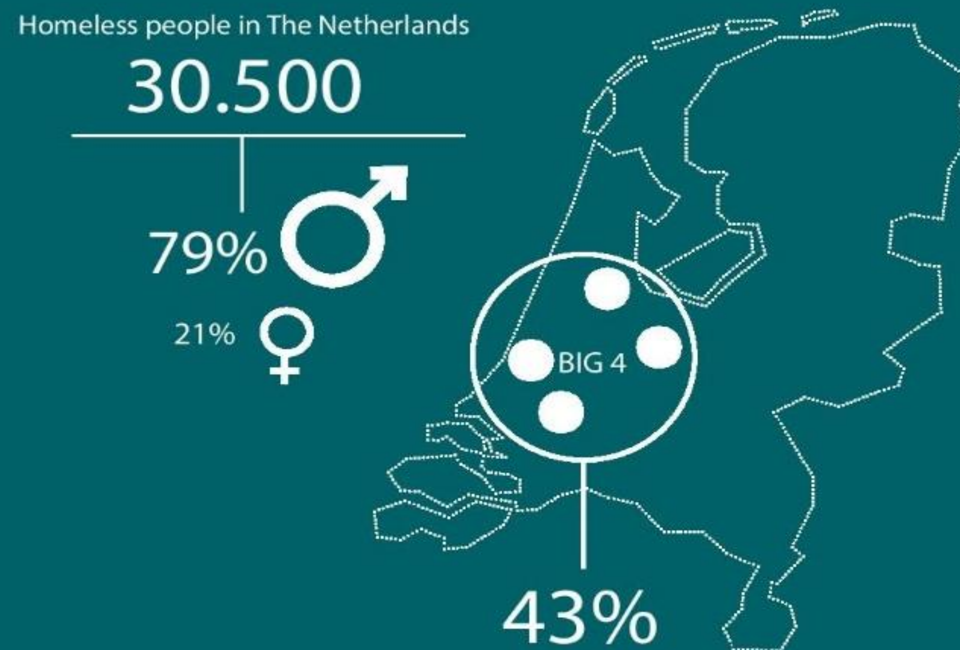
ZonderZorg/ WithoutCare team

HOMELESSNESS



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

Sources
Sterk en Zwak in Amsterdam, GGD Amsterdam, 2018
Inzicht in dakloosheid 2009-2016, CBS, 2018

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 hygenic 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

DE REGENBOOG
GROEP

Who are we? And what do we do?

Who & What?

- Care guidance from the day shelters (walkin centre); of the Regenbooggroep
- We are a composite team; GGZinGeest (ACT*, psychiatry) and de Regenbooggroep (non profit organization);
- We are a multidisciplinary team, most of them social workers specialized in mental health

- Started in 2017! 4+ years of experience
- Started in 1 shelter, now in 7 shelters in Amsterdam! We are extending the work this year to 'people from Europe' (no rights, no care…)

How?

- Fixed times, fixed faces, accessible contact, 'presence approach', we do not give therapy!
- Different approach/ route, we start with practical stuff and end with mental care.
- We join people, step by step. From appointment to appointment.
- We network!
- We take the time, and try to find the key to success! Like every person is every approach unique!

*assertive community treatment

Who is our target?

- People who visit the Regenbooggroep and make use of the walk-in house (+- 2 years)
- There is homelessness or imminent homelessness;
- There are mental health problems (including addiction)
- Avoiding the health system and health workers;
- Do not make or make adequate use of the care offer
- They do not fit in the system, or program
- They often do not show up at an appointment
- Most of the time they lost faith (in the system) (and the system in them..)

Measure & Methods

- **Methodology for method (CTI)**
- **Evaluation of progress of clients over time and effectiveness of interventions (SSM)**

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 programs 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)

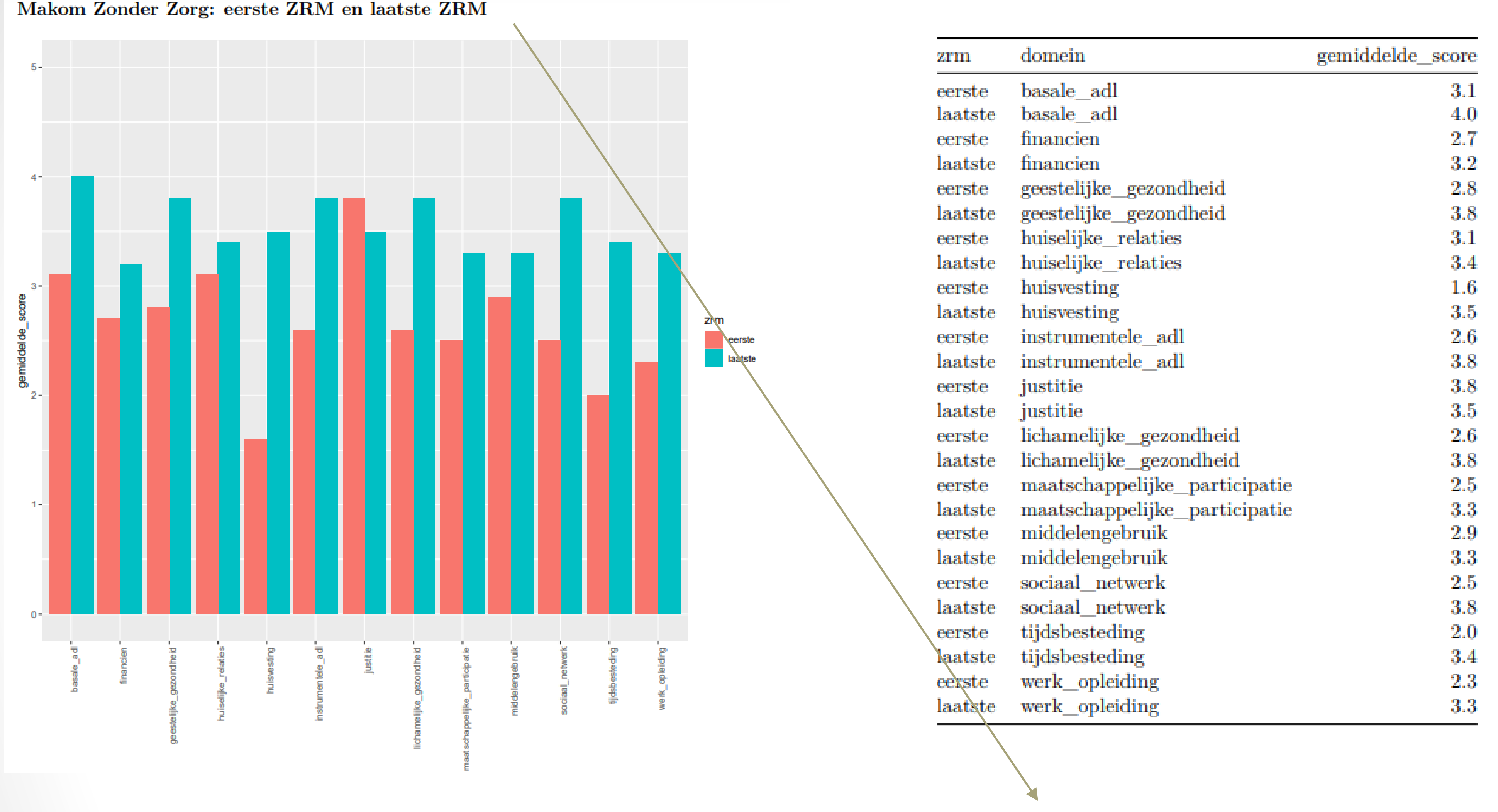
Critical Time Intervention (CTI) is a time-limited evidence-based practice that mobilizes support for society's most vulnerable individuals during periods of transition. It facilitates community integration and continuity of care by ensuring that a person has enduring ties to their community and support 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.

www.criticaltime.org

Intensity of services

Phase 1 Transition	Phase 2 Try-out	Phase 3 Transfer of care
Build a relationship by working in the community Assess needs and resources Choose priority areas of intervention Mobilize support resources and link client to them	Less frequent contact Adapt, improve and monitor resources	Monitor resources Transfer client to other services Farewell and termination

Total time span: 9 months



zrm	domein	gemiddelde_score
eerste	basale_adl	3.1
laatste	basale_adl	4.0
eerste	financien	2.7
laatste	financien	3.2
eerste	geestelijke_gezondheid	2.8
laatste	geestelijke_gezondheid	3.8
eerste	huiselijke_relaties	3.1
laatste	huiselijke_relaties	3.4
eerste	huisvesting	1.6
laatste	huisvesting	3.5
eerste	instrumentele_adl	2.6
laatste	instrumentele_adl	3.8
eerste	justitie	3.8
laatste	justitie	3.5
eerste	lichamelijke_gezondheid	2.6
laatste	lichamelijke_gezondheid	3.8
eerste	maatschappelijke_participatie	2.5
laatste	maatschappelijke_participatie	3.3
eerste	middelengebruik	2.9
laatste	middelengebruik	3.3
eerste	sociaal_netwerk	2.5
laatste	sociaal_netwerk	3.8
eerste	tijdsbesteding	2.0
laatste	tijdsbesteding	3.4
eerste	werk_opleiding	2.3
laatste	werk_opleiding	3.3

Measured SSM 2018 all participants ZonderZorg.
Results: score ↑

How did we measure?

- By hand
- By data
- By storytelling

Our proud results

- The coversion ratio is above 50% between 1 and 5 appointments with our clients.
- In four years we have seen and spoken to more then 670 people
- 465 of these people where helped within 1 to 5 appointments or conversations
- 197 people have followed our CTI
- 79 people where succesfully placed at other facilities
- Nearly everyone is put on a right track. Ratio is 92%

‘After 10 times trying it worked.’
‘They were open to everything.’
‘They took the time…’
‘They listend’
‘They gave me a phone, so i was connected again. ’
‘They are joining me to appointments’
‘They never left even if i tried to scare them.’
‘I feld heard’
‘They told me i could do it, so I believed.’
‘They are commited…’
‘They are standing next to me.’