

STREET SUPPORT PROJECT

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STREET SUPPORT PROJECT

toolbox

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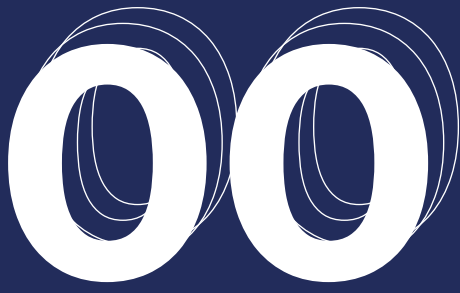
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introduction

1. Busch-Geertsema, V. et al (2010) Homelessness and Homeless Policies in Europe: Lessons from Research. Brussels : European Commission.

A broad range of participatory interventions have been developed to prevent public nuisance, caused by young people. Meanwhile, interventions, targeting adults are limited and mainly based on repressive and sanctionary acts, such as arrests, restraining orders and fines. Inclusive and participatory strategies, providing daily structure and support to this specific group are less common. Experience shows that strategies tackling wider economic and social exclusion such as education, training and employment (ETE) can play a vital role in the (re)integration and recovery of people experiencing homelessness and other marginalised groups.¹

While many efforts are being made to create equal opportunity for all, in reality, disadvantaged groups face unequal opportunities on all different levels and certainly have less access to work and educational opportunities. Future interventions should therefore reduce these barriers and develop an integrated approach, and create opportunities instead of restrictions.

STREET SUPPORT PROJECT

The Street Support Project is an Erasmus + Project with partners in Spain, the Czech Republic, Ireland, Germany, Belgium, and the Netherlands. The main objective is to provide adult learning providers, service providers and local governments with tools and models of good practice, resulting in effective and inclusive interventions addressing people, consuming drugs and/or alcohol in the public space.

The Street Support Project is built on the idea that each person has the potential to learn and should get the opportunity for personal development. Low threshold services, an open and unprejudiced approach and tailored programmes in the area of adult learning, work and education can play a vital role in this context.

ABOUT THIS TOOLBOX

This document provides tools and guidance to develop and implement participatory and inclusive interventions, addressing people consuming alcohol and/or drugs in the public space. These interventions aim to improve the overall health and social situation of the target group, provide adult learning and work integration opportunities and contribute at the same time to the social inclusion of marginalised groups and the reduction of alcohol and drug related nuisance in the public space.

But what exactly is an inclusive intervention and which criteria and standards need to be taken into account? In the literature exists no clear definition and also service providers and professionals might have their own understanding in this regard. Recent policy developments local, national and European level have triggered encountered positions and influence the definition, scope, implication and consequence for marginalised communities.

Some professionals and service providers have warmly embraced the call for 'social inclusion and participation' as an opportunity to address and improve the situation of those left behind. Others compare the concept of social inclusion with a Trojan horse. While apparently promising a renewal of social policy, its critics argue that, in reality, it offers a continuation of the same kinds of social policies and therefore only contributes to (re)producing further exclusionary mechanisms.

It is for this reason that this Tool Box aims to offer some theoretical and practical entry points that hopefully will help service providers and policy makers to better understand what barriers contribute to further exclusion of people who use drugs, people experiencing homelessness, and other related marginalised groups in public space.

Social exclusion is always contextual and relates to concrete historical processes, policy systems and cultural patterns. Therefore, each sections of this document has been designed to offer some basic entry points.

01

public space

WHAT DO WE UNDERSTAND BY PUBLIC SPACE?

Over the past decades, we have been witnessing the emergence of a new set of practices aimed at the regulation and restriction of public space and the surveillance of its inhabitants. Although these strategies target a variety of users, these practices are disproportionately felt by those bodies who arouse feelings of fear, guilt, rage, or even discomfort.

Through the use of national and local regulations, access to public space is assured only to those who engage in behavior that is deemed permitted, which increasingly are associated with consumption and ownership based activities. As a result, marginalized groups, such as people experiencing homelessness and people who use alcohol and/or drugs in the public space are contained, controlled, and oftentimes removed from public space.

2.

The control and regulation of public space has severe consequences on the situation of marginalised groups. Not only that it contributes to further social exclusion, it also denies them the right to participate in public life, to interact with others and maintain social relationships. It also hinders the interaction with social organisations and outreach services, which can provide direct and basic support for those living on the street.

The control and regulation of the public space indicates a profound change in the social construction of homelessness and drug use. Framing these social problems solely in terms of public order and nuisance subtracts the question of homelessness and drug use from social policies³. Looking at social problems in a judicial and economical perspective shifts the responsibility for social problems from society to individual and leaves those behind, who are already vulnerable and marginalised.

3. Tosi, A. (2007) Homelessness and the Control of Public Space – Criminalising the Poor? European Journal of Homelessness 1: 225-236

It is for these reasons that contemporary public space regulatory practices raise broader questions about the public nature of this space and the extent to which it is genuinely open to the public as a whole.

SPACE MAKING PRACTICES THAT CONTRIBUTE TO THE EXCLUSION OF PEOPLE EXPERIENCING HOMELESSNESS & PEOPLE WHO USE DRUGS AND/OR ALCOHOL

Space making practices that contribute to the exclusion of people experiencing homelessness & people who use drugs and/or alcohol.

Although limitations and restrictions to access public space are common features everywhere in Europe, the scale and nature of this process varies from place to place.⁴ The reasons to regulate public 'disorder', are generally speaking based on respectability, security and safety, and hygiene.

Naturally, these types of arguments overlap and intermingle. Often, there is an emphasis on security, a broader category with the capacity to coordinate responses to a variety of urban activities ranging from drug consumption, unauthorized occupation, or loitering.

4. Doerthy, J. et al (2008) Homelessness and Exclusion: Regulating public space in European Cities. Surveillance & Society Vol. 5, No.3

Gentrification & Commercialization

As a result of gentrification and commercialization of public space, new typologies of collective space are appearing. In those, we find a blurring of the public-private distinction. These spaces, while „public“ in the sense that they are common places in which daily life is carried out in the public view, may at the same time be private in the sense that they are legally private property. The consequence of this is that rules that define the rights of property owners — rules that had developed when both well-defined private and public spaces existed — are being applied to the regulation of these new common areas.

Securitization

Nowadays the urban landscape is organized according to spatial politics of safety. Under this logic, bodies that arouse feelings of fear, disgust, rage, guilt, or even discomfort, are made disposable and targeted for removal in order to secure a sense of safety. In keeping with an „anti-social behavior agenda“⁵ associated often times with marginalized groups, cities have been developing through their judicial institutions instruments to combat „undesirable conduct,“ which includes behavior that is not yet criminal, but is deemed to be an indicator of potential future criminal conduct.

Such responses not necessarily aim at solving the underlying social problems, nor necessarily bring more security into cities. However, they afford local and national governments the power to make cities appear more orderly and safer. Further, such measures also has a strong symbolic power: signal value that conveys a strong message that certain behaviour will not be tolerated, symbolizing an exclusion of the community.

5. Crawford, A. (2009) Criminalizing sociability through anti-social behaviour legislation: Dispersal powers, young people and the police. Youth Justice 9(1):5-26

Sanitization

Related to the other processes contemporary cities have witnessed implemented processes of sanitization, sterilization, and quarantine. And the same than the previous processes by which people experiencing homelessness and/or consume substance in public space end up been approached through the lens of 'disorder' and 'illegality' -, marginalized groups are often times approached through a rhetoric in which they are seen as occupying spaces that, like themselves, are often viewed as unhealthy, dirty and thus require regulation and sterilization. This arises out of the „Disneyfication“ of urban space that geographers have often noted⁶, since the Disney metaphor (and reality) is one of antiseptic sterile and disinfected experiences, of shiny surfaces and squeaky-clean images. From this logic, a notion of „disease“ seems to originate primarily within the dominant culture, and then is projected on marginalized populations such as people experiencing homelessness.

6. Sorkin, M. (1992). See you in Disneyland. In M. Sorkin (Ed.), Variations on a theme park: The new American city and the end of public space (pp. 204-249). New York, NY: Hill & Wang

What all of these approaches have in common is rendering the priorities and needs of middle and upper class citizens, customers and visitors of a city over the needs of marginalized communities. In addition, these restrictive policies often use specific language in regard to people experiencing homelessness and People Who Use drugs and/or alcohol. These rhetoric's often describe feelings of discomfort and fear in overall society to justify the limitation in accessing and using public space.

FORMS IN WHICH CONTROL IS EXCERSICED

Although criminal and administrative orders are the most known measures to control and regulate marginalized communities in public space, other softer and more subtle social control mechanisms are at place. Examples of this are motivational interviewing or assertive outreach.

Interventions which seek behavioral change in homeless people and/or People who use drugs have raised numerous concerns regarding the legitimacy and ethical underpinnings of such practices. While elements of force - such as arrests or fines - are often condemned as criminalizing 'practices', more persuasive approaches has been regarded as paternalistic or patronizing. At the same time, non-interventionist agendas have also received criticism for their potential contribution to perpetuate a so-called harmful lifestyle.⁷

7. Watts, B. et al (2018) Controlling homeless people? Power, interventionism and legitimacy. Journal of Social Policy

Force	<i>Removes possibility of non-compliance</i>	Enforced administrative removal. Arrest, imprisonment. Anti-Social Behaviour Order (ASBO) / Criminal Behaviour Order (CBO). Designated Public Places Order (DPPO). Public Spaces Protection Order (PSPO). Dispersal Order. Some forms of 'defensive architecture'
Coercion	Secures behaviour change via the threat of 'deprivations'	Single Service Offer (SSO)
Bargaining	Incentives - behaviour change via the use/promise of an exchange of gains or losses	Personalized budget
Influence	Promotes behaviour change via persuasion (use of speech or other symbols) or 'nudge' (modification of 'framing' of a decision) to shape beliefs and behaviours	Assertive outreach. Motivational interviewing. Anti-begging campaigns. Some forms of 'defensive architecture'
Tolerance	No active/deliberate attempt made to promote behaviour change	Traditional/low threshold night shelters, soup kitchens, soup runs, (some) day centres

Discussions on the level of service delivery, research and policy making show how sensitive this area is and how it tends to polarize. It is important to take these considerations into account when it comes to the development, implementation and evaluation of inclusive interventions. In addition to that, it is essential to involve affected communities in a meaningful way. Otherwise, there would exist a risk of producing and reproducing disempowering practices that to same degree risk contributing to further marginalization and exclusion.

Depending on the modality of power deployed, a typology of social control mechanisms can be articulated.⁸ More information about the specific strategies in the different countries can be found in the National Reports, which were compiled by the project partners.

8. Johnsen, S. et al (2018) Homelessness and social control: a typology. *Journal of Housing Studies* 22(7):1106-1126

02

inclusion

The term 'social inclusion' has become increasingly important and prominent in the political discourse on the national and the European level. The concept of 'social inclusion' however is vague. Social inclusion is most often defined as opposite to social exclusion and the mechanisms and areas in which 'society' responds on these processes. Most interventions in the area of social inclusion are at place in the area of education, the labour market and culture-related activities.

Where a conceptualization of social inclusion appears, it is often only indirectly, implicitly or unproblematized. It is for this reason that social inclusion still generates questions not only regarding who is included into what, how and by whom. Further, it demand us to consider whose representation of the experience of exclusion and marginalization is privileged in these conceptualizations.

It is therefore important to clarify the term social inclusion. What do we want to reach? Which processes of social exclusion do we want to tackle?

A LONG ROAD TO INCLUSION

Initial political debates on social inclusion took place in France in the 70s.

Rene Lenoir – the secretary of Social Affairs stated that a tenth of the French population experienced economical disadvantages. The 'excluded' were "mentally and physically handicapped, suicidal people, aged invalids, abused children, substance abusers, delinquents, single parents, multi-problem households, marginal, asocial persons, and other social 'misfits'."⁹

In the 80s, the European Commission adopted the concept of social inclusion as a key response in social policy and it replaced in many instances the concept of poverty. This meant, that a broad range of social and economic problems was addressed – instead of poverty alone – and that a direct link to the effects of failing institutions was made.

9. Rawal, N. (2008). Social Inclusion and Exclusion: A Review. Dhau-lagiri Journal of Sociology and Anthropology, 2, 161-180.

In the following years the EU social policy further progressed. In the 90s the **EU Poverty Programme** was transformed into the programme against social exclusion. As a result, the **European Social Protocol** was incorporated in the Amsterdam Treaty in 1997, making substantial changes to previous treaties in regard to citizenship and individual rights.

The Lisbon Strategy followed in 2000: a ten year plan to modernize the EU's economic and social model with the vision to transform Europe by 2010 into the most competitive and dynamic knowledge-based economy in the world, with capable and sustainable economic growth, more and better jobs and greater social cohesion.

One of the key measures for achieving the overall goal was the **European Social Inclusion Strategy**, which aimed at making a decisive impact on the eradication of poverty, while also fighting social exclusion and enhancing social cohesion.

Building upon this processes, in 2013 the European Union adopted the **Cohesion Policy 2014-2020**, a six years plan with the goal to meet five concrete objectives by 2020 in the area of employment, innovation, education, social inclusion, and climate/energy.

As such the **EU Cohesion Policy** supports the social inclusion, among others, of people with physical ability needs, younger and older workers, low-skilled workers, migrants and ethnic minorities, or women in the labour market. The Cohesion Policy supports the Europe 2020 Strategy, which aims to lift at least 20 million people out of the risk of poverty. As such, it outlines the reforms needed in Member States to secure more adequate and sustainable social policies through investing in people's skills and capabilities. It also delivers some key messages that should be taken into account when modernising social policies and adjusting them to the new challenges

TWO APPROACHES TO SOCIAL INCLUSION

Social inclusion a key theme has generated two distinct responses in social policy social inclusion agenda. On the one hand, it has been warmly embraced by those who see it as an opportunity to address the situation of marginalized communities. More broadly, the enthusiasm with which the idea of social inclusion has been embraced throughout the social and community services sector appears to reflect a sense of excitement about the opportunity it represents for bringing social policy to the centre stage of politics.

However, on the other hand, social inclusion as a policy framework has been seen as well in largely negative terms. For some, while apparently promising a renewal of - or increased focus on - social policy, critics argue that, in reality, it offers a continuation of the same kinds of social policies. An example of this is the critique of social agendas been too narrowly focused on employment, economic productivity, 'making a contribution to society' and reducing the public cost of 'antisocial behaviour'.

Although productivity concerns need to be taken into consideration, fostering the aspirations and general wellbeing of marginalized communities is fundamental. Among other social rights, lack of access to housing or education limit the opportunities for development. Without policies that address these

other needs, social inclusion can be seen as a limited approach, and individual agency will be overly emphasized, taking the risk of putting blaming for 'being excluded blaming onto members of marginalized communities.¹⁰

The most common criticisms around generalized notions of inclusion include:

Too strong focus on paid employment

Inclusive policies and programs narrowly and overly focused on productivity, a logic at its core that renders unemployed people not only as excluded from the labour market - and from the benefits of economic activities - but also, as excluded from society. Labour market is thus conflated with social exclusion. As a result, among others, issues of gender, race, class, low pay, and their relationship to exclusionary practices tend to be given less emphasis.¹¹

This understanding carries with it two main problems. First, if social integration is only really possible through paid employment, those people who are not currently engaged in labour activities - or who are unable to do so - are regarded as less than full members of society. And, while many of these people may be making valuable contributions to society, these contributions are ignored and/or devalued. Second, questions of low pay and poor working conditions are treated as marginal. All that really matters is labour participation. As a consequence, social division and exclusion risk been (re)produced as the market will continue structuring population between very highly paid jobs for some, and very low-paid jobs for others.¹²

Focus on access

Several voices have argued that social and health policies tend to be limited in its scope largely because they are solely concerned with getting people over the line of social inclusion¹³. As a result, vulnerable groups are included in the so called margins of society, thus far from moving beyond marginality. Although it is crucial to not undermine the importance of this inclusive efforts, oftentimes many of these programs lack an imperative or logic for doing any more. For critics such as Goodin, tackling social exclusion would require then bringing focus on deconstructing those mechanisms that structurally - or as institutional practice - by which people are pushed over the border on the first place.

Top-down

A related concern is the tendency to implement social inclusion practices in top-down terms. As such, inclusion becomes something that assumes socially excluded population as passive, or with little or no agency of their own. As a result, some inclusive practice tend the risk to result in coercive practices (see chapter "Forms in which control is exercised over ") on the part of local and national governments.

Lack of intersectional approaches

Inclusive policies and programs risk becoming exclusionary by operating under the premise of homogenizing social categories of identity. This view articulates a double binary logic. On one hand, it relies on an understanding of society in which some groups are inside, and others outside. On the other, inclusive policies and programs tend to be articulated by developing single-factor lenses that result in single factor interventions. As a result, individuals who are at the intersection of disadvantages and exclusionary processes may struggle to meet their needs. While there is value in concentrating on a specific facet of marginalization and on creating a policy to address an area of exclusion and/or disadvantage, a lack of an intersectional approach can also systematically constrain our understanding of a more complex reality and may render some groups "invisible."

10. Hayes, A., M. Gray and B. Edwards (2008) Social Inclusion: Origins, concepts and key themes, Paper prepared for the Social Inclusion Unit, Department of Prime Minister and Cabinet, Commonwealth of Australia, Canberra.

11. Strobel, P. (2010) From poverty to exclusion: a wage-earning society or a society of human rights? International Social Science Journal 48(148):173-189

12. Levitas, R. (2005) The inclusive society? Social exclusion and new labour. London: Palgrave Macmillan

13. Goodin, R. (1996) Inclusion and exclusion, European Journal of Sociology, vol. 37

14. Blanton, H. (2003)
Deviance regulation:
a theory of action and
identity. Review of
General Psychology
7(2):115-149

Assumes a homogeneous and normative model of society

Oftentimes, inclusive policies and interventions are based on an assumed mainstream society to which the excluded are held to aspire. Within this logic, integration and membership pass by the acceptance of the dominant values. As a result, on those occasions in which the dominant values are not accepted, and inclusion efforts are resisted, these choices tend to be framed as a 'deviant behaviour'¹⁴. From this point of view, inclusion can take on a moralistic and punitive tone and insists, more or less forcefully, that excluded people should exercise personal responsibility and conform to dominant norms and values.

WHAT TYPE OF SOCIAL INCLUSION THEN?

The Street Support Project aims at supporting service providers, policy makers and adult educators in developing and implementing inclusive practices targeting people who use drugs and/or alcohol in public space and people experiencing homelessness. For this reason, one of the main goals of this ToolBox is to put forward a series of propositions through which articulate such interventions.

Building upon the research carried during the different phases of the project, building upon the experience of the local pilot interventions, and taking into consideration the main criticisms encountered in the literature review, the following understanding of inclusion arises.

Participatory Inclusion

Inclusion programs and policies should be strongly rooted on citizens' rights. In this case, the citizens' right to the city and to support would not only mean the right to occupy space in it or the right to have their needs met, but also would imply to be able to decide how policies and programs are developed, implemented and used. Participation, under this lens, arguments a case for full inclusion, in which the aim is to bring marginalized communities into the very centre of the social life of the community.

Open Ended Inclusion

The binary use of inclusion and exclusion transforms processes (participation, marginalization) into fixed and closed states, which in return lead to categorizations of identity to individuals (excluded, included). Understanding inclusion as an open ended process implies not only looking at participation and marginalization processes as ongoing sets of relations - as opposed to as results -, but to approach it as a method of inquiry through which to look at policy making practices and service provision. Rather than aiming at becoming inclusive, the focus then lies on becoming more inclusive.

Multidimensional Inclusion

Process of participation and marginalization operate at different scales, not only from the level of a community towards specific individuals, but also can be observed at play in relationships between different organizations, institutional bodies and communities. Examples of this are the ways in which harm reduction services still struggle in many countries to be incorporated as an integrated part of social and health systems, or how civil society organizations or community leads groups face difficulties participating and contributing to policy making process. Acknowledging the multidimensionality of this phenomena requires implementing meaningful participatory process in all possible areas.

Contextual Inclusion

Social exclusion and inclusion are context-dependent concepts in at least three senses. First, the ideal of an inclusive society varies by country and by region. Second, different places have different histories, cultures, institutions and social structures. These influence the economic, social and political dimensions of social exclusion and the interplay among them. Third, context – where one lives – shapes access to resources and opportunities. Social inclusion is thus spatially uneven. For this reason, inclusive practices need as well to analyze and deconstruct specific exclusionary practices, histories, institutions, social structures, economic or political mechanisms.

Intersectional Inclusion

Although the exclusion/inclusion binary may be useful for policy making, as it provides concrete guidelines for deciding on measures, setting a sharp distinction between this process is more of an artifice for instrumental purposes than an actual observation of social circumstances. By demarcating these boundaries, support programs and policies remove the possibility to understand complex and paradoxical constellations in which different modalities of participation and marginalization. For this reason, inclusive interventions need to take into consideration the different dimensions in which marginalization process coexist in an individual or a community (as it is the case with people who experience homelessness that also use drugs), and the extent to which inclusive practices in one area may contribute to further marginalization in another (the extent to which some service providing practices may be participant in mechanisms of control or removal of people experiencing homelessness from the public space).

03

law enforcement

In literature exploring the relationship regulatory practices in public space towards marginalized communities, the term „criminalisation“ has come to refer to the use of policing and the criminal justice system as central features of responses. While using the term criminalisation can be seen as inherently critical or oppositional, its use recognises the reality of enforcement-based approaches, which is that law enforcement mechanisms are being used to address homelessness or consumption of substances, contributing to these communities entering the criminal justice system.

However, despite this trend, many agencies and local governments are as well transforming their views on homelessness and alcohol consumption in public space as a social and health issue in need of structures of support, rather than a law-enforcement issue addressed by arrest and other sanctuary acts.

As a consequence, the police role is evolving too. Within this broader change of paradigm, new opportunities are opening up to consider critically the effect that law-enforcement measures have upon marginalized communities, and to consider what other alternatives can arise when service providers, community groups and other civil society organizations cooperate with law enforcement services in researching, designing, implementing and evaluating support responses.

WHY DO WE TURN TO LAW ENFORCEMENT?

While the impact of enforcement-based approaches to homelessness and substance consumption in public space is often punitive, the factors that lead to these laws or practices are almost always more complex than a mere intention to punish these communities. Some of the social, political and economic factors that underpin enforcement-based approaches to homelessness include:

- A lack of understanding of alternative ways of dealing with homelessness and substance consumption - in other words, we turn to law enforcement because we don't know what else to do;
- Public pressure on government decision-makers and law enforcement, often stemming from: community discomfort and/ or stigma, including concerns about „aggressive“ activity by people experiencing homelessness, poverty, or consuming drugs;
- The changing city dynamics as a result of gentrification and/or business raises concerns for some population about the commercial impact of people begging or sleeping rough near their premises;
- The view that enforcement is needed to prompt marginalized communities to engage with services;
- The so called „broken windows“ theory of policing, which suggests that minor forms of disorder (for example, jaywalking, begging, graffiti and litter) will, if left unaddressed, result in an increase in serious criminal activity. This approach focuses on cleaning up minor disorder with a view to reducing serious crime.

Developing policy and/or services aimed at marginalized communities making use of public space, it is important to acknowledge the pressures or motivations that lead to enforcement-based approaches on the first place, and to engage in constructive proposals for reform from there. In particular, experience has shown that it is helpful to recognize the community dynamics that are often behind, which on occasions may seem to come directly and uniquely from law-enforcement or governmental bodies.

THE IMPACT OF LAW ENFORCEMENT

Much of the focus when considering the success of laws or practices regulating public space focuses on „cleaning up the streets“ and, accordingly, their effectiveness is assessed using measurements such as reduced numbers of rough sleepers or people begging in the local area and fewer complaints about people consuming substances in public space.

For this reason, when considering the development of inclusive strategies and programs, It is important to evaluate programs regulating public space and their responses in the broad context in which they exist. A narrow impact assessment potentially risks severe consequences for marginalized individuals, the community and even public funding.

Two key aspects of enforcement-based approaches to homelessness that are frequently omitted from policy design and evaluation are:

The impact on individuals experiencing marginalization

Enforcement-based approaches present risks to the wellbeing and safety of people experiencing homelessness and consuming substance, such as excluding them from safe spaces, dislocating existing relationships with services or pushing them into more damaging activities. It is of crucial importance that these consequences are contemplated when designing laws or policies seeking to intervene in public space, and, for existing programs, that these impacts are discussed with the communities targeted by the enforcement.

Cost implications

The financial costs of alternatives to enforcement-based approaches to homelessness are often identified as a barrier to their adoption or implementation. There is no doubt that housing, health and service-based responses to homelessness cost money to implement. However, there is often little analysis of the cost implications for government, police and the courts of developing and implementing enforcement-based approaches to homelessness. For this reason, transparent assessments of the costs of enforcement must be a feature of conversations and decisions about effective and efficient interventions in public space.

RECOMMENDATIONS FOR THE COLABORATION BETWEEN LAW SERVICES AND NGO'S

Building upon the experience of the Pilot Interventions developed during the Street Support Project, and complemented with the research carried through the Assessment Report and National Reports, we have identified a series of good practice actions that are useful to consider when establishing cooperation between law enforcement and judicial services, policy makers, and service delivering organizations.

Create space for, rather than interfering with, harm reduction services

An increased police presence and arrests in proximity to harm reduction and homeless support services may interfere with the services offered by these organizations. As a result, experience has shown that often there is an augment in unsafe injecting behaviour or even have the potential to exacerbate the drug market¹⁵ and increase public disorder by increasing the numbers of syringes found on the street and reducing the number of syringes discarded in safe disposal boxes¹⁶.

Prioritize saving lives

People experiencing homeless and/or consume drugs in public space typically experience higher rates of violence, crime victimization, and even homicide than other citizens. Drug criminalization and criminalization of their life experiences, makes marginalized communities fearful of reaching out to police for support, further increasing the vulnerability that often accompanies poverty and housing insecurity. Frequently, calling for help could save lives, but many are afraid—often based on experience—that if they reach out the police may arrive and arrest them instead.

Support Training and Culture Change

Every interaction of law-enforcement agents with marginalized communities can contribute to improving the situation, or to making it worse. It is for this reason that adequate training on harm reduction and homelessness can increase the chances for achieving results. The emphasis of trainings and education should build upon communication strategies, rapport, mediation and co-operation in an attempt to avoid contributing to escalating problems in a given situation, or undermine the efforts and actions of future interactions of law-enforcement agents with marginalized communities.

Equally, training for relevant professionals in the judicial system may contribute to a situation in which people who use drugs, people experiencing homeless and poverty are disproportionately targeted by unequal and unjust policing practices¹⁷ and avoid interference with already in place structures of support.

15. 11. Werb D, Wood E, Small W, Strathdee S, Li K, Montaner J et al. Effects of police confiscation of illicit drugs and syringes among injection drug users in Vancouver. *International Journal of Drug Policy* 2008 August;19(4):332-8.

16. Wood E, Kerr T, Small W, Jones J, Schechter MT, Tyndall MW. The impact of a police presence on access to needle exchange programs. *Journal of Acquired Immune Deficiency Syndromes: JAIDS* 2003 September 1;34(1):116-8.

17. Jardine M. Building partnerships between law enforcement and harm reduction programs. *International Journal of Drug Policy* 2013 September;24(5):377-8.

Draft Instructions and Operational Guidance

Complementing training and educational activities, operational guidelines and standards are of crucial importance. When designing such systems, emphasis should be made on guiding marginalized communities into contact with social services, rather than the criminal justice system.

Support Alternatives to Arrest / Trials

Europe's policymakers have come under increasing pressure to find effective and appropriate responses to provide responses for people who come into contact with the criminal justice system for drug use, or offenses related to poverty and/or homelessness. As an alternative or addition to conviction or punishment, a variety of approaches have been developed in recent years all over Europe, suggesting positive results. To ensure success, alternatives to punishment need to be designed as to target specific objectives and specific users. At the same time, it needs to be taken into consideration that such alternatives need to be implemented at any stage in the criminal justice system: court, the prosecution, or the police.

Develop Legislation based on the Respect Rights

Legislation targeting behaviour associated with people experiencing homelessness and/or who use drugs in public space are not only discriminatory, but also restrict life-sustaining human rights. Instead of using criminal and administrative laws to push marginalized communities further into vulnerable positions, legislature should ensure sufficient funding and mechanisms to direct individuals at risk into the support that is needed. Examples of action that can contribute to this purpose are the reassessment of ordinances that criminalize people because of their homelessness and or drug use experiences or refraining from passing additional laws that prohibit loitering, panhandling, occupying public space or erecting shelter and instead passing legislation that provides alternatives to homelessness.

04

meaningful
participation

There is an increasing tendency to get service users, such as people who experience homelessness or people who use drugs, involved in health services and health policies. Participation is seen as an indispensable ingredient for good and effective policymaking and service delivery. Health policies and health interventions are considered to be more effective and supported, when all relevant parties and communities are being involved equally. In addition, policy makers and professionals realise that it is no longer appropriate to talk about without the communities involved.

The meaningful participation of marginalized communities such as people experiencing homelessness and/or using drugs is parallel to a number of broader processes that have been taking place over the last decades. Community empowerment movements, particularly within social services, has marked a transformation from doing this 'to' people towards doing things 'with' people. These developments within the social support sector and policy making arenas are creating more space for principles of respect, autonomy, dignity and choice.

It is indicated that the effectiveness of health policies increases when the communities for which they are created are involved in the process of policy making. For the development of health interventions there is clear evidence that the involvement of peers have a positive result in providing services, because they do have 'inside knowledge' and 'bring credibility and trust' towards an agency. Further participation mechanisms not only contribute to the development and implementation of people-centered services, but also contribute to empowerment, building on the capacities and clearly emphasizing the principles of community, mutuality and equality.

Meaningful participation of marginalized communities is of central importance not only in prevention policies and programs, but also towards recovery and inclusion in society. Recovery does not refer to a certain type of service or intervention, but rather to what people can do by themselves to facilitate their own recovery.

Although there are numerous successful practice examples of service users participation in national and international policy making, as well as in service development and delivery, the Street Support research activities also give an indication that both service providers and policy makers do not always put enough effort into getting people who use drugs or experience homeless actually involved.

The community and strategic insights that marginalized communities are able to provide often are undervalued by research, policy, and health services—and sometimes among service users organizations themselves. Further, often has been limited to consultation activities. Considering this top-down expert-driven approaches, positions of “Nothing About Us Without Us” from marginalized communities renders the inclusion of marginalized communities not only as an attempt to inform policies and services with evidence, but as a political claim grounded in human rights principles.

CHALLENGES TO MEANINGFUL PARTICIPATION

The lack of drug user involvement in the policy making process and the provision of services can be identified during the preparation and the actual implementation of the participation process and is often obstructed by critical factors on various levels. To get a more detailed overview on the contributing facilitators and barriers the generic innovation model of Fleuren e.a. [2004, 2006] is being used.

Policy Level

Policy making bodies still struggle developing mechanisms by which to involve marginalized communities in policy making practices that affect them. Participation procedures are often unclear and the processes are not always transparent. As a result, marginalized communities are poorly represented and most often NGOs are expected to articulate the interests and needs of these populations, without questioning sometimes whether these organizations have the right to represent them.

Level of Service Provision

Service providers are often confronted with the challenges that meaningful participation brings forward. Often, there is a notion that involvement is a time consuming and sometimes disrupting process, or organizations struggle to consider service users beyond the lens of a patient.

At the same time, other problems may arise within the organizations themselves. While the management may be a supporter of involvement of service users, practitioners might experience this as a threat. This lack of alignment may also be encountered the other way around: frontline workers advocate for more involvement, while the management is not open or lack the resources and mechanisms to structure dialogues in meaningful ways.

Level of the Service Users

Service users often lack the social, material and organizational capacities, as well as the resources and skills to actively participate in policy making process and/or service provision development and implementation. On occasions, despite being ready to be involved, service users face health situations that prevent from participating, or may experience a lack of knowledge, skills or capacities which condition their capacity to long-term commitment.

The involvement and participation of marginalized communities also has personal implications for the individual, as becoming public may result in labelling and stigmatization, with consequences for their personal and social life, or there may exist a fear of repercussions when voicing and articulating critiques towards the organizations that support their needs.

Response Level

Although there are plenty of tools and methodologies guide the implementation of participatory mechanisms, often these models tend to be one-dimensional.

DEGREES OF INVOLVEMENT IN SERVICE PROVISION

The following different levels of service user involvement put forward a typology of the main ways in which service user participation may be organized, depending on the degree of influence they can exert in the general development and delivery of support.

Involvement in the care, or support plan

Members of marginalised communities often lack awareness and understanding about what services exist, how to use them, and their entitlements. For this reason, it is essential that service users understand the support they are able to access, and have the confidence that their needs will be met. Further, they should be able to ask questions and, if appropriate, challenge what is offered.

Development and implementation of peer support

Peer support tends to be generally understood as the process of giving and receiving nonprofessional, nonclinical assistance from individuals with similar conditions or circumstances, and as such refers to a great variety of roles within this process. Some examples include service provision, advocacy, delivery of trainings

Examples of actions that support participation:

- Involving service users to participate in needs assessments and priority setting processes.
- Service users representatives are invited to appropriate development and evaluation meetings.
- Staff members actively support service users who agree to participate in meetings.
- Establishment of role description for service users that get involved in service development activities.
- Meetings are arranged taking into consideration the context and needs of service users.
- Service users receive adequate training by contextualizing the meetings, timely receiving relevant information, and are informed about the role of every member of the meeting.
- Services develop a user training policy.
- Service users newsletters.

Peer support can be formally organised by the a service provision organization, or be structured more informally by service users themselves. What formally organised or informally organised peer support systems have in common is that at least one element of the support that clients receive is provided by other people with lived experience.

Peer workers - sometimes also referred to as peer support workers - may be volunteers or paid members of staff, but what is important is that they have formal roles and work tasks which they are expected to complete at regular times and to a certain standard. They are people with lived experience who have an employee or employee-type relationship with the organization. Peer worker roles are different from peer voluntary roles and require different support mechanisms and systems from the host organization.

Examples of actions that support participation:

- Adequate supervision and support is provided to peer workers and advocates
- Clear function descriptions of what peer support implies and requires in your organization
- Policies that recognize peer work as a professional category.

Development and implementation of peer led projects

A more innovative and dynamic example of service provision is that developed within community settings, in which the initiative is user led with support from services and other professionals, as opposed to the other way around. Such approaches are increasingly being developed as they are based on the existing strengths within a community.

Considering this “asset-based” approach, these projects tend to generally be practical in focus, offering structure and responsibility as much as training and

employment opportunities. Beside this effects, one of the main advantages of such interventions is their uniqueness and relevance to its community.

An example of such projects are social enterprises rooted in non-profit organizations that tackle social problems, improve communities, and reinvest any profits made back into the business and, therefore, the local community.

05

integrated services

WHAT DO WE MEAN BY INTEGRATED CARE?

People experiencing homelessness and/or use drugs have needs for support which cut across different areas and levels of intervention. For this reason, one of the often cited causes behind the persistence of these needs is the lack of integration among stakeholders, governmental bodies, community members and other service providers¹⁸. Commonly encountered expressions such as “gaps in the support systems” or people “falling through the cracks”, bring out attention to an increased awareness of the impact for marginalized communities of multiagency coordination, or lack thereof.

18.

The fragmentation and duplication of supports and services, complicated by confusing and ever-changing criteria, make access to the right help at the right time one of the most cited examples of systems failures. This fragmentation becomes evident not only at the level of services and organizations, but also when it comes to funding and policy levels. In turn, this contributes to inequities and poor social outcomes.

Over the past decade, integrating care and delivering people-centered services has become an important development to better serve client's needs and reduce fragmentation within several health care systems.

Moving towards integration entails examination of the objectives, the systems involved, the needs of the target population, development of an integration strategy and activities, a timeline, a list of participant organizations, regional scope and client impact, to name a few of the variables. The goal is to develop mechanisms to share, link and leverage the various stakeholders' realms more strategically. Therefore, this work requires co-operation and co-ordination among organizations that may have different commitments and approaches, with the aim of creating mutual trust and effective relationships.

THE IMPORTANCE OF INTEGRATED SERVICES

Users perspective sits at the heart of any discussion about integrated care. It is for this reason that implemented models of integrated care are not only more effective, but enable a better access to services, enhance the satisfaction of the service users and may impact the quality of the received quality of care.

Among other reasons, implementing integrated care strategies is of importance when responding to the following needs:

Co- and multi-morbidities

People who experience homeless and/or use drugs oftentimes deal with co- and multiple morbidities. Instead of separate treatments and approaches for each health or social need, the service users benefits from an integral or holistic perspective.

From supply-oriented to client-driven

Traditionally a supply-oriented approach and a dominant professional perspective defined the care and services in many countries. The involvement of the client and their caregivers in the care and decision-making process and the introduction of self-management illustrate or broader client-driven focus transformation that integrated services are more fit to respond to.

Changing organisations

The characteristics of traditional health care organisations are changing. Such organisations increasingly 'integrate vertically' and offer multiple or complementary services like housing, home care, outreach care, medical and nursing care. Mergers or alliances of (smaller) health-care providers offering the same kind of services lead to 'horizontal integration' [see types of integration]. Collaboration in a diversity of networks, the development of network organisations and initiatives like shared accommodation for complementary services also enhance the need for integrated care

Fragmented systems

Differing financial and legal systems in the fields of acute, chronic, social and informal care do not automatically unite and promote the needs of clients, and often make coordination and cooperation more complex. The WHO addresses this issue as 'we need to fight fragmentation'¹⁹. Also at system level there is a need for integrated care.

19. World Health Organization. Primary Health Care—Now More Than Ever. The World Health Report 2008. <http://www.who.int/whr/2008/en/>.

TYPES OF INTEGRATION

Integrated care services are highly context dependent. For this reason, structures and development of collaboration are unlikely to follow a single path and variations are inevitably common. For this reason, there is a need for high-quality evidence to inform decisions about how to develop integrated care. Collaboration between practitioners, researchers and policy makers is the base from which to develop, evaluate and implement effective approaches.

Multiple researchers and policy-makers have distinguished different dimensions of integration, with the most common taxonomies differentiating the type, breadth, degree and process of integration²⁰. A common model for understanding the integration of social and health care is that of horizontal

20. Nolte E, McKee M. Caring for people with chronic conditions: a health system perspective. WHO/ European Observatory on Health Systems and Policies. Berkshire Open University Press; 2008. Integration and chronic care: a review.

and vertical integration. Whereas horizontal integration would refer to the organizations - or organization's units - operating on the same level, and therefore with the same status, vertical integration would bring together organizations at different levels or hierarchical structures.

Initiatives to integrate care have tended to focus on either horizontal or vertical integration – rather than both. For this reason, some authors have identified as well virtual integration modality, where service would be coordinated through the exchange of information and ideas electronically.

Another approach to understand and articulate integration of services is to consider the degree to which this process happens. Under this light, we are able to identify three general levels: linkage, coordination and integration. In any of these cases, the needs of the service users would define the extent to which integration is needed, ranging from a fullest and closest linkage - for example, for users with long-term, severe, unstable conditions -, to more distant approaches - for example, for users with mild to moderate stable conditions, and a high capacity for self care -.

Level 1 - Minimal Collaboration

Service providers working with and for people experiencing homelessness and/or drugs and other social and health care organisations work in separate facilities, have separate systems, and rarely communicate about cases.

Level 2 - Basic Collaboration at a Distance

Service providers have separate systems at separate sites, but engage in periodic communication about shared clients, mostly through telephone and letters. Providers view each other as resources.

Level 3 - Basic Collaboration Onsite

Professionals have separate systems, but share facilities. Proximity supports at least occasional face-to-face meetings and communication improves and is more regular.

Level 4 - Close Collaboration in a Partly Integrated System

Service providers share the same sites and have some systems in common such as scheduling or charting. There are regular face-to-face interactions among primary care and behavioural health providers, coordinated treatment plans for difficult patients, and a basic understanding of each other's roles and cultures.

Level 5 – Close Collaboration in a Fully Integrated System

Professionals share the same sites, vision, and systems. All service providers are on the same team and have developed an in-depth understanding of each other's roles and areas of expertise.

Whatever the type, breadth or degree of integration aimed at, the challenge is often the implementation in practice. It is for this reason that, the process of integration in itself is also approached as multicomponent in nature and requires of collaborative structures, processes, cultures and social relationships.

For this reason, it is important to take into consideration in this process the needs for adjustment and balance, particularly regarding objectives, interests, ideologies, power and resources of the various actors involved.

YOU CAN ONLY IMPROVE WHAT YOU MEASURE

Integration of support systems is an ongoing process, and as such evaluation can facilitate continuous improvement. The goal for such a process is not only to identify what integrated care systems and models work best for what communities, and in what circumstances, but to ensure an impact on health and social outcomes, the quality of care and the satisfaction of service users.

Examples of monitoring activities that would help to develop cost-effective and impactful systems are analysis of register data in the organizations, self-assessment forms, annual surveys and monitoring reports (including financial data), qualitative interviews with the service users, or questionnaires, interviews and focus groups with staff and managers.

06

participation on policy making processes

To further the city's goals of ending homelessness and creating structures of support for the social and health inclusion of marginalized communities, it is crucial to foster civic participation in decision-making processes. The involvement of civil society organizations (CSOs) is considered not only to be one of the cornerstones in the formulation and implementation of drugs policies. Systems with a multi-sector team that works towards greater understanding and shared reasoning around the complex nature of homelessness not only collaboration, but better inform funding and policy-making decisions.

CSOs represent a variety of issues, interests and groups. From small single-issue grassroots organizations, international advocacy organization, to academic institutions or peer-led associations, CSOs strength lies in their capability to articulate and offer solutions to the diversity of needs that people who experience homelessness and/or dependent on substances display. Being in direct contact with these populations offers them the possibility not only to raise their issues and concerns, but positions them with the capacity to provide evidence based information with which to improve the design, development, implementation and monitoring of social and health policy.

Beside their capacity to provide relevant information, CSOs are able and willing to experiment. This is rooted on their capacity to move faster and more direct as an agent of change than the governments. Due to their structures - often small sized, with multi skilled staff members - the nature of their work - frequently incorporating educational and research based activities - and their autonomous nature - not beholden to constituents, certain bureaucracies or customers - CSOs are able to be more dynamic, flexible and responsive to new and existing situations alike.

CSOs play an important role as well in promoting the rule of law and accountability. They empower vulnerable groups and combat stigma and discrimination. The watchdog function of CSOs has the capacity to hold policy and decision makers accountable and is therefore an indispensable component of democracy. By representing diverse parts of society, and addressing directly injustice and inequality, CSOs contribute to the protection of civil and human rights. It is for this reason that CSOs participation in policy making process represents a vital component of a well-functioning democracy.

CIVIL SOCIETY INVOLVEMENT MECHANISMS

in 2009, upon recommendation of the Council of Europe's Forum for the Future of Democracy, the conference of INGO's drafted a Code of Good Practice on Civil Participation in the Decision-Making Process. The principal objective of the Code is the definition of a set of principles and guidelines for CSOs participation in decision-making processes that are to be implemented at the local and national level in the member states of the Council of Europe.

Based on the degree in which CSOs influence and participate in political decision making process, the Code sets out four levels of participation:

1. Information This is the lowest level on the framework. It usually consists of a one way provision of information from the public authorities, and no interaction with CSOs is required or expected.	2. Consultation On this second level, public authorities may ask CSOs for their opinion on a specific topic of development. Although this level implies a higher degree of involvement and influence, the initiative and themes originate with the public authorities.
3. Dialogue This is the third level and can be initiated by either the public authorities or by CSOs. It can be either broad - a regular exchange of views concerning mutual interests and potentially shared objectives - or collaborative - a more empowered dialogue focusing on specific policy developments -.	4. Partnership This is the highest level of engagement, whereby CSOs and public authorities cooperate closely together while ensuring that NGOs continue to be independent with the right to campaign and act irrespective of the partnership situation. Partnership can include activities such as provision of services, participatory forum and the establishment of co-decision making bodies.

RECOMMENDATIONS FOR MEANINGFUL CIVIL SOCIETY INVOLVEMENT

Civil participation in political decision-making is distinct from other political activities such direct engagement in political parties, or lobbying in relation to business interests. As a result, specific key conditions are required to secure an active and meaningful participation of CSOs in policy making processes.

Supportive political and public environment

To promote and articulate CSOs participation local and national governments would require of formalized structures. This includes a professional and professional infrastructure of rules and guidelines, services, institutions and accountability procedures. However, a thriving and vibrant civil society space requires more than the mere implementation of a structure. Raising awareness on the important role of CSO is fundamental as well.

Inclusion in public decision-making processes

Empowerment of CSOs in policy making processes requires encouragement and commitment to the use of public consultation and participation mechanisms beyond ad-hoc and time limited fora. To achieve this, it is necessary that governments diversify the structures, methods, mechanisms and tools for public participation, ensuring its accessibility.

Transparency

Acting in the public interest requires in all stages of the process openness, responsibility, clarity and accountability from both CSO's and the public authorities. The transparency of public-decision making should be in accordance with the established rules. Particularly relevant for CSO's is the assurance of access to appropriate documents information by making sure that all documents are available, comprehensive, in appropriate format, without restrictions on analysis and reuse, and that the purpose of the policy making process remains clear. Timely feedback on the results of public consultations should be included as well.

Accountability

Meaningful civil society involvement requires that policy-making process incorporate mechanisms by which the roles, participation, and results can be adequately assessed and fed back into the process itself.

Long-term support and resources

CSOs need funding to carry out their work. As a result, their activities depend on legislation and policies that facilitate the soliciting and transfer of funds. This may be done, for example, by providing programs which offer financial support, either for a general nature or for the organization of specific program. Special care should be taken to ensure that reliance on government funding does not compromise the independence of CSOs.

Share spaces for dialogue and cooperation

Governments should commit to supporting the development of mechanisms for social dialog forums in which CSO's are included. A good practice in this regard is the establishment of coordinating bodies between governments and CSO's. For instance, this being a contact person for CSO's at a local/national institutions, joint structures such as multi-stakeholder committees, work groups, etc.

07

the European
dimension

The European dimension provides added value for local-level organizations in different ways. They can:

- provide helpful input for the development of policies and strategies at local level,
- provide guidance and political leadership for the achievement of common objectives,
- support the development of evidence-based policy and strategies,
- support the implementation of good practices,
- provide a useful framework and tools for monitoring progress.

More specifically, with regards to homelessness, the EU has delivered added value by setting common objectives and providing political leadership to address homelessness at local level. It has been supporting the development of evidence-based policy, contributed to the development and promotion of good practice and to the development of benchmarking and monitoring tools.

The Social Investment Package (SIP) contributed substantially to the monitoring of the performance of Member States on tackling homelessness, providing the first ever detailed European policy framework on homelessness.

Requesting MS to report on homelessness in the National Reform Programmes, the SIP monitors progress made and calls on countries to adapt and improve national inclusion strategies. This process also supported the EU to move towards an implementation of the Europe 2020 Strategy.

Emphasizing poverty and social exclusion and introducing a poverty-specific target, the 2020 Strategy is a political milestone in European social policy development. Another key mechanism which allows for monitoring of the performance of MS on homelessness is the European Semester. The Semester also has emerged as a key mechanism for policy coordination at EU-level.

When it comes to defining the reduction of homelessness as a common European policy objective, the European Pillar of Social Rights is an important milestone in European social policy. It set homelessness as one of the 20 priorities that MS are encouraged to address (even if it remains unclear how the Pillar will measure progress as social policies are a MS competence).

Supporting the promotion of good practice and knowledge exchange, the Social Open Method of Co-ordination (OMC) has been providing a useful forum for dialogue at European level over the past decade. Initially launched as the EU's "soft law" mechanism for social policy coordination, the Social OMC addresses a range of social issues, including housing, health and social exclusion. The OMC has supported MS in identifying current social problems and, by facilitating mutual learning and exchange, allows national policy makers to learn from each other.

In terms of drug-related policy, the European drug strategy 2013-2020 is the key policy framework at European level. The Strategy does not impose legal obligations on Member States but promotes a shared model with defined priorities, objectives, actions and metrics for measuring performance of drug-related services, supporting the synchronization of national policies in the EU in the long term. The Strategy also provides a common ground for the European Commission to set funding priorities for the drugs field. Two innovative policy objectives which the Strategy set as common policy goals are, firstly, the reduction of health and social risks and harm related to drug use and, secondly, social reintegration as ultimate goal of any drug treatment intervention.

RELEVANT EUROPEAN FONDS

European funding allows local organizations to improve their practice, learn from other organizations, engage in knowledge and best practice exchange to improve staff skills and conduct research and testing of newly developed or existing tools. The European Union offers a big range of funding opportunities for social sector organizations. While some programmes / streams mainly fund projects which intent to develop and/or implement innovative strategies, work methods and tools, other funding streams provide funding for learning and good practice exchange between organizations and local stakeholders such as public authorities. Other funding programmes basically fund research-oriented projects.

In the following, the most relevant European funding programmes for social sector organizations are presented. Some funds do change scope and objectives between calls. It is hence strongly recommended to check on the latest call, both in terms of content as well as with regards to upcoming deadlines. It is recommended for organizations which plan to apply for funding to contact the respective point of contact of the funding programme for detailed information.

ESF – European Social Fund:

The ESF is Europe's main tool for promoting employment and social inclusion by helping people get a (better) job, integrating disadvantaged people into society. The ESF funding objectives for 2014-20 center stage work, education and training as means of social inclusion.

ERDF - European Regional Development Fund

The ERDF aims at strengthening economic and social cohesion in the EU by correcting imbalances between its regions. Its purpose is to transfer money from richer regions, not countries, to underdeveloped regions, allowing for more private sector investments, supporting the creation of jobs and promoting the general economic development.

FEAD - Fund for European Aid to the Most Deprived

Funds material assistance as well as actions that provide guidance and support to people in a situation of poverty and social exclusion in the MS. FEAD also features a network with a focus on knowledge and good practice sharing, which is open to EU-level NGOs, EU institutions / organizations and national Managing Authorities.

The following funding programmes mainly support knowledge exchange and exchange of best practice, testing of innovative tools and collection of evidence as well as training for specific groups:

Erasmus +

As the European Commission's most prominent funding programme in the field of education, Erasmus+ funds learning exchanges, for instance for social workers, as well as projects with multiple activities. Eligible actions are the identification, collection and implementation of good practice as well as of innovative pilot projects, knowledge-sharing and transfer between partners, development of innovative tools, learning materials and implementation of training activities. Erasmus+ features a specific funding stream for projects that target young people (e.g. reducing youth unemployment). The Key Action 1 stream provides specific funding for 'mobility-only' projects which allow staff members to travel to a different country for training purposes.

EaSI - EU Programme for Employment and Social Innovation:


EaSI aims at strengthening ownership of EU objectives and coordination of action and EU and national level in the areas of employment, social affairs and inclusion. Most relevant is the EaSI PROGRESS axis which addresses issues in the field of social protection and inclusion as well as the reduction and prevention of poverty.

REC - Rights, Equality and Citizenship Programme:

The REC programme aims at defending the rights that people are entitled to under EU law. REC funds projects which promote gender equality and gender mainstreaming and prevent violence against children, women and other groups at risk (e.g. minorities). It also supports projects that promote non-discrimination, combat racism, xenophobia, homophobia and other forms of intolerance.

Horizon 2020

This is the biggest EU research & innovation programme and a Europe 2020 flagship initiative. Beyond promoting economic growth and job creation, Horizon2020 addresses societal challenges by coupling research and innovation. It is highly competitive.



Drug and alcohol related nuisance is an important policy issue in nearly all smaller, medium-size and bigger cities. Experience has shown that this is a pan-European problem which many local and municipal authorities are struggling to address in an effective manner.

A broad range of participatory interventions and prevention activities has been developed among youngsters. Interventions targeting adults, however, are limited and mainly based on repressive and sanctionary acts, including arrests, fines and restraining orders. Less is known about inclusive strategies which provide daily structure and support to this specific group.

The Street Support Project is built on the idea that each person has the potential to learn and to do something meaningful. Adult learning, work, and other activities can play an important role in this context as long as it is adapted to the needs and living conditions of the people for which they are designed.