
Housing First as a System Approach: What Does This Require from the Netherlands?

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Introduction

According to conservative figures, almost 40 000 people in the Netherlands are homeless. In december 2022, the Dutch Government launched a new National Actionplan on Homelessness based on Housing First principles¹. Housing First is an evidence-based approach to successfully support people experiencing homelessness by providing stable and independent housing and intensive personalised case management. The innovative policy taken by the Government focuses on citizens who are experiencing homelessness, or who are at risk of this due to eviction or leaving institutions and is a response to the sharp increase in homelessness in the past 10 years. The current policy programme is based on the success of local Housing First programmes, which until now have not had the national attention from the Government they required.

There are currently 47 Housing First practices in 93 municipalities. This represents a cautious starting point for national coverage, which is critical for the national roll out of the programme. People experiencing homelessness in the Netherlands currently have an estimated 10% chance of access to Housing First. The current system is relatively expensive and ineffective (Boesveldt, 2015; van Everdingen et al., 2021) and lacks a coordinated government-led approach. Much of the help provided for people experiencing homelessness concerns temporary options, with no prospect of a sustainable solution.

Based on the eight core principles of Housing First, this paper describes the status quo and the necessary development for a successful system approach to Housing First in the Netherlands.

¹ <https://www.iedereenondereendak.nl/documenten/publicaties/2023/4/13/housing-first-engels>

1. Housing as a Human Right

This highlights two points: the lack of available, affordable housing and the unconditional access to housing. The Dutch Government undertake a 'best efforts obligation' to achieve sufficient housing, but no legal right to a home can be claimed. Yet, unlike other European countries, the Netherlands has a large social housing stock. However, this is shrinking, and private rent is unachievable for many. Municipalities are responsible for planning sufficient social housing (a current bill sets a target of 30% per municipality), but they provide insufficient social housing stock under pressure from various interests.

The current prioritised housing allocation to people experiencing homelessness demonstrates that they must 'compete' with other vulnerable, prioritised home seekers, such as refugees. Also, the homes required for outflow from institutions or shelters are not established as standard in local performance agreements between the municipality and housing associations.

For a successful system approach, public housing must become a national priority, and municipalities must provide sufficient social housing stock. The key is to steer toward the local realisation of nationally formulated goals.² Well-substantiated and enforceable performance agreements with people experiencing homelessness identified as a priority group are also conditional for this system approach. Varied housing offers should be included, aimed at permanent residence. Finally, an effective system of early prevention and appropriate support must be available as a general facility in every municipality. Part of this is to ensure that eviction only takes place with suitable resettlement and does not lead to homelessness.

In a Housing First system approach, there are no additional requirements for individuals to obtain a home. They do not need prove that they are 'ready' for housing. This unconditional access means a significant cultural change for the sector. Although there is already broader support for the idea, the tendency to assess who could live independently in the neighbourhood and thus gain access to housing remains ubiquitous.

² In the Netherlands, it is the task of the Senate and House of Representatives to assess whether laws are in conflict with the Constitution. Unlike many other European countries, the Netherlands does not have a constitutional court. Ministers use the statement that housing is a fundamental right, but do not make this explicit in government policy.

2. Choice and Control for Service Users

A proven effective principle of Housing First is autonomy as the starting point for recovery. The right to self-determination is central, and participants are asked how they want to lead their lives, what sort of housing they would like and what support they need. Housing First respects opinions and choices and works in a strength-oriented way so that a participant can build their life the way they want. In individual support, this means that people do not have decisions made for them. People who are experiencing homelessness or at risk of becoming homeless are citizens with rights, and they must be enabled to participate autonomously in the decision-making processes that affect them. The support worker no longer solves a participant's problems but supports them in their own solution.

Own choice and direction are in line with terminology in the Social Support Act and the Youth Act and are often applied to target groups such as young people, mental health clients, or older adults. While older people continue to live independently for longer, this is still too much of a wait in the homelessness sector.³ By applying the Housing First vision in this sector, there is also an important change for 'care as usual', which requires listening carefully, assuming trust, giving up the attitude of an expert, and at the same time not providing 'lazy' or passive support. Education around the proven and effective Housing First principles are prerequisites for an effective system approach.

3. Separation of Housing and Treatment

The prioritised allocation of social housing in the Netherlands often applies additional conditions regarding mandatory support or intermediate letting.⁴ As a result, there is no separation of housing and support. This established practice has not changed with the arrival of Housing First and broader outpatient policy has only intensified the practice.⁵

This intensification is explained by the lack of long-term, flexible, and appropriate support for these tenants. Housing associations indicate that they 'feel like crying in the desert' on weekends and evenings (Boesveldt, 2020). Which then gives rise to stigmatising conditions such as 'no addicts' and budget management require-

³ While at the end of the last century the elderly continued to live independently for longer, temporary shelter is being realised in vacant retirement homes.

⁴ Intermediate rental: the care provider initially rents the home and then rents it out to the participant. Good tenancy leads to conversion of the lease in the name of the participant. In this variant, rent and housing assistance are linked in a contract and the tenant loses rent protection.

⁵ Parallel to the arrival of Housing First, a broader outpatient policy has been implemented from 2015 onward. This has led to an increase in and variation in additional terms and conditions and leases.

ments. Stigmatising ideas about people experiencing homelessness among policymakers, social workers, housing associations, and administrators lead to and are fed by neighbourhoods that do not welcome the formerly homeless and neighbours who wrongly assume problems will be caused by 'that Housing First tenant'.

There are also opportunities. For example, in his recent policy intentions, the State Secretary refers to "a permanent home of his own, with a rental contract in his own name and appropriate tailor-made (outpatient) support" (Letter to Parliament, 2022). This is in line with the vision of care providers who want to normalise living. The current landlord structure saddles healthcare organisations with an unusual, substantive, and administrative burden, and a significant financial risk. For example, the dual role of landlord and support worker can be harmful to the relationship of trust with the participant, as the accompanying body can also evict the tenant.

Finally, the lack of continuous and appropriate support for tenants experienced by housing associations is related to municipal financing of local care providers. Improving this can potentially increase the willingness of housing associations to move away from the link between housing and support. Separating housing and care could lead to even more effective outcomes in the Netherlands.

4. Recovery Orientation

In addition to theoretical evidence (Devotta et al., 2016; Fortuna et al., 2022; Voronka, 2019), experts by experience are living proof that recovery is possible. An expert by experience helps people to continuously detect unconscious assumptions about recovery and raises awareness of self-stigmatisation and stigmatisation. The use of lived experience in the form of peer workers is an important part of the template and designs support based on principles of recovery, equality, and emancipation. When working with people who have experienced long periods of homelessness, peer workers can often relate best to the person's situation and gain deep trust. Connecting with people experiencing homelessness is vital. Teams are best able to do this when they are strengthened by different knowledge and experiences. However, this does not happen enough.

Dutch research and practice does not focus enough attention on lived experience. A strong boost is needed. In their forthcoming research, Jurgens and Boesveldt (2022) show that mental health clients only come into contact with peer workers at the end of their treatment process. The same study shows how a large proportion of mental health clients want to use their own experience to benefit others. This demonstrates the huge potential to train and deploy experts by experience. Other research (Boesveldt et al, 2019a) reveals a number of important barriers. Care organisations find it difficult to fill vacancies for peer workers, to position them in

teams, and ultimately retain them. Recovery academies have made a start to professionalise and normalise using experts by experience, and the future vision of mental health care is also paying attention to this.

5. Harm Reduction

Harm reduction is a relatively well-known concept for Housing First teams in the Netherlands. In harm reduction, the emphasis is on limiting the negative effects of substance use (and untreated psychiatric symptoms), without reducing the use itself. However, research among Housing First participants with problematic substance use and addiction care providers shows that addiction treatment in the Netherlands places a one-sided emphasis on the Minnesota 12-step plan and abstinence. The Minnesota approach does not accept substance use as self-medication.

One example is Ralph who is recovering from a crack addiction. He explains how smoking a couple of joints a day gives him the means to cope with a more devastating addiction. He says he would rather use weed than what he sees as legalised drugs from psychiatrists such as methadone, and he wants to work on his recovery at home. Ralph has been living in an independent home for over two years through Housing First. His support workers from Housing First and the addiction treatment provider visits at least five times a week. He is very satisfied with the security that the house offers him, recognising that the most vulnerable moment in addiction occurs when you return to your usual environment.

Sharing knowledge of how Housing First uses harm reduction is important for municipalities, housing associations, and care providers. General knowledge about this is also vital for a wider audience, especially to combat stigma.

6. Active Engagement without Coercion

While mainstream care is about managing, protecting, and mitigating risks, Housing First shifts the focus to hope, trust, and positivity. The focus is on what is possible and taking risks is part of this. Housing First requires the skills of support workers to use a positive approach to encourage people to accept the help they need. The contact is characterised by warmth, respect, and compassion. Hierarchical power relations are therefore avoided. A Housing First support worker is honest and assertive but never coercive.

Van Loenen et al. (2018) show how this attitude of support workers makes a big difference for Housing First participants compared to previous help. They speak about warm, loving contact, trust, and acceptance. They mention more freedom and less control, while at the same time they experience more involvement. The relationship between support worker and participant is the determining factor for the outcome of a positive trajectory.

We argue that the Housing First principles must be included in further education college and university curriculums explicitly and in relation to this target group. In addition, national open training days should be available for everyone who works with people experiencing homelessness.

7. Person-centred Planning

A person-centred trajectory is about organising support around an individual, according to their needs, and offering what they need to successfully live independently. The basic principle is that the support constantly adapts to the person and not the other way round. This means that people decide for themselves what support they want to receive, when, and from whom. While there have been good examples of this in the past⁶, an integral, person-oriented, suitable offer in various life domains is difficult to achieve. This is due to legislation and regulation barriers, a decentralised system, compartmentalisation, waiting lists, and the role perception of the support providers.

Budgets for care and support should be available for care organisations to use in a sustainable, adequate, and non-bureaucratic manner. This will allow care providers to realise person-centred planning and guarantee quality. A desirable system of 'high trust, high penalty' offers freedom from regulation and puts trust in professionals. It applies clear quality standards which are understood and adhered to by the healthcare organisation and its financier.

Research by the University of Amsterdam (not yet published) shows that when a municipality provides this free scope for regulation and budget for healthcare organisations, there are still institutional barriers within the organisation. This is

⁶ At the beginning of the millennium, there were people experiencing homelessness in Amsterdam, Rotterdam, The Hague, and Utrecht who visibly stayed in public spaces in poor conditions for a long time and caused a nuisance. To solve this dire situation, the Central Government and the four major cities launched the *Plan of Approach for Social Relief in 2006*. Eight years of the Plan of Approach has shown that the most vulnerable citizens benefit most from individualised care and support that covers all areas of life. Important success factors for the Plan of Approach were a strong financial impulse, the urgency of the policy problem, and the willingness of various parties to cooperate (Tuyntman and Planije, 2014).

partly due to a lack of accountability within the Dutch administrative culture⁷, as well as the absence of a Dutch Housing First quality standard. Monitoring and demonstrating the concept can increase the quality of the Housing First service for the funder and end user. The results and tools from the study by the National Institute for Mental Health and Addiction⁸ could be a starting point to establish a quality standard with relevant parties to embed quality, accountability, and the development of Housing First.

8. Flexible Support for as Long as is Required

A commitment to long-term involvement and flexibility ensures a sustainable effect in Housing First processes. Some participants may need support for a longer period to successfully live independently. This requires intensive support provision. In other cases, the intensity can vary with minimal or even no support needed.

Longitudinal research into repeated homelessness in collaboration with people formerly experiencing homelessness (Boesveldt et al, 2019b; 2020c) shows that when people did not wish to receive support after rehousing, this often led to vulnerable situations and that it is more difficult to seek help later. Moving is a complex process, and it can often be difficult to consider what help will be needed in the future. This study shows that it is important for individuals to settle in the new situation, and then agree on help with someone who they already have a good working relationship with. This support gives people the confidence to know there will always be somewhere for them to go, contributing to their recovery and stability.

The need for continuity and flexible support requires specific financing that continues for as long as is necessary, and which makes it possible to respond adequately daily. Housing First is so effective because support workers are easily available and are there when it counts.

It is therefore important that the intensity and duration of that support is not under constant pressure. Many municipalities are under financial pressure, leading to a focus on the shortest possible and most demand-oriented form of support in neighbourhood teams. This is a 'penny wise-pound foolish' response given the high risk of relapse into homelessness.

⁷ In the Netherlands, society and markets have developed the capacity to organise themselves and evade any attempt by the Government to control them (Pierre and Peters, 2000).

⁸ Housing First research model fidelity and effects – Trimbos Institute.
<https://www.trimbos.nl/kennis/zorg-en-participatie/maatschappelijke-opvang/housing-first-onderzoek-modelgetrouwheid-en-effecten/>

Conclusion

A Housing First system approach is possible in the Netherlands. This paper discusses the status quo and the challenge to change based on the eight core principles. To deal with the challenges people experiencing homelessness are facing, we need effective implementation and a national roll-out of the Housing First principles. This requires active efforts from the national and local government in the following areas:

1. To take notice of Housing First;
2. To take responsibility, ask for agreements and objectives, and provide preconditions and legal protection;
3. Undertake activities to combat prejudice and negative image; and
4. Cooperation and sharing available knowledge in education and the wider community.

Knowledge building, quality promotion, and cooperation are indispensable for a successful long-term strategy, at a regional, national, and executive level. This concerns interdepartmental cooperation, implementation power at municipalities, housing associations, and care providers; the equipment for applying the Housing First principles in daily practice. Housing First Netherlands contributes to this through training and education. It runs a Housing First Course at Hogeschool Utrecht, gives advice and support for local Housing First practice, undertakes research, and provides a network for learning and knowledge sharing. The University of Amsterdam Academy focuses on Housing First as part of their Executive Programme on policy of Social Relief and Protected Housing.

Achieving sufficient, appropriate, and affordable housing is an enormous and challenging task, but a precondition for the Housing First system approach. Effectively preventing and ending homelessness requires the explicit naming of rights, the establishment of legal protection systems and clear targets to hold politicians to account, and the development of low-threshold mechanisms for housing eligibility for people experiencing homelessness. People experiencing homelessness often face a stigma that makes it hard for them to integrate into their local community. We believe this stigma is one of the main inhibiting factors for solving homelessness in our country. There is a one-sided approach viewing the individual as failing when homelessness is actually about policy failure. This has far-reaching consequences and there is work to be done to change perceptions and public opinion. Housing First as a system approach is the way for the Netherlands to become a country free from homelessness, where everyone has a place to call home, and the support they need to keep it.

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