the programme in Amsterdam.⁴⁹ This method has been successful in keeping people on the waiting list from actually using protected housing or homelessness services.

The Future of Dutch Homelessness Law and Policy

New national policy documents⁵⁰ propose wider definitions of homelessness geared towards its prevention. At a time when more and more people are falling into poverty due to, for example, soaring energy bills, the broader framing of the issue is both promising and timely. One early challenge is the apparent instability of the, since January 2022, installed coalition government that proposed this more preventative policy.

According to conservative estimates, almost 40,000 people in the Netherlands are now homeless, a sharp increase over the past decade. The current system is expensive, relatively ineffective,⁵¹ and poorly coordinated. Much of the help provided to homeless and vulnerable people entails temporary rather than sustainable solutions. In response, the Dutch government, in the spring of 2022, decided to renew its approach to homelessness based on the success of local *Housing First* programmes. Housing First is an evidence-based approach to support vulnerable people by providing stable, independent housing without conditions, alongside intensive personalized case management.⁵²

It is promising that the agenda for combating homelessness is now based on scientific evidence. The findings of research on Housing First initiatives in the Netherlands have long suggested that a home is the solution to homelessness. But this newfound recognition by the government does not mean that all will be smooth sailing from now on. For example, there are currently no quality standards for Housing First initiatives or for the education of professionals. There are currently 47 Housing First initiatives in 93 municipalities – a cautious starting point for national coverage, as homeless people in the Netherlands now have an estimated 10% chance of accessing Housing First programmes, highlighting the lack of both affordable housing and unconditional access to it. While the Dutch government accepts a ‘best-effort obligation’ to achieve sufficient housing, there is no legal right to a home in the Netherlands. While the Netherlands has a large – albeit shrinking – stock of social housing, it remains insufficient.

The current system of prioritized housing means homeless people must compete with other vulnerable home seekers such as refugees. The homes required to accommodate those discharged from reception facilities and sheltered housing are not yet always provided in local agreements between municipalities and housing associations, besides the

49 See <<https://ract.nl/>>(accessed 16 February 2024).

50 See Nationaal Actieplan Dakloosheid (n 4).

51 N. F. Boesveldt, *Planet Homeless: Governance Arrangements in Amsterdam, Copenhagen, and Glasgow* (PhD thesis, Eleven International Publishing 2015); C. van Everdingen and others, ‘A Comprehensive Assessment to Enable Recovery of the Homeless: The HOP-TR Study’ (2021) 9(9) *Frontiers in Public Health* 661517.

52 S. Tsemberis and R. F. Eisenberg, ‘Pathways to Housing: Supported Housing for street-Dwelling Homeless Individuals with Psychiatric Disabilities’ (2000) 51 *Psychiatric Services* 487.

other competing groups, such as refugees.⁵³ For the new system to succeed, public housing must become a national priority, and municipalities must provide sufficient social housing stock. The key is to focus on local practices to achieve nationally formulated goals. In the Netherlands, it is the task of the Senate and the House of Representatives to assess whether legislation conflicts with the constitution. Unlike many other European countries, the Netherlands does not have a constitutional court. While ministers often state that housing is a fundamental right,⁵⁴ they do not make this explicit in policy.⁵⁵

Although a place of one's own is a marked improvement over emergency shelters and institutions, housing-led approaches can still entail punitive, controlling, and conditional practices. For example, in a recent study, we observed the growing use of conditional rental contracts for permanent housing which require that tenant behaviour is deemed (at times arbitrarily) acceptable to other residents. Transgression of the rules can lead to eviction and ouster from the regional social rental sector. This brings the threat of sanctions back into the housing-led approach as housing becomes, once again, not a right but a conditional instrument that can be taken away.⁵⁶ In a strict Housing First system, there are no additional requirements for individuals to obtain a home; they do not need to prove that they are 'ready' for housing. Although there is broad support for the Housing First idea, the tendency to assess who could and should live independently, and thus gain access to housing, remains ubiquitous.⁵⁷ Truly unconditional access to housing would require a transformation of the sector.

A final consideration lies in the fact that many of the strategies to prevent homelessness in the Netherlands are rooted in private, bottom-up solidarity. These initiatives fit what the government has long touted as 'social innovations' in which solutions for unmet needs are jointly produced, with the state being only one stakeholder among many.⁵⁸ These private social support initiatives, however, point to a wider issue of decreasing public solidarity: they are filling the gaps left by professionals in the shrinking welfare state. This welfare state, in which deflection of action is combined with budgetary constraints, poses a risk to the future of services required to meet complex needs. All in all, this chapter, exploring incremental change towards providing Housing First, has outlined both promising policies and strong initiatives in homelessness monitoring and prevention that can be seen in the Netherlands but also has highlighted the challenging multi-level context of coordination and shifting definitions and interpretations of responsibilities in which attempts to structurally end homelessness are situated.

53 Every six months, the central government determines how many refugees permitted to stay in the Netherlands municipalities must give a place to live <www.rijksoverheid.nl/onderwerpen/asielbeleid/huisvesting-asielzoekers-met-verblijfsvergunning> (accessed 1 September 2023). The central government does not determine how many previously homeless people municipalities must give a place to live.

54 Letter to Parliament, 'Cabinet Presents Renewed Housing-First Approach to Homelessness' (2022) <www.rijksoverheid.nl/actueel/nieuws/2022/06/01/kabinet-presenteert-vernieuwde-aanpak-dakloosheid-wonen-eerst> (accessed 1 September 2023).

55 M. Schmit, N. F. Boesveldt, and A. Jansen, 'Housing First as a system approach: what does this require from the Netherlands?' (2023) 17(2) *European Journal of Homelessness* 171 <https://www.feantsaresearch.org/public/user/Observatory/2023/EJK_17_-2/EJH_17-2_A12_v02.pdf> (accessed 16 February 2024).

56 Boesveldt and Loomans (n 23).

57 Schmit, Boesveldt and Janssen (n 55).

58 P. Hirst, 'Renewing Democracy Through Associations' (2002) 73 *The Political Quarterly Publishing Co. Ltd.* 409.