



POLICY BRIEF

Committed collaboration to address homelessness in the Netherlands

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Abstract

Context: In the Netherlands, the number of homeless people increased from 17.800 in 2009 to 39.300 in 2018. Due to the COVID-19 pandemic and its socioeconomic consequences, the needs of marginalized people have increased worldwide in terms of access to services and relevant information. In the Netherlands, along with the Red Cross, other humanitarian organizations such as the Salvation Army, the Rainbow Foundation, and the Foundation for the Homeless are already providing people in need with primary needs such as food and housing, but also with healthcare and legal support. Cooperation between services for the homeless is also gaining attention. However, collaboration between relevant stakeholders is still insufficient and urges to be expanded. Moreover, centralized monitoring is challenging as different services are provided (shelters, assisted housing) by different stakeholders and there is no central data collection system or pre-defined indicators. Recent, comprehensive data on homelessness figures are needed to understand the needs and how these may have changed, given the exacerbated consequences of COVID-19 pandemic on those in socioeconomic vulnerability, in order safeguard the health, safety and dignity of homeless people.

Policy Options: To address the needs of homeless people, innovation is needed to overcome sectoral boundaries and to work collaboratively. At the level of service provision, as shown by some successful global experiences (e.g. Homeless Individuals and Families Information System (HIFIS), Housing First, Les Infirmières de la Rue), new partnerships and collaborations are a central dimension of many effective innovative initiatives relating to homelessness. The target of collaboration is to improve health and social outcomes in the most appropriate and efficient manner. To improve case management at the local level, in Canada, the Homeless Individuals and Families Information System (HIFIS) provides a single platform for homogeneous data collection on clients among service providers that facilitates referrals between services.

Recommendations: Approaches to improve cross-sectoral collaboration and communication at two levels should be identified. Firstly, establishing a coordinated and comprehensive cross-sectoral network among organizations in the field and secondly, improving data collection.

Keywords: *collaborative network, cross-sectoral collaboration, service coordination, homeless*

Acknowledgments: The authors would like to express their sincere thanks to J. Neicun and K. Czabanowska for their support in preparing and revising the policy brief.

Authors' contributions: All authors contributed equally to this work.

Conflicts of interest: None declared

Funding: None declared



Introduction

In the Netherlands, the total number of adult homeless people has more than doubled in the past decade; it has increased from around 18.000 in 2009 to 39.300 in 2018, representing 0.23 % of the total Dutch population (Statistics Netherlands (CBS), 2019). While an internationally recognized definition of homelessness does not exist, the Netherlands considers all people without a roof to sleep under and without a registered home address as homeless. Therefore, the official Dutch figures on homelessness include all individuals who are sleeping in the open air, in sheltered public spaces (such as stations and cars), or in temporary housing (European Federation of National Organisations working with the Homeless (FEANTSA), 2018). It is important to note that people residing in the Netherlands illegally, i.e. without a government-issued residence permit, are excluded from official statistics on homelessness (OECD, 2020). The novel coronavirus pandemic is likely to further exacerbate the problems faced by the homeless communities in the Netherlands for several reasons. Firstly, homeless people are more likely to suffer from co-morbidities associated with increased risk for severe forms of COVID-19, hence making them particularly vulnerable to the disease (Lewer et al., 2020). Secondly, living in shared accommodations (such as homeless shelters) puts them at a higher risk of transmission of coronavirus (Lewer et al., 2020; Rogers & Power, 2020). Lastly, poverty and homelessness rates in the Netherlands are expected to increase in the near future as a result of the pandemic due to the loss of employment and income for many individuals, putting additional pressure on existing social programs and services working with the homeless populations in the country (Chorus et al., 2020). There are several organizations in the Netherlands

working with and providing services to the homeless. Some of the most notable of these organizations include the Red Cross Netherlands, the Salvation Army, the FEANTSA, and the Rainbow Railroad. They are supporting the homeless population by satisfying their primary needs such as food and housing, but also by providing them with access to healthcare, advocacy, and legal support. While these organizations offer valuable programming to the homeless, they work independently and seldom collaborate for the provision of goods and services. In addition to work done by non-governmental organizations (NGOs), various Dutch municipalities have implemented their own programs that offer housing to people in need. This is particularly important in the four biggest Dutch municipalities (Amsterdam, Rotterdam, The Hague and Utrecht) where the size of the homeless communities is the largest in the Netherlands (CBS, 2019). The Dutch national government has also recognized the need to address the housing situation of homeless people. The Dutch National Housing Agenda 2018-2021 sets the tone for an increase in the availability of housing as well as better use of existing housing facilities (Ollongren, 2019). It allows municipalities to determine the specific actions and budget allocations to integrate housing with other services, such as healthcare, debt assistance, and social inclusion (Ollongren, 2019). While the governments, both national and local, have at times partnered with housing agencies and NGOs to tackle the issue of homelessness in the Netherlands, the collaboration between relevant stakeholders is still insufficient and needs to be expanded in the Netherlands. According to anecdotal evidence coming from the ground, the lack of collaboration among organizations (as well as between organizations and government institutions) working with and offering services to the homeless people residing in the country has

been specifically identified as a major challenge in effectively tackling the problem of homelessness. Having a fragmented network of service providers rather than a connected one has several disadvantages: different organizations that provide services to homeless people might be unaware of the existence of other services provided by other organizations, leading to inefficient use of resources, while different organizations which provide similar services to the homeless might be competing for the same source of funding, potentially leading to an inefficient distribution of resources among relevant partner organizations. In light of this, under the aegis of the Red Cross Netherlands, our working group is proposing the establishment of a national collaborative network of service providers to tackle homelessness in the Netherlands. The principal targets of this initiative - and therefore its key stakeholders - would be all organizations and government institutions working with and providing services to the homeless people residing in the Netherlands. A full list of all stakeholders identified can be found in the Appendix. The overall aim of this initiative is to improve cross-sectoral collaboration and communication among relevant stakeholders through the creation of a collaborative network, the development of a shared mission and vision based on reciprocal trust, and the belief that a well-balanced investment of partners will produce positive outcomes for all of them. This collaborative national network will be in charge of collecting and disseminating relevant data among partners while aligning service provision to improve their efficacy and efficiency.

Context

Particularities of homelessness in the Netherlands

As in other part of the world, there is a large

imbalance in the gender composition of the homeless population in the Netherlands; men account for about 84 % of all homeless people. The homeless population in the Netherlands is divided into three age groups for official statistics: 18-29 years old, 30-49 years old, and 50-64 years old. The latter age group accounts for only a small proportion. The number of homeless people in the 30-49 age group has decreased over the years, but this group still makes up the largest share of homeless people in the Netherlands (CBS, 2019). However, the number of young homeless people (18-29 years) has increased and almost tripled between 2009 (4.000) and 2018 (12.600) (CBS, 2019). Youths leave homes where they were usually dependent on adult caregivers (parents or relatives) and which were defined by intimate relationships. A high percentage of young people affected by homelessness were also in the care of child protection services. 77.50 % of this subgroup affected by homelessness stated that their inability to cope with their parents played an important role in why they left home (Homeless Hub, n. d.). It is necessary to point out that young homeless people have specific needs. These include in particular the satisfaction of basic needs, navigation through housing and income support systems, access to education/training, and obtaining support for mental health or drug-related issues (Buchnea, McKittrick, & French, 2020). To avoid homelessness among young people it is essential to strengthen families and take their needs into account (Homeless Hub, n. d.). Of all homeless people in the Netherlands, about 57 % had a migrant background, which indicates that foreigners, such as refugees or labor migrants, constitute a large subgroup of homeless people. Almost half of all homeless people have a non-western background. Similar to the proportion of young homeless people, the share of migrants without a western background tripled from 6.500

(2009) to 18.300 (2018) (CBS, 2019). The main reasons why people migrate are economic or humanitarian and reasons for family reunification. The reasons for homelessness among these people are work-related, such as lack of regular and secure employment, often caused by discrimination in access to the labor market and to fair and equal working conditions. Secondly, the discrimination in the housing market, lack of residence status, insufficient availability of accommodation in reception centers for asylum seekers, lengthy administrative procedures is another cause for homelessness among foreigners. These immigrants have special needs that differ from those of the Dutch homeless. This includes administrative advice, language services, legal assistance, and specialized employment services. Capacity building is necessary to provide adapted services that meet the accommodation and support needs of homeless migrants (FEANTSA, 2013). But also, the proportion of native Dutch homeless has almost doubled between 2009 (9.600) and 2018 (16.900), which means that native Dutch are a large subgroup of the homeless in the Netherlands (CBS, 2019). A study assessing the needs of homeless people in the Netherlands showed that, in general, physical security, training, transport, affordable housing, medical/dental care, health information, vocational training/employment services were considered to be the most important (Acosta & Toro, 2000). However, this homeless population is very heterogeneous due to different demographic characteristics and circumstances as well as different risk factors. There are therefore major differences with regard to the needs, priorities, and customs of each subgroup of the homeless population, which should be taken into account when providing services, such as social support or legal advice (Linn & Gelberg, 1989; Peressini, 2009). In addition, service providers should take into

consideration that homelessness, in general, is associated with higher rates of mental health problems and substance use problems (Fazel et al., 2008). Migrants, asylum seekers and refugees in particular may be at increased risk of suffering from mental health problems, as they are likely to have experienced human rights violations, persecution, poverty, and conflict in their home country and face substandard conditions, insecurity and instability in their country of immigration (World Health Organization (WHO), 2017).

Policy Options

Social innovations to reduce homelessness

Social innovations in the field of homelessness are important approaches to reduce homelessness (FEANTSA, 2012). The promotion of evidence-based social innovation in the field of homelessness is also supported by the European Union (EU) in the framework of the Europe 2020 agenda for "smart, sustainable and inclusive growth" (European Commission, 2010).

There are many projects developed in different countries around the world dealing with social innovation in the field of homelessness. In this policy brief, social innovations in the area of data collection, housing, and cross-sectoral working are of particular interest.

Data Collection

To better apprehend homelessness, an understanding of its magnitude and nature is essential. This goal can be achieved through innovative partnerships and cross-sectoral working methods which can improve data collection on homelessness and thereby enhance the development of effective homelessness policies (FEANTSA, 2012). An example of a "data collection and case management system" is the Homeless

Individuals and Families Information System (HIFIS) applied in Canada. This system enables several service providers in the same municipality to access data and work together. In addition, with the introduction of HIFIS, municipalities use identical terminology to define homelessness. Based on the collected data, the client can be referred to the suitable services at the right time. Furthermore, local communities can improve their understanding of homelessness situations and their needs. It also provides a detailed picture of homelessness in Canada to inform policy-making processes (Government of Canada, 2020).

Housing

In 2010, the European Consensus Conference recognized housing as an essential area for social innovations for homeless people focusing on the "housing first" model (European Consensus Conference on Homelessness, 2011). It emphasizes the search for sustainable housing solutions as a first reaction to homelessness (FEANTSA, 2012). The European Commission also encourages countries to implement the "housing first" approach (European Parliament, 2020). Some countries in the EU have already implemented this approach, including Finland. The Finnish strategy is to substitute short-term housing for long-term rental accommodation for homeless people (Y-Foundation, 2017). This approach follows the core philosophy of considering home as a human right (Pleace, Culhane, Granfelt & Knutagård, 2015). In 2008, the program "PAAVO I" (2008-2011) was introduced with the aim of buying and building affordable housing. The project was initially launched in the ten cities in Finland having the largest problems with homelessness. After "PAAVO I" was finished, the program "PAAVO II" (2012-2015) was introduced. With "PAAVO II", the cities recommitted to

the program and issued new declarations of intent. In addition, another city joined the program. In 2016, an action plan was published with reducing homelessness in Finland as the main goal and preventing relapses into homelessness as the general objective. Within the Finish "housing first" model, different stakeholders work together, including the government, municipalities, cities, service providers, employees, and others (Y-Foundation, 2017).

Cross-sectoral working

To improve access to health services for homeless people and to overcome barriers, partnerships across sectors are important social innovations. In order to work across sectors, experts from different areas must work together. To ensure holistic care, they must identify where homeless people have needs (e.g. "health, social and housing services"; FEANTSA, 2012). An example of a cross-sectoral working organization is "Les Infirmières de la Rue" ("The Street Nurses") which is a group of nurses taking care of homeless people in the streets and shelters in Brussels. Their objective is to bring health care directly to the homeless and to draw attention to health and hygiene problems. They also offer treatment when necessary and a link to common primary healthcare services. The organization creates a network with the objective of monitoring and helping homeless people. Hereby, all relevant actors around them should be involved, e.g. medical and social staff, etc. (FEANTSA, 2012; Les Infirmières de la Rue, n. d.).

Potential for successful cross-sectoral collaboration in the Netherlands

Collaboration between services for homeless in the Netherlands

Service integration is being promoted in the Netherlands by the National strategy on

homelessness that was written collectively by all stakeholders involved. This strategy provides municipalities the freedom to formulate action plans based on local needs, working with NGOs and care organizations. Thus, inter-sectoral work has emerged at the local level, including between municipalities and housing associations that agree on annual strategies for social housing, aiming to reduce the number of evictions (Oostveen, 2019). In the municipality of Amersfoort, to prevent long-term homelessness, coalitions between service providers are formed aiming to provide sustainable solutions such as organized access to services, tailor made services and focus on recovery and independence of users. In Amsterdam, the departments of debt assistance, work, income, and housing jointly provide financial help to homeless people in their search for structural housing, preventing the relapse to homelessness through a continuity of services (Rijksoverheid, 2020).

The Home Again Action Plan 2017, initiated by the associations of municipalities, housing, and care providers, made it possible to set collective targets locally and pilot common strategies. The continuation of this program was decided given its positive outcomes including knowledge sharing and dissemination of good practices but also upstream advocacy for local needs not covered by national legislation (Oostveen, 2019). Specifically, in Groningen, homeless people were supported to address unemployment or debts. In North Limburg, coordination from housing associations facilitated reserving places for people that reside in assisted housing and are ready to move into independent housing. Also, in Eindhoven, transferring the accommodation lease from the care organization to individuals that had completed a year of stay without disturbance had a 97 % success rate.

Among healthcare providers in the Netherlands, already established effective networks include the Care Sector Organizations (BoZ) that as of 2017 facilitates collective management of and transparency between health institutions and the Dutch mental health services that, since March 2020, aims to expand local providers' networks to develop a joint, community-based strategy (DeNerdenlandseggz, n. d.). Also, the Housing first program is a network that spans across sectors and runs in the Netherlands since 2016, being one of the most developed in Europe.

Data Collection

Various definitions of homelessness are used in the Netherlands as in many countries in Europe. The term 'homeless' may refer to people receiving housing support and ambulatory care, people staying in night shelters with no fixed address or hosted by friends or family or lastly, people staying in shelters, being roofless, or staying in insecure housing. The official definition has an impact on homelessness figures. Numbers of homelessness measured by Statistics Netherlands (CBS) refer to registered homeless people receiving benefits under the Work and Social Assistance Act (WWB), people that have applied for low-threshold (night) shelter, as registered in the Personal Records Database (BRP), and some selected people from the National Drug and Alcohol information System (LADIS) (Rutenfrans-Stupar, 2019). Though, these sources exclude those homeless that sleep rough or those that are not eligible for social support services (those without Dutch nationality or those that have an income that is higher than a certain threshold) and thus figures of homelessness are extrapolated estimates. This is illustrated in 2016 figures as 30.500 people were homeless in the Netherlands according to CBS, but 60.120 people were registered in

the Dutch Federation of Shelters (Federatie Opvag), that measures in addition those receiving ambulatory care from shelter facilities (Rutenfrans-Stupar, 2019).

Existing data should be interpreted with further scrutiny as some groups are not included in data systems, known as “hidden homeless” that have differentiated trajectories through homelessness. Homeless youth is a group that may hide in parks or stations, may remain in abusive households, or use couchsurfing, an online platform of hospitality that connects travelers who seek a place to stay with local people that wish to provide such a place without compensation (FEANTSA, 2019a). Women and female lone parents that are in need of housing and financial support, they instead tend to exhaust other support options such as from relatives, friends or domestic violence services, and thus are not visible to housing services (Bretherton, 2017). In Denmark and in a German region that report extensive homelessness statistics, people temporarily living with friends or family were 28 % and 37 % of all homeless (Rutenfrans-Stupar, 2019). In the Netherlands, legislation is being drafted to allow an exchange of data between municipalities for people not paying rent that may allow for a clearer picture of “hidden homelessness” (Oostveen, 2019). Although homelessness is accepted as an urgent issue that no agency can tackle alone, and collaboration has been endorsed and proven effective in the Netherlands, services for homeless people either work in parallel in an unintegrated manner, or they form small distinct networks that are not linked together in a core network. Also, services are undermined by the unavailability of a data collection system (Boesveldt, 2018). Positively, during the pandemic, services for shelter are being expanded through the provision of more single rooms, reception of people otherwise not eligible for shelter

under the Social Support Act, and the expansion of childcare options (Muisse, 2020). It is crucial to ensure that service provision is coordinated and responds to existing and emerging needs.

Recommendations

The rising magnitude and complexity of homelessness can be understood and addressed nationwide through an interagency network, which must be flexible to adjust to emerging needs of heterogeneous homeless profiles and enable quick access to support through referral networks. The proposed strategy and specific recommendations aim to unify efforts by creating a collaborative network of organizations working within the field of healthcare, social assistance and legal advice for the socially vulnerable people within the Netherlands. Such stakeholder collaboration will highlight the methods by which groups with similar or different perspectives can exchange viewpoints and search for solutions that go beyond their own vision, with the aim of working synergistically to improve the lives of vulnerable people. The success of the strategy depends upon collaboration with a wide range of stakeholders, including donors, government institutions, service providers (homeless-serving organizations), and other people affected by homelessness – based on the best available information and evidence. In an integrated systems response, programs and service delivery systems should be organized at every level – from policy, to implementation, to service provision, to client flow, and offer support in a person-centered way. Through coordinated and collaborative engagement at all levels, strategic and planned approaches to end homelessness can be supported. Responses must involve cost-effective strategies bringing together organisations offering services on the sectors of health, criminal

justice, housing, education, child welfare, and other sectors that homeless people come into contact with. Lastly, to be effective, the collaboration must be inclusive in its process, strategic in its objectives, set real and measurable targets for change that are clear to all stakeholders, and lead to real changes in the target group (Larson et al., 2000).

Recommendation 1: Creation of a collaborative network of relevant stakeholders

We are calling on national policymakers, NGOs, donors, etc. to support the creation of a comprehensive Collaborative Network, through a system-based approach to address homelessness problem in the Netherlands. Therefore, service providers that share the same challenges in day to day operations will be the core of this network such as housing providers, non-governmental organisations and civil society organizations. Moreover, to facilitate service coordination, stakeholders from the local authorities and public institutions shall be invited and academia to support research. The Collaborative Network will have the aim to identify common objectives, clarify controversial issues, gather and analyse information. It will also be responsible for regularly meeting with network partners to present the initiative's results to all parties, thus ensuring that they have proper access to information while consolidating their common interests. The collaboration must improve cross-sectoral collaboration and communication among relevant stakeholders, develop a shared mission and vision based on reciprocal trust, and the belief that a well-balanced investment of partners will produce positive outcomes for all parties and overall, for vulnerable people. It is essential that collaboration is based on trust, inclusion, and constructive engagement to achieve a proposed common purpose. For this, the

dialogue should be as open and participatory as possible, encouraging stakeholders from a variety of backgrounds and perspectives to contribute to the identification and framing of collaboration goals and objectives. To ensure that the most appropriate communications mechanisms are used to support collaboration efforts, it is important to work using all possible communication tools: meetings and roundtable discussions, workshops, joint initiatives, mediation, training, awareness-raising and education, and joint fact-finding. To improve communication and collaboration between stakeholders, five steps were defined:

1. The **identification** of relevant stakeholders working with vulnerable populations (A preliminary identification has been completed: see Appendix Tab. 1-3)
2. The **creation** of a list of correspondents across the Netherlands
3. The **set up** a Collaborative Committee
4. The **search** for best networking practices across Europe to improve the quality of collaboration
5. The **design** of a permanent coordination plan aimed at making collaboration as easy and efficient as possible (e.g., online meetings), particularly during the COVID-19 pandemic.

Working together to reach a common goal involves teamwork, good communication, and problem-solving. In the end, the collaboration will add a mutually beneficial relationship between two or more parties who work towards common goals, conduct needs assessment, set priorities, and advocate for new policies and regulations, in order to decrease the magnitude of homelessness, through shared

responsibility, authority, and accountability in the achievement of results.

Recommendation 2: Develop a baseline assessment of clients' profiles, needs, and services provision

To improve the efficacy and efficiency of healthcare and social services provision, the availability and exchange of information are crucial. The Collaborative Network will facilitate data collection, analysis and reporting on the figures, needs of homeless populations but also on the capacities available to facilitate referrals between services and inform about demand and need for capacity building. Responsibilities between partners on data use and protection shall be agreed and an agreement signed. Sharing of data from client registers shall strictly abide by the general data protection regulations. Encryption software, need for client consent and data anonymization from client registers should be ensured.

For data to be operational, it is important that the organizations that are collecting data on homeless people agree on specific definitions. This should be the first aim of the Collaborative Network, to agree on a required format for data collection and provide a tool to partners to develop comparable data collection systems. The ETHOS typology is proposed by FEANTSA (2005) to classify different types of homelessness; living rough or in a night shelter is defined as 'rooflessness', 'houselessness' applies to stay in shelter accommodation or supported accommodation, 'insecure housing' refers to temporary stay with family or friends or when living under threat of violence and, 'inadequate housing' to living in extreme overcrowding or unfit housing. Different sources for data on homelessness have different values (FEANTSA, 2002).

Firstly, surveys should be available at national, regional and local levels and include a representative profiling of the homeless population. Secondly, the social service sector for homeless people can contribute through an integrated, standardized computer-based record keeping system for service users. Thirdly, public statistics on homelessness usually refer to those registered for housing support and should be recorded every year.

The design of an operational strategy on how to establish a common database will include:

1. **Characteristics of clients:** identification of the number and sociodemographic characteristics of people in need of help in the Netherlands.
2. **Assessment of needs:** identification of the essential needs (water, food, clothes, etc.) and non-essential needs (condoms, healthcare, legal support, etc.).
3. **Healthcare and Social service mapping:** elaboration on the number of places and types of services provided at local and national level.

For an overview of the activities and the time scheduled proposed see Appendix Tab. 4.

To measure, improve and demonstrate the value of this Collaborative Network, and maintain the focus of its mission, it is important to set and achieve short-term goals. Given that achieving progress on the ultimate goal (improving quality of life for homeless people) will take substantial time, an example of indicators could be helping homeless people get access to healthcare and measuring their number of primary care visits in a period of six months or helping those who are able to work and unemployed find employment. Demonstrating short-term successes will be crucial in maintaining

cross-organizational support for the collaborative network, and will also help recruit more organizations into the future (Appelbaum, 2012).

Quality Improvement

Overall Network Quality Improvement

Standards can be collectively developed and disseminated in the network to ensure efficient functioning and collaboration. According to the European Quality Assurance for Social Services such key principles are: Leadership, Rights, Ethics, Partnership, Participation, Person-Centered, Comprehensiveness, Continuous Improvement, and Result Orientation (FEANTSA, 2012).

Individual Organizations' Quality Improvement

At a service provider's level, dissemination of quality standards used among providers can allow for continuous improvement and innovation. Common general quality standards can be suggested to ensure transparency, continuous professional development for the staff, engagement of service users and equality in access to services. Importantly, standards should be decided collectively to ensure they can be integrated to provider systems, including smaller service providers. Given the inherent risk of dependency on homeless in services, an overall criterion of quality of services in the homeless sector should be reaching a level of independence and autonomy, by a rapid re-housing process for the client to personal housing. Suggested indicators for individual providers to assess the quality of their services and users' engagement can be found in Figure 1.

Figure 1. Indicators proposed for individual service providers that wish to assess the quality of their services and the engagement of service users.

<p><u>Indicators for provider/ agency</u></p> <ol style="list-style-type: none"> 1) Eligibility for services and access requirements are clearly defined 2) Strategies to engage service users are clearly established 3) Staff is trained 4) Extent of service utilization and number of service users are recorded in a data system 5) Outcomes of services received including satisfaction of the service users 6) Assessment of relationships between staff and service users 7) Service users progress towards independent housing and autonomous living
<p><u>Measurement of engagement of service users</u></p> <ol style="list-style-type: none"> 1) Attendance to follow-up appointments; frequency access a community service per year 2) Overall health outcomes improvement 3) Awareness about at least one local health service they are eligible for 4) Application for general healthcare insurance

Service users are important stakeholders that can take responsibility and actively participate in evaluation of the services. A Participative Audit methodology for quality improvement was initiated in Amsterdam. PAja! empowered young service users to conduct peer to peer assessments by

interviewing service users, analyzing the outcomes in an objective way and prioritizing areas for improvement along with workers (FEANTSA, 2015).

Conclusion

Homelessness, being too complex to be addressed by any organization on its own, collective action is needed, in a way that resources available are allocated according to need and do not result in overlap and intense competition between providers. The rising figures of homelessness in the Netherlands are alarming and require comprehensive data collection and action. The COVID-19 pandemic has shed light on how inequalities created by social, cultural, and economic power dynamics are being further exacerbated in times of crisis at both national and global level. Its impact on the homeless population in the Dutch context has yet to be assessed and although in many municipalities momentum is built among service providers for the need to collaborate, a comprehensive nation-wide system is not in place. The

formation of a Collaborative network can facilitate synchronization of activities and expertise transfer to provide more synergistic and effective support for homeless people in the Netherlands, thereby improving their quality of life. This is the way to progress towards recovering dignity and overcoming homelessness, responding to the call to “end homelessness in the EU by 2030” (European Parliament, 2020, p.1).

Conflicts of interest

Argyrou, F., Hirschler, J., Karan, F., Kugel, R., Romancenco, E., & Neicun, J. state that there is no conflict of interest.

Funding

There was no funding for this project.

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[A Home of Your Own lowres spreads.pdf](#) (12.02.2021)



Appendix

Table 1: Organizations **collecting data** on the homeless and other vulnerable groups in the Netherlands

Organization	Methods of data collection	Organization type
AEDS database	Support the functioning of social housing private providers Aggregated data on: vulnerable groups, affordability of housing, availability etc	National organization
Federation of National Organizations Working with the Homeless (FEANTSA)	Monitoring of national and EU statistical developments on homelessness	NGO
International Homo/Lesbian Information center and Archive (IHLIA)	Collects, preserves and presents to the public all kinds of information in the field of LGBT	NGO
Statistics Netherlands (CBS)	Gathers statistical information about the Netherlands	Governmental institution
The Salvation Army	Qualitative study: interviews of undocumented Nigerian, Ghanaian victims	INGO (Christian)

Table 2: Services existing to tackle homelessness and offer support to vulnerable groups in the Netherlands

Organization	Provided services	Organization type
Stichting Zwerfjongeren Nederland (SZN)	Independent advocate for homeless young: lobbying, connecting parties, research/ dissemination Include homeless youth voices (conversation tool).	NGO
Chance Fund (Kansfonds) Hilversum	Corona crisis emergency aid, young people, elderly, refugees	Trust fund
The Salvation Army	Access to primary health care, prevention and quality improvement. Access to basic WASH facilities and prevention (including additional facilities for girls) Empowerment of women and girls	INGO (Christian)
COC Netherlands	Supports LGBTI Communities globally	Implementing NGO, advocacy NGO
AEDS database	Support the functioning of social housing private providers Aggregated data on: vulnerable groups, affordability of housing, availability etc.	National organization
AFEW	Connects the network with international donors and ensures all policies, procedures, and reports meet international expectations and the standards of international donors.	NGO
Cordaid	Emergency aid & poverty of a particularly vulnerable group of people, help to bridge their gap to the labor market and allow them to be part of society again, support social cooperatives for two years.	NGO
Federation of National Organizations Working with the Homeless	Monitoring of national and EU statistical developments on homelessness, exchanging good practice on homelessness measurement, and creating links with the academic field as well as with European and International bodies.	NGO



(FEANTSA)		
Housing First Europe Hub	Model for systemic change providing and maintaining housing; improving health and well-being; promoting social integration	NGO
Van den Santheuvel Foundation	Funding support to shelters of various target groups	Foundation
Valente	3 basic networks: protected housing, women shelter, social care Priorities: advocacy, prevention, tackle stigmatization work both bottom up and top down <u>Shelter Atlas: online map</u> with all organizations for homelessness, violence, exploitation, departure from care institution/ prison.	Trade organization. Represents institutions and agencies from all over the country, connects thousands of professionals ensuring a continuous dialogue between industry, politics and society.
LGBTI+ Asylum Support	Links to other organizations, provides guidance. social support	Dutch NGO
International Organization for Migration (IOM)	Supports migrants across the world, developing effective responses to the shifting dynamics of migration and, as such, is a key source of advice on migration policy and practice Works in emergency situations, developing the resilience of all people on the move, and particularly those in situations of vulnerability, as well as building capacity within governments to manage all forms and impacts of mobility	Intergovernmental organization
Council for the Environment and Infrastructure (Rli)	Advises the Dutch government and Parliament on strategic issues concerning the sustainable development of the living and working environment.	Independent advisory group
PROUD Dutch Union for sexworkers	PROUD is the interest group for and by sex workers in the Netherlands.	NGO
The Rainbow Group (De Regenboog)	Stimulates participation and development of people in (social) poverty, so that they can actively participate in society. Established in Amsterdam, it includes various walk-in	Foundation



Groep)	centers.	
Rooms with Attention	Offer a room for young people in youth care	Collaborative initiative between 11 (youth) care organizations in 12 municipalities
Amnesty International	Evaluates the human rights situation in countries around the world	NGO
Everyone's shelter (Iedereen onder een dak)	Central municipalities of social care have mapped out how many homeless people they have in the region and what housing and care needs there are 21 of the 43 central municipalities have submitted concrete plans with additional measures until 2021	Governmental institution
NuNN (Night shelter from Noodzaak Nijmegen)	Night shelter facility where the care is in-house for the homeless.	Shelter Provider
Optimal Life	Patient-centred care for people with psychological problems	Collaboration between healthcare institutions, GPs, municipalities
The intermediate facility	Reception, (assisted) living, budget management & debt assistance, daytime activities & activation Has a Housing Cluster and a Reception Cluster (outreach, guidance)	Housing organization Utrecht
Credo Huizen	Safe house for young people	Charity, cooperative
Kerk in Actie	Program for missionary and diaconal work of the Protestant Church of the Netherlands	Charity (Christian)
Wilde Ganzen	Raises funds to combat poverty and provides support to organizations in terms of technical knowledge and expertise	NGO (Christian)

Table 3: Municipalities that participate in the “everyone under one roof” (IEDEREEN ONDER EEN DAK) governmental initiative.



Municipality	Contact details
Oss	Anne de Vries Email: a.de.vries@oss.nl
Deventer, Midden-Ijssel	Lauris van Eekeren, Email: lgj.van.eekeren@deventer.nl Mirjam Jansen, Email: mc.jansen@deventer.nl
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Amsterdam	José Welsink, Email: j.welsink@amsterdam.nl Darjalha Bourgui, Email: D.Bourgui@amsterdam.nl
Amersfoort	Matthijs van Leur, Email: M.vanLeur@amersfoort.nl
Alkmaar	Mirjam Hartog, Email: MHartog@alkmaar.nl Femke Zuidgeest, Email: FZuidgeest@alkmaar.nl

Table 4: Recommended time schedule and implementation plan for cross-sectoral collaboration and data collection networks.

Category	Nº	Name	Deliverables	Responsible
Main Activity	1.	Create a Collaborative Committee of organisations working on Homeless in the Netherlands 1st month and 2nd month		
Specific activities	1.1	<u>Identify the Working group.</u>	Responsible persons for initiation of technical activities identified (3-4 persons).	Initiative group
	1.2.	Identify the <u>office</u> for the Working group and initiate the activities.	Office identified Office spaces arranged	Working group
	1.3.	Identify <u>Stakeholders/ Partners</u> working with and collecting data on Homeless and socially vulnerable people in the Netherlands.	List of Core Stakeholders identified and their contacts recorded.	Working group (consult list at Appendix A)
	1.4	<u>Identify the responsible</u> person from each stakeholder.	Official nomination of responsible persons from each stakeholder received.	Working group All stakeholders
	1.5	Identify the <u>Platform of the discussion and working</u> and the way of the collaboration.	Platform of discussion identified and agreed. List of Topics to be discussed agreed. Period of meeting agreed.	
	1.6	Create a <u>Collaborative Committee of Homeless in Netherlands</u>	Status of Committee developed, disseminated, agreed with all stakeholders. List of Members developed, agreed. Organogram of the Committee and responsibilities developed, agreed.	



	1.7	Strengthen the organizational capacities of the Collaborative Committee to coordinate the resources, efforts of civil society and institutional partners in the implementation of the National Strategic Plan of Homeless.	Collaboration with other international partners established. Round tables conducted. Training of responsible persons conducted.	
Main Activity	2	Develop the Database and Data collection Indicators. 1st month-3rd month		
Specific activities	2.1	To agree on which data should be collected, monitored and maintained.	List of data created and approved.	Working group
	2.2	To <u>identify the Indicators</u> to be monitored for Program evaluation.	List of indicators developed and agreed (for different periods of the time/semester/years). Source of collection agreed	All stakeholders
Main Activity	3	Update the registration systems of Partner organisations based on defined format 3rd month		
	4	Conduct survey regarding the cartography of the existing current situation (existing places and number of homeless people) 3rd month- 4th month		
	5	Conduct a survey to evaluate risk factors and behaviours associated with homeless people 3rd month-4th month		



	6	Identify, prioritize the main problems and gaps related to homelessness in the Netherlands 5th month
	7	Synergize efforts and continue to address the urgent primary needs of homeless people by mobilization of all possible stakeholders during the next cold period. 5th month
	9	Strengthen the institutional and organizational capacities of NGOs/Partners working with key groups of homeless people. 6th month
	10	Support advocacy, communication and social mobilization of civil society by strengthening the community system regarding the homeless problem. 6th month
	11	Identify needs and propose actions to strengthen the legal framework for homeless people and National Action Plans 7th month
	12	Develop and implement an Awareness and Communication campaign regarding homeless group 7th month
	13	Identify actions to strengthen and maintain activities for Inclusion of homeless based on a person-centred approach (long term housing, workplaces, vocational and professional training and schooling). Advocate to inform National Strategy. 8th month
	14	Identify actions for diminishing and preventive risk factors related to homeless (harm reduction, family planning). Advocate to inform National Strategy. 9th month

	15	To establish a process of the Monitoring and evaluation of the activities of the Collaborative Network 10th month		
Specific activities	15.1	To elaborate and publicize an <u>analytical report</u> , based on monitoring the <u>main indicators</u> measuring service provision	Quarterly analytical report based on key monitoring indicators conducted.	Working group
	15.2	To conduct a <u>periodical analysis</u> regarding the efficiency of inclusion and integration services for Homeless.	Semestrial analyses conducted.	External Consultant
	15.3	To conduct an <u>annual audit</u> of activities conducted by the <u>Collaborative Committee</u> of Homeless in the Netherlands in order to find good and weak parts.	Evaluation conducted. Report submitted and analysed	External Auditor
	15.4	To develop corrective and preventive measures in term to improve the activity of the Working Group and Collaborative Committee of Homeless in the Netherlands.	Preventive actions developed. A new improved Action Plan elaborated.	Working group All partners.

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