

Policy on outsiders 2014 - 2018



City of Reykjavik
Welfare Division



An outsider is a person who does not have access to traditional housing, does not have long-term accommodation in one place and stays wherever it is possible from night to night, including in shelters, guesthouses or as a guest in other people's homes.

People who come from temporary housing, such as prison or from substance-abuse treatment, who have a long and varied history of housing and social difficulties and are not guaranteed accommodation one to two months before they leave such temporary housing, are included here (Ministry of Social Affairs, 2005).



This policy was formulated by the following task force, appointed by means of an official duty regulation dated 9 October 2012 from Stella K Víðisdóttir, Managing Director

- *Heiða Kristín Helgadóttir* representative of the Best Party, leader of the task force
- *Lárus Haraldsson* representative of the Social Democratic Alliance
- *Áslaug Friðriksdóttir* representative of the Independence Party
- *Þorleifur Gunnlaugsson* representative of the Left-Green Movement
- The project manager of the task force was *Jóna Rut Guðmundsdóttir*, Project Manager

The task force convened and met with many visitors at its meetings. Focus was placed on involving representatives of all relevant partners in this policy area, such as: representatives of the Government, the Ministry of Welfare, the Reykjavik Metropolitan Police, the Salvation Army, Mental Health Services of the National University Hospital of Iceland, the alcohol and substance abuse treatment and rehabilitation organization SÁÁ, the charity organization Samhjálp, the Reykjavik Child Protection Agency, experts and directors of many service resources at the service center for Central Reykjavik and the Hlíðar district, experts and directors from the office of the Welfare Division of the City of Reykjavik.



Reykjavíkurborg
Velferðarsvið

Policy on outsiders 2014-2018

The objective of municipal social services is to ensure financial and social security and promote the welfare of residents on a basis of cooperation.

This shall be achieved by means of a series of measures, including the following:

- Improving the quality of life for those who are at a disadvantage
 - Taking action to prevent social problems.
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Before the economic collapse there were few cases where people had no roof over their head in Reykjavík and were forced to sleep on the streets, on benches or in parks. In more recent times, this has changed to such an extent that emergency shelters for men have not been able to meet the demand for beds and have therefore had to turn people away. This Policy will include proposals for ways in which to address this problem.

Services that have been established under this policy area emphasize creating resources such as emergency shelters, movable houses and longterm residence options. Outsiders are such persons to whom the Ministry of Social Affairs' definition of homelessness from 2005 applies.

According to the findings of the study conducted by the Welfare Division of the City of Reykjavík in 2012, the definition of homelessness applied to

179 individuals, about a third of them women, from among those who availed themselves of services in March, April and May of 2012.

This group includes at each time a proportion of people who seek alcohol-abuse treatment and therefore have a roof over their head for the duration of that treatment. These individuals seek service from the service centers of the City of Reykjavík, the Reykjavík division of the Icelandic Red Cross, Samhjálp, the Reykjavík Metropolitan Police and the Icelandic Prison Service (*Erla Björg Sigurðardóttir, 2012 -a*).

Outsiders are therefore mostly people with alcohol and substance-abuse problems and mental illness, and individuals with psychiatric disorders that may be related to substance abuse. The latter group is not defined as mentally ill but the service needs of both groups can be similar.

Main points of emphasis

The study indicated that the principal reasons for homelessness are problems related to alcohol and substance abuse, i.e. in about 62% of cases. Other factors specified as causes for homelessness were mental problems, in about 31.1% of cases (*Erla Björg Sigurðardóttir, 2012 -a*)

A task force appointed by the Reykjavik Human Rights Office in 2012 defines the problem of outsiders as “a complex health problem that carries with it serious social consequences”. This definition was approved by the Human Rights Office and the City Council in the spring of 2012.

According to the human rights policy of the City of Reykjavik, it is a human right for outsiders in Reykjavik to have the same access to services as other inhabitants of the City that suffer from health and social problems, and that such service is provided without discrimination. “The human rights policy is based on the equality principle and its objective is that all people enjoy human rights irrespective of origin, ethnicity, skin color, religion, political opinions, gender, sexual orientation, age, economic situation, family connections, disability, health status or any other situation \[...] Access to service shall be guaranteed, irrespective of the health status of people” (*Human rights policy of the City of Reykjavik*).

All Icelandic law therefore applies equally to this group as to others. All Icelandic law therefore applies equally to this group as to others. The Municipal Social Services Act among other things addresses service, assistance and consultation with regard to social consultation, financial assistance, service for disabled people, housing issues and assistance for alcoholic people and substance-abuse prevention. The Act has no specific reference to services for outsiders but the abovementioned policy areas can all apply to services for this group.

1. Preventive measures shall be bolstered with the aim of preventing homelessness; this shall include more housing resources, coordinated efforts of interested parties and an individualized service plan.

2. Responding to the situation with regard to this policy area as it is today, for instance, through co-operation projects with the government and other municipalities (see item no. 4). In this way it will be possible to develop current services and seek to respond to problems that may arise in this sensitive service – e.g. an increase in the number of users or changes in the user group.

3. Opportunities for long-term improvements in housing resources need to be mapped out and this includes analysis of housing needs and specific services so that individuals can run their own household.

4. Collaboration with the government and municipalities in the greater Reykjavik area. According to the Municipal Social Services Act no 40/1991, the Housing Act no 44/1998 and other legislation, the authorities of the City of Reykjavik shall deal with the problems faced by outsiders. However, in the case of health problems that have social consequences, the emphasis shall be on the importance of providing outsiders with comprehensive service, such as health services, and it is therefore important for the government to be involved with the service.

It is also important for cooperation with other municipalities to be strengthened so as to prevent homelessness, which inevitably will cause people to come to Reykjavik, with the associated cost for the city.

These proposals will be elaborated further in the following chapters.



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Preventive measures

First-stage preventive measures are such measures as are intended to prevent individuals from becoming outsiders.

Second-stage preventive measures are measures focusing on intervening early with those who have recently become outsiders in order to reduce the duration of homelessness and to ensure that it does not occur again.

Third-stage preventive measures are not always included among preventive measures as they address conditions where individuals have long-term experience of being outsiders.

A variety of factors can contribute to the risk of people becoming outsiders; these include loss of income, leaving temporary housing such as prison or substance abuse treatment centers, domestic abuse, mental problems or substance-abuse problems.

After the economic collapse, the number of users of financial aid has increased substantially, i.e. by about 49% (*key figures of VEL at year-end 2008 compared with key figures at year-end 2012*). The majority of the group receiving financial aid for subsistence are people with medical problems and problems relating to alcohol and substance abuse.

There is a need for improving first-stage preventive measures in order to further prevent individuals from becoming outsiders. There is also a need for detecting individuals who are especially at risk and to work specifically towards preventing them from

this condition, e.g. through coordinated efforts of parties that address the largest part of the risk group, i.e. social services, treatment institutions, the Prison Service and the Directorate of Labor. In order to achieve this, these parties and individuals must formulate and work according to a plan whereby the condition of the relevant people can be improved. Such a plan can include social counselling, treatment, activation programs, rehabilitation and job seeking. The plan shall include clear objectives, actions and responsible parties for each action.

The objective of **second-stage preventive measures** is to prevent individuals who become outsiders from remaining in that condition for a long period of time. There is a need for parties helping these individuals, e.g. the staff of service centers, emergency shelters and day service centers, to work together with individuals to create a three-

month plan for ending the homelessness of the relevant individual. Similarly to first-stage preventive measures involving individuals, the second-stage plan can include job seeking, rehabilitation, activation programs, treatment, social counselling, applications for financial aid and assistance with applying for rented social housing. The plan shall include clear objectives, actions and responsible parties for each action.

Third-stage preventive measures are not always included among preventive measures as they address conditions where individuals have long-term experience of being outsiders. In spite of this, preventive measures at this stage can be successful in ending long-term situations and thereby prevent continuing homelessness. Third-stage preventive measures are addressed by specific housing resources in the City of Reykjavík; such preventive measures need to be strengthened. This is done, for example, by providing an active personalized service plan for each resident of specific housing resources for individuals with long-term, complex substance-abuse problems. The plan makes it possible to map out the strengths and service requirements of individuals, to list all service providers who are involved with the individual as well as the objectives with the service and the responsible parties.

Actions

- To work towards increasing the number of apartments for single people and apartments with two rooms in Reykjavík. The number of applications for housing resources has not increased as much as financial aid. A comparison of figures from 1 October 2013 with figures from 1 January 2007 indicates that the number of applications for housing has increased by a total of about 15%.

The increase in applications has been greater for small apartments, with one or two rooms, i.e. some 23%, although this can fluctuate over time. In October 2013, a total of 834 applications for housing were submitted, of which 589 were for small apartments. It is therefore clear that many are at a disadvantage when it comes to housing in the City. The housing policy of the City addresses this problem and is formulated with the aim of responding to it. It is important for this group not to be forgotten in the course of these developments. **Time schedule** Proposals submitted to the Welfare Council in the autumn of 2014 regarding the increase of housing resources for outsiders.

Responsible party: Office of the Welfare Division.

- Strengthening of first-stage preventive measures through the concerted efforts of institutions and organizations in planning for all people who are at risk of becoming outsiders. For this to be possible, work must be done on defining this risk group. **Time schedule** Proposals regarding cooperation meetings, submitted to the Welfare Council in Spring 2014.

Responsible party: Office of the Welfare Division.

- To strengthen second-stage preventive measures through planning for all people who have recently become outsiders, with the objective of ending homelessness as soon as possible.

Time schedule: Situation assessment, presented once a year, for the first time in 2014.

Responsible party: Office of the Welfare Division.

- Strengthening of third-stage preventive measures through personalized service plans for each inhabitant of specific housing resources in the City or Reykjavík for outsiders.

Time schedule Situation assessment presented 2014 and 2018.

Responsible party: Office of the Welfare Division.



Responding to the situation

It is essential for the parties that provide service for outsiders to cooperate more closely and formalize their cooperation. In this regard, it is proposed to form an interdisciplinary team of experts on an experimental basis to provide direct service to users and staff of service resources for outsiders.

Among the services that the City of Reykjavik provides for outsiders are specific housing resources. In cases where the housing is the home of the relevant individuals and not accommodation in treatment centers, professional staff are not required to be on duty at all times. Due to the complex problems and service needs of individuals in substance abuse who live in specific housing resources of the City or Reykjavik, this group needs to have good access to specialists.

In this regard, it is proposed to form an interdisciplinary team of experts on an experimental basis to provide direct service to users and staff of service resources for outsiders.

This group will offer services for people who are living independently but are losing their housing due to behavioral problems or substance abuse. This is a two-year experimental project in cooperation with

healthcare workers and therapists. An assessment of this experimental project shall take place 18 months after the team has formally begun its activities. Service of the kind proposed here is known in places such as Canada and Holland, where a mobile, interdisciplinary social team with expertise in the field of health care service, including mental health service, social service, service for complex substance abuse and homelessness (*M-DOT, e.d.; Mentrum, e.d.*).

The objective of the team is to provide service so that individuals that require much service can run their own household. The focus is on working with each individual and meeting people wherever they are located. It is known that the service is often provided for individuals who are both diagnosed as having mental disorders and substance-abuse problems. It is therefore necessary for the team to work in accordance with an ideology of comprehensive

and integrated service and for experts to have expertise in the field of alcohol and substance-abuse problems, mental disorders and the social consequences of these factors. All interventions shall be based on a holistic approach and conversations that encourage interest. Counselling for substance abuse shall be offered.

- In order for this to work, access to appropriate treatment resources must be available, along with medical assessment, pharmacotherapy and other forms of intervention in order to improve general health.
- The team shall be made up of and involve at least the following experts: a primary care practitioner, a psychiatrist, a social worker, a nurse, an occupational therapist and an alcoholism counsellor.
- It is assumed that the staff of the team will go on visits and calls to the people where they are located at each time, but that it will be possible to provide their regular attendance in service resources for outsiders.

In general, outsiders suffer from severe health problems, alcohol and substance-abuse problems, specific diseases, mental disorders and mental problems, which are either the cause or effect of substance abuse and homelessness. This is chiefly a health problem that has serious social consequences. Outsiders are therefore especially in need of health services and social services (*Erla Björg Sigurðardóttir, 2012 -a; City of Reykjavik, 2012; Task force on the definition of human rights of outsiders in Reykjavik, 2012*).

The access that outsiders have to health services has not changed significantly since 2008.

Outsiders have access to a nurse in *Frú Ragnheiður* five nights a week for two hours at a time. Apart from that, access to health services has been lacking and outsiders have on a number of occa-

sions been refused access to health care centers (*Erla Björg Sigurðardóttir, 2012 -b*).

Many of the guests of the task force for policy formulation regarding the interests of outsiders made reference to the need for improvement regarding the access of outsiders to health services. The visitors pointed out the need for specialized health care for this group due to the complex problems faced by outsiders.

When mapping out the needs and wishes of outsiders in Reykjavik in 2012, participants described their experience with the healthcare system in the following manner: "Eight participants \ [out of 16] said that they had experienced negative attitudes towards them or that they had experienced being looked down upon within the health care system due to their addictions \[...] Eight commented on the access to healthcare services; three said that it was good or very good and five said that it was bad or very bad" (*Erla Sigríður Gunnsteinsdóttir og Tinna Björg Sigurðardóttir, 2012*).

In the draft towards a health care plan until the year 2020, which the Ministry of Welfare made in 2012, there is no specific reference to the interests of outsiders. A possible explanation for this may be that the government does not consider the problem of this group to be a health problem. The City of Reykjavik on the other hand has defined the problem of outsiders as a health problem that results in social problems. The 2020 healthcare plan states that equal access to appropriate welfare services shall be ensured, formal cooperation between health services and social services shall be established, the service needs of individuals who have mental and/or substance abuse problems shall be assessed and the consumption of alcohol, tobacco and other narcotics shall be decreased.

Actions

These points of emphasis are all directly or indirectly related to services for outsiders, but there is a need for particular emphasis on healthcare service for this group.

A representative of the Ministry of Welfare attended a meeting of the task force and was positive regarding cooperation.

As mentioned above, this is first and foremost a health problem that has social consequences, and in order to meet the complex and specific needs of this group with regard to health care service, specific healthcare service for outsiders is required. A proposal for an interdisciplinary team involving increased cooperation with health services is a part of meeting this requirement.

Specific healthcare and social services are known in various European countries in the form of harm reduction service centers (low-threshold services). In such centers, individuals with substance-abuse problems are offered medical service (including treatment of infectious diseases), counselling, information about safer consumption habits, needle exchange services, etc. The purpose of such services is to prevent damage to health due to substance abuse without requiring abstinence (*EMCDDA, no date*).

- An interdisciplinary team of experts will be formed on an experimental basis to provide direct service to users and staff of service resources for outsiders.

Time schedule: Year 2015

Responsible party: Office of the Welfare Division.

- The accommodation in the shelter for women, Konukot, shall be examined in light of the alterations made to the Gistiskýlið shelter and it shall be assessed whether or not it is feasible to add to this accommodation or if more suitable housing should be found.

Time schedule: Proposals shall be submitted when formulating the budget for 2016.

Responsible party: Office of the Welfare Division.

- The possibility of establishing an emergency shelter reference system shall be examined with a view to increasing supervision and to be an active part in the encouragement towards improving the quality of life of outsiders.

Time schedule: Spring 2014.

Responsible party: Office of the Welfare Division.

- Adequate residences and care must be ensured for elderly outsiders as needed, in the form of residential facilities or nursing homes or through residential care.

Time schedule: Proposals for the budgeting for 2015.

Responsible party: Office of the Welfare Division.

- The Welfare Division shall assess the need for specialized housing resources for women who are also diagnosed with a mental disorder and people with damage to the prosencephalon (disabled people) who according to the opinion of the visiting group should be regarded as outsider.

Time schedule: Spring 2015.

Responsible party: Office of the Welfare Division.



Opportunities for long-term improvements in housing resources mapped out

Studies indicate that the principal cause of homelessness is alcohol and substance-abuse problems and also mental problems.

This problem is a health problem that has social consequences. It is therefore clear that cooperation with the government, which is involved in health care matters, needs to be far greater and closer in order to achieve improvements in the quality of life of this group.

Along with this, the City needs to formulate a long-term plan for housing development for this group, whether in the form of movable housing, small houses, residential centers, room sharing or emergency shelters.

This is a diverse group including young mothers with substance-abuse problems, women who are also diagnosed with mental disabilities, people with damage to the prosencephalon, and elderly people with substance abuse problems, and therefore requires solutions of a varied nature.

Actions

- Emergency shelters and residential shelters shall be defined as temporary where users are not meant to stay for more than one month at a time without the involvement of social counselling.

Time schedule Start of the year 2014.

Responsible party: Office of the Welfare Division.

- The situation of applicants on waiting lists for social rented housing shall be analysed. Phased proposals shall be presented for the development of apartments for single people and apartments with two rooms and specific housing resources for this group.

Time schedule: Year 2016.

Responsible party: Office of the Welfare Division.

Cooperation with the government and other municipalities with regard to service for outsiders

According to the Municipal Social Services Act no 40/1991,
the Housing Act no 44/1998 and other legislation,
municipalities shall work toward the resolution of the problems faced by
outsiders.

Actions

According to the Municipal Social Services Act no 40/1991, the Housing Act no. 44/1998 and other legislation, municipalities shall work toward the resolution of the problems faced by outsiders.

As this is a health problem which has social consequences, it is important for outsiders to receive integral service and it is clear that part of this service is the responsibility of the government, e.g. health services.

other municipalities in order to reduce homelessness and augment the joint resources of the municipalities in order to deal with an increase in homelessness following the economic collapse.

- Negotiations with the association of local authorities in the greater Reykjavik area Memorandum presented to the Welfare Council every six months.

Time schedule: Year 2014

Responsible party: The Mayor of Reykjavík and Office of the Welfare Division.

- Negotiations with the Ministry of Welfare. Memorandum presented to the Welfare Council every six months.

Time schedule: Year 2014.

Responsible party: The Mayor of Reykjavík and Office of the Welfare Division.

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