



ZonderZorg

# HOMELESSNESS

Homeless people in The Netherlands

30.500

79%   
21% 



43%

of homeless people lives in Amsterdam • Den Haag • Rotterdam • Utrecht



Per 1.000  
houses

1,3% house evictions every year

## HOW WE HELP

Homeless people in Amsterdam can find some peace and quiet in one of our eight walk-in houses. Healthy meals, tea and coffee, hot showers and clean clothes are made available. Visitors are made to feel welcome and can socialise, join the activities and help around the center and keep the walk-in house running smoothly. The homeless themselves help keeping the walk-in house up and running. Our walk-in houses are distributed throughout the city and each have their own character. In three of our houses we have safe drug-consumption rooms for those who require a safe and hygienic place to use and prevents any nuisance and problems on the streets of Amsterdam.

Solution  
Amsterdam Under-  
ground

Unique city walks  
guided by an ex-home-  
less person that will  
change the guest's view  
of the city they thought  
they knew.

Solution  
Onder de Pannen

Rented accommodation  
with private individuals  
for the 'new' homeless:  
people who ended up  
in the streets by losing  
their job or by divorce.

➔ WHAT THIS DOES

- Find their way to civil services or social organizations.
- Creates time and space to work on sustainable solutions.
- Regaining self-respect.

## WHAT WE ACHIEVED

In our walk-in homes we took care of 4.922 homeless visitors

We distributed 109.400 meals

Swapped 23.453 dirty pieces of clothing for clean ones

Opened 65 nights during the freezing cold



# PSYCHIC PROBLEMS

**1 in 5** adults experienced depression at one point in their life.

**8%** of all people in Amsterdam has severe **mental health conditions**



## HOW WE HELP

The Regenboog Groep is here for our fellow Amsterdammers with psychological problems and for those who struggle with addiction. Often these problems go hand in hand.

We offer practical help and support to regain structure. But more importantly: we make sure that there's someone there to understand, support and give guidance to regain social skills and confidence after losing so much due to their problems.

Solution  
Support for Partners  
and Family

Coaching and guidance for relatives of people with psychological problems and problems due to addiction.

Solution  
Buddies for youth

A personal companion for young people, who, due to their mental health issues have difficulty connecting with peers.

→ **WHAT THIS DOES**

- More confidence in one self.
- See more perspective.
- Being able to participate again in activities.

## WHAT WE ACHIEVED

Supported **545** people in need with a buddy

Helped **144** familymembers of (ex) drug addicts

Swapped **80.268** dirty syringes for clean ones

Supported **142** former addicts with a buddy volunteer

# POVERTY

18% of families in Amsterdam income standard live on or below minimum

= 71.386 families



= 27.000 children

54% of the poorest people is poor for a longer time (4 years or more)

Debtors have an average of 13 different creditors

## HOW WE HELP

In Amsterdam, 1 in 5 people live in poverty. Some end up on the streets after a broken relationship, created debts or encountered a combination of setbacks. According to the municipality, these problems are often not serious enough to get help. But at least 30 percent of these people can't make ends meet financially, due to their problems. Our volunteers help them in numerous ways to regain control of life.

Solution  
Financial coaching

Financial coaching by a volunteer so Amsterdamers in poverty regain perspective.

Solution  
Development of talents

Training for Amsterdamers in poverty to let them discover, use and develop their talents.



WHAT THIS DOES

- Obtaining more confidence in their own abilities.
- Knowing their way to (municipal) services.
- Creating strength to deal with problems.

## WHAT WE ACHIEVED

Volunteers supported 363 people during their debt probation (schuldhulpverlening)

73 intellectually disabled people in debt were helped by a volunteer

Trained 271 people in debt to handle their money better

# Who are we? And what do we do?

- Care guidance from the drop-in houses; of the Regenbooggroep
- Composite team; GGZinGeest and de Regenbooggroep; social workers and multidisciplinary mental health workers
- Evaluation of progress of clients over time and effectiveness of interventions (SSM)
- Methodology for method (CTI)
- Fixed times, fixed faces, accessible contact

# Target group

- They visit the Regenbooggroep
- There are mental health problems and / or addiction problems;
- Avoiding the health system/ workers;
- Make use of the walk-in house for a longer period (approx. 2 years);
- There is homelessness or imminent homelessness;
- Either they make no use at all, or they make in-adequate use of the care offer

# Self-Sufficiency Matrix

- The Dutch version of the Self-Sufficiency Matrix (SSM) has been developed to map people's functioning in all the essential domains of life and expresses this as a score for that person's level of self-sufficiency at that moment. The SSM is highly consistent with the work process and culture of care systems for clients with multiple issues in which an integrated approach, collaboration among various disciplines and short lines of communication between health and welfare professionals is essential. This is because the instrument contributes to the ability of health and welfare professionals from different backgrounds to speak the same language and helps to structure the information these professionals have about their clients. The SSM can contribute to improving case management, tracking and adjusting treatment programmes and monitoring developments of the group in care.



## The SSM (Dutch version)

- The Dutch version of the Self Sufficiency Matrix (SSM-D) distinguishes **5 levels** of self sufficiency (columns)  
Acute problem, Not, Barely, Adequately, Completely
- The SSM-D assesses a persons' level of self sufficiency on **11 domains** (rows)  
Income, Day-time activities, Housing, Domestic relations, Mental health, Physical health, Addiction, Daily life skills, Social network, Community participation, Judiciary
- For each level of self sufficiency, **domain-specific criteria** are specified (cells)

	1 acute problem	2 not self sufficient	3 barely self sufficient	4 adequately self sufficient	5 completely self sufficient
Income	No income, high and increasing debts.	Inadequate income and/or spontaneous or inappropriate spending, increasing debts.	Can meet basic needs with income; appropriate spending; if there are debts, they are stable; Income management/ budget control by a third party.	Meets basic needs without receiving social security benefits; manages his/her debts without assistance and they are decreasing.	Income is sufficient, well managed; has income and is able to save.

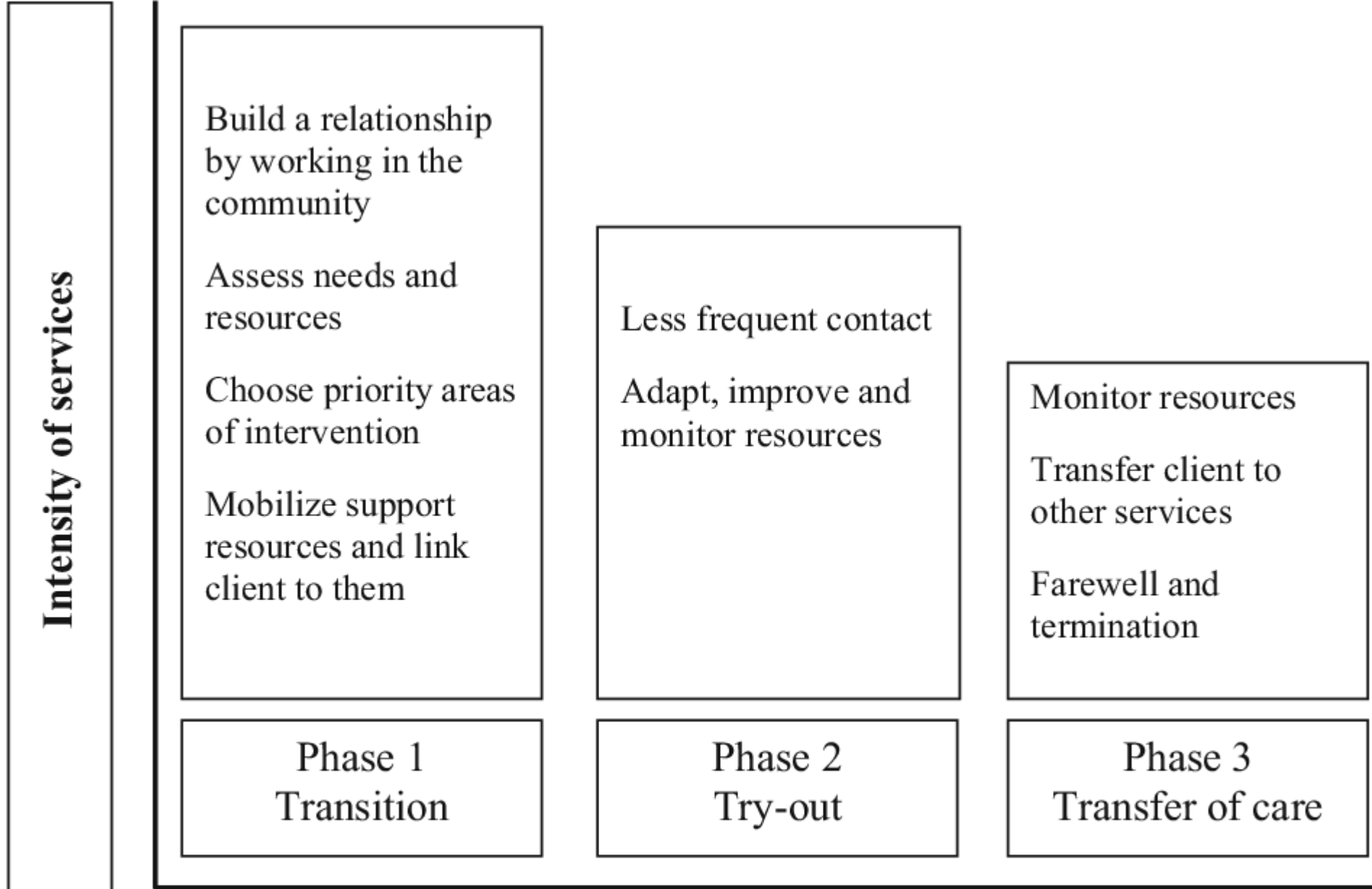


# Critical Time Intervention (CTI)

Critical Time Intervention (CTI) is a time-limited evidence-based practice that mobilizes support for society's most vulnerable individuals during periods of transition. It facilitates community integration and continuity of care by ensuring that a person has enduring ties to their community and support systems during these critical periods. CTI has been applied with veterans, people with mental illness, people who have been homeless or in prison, and many other groups. The model has been widely used on four continents.

<https://vimeo.com/102765188>

[www.criticaltime.org](http://www.criticaltime.org)



**Total time span: 9 months**

